A Model of City Branding through Health Tourism: The Case of Shiraz City

Mohammad Mehdi Kalantarzadeh

Submitted to the
Institute of Graduate Studies and Research
in partial fulfilment of the requirements for the degree of

Doctor of Philosophy
in
Architecture

Eastern Mediterranean University
December 2017
Gazimağusa, North Cyprus

Approval of the Institute of Graduate Studies and Research

_____
Assoc. Prof. Dr. Ali Hakan Ulusoy
Acting Director

I certify that this thesis satisfies the requirements as a thesis for the degree of Doctor of Philosophy in Architecture.

_____
Prof. Dr. Naciye Doratli
Chair, Department of Architecture

We certify that we have read this thesis and that in our opinion it is fully adequate in scope and quality as a thesis for the degree of Doctor of Philosophy in Architecture.

_____
Prof. Dr. Mukaddes Polay
Supervisor

Examining Committee
_____

1. Prof. Dr. Tüzin Baycan   _____

2. Prof. Dr. Zeynep Enlil   _____

3. Prof. Dr. Şebnem Önal Hoşkara   _____

4. Prof. Dr. Mukaddes Polay   _____

5. Assoc. Prof. Dr. Beser Oktay Vehbi _____

ABSTRACT

This study seeks to propose a city branding model which employs health tourism as the means of branding. To this end, first an overview of the relevant literature in both fields of city/place branding and health tourism is proposed to investigate the nature of the two. Then, according to the related literature, elements which are found to be necessary to be incorporated in city branding models are identified along with the relevant links which are said to be present among them in research. Based on these, the model of city branding is proposed. This model can be used to brand all cities. However, because the purpose of this study is to employ health tourism as a means of city branding, it is integrated into the proposed city branding model to make up the final model of city branding through health tourism. Next, the model is used to brand the case city of Shiraz, which is one of the biggest cities of Iran that is both a worldwide famous tourism destination and also known as a successful health tourism destination in the region. There are many modern hospitals and medical clinics and a number of very famous doctors in different specialties in Shiraz. Also, it offers unique high quality health and wellness services to patients from different countries at comparably low prices. Before being able to investigate the application of the model to Shiraz, the presence of a link between health tourism and city branding in the context of Shiraz is investigated through an empirical study. Because the results show that health tourism positively affects city branding, the model can be used to brand Shiraz. Application of the model involves ten steps which are inter-related. It is examined both qualitatively and quantitatively. The findings state that the proposed model of health tourism can be suitably applied to brand the city of Shiraz and that it provides a well-organized framework to manage the branding process of cities which are also health tourism

destinations. The study has implications for all those involved in both theoretical planning and applied management of city branding, especially in cities with health tourism assets. Further research can include the application of the model in different cities and to investigate if the ten steps defined in the model are universally fit.

ÖZ

Bu çalışma, sağlık turizmini markalaşma aracı olarak kullanan bir şehir marka modeli önermeyi amaçlamaktadır. Bu amaçla, öncelikle şehir / yer markası oluşturma ve sağlık turizminin her iki alanındaki ilgili literatüre genel bir bakış, ikisinin doğasını araştırmak üzere önerildi. Daha sonra, ilgili literatüre göre, kent marka modellerinde yer alması gerekli olduğu tespit edilen unsurlar, araşlarda aralarında bulunduğu söylenen ilgili bağlantılar ile birlikte tanımlanmıştır. Bunlara dayanarak şehir markalaşma modeli önerildi. Bu model tüm şehirleri markalamak için kullanılabilir. Bununla birlikte, bu çalışmanın amacı, sağlık turizminin şehir markası aracı olarak kullanılması nedeniyle, sağlık turizmi ile şehir markasının son modelini oluşturmak için önerilen şehir marka modeline entegre edilmiştir. Ardından model, hem dünyaca ünlü bir turizm merkezi hem de bölgede başarılı bir sağlık turizmi yeri olarak bilinen İran'ın en büyük şehirlerinden biri olan Şiraz şehrini markalamak için kullanılıyor. Pek çok modern hastane ve tıbbi klinikler ile Şiraz'daki farklı spesiyalitelerde çok ünlü doktorlar var. Aynı zamanda, farklı ülkelerdeki hastalara kıyasla düşük fiyatlarla benzersiz yüksek kaliteli sağlık ve sağlık hizmetleri sunmaktadır. Modelin Şiraz'a uygulanmasını araştırmadan önce, sağlık turizmi ve şehir markası arasındaki bağlantının Şiraz bağlamında varlığı ampirik bir çalışma ile araştırılmaktadır. Sonuçlar, sağlık turizminin şehir markasını olumlu yönde etkilediğini gösterdiğinden, model Şiraz'ı markalamak için kullanılabilir. Modelin uygulanması birbiriyle ilişkili on adım içerir. Hem nitel hem de nicel olarak incelenmiştir. Bulgular, önerilen sağlık turizmi modelinin Şiraz şehrine markaya uygun bir şekilde uygulanabileceğini ve sağlık turizmi hedefi olan şehirlerin marka sürecini yönetmek için iyi düzenlenmiş bir çerçeve sağladığını belirtti. Bu çalışma, kent markacılığının hem teorik planlamasında

hem de uygulamalı yönetiminde yer alanlar, özellikle sağlık turizmi özellikli şehirlerde etkileri vardır. Daha ileri araştırmalar, modelin farklı şehirlere uygulanmasını ve modelde tanımlanan on adımın evrensel olarak uygun olup olmadığını araştırmayı içerebilir.

Anahtar Kelimeler: Kent Markalaşması, Sağlık Turizmi, Kent markalaşma Modeli, Yer Markalaşması.

DEDICATION

To

My Family

For their understanding, love and support

ACKNOWLEDGMENT

First of all, I would like to thank my supervisor Prof. Dr. Mukaddes Polay for her trust, and excellent guidance during my thesis. Without her incredible patience, this thesis would not have been successfully completed. I would also like to thank my thesis monitoring members, Prof. Dr. Sebnem Hoshkara and Assoc. prof. Dr. Beser Oktay for their support and suggestions during my research, this helped me to progress and finally finish my thesis successfully. I would like to express my heartfelt gratitude to Prof. Dr. Habib Alipour for his invaluable comments and tremendous support.

I would also like to take this opportunity to give my deepest thanks to my parents and my siblings. Special thanks go to my dear friend Aylar N. for her support. Many thanks also to all my colleagues in my office during this demanding journey.

Last but not the least, nothing that I can say now and forever will sufficiently express my gratitude and respect to my dearest family. I am very thankful especially to my dear wife Rowshanak and my dear son Mahan for their patience, tremendous support and encouragement during these years. It was not easy, but we finally were able to finish my thesis together.

Thanks

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

xviii

LIST OF ABBREVIATIONS

CB   City Branding

HT   Health Tourism

SEM   Structural Equation Modelling

WOM   Word of Mouth

Chapter 1

INTRODUCTION

Place branding, as a newly developed trend, recently has attracted a lot of scholars in a variety of fields. From marketing experts, to economists to geographers, to architects and urban developers, all have found this topic interesting and attempted to contribute to its development as far as their expertise is involved.

According to Hanna and Rowley (2008), due to advances in technology which have made communications as well as transportation much easier than before, places are linked to each other like a well-knitted web. Therefore, they have to enter the challenge with their competitors to gain their share of what they need from the world for their survival and development. They are obliged to enter the competition in order to attract attention from the side of visitors, investors, etc. which will ultimately bring them global status, significance and capital.

Among all geographical regions, cities, rather than countries, are increasingly becoming the central characters involved in such global competition. As places focus on how to demonstrate their competitive capacities, the struggle between cities to establish, maintain and introduce themselves as the best choice for prospective visitors, investors, businesses, students and talented people will be strengthened (Baker, 2007). Cities, like companies, try to sell products and services. In this sense, cities with a strong brand would find it easier to attract more customers, i.e., more people who will

bring them financial benefits.

As Kavaratzis (2004a) asserts, the main aim of city branding is to:

- attract more inward investment,

- appeal to potential residents,

- draw the attention of prospective visitors,

- boost community development, and

- reinforce local identity.

Various cities have been able to embrace branding as a means of projecting their image. Most do this by show casing their unique history and cultural heritage. While others have paid more attention to the unique natural and geographical sites they possess. A few others have been able to benefit from world sport events and entertainment in branding their cities. Today, cities that have improved health care services and are able to host people from different countries have a good opportunity to show case themselves as potential destination to customers that seek such services.

Healthcare tourism, as a newly emerged type of tourism, is defined as the travelling of people to other countries to obtain medical care and healthcare in general (UNWTO). Healthcare tourism has grown significantly in recent years due to relatively low costs of treatment in some less-developed countries and short, or probably negligible, waiting lists to benefit from healthcare services. Also, feasibility and affordability of international travel is an influential factor which has increased the rate and amount of growth in health tourism dramatically.

Alongside taking advantage of healthcare services, health tourists can usually be regarded as conventional tourists as well, in the sense that they seek to enjoy travelling to the place they are visiting or making holidays. In this way, they bring capital to the destination while they accommodate in that place, buy its products and possibly recommend it to others for visits as well.

Shiraz is one of the key cities of Iran in terms of healthcare facilities with more than fifty-nine specialty and sub specialty healthcare centers and medical hospitals. These medical facilities render first class healthcare services to international tourist at an affordable price (Sarvestani & Kanaroglou, 2011). As a result of its world class capacity, it has a global reputation. Shiraz is also known to be the sixth biggest city in Iran as well as the Fars province capital. The city has four seasons with a moderate climatic condition. Shiraz is an important historical, cultural, social, and economic center with its location in the south of Iran.

Known to be one of the oldest cities in Iran, Shiraz is a city of poets, natural vegetation, wine, and night life. It is also known to have several historic sites and a home for most of Iran's artist. It is the converging point of most of Iran's culture as most of it originated from here and a home to Hafez and Saadi whom are some of the most famous poets of Persia. The city has often been referred to as the cultural capital of Iran. A number of famous scientists, who have in one way or another contributed in worldwide scientific advances, also call Shiraz home.

1.1 Problem Definition

In order to win the competition of attracting what has previously claimed to be the goals of city branding, cities have employed a variety of techniques and methods.

These include cultural branding, events branding, gastronomic branding, etc. Although a number of strategies and tools for branding cities have been introduced so far, no attempt was done to brand the city through health tourism.

Tourism does add to the value of the city in a number of ways, the most obvious is the economic, environmental and socio-cultural gains the city gets. Health tourism is another phase of this. It brings together a whole new wave of health tourist seeking for specialized services. Thus, this can be considered as a way of wooing tourist, more investment in this area will make people want to live in the city afterwards.

From previous scholarly literature in this area, the necessity for a holistic city branding model that encompasses a number of important factors affecting the marketability and branding of cities that are also health tourism destinations can be derived. In this regard, there is a need for an integrated idea of place branding, tourism and healthcare service providing in such a model and to focus on implications that health tourism brings to the destination city.

The emphasis of this study as a case is the city of Shiraz, the capital of Fars Province, located in the Southwest of Iran. It is chosen as a representative of a city with a great capacity from many years ago in providing healthcare services which has attracted patients from other countries. Also, as mentioned by Lucarelli and Berg (2011), there are more qualitative, case studies than quantitative and comparative studies in place branding literature. To fill in this gap, this study maintains to be a mixed-methods one, incorporating qualitative as well as quantitative design.

1.2 Aims, Research Questions and Objectives

The main purpose of this mixed methods study is to propose a model for city branding through health tourism. A model, which is a construct in the form of an sketch, a mathematical formula or a figure, represents an abstraction for the analysis of a phenomena (Busha & Harter, 1980). Consequently, the model will be applied to brand Shiraz city through health tourism. The model will be proposed based on literature and later it would be sought how it fits into the city of Shiraz as a health tourism destination.

This research is hinged on two major ideas; health tourism and branding. The concept of health tourism encompasses both tourism and the provision of health services. Thus, a connection is made between the important elements of this idea based on research, to develop a model that would be a guide and a road map to achieving a successful city branding program that would be viable enough to attract people to the said destination, through a provision and delivery of specialized health service on a global scale.

In consonance with the defined aim, this study seeks to answer the following research question:

- How could health tourism be used for branding the cities?

The sub-research question is:

- How can the model of city branding through health tourism be applied to the city of Shiraz?

In order to achieve the goals of this study, the objectives are:

- Introducing, comparing and contrasting a number of city branding models

- Developing a model of place branding which can specifically be used for cities

- Developing a model of city branding through health tourism

- Assessing branding of the city of Shiraz through the new proposed model

1.3 Research Methodology

This study is a mixed-methods research employing both qualitative and quantitative methods as well as theoretical review. Qualitative methods of data collection include observations, documentary research, interviews, etc. and quantitative methods include questionnaires. Relevant statistical terms are described in Appendix A. The first part of the study contains a theoretical review of studies in the area of city branding as well as health tourism. This is done with the intention of revealing the knowledge gap and then developing an appropriate model that fill in that gap. The theoretical model will be proposed with its integral parts being introduced and strategies which best works for city branding of such health tourism destinations. The concepts composing the model is derived from such review of the related literature and interview with experts in the fields of healthcare tourism and city branding. This is to ensure the content and construct validity of the results.

The second part of this thesis examines the application of the model to the case city, i.e. Shiraz. This method is employed to investigate the application of the proposed ideas. To this end, first in a quantitative study, the nature of the relationship between city branding and health tourism in the city of Shiraz will be investigated. Next, the proposed model will be applied to the city of Shiraz, incorporating both qualitative and

quantitative modes of data gathering and analysis. Data gathered through primary sources as well as questionnaires and interviews will undergo descriptive statistics procedures and will be analyzed through Structural Equation Modelling (SEM) via LISREL 8.5 and SPSS 22 according to the objectives in each part. The study design of this thesis is shown in Figure 1.
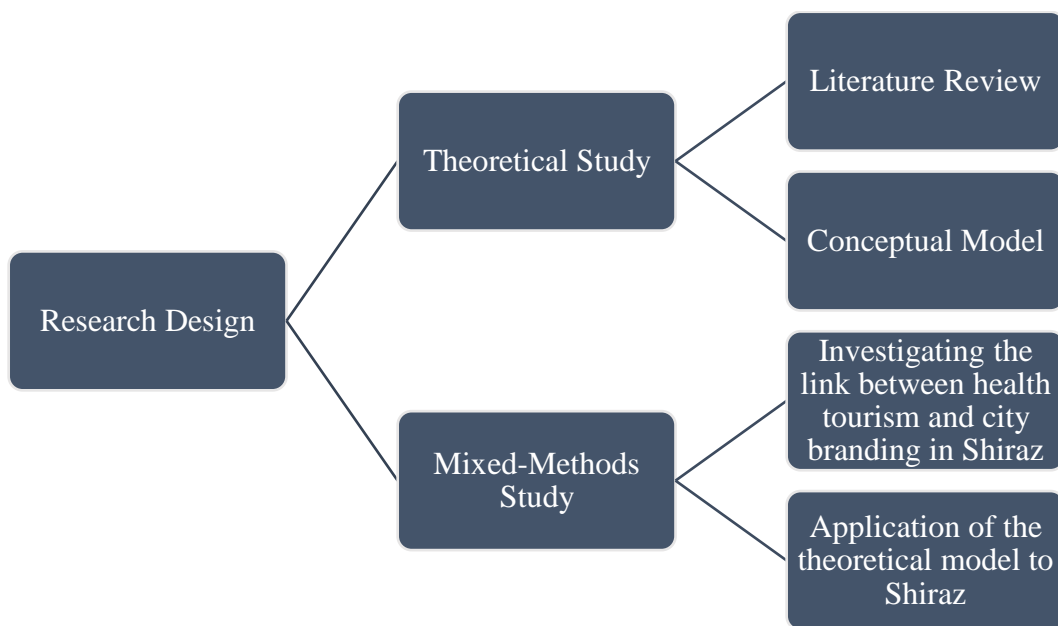
Figure 1. Study Design (author).

1.4 Limitations

In this study, Shiraz city is selected for case study. The reason behind this selection is that Shiraz is a health tourism destination attracting visitors who travel to the city for health purposes due to offering somehow unique high quality services with low prices. Like most studies dealing with human participants, the case study is limited with the number of participants who are willing to take part in the research. This often happens in research dealing with human participants who may decide to withdraw from the study or cannot be obliged to put enough time in filling out questionnaires, allocate enough time for interviews, etc. Some of the key issues that come into play with

regards to city branding are political and financial factors, they significantly influence destination branding at all levels. The fact that these two factors are so great that undermines all other aspects, they are intentionally not the focus of this study and thus have been avoided. Nevertheless, they have been mentioned a couple of time in the study especially with regards to infrastructure and culture etc.

1.5 Thesis Structure

This research is structured into 6 chapters which can be seen in Fig. 2. The first chapter introduces the main context of the study, which includes definition of problem, aim and objectives of the study, research questions, research methodology and the limitations of the research. The second and third chapters sets the stage for the current research as well as contains a literature review and definitions of major keywords in the field of health tourism and branding of city. The forth chapter presents the proposed model for city branding through healthcare tourism. The new model is then applied to the context of Shiraz as a branding to for healthcare tourism. The assessment of Shiraz through the use of the model was carried out by the use of questionnaires and interviews in the fifth chapter. The final chapter (chapter 6) presents the summary and concluding remarks of the study and presents suggestions, and areas for further research.

Introduction
(Chapter 1)

| Problem Definition | Aims, Objectives, Research Questions | Research Methodology | Limitations |

Theoretical Background through Literature Review
(Chapter 2- Chapter 3)

| City Branding (Chapter 2) | Health Tourism (Chapter 3) |

A Model for City Branding through Health Tourism
(Chapter 4)

| City Branding Model | City Branding through Health Tourism Model |

The City of Shiraz City
(Chapter 5)

Empirical Study
- Establishing the link between health tourism and city branding

Theoretical Study
- Application of the theoretical model to Shiraz city

Conclusion
(Chapter 6)

| Summary of Findings | Recommendations for Further Research |

Figure 2. Structure of This Dissertation.

1.6 Summary of the Chapter

This first chapter gives a panoramic view of the entire research to be carried out, highlighting the major areas. It began with revealing the gap in the literature. The problem to be studied and reasons/necessity for the research was brought forth. This is followed by the aim and objectives of the research question were developed. The research method as well as the design, procedures and materials used in the research are presented. This is immediately followed by the limitations of the study then the result of the research. In summary, the structure of the entire dissertation is done to present a summary of what to expect in the dissertation. In the following two chapters, the theoretical background required for implementation of this study is going to be presented. Chapter Two is on city branding as the first key focus of this dissertation and Chapter Three is on health tourism as the next main idea which is focused in this study.

Chapter 2

CITY BRANDING

City branding, as a type of place branding, is an old subject; but as a new term, has been the focus of many works of research throughout the world. Being a very young field, one probably cannot name it to be a discipline, but its great capacities and wide scope may lead to its being named so in the future. It is an interdisciplinary field which, due to its multi-faceted nature, involves knowledge drawn from a variety of disciplines. The first discipline involved, as the name shows, is marketing and business management. Other disciplines are all those which have some sort of focus on the notion of 'place', including architecture, urban planning, tourism, etc.

Whether city branding is studied under business and economics, or under tourism, architecture or urban planning, the objective is to signify the city's uniqueness in order for it to be distinguished from other cities; specifically, those with similar assets to its, so as to attract more citizens, visitors, investments, people to study and work there, and so on. According to this, it might be assumed that city branding is more related to the field of tourism, but this assumption is not as true as it seems at first glance. As will be mentioned later, city branding as a process, has attracted attention of many disciplines, one of which is tourism.

This chapter includes a thorough introduction to the concept of city branding. It is made up of five main sections. The first section provides an introduction and definition

of the terms 'brand' and 'branding'. The second section introduces the notion of 'place branding'. In this section, place branding is explained on its own and in opposition with product and corporate branding. Then, target groups of place branding are identified followed by in introduction into the emergence of the notion of 'city branding' as a trend of place branding. The third section is on city branding. it starts with pointing out to the motivation behind city branding and goes on to a differentiation between city branding and city marketing. The last part of this section brings about the two terms of 'place identity' and 'place image' and their relation to place/city branding. the fourth section presents on overview of research on city branding. Finally, in the last section, the relevant theoretical frameworks developed for place/city branding are discussed.

2.1 Brand and Branding

To get familiar with the concepts of 'brand' and 'branding', first we go over a number of definitions provided either by resources materials or by scholars in the field. It is obvious that seeing a concept from different angles and studying it from different viewpoints lead to a much better understanding of it. Therefore, examining how these terms are defined in different works is very helpful to gain a better insight related to them.

According to Online Etymology Dictionary (brand, n.d.), the word 'brand' comes from the Old English root, which referred to "identifying mark made by a hot iron" in 1550. This implies that at that time, it had the application of signifying a specific object. Its meaning underwent a shift and expanded to refer to "a particular make of goods" by 1827. Therefore, the term 'brand', as we know it today, has been in use since around 200 years ago.

Online Business Dictionary defines 'brand' as the following:

> Unique design, sign, symbol, words, or a combination of these, employed in creating an image that identifies a product and differentiates it from its competitors. Over time, this image becomes associated with a level of credibility, quality, and satisfaction in the consumer's mind. Thus brands help harried consumers in crowded and complex marketplace, by standing for certain benefits and value. (http://www.businessdictionary.com/definition/brand.html)

Besides, 'branding' is defined in the same dictionary as:

> The process involved in creating a unique name and image for a product in the consumers' mind, mainly through advertising campaigns with a consistent theme. Branding aims to establish a significant and differentiated presence in the market that attracts and retains loyal customers. (http://www.businessdictionary.com/definition/branding.html)

As defined by Kotler (1997: 443), a brand is "a name, term, sign, symbol, or design or combination of them which is intended to identify the goods and services of one seller or group of sellers and to differentiate them from those of competitors."

Similarly, Kavaratzis and Ashworth (2006: 208) define a brand as a product or service that is distinguished through its positioning in relation to the competition and also through its personality, which encompasses a unique mixture of functional qualities and symbolic values.

According to Moilanen and Rainisto (2009), a brand creates an impression of a product. It is what come to the client's mind when thinking about the product. It includes all tangible and intangible features which make the selection unique. A brand is a promise of something.

It is important to distinguish a brand from a product. According to Keller (2008), a product might be a physical good, a service, an organization, an idea, etc. which satisfies a customer's need or want through use, attention, acquisition, or consumption. However, a brand functions to add other dimensions to a specific product which differentiates it from other products designed to fulfill the same need(s). customers retrieve ideas about the product and its performance through the use of brand name and product attributes.

Put it all together, branding aims to segregate a product from other similar ones by putting emphasis on its unique attributes. This innate symbolic value relates to the social distinction and emotional value the brand is conveying (Corbellini & Saviolo, 2015).

2.2 Place Branding: Branding Applied to Places

The concept of branding has been applied to geographical locations as well. This entails the term 'place branding' which is a new umbrella brand encompassing nation branding, region branding and city branding (Lucarelli & Berg, 2011); and also an umbrella term for destination branding. Place branding can be defined as the attempt to create place brands "based on the visual, verbal, and behavioral expression of a place, which is embodied through the aims, communication, values, and the general culture of the place's stakeholders and the overall place design" (Zenker & Braun, 2010). Thus, place branding proposes that places, cities, regions or countries can be considered as brands.

Although it seems to be a new trend, place branding has been there in various forms for about a century, as places have been using promotional activities to attract more

investments, visitors, etc. since long ago. Kavaratzis and Ashworth (2005:506) explain this phenomenon as "the conscious attempt of governments to shape a specifically-designed place identity and promote it to identified markets, whether external or internal is almost as old as civic government itself."

In sum, since place branding reflects the ways in which communities, cities, regions and countries market their entity, it can "act as an umbrella brand for a portfolio of leisure, investment and business tourism, and stakeholder and citizen welfare products" (Trueman, Klemm & Giroud, 2004).

2.2.1 Target Groups of Place Branding

As mentioned earlier, the multi-faceted nature of place branding makes the concept very complicated. The reason lies in the involvement of a variety of stakeholders, all of whom have their own objectives and preferences.

According to Kotler, Haider and Rein (1993) and Kotler, Asplund, Rein and Haider (1999), the main target groups in place marketing and place branding can be divided into four target market segments including visitors, residents and employees, business and industry, and export markets. These groups each include sub-groups, which is shown in Figure 3.

However, in more recent works, the audience groups that are actually targeted in recent marketing practice (Hankinson, 2005; Zenker, 2009) are much more specific and complex. Figure 4, adopted from Zenker, Knubben, and Beckmann (2010) shows this fact schematically.

Visitors	Residents and Employees	Business and Industry	Export Markets
• Business visitors • Non-business visitors	• Professionals • Skilled employees • Tele-workers • Rich people • Investors • Entrepreneurs • Unskilled workers	• Heavy industry • Clean industry assembly, high-tech, service companies, etc. • Entrepreneurs	• Other localities within the domestic markets • International markets

Figure 3. Target Groups of Place Marketing (Based on Kotler et al. 1999).

Visitors	Residens and Workers	Business and Industry
Business tourist	Internal • Creative class • Skilled workforce • Students • ...	Internal • Civil service • Investors • Companies (sectors) • ...
Leisure tourists	External • Creative class • Skilled workforce • Students • ...	External • Investors • Companies (sectors) • ...
...		
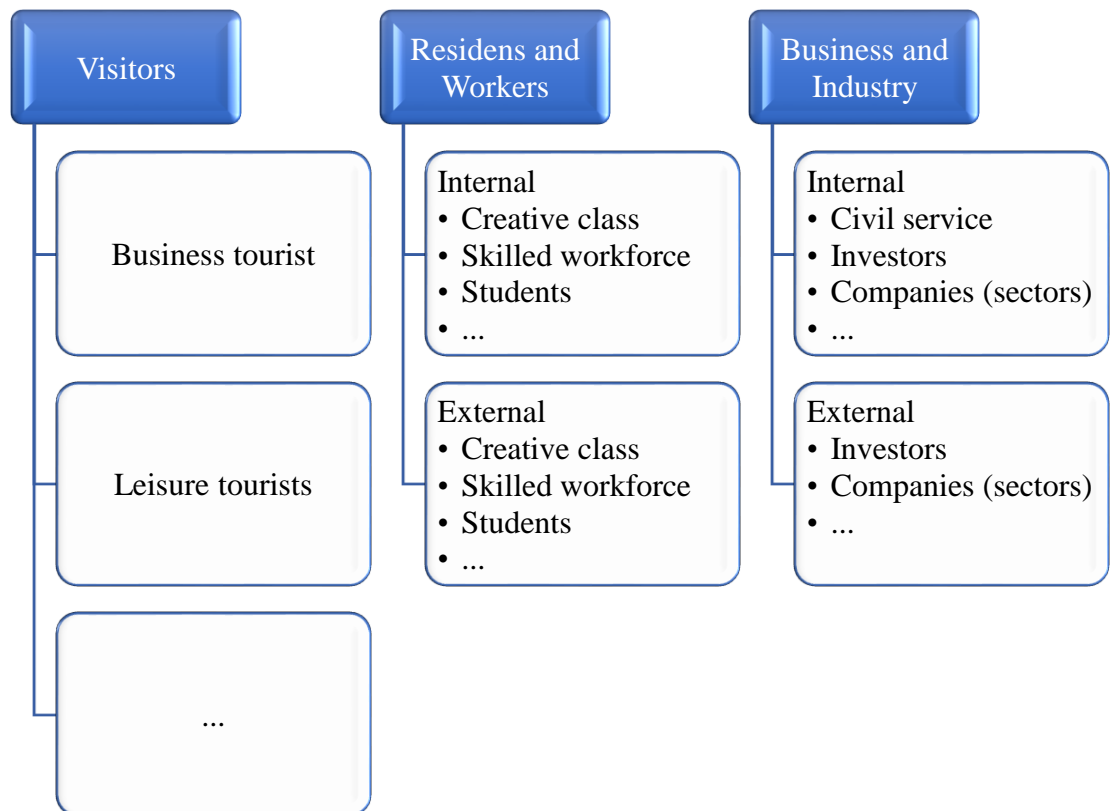
Figure 4. Different Target Groups for Place Marketing (Based on Zenker et. al., 2010).

Another related issue put forward by Keller and Braun (2010:3), is definition of a place brand as the following:

"A network of associations in the consumer's mind based on the visual, verbal, and behavioral expression of a place, which is embodied through the aims, communication, values, and the general culture of the place's stakeholders and the overall place design".

As they claim, what is important is not the reality of 'place physics' but the perception of such reality in the minds of the target groups. As such, the authors introduced the concept of place brand perception as an influential in place branding. According to Brakus et al., (2009) due to the different knowledge levels of various target groups, brand perception differs in different users. This issue can be summarized in Figure 5 in the following.

Figure 5. Target Groups of Place Marketing/ Branding and Its Consequences (author).

2.2.2 From Place Branding to City Branding

Since place branding is a relatively new area, there seems to be little agreement on its definitions and terminology (Anholt, 2004). Based on what has been said above, all of the concepts of nation, city and region are covered under the term 'place' while discussing the notion of place branding. According to Rowley and Hanna (2008: 69), the term 'place' refers to "towns, cities, regions and countries (or nations)". Furthermore, the term 'destination' can refer to a wide variety of geographical entities ranging from a location to a whole nation. This also can embrace the concept of city as a place with tourism focus.

Destination branding focuses on the tourist perspective, which identifies topmost image attributions selectively "with a short time horizon in mind". So, it is mainly used in tourism literature (Rowley & Hanna 2008).

Using either terms of place branding and destination branding implies their focus, but it does not mean that they are essentially mutually exclusive. As an examples, place branding leads to changes to the place which surely affects destination branding. Therefore, considering such overlaps, the concept of 'city' is embraced within both 'place' and 'destination'.

2.2.2.1 Trends of Place Branding/ Place Branding Strategies

Kavaratzis (2005) identified five trends of place branding in his study. They are 'Place of Origin Branding', 'Nations Branding', 'Culture/ Entertainment Branding', 'Destination Branding', and 'Place/ City Branding'. These concepts are explained individually in detail below.

'Place of Origin Branding' was developed in the field of marketing and has appeared and extended in a large number of publications (e.g. Kotler and Gertner 2002). It deals with the usage of the place of origin in branding a product. In this regard, to brand a product which is produced in a specific place, Place of Origin Branding uses the qualities, images and stereotypes of that place and also the people living in that place. This practice has little to do with the phenomenon of place branding.

'Nations branding' also developed in the field of marketing, especially by the marketing consultants who advise the national government. Such governments have usually realized the importance of branding their country, but lack enough expertise to do so. Most often, the focus is on the positive effects of branding the country to attract

tourists and foreign investment. This trend has been the interest of many scholars such as Anholt (2002). Moreover, an increasing number of researchers are exploring the potential and appropriateness of branding nations or specific methods and cases.

'Culture/ Entertainment Branding' pays attention to evaluating the effects of cultural and entertainment branding on the physical, economic and social platforms of the place). The increasing willingness of researchers to this type of branding is due to the increasing significance of cultural, leisure and entertainment industries in the existing economy. Related to this trend is the focus of urban designers on emphasizing high-profile buildings and other landmarks in promoting cities.

'Destination Branding' could be said to be the most frequently used trend in branding a place which also is the most developed in theory. It examines the role of branding in tourism destinations marketing. This trend started with the realization of the fact that places are visited because of their prior images and contributed a lot to the theoretical bases of place branding. A large part of such development in theory comes from Hankinson (2001 and 2004a) who provided a framework for understanding cities as brands, with a focus on cities as tourism destinations. As proposed by Ritchie and Ritchie (1998), destination branding constitutes only a portion of the entire branding process for any place.

Place/ City Branding emphasizes on the potentials of using branding as a method to place management. It is built upon the concepts of general branding and corporate branding. A number of scholars have studied the appropriateness of branding concepts for place branding, provided frameworks for developing and managing place brands, or examined the appropriateness of specific tool for place branding (Kavaratzis and

Ashworth, 2006; Hankinson, 2001; Hankinson, 2004b; Kavaratzis, 2004a; Trueman et al., 2004).

According to Kavaratzis and Ashworth (2005), in the literature, there are three different kinds of place branding which are often confused with each other. The first is 'geographical nomenclature', this is said to occur when a tangible product named after a geographical place. The second is 'co-branding of product and place', this is a way of trying to link a product to a destination that is thought to possess elements that brings benefits to the image of the product. Third, place branding as 'place management' aims at enhancing the way a place is perceived by engaging specific user groups.

2.3 City Branding

Cities need to communicate their unique characteristics and express their economic, cultural and political goals in order to distinguish themselves from other regions and win the challenge to get more of the resources, tourists and residents (Kavaratzis & Ashworth, 2006).

City branding, as a trend in place branding can be described as "the practice of using brand technique and other marketing strategies and disciplines to the social, economic, political and cultural advancement of place, cities and nations" (Anholt, 2004: 278). As such, it deals with "the process of ensuring that the generated expectations in actual and potential city users' minds are met in the way they experience the city" (Kavaratzis & Ashworth, 2007: 528). Also, Kavaratzis (2008) focuses on the influence of the communication framework to the city branding process in communicating the image of the city effectively and achieving the overall city brand vision.

Cities are multi-functional, and are based upon the basic elements of human existence which ultimately makes it a complex system. Humans are able to build associations between concepts and physical objects which go beyond their basic function (Hankinson, 2004a).

City branding seeks a variety of goals. For instance, "it selectively forms the city, it asserts a unique identity for the place and it provides a set of lenses for people to understand and interpret the city" (Ooi & Strandgard Pederson, 2010: 327). According to the same authors, stakeholders may include "residents, industry players, local government, central government, and the branding authorities" (p. 317). Moreover, Rudvena (2012) defined the elements of city brand as internal and external. These are illustrated in Figure 6. According to Figure 6, city brand is a complex notion developed out of internal (of residents) and external (of tourists, investors, etc.) perceptions about the city based on the city's tangible and intangible assets.
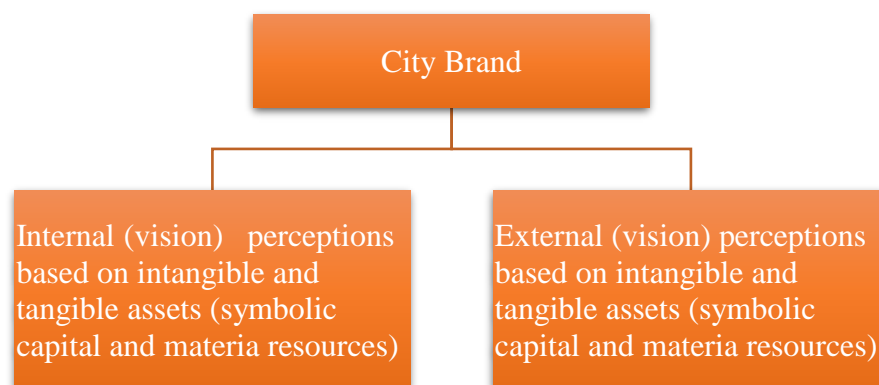
Figure 6. Elements of City Brand (Rudvena, 2012, p.23).

2.3.1 City Branding versus City Marketing

Strategic place marketing, this is a terminology coined by Kotler and some others; they are the ones to first establish the significance of places making; they believed that to

successfully survive the global competition, a city should engage like businesses and market all by itself (Anholt, 2010 b). It was at the start of this millennium that the focus on the discussions on place marketing has shifted in the direction of 'place branding'. Although relevant, place branding and place marketing do have significant differences as well, which are discussed below.

Place Branding is "the process of discovering, creating, developing and realizing ideas and concepts for (re)constructing place identities, their defining traits and 'genius loci' and subsequently building the sense of place" (Govers, 2016). Through place branding the image and reputation of the place get enhanced through development of a comprehensive place brand identity base of the reality of the place.

Place marketing is an old tradition. The need for place branding can be explained in terms of an evolution from place marketing. Place Marketing is the development and implementation of a managerial process that assists places in order to achieve their objectives by adopting a market-oriented philosophy. "Place marketing is about ensuring that the brand message and the story of an area are strategically and methodically delivered to the right audiences through the appropriate channels" (Psarros, 2015).

In sum, place branding is 'place making', and focuses on 'who' and 'what' creates a place. It is about developing a comprehensive place brand identity and is about the long-term process of building a reputation. It is supply-driven and inward focused. In contrast, place marketing focuses on 'how' the place communicates what it offers. It is a market-driven process and applies marketing techniques. Also, it is about

satisfying the needs of target markets through short-term or –mid-term processes; and is demand-driven and onward focused.

City branding is totally different from city marketing in that it deals with the city from a holistic point of view. While city marketing focuses on individual product promotion (as the selling of the city), city branding occurs within a communication system that relates the overall city image and identity closely (Kavaratzis, 2004; Hankinson, 2004a; Kavaratzis & Ashworth, 2006; Geyonggi, 2007). Therefore, city branding as a strategy establishes a positive and long-lasting city image.

The most important factor that differentiates city branding from city marketing is that whereas city marketing is the promotion of the city to attract tourists and other targeted groups and to bring about financial benefits, city branding focuses the image value as perceived by city consumers. To put it another way, city marketing aims at achieving direct financial profit, while city branding focuses more on building constant communications with city customers (Hankinson, 2004a). Furthermore, city branding develops both tangible resources, e.g. festivals and scenery, and intangible resources, e.g. identity and positive image of the city to attract its users. The differences between city marketing and city branding are recapitulated in Table 1.

Since the focus of this study is on city branding, and proposing a city branding model, city marketing is excluded. But it is worth mentioning that due to the inter-relationship of these two terms, and also because the delicate difference between marketing and branding is not all the time observed in the literature, we make use of marketing strategies and frameworks provided in the literature to achieve our goal.

Table 1. Place branding versus place marketing (author)

Place Branding	Place Marketing
Focuses on WHO and WHAT creates a place	Focuses on HOW the place communicates its offerings
Is Place Making	Is a market-driven process
Develops a comprehensive place brand identity	Is about satisfying needs of target markets (short- to mid-term process)
Is supply-driven	Is demand-driven
Inward-focused	Outward-focused
Focuses on constant communications with city customers	Focuses on achieving direct financial profit
Occurs within a communication system that relates the overall city image and identity closely	Focuses on individual product promotion

2.3.2 Place Identity and Place Image in City Branding

A number of concepts, defined in place brand management, have shown to play a significant role in success of branding processes. These concepts which are more frequently witnessed in place/city branding literature are key terms, familiarity with which is fundamental to any understanding of the notion of place branding as well as to successful brand creation, development and implementation. From among notions of this type, the concepts of 'place identity' and 'place image' are the most relevant to the purpose of this study. They are introduced in brief below and where applicable, their inter-relations are presented in order to be able to recognize their contribution to place branding as a whole.

2.3.2.1 Place Identity

The place identity is the way the place is aimed to be perceived. It encompasses a set of unique place brand associations that place managers want to build or maintain. Place identity implies a promise to the users of that place from the side of place managers (Aaker 1996).

The relationship between branding and identity is not a new proposal. Many scholars

(Aitken and Campelo, 2011; Govers and Go, 2009; Kalandides, 2011; Mayes, 2008) have studied the relationship between branding and identity and the role of identity in branding. Kavaratzis and Hatch (2013) claimed that in order to move the theory of place branding forward, a clearer connection to place identity has to be established.

According to Florek and Janiszewska (2013), there are a number of methods to define brand identity which can be employed to cities. One of them which is of focus in this study is Brand Identity Prism (Kapferer, 2000). Brand Identity Prism (Figure 7) differentiates the sender side and the recipient side, in addition to an externalization and internalization side. The six identity facets express the tangible and intangible characteristics of the brand.
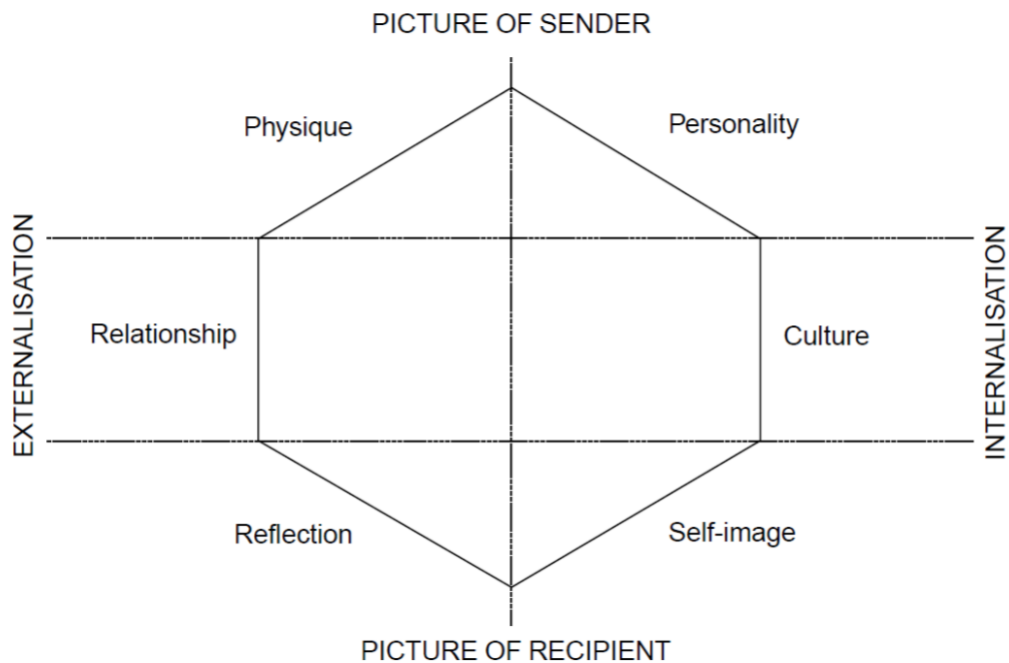
Figure 7. Brand Identity Prism (Kapferer, 2000, p.183).

There are six facets of brand identity defined in this model. They include Physique, an external tangible facet that communicates physical qualities; Personality, an internal intangible facet that shapes the character and soul of the brand; Culture, an internal

25

intangible facet which incorporates the brand into the organization; Relationship, an external facet that defines the ways in which the brand links to its customers; Reflection, an external intangible facet that reflecting the customers as they wish to be perceived as a result of using a brand,; and Self-image, an external intangible facet that reveals the customer attitude towards the brand (Kapferer, 2000). This framework can be used to assess the brand identity of a place considering both the sender and the receiver from both internal and external points of view.

2.3.2.2 Place Image

The place image is the entirety of beliefs, ideas, and impressions people have of a place. A large number of associations and lots of information that are linked to a place are represented through that place's image (Kotler et al. 1993). According to Kavaratzis (2004), different, various, and sometimes conflicting, messages which are sent by the city and the representations which are formed in the minds of individual city users individually and differently make up the city's image. Also, on the significance of image in the branding process, Kavaratzis (2004) claimed that in order to manage a place's brand, one has to manage its image. He proposed a model of image communication with this regard, which is going to be discussed later in this study.

Laaksonen et. al. (2006) found out that evaluation of the city image was attached to four main themes; namely, nature, built up area, culture and industry. Also, it was proposed that people do not perceive a city on only one of these themes; rather, they form their image of the city based of the totality of the surroundings encompassing elements from all of these themes. This framework is shown in Figure 8.

Moreover, Laaksonen et. al. (2006) classified the city's structural make up into 3 perceptional levels: level of observation, level of evaluation and atmosphere level.

First, the observation level is made up of themes to which perception is attached. The themes as introduced above are nature, built environment, culture and industry. Second, the evaluation level shows behaviors that are connected to perception. This level of the image reveals that the picture is rarely only positive or negative, its rather often a combination of the two. It pinpoints the relative standing of a city compared to other cities. Third, the atmosphere level designates the subjective, idiosyncratic impression of the city. Thus, the dimensions of conceptualization of affective meaning proposed by Russell and Pratt (1980) was applied to measure this level.
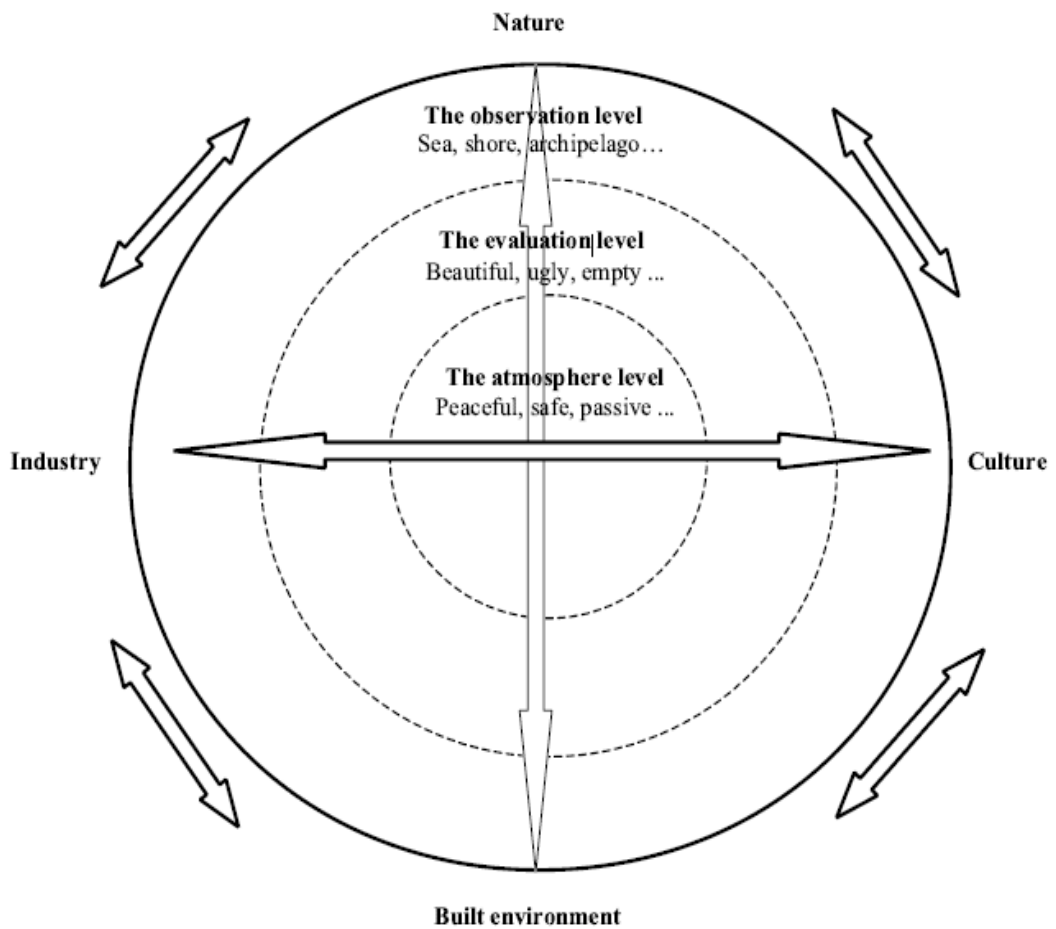
Figure 8. The Construction of Interconnected Perception Levels in the Context of City Image (Laaksonen et. al., 2006, p. 215).

In addition, Gartner (1996) identifies the development of three components in destination image formation. 'Cognitive' component refers to factual knowledge, 'affective' component refers to emotions and finally 'conative' component implies future behavior or intentions. In a further study, Agapito, Valle and Mendes (2013) ran a confirmatory analysis of Gartner's model to investigate the hierarchical nature of these three components. The results validated Gartner's model that when mediated by the affective component, the influence of cognitive component on the conative component is higher. Their model is schematically presented in Figure 9.

Conative Image
• Intention to recommend
• Positive word of mouth
• Intention to revisit
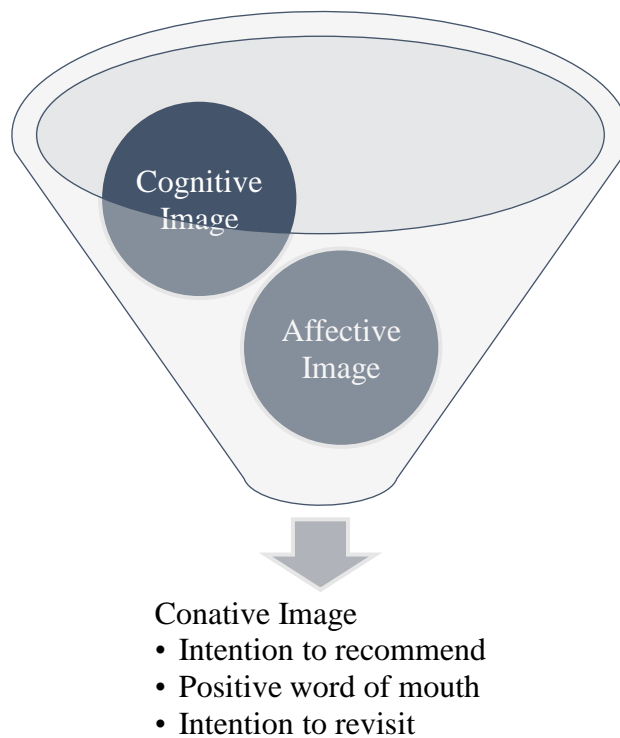
Figure 9. Agapito et. al. (2013) Image Formation Model (Author).

According to their measurement model, dimensions of cognitive image are good accommodation, appealing historic places, attractive shopping malls, colorful cultural activities, good gastronomy, beautiful marina, attractive cultural heritage, good value investment, friendly and receptive community, and pleasant restaurants. These cognitive factors, when mediated by pleasure and arousal, as components of affective

image, can result in the conative image which leads to intention to recommend, positive word of mouth, and intention to revisit (Agapito et. al., 2013). Such classification of image types and the process of image formation helps to build up a proper city branding model or strategy which leads to proper image formation, image communication, and thus city branding in the end.

2.3.2.3 The Relationship Between Place Brand Identity and Place Brand Image

On the relation between place branding, image and identity, we can refer to a number of scholars. For instance, Govers and Go (2009: 23) believe that the connection between identity, experience, and image is essential in place branding. Also, Kavaratzis and Ashworth (2006) stated that brand identity, brand positioning, and brand image are related. This relation is presented in Figure 10. According to Figure 10, brand identity (i.e. the way the business owner wants the brand perceived) results in good positioning of brand (the way and many the value of the produced is presented to the potential customers). As a result of the communicated value proposition then, brand image, which encompasses the way the brand is perceived, is obtained.
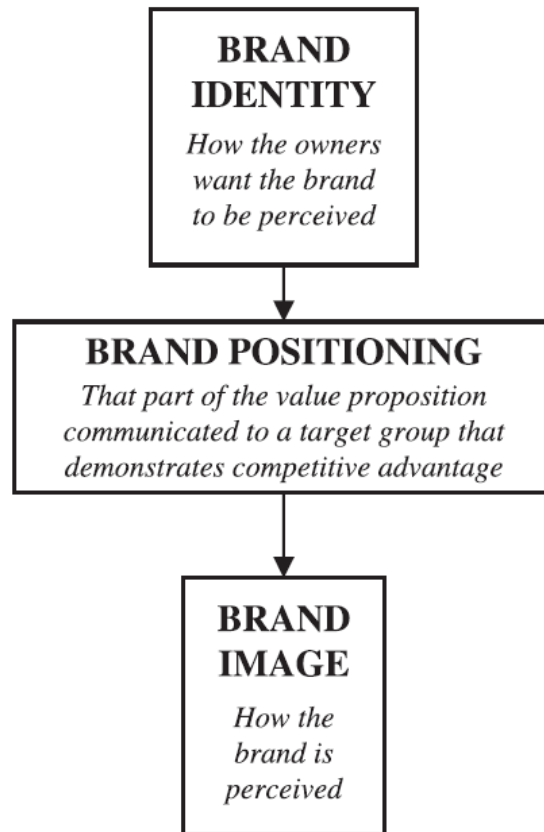
Figure 10. Relation between Brand Identity, Brand Positioning, and Brand Image
(Kavaratzis and Ashworth, 2006, p.186).

2.4 Characteristics of Previous Research

Having done a brief meta-analysis on published and unpublished works of research on place branding, it is encountered that the majority of works are done by scholars who are placed in management, marketing and economics departments or business schools. Other scholars are from urban studies, geography, communication and public administration fields.

The first appearance of the notion of place branding in the academic circle can be considered Simon Anholt's 1998 article in which he started to discuss place branding (through nation branding). As Kavaratzis (2004) quoted Ward (1998), "the marketing of urban places has been practiced, at least, since the 19th century". The first study to

focus on 'place image' was Hunt's (1975) which examined the relationship of image to tourism (Hanna & Rowley, 2008).

2.4.1 Review Studies on City Branding and Their Relevant Findings

Previously, a number of scholars have conducted literature studies on city branding, whose findings are of value to any work of research on the topic. To name some, Kavaratzis (2005) performed conceptual overviews on the general concept of place branding; and Hanna and Rowley (2008) did a terminological review. Some scholars have been more specific and adopted the concept of city branding and marketing in their reviews. In this regard, Kavaratzis (2007) offered a conceptual overview.

From among the review studies, findings from two of them which were conducted specifically on city branding are presented below. Findings from these two studies are relevant to the purpose of the current thesis. The first study was done by Lucarelli and Berg in 2011, and the second by Oguztimur and Akturan in 2014.

Lucarelli and Berg (2011) in their review study found the following:

- The field of city branding have been growing over time. They claimed this based on the growing number of articles on city branding published from 1988 to 2009.
- City branding articles are done within different disciplines. According to their results, most articles published till 2009 came from urban studies (39 articles), tourism (31 articles), planning (17 articles), marketing/branding (13 articles), geography (13 articles). A smaller number of articles also were written in some other fields such as business management, social sciences, political sciences and economy.

- Regarding methodology, most articles ran case studies rather than comparative and multi-case studies; and were based more on qualitative rather than quantitative methods. This issue is represented in Figure 11.
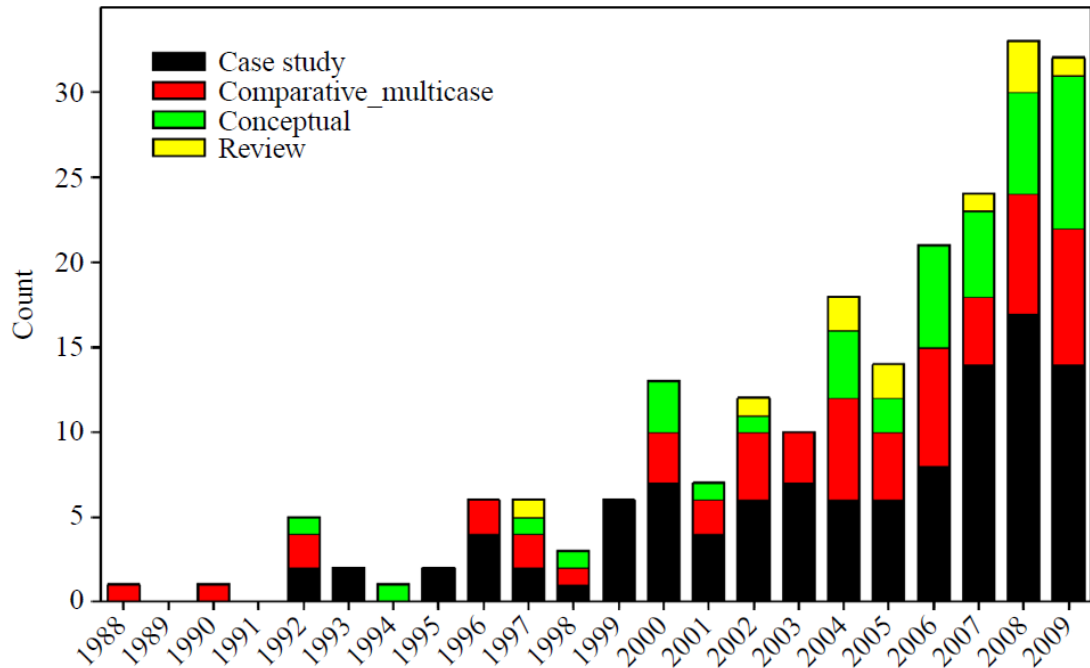
Figure 11. Methodological Composition of the City Branding Research Domain
(Lucarelli and Berg, 2011, p.18).

- With regard to the theoretical structure, three following dominant perspectives emerged. Figure 12 illustrates the relationship between these three perspectives with some 'typical' studies.
  o Branding as production, focusing on how to create and manage a brand and the branding process;
  o Branding as appropriation, focusing on reception and use of brand as well as utilization of the branding process; and
  o Critical studies of city brands and city branding, evaluating its merits and demerits.
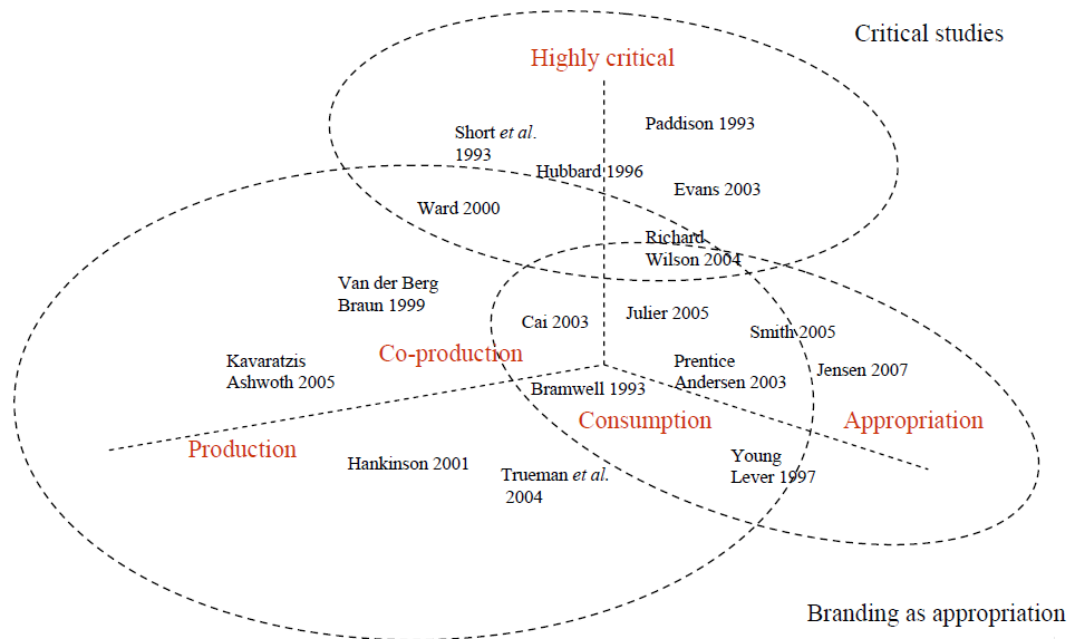
Note: The size of the ovals shows the proportion of studies within each perspective roughly.

Figure 12. Three Subgroups of Study Inside the City Branding Research Domain (Lucarelli and Berg, 2011, p. 19).

- On the issue of conceptual foundation, it is found that most studies in the fields lack proper conceptualizations and theoretical foundations. Lucarelli and Berg (2011) traced the conceptualizations in these studies through the terminology applied in them. Results are shown in Figure 13.

As such, (place/city/destination/urban) marketing paradigm is more frequently used than (place/city/destination/urban) branding. Also, a number of studies which dealt with proposing a model have been published, mostly during the ending years of the period under study. More than half of the proposed models were based on traditional branding and marketing models, such as those of product, service and cooperation branding/marketing; while the remainder focused on multi-attributes of the image of the city along with personal attitudes and perceptions of residents/visitors.

33
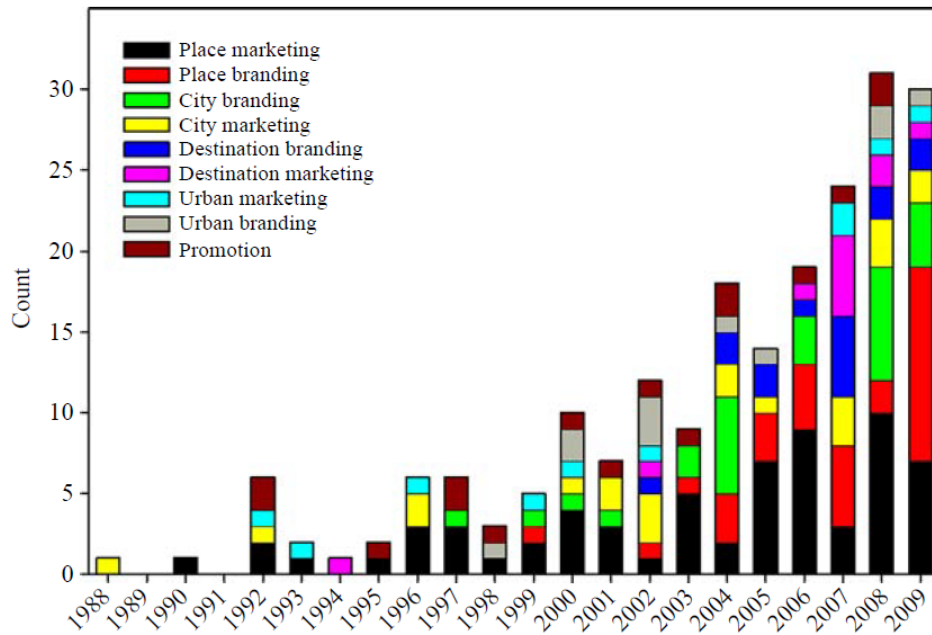
Figure 13. Labels Used to Describe the City Branding Research Domain (Lucarelli and Berg, 2011, p.20).

In the other review study, Oguztimur and Akturan (2015), examined the topics and trends in research on city branding from 1988 to 2014. The results from their study are very informative and applicable to all city branding research. For this reason, a number of findings from their study which hare relevant to the purpose of the present thesis are presented here. They are the quantity of published articles, the sample units used, and the dominant themes in them.

First, on the quantity of published papers, more than 90% of the studies have been published during 2010-2014. This implies that city branding is a new field and that it is developing with greater speed during the past couple of years.

Second, according to the types of studies, documents were the most used sample units. Table 2 shows the sample units used in the studies along with their frequency of usage. According to the information in the table, most works are based on library resources and other documentation which are on a theoretical basis and lack further support or

evidence. This implies the need for empirical studies which have statistical support for their theoretical bases.

Third, city branding literature is grouped, by Oguztimur and Akturan (2014), into 4 research areas: (1) the concept of city branding, processes and measurement; (2) branding approaches; (3) branding culture and tourism; and (4) social urbanism. Besisdes, on can also see it from 4 angles, namely, marketing, city planning, architecture and tourism. Table 3 summarizes the results regarding the first research area, i.e. city branding concept, process and measurement. They are presented in chronological order, with the oldest appearing at top.

According to findings, as claimed by the authors, city branding literature can be grouped into four dominant research areas: "(1) city branding concept, processes and measurement; (2) branding strategies; (3) social urbanism; and (4) branding culture and tourism" (Oguztimur and Akturan, 2015: 778). In more details:

Table 2. The Sample Unites Used in Studies Done in 1988-2014 (Oguztimur and Akturan, 2015, p.4)

Sample unit	Frequency	%
Documents, statistics, plans, strategies and researches	73	45
Citizens (individuals, informant, interviewee, residents and household)	23	14
Papers	22	13
Professionals (planners, businesses, tourism agencies, tour guides…)	9	5
Online forums, social media and websites	8	5
Visitors and tourists	7	4
Municipality and government	6	4
Photos	5	3
Newspapers and magazines	4	2
Companies and industries	3	2
Advertisement and brochures	2	1
Students	2	1

- The first research area is 'city branding concept, processes and measurement'. With this regard, generally speaking, there are two different approaches to city branding: marketing oriented and planning oriented. This is due to the multidisciplinary nature of city branding.

- 'Branding strategies' is the second and biggest, it includes studies on branding attributes, branding practices, event-based branding, branding communication, stakeholder studies and online branding.

- The third research area is 'social urbanism', with studies of a marketing-oriented approach on branding different formations in or abroad the cities, such as slums, gated communities and satellite cities.

- The last area is 'branding culture and tourism'. These studies are marketing-oriented as well. Their main focus is reimaging cities on culture and heritage.

Table 3. City Branding Concept, Processes and Measurement (Oguztimur &
Akturan, 2015, p.7)

Research area	Thematic area	Second-order Theme
City branding concept, processes and measurement	City branding concept, processes and measurement	Concept Differences Process Measurement approaches
	Architecture and Design	Architecture Design
Branding strategies	Brand attributes	City brand image Personality Equity Identity
	Branding practices	Implications and cases
	Event-based branding	Olympics Sports Expo Trade fairs City events
	Brand communication	Media Ads Narratives Storytelling
	Stakeholder studies	Stakeholders Citizens Industry partners residents Residents and business Government Municipalities
	Online branding	Websites Internet Social media
Branding culture and tourism	Branding culture and tourism	Culture Culture/heritage Heritage Tourism Tourism/migration
Social urbanism	Gated communities	Gated communities
	Informal settlements	Role of informal settlements Contribution of informal settlements
	Neighborhood milieu	Neighborhood milieu
	Slums	Image of slums
	Stressed satellite city	Stressed satellite city

2.4.2 Placement of This Study

According to what has been said above, some areas are more cultivated than others in place branding research. This signifies an urge to deal with the less studied issues more in research. This study, as a continuation of the developing trend in place branding research aims at examining the less observed issues both theoretically and in application.
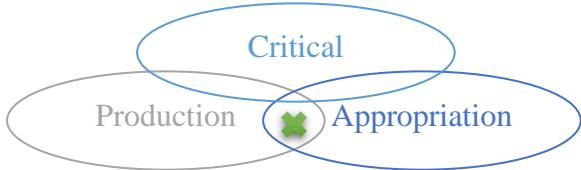
This work is of an interdisciplinary stance, combining design, architecture and planning viewpoints with marketing notions of brand development and management. Also, the focus is on tourism, specifically on healthcare tourism, as a tool for city branding. In sum, this work combines the two main themes introduced above, namely, 'branding concept, process and measurement' along with 'city branding strategy'.

Regarding the conceptual foundation, this thesis works on place branding, and specifically on city branding. As found by Lucarelli and Berg (2011), this field, i.e. branding, appeared to a lesser extent than marketing in the literature. Moreover, like a number of other works of research, this study focuses on model development and application; but the difference is that contrary to those studies, it is not solely built upon traditional branding/marketing models developed for services, product, and corporate branding. Also, the model will be multi-attributed, incorporating concepts of image, perception, etc. Furthermore, with regard to the theoretical structure, this blended study focuses both on production and appropriation of branding.

On the design, as mentioned by Lucarelli and Berg (2011), there are more qualitative, case studies than quantitative and comparative studies in place branding literature. To fill in this gap, this study maintains to be a mixed-methods one, incorporating

qualitative as well as quantitative design. Besides, it will offer a comparison between two or more cases, so will be multi-case in design as well. Finally, in regards with sample units applied in studies, it was mentioned that most studies used documentations. This study, in contrast, makes use of multiple sample units such as documentation, professionals, citizens, etc. for settlement of the theoretical foundations and visitors and tourists for the empirical parts. All in all, as a recapitulation of the above-mentioned, the placement of this study is shown in Table 4 below.

Table 4. Placement of this study

Feature	Position of this Study in Place Branding Literature
Research Area	'Branding concept, process and measurement' as well as 'City branding strategy'
Conceptual Foundation	Model development within branding paradigm
Theoretical Structure	
Design	
Sample Units	Documents, Professionals, Citizens, Visitors

2.5 Theoretical Frameworks of Place Branding

According to Ashworth and Kavaratzis (2009), a key component of city branding, as a distinctive form of branding, must be the establishment of a city branding framework that combines the components that require to be aligned. There have been attempts to develop such frameworks in the literature.

According to what has been mentioned so far, in place branding, 'place' can refer to a region, a city, a country or a nation. Scholars who have done research in this area have sometimes pointed out to a specific geographical area, such as a city, and sometimes referred to its generality, such as a place. Since a city is a sub-categorization of a place, and since a city can also be a destination while focusing on its capacities to attract visitors, the concept of 'city' is embodied within the concepts of 'place' and 'destination'.

Although the focus of this study is on 'city branding' due to the above-mentioned facts, studies on place branding and destination branding are also considered. There are a lot of studies on these topics which are be attributable to city branding as well due to the overlaps of the terms place, destination and city. Some of these studies which are relevant to the purpose of this thesis are presented below, with a focus of the frameworks/models which have been proposed in them.

Branding frameworks that are included in this section are organized chronologically with older ones coming first. The reason why these frameworks are not separated based on their scope is the same ambiguity on terminology or, we may call it, lack of concern about distinguishing concepts of place, destination, etc. from the side of the authors. As an example we can name Relational network brand developed by Hankinson (2004a), in which the concept of place is bolded and 'places' are considered as relational networks, however, it is applied to destinations in his study. As such, these models are not categorized based on scope; rather all of them are seen and attended to equally as all refer to some sort of 'place'. Table 5 includes information on the frameworks which are presented below as current relevant trends in place branding.

Table 5. Current Relevant Trends in Place Branding based on Chronological Order (author).

	Model/ Name	Developer/ Author	Year Published	The Notion of 'Place'
1	*Model of Destination Branding*	Cai	2002	Destination
2	*Relational Network Brand*	Hankinson	2004	Destination
3	*City Image Communication*	Kavaratzis	2004	City
4	*City Brands Index, City Brands Hexagon*	Anholt	2006	City
5	*Branding Strategy for a Destination*	Balakrishnan	2007	Destination
6	*A framework for the management of place brands*	Hankinson	2007	Place/ Destination
7	*CBM Model*	Gaggiotti, Cheng & Yunak	2008	City
8	*An Integrated Approach to Managing City Brands*	Kavaratzis	2009	City
9	*Place Brand Center*	Zenker & Braun	2010	Place
10	*Strategic Place Brand- Management (SPBM) Model*	Hanna & Rowley	2011	Place
11	*Place Brand Categories*	Zenker	2011	Place
12	*4D Model of Place Brand Management*	Balakrishnan & Kerr	2013	Place

Cai (2002) developed a destination branding model, presented in Figure 14. This model is based on spreading activation proposed in psychological theory of adaptive control of thoughts which was applied to marketing and branding research work, and extends from the framework of destination image makeup process proposed by Gartner (1996). The model considers destination branding as a recursive process which centers on building destination identity via spreading activation, which comes from dynamic relationships among brand element mix, brand image building, brand associations (3As), and marketing activities (3Ms). Brand associations include attributes component, affective component and attitudes components. The marketing activities mentioned in the model are marketing programs, marketing communications, and managing secondary associations.
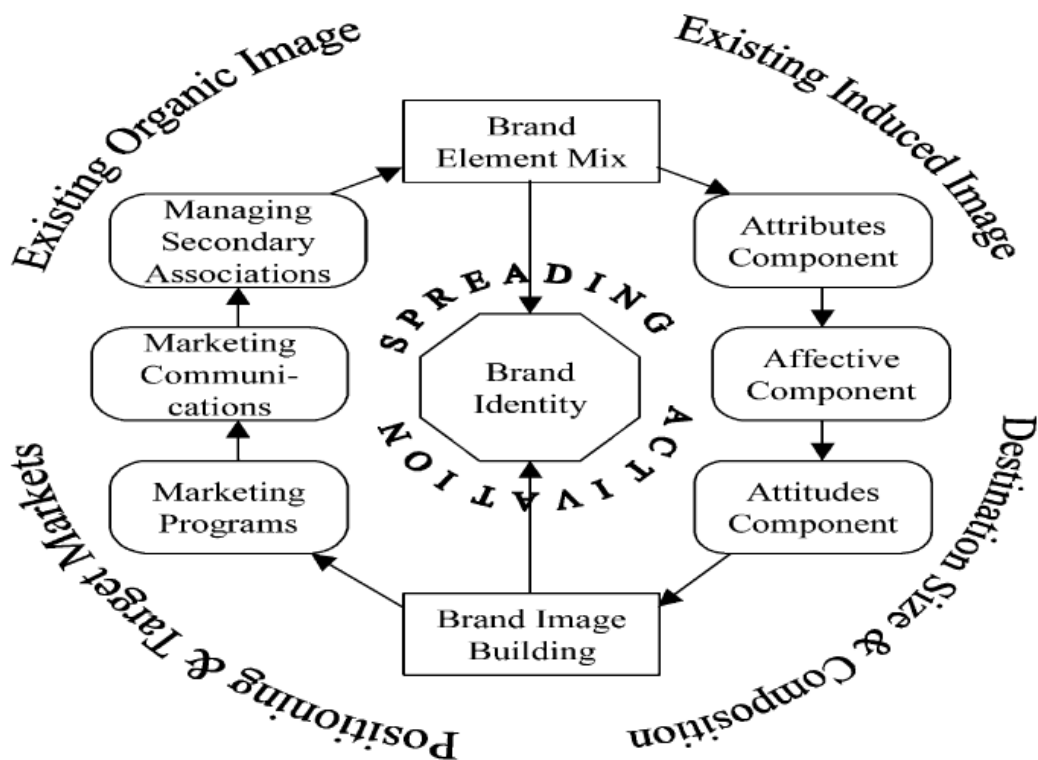
Figure 14. A Model of Destination Branding (Cai, 2002, p. 725).

The process begins with carefully selecting one or more brand elements to serve as devices which can be trademarked. These can be slogans, logos, etc. which particularly pinpoint the destination and start the creation of robust and consistent brand associations that mirror the attributes, affective, and attitudes components of an image. The hierarchical relationship among the three components introduced in Gartner's framework is also retained here. In this model, it is proposed that in the context of destinations branding, marketing programs are designed to enhance brand identity via spreading activation.

Hankinson (2004a) developed a conceptual model of place brand; namely, the relational network brand. He claims that this model is different from the available conceptualizations in the literature since the reality faced by those who market places as destinations is included in it. Relational network brand is presented in Figure 15.

Consumer relationships

•Non-conflicting target markets
•Residents and employees
•Internal customers
•Managed relationships
 from the top

**Brand infrastructure
relationships**

•Access services
  •external transport
   (air, sea, land and
    rail)
  •internal transport
•Hygiene facilities
  •car parks
  •open spaces
•Brandscape

Core brand

•Personality
•Positioning
•Reality

**Primary service
relationships**

•Services at the core
 of the brand experience
  •retailers
  •events and leisure
   activities
  •hotels and
   hotel associations

Media relationships

•Organic communications
•Induced/marketing
 communications
  •publicity
  •public relations
  •advertising

Figure 15. Relational Network Brand (Hankinson, 2004a, p. 115).

The place brand encompasses a core brand and four brand relationship categories which, as the author puts it, "extend the brand reality or brand experience" (Hankinson, 2004a: 115). These relationships are dynamic and strengthen and evolve over time. These relationships alter as time goes on and they gradually extend as a result of progressive interaction between stakeholders.

The core brand is the place's identity built upon the three elements of personality, positioning, and reality. It then extends in interaction with the four groups of relationships, consumer relationships, primary service relationships, brand infrastructure relationships, and media relationships. Brand personality as an element of the core brand as defined by Hankinson (2004a) is characterized by functional attributes, symbolic attributes, and experiential attributes. Components of the

relational brand personality as presented by the same author is shown in Table 6.

Table 6. Components of the Relational Brand Personality (Hankinson, 2004a, p.116)

Relational brand personality components
Potential functional attributes
Museums, art galleries, theatres and concert halls
Leisure and sports activities and facilities
Conference and exhibition facilities
Public spaces
Hotels, restaurants, night clubs and entertainment
Transport infrastructure and access
Potential symbolic attributes
The character of the local residents
The profile of typical visitors (e.g. age, income, interests and values)
Descriptors of the quality of service provided by service contact personnel
Potential experiential attributes
How the destination will make visitors feel (e.g. relaxed, excited or fascinated)
Descriptors of the destination's feel (e.g. the city experience, vibrant or peaceful)
The character of the built environment (e.g. historic, modern, green and spacious)
Descriptors related to security and safety

Kavaratzis (2004) proposed his theoretical framework under the notion of city image communication. As he believes, and as agreed upon in the literature, image formulation and image communication plays a crucial role in city marketing and city branding. He asserts that successful city brand development and brand management could be achieved through image communication. The basic elements of his framework is presented in Figure 16.

The beginning is that all encounters with the city takes place through perceptions and images. So, it is the image of the city which is to be managed. The image is communicated through three types of communication. First, primary communication "relates to the communicative effects of a city's actions, when communication is not the main goal of these actions" (Kavaratzis, 2004: 67). It is divided into four areas; namely, landscape strategies, infrastructure projects, organizational and administrative

structure, and behavior.
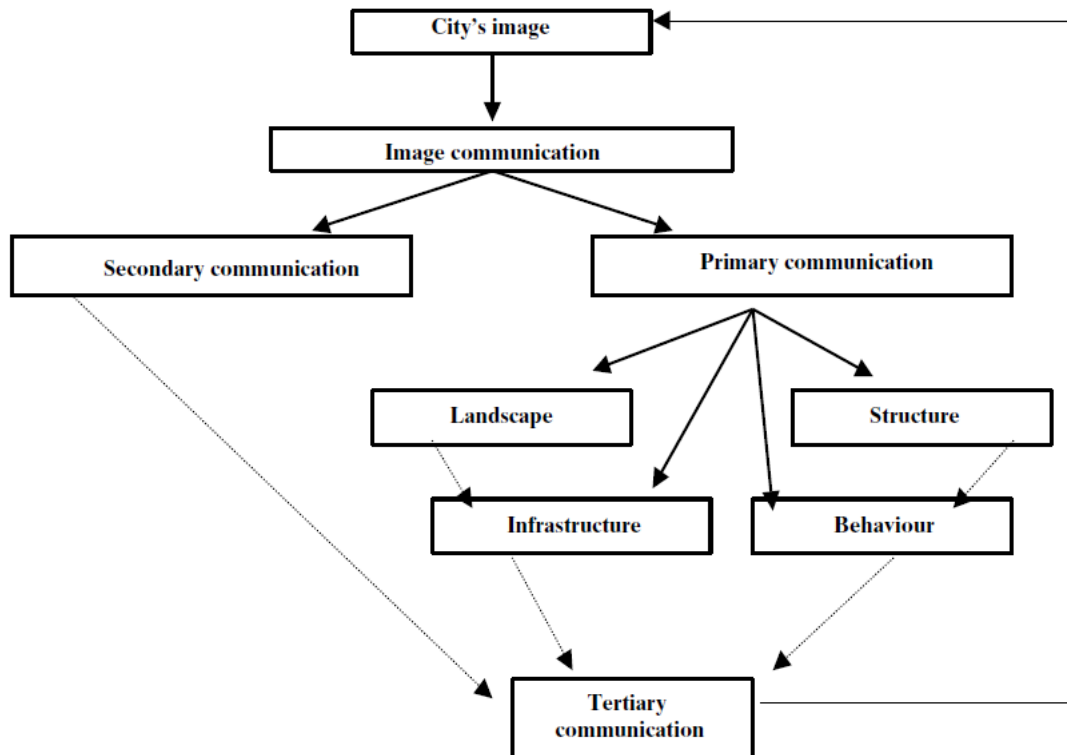
Figure 16. City Image Communication Kavaratzis (2004, p. 67).

'Landscape strategies' refer to the works related to "urban design, architecture, green spaces and generally public spaces in the city" (Kavaratzis, 2004: 67). 'Infrastructure projects' refer to actions dedicated to create or enhance different types of infrastructure required in the city. It deals with improving the city's accessibility on the one hand, and the existence and adequacy of different amenities like cultural centers, etc. on the other. 'Organizational and administrative structure' is related to improvement of the city's organizational structure. Finally, the city's 'behavior' focuses on "such issues as the city heads' vision for the destination, the approach engaged or the financial incentives made available by thre city to different stakeholders" (Kavaratzis, 2004: 67). In this regard there a two important servicers rendered, and the effectiveness of their inclusion and the quantity and nature of programs provided by the city.

Next, secondary communication refers to "the formal, intentional communication that most commonly takes place through well-known marketing practices like indoor and outdoor advertising, public relations, graphic design, the use of a logo, etc." (Kavaratzis, 2004: 68). Secondary communication starts with two notions: first, there should be something to be communicated; and second, the communicative competence of the city which, according to Kavaratzis (2004) is both the goal and the result of city branding.

Finally, tertiary communication includes "word of mouth, reinforced by media and competitors' communication" (Kavaratzis, 2004: 69). As it is not controllable by authorities, it is related to the whole process of image communication by an interrupted line. The goal of the whole branding process as well as the two other controllable types of communication is to get tertiary communication aroused and reinforced especially to the citizens who are at the same time the most central target audience of city branding and the most important marketers of the city (Kavaratzis, 2004).

Anholt-GMI (2006) City Brands Index or the city brand hexagon include elements which affect city branding and can be used to measure city brands. This can be considered the pioneering framework in the field of city branding. It is presented in Figure 17. The elements introduced in the shape of a hexagon are Presence, Place, Potential, Pulse, People, and Prerequisite.
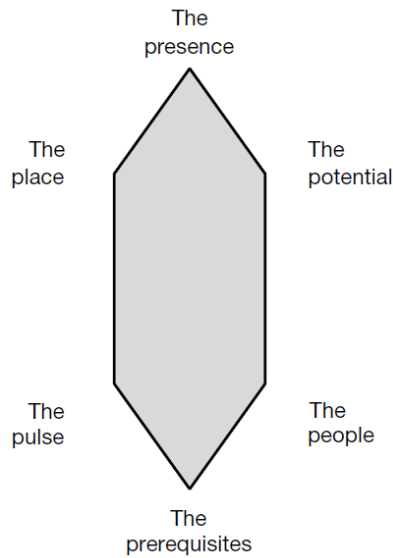
Figure 17. The City Brand Hexagon (Anholt, 2006, p. 19).

According to Anholt (2006), the Presence refers to the city's "international status and standing" (p. 19). The Place deals with the physical aspects of the city. The Potential includes the educational and economic opportunities the city is able to offer to visitors, residents, etc. The pulse refers to a vibrant urban lifestyle. The People the inhabitants' attitudes, and whether they are warm and friendly. Finally, the Prerequisites relate to the basic qualities of the city and if they are sufficient, affordable, etc.

Balakrishnan (2007) proposed a framework of branding strategy for a destination. Its components along with the relationship between them is shown in Figure 18. The branding strategy starts with vision. Governing bodies must establish a clear vision of the link they want to establish with both internal and external customers. Vision should also include efforts to overcome negative associations with the country of origin. Besides, target customers must be identified along with their specifications and interests. The differentiation strategy must be planned in a way to maintain a clear, consistent and unique image in the mind of the target customer.
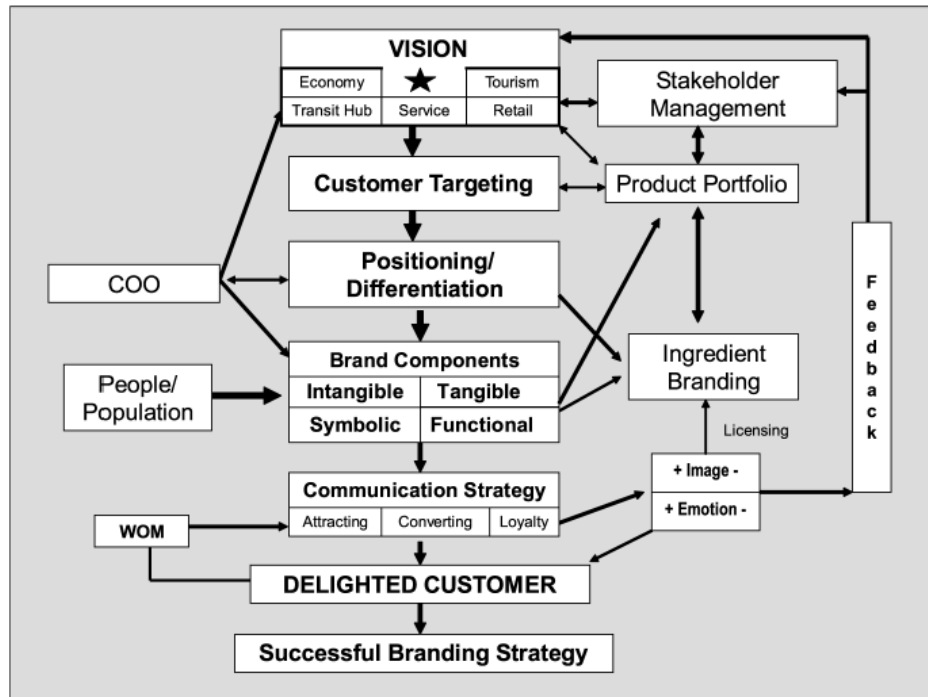
Figure 18. Branding Strategy for a Destination (Balakrishnan, 2007, p. 622).

Moreover, destinations must select a set of brand components to attract customers, helping them in making a decision as to visit the place and to build loyalty. It starts in the visitors' country of origin, is reinforced on arrival to the destination and stay, and managed during exist and post-visit. Branding of the image and the experience itself should raise some affect linked to the destination. Destinations can promote word of mouth and thus reinforce the image by making the experience tangible.

Hankinson (2007) proposed a framework for the management of destination brands based on five guiding principles derived from the literature. These guiding principles include strong, visionary leadership; a brand-oriented organizational culture; departmental co-ordination and process alignment; consistent communications across a wide range of stakeholders; and strong, compatible partnerships. The framework is presented in Figure 19.
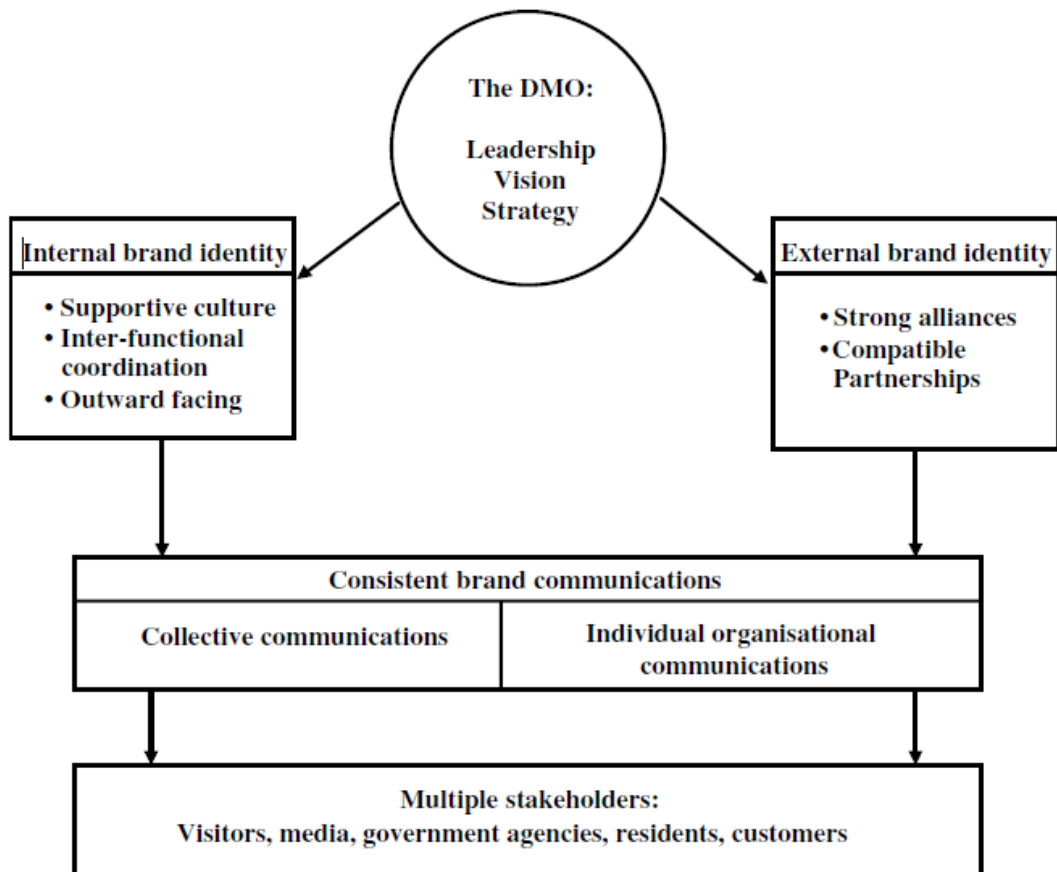
Figure 19. A Framework for the Management of Place Brands (Hankinson, 2007, p. 247).

According to Figure 19, the first guideline, i.e. strong, visionary leadership leads to the distinguishing the significant role of DMOs in destination brand management. According to Hankinson (2007), the responsibility of developing destination brands in most countries is on Destination Marketing Organizations (DMOs). The progress and effectiveness of place branding is dependent on the efficiency of the leadership of the brand by the DMO. Besides, a key role of DMOs is to build a clear vision for the destination brand and to cultivate a set of core brand values to relate the place's heritage to the realistic vision of what can be attained in the future. This goal together with fundamental brand values is a basic predecessor to the argument about the brand methods with potential partners who involve in propagating the strategy.

The second guideline, i.e. a brand-oriented organizational culture, leads to the necessity of the development of internal brand identity. That is, the building of the brand should start within the DMO before it is being extended across partner organizations. In other words, "the DMO must build the brand internally from the top of the organization" (Hankinson, 2007: 247).

The third guideline, i.e. the departmental co-ordination and process alignment leads to the development of external brand identity. The DMO must link branding to other departmental activities. Also, extending this process to partner organizations would be a challenging and problematic task to the extent that the organizations seek to be internalized.

The fourth guideline, i.e. consistent communications across a wide range of stakeholders leads to the next necessary step in managing destination brands. Since tourism destinations are multi-service products, attempts must be done for establishing both consistent collective communications and individual organizational communications.

The final guideline, i.e. strong, compatible partnerships, which is the most followed in the literature and practice of place branding leads to the creation and management of partnership networks. The key role of DMOs is, therefore, to manage the conflicting interests of actual and potential visitors, medias, government agencies, residents, and customers.

Gaggiotti, Cheng and Yunak (2008) proposed the CBM (City Brand Management) model. The model considers four stages in designing a brand strategy for a city and is

illustrated in Figure 20. The first stage is a response to the question of 'what we are now'. This sort of situation analysis form the side of authorities help identify the existing resources that would serve as a basis for further strategy development. The key elements of the situation analysis introduced here are Place, People, Processes, and Partners. Each of these components are further explained as follows.

- The Place element incorporates "a city's geographic location, heritage and history, natural environment, developed infrastructure such as airports and other transportation systems, existing sectors of economy and industry clusters, among others" (p.118).

- The People element consists of "human capital in a city such as diversity of the population, talents, mentality and attitudes of local residents. Celebrities and famous people play their role in shaping the image of the city" (p.118).
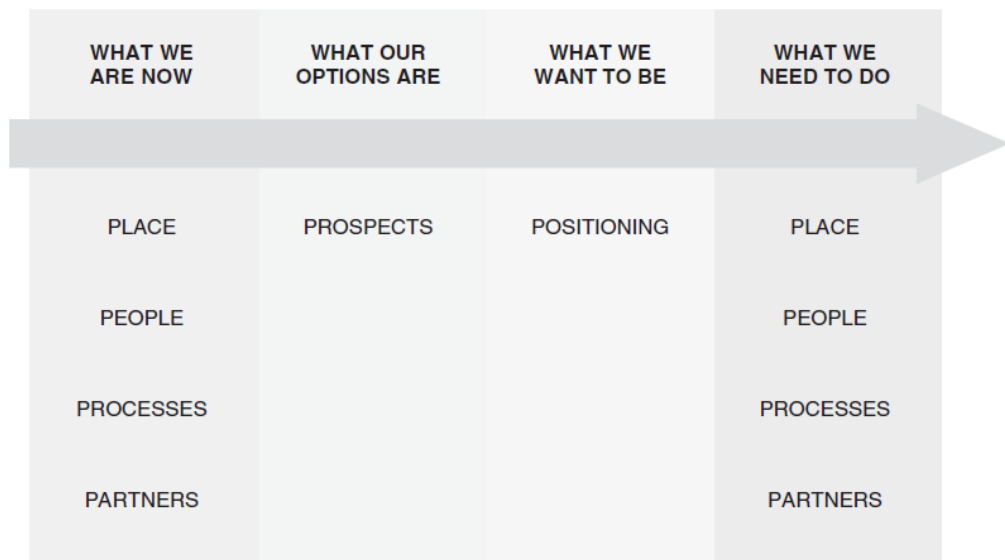
Figure 20. The City Brand Management Model (Gaggiotti, Cheng and Yunak, 2008, p. 118).

- The Processes element signifies that "cities should be looking at local governing bodies and their strategic orientation, advancement of legal systems and law enforcement, level of integration with the regional and global economies, level of corruption, bureaucracy and environmental friendliness, management style and accepted norm of behavior; that is, anything that would enable or disable economic and social development of a city" (p.118).
- The Partners element "is closely related to the Process element and serves as an indication of a city's affiliation with particular interest groups. It could be a group of countries, corporations, non-government organizations (NGOs) or industries" (p.119).

The second stage is a response to the question of 'what our options are'. At this stage, brand owners have to evaluate the type of identity they have and whether they are reluctant to maintain it. The third stage answers the question of 'what we want to be' and determines the positioning strategy which brings the most social and economic return. Finally, the last stage responds to the question of 'what we need to do'. This, again, is defined in terms of the four elements of Place, People, Processes, and Partners. Each of these elements should engage in the process to play their roles for the successful branding of the city to be implemented.

Kavaratzis (2009) in his article compared different city branding frameworks to find the recurring themes reported to be influential in city branding. He considered corporate branding vis-à-vis city branding frameworks proposed in the literature. As he reported, the similarities between the models he studied could be grouped into eight categories which should be incorporated into an integrated approach to managing city brands. They are summarized in Table 7.

Table 7. Components of an integrated approach to managing city brands (Kavaratzis, 2009, p.33)

City brand management components	Definition
Vision and Strategy	Chosen vision for the city' s future and development of a clear strategy to realize it
Internal Culture	Spreading a brand orientation through the city management and marketing itself
Local Communities	Prioritizing local needs; involving local residents, entrepreneurs and businesses in developing and delivering the brand
Synergies	Gaining agreement and support of all relevant stakeholders and providing for balanced participation
Infrastructure	Providing for basic needs without which the city cannot attempt delivering the expectations created by its brand
Cityscape and Gateways	The ability of the built environment to represent itself and reinforce or damage the city's brand
Opportunities	Opportunities available for targeted individuals (urban lifestyle, good services, education, etc.) And companies (financial, labor, etc.), which signify the potential of the place)
Communications	Fine-tuning all intentionally communicated messages

Zenker and Braun (2010) proposed the Place Brand Center, presented in Figure 21. This model is helpful for managing those brands who have different target groups of audiences. It includes a branded house approach with specific sub-brands for different target groups which are chosen to be targeted; and a place umbrella brand that is "represented by the shared overall place brand perception by the entire target audience" (Zenker & Braun, 2010: 4). This overall place brand perception takes place through the communicated place umbrella brand, the place physics, and the perception of the different sub-brands. As proposed by the authors, perception of each sub-brand could affect perception of other sub-brands as well as the overall brand. This implies that although segregated, sub-brands are inter-related. Also, they emphasize that co-ordination, monitoring and communication between sub-brands are essential.
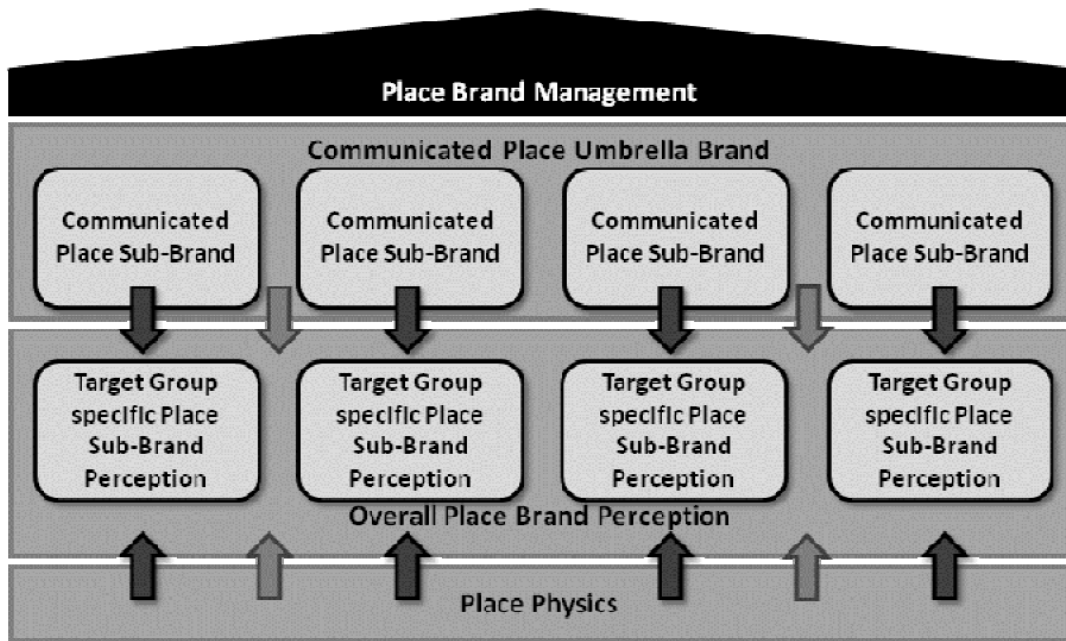
Figure 21. The Conceptual Framework of the Place Brand Center (Zenker & Braun, 2010, p. 4).

Hanna and Rowley (2011) proposed the Strategic Place Brand-Management (SPBM) model. It is schematically represented in Figure 22 and Figure 23. Figure 22 shows the main consisting elements of the model, which include brand evaluation, stakeholder engagement (management), infrastructure (regeneration), brand identity, brand architecture, brand articulation, marketing communications, brand experience, and word of mouth. Figure 23 displays the sub-components of infrastructure (regeneration). The arrows show 'influence' between the components. For instance, in the model, it is shown that word of mouth influences, and influenced by brand communications. Within each component, specific activities take place.
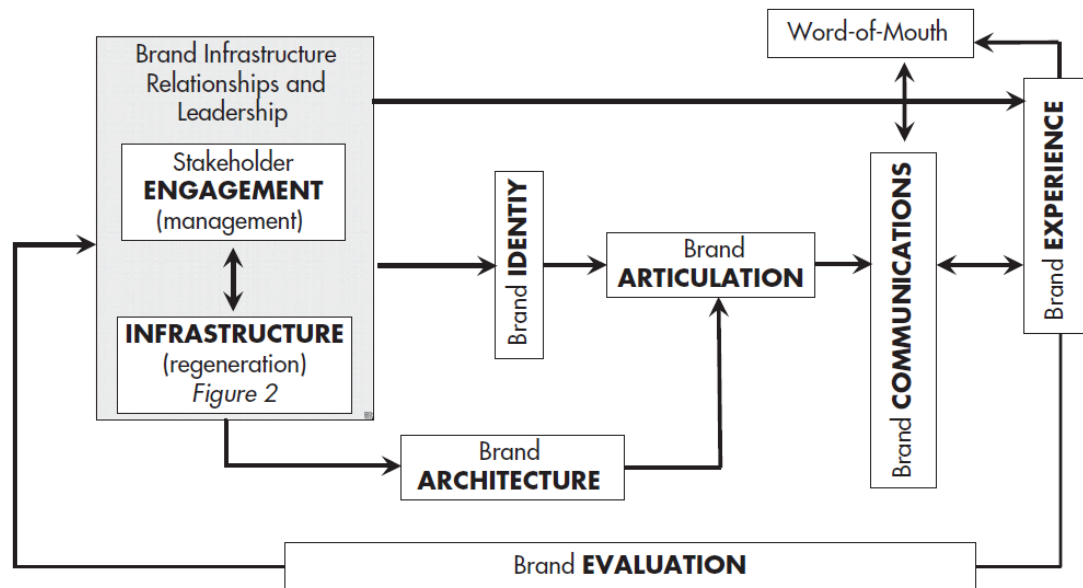
Figure 22. Strategic Place Brand-Management (SPBM) model (Hanna and Rowley, 2011, p. 463).

The components are defined by the authors as the following:

- Brand evaluation: the processes which aim at collecting feedback on brand image and experience.

- Stakeholder engagement (management): the processes through which stakeholders are recognized, their interests met, and their interactions managed.

- Brand infrastructure (regeneration): the presence, approachability, and adequacy of the functional (tangible) and experiential (intangible) place attributes, and the probable need for their renewal and redevelopment.

- Brand identity: is linked to the formation of the essence of the brand. Basic components in brand identity are the functional and experiential attributes of the brand.

- Brand architecture: focuses on the process of designing and managing brand portfolios.

- Brand articulation: focuses on the processes related to the expression of the brand via its verbal and visual identity through the choice and design of the place name, logo, color palettes, and photographs.

- Brand communications: focuses on the activities relevant to the communication of the brand identity.

- Word of mouth (WOM): the processes associated with the informal communication between 'consumers' of the brand experience.

- Brand experience: the element in which the consumer involves with the brand. Through this involvement, perceptions of the brand experience are formulated and the brand identity is interpreted by the customers in order for them to create their own notion of brand image.

The major areas of the model have four aspects. First, the SPBM model shows the procedure of place branding and its key feature. Second, branding involve an interactive and evolutional process, implying it isn't a 'once and for all project'. Third, the involvement of investors/stakeholder and the need for infrastructural availability is also an important component. These aspects draw the line between place branding and product branding. Finally, the major result of the branding process is brand experience not just branding image.

Zenker (2011) notes the impossibility of capturing all place brand elements but refers to the elements which should be employed to understand the most significant categories of a place brand. With this regard, he studied the frameworks that identify place categories, synthesize them and proposed his combined place brand categories incorporating six main groups. These include place characteristics, place inhabitants, place business, place quality, place familiarity, and place history. His framework is

schematically shown in Figure 24. Such a framework provides a good measure to assess place brands.
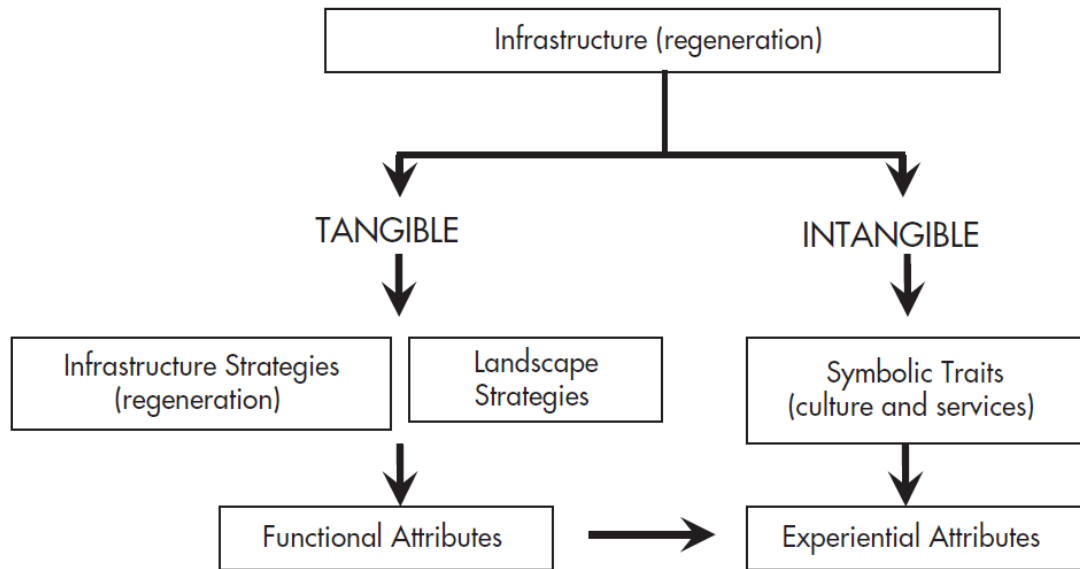
Figure 23. Infrastructure (Hanna and Rowley, 2011, p. 463).
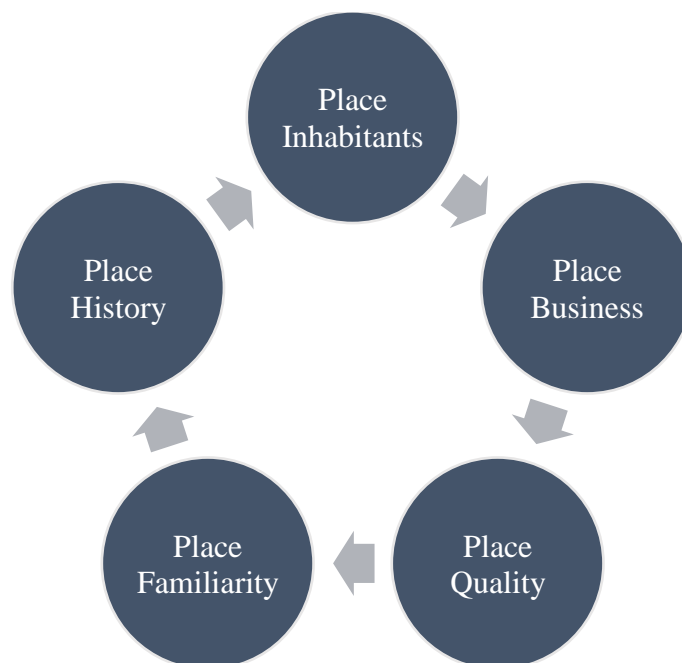
Figure 24. Place Brand Categories based on Zenker (2011).

Balakrishnan and Kerr (in Sonnenburg and Baker, 2013) identified four stages in place brand management and presented it under the '4D Model of Place Brand

Management'. Figure 25 shows the model. According to the authors, the four stages are deciding, designing, delivering, and determining. 'Deciding' relates the strategic direction and orientation of the place to its brand, or name. 'Designing' determines which brands to be used to obtain the desired results. 'Delivering' stage claims that the brand management should be in line with delivering value to meet the wants and needs of the targeted members. Finally, 'determining' as the final stage deals with evaluating the efficacy of the three previous stages, namely, deciding, designing and delivering considering the economic and social objectives set by the leaders.
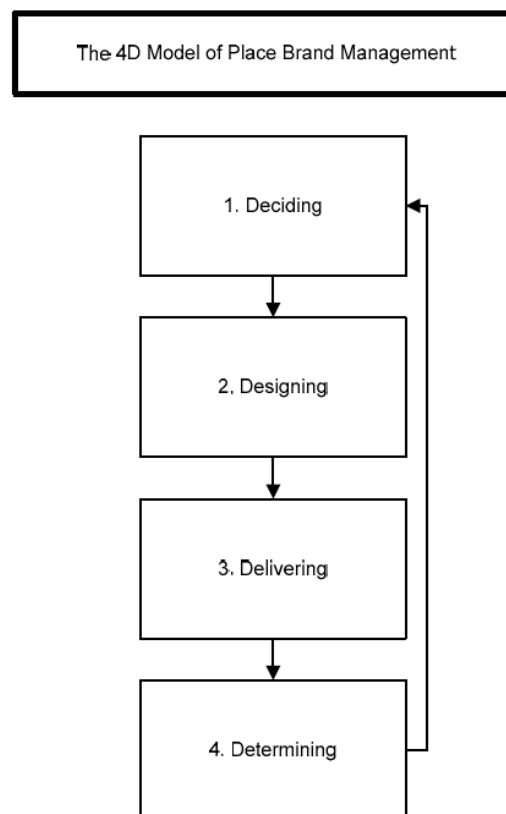
Figure 25. The 4D model of place brand management (Balakrishnan and Kerr, in Sonnenburg and Baker, 2013, p. 33).

In conclusion, the branding models presented above each focus on a specific aspect of place branding. For instance, whereas Anholt (2006) emphasizes the components of city branding which range from people to infrastructure to the overall status of the city

in the world, Hanna and Rowley (2011) provide a more detailed strategic plan for place branding. The point is that these place branding models have been developed through time. This means the newer ones have been built upon the previous ones and have added to them. These models serve the basis for the model development and strategy making in this research. As such, components which are focused in city branding and the relation between them can be derived from an amalgamation of such models.

2.6 Summary of the Chapter

This chapter presented an introduction to the concept of city branding. The chapter began with defining the terms 'brand' and 'branding' to move to a discussion of 'place branding; i.e. branding applied to places. Next, city branding was introduced as a trend in place branding. After pointing out to the important discussions regarding city branding, the chapter provided an overview of research on city branding to determine the value and positioning of the current study in the related literature. Finally, theoretical frameworks of place branding which were developed by scholars and were present in the literature was presented in brief and reviewed. As the purpose of this study is to present a city branding model through health tourism, the next chapter deals with health tourism to set the theoretical background for this dissertation.

Chapter 3

HEALTH TOURISM

Tourism is an old social phenomenon. It brings countries a lot of economic advantages. Besides economic impacts, tourism offers socio-cultural and also environmental impacts to countries and societies as well. For this reason, tourism development has always been a major point of focus for governments and local authorities. With the emergence of, and advancements in the fields of marketing and management, a growing trend in tourism has also been viewed.

Since the immemorial, humans have travelled to different places for different purposes. Travelling for pilgrimage purposes was among the first specific-purpose types of tourism. As technology advanced and moving between places became easier and more feasible than the past, people increasingly began to cross borders to fulfill specific goals. This involves seeking new experiences which are not available where they reside, or taking advantage of services and products with higher quality and/or lower costs than what is available in their residential places offered at other locations.

One such trend, in which people travel to other countries for cheaper and/or higher-quality services and products; and also for experiences they seek, which are unavailable in their own country, is health tourism. As a recent trend in modern tourism, health or healthcare tourism has recently gained attention in academia as well. Many scholars have focus on healthcare tourism in their studies. Some have attempted

to investigate the nature of healthcare tourism, others studied factors which are involved in and affect it, while some others proposed strategies and models for its development.

This chapter presents an overview of the concept of healthcare tourism within the scope relevant to this study. First, an introduction is made of 'tourism' followed by its typology which summarizes different classes of tourism. Next, a clarified definition of 'health tourism' and its scope is provided. Followed by the reasons for the popularity of health tourism, most widely known healthcare tourism destinations and treatments are discussed. After that, the features of the country of choice, i.e. those characteristics which motivate the target audience to choose a specific country as their destination are outlined. The concept of 'healthcare tourism destination image' is investigated next, along with the process of destination image formation. Finally, factors contributing to the success of healthcare tourism are presented based on the frameworks proposed by scholars in the field.

3.1 Tourism and Its Typology

The Tourism Society of England in 1976 defined tourism as "the temporary, short-term movement of people to destinations outside the places where they normally live and work and their activities during the stay at each destination. It includes movements for all purposes." (https://en.wikibooks.org/wiki/Introductory_Tourism)

Also, according to the definition of the International Association of Scientific Experts in Tourism in 1981, tourism is certain activities selected and done outside the residential place. Finally, in 1994, the United Nations acknowledged three types of tourism:

- Domestic tourism, i.e. the traveling of residents of the given country only inside that country

- Inbound tourism, i.e. the traveling of non-residents in the given country

- Outbound tourism, i.e. the traveling of residents in another country

Also, the development of the notion of tourism over time has led to a more comprehensive definition of the term. As such, tourism can be specified as the movement of people outside their residential place to another for specific purposes which leads to a non-permanent stay, and the activities they do there. From such a developmental agenda, it can be implied that the concept of tourism and its associations have changed over time. Hence, what is defined as tourism today might not have been known, or even existed before.

As we deal with modern tourism today, we face a number of new concepts and trends which have not existed, and thus heard of, before. One such concept is 'niche tourism'. 'Niche tourism', as opposed to 'mass tourism', is a trend in modern day tourism, which refers to the ways specific tourism products can be designed to meet the needs of specific target audience. A niche is defined as "a place, employment, status, or activity for which a person or thing is best fitted" (niche: Webster's Dictionary).

Niche tourism is chiefly borrowed from 'niche marketing' which denotes the process through which a definite product can be adapted to meet the needs of a specific audience or market segment. Additionally, she states that tourism can be divided into 'macro niches', such as cultural tourism and event tourism, each of which can further be segmented into 'micro niches' i.e. wine (cultural) tourism and sport (event) tourism (Novelli, 2005). This classification is presented in Figure 26.
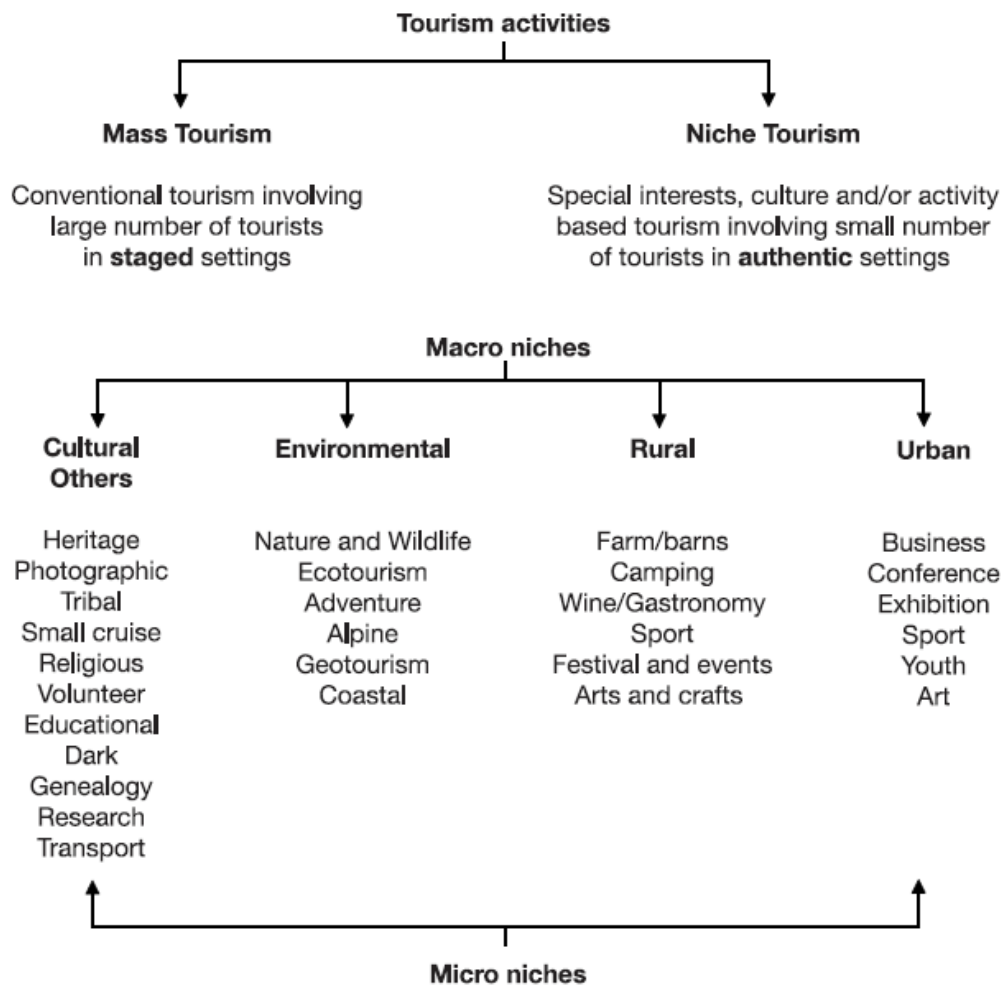
Figure 26. Categorization of tourism forms (Novelli, 2005, p.9).

As Figure 26 shows, tourism activities, in general, can be classified into 'mass tourism' and 'niche tourism'. Mass tourism is the conventional type of tourism which involves large number of tourists in staged settings. In contrast, niche tourism includes special-interest types of tourism which involves small number of tourists in authentic settings. At the next level, niche tourism itself is divided into two groups including 'macro niches' such as urban, rural, environmental and cultural; and 'micro niches' which make up the macro ones, such as sport, adventure, and research.

Therefore, niche tourism came into existence to satisfy the wants of the growing number of more sophisticated tourists who required more specialist tourism products.

Through niche tourism, destinations can emphasize their unique features to discriminate their tourism products in order to compete in the globally competitive tourism setting (Sharpley & Telfer, 2015).

3.2 Health Tourism and Clarifications in Definition and Scope

'Health tourism' is one type of niche tourism which, simply put, is travelling for health purposes. Health tourism is a problematic term due to inconsistencies in its definition and application. Generally speaking, health tourism is defined as travelling of people from where they live, for health purposes. This includes maintaining, improvement or restoration of one's body and mind's well-being. Along with conventional health services, this definition includes cosmetic surgery, addiction treatments, spas, and a number of alternative health services (Carrera & Bridges, 2006).

There are a number of related terms such as 'healthcare tourism' and 'wellness tourism' which appear in literature. These terms are sometimes used synonymous to 'health tourism' and sometimes distinguished from it. Because 'health' is a term with a broader scope than 'medical', some researchers prefer to use 'health tourism' instead of 'healthcare tourism', some use 'health' as a synonym to 'wellness', and some use 'health' to mean both 'medical' and 'wellness'.

The term 'health tourism' was probably first employed by the International Union of Tourist Organizations (IUTO). IUTO defined health tourism as "the provision of health facilities utilizing the natural resources of the country, in particular mineral water and climate".

In order to be able to define health tourism, first we need to know what is health. Health is defined by World Health Organization (WHO) in 1948 as "a state of complete

physical, mental and social well-being and not merely the absence of disease or infirmity".

Also, the UNWTO definition of tourism is adopted as "the activities of persons travelling to and staying in places outside their usual environment for not more than one consecutive year for leisure, businesses and other purposes".

Therefore, by combining these two definitions health tourism can be defined as:

> The activities of persons travelling to and staying in places outside their usual environment for not more than one consecutive year for achieving and maintaining a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

In the context of tourism, we face other terms such as wellness tourism and healthcare tourism. 'Wellness', a combination of 'well-being' and 'fitness', as a new term was coined by Dunn (1973). He defined wellness as the state of balance between a person's body, mind and spirit. He stated that a person's quality of life depends on his personal approach to health and his lifestyle. Dunn can be considered as the promoter of health tourism. Also, healthcare tourism, as the name suggests, denotes traveling for the purpose of seeking healthcare services.

In this study, the terms health tourism and healthcare tourism are used interchangeably to refer to traveling of people to another country for taking advantage of medical treatment, health care, and wellness procedures. So, the scope of health or healthcare tourism in this study, in line with Henderson (2004), ranges from essential medical treatments, to cosmetic surgery to spas and alternative therapies.

3.3 Popularity of Health Tourism

Health tourism have been made known for the people from economically developed countries who travel to other countries to get high quality health, wellness and healthcare services with low cost. The main reasons for popularity of health tourism are the low price, access to the latest technology in the field, no wait-lists, and opportunity of travel.

Lower cost of healthcare services is one of the most motivating factors for people who travel to other countries in search of such services (Connell, 2006). It is said that health tourism destinations offer "first-class services with third-world prices" (Wolfe, 2006). For example, according to Baker (2010), in a US hospital, heart surgery might coat more than $100.000 while the same procedure with comparable quality is offered in hospitals in Thailand and India for $25.000. With only a portion of this cost difference the patients and their immediate families can travel to such countries to get healthcare services and still have savings.

There are always at least two reasons for traveling to another country to get healthcare services: cost and access. When people lack access to healthcare services, either because of unavailability of technology, its being illegal or prohibited, or long wait-lists, they get motivated for healthcare tourism (Pastner, 2008). For instance, for Americans, stem cell-based therapies are the most common unavailable treatment, because of the government regulations restricting access to them (Runckel, 2007). Therefore, they might travel to other countries where these sort of treatment is available.

In some developed countries, people have to refer to private healthcare systems, and

pay more, in order not to have to wait for long to get access to healthcare services in the government-run systems. This is one reason due to which motivation for healthcare tourism has increased (Patsner, 2008). Besides the cost, to avoid receiving delayed healthcare service, people from some countries might choose healthcare tourism for faster response to their healthcare needs. For instance, in state-run health programs such as those in Canada or the UK, the waiting lists can extend over a year for essential surgery and more than three years for non-essential surgery (Runckel, 2007).

Many countries, like Singapore, Thailand and India, have deliberately joined healthcare with tourism to enhance the attractiveness, and thus developed a growing healthcare tourism trend (Connell, 2006). It is interesting for health tourists to travel to glamorous destinations while benefit from healthcare services. For instance, health tourists who travel to South Africa are offered with a safari healthcare tourism package in which a family's visit for treatment is accompanied by a wildlife safari (Runckel, 2007).

Healthcare tourism destinations offer a wide variety of treatments. According to Marsek and Sharpe (2009), some of the most popular procedures are orthopedic surgery, hip and knee replacement, cardiac procedures, spinal procedures, general surgeries, LASIK surgery, and dental procedures. Some available, but less common ones include transplants, fertility treatments and sex reassignment.

The majority of world countries that are actively involved in healthcare tourism are in Asia or Latin America. Some of the most famous healthcare tourism destinations in Asia include India, Thailand, Singapore, Malaysia, Philippines, Iran, Israel, and United Arab Emirates (UAE). Examples of notable Latin American healthcare tourism

destinations are Costa Rica, Brazil, Mexico, Cuba and Venezuela. Also, there are a number of European countries which are healthcare tourism destinations such as Germany, Belgium, Bulgaria, Poland, and Spain. Finally, a couple of African countries, like Egypt, South Africa, and Tunisia, also promote healthcare tourism (https://en.wikipedia.org/wiki/Medical_tourism).

3.4 Characteristics of the Country of Choice

There are a number of factors influencing the choice of the healthcare tourism destinations on the side of health tourists. As such, Lagiewski and Myers (2008) propose that the country which wants to compete to attract visitors as a healthcare tourism destination should have three components. They are shown in Figure 27. The first one is the core tourist attributes of the destination. The country which aims at being a successful healthcare tourism destination should in the first place be an attractive place to visit. Also, facilities and services, and all issues which lead to successful tourism should be present there. Next, healthcare facilities and services which are offered there should be of high quality and cost-effective. Finally, specialized healthcare tourism operators play a significant role with this regard. In order for the destination to be successful, it should maintain constant connection to specialized healthcare tourism operators.
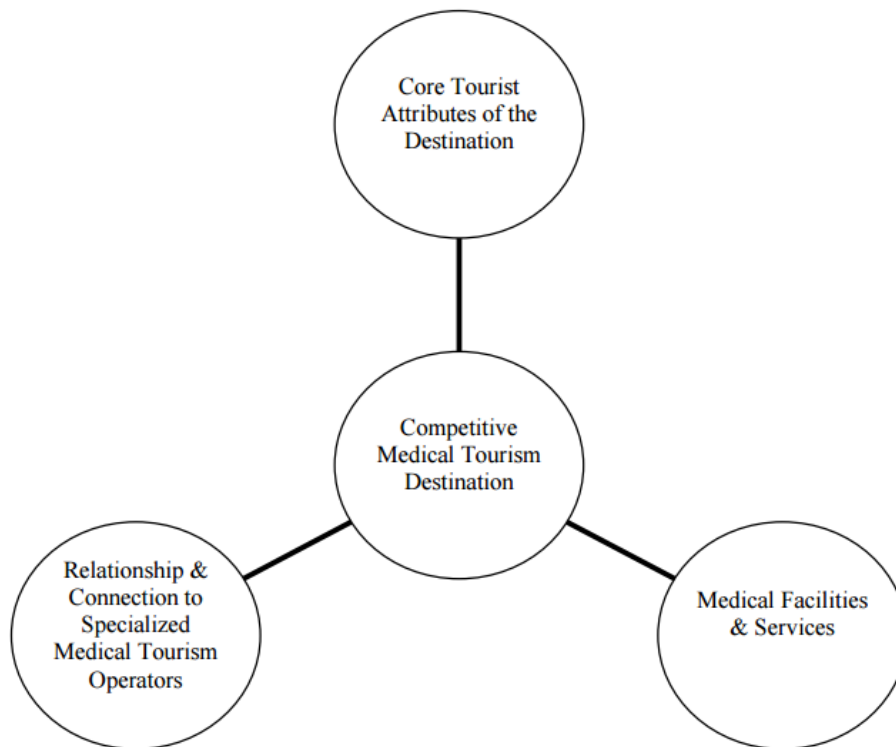
Figure 27. Competitive Healthcare Tourism Destination Model (Lagiewski and Myers, 2008, p. 5).

Also, Smith and Forgione (2007) proposed a conceptual model to account for these factors. This model is presented in Figure 28. Smith and Forgione (2007) argue that the tourists first choose a foreign country, considering the political system, legal system, and infrastructure; and after that the decision about selecting an international facility is made. Their model implies that the decision about choosing a healthcare tourism destination is influenced by an interplay of multiple factors, and not a single one.

According to Figure 28, any of the choices of the international country and healthcare facility are influenced by several factors. On the one hand, the choice of international country location is affected by economic conditions, indicating factors such as economic stability; political climate, including factors like safely; and regulatory standards, which refers to the legal and regulatory environment of the country. On the

other hand, the choice of international healthcare facility is depended upon the costs, hospital accreditation and infrastructure, quality of care, and physician training.
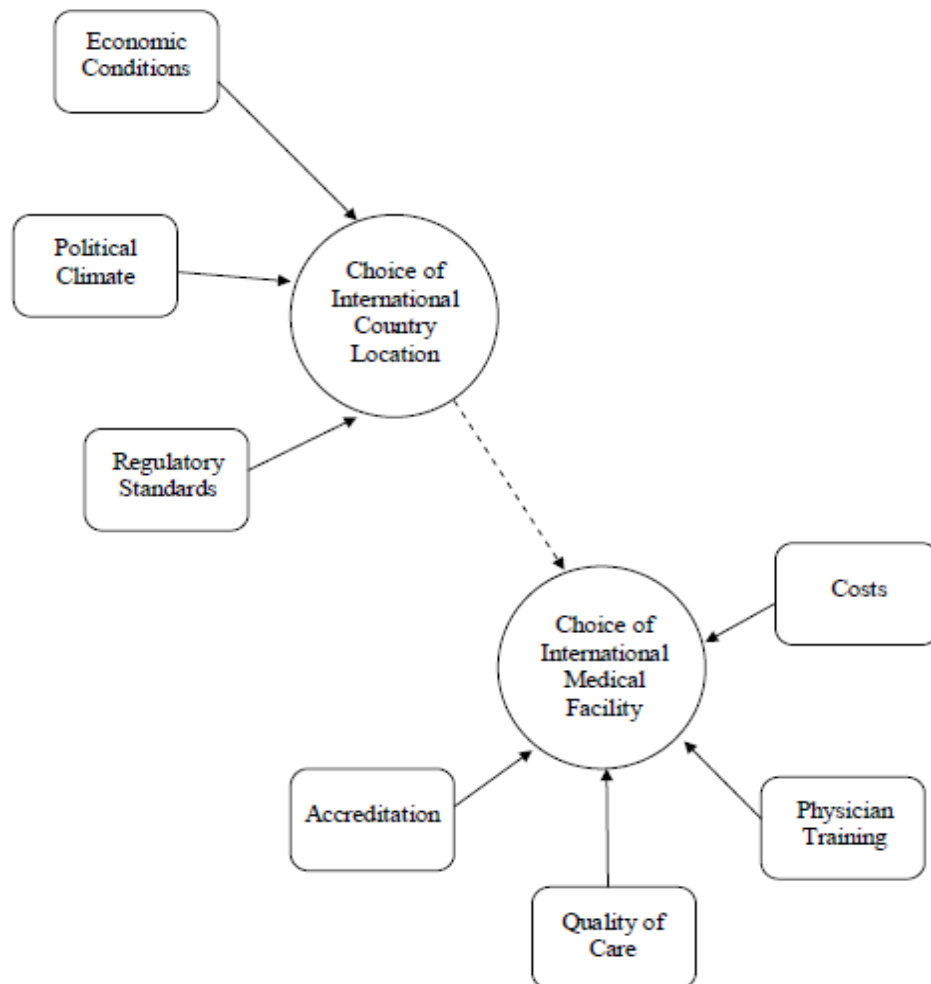
Figure 28. Healthcare tourism Factors Affecting Choice of Facility and Country (Smith and Forgione, 2007, p.22).

3.5 Healthcare tourism Destination Image

Mackay and Fesenmaier (1997) define 'image' as a compilation of impressions. 'Destination image' is then defined as an impression or perception of a place based on the mental representations of the attributes and potential benefits of the destination (Echtner and Ritchie, 1993). According to Hawkin, Best and Coney (2001), perception is formed through the first three steps involved in information processing; that is,

exposure, attention, and interpretation.

Based on this view, when customers are exposed to the great number of pieces of information in a place, they cannot attend to all of them. Instead, they only select those which are directly related to the issue of their interest and build up interpretations about them (Hawkin et al., 2001; Ajzen, 2001). After they have formed such perceptions, people develop positive or negative attitudes toward that place based on their involvement and experience (Hawkin et al., 2001; Ajzen, 2001).

In terms of healthcare tourism, the development of a perception occurs in prospective health tourists who search for information about a number of potential healthcare tourism destinations and are actively involved in making evaluations based on the available information and personal preferences. The evaluation criteria might include factor such as costs, safety and security issues, quality of healthcare services, etc. On the basis of such perceptions, they form attitudes, either positive and negative, about the destination; which finally shapes that destination's image on their mind.

3.5.1. Role of Destination Image in Choice of Destination

Similar to all images, destination images are shaped and saved in prospective tourists' memories (Philips and Jang, 2007, Boush and Jones, 2006). Such destination images are further employed when the person wants to make decisions about choosing a destination (Echtner and Ritchie, 1993). For those prospective visitors who have not had first-hand experience of a specific destination, the image of that destination is formed through a variety of external sorces of information which have been communicated to them in one way or another (Rittichainuwat, Qu & Brown, 2001).

However, the situation is somewhat different for those prospective visitors with first-

hand experience of the destination (Fakeye and Crompton, 1991). The preference of such 'repeaters' depends, to a great extent, on their previous experience with the destination (Ibrahim and Gill, 2005). According to Fakeye and Crompton (1991), there is a mutually reciprocal relationship between the previous first-hand experience and the destination image. As Pike (2005) and Tasci (2006) put it, the destination image formed based on first-hand experience is more accurate, more complex, and more favorable than the one formed by prospective visitors with no experience of that particular destination.

3.5.2 General Characteristics of a Destination Image

A destination image has some specific characteristics. Gallarza, Saura and Garcia (2002), in a review study concluded that destination images can be described in terms of the following features: complex nature, multiple nature, relative nature and dynamic nature. They are briefly explained below.

- Complex nature. Healthcare tourism has a complex nature because the prospective tourists come from a variety of backgrounds and have had different life experiences. These will affect the perception and thus the image formation in their mind. Additionally, the fact that the visitor's motivations are different increases the complexity of the destination image.

- Multiple nature. The variety in the background and motivations of prospective tourist make a number of different factors involved in formation of the destination image. In formation of a holistic image, all such factors should be implemented. This multiple nature of the destination image should be born in mind in destination management issues.

- Relative nature. A destination image is necessarily relative because it is formed based on comparisons with other destinations. Also, the image is formed, on the minds of prospective visitors, on the basis of their experiences, lifestyle, preferences, motivations, etc., which results in the destination image to be a relative concept.

- Dynamic nature. A destination image is subject to changing circumstances. The management of destination image should be in a way to correspond to such a developing and changing nature and adapt to it.

3.5.3 Components of Destination Image

Image is a dynamic concept. It is developed out of the cognitive and affective impressions of tourists of the various image elements (Tasci and Gartner, 2007; Beerli and Martin, 2004). As such we can talk of two types of image; i.e. 'cognitive image' and 'affective image'. While cognitive image denotes the objective knowledge about the destination, affective image refers to an individual's feelings about the destination (Baloglu and McCleary, 1999). These two types of image components form the overall image of the destination in interplay with each other (Beerli and Martin, 2004, Tasci, 2006, Echtner and Ritchie, 1993).

There are a number of information sources through which destination image is formed in the minds of the prospective visitors. Regarding these sources, three classes of 'image agents' would be noticed. They include 'induced' image agents, i.e. the communication activities with the purpose of marketing, carried out by the destination and other tourism organizations placed in the destination; 'organic' image agents, i.e. social channels of information through which informal information about a destination is provided; and 'autonomous' image agents, i.e. information sources which are out of

control of destinations (Echtner and Ritchie, 1993, Reynold, 1965, Tasci and Gartner, 2007, Britton, 1979). The successful marketing of a destination can only be achieved if the information depicted through these three image agent types is consistent and operational (Baloglu and Brinberg, 1997).

3.5.4 Destination Image Formation

Beerli and Martin (2004) proposed a conceptual model of the formation of destination image which is shown in Figure 29. They consider two sets of factors to be influencing the formation of destination image: information sources, and personal factors. It is through the interaction of the various information sources and personal factors that perceived destination image is obtained. The perceived destination image is categorized into two types of images: cognitive image and affective image, which together, make up the overall destination image.

Information sources, also known as stimulus factors, or image forming agents, affect the formation of perceptions and evaluations. The authors claim that there are differences between first-time visitors and repeated tourists. As such, there are two types of information sources; i.e. primary and secondary. Primary information sources include previous experience and is affected by the intensity of visits. Secondary information sources, on the other hand, include the induced, organic, and autonomous agents described above. These secondary sources of information come into action before experiencing the destination, and are thus called secondary sources.
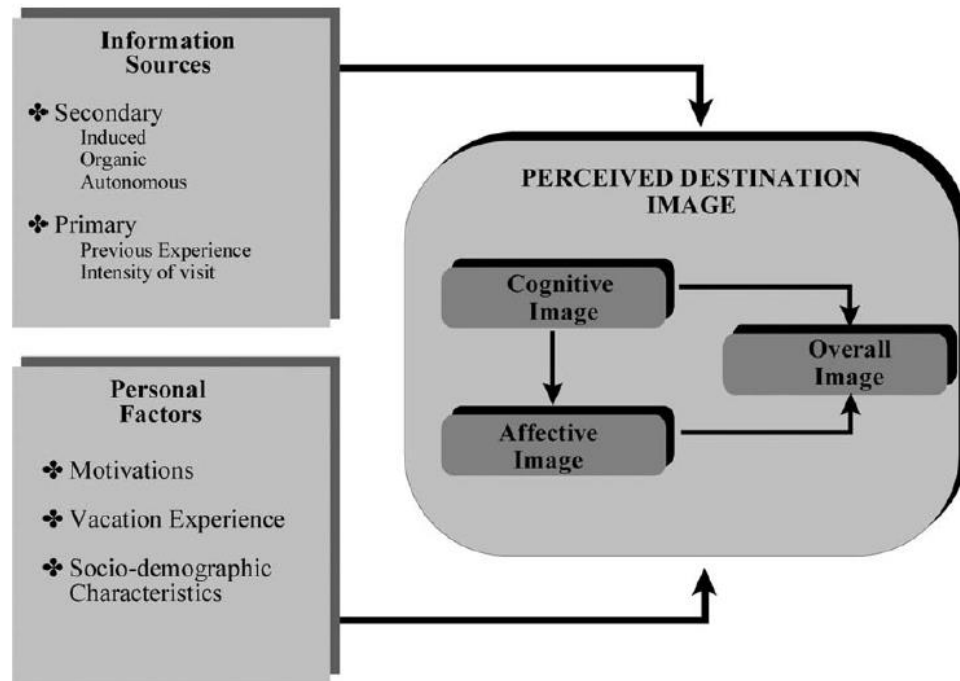
Figure 29. Model of the Formation of Destination Image (Beerli and Martin, 2004, p.660).

Furthermore, formation of destination image is influenced by an individual's personal characteristics and internal motivations. Perceived image of a destination is formed through the image of the destination itself in interaction with the individual's needs, preferences, prior knowledge, etc. Beerli and Martin (2004) state that the personal factors of motivations, vacation experience, and socio-demographic characteristics affect the process of image formation. Also, they identified the dimensions and attributes which determine the perceived destination image as shown in Figure 30.

Natural Resorces	**General Infrastructure**	**Tourist Infrastructure**
•Weather	•Development and quality	•Hotel and self-catering
•Beaches	of roads, airports and ports	accommodation
•Wealth of countryside	•Private and public	•Restaurants
•Varity and uniqueness of	transport facilities	•Bars, discotheques and
flora and fauna	•Development of health	clubs
	services	•Ease of access to
	•Extent of building	destination
	development	•Excursions at the
		destination
		•Tourist centers
		•Network of tourist
		information

Tourist Leisure And Recreation	**Culture, History And Art**	**Political And Economic Factors**
•Theme parks	•Museums, historical	•Political stability
•Entertainment and sports	buildings, monuments, etc.	•Political tendencies
activities	•Festivals, concerts, etc.	•Economic development
	•Handicraft	•Safety
	•Gastronomy	•Prices
	•Folklore	
	•Religion	
	•Customs and ways of life	

Natural Environment	**Social Environment**	**Atmosphere Of The Place**
•Beauty of the scenery	•Hospitality and friendliness	•Luxurious
•Attractiveness of the cities	of the local residents	•Fashionable
and towns	•Underprivilege and	•Place with a good
•Cleanliness	poverty	reputation
•Overcrowding	•Quality of life	•Family-oriented
•Air and noise pollution	•Language barriers	destination
•Traffic congestion		•Exotic
		•Mystic
		•Relaxing
		•Stressful
		•Fun, enjoyable
		•Pleasant
		•Attractive or interesting

Figure 30. Dimensions/ Attributes Determining the Perceived Destination Image
(Based on Beerli and Martin, 2004).

According to Figure 30, attributes determining perceived destination image are categorized in nine groups of natural resources; general infrastructure; tourist

infrastructure; tourist leisure and recreation; culture, history and art; political and economic factors; natural environment; social environment; and atmosphere of the place. Each of these categorizes are comprised of a number of attributes/components. Moreover, Gartner's model (1996) which was introduced earlier in this chapter applies here as well to help us understand the nature of place image and image formation.

3.6 Factors Contributing to the Success of Healthcare Tourism

Scholars have studied factors involved in healthcare tourism phenomenon with the aim of identifying those which lead to the success of healthcare tourism and the healthcare tourism destinations. These studies each examine such factors from a different point of view. For instance, Fetscherin and Stephano (2016) and Goodarzi, Taghvaei and Zangiabadi's (2014) examined the factors affecting healthcare tourism, Pham (2015) and Ye, Yuen, Qiu, and Zhang (2008) investigate the motivation of health tourists, Sultana, Haque, Momen, and Yasmin (2014) examined the factors influencing the attractiveness of healthcare tourism destinations, Yu and Ko (2011) studied the factors related to perceptions of and possible participation in healthcare tourism by prospective visitors, Jotikasthira (2010) Smith and Forgione's (2007) explore the factors affecting the choice of healthcare tourism destination, and finally Heung, Kucukusta and Song (2010) studied the healthcare tourism situation based on a supply-and-demand perspective. From among these various perspective, those studies relevant to the purpose of the current research are going to be presented in brief below.

Pham (2015) proposed a conceptual framework based on healthcare tourism customers' satisfaction. This model is illustrated in Figure 31. Pham (2015) identified four inter-related factors that influence customer satisfaction of the healthcare tourism destination. They include financial considerations and service quality, healthcare

facilities, and the country environment. As he proposes, these three factors lead to the positive perceived performance of the destination, which in turn results in destinations' customer satisfaction.
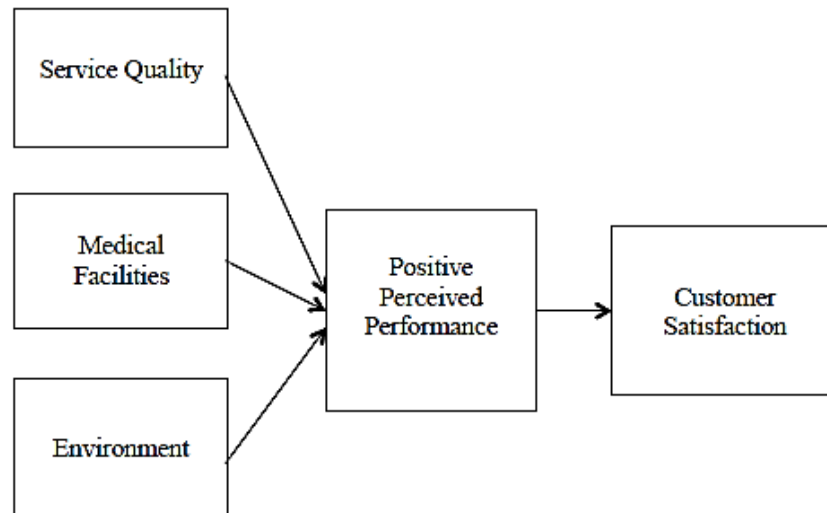
Figure 31. Customer satisfaction model of healthcare tourism industry (Pham, 2015, p.192).

Sultana, Haque, Momen, and Yasmin (2014) identified four factors that influence attractiveness of a country as a health tourism destination. These factors are destination competitiveness, service quality, tourist attitude, and cost. As they claim, in order for a country to be a competitive healthcare tourism destination, while maintaining the attractiveness of the tourism destination, costs should be lowered and service quality should be increased.

Fetscherin and Stephano (2016) in an attempt to build a measurement scale to assess the attractiveness of a country as a health tourist destination confirmed four factors involved. The first is 'country environment', which deals with safety and regulatory issues. The second is 'tourism destination', which refers to the attractiveness of the place as a tourist destination and factors relating to tourism in general. The third factor

is 'healthcare tourism costs' which are the expenses the health tourists have to bear to get the required healthcare service while traveling and staying in that country. Finally, the fourth factor is 'healthcare facility and services' which is about issues of quality, efficacy and efficiency of healthcare services. The order of listing of these factors does not imply their significance. The significance of any of these elements should be assessed for each destination individually.

Yu and Ko (2012) examined factors that affect the prospective visitor's perception and possible participation in healthcare tourism in a specific destination. There are four categories involved, each of which is made up of several contributing factors. The first one is selective factors, i.e. healthcare activities, and tourism activities. The second one is inconveniences, i.e. healthcare services, cost, information, and insurance. The third one is medical treatments, including major surgery and minor surgery. Finally, the fourth one is well-being and healthcare consisting of healthcare services, etc. these factors are shown in Figure 32.
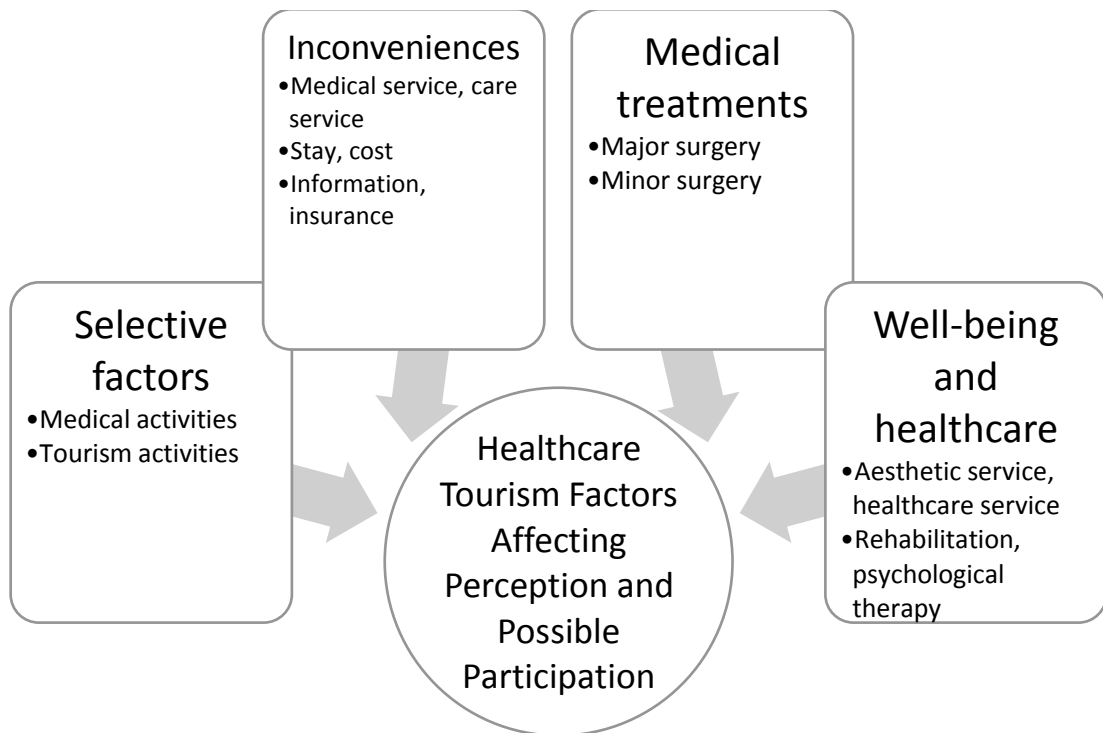
Figure 32. Healthcare tourism Factors Affecting Perception and Possible Participation (Based on Yu and Ko, 2012).

Goodarzi, Taghvaei and Zangiabadi's (2014) identified five factors that affect the improvement of healthcare tourism at a given destination. For the development of healthcare tourism in a destination, expenses should be affordable, and prices should be competitive and reasonable. Healthcare and tourism services should be of high quality and standards. Facilities and equipment employed in healthcare tourism procedures should be modern and efficient. The employment of ICTs at all stages of the healthcare tourism phenomenon, from the initial provision of the information, to the feedback and follow-up sessions should be ensured to facilitate and accelerate the job of all stakeholders. Finally, cultural issues, related to behavior of doctors and nurses, residents' attitudes, and religious issues should be considered as well.

Ye, Yuen, Qiu, and Zhang (2008) investigated the motivation of health tourist in a push-pull factors framework. Based on their results, motivation of health tourist

depends on a couple of facilitating factors such as family/partner support; pull factors such as reputation; and push factors such as improving appearance. Also, there are other concerns involved, such as time, and destination attributes.

Heung, Kucukusta and Song (2010) proposed a model to capture the present situation of healthcare tourism in a given country or region based on the supply and demand perspectives. This framework is shown in Figure 33. As they discuss, there is a reciprocal relation between the demand side, i.e. what health tourists look for and do; and the supply side of the healthcare tourism, i.e. what the destination offers.

The demand side of the healthcare tourism initiates by the need for healthcare tourism. The individual who feels such a need then refers to advertising and other distribution channels to seek the required information for choosing a specific destination. There are a number of factors influencing the choice of the country (like economic condition), the hospital (like costs), and the doctor/physician (like reputation). The supply side consists of four determining factors. They include infrastructure/ superstructure (like hospitals and clinics), promotion (like marketing strategies), quality (like certification), and communication (like language).

In sum, the elements which pertain to the success of healthcare tourism destinations proposed in the above-explained studies come from a variety of sources. Some elements such as cost and quality of healthcare are labelled as significant by numerous studies. This implies their relative importance compared to other factors.
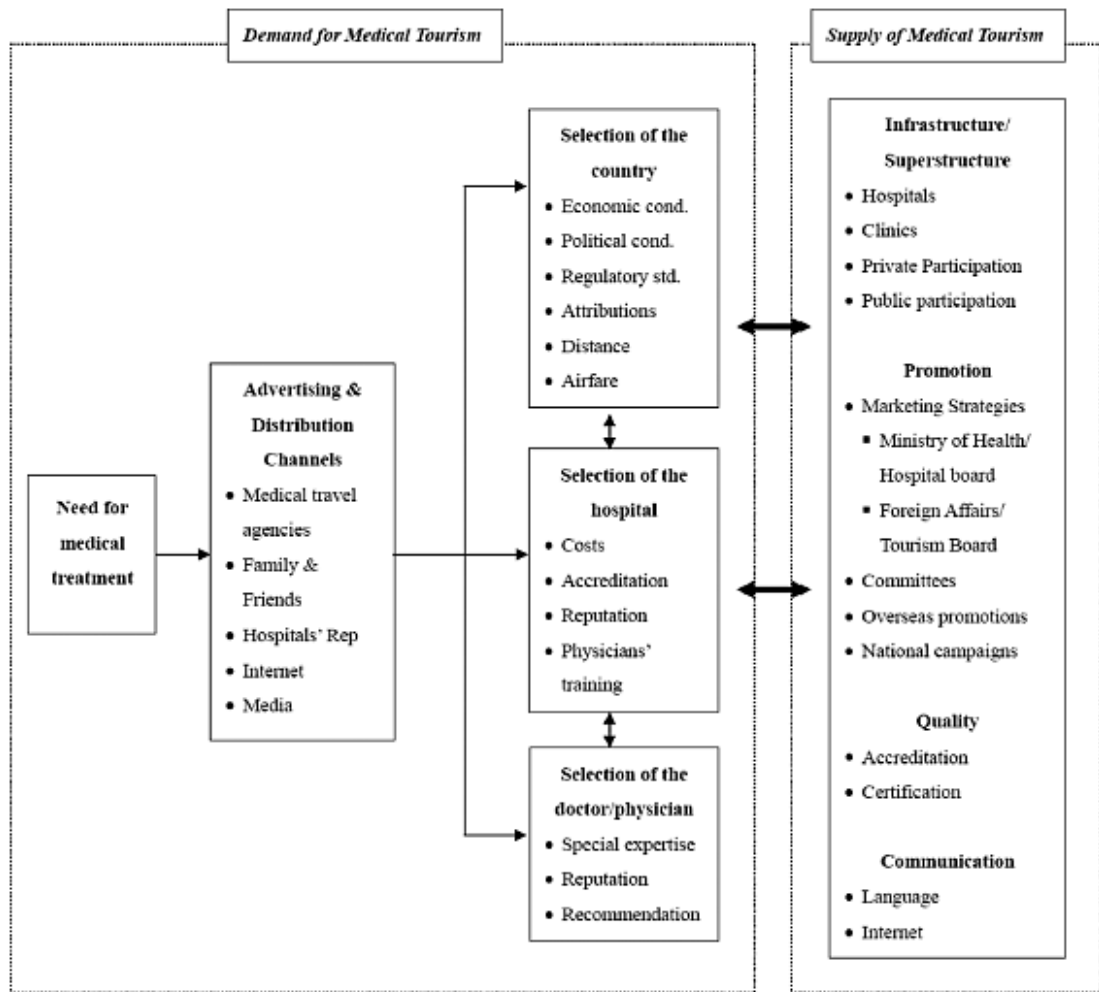
Figure 33. Supply and demand model of healthcare tourism (Heung, Kucukusta and Song, 2010, p.244).

3.7 Summary of the Chapter

This chapter was on health tourism, an umbrella term for healthcare and wellness tourism. Through an introduction into the concept of tourism and its typology, health tourism entity was defined and described. Following a mentioning of reasons for popularity of health tourism, most widely known health tourism destinations and treatments were discussed. Then the chapter went over the characteristics of the country of choice as well as explanation of the concept of health tourism destination image. Finally, the chapter closed with an overview of the factors contributing to the success of health tourism. All these findings help to understand the nature of health

tourism in depth and to be able to employ it as a means to brand the city as the purpose of this study. Following the discussion of required theoretical issues on city branding and health tourism, Chapter Four deals with the preposition of a model of city branding through health tourism as the main purpose of this study based on the presented literature.

Chapter 4

A MODEL OF CITY BRANDING THROUGH HEALTH TOURISM

The purpose of this chapter is to present a model of city branding through health tourism. That is, a conceptual framework through which cities that favor from health tourism benefits and are already health tourism destinations can be branded using this capacity. To this end, first, a model of city branding based on previous literature is proposed to ensure the inclusion of theoretical city branding bases; then health tourism, as an intervening element is implemented within this model.

In designing a model of city branding, an important point is that, since place branding in general is a complex task, and because the multi-faceted nature of cities adds to this complexity, city branding cannot be framed comprehensively within any single model. This fact is evident in the literature available on city branding. As one can see, each proposed model or framework, focuses solely on a single aspect of city branding; or if considering multiple aspects, again one, or a few of them are in the center of attention.

One reason for this is that city branding research requires an integrated approach form multiple disciplines. It is an interdisciplinary field encompassing knowledge from different areas such as marketing, management, urban design and planning. Eventually, in this study, not all aspects of such a multi-faceted phenomenon could possibly be covered; instead, it has been tried to touch upon the essentials while

focusing mainly on city as a place in specific.

4.1 The City Branding Model: Components

Although a new field of research, city branding has been investigated in the literature by scholars based in a variety of disciplines, and different models based on each discipline have been proposed. Models of place branding or place brand management referred to in the current study for this purpose include those proposed by Cai (2002), Hankinson (2004b), Kavaratzis (2004), Anholt (2006), Balakrishnan (2007), Hankinson (2007), Gaggiotti, Cheng and Yunak (2008), Kavaratzis (2008), Zenker and Braun (2010), and Hanna and Rowley (2011). Table 8 provides a summary of the factors that are influential in city branding from the point of view of different place branding models proposed in the literature.

In each of these models, authors defined a number of components to make up the whole model. These components, as mentioned earlier, are the building blocks of place branding models and, as these scholars suggest, are crucial to be implemented in any place branding model/ process. For instance, Cai (2002) realized brand element mix, brand identity, and brand image building to be the core components which are to be included in a city branding model. On the other hand, for example, Hanna and Rowley (2011) introduced more elements in their branding model which are stakeholder engagement, infrastructure, brand identity, brand architecture, brand articulation, brand communications, brand experience, and brand evaluation.

What is perceived from these previously-made models is that first, there are a number of components whose presence is essential in any place branding model, and to be able to make a comprehensive model we have to make sure to implement as much of them

as possible in the model I propose. Second, some elements such as people, identity

Table 8. City/ place branding models and their components referred to in this study (author).

Model/ Name	Components of Place Branding/Brand Management Model	
Model of Destination Branding (Cai, 2002)	Brand element mix Brand identity	Brand image building
Relational Network Brand (Hankinson, 2004a)	Core Brand Brand infrastructure relationships Customer relationships	Primary service relationships Media relationships
City Image Communication (Kavaratzis, 2004)	Primary image Secondary image Tertiary image	
City Brands Index, City Brands Hexagon (Anholt, 2006)	The presence The potential The people	The prerequisites The pulse The place
Branding Strategy for a Destination (Balakrishnan, 2007)	Vision Customer targeting Positioning/ Differentiation	Brand components Communication strategy
A framework for the management of place brands (Hankinson, 2007)	Leadership/ vision/ strategy Internal brand identity External brand identity	Consistent brand communications Multiple stakeholders
CBM Model (Gaggiotti, Cheng & Yunak, 2008)	Place People Processes	Partners Prospects Positioning
An Integrated Approach to Managing City Brands (Kavaratzis, 2008)	Vision and strategy Internal culture Local communities Synergies	Infrastructure Opportunities Communications
Place Brand Center (Zenker & Braun, 2010)	Communicated place umbrella brand Communicated place sub-brands Target group specific place sub-brand	perception Overall place brand perception Place physics
Strategic Place Brand- Management (SPBM) Model (Hanna & Rowley, 2011)	Stakeholder engagement Infrastructure Brand identity Brand architecture	Brand articulation Brand communications Brand experience Brand evaluation
Place Brand Categories (Zenker, 2011)	Place characteristics Place inhabitants Place business	Place quality Place familiarity Place history

and image are recurrently present in some models. This implies the important role they play in place branding and they should also be used in a model of place branding if it is to be a reliable one.

A deeper study of the above models and their details reveals that there are a number of recurrent elements specified in most models but expressed in different terms. For instance, what Anholt (2006) means by 'the potential', is referred to as 'job chances' by Zenker et. al (2009) and 'place business' by Zenker (2011). Therefore, the writer studied the terms in depth, considering their definition by the developers.

Thus, the criterion for selecting the components to be incorporated in the new model of city branding which is to be proposed is to include factors which are mentioned as necessary by more than two scholars. The point is that, according to literature, sometimes the link between any set of two of these components need to be clearly established in order for the branding process to goes fine. Therefore, some factors which are necessary to establish a link between other items are also included. For instance, 'brand articulation' is a component which links brand positioning to brand image. Therefore, although it is not mentioned in more than two models, it is included as well.

Putting all these together resulted in a set of 10 integrated essential components of a city branding model. It is shown in Figure 34. It is worth mentioning that to refer to each component, the most commonly used term or the one which is clearer is used. Each of these components are explained below in the coming sections.

The components can be grouped according to the nature of the source of its appearance

or the responsibility to establish them. As such, City Features and City Brand Identity come from the city's own capacity. City Brand Positioning/ Differentiation and City Brand Articulation is the responsibility of city managers. The next three components, i.e. City Brand Image, Target Audience Groups and City Brand Image Communication are the considerations related to the image of the city established by previous positioning and articulation attempts of city managers. Finally, City Brand Inage Perception, City Brand Experience and Word of Mouth is on the side of the target audience. Therefore, one can clearly realize that the city branding task is the result of incorporation of a variety of stakeholders each serving a specific purpose.
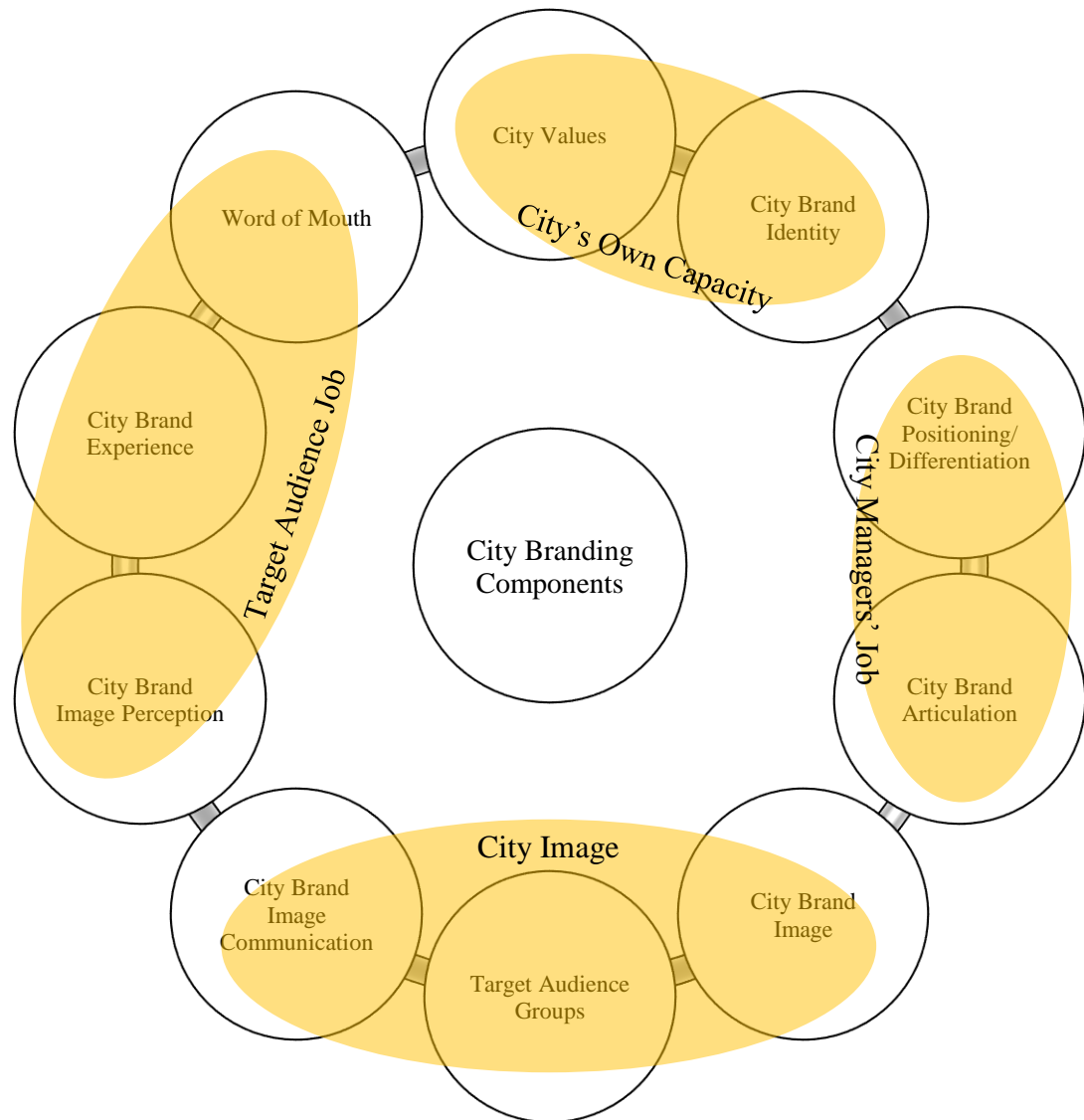
Figure 34. Essential Components of a City Branding Model (author).

4.1.1 City Values

The first element in any city branding model is 'City Values'. That is, the city has some features and capacities through which it can be branded and therefore attract people for visiting, living and working there. These are divided into two categories of tangible attributes and intangible attributes (Hanna & Rowley, 2011; Balakrishnan, 2007). Also, they are categorized as symbolic attributes and functional attributes (Hanna & Rowley, 2011; Balakrishnan, 2007) and experiential attributes (Hanna & Rowley, 2011; Hankinson, 2004a).

The most comprehensive realization of these attributes and the relation between them which is presented by Hanna and Rowley (2011) is adopted in this study. It is schematically shown in Figure 35. According to Figure 35, brand attributes are tangible and intangible. Tangible city elements which lead to its functional attributes refer to the physical aspects of the city such as public spaces and built environment. Intangible city features, which include symbolic traits such as cultural entertainment and services, combine with functional attributes to result in experiential attributes of the city.
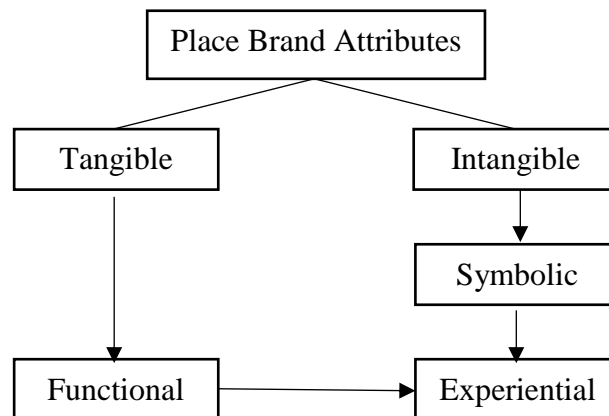
Figure 35. Categories of Place Brand Attributes (Adopted from Hanna & Rowley, 2011).

It is worth mentioning that it is via brand elements that measuring the brand of a place becomes feasible. Place branding measurement tools such as Anholt-GMI City Hexagon measure the degree to which these elements are present and perceived by the target audience in a specific place. These components, or brand elements, constitute the personality of the place, which along with positioning and reality make up the 'core brand' or 'identity' of the city (Hankinson, 2004b). As Cai (2002) states, place branding revolves around the axis of brand element mix and brand image building which result in brand identity. These attributes are used to differentiate a city from its

competitors.

Since city is a multi-faceted entity, there are numerous attributes of it which affect city branding. This has been studied by a number of scholars. They have named and categorized city brand attributes in their research. For instance, Anholt (2006) names these components as *presence, place, people, potential, prerequisite* and *pulse*. Laaksonen et.al (2006) names the four elements of nature, industry, built environment and culture as affecting city branding. Zenker and Braun (2010) refer to *place physics*, while Zenker (2011) names *place characteristics, place inhabitants, place business, place quality, place familiarity and place history*. These elements will be incorporated in model presentation later in this chapter.

By City Values I mean the elements which compose a city and make up assets of the city on which branding can be based. For instance, if a city has strong natural and physical assets, it can be branded focusing on its unique natural and physical qualities. Also, these composing elements, as stated by scholars, influence city branding. To exemplify, a city which has live, hospitable and warm citizens who are able to speak multiple languages can have a much more successful brand compared to one which doesn't. Therefore, City Values should be realized in city branding models as the very basis of the whole process. This is these attributes that make up the identity of a city.

City Values, as mentioned before, are presented and categorized by different scholars. That is, different scholars have defined and categorized factors which affect city branding differently. A number of such factors are summarized in Table 9 below. For instance, Anholt (2006) defined six attributes for the city: the presence, the potential, the people, the prerequisites, the pulse, and the place. These terms are explained in

detail in Chapter 2 of this thesis. As such, Anholt believes that a city is composed of these six elements which are to be attended to in city branding processes. In the same vein, for example, Zenker (2011) defines a city to be composed of the seven elements of vision and strategy, internal culture, local communities, synergies, infrastructure, opportunities, and communications.

Table 9. City Values Based On Previous Study

Author	City Values
Anholt (2006)	The presence The potential The people The prerequisites The pulse The place
Kavaratzis (2008)	Vision and strategy Internal culture Local communities Synergies Infrastructure Opportunities Communications
Zenker (2011)	Place characteristics Place inhabitants Place business Place quality Place familiarity Place history

Each of these elements introduced by scholars on their own contain a number of components which are defined in details in Chapter 2. For instance, the term 'potential' introduced by Anholt (2006) and 'opportunities' introduced by Kavaratzis (2008) both refer to work, education and investment potentials a city offers to people.

4.1.2 City Brand Identity

'City brand identity' is another component of city branding which is at the core of most branding models. Brand identity are those elements which distinguish the brand in the consumers' mind. In accordance with Hankinson (2007), building the brand

should start from within the place and managing bodies (internal brand identity) and then be extended along multiple engaged stakeholders and organizations (external brand identity). Thus, in the context of the city, internal brand identity includes facets such as inter-functional coordination between City Values, while external brand identity refers to strong alliances between them and their compatible collaboration.

City brand identity can bring about the desired brand image through successful brand positioning (Kavaratzis, 2005; Hankinson, 2004b) and differentiation (Balakrishnan, 2007). As defined by Online Business Dictionary, positioning is "a marketing strategy that aims to make a brand occupy a distinct position, relative to competing brands, in the mind of the customer" (positioning, n.d.); and differentiation is the "result of efforts to make a product or brand stand out as a provider of unique value to customers in comparison with its competitors" (differentiation, n.d.).

To specify brand identity, Kapferer (2000) developed the Brand Identity Prism. According to this model, which was presented in Chapter 2, brand identity is composed of six facets. They include 1) Physique: a brand's physical qualities and specifications; 2) Personality: a brand's character; 3) Culture: the set of values that build up the brand's inspiration; 4) Relationship: exchanges and communications between people; 5) Reflection: mirroring the customer; and 6) Self-image: the customer's internal mirror. The identity of a brand can be accessed via this model through a questionnaire or other form of data collection tool.

4.1.3 Brand Positioning/ Differentiation

Another main element of city branding is 'brand positioning' and 'brand differentiation'. As defined by Business Dictionary, positioning is "a marketing strategy that aims to make a brand occupy a distinct position, relative to competing

brands, in the mind of the customer" (Positioning, n.d.). As Kavaratzis and Ashworth (2006) put it, brand positioning is the process through which the part of the value is communicated to a target group that demonstrates competitive advantage. Also, so close to brand positioning is brand differentiation which is defined in the same dictionary as the "result of efforts to make a product or brand stand out as a provider of unique value to customers in comparison with its competitors" (Differentiation, 2017). Differentiation strategy must be planned in a way to maintain a clear, consistent and unique image in the mind of the target customer (Balakrishanan 2007).

4.1.4 City Brand Articulation

The next component in city branding process is 'city brand articulation'. In the context of place branding, brand articulation focuses on the processes related to the expression of the brand via its verbal and visual identity through the choice and design of the place name, logo, color palettes, and photographs (Hanna & Rowley, 2011).

4.1.5 City Brand Image

One other key component of the branding model is 'city brand image'. While city identity is the way the city is aimed to be perceived, city image is the impression which has come to existence in the mind of the consumers. Brand image is of extreme importance in the context of place branding to the extent that some scholars, such as Kavaratzis (2004) believe that most of the branding process lies on successful communication of the city's image to the target audience and to create a positive image and overcome any negative ones.

Brand image is the total impression of the brand's personality; therefore, those brand attributes introduced earlier in this part can also be considered as 'brand image attributes'. In reality, what is measures in brand measurement tools is also the

perception of people of the personality and brand attributes in total, hence the brand image. Employing the notion of image and its significance in place branding, it will later be shown how the image perceived through health tourism is implemented into the process of city branding in general. So, discussion of brand image will be postponed to a later section in this chapter in the presence of health tourism.

4.1.6 Target Audience Groups

Another key factor to notice is multiple 'target audience groups' or stakeholders in city branding. In city branding, there are a variety of stakeholders involved, all of whom have their own objectives and preferences. According to Zenker, Knubben, and Beckmann (2010), they include visitors, residents and workers, and business and industry.

Zenker and Braun (2010) and Hankinson (2007) pointed out to the existences of multiple stakeholders in place branding. As Zenker and Braun (2010) stated, and shown in Figure 36, since human beings are so complex and diverse creatures with different mind capacities and approaches, they perceive brands differently from each other. This framework employs best to branding applied in contexts where there are the target audience from different level, disciplines, positions, etc. with different purposes.
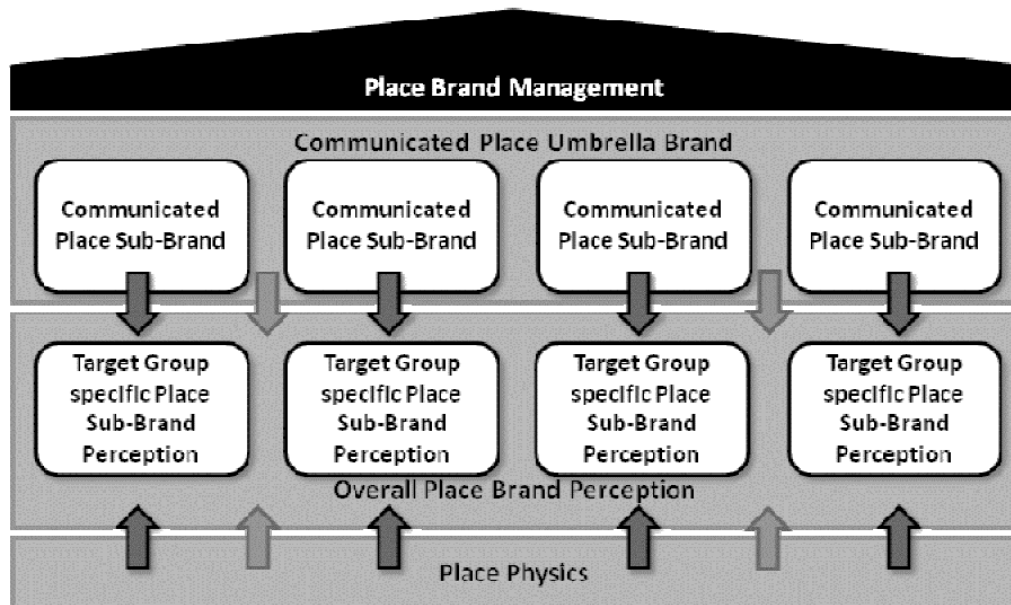
Figure 36. The Place Brand Center (Zenker and Braun, 2010, p.4).

As such, in the context of city branding, there should be sub-brands for different stakeholders which together make the umbrella brand. This umbrella brand along with different sub-brands will be communicated to the target audience. The audience will perceive the sub-brand relevant to them in relation to the other sub-brands, which results in the overall city brand perception.

4.1.7 City Brand Image Communication

Besides, as mentioned before, 'city brand image communication' plays a key role in place branding. Branding authorities try to get the brand communicated as comprehensively and positively as possible in order for the target audience to perceive it the way it has been aimed at. Therefore, they employ a variety of tangible and intangible elements to serve this purpose. According to Kavaratzis (2004), in the context of city, successful branding of the city can be achieved through desirable image formulation and image communication. Figure 37 shown the framework he proposed.
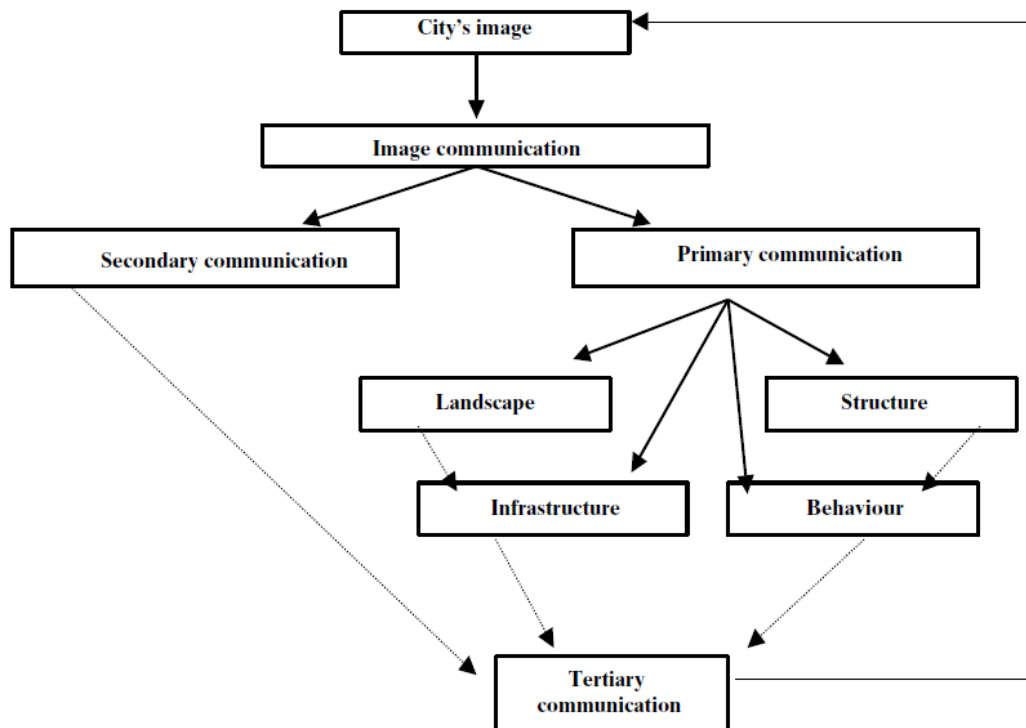
Figure 37. City Image Communication (Kavaratzis, 2004, p.67).

As such, he proposes that there are three types of image communication: Primary communication, Secondary communication, and Tertiary communication. the two first types of image communication are controllable by city marketers, while the last type is almost out of their control.

Primary communication relates to the communicated influences of the city's attributes when communication has not been the main purpose of them. This type includes four areas of landscape strategies, infrastructure projects, organizational and administrative structure, and behavior. Secondary communication includes common marketing practices such as the use of a logo, and advertisement. Finally, tertiary communication refers to word of mouth, reinforced by media and communication of the competitors.

4.1.8 City Brand Image Perception

Considering the above-mentioned, brand image communication is closely related to

the notion of 'city brand image perception'. While image communication occurs on the part of the city and city elements and stakeholders, image perceptions occurs in the mind of the target audience as a result of communication of the image. After the image is perceived, one can claim to have experienced the brand.

Furthermore, according to Laaksonen et. al. (2006), city brand image perception occurs at three levels: observation level, evaluation level and atmosphere level. Observation level is attached to the tangible themes of nature, industry, built environment and culture; evaluation level reveals attitudes linked to perception; and, atmosphere level is related to the subjective impression of the city.

4.1.9 City Brand Experience

The next component of city branding is 'city brand experience' "in which the consumer engages with the brand" (Hanna & Rowley, 2011). Consumers get engaged in some aspect of the brand through which they form their own notion of brand image by formulating perceptions of the brand experience and interpreting the brand identity. Some scholars, such as Baker (2007), have incorporated this notion into their branding frameworks while some others like Cai (2002), Gaggiotti et al. (2008) and Hankinson (2004a) have not, and have restricted their models to the concept of image, and not any beyond.

Brand experience can be assessed through the brand experience scale developed by Brakus et al. (2009). It consists of 12 items and divides the brand experience into four categories. These categories are sensory, affective, intellectual, and behavioral experience. Its application is explained in Chapter 5.

4.1.10 Word of Mouth

Finally, 'word of mouth' which is defined as the processes associated with the informal

communication between consumers of the brand experience (Hanna and Rowley, 2011) is the last component of city branding process which is resulted in part from conative image (Gartner, 1996). Also, as Kavaratzis (2004) claimed, tertiary image communication includes word of mouth. Furthermore, Balakrishnan (2007) states that destinations can promote word of mouth and thus reinforce the image by making the experience tangible. Besides, as put by Hanna and Rowley (2011), word of mouth influences, and is influenced by brand communications.

There are different strategies to assess word of mouth. An instance of an objective scale developed by Brown et al. (2005). It includes items which ask the participant questions like if they would like to recommend the brand to others, if they would like to be recognized using that brand, etc. The results of such an investigation provides the insights in whether the branding process has been done successfully.

In sum, the model of city brand management to be comprehensive must include the above-mentioned elements of City Values, city brand identity, city brand positioning/ differentiation, city brand articulation, city brand image, target audience groups, city brand image communication, city brand image perception, city brand experience, and word of mouth. That is, in order to be able to manage the brand of a city, these elements should be managed. Then, what is required to be established, is the correct procedure in managing these elements which is going to be discussed in the next section.

4.2 The City Branding Model: The Process

After the components of the model are selected, they need to be put together in a systematic way to maintain a well-established strategy for city branding. Putting items together needs to be done through links which have been proposed and maintained

through research. As such, the components are linked based on the associations which were defined for them in the literature. These associations were elaborated on in previous sections. For instance, Zenker and Braun (2010) stated that brand attributes lead to the overall brand image communication directly. Another instance is Hanna and Rowley's (2011) proposition that brand experience result in word of mouth, which is the ultimate goal of city branding. So, the above-mentioned components are linked and put together in a coherent manner in this way. The resulting model is proposed in Figure 38.

Based on Figure 38, one can first recognize components of city branding model printed in bold face. Besides, there are a number of considerations, or sub-components, e.g. different components of the brand image, or different audience groups, which should be dealt with. These are represented in normal type face. The small number beside each term denotes the source in the literature where it has come from pointing to the list of research works referenced at the bottom of the model. Moreover, the small number beside each arrow denotes the link to the source in the literature where such link has been established and approved. For example, the fact that brand positioning should follow brand identity determination in the process of city brand management has been maintained by Hankinson (2004b). Based on the above discussion, the process of city branding is elaborated on below.

The New Proposed Model of City Branding

City Values [1,2,3,4,5,6,7,8]

Tangible [1,9]	Intangible [1,9]	
Functional [1,9]	Symbolic [1,8]	Experiential [1]

3

1, 8, 19

City Brand Identity [1,10,11]

Internal	External

10

8

City Brand Positioning/ Brand Differentiation [5,8,9,14]

8,14

City Brand Articulation [1]

1

City Brand Image [11,14]

Cognitive Image	Affective Image
Conative Image	

15

20

15

Multiple Target Audience Groups [10,12,13]

Visitors, Citizens and Workers, Business and Industry [13]

Sub-brand Image Communication [3]	Sub-brand Image Communication	Sub-brand Image Communication	Sub-brand Image Communication

Overall City Brand Image Communication [1,3,4]

Primary [15]	Secondary [15]	Tertiary [15]

3

Sub-brand Image Perception [3]	Sub-brand Image Perception	Sub-brand Image Perception	Sub-brand Image Perception

Overall City Brand Image Perception [3,6]

Observation Level [6]	Evaluation Level [6]	Atmosphere Level [6]

1

City Brand Experience [1,11,16]

1

Word of Mouth [1,9,15]

1. Hanna & Rowley (2011)
2. Anholt (2006)
3. Zenker & Braun (2010)
4. Kavaratzis (2009)
5. Gaggiotti, Cheng and Yunak (2008)
6. Laaksonen et. al. (2006)
7. Zenker (2011)
8. Hankinson (2004a)
9. Balakrishnan (2007)
10. Hankinson (2007)

11. Govers and Go (2009)
12. Kotler et al. (1999)
13. Zenker, Knubben, and Beckmann (2010)
14. Kavaratzis & Ashworth (2006)
15. Kavaratzis (2004)
16. Baker (2007)
17. Gartner (1996)
18. Brakus et. al. (2009)
19. Cai (2002)
20. Gartner (1996)

Figure 38. New Proposed City Branding Model (author).

The process of city branding starts with tangible and intangible functional, symbolic, and experiential City Values (Hanna & Rowley, 2011; Anholt, 2006; Zenker & Braun, 2010; Kavaratzis, 2009; Gaggiotti, Cheng and Yunak, 2008; Laaksonen et. al., 2006; Zenker, 2011; Hankinson, 2004a; Balakrishnan, 2007), all of which pertain to the formation of city identity (Hanna & Rowley, 2011; Hankinson, 2004b; Cai, 2002). City brand identity on its own directly cause city brand image communication (Zenker & Braun, 2010). Brand attributes also directly lead to city brand image perception (Zenker & Braun, 2010). Then, following proper positioning and differentiation strategies (Gaggiotti, Cheng and Yunak, 2008; Hankinson, 2004b; Balakrishnan, 2007; Kavaratzis & Ashworth, 2006), city brand should be articulated which pertains to the formation of city brand image (Hanna & Rowley, 2011). There are three types of image defined: cognitive image, affective image, and conative image (Gartner, 1996). Conative image includes word of mouth, which is both the ultimate goal and the final step in city branding process.

According to Kavaratzis (2004), image building and image communication is the most important part of the city branding process. There are a number of considerations to be focused on with regard to image and image communication to achieve a successful branding of the city. These considerations in total are presented in the model within the gray box for two purposes. First, it is shown in this way to denote the relative significance of image and image communication and city branding; second, it shows that these considerations should be observed in relation to one another, the result of which would be a comprehensive image formation, communication and perception which leads to the next step in city branding; i.e. brand experience.

This overall image is then communicated to the multiple target audience groups. Since

there are different target-group audiences in the process of city branding, image communication should take place in the form of communicated sub-brands perceivable to each target group. The overall city brand image communication is the result of sum of sub-brand image communications. This overall image communication occurs at three levels: primary, secondary, and tertiary communication. Primary and secondary communication in turn result in tertiary communication; and tertiary communication in itself leads to the overall city brand image indirectly.

The first consideration is that the brand image should be communicated to the target audience groups (Kavaratzis, 2004). As mentioned before, there are various target audience groups to the city branding (Hankinson, 2007; Kotler et al., 1999; Zenker, Knubben, and Beckmann, 2010). So, the brand image is communicated to each group differently (Zenker & Braun, 2010) and the sum of these communicated sub-brand images make up the overall city brand image communication. This overall communicated brand image is again perceived differently through different sub-brand images to different audience groups due to their different knowledge levels, etc. (Zenker & Braun, 2010).

The sum of such sub-brand image perceptions makes up the overall city brand image perception which occurs at the three levels of observation, evaluation, at atmosphere (Gaggiotti, Cheng & Yunak, 2008). City brand image perception then leads to brand experience (Hanna & Rowley, 2011; Govers and Go, 2009; Baker, 2007) which results in word of mouth as the final goal and step (Hanna & Rowley, 2011; Balakrishnan, 2007; Kavaratzis, 2004).

What has been done so far was to build a model of city branding. This was done

through the literature of place branding in general, and city branding in specific. The city branding model proposed above can be employed to brand all cities; i.e. cities which have different types of assets such as historical, natural, recreational, etc. when this model is applied to a city, the very beginning step of the model; i.e. City Values, will be defined and other steps should be followed based on these attributes. However, since the purpose of this study is to propose a model of city branding through health tourism, this concept will be incorporated within the above proposed city branding model in the next section. As just mentioned, in this case, health tourism attributes should be merged with all City Values to make up the first step and be followed in the next ones.

4.3 Integration of Health Tourism into the City Branding Model

Health tourism, as a type of niche tourism attracts specific type of tourists to destinations; i.e. those in search of health services along with the aim to spend some time visiting a place and have fun. Since the main purpose of such traveling is maintaining or improving health, the target audience sees the city in general through a lens of health services. All observations, evaluations, perceptions, and experiences will happen to the health tourist in a shade of health services offered in the city and experienced by the visitor.

Considering city branding in general, the first component which is influenced by integration of health tourism in the city branding process is City Values which affect the whole branding process. As mentioned before, there should be something to be marketed, and that thing is the City Values of interest to the health tourist. Attributes such as quality of health services and cost of health care are those factors which might not be of interest to the typical city branding audience, but which is of great

significance in this specific type of city branding.

The Proposed Model of City Branding Through Health Tourism

Health Tourism Destination City Values

Tangible	Intangible	
Functional	Symbolic	Experiential

City Brand Identity

Internal	External

City Brand Positioning/ Brand Differentiation

City Brand Articulation

City Brand Image

Cognitive Image	Affective Image
Conative Image	

Multiple Target Audience Groups
Health Tourists, Citizens and Workers, Health Tourism Industry

Sub-brand Image Communication	Sub-brand Image Communication	Sub-brand Image Communication	Sub-brand Image Communication

Overall Health Tourism Destination City Brand Image Communication

Primary	Secondary	Tertiary

Sub-brand Image Perception	Sub-brand Image Perception	Sub-brand Image Perception	Sub-brand Image Perception

Overall City Brand Image Perception

Observation Level	Evaluation Level	Atmosphere Level

City Brand Experience

Word of Mouth

Figure 39. New Proposed Model of City Branding Through Health Tourism (author)

The model of city branding through health tourism is shown in Figure 39. The first

element which is influenced is the starting point of the process: City Values. In

105

branding the city through health tourism, health tourism attributes should be marketed along with City Values. So, the new label for the starting point component of the model would be 'health tourism destination City Values'. This title implies that both City Values and health tourism attributes of that destination, which is a city rather than a whole country, comprise the brand elements.

City Values were introduced in previous sections. Also, health tourism attributes have been defined and categorized differently in the same vein as have city brand attributes. They are presented in Table 10. City Values and health tourism attributes should be synthesized to make up the 'health tourism destination City Values' component of the model. That is, the attributes of the city as considered as a health tourism destination. In this way, I mean that the city has some qualities which embrace both general qualities of a city like work and education potentials, along with the specific qualities of a city as a health tourism destination such as tourist attractions and quality healthcare facilities.

Putting all these and other findings from the literature together, in the context of city, health tourism destination City Values can be summarized as the following shown in Table 11. The categorization of the attributes is only based on literature and not based on any empirical bases. It is worth mentioning that to find out what the comprising factors of the health tourism destination City Values construct are, statistical tests of factor analysis should be run.

Table 10. Tourism and Health Tourism Attributes

Author	Tourism and Health Tourism Attributes	
Beerli and Martin (2004)	Natural Resources General Infrastructure Tourist Infrastructure Tourist Leisure and Recreation Culture, History and Art	Political and Economic Factors Natural Environment Social Environment Atmosphere of the Place
Lagiewski and Myers (2008)	Tourist Attributes Healthcare facilities and	Services
Smith and Forgione (2007)	Country Location: Economic Conditions Political Climate Regulatory Standards Medical Facility:	Accreditation Cost Quality of Care Physician Training
Ye, Yuen, Qiu, and Zhang (2008)	Destination Attributes Time Service Attitude and Quality Family/Partner Support Companionship Doctors' Experience Attractive Price of Cosmetic Procedures Privacy	Enhancing Confidence Improving Appearance Advertisements Word of Mouth Hardware of the Hospital Destination Reputation Hospital Reputation Doctors' Reputation
Heung, Kucukusta and Song (2010)	Country: Economic Condition Political Condition Regulatory Standards Attributions Distance Airfare Hospital:	Costs Accreditation Reputation Physicians' Training Doctor/Physician: Special Expertise Reputation Recommendation
Yu and Ko (2012)	Medical Activities Tourism Activities Care Service Stay, Cost	Information Insurance Medical Treatments Well-being and Healthcare
Goodarzi, Taghvaei and Zangiabadi's (2014)	Factor of the price of medical and tourist Factor of the quality of medical and tourist	Factor of medical and tourist facilities and equipment ICTs Culture
Pham (2015)	Service Quality Healthcare facilities	Environment

These brand attributes, together, form the identity of the city as a health tourism destination. As can be seen, based on the model provided in Figure 39, some of these

attributes are tangible and thus functional, like transportation; and some are intangible

Table 11. Health Tourism Destination City Values (author)

Attributes Category	Example Attributes	
Health Services and Staff	Health services	Technology
	Number of health centers	Famous doctors
	Doctors' and nurses' speaking in patients' or an international language	Doctors' specialty
		Modern equipment
		Capacity of health centers in admitting patients
	Health standards	Overall quality of care
	Information provision	Short wait-lists
	Continued feedback	Closure of accommodation to health centers
	Insurance	
	Doctors' and nurses' behavior	
	Quality of health centers	
Costs	Healthcare costs	Food costs
	Accommodation costs	Other costs including tourism costs, recreations, etc.
	Transportation costs	
Tourism Attributes	Ease of getting the visa	Access to local food
	Sufficient tourism services	International airport
	Information provision	Sufficient accommodation
	Numerous and tourist attractions	Quality of accommodation
City	International status of the city	Recreational activities
	Closure to neighbor countries	City liveliness
	Weather	Unique city image
	Accumulation of health centers in a specific geographical area	Beautiful gardens
	Religion	Unique and Rich culture and history
	Culture	Interesting museums and exhibitions
	Language	
	Safety	Cultural shows and festivals
	Residents' speaking of an international language	Variety in food
		Variety in accommodation
	Residents' behavior	Public toilets
	Hospitality	Access to credit cards and ATM
	Proper and sufficient transportation system	Quality of infrastructures
		Information signs throughout the city
	City cleanliness	
	Different access paths to the city	Desirable architecture
	Attractive buildings	Access to the Internet
	Attractive landscapes	Shopping
	Attractive parks	Nightlife

and symbolic and experiential, like cultural events. These in collaboration to each

other, make up the internal and external city brand identity; which, through proper

positioning, creates the city brand image. This image which is comprised of the city attributes along with tourism and health services attributes, is different from the image obtained through the general tasks of city branding.

Moreover, the above-mentioned attributes together make the identity of the city. As defined in the literature, the identity includes both internal and external items (Rudvena, 2012). Based on the tangible and intangible assets of the city, its identity is perceived both internally (by residents) and externally (by tourists, etc.). Through proper positioning, city brand image is then shaped in the mind of the target audience. According to Agapito, Valle and Mendes (2013), the cognitive component of the image together with the affective component makes up the conative component.

The second brand component which is influenced most when implementing health tourism in the city branding process is 'city brand image', which in turn affects those components which occur following it. As witnessed before, brand image itself has such a significant role in city branding that some scholars (such as Kavaratzis, 2004) have limited their proposition of a city branding model to the process of city image communication. This immense significance is still present with regard to branding the city through health tourism, where the whole city is perceived through this type of tourism.

City brand image then gets communicated via visual and sensory modes. City branding is a complex phenomenon encompassing multiple target audience groups as suggested by scholars (Hankinson, 2007; Kotler et. al., 1999; and Zenker, Knubben and Beckmann, 2010), city brand image is communicated to each group individually; thus

making up different sub-brand images getting communicated. According to Kavaratzis (2004), image communication occurs at three levels of primary, secondary and tertiary.

On the same vein, when the brand image is communicated individually, it is perceived individually by different target audience groups. These perceptions occur at the three levels of observation, e.g. landscape, infrastructure, etc.; evaluation, e.g. positive or negative or mixed attitudes; and atmosphere, e.g. feelings of satisfaction and pleasure one gets from perceiving the city as a health tourism destination. The overall brand image perception results in the actual city brand experience. It is through brand experience that the identity of the city is interpreted. Finally, such brand experience leads to word of mouth which aims to be positive.

4.4 Summary of the Chapter

This chapter aimed at presenting the results of city branding model development. To this end, first, the components of the model were introduced. Next, putting the components together, the process of city branding was maintained. Meanwhile, as an important part of the study, on which further analysis was based, City Values were introduced. City Values make up the essence of city branding. That is, what is going to be branded is the attributes of the city. In the next step, the concept of health tourism was introduced into the proposed city branding model to make up the model of city branding through health tourism, which is the ultimate goal of this study. Also, because in this final model, what is to be branded is a city along with its health tourism features, health tourism attributes were introduced and listed here. This would make up the basis for the empirical investigations which are going to be reported in the next chapter. As such, Chapter Five presents the results of employing the proposed model to the city of Shiraz.

Chapter 5

THE CASE OF SHIRAZ CITY

In this chapter, the city branding model which was proposed in the previous chapter will be adopted to the city of Shiraz. In line with this purpose, first, it should be maintained that health tourism does have an effect on branding the city of Shiraz. As such, in a quantitative study this issue is investigated. Then, based on the results of the empirical study, which confirm that health tourism positively affects city branding in Shiraz, the model of city branding through health tourism will qualitatively be employed to the city of Shiraz according to the documents and interview with experts. So, this chapter consists of two parts. The first part presents the results of the empirical study to investigate the relationship between health tourism and city branding in Shiraz, and the second includes application of the model of health tourism through city branding to the city of Shiraz.

5.1 The Relationship Between Health Tourism and City Branding of Shiraz

The main purpose of this investigation is to examine the relationship between health tourism and city branding. If such relationship positively exists, it can be inferred that health tourism can be a tool for branding cities which are also health tourism destinations. In the following, the methodology of the present study is described in brief, along with data analysis methods, results and discussion.

5.1.1 Background

This study was conducted in the city of Shiraz, capital of Fars province, located in south-west of Iran, which is one of the largest countries in the middle east. From the geographical point of view, the city is one of the major cities in the country and in the region in terms of both size and population. Shiraz population was estimated to be around 1.870.000 in 2016 (https://www.amar.org.ir/). Compared to other larger cities in Iran, it is the closest to southern neighbor countries; i.e. GCC countries. Thus, it has turned to a popular health tourism destination in the region. Shiraz has an international airport with a number of daily flights to neighbor countries such as UAE, Oman, Bahrain Qatar, etc. This fact is shown in Figure 40.

Figure 40. Position of the city of Shiraz in the country of Iran and the region
Retrieved September 14, 2017, from URL 6.

From the health tourism point of view, Shiraz has been one of the most popular destinations since many years ago. Because of lack of facilities, patients from some

GCC countries as well as other cities in Iran has been traveling to Shiraz in seek of healthcare services since 60 years ago.

There are a number of governmental, non-governmental, and non-profit specialized and sub-specialty hospitals and healthcare centers in Shiraz. Some of the specific health and healthcare services offered to patients in such centers include Organ Transplant, such as liver, kidney, pancreas and bone marrow; Cerebral Angioplasty; Hepatic artery angioplasty; Chemotherapy and radiation for cancer; Eye surgery; Cosmetic surgery, skin care and slimming services; Cardiovascular Surgery; Orthopedic hip and knee replacement; Infertility and IVF.

Finally, from the global status point of view, Shiraz is well-known for its history, culture, and famous people. Also, it is home to a couple of famous poets and art-workers which have great contributions to the literature and art. Moreover, Shiraz has a four-season climate (Figure 41) and both the city and the province of Fars own unique natural attractions. The multi-dimensional global contributions as well as tourist attractions have made Shiraz to be one of the most famous cities and tourist destinations worldwide.

Figure 41. Four-season climate in Shiraz Retrieved September 14, 2017, from URL 7.

5.1.2 Methodology

Participants of this investigation were scholars, managerial staff and individuals involved in the fields of health tourism and city branding. These included representatives of and related people in both governmental and non-governmental organizations involved in the process of health tourism and city branding. They were members of Health Tourism Committees present in the Ministry of Health, Ministry of Foreign Affairs, Tourism Organization, etc. Also, there were some non-governmental healthcare centers and hospitals which were actively involved in health tourism in the city. I also consulted their managerial staff and doctors.

Participants were selected based on purposive sampling. Purposive sampling is a non-probability technique in sampling which is done based on the objectives of the study and the characteristics of the population. The sample was consisted of 210 participants, 80% of which were males (n=168) and 20% Females (n=42). The number of participants in each specialty group (healthcare, tourism and city branding) was

114

selected equally (70 in each group) to ensure that I collect ideas from all relevant involved disciplines and to avoid any bias or larger weight from any of the fields. Regarding their professional experience, 26.6% had 0-10 years of experience (n= 56), 54.8% had 11-20 years of experience (n= 115), and 18.6% had 20-30 years of experience (n= 39). Also to assess their familiarity with Shiraz I asked the participants to mention the number of years they have been living in Shiraz. The results showed that 17.1% have been living in Shiraz for a range of 0 to 20 years (n= 36), 48.1% have been living in Shiraz for a range of 21-40 years (n= 101) and 34.8% have been living in the city for over 40 years now (n= 73). Overall, it was revealed that a large percentage of the participants were well familiar with Shiraz.

Sample size efficacy was determined based on Krejcie and Morgan (1970). They provided a formula to calculate sample size based on the size of the population. Calculations based on their formula has been turned into a table for ease of access. This table can be seen in Appendix B. As such, the population including the target audience of this study who are experts and managerial staff in the three fields of healthcare, tourism and city branding who have been involved in the process of city branding itself do not exceed 300 people. According to this table, a sample size of 109 suffices to represent this population size. So, the 210 participants of this study is a good representative group of the whole population.

Regarding materials, two questionnaires were designed for the purpose of this study, one on health tourism and the other on city branding. They were presented to the participants in form of one tool, with the first section attaining their demographic information and the second consisted of the two questionnaires. The development of questionnaires was done through a staged process shown in Figure 42 adopted from

Fetscherin and Stephano (2016).

Item Generation and Initial Purification
- Domain definition
- Literature review
- Expert judgement
- Readability check
- Initial item pool
- Part 1 (n=50)
- Face, construct and content validity
- Final item pool

Scale Purification and Measurement Development
- Part 2 (n=150)
- Adequacy of sample
- Exploratory factor analysis
- Content and face validity
- Internal consistency

Scale Validation
- Part 3 (n=210)
- Confirmatory factor analysis
- Internal consistency

Figure 42. Scale Development Process (Based on Fetscherin and Stephano, 2016).

First, to investigate the factors underlying the two concepts of health tourism and city branding, a review of the related literature was done. After that the five experts in each field were selected. They were interviewed individually in order to get the main points that should be included as important factors in health tourism. Next, the interview scripts were coded and the main points (which were emphasized by any of these scholars, or has been repeated by several of them) were extracted. With regard to health tourism, the whole process was done and results were implemented in this study. But regarding city branding, according to the literature as well as experts' advice, items introduced by Anholt (2006) were considered as comprising city branding and no extra items that did not deal exclusively with the "city" were included.

The questionnaires were administered both face-to-face and via email. In both, respondents were asked to complete the questionnaire with utmost focus and to ask if they needed clarifications. In face-to-face format the researcher was sure present and in email administration, the researcher was present on the phone to discuss any probable matters.

Data was collected through interviews and questionnaires and was analyzed via SPSS and LISREL. Participants' demographic information was summarized by using descriptive statistics, exploratory and confirmatory factor analyses as well as internal consistency measures were run in order to develop the scales and finally SEM (Structural Equation Modelling) was used to check the study's hypothesis; i.e. examine the relationship between health tourism and city branding.

5.1.3 Results and Discussion

The results of this investigation would be presented in two sections below. First the results of developing and validating scales used in this study are reported, and then the results of investigation the relationship between city branding and health tourism.

5.1.3.1 Scale Development and Validation

The 21 items of Health Tourism Questionnaire (HTQ) were subjected to exploratory factor analysis using SPSS. Prior to this, the suitability of data for factor analysis was assessed. The Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy as well as Bartlett's Test of Sphericity were run to measure sampling adequacy. The KMO was equal to .74 (>than .5) and Bartlett's Test of Sphericity reached statistical significance at .000 (below $p < .05$). Therefore, both values are over the threshold and the data is suitable for factor analysis.

Exploratory Factor Analysis (EFA) revealed the presence of four components with eigenvalues exceeding 1. All of the factors show to have a Cronbach alpha ranging from .62 to .76 which shows internal consistency of our scale. The four new empirically derived factors are named as: Healthcare Facilities and Services, Doctors and Staff, Tourism Factors and Costs. The questionnaire is revised based on the results of exploratory factor analysis and the revised version of the tool was distributed among

210 participants. Confirmatory factor analysis is run to confirm the nature of HTQ construct and its dimensionality.

As a result of confirmatory factor analysis, of the 14 items, there was a couple of items which had low item loading. Based on Stevens (1992), the cut-off for item loading is .30. Therefore, items with loadings of more than .30 are acceptable. Because the number of remained questions in this stage of analysis was not great, I showed the questionnaire to 5 scholars and they admitted to set the cut-off value at .30 not to lose many items. Also, all items reached statistical significance (p< .001). The results of the both exploratory and confirmatory factor analyses are reported in Table 12. Note that only items retained after the confirmatory factor analysis (CFA) are reported there. The final version of the HTQ is presented in Appendix D.

Figures under the EFA and CFA columns show the item loadings which, as said before are acceptable in values larger than .30. So, these items are well representatives of the factors they assemble into. Regarding factors, Eigenvalues of more than one represent factors that comprise the underlying construct of Health Tourism under investigation in this questionnaire. Percent of variance shows the percent of the total construct which can be accounted for by each factor. Finally, alpha shows the reliability level of each factor comprising the whole construct of health tourism.

Also the path diagram for health tourism factors is shown in Figure 43. Figures on the diagram represent factor loadings which indicate the strength of the relationship between factors and the underlying construct. Factor loading can range from zero to one. The closer it is to one, the stronger is the relationship. For instance, 0.55 indicate that the strength of the relationship between the factor of Healthcare Facilities and

118

Services with the whole construct of Health Tourism is relatively high; and that this relationship is stronger, for instance, than that which exists between Tourism Factors and Health Tourism.

Table 12. EFA and CFA Results for HTQ (author).

Factors/ Items	EFA	CFA
Factor 1: Healthcare Facilities and Services Eigenvalue: 4.52, % of Variance: 21.5, Alpha: .68		
Health standards are observed in its healthcare centers.	.48	.6
Hospitals and healthcare centers are of high standards.	.34	.7
It is possible to get information, admission, and continued care remotely.	.64	.44
Factor 2: Doctors and Staff Eigenvalue: 2.84, % of Variance: 13.52, Alpha: .76		
The city has famous doctors and hospitals.	.48	.52
The city has experienced doctors.	.75	.42
Doctors, nurses and related staff are warm and friendly.	.75	.41
The city has internationally educated doctors.	.36	.12
Doctors and staff can communicate with health tourists with an international language.	.8	.41
Factor 3: Tourism Factors Eigenvalue: 2.82, % of Variance: 13.46, Alpha: .62		
Tourists feel safe in the city.	.36	.33
Health tourists can find cultural and linguistic similarities with residents in that city.	.85	.69
There are a lot of cultural, historical, natural, etc. tourist attractions in the city or around it.	.62	.42
Factor 4: Costs Eigenvalue: 2.14, % of Variance: 10.19, Alpha: .64		
Cost of accommodation for health tourists is low.	.83	.82
Cost of healthcare services is low for health tourists.	.82	.38
Exchange rate is stable.	.32	.88
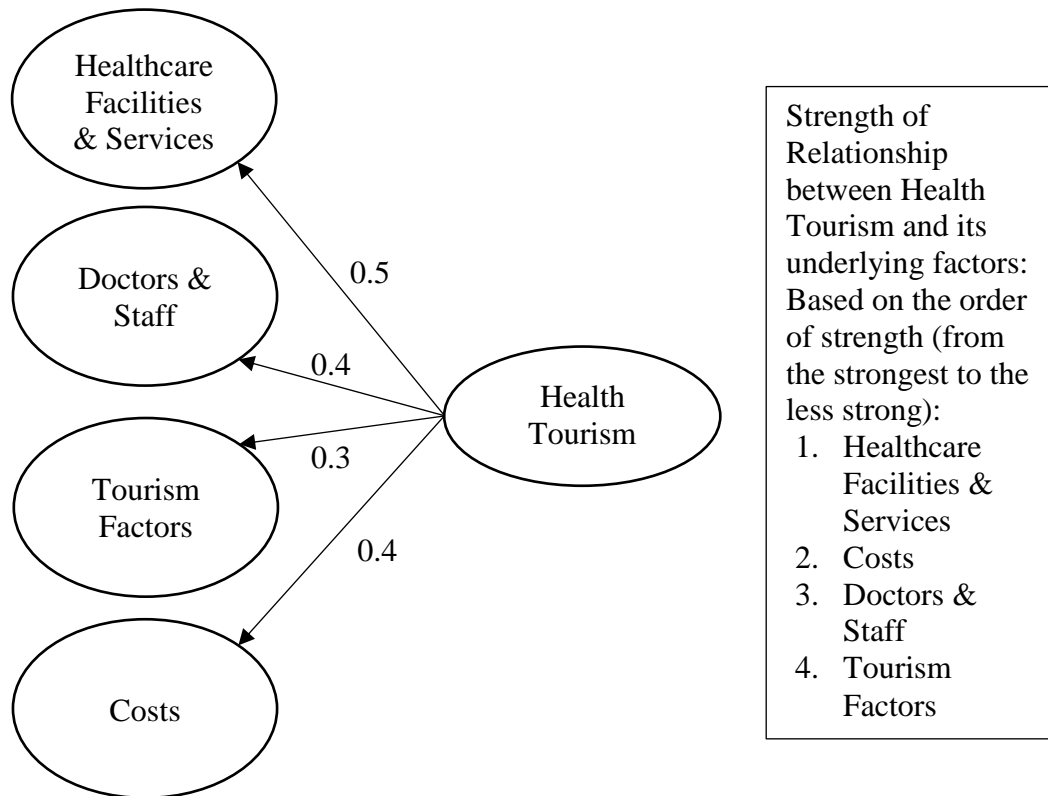
Figure 43. Path diagram for health tourism and its factors (author).

As such, based on the results, factor of healthcare facilities and services, costs and doctors and staff have the strongest relationship with health tourism construct respectively. Tourism factors stands as the last one in the list of factors comprising health tourism.

Internal consistency of the HTQ was measured in order to assess its reliability. Cronbach-alpha value was calculated once before and once after confirmatory factor analysis and revising the questionnaire. The results show a Cronbach Alpha index of .75 which shows the reliability of the scale. The results are summarized in Table 13.

Table 13. Reliability of HTQ.

	No. of Items	Cronbach Alpha (>.70)
Before EFA	21	.76
After EFA	20	.75

Items of the CBQ were subjected to exploratory factor analysis using SPSS. Prior to this, the suitability of data for factor analysis was assessed. The Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequecy as well as Bartlett's Test of Sphericity were run to measure sampling adequacy. The KMO was desirable (>than .5) and equal to .71 and Bartlett's Test of Sphericity reached statistical significance at .000 (below $p<.05$). Therefore, the data showed to be suitable for factor analysis.

Exploratory Factor Analysis (EFA) revealed the presence of three components with eigenvalues exceeding 1. The factors have a Cronbach alpha of .8, .66 and .72, which show the internal consistency of the measure. The three newly-derived factors are named as: Place and Facilities, Opportunities, and Residents and Culture.

After being distributed among 210 participants, Confirmatory factor analysis was run for the revised questionnaire. As a result of confirmatory factor analysis, of the 11 items, three items which had low item loadings (<.30) or which did not reach statistical significance ($p<0.05$) were omitted. The results of the exploratory as well as confirmatory factor analyses are reported in Table 14.

Moreover, Figure 44 shows the path diagram for city branding and its three defined factors. According to the results, these factors can be ranked based on the strength of their relation to the concept of city branding as place and facilities, opportunities, and residents and culture respectively.

Table 14. EFA and CFA Results for CBQ (author).

Factors/ Items	EFA	CFA
Factor1: Place and Facilities Eigenvalue: 4.8, % of Variance: 26.71, Alpha: .8		
The city has satisfying basic life facilities.	.78	.73
The cost of basic life facilities is reasonable.	.78	.64
Residents feel safe in the city.	.66	.73
Public amenities are sufficient and appropriate in that city.	.7	.38
Factor 2: Opportunities Eigenvalue: 2.63, % of Variance: 14.65, Alpha: .66		
That is a lively city.	.66	.3
There are good opportunities for financial advancements in that city.	.72	.75
The city is an appropriate place to do business.	.87	.94
The city has an exciting environment offering many new things to discover.	.52	.33
Factor 3: Residents and Culture Eigenvalue: 2.31, % of Variance: 12.87, Alpha: .72		
The city has a considerable international status.	.82	.2
Variety of language and culture can be seen in the city.	.85	.69
People of the city are warm and welcoming.	.71	.39

Internal consistency of the city branding questionnaire was measured in order to assess

its reliability. Cronbach-alpha value was calculated once before and once after

confirmatory factor analysis and revising the questionnaire. The results show a

Cronbach Alpha index of .75 which shows the reliability of the scale. Table 15 shows

the results. The final version of the CBQ is available in Appendix D.
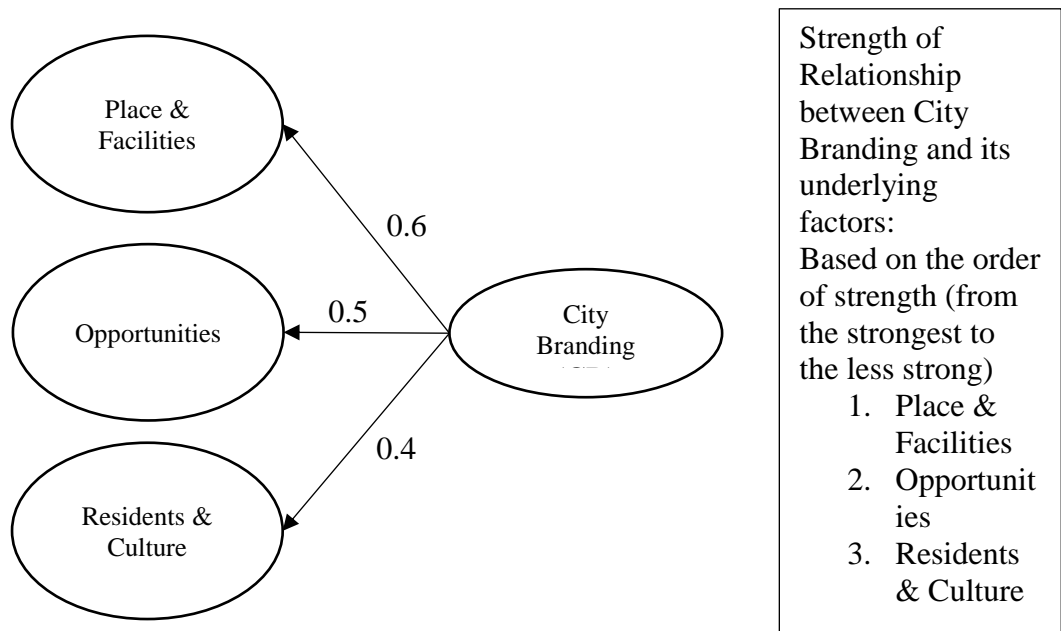
Figure 44. Path diagram for city branding and its factors.

Table 15. Reliability of CBQ.

	No. of Items	Cronbach Alpha
Before EFA	18	.81
After EFA	15	.80

5.1.3.2 Investigating the Relationship between Health Tourism and City

Branding

The aim of this investigation was to investigate the relationship between health tourism

and city branding. The hypothesis for this study could be shaped as the following:

H1: Health tourism affects city branding.

This was sought through Structural Equation Modeling. Table 16 shows the results of

SEM for the study's hypothesis. According to the results, the path coefficient of 0.74

shows that health tourism affects city branding at 0.01 significance level. Also, as 0.74

is close to one, I assume that this effect size is relatively large.

Table 16. SEM Results for H1.

Hypothesis	Path coefficient	T-value	Significance	Result
H1: Health tourism affects city branding	.74	6.75	P<0.01	Hypothesis accepted.

Based on the results (Standardized Regression Coefficients), the following model is

obtained. These are shown in Figure 45.

Size of the effect of each factor
on Health Tourism:
Based on the order of strength
(from the largest to the smallest
effect)
1. Healthcare Facilities &
   Services (0.65)
2. Tourism Factors (0.45)
3. Doctors & Staff (0.38)
4. Costs (0.36)

Size of the effect of each factor
on City Branding:
Based on the order of strength
(from the largest to the smallest
effect)
1. Place & Facilities (0.56)
2. Residents & Culture
   (0.35)
3. Opportunities (0.30)

Figure 45. Path diagram for the relationship between health tourism and city
branding (author).

Figures on the diagram show path coefficient which is the degree of the effect each

factor has on the underlying construct, or the constructs on each other. Path coefficient

ranges from zero to one. The closer this number is to one, the larger is the size of the

effect. As can be seen, based on the results, health tourism has a considerable effect

on city branding. Also, among the factors underlying each construct, healthcare

facilities and services have the largest effect on health tourism and factor of place and facilities have the largest effect on city branding.

In order to test our model, the model fit indexes were calculated. The results are shown in Table 17. According to the results, the model shows good fit according to a number of indexes.

As the results show, the model shows good fit according to a variety of indexes since in all but one case, the index value meets the acceptable value. This implies that health tourism positively affects city branding. In other words, health tourism can be used as a tool for city branding.

Table 17. Model Fit Results.

Model Fit Index	Acceptable Values	Index Values
Goodness of fit index(GFI)	GFI>0.90	0.95
Comparative fit index(CFI)	CFI>0.90	0.95
Normed fit index(NFI)	NFI>0.90	0.94
Non-normed fit index(NNFI)	NNFI>0.90	0.95
Relative fit index(RFI)	RFI>0.90	0.93
Chi-square /df	Chi-square/df<2	1.08
Incremental fit index(IFI)	IFI<0.90	0.97

5.1.4 Conclusion

In this study, the two scales developed for the purpose of this study included two questionnaires, one on health tourism and the other on city branding. The results of exploratory factor analysis resulted in four factors comprising the concept of health tourism including healthcare facilities and services, doctors and staff, tourism factors and costs. Also, EFA showed three dimensions for city branding; i.e. place and facilities, opportunities, and residents and culture.

Finally, he relation between health tourism and city branding was proposed in the form of a model assess by SEM. The model shows good fit according to a variety of indexes, which implies that health tourism positively affects city branding. In other words, health tourism can be used as a tool for city branding in the city of Shiraz.

5.2 Application of the Model of City Branding through Health Tourism to the City of Shiraz

The model of city branding proposed in the previous chapter can be applied to all cities which are health tourism destinations as well. In this chapter, the model is employed to the city of Shiraz. This application is figuratively presented in Figure 46 below. In applying the model of city branding through health tourism to the city of Shiraz 10 steps have been identified, corresponding to the 10 components of the city branding model. It begins with City Values of Shiraz as a health tourism destination and ends with gaining positive word of mouth.

Each step is built upon the previous ones to make a unified whole process of branding of the city of Shiraz through health tourism. The details are elaborated on step by step in the following sections. For each step, the explanation of the procedure involved is provided. First the methodology applied for assessing the application of each step of the model to the city of Shiraz is provided and then the summary of the findings would be presented. Required theoretical explanations will also be accompanied by the investigations and their results.

METHOD	Model of City Branding through Health Tourism for Shiraz City

METHOD

Step 1: Interview with CB & HT experts

Step 2: Interview with CB & HT experts based on Kapferer's (2000) model

Step 3: Strategies by city managers

Step 4: Strategies by city managers

Step 5-8: Brand Image Questionnaire to 390 health tourists, residents and health tourism industry (considering different target audience)

Step 9: Brand Experience Questionnaire to 390 health tourists, residents and health tourism industry

Step 10: WOM Questionnaire to 390 health tourists, residents and health tourism industry

Step 1 — Values of Shiraz City as a Health Tourism Destination
Health and Wellness Attributes | Tourism Attributes | Place Attributes

Step 2 — Shiraz Brand Identity
Internal | External

Step 3 — Shiraz Brand Positioning/ Brand Differentiation

Step 4 — Shiraz Brand Articulation

Step 5 — Shiraz Brand Image
Cognitive Image | Affective Image
Conative Image

Step 6 — Multiple Target Audience Groups
Health Tourists, Citizens and Workers, Health Tourism Industry
Sub-brand Image Communication | Sub-brand Image Communication | Sub-brand Image Communication | Sub-brand Image Communication

Step 7 — Overall Shiraz Brand Image Communication
Primary | Secondary | Tertiary

Sub-brand Image Perception | Sub-brand Image Perception | Sub-brand Image Perception | Sub-brand Image Perception

Step 8 — Overall Shiraz Brand Image Perception
Observation Level | Evaluation Level | Atmosphere Level

Step 9 — Shiraz Brand Experience

Step 10 — Word of Mouth

Figure 46. Application of the model of City Branding Through Health Tourism to the City of Shiraz.

5.2.1 Step 1: Attributes of Shiraz City as a Health Tourism Destination

To begin with, attributes of the city of Shiraz as a health tourism destination from the point of view of health tourism needed to be identified. To this end, a systematic

127

interview with 50 experts participated in the study presented in the previous section was done in which they were asked to describe Shiraz city as a health tourism destination for about 1-3 minutes.

In qualitative research, sample size is a matter of saturation. As suggested by Guest, Bunce, and Johnson (2006), saturation often happens with about 12 participants in homogeneous groups. So, this number of 50 people ensures saturation as well as inclusion of participants from different subgroups of branding through health tourism; i.e. branding, healthcare, and tourism experts.

After that, the interview scripts were coded and analyzed to extract the main features of the city as a health tourism destination. Sample excerpts of the scripts are presented in Appendix F. Then, the extracted key words were grouped based on the recurrent themes. Finally, the grouping was judged by five of the experts to ensure none of the elements were missed and that the categorization was sound and correct.

According to the results of the interviews, 'Shiraz City Values' as a health tourism destination could be grouped into three general categories. First is the health and wellness attributes; second, tourism attributes; and third, place attributes. These three categories of attributes are briefly introduced below, but will be investigated in more detail in the final part of this chapter which provides an empirical study of the items which encompass the attributes of the city of Shiraz as a healthcare tourism destination that pertain to its branding.

5.2.1.1 Health and Wellness Attributes

Health and wellness attributes are those which relate to the city's capacities to provide high quality health, wellness and healthcare services to the target audience. These

include healthcare services, spa and wellness centers, famous doctors, modern and well-equipped hospitals, advanced technologies, etc. Also, natural and man-made resources of the city which contribute to health and wellness, such as sports and exercise facilities, are considered among such attributes.

The city of Shiraz has been famous as the city of gardens and nature. This is evident to any visitor in the first visit. The city is surrounded by mountains and enjoys a seasonal river which is stretched along the middle of the city. Gardens on the mountain feet and elsewhere across the city make a large portion of the city green. As a result, the city has always been destination to visitors who seek relaxation and tranquility. Figure 47 to Figure 51 present photos which emphasize the nature asset of the Shiraz.
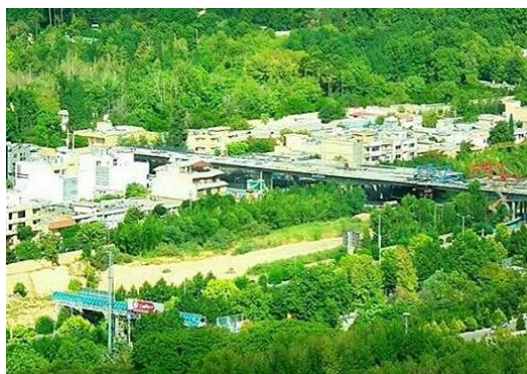
Figure 47. North-West Shiraz Gardens Retrieved September 14, 2017, from URL 8.

Figure 48. Seasonal River Stretching Along the City Retrieved September 14, 2017, from URL 8.

Figure 47 shows the north-west gardens of Shiraz. That area is filled with trees and gardens which is one of the main reasons why Shiraz has a very nice and clean weather specifically in this region. Figure 48 shows Khoshk River, which is a seasonal river stretching across the city from West to East. Khoshk river has had a great role in distribution of greenspace all through the city.

Along with the greenery in general, Shiraz enjoys the presence of a number of gardens which are located in different parts of the city. Figure 49 represents gardens of Shiraz on a map. These gardens have both cultural and natural value. Some of them also are famous for their historical background. Jannat Garden (Figure 50) and Delgosha Garden (Figure 51) are examples of such gardens in Shiraz.

Figure 49. Jannat Garden Retrieved September 14, 2017, from URL 8

Figure 50. Jannat Garden Retrieved September 14, 2017, from URL 8.

Figure 51. Delgosha Garden Retrieved September 14, 2017, from URL 8.

Furthermore, the city of Shiraz is bordered by mountains along the north and south of the city (Figure 52). Because the shape of the city is like a stretched line from west to east, it sounds as if it is surrounded by mountains all around. This also admits the natural asset of the city and brings unique natural image to the city of Shiraz. It also

enables mountain sports in all seasons which promote health and wellness.

Figure 52. Mountains around the City of Shiraz Retrieved September 14, 2017, from URL 8.

Moreover, there are a number of facilities to support overall health through exercise within the city. Examples include extensive installation of exercise equipment in parks, building bicycle lanes across the city, bicycle rental stations, hiking/jogging/climbing trails, etc. Figure 53 to Figure 56 are photos of such facilities which are provided throughout the city.

Figure 53. Exercise Equipment in One of the Parks in Shiraz Retrieved September 14, 2017, from URL 8.

Figure 54. Bicycle Trail in Bam-e Shiraz Retrieved September 14, 2017, from URL 8.

Figure 55. Health Trail: Hiking and Bicycle Trail at the Side of Khoshk River Retrieved September 14, 2017, from URL 8.

Figure 56. Hiking Zone in Shiraz Retrieved September 14, 2017, from URL 8.

In addition to the greenery and sport/exercise facilities, Shiraz is host to a great number of well-known doctors and hospitals which provide specialty health services. Most hospitals are modern and use high-tech equipment; the staff are well-trained and are capable of speaking a second language; and the services offered are of high quality and at a reasonable price. A large number of medical centers and hospital are located within a focused geographical location, hence ease of accessibility too all services with minimum time and energy. In the maps presented in Figure 57 this fact is obviously visible.

Figure 57 shows the map of Shiraz city in six different conditions, in each of which the distribution of specific health centers is marked. Picture A shows that there are 46 medical complexes in Shiraz and they are located in different parts of the city.

Picture A. 46 Medical Complexes in Shiraz

Picture B. 59 Hospitals in Shiraz
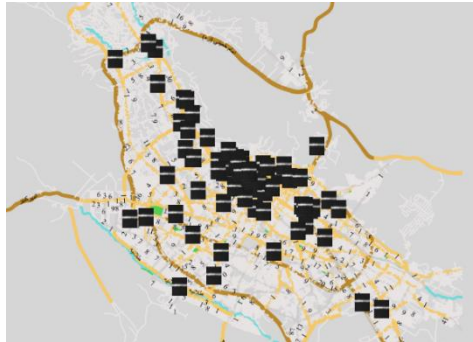
Picture C. 102 Radiology Clinics in Shiraz
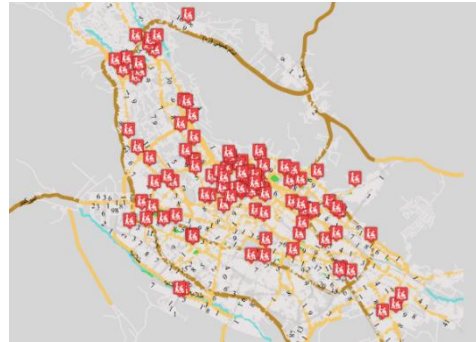
Picture D. 119 Orthopedists and Rehabilitation Centers in Shiraz
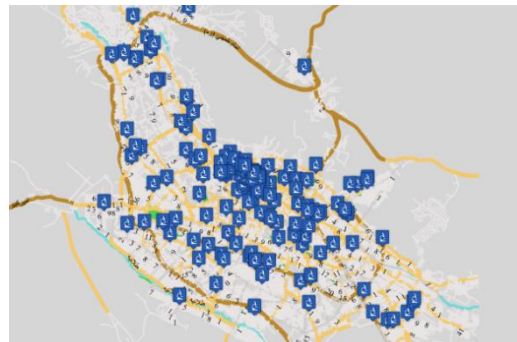
Picture E. 179 Labs in Shiraz
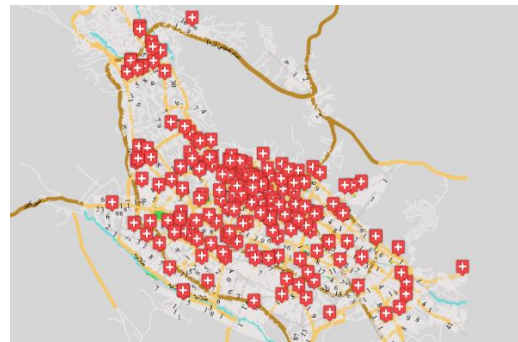
Picture F. 217 Clinics in Shiraz

Note: Numbers beside titles of healthcare centers denote their quantity.
Figure 57. Concentration of Healthcare Service Providers in Shiraz City Retrieved September 14, 2017, from URL 9.

Picture B shows that there are 59 hospitals in Shiraz and that there are distributed all across the city to cover all area. Picture C, Picture D, Picture E and Picture F show that there are 102 radiology clinics, 119 orthopedic and rehabilitation centers, 179 labs and 217 clinics in Shiraz; and that although they are distributed all across the city, they are focused in the city center along with the hospitals and medical complexes which make the central area to suggest a healthcare and medical image to the visitors.

Moreover, a variety of high quality healthcare services are offered in Shiraz. The most important ones are eye surgery, heart surgery, organs transplant, etc. For instance, Namazi hospital and Boo Ali Sina hospital are specialty organ transplant hospitals (Figure 58 and Figure 59).

Figure 58. Namazi Hospital Retrieved September 14, 2017, from URL 8.

Figure 59. Boo Ali Sina Organ Transplant Hospital Retrieved September 14, 2017, from URL 8.

Figure 60. Professor Khodadoust Examining a Health tourist Retrieved September 14, 2017, from URL 8.
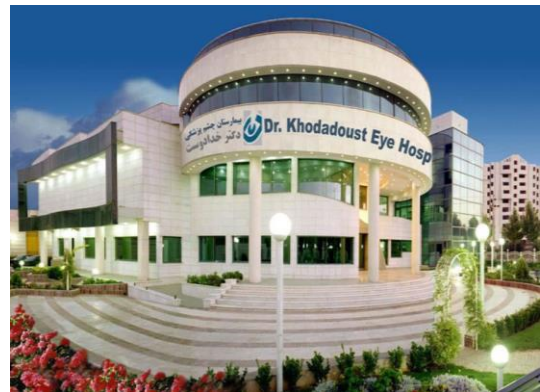
Figure 61. Dr. Khodadoust Hospital Retrieved September 14, 2017, from URL 8.

Figure 62. IVF Ghadir Mother and Child Hospital Retrieved September 14, 2017, from URL 8.

Figure 63. Kowsar Heart Specialty Hospital Retrieved September 14, 2017, from URL 8.

Professor Khodadoust, who is a worldwide known Ophthalmologist offers best eye surgeries in the hospital with his name (Figure 60 and Figure 61). IVF and other related services is offered in Ghadir Mother and Child hospital (Figure 62). Kowsar hospital is a specialty heart medical center which hosts a great number of tourists for medical purposes (Figure 63).

Shiraz Central Hospital (Figure 64), Dena hospital (Figure 65) and Ordibehesht hospital (Figure 66) also offer high quality medical and sub-healthcare services in a variety of fields and have been accepting health tourists during the past years. Besides, there are also other specialty hospitals in Shiraz such as Shahid Faghihi hospital, Zeynabie hospital, Alzahra hospital and Shahid Beheshti hospital which offer high-quality specialty healthcare services.

Figure 64. Shiraz Central Hospital Retrieved September 14, 2017, from URL 8.

Figure 65. Dena Hospital Retrieved September 14, 2017, from URL 8.

Figure 66. Ordibehesht Hospital Retrieved September 14, 2017, from URL 8.

Furthermore, a number of health and beauty services are also offered in Shiraz which are of interest to health tourists. These include massage and spa, hair transplant, beauty surgery, etc. Among these, hair transplant and nose surgery are the most popular services that attract audience from other countries because of the high quality of the service and the reasonable price.

Another point worth mentioning regarding health and wellness attributes of the city of Shiraz is Shiraz Healthcare City project which started in 2008. It is being built in an area of about five square kilometers which will be comprised of international level hospitals with 2500 beds, hotel-hospitals, alternative medicine centers, specialty day

clinics, poly clinics, educational and research centers, accommodation for the staff, patients and their families, and sports and recreation spaces. The project is not finalized yet, but is a great milestone in the improvement of health tourism in Shiraz.

Finally, Shiraz is one of the most well-known cities with regard to Persian or Iranian Traditional Medicine. Today, many physicians refer their patients to alternative traditional medicine when they cannot find a way to help the patient. This form of medicine uses herbs and natural stuff for curing patients. Shiraz is a city which has a long tradition in this regard because of the availability of a wide variety of herbs in this region.

5.2.1.2 Tourism Attributes

Tourism attributes on their own can be divided into the two categories of tourist attractions and tourism facilities and services. Visitors get attracted to a place to visit its unique attractions of different kinds. Tourist attractions range from natural assets to man-made landmarks, to cultural events, and so on. Shiraz has long been a world-known tourist attraction. Famous as the heartland of the over-2000-year culture of Persia, Shiraz connotes education, nightingales, poetry and wine. Figure 67 represents the tourism facilities including 165 hotels and accommodations; and Figure 68 shows tourism attractions in Shiraz.
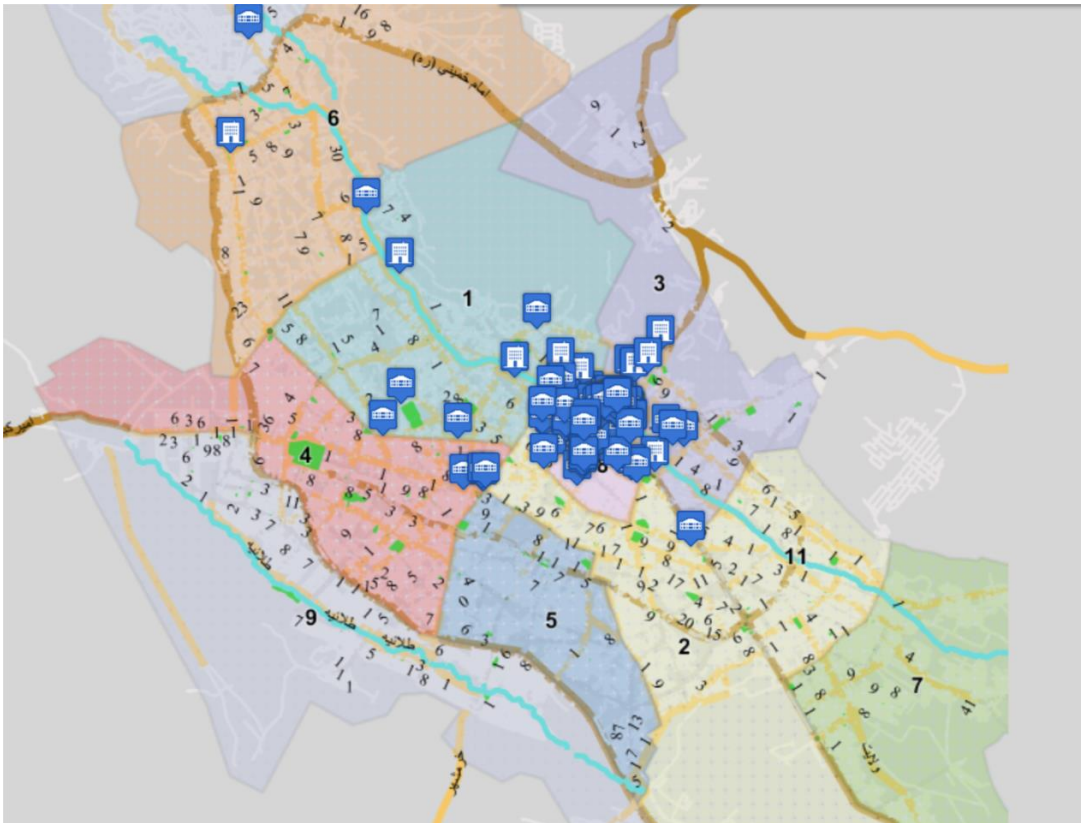
Figure 67. Accommodations in Shiraz Retrieved December 24, 2017, from URL 9.

Figure 68. Map of Shiraz Tourist Attractions.

First, and foremost, Shiraz is famous for Persepolis (Figure 69) and tomb of Cyrus the Great (Figure 70) which are located close to the city. Also, the city was the capital of Iran during Zand dynasty (AD 1747-79). It was about that time when many of the beautiful buildings were built which attract many visitors today. For instance, the

Karim Khan Castle, which resembles a medieval fortress, is a museum now (Figure 71). It attracts many tourists who are interested in culture and history of Iran.

Figure 69. Persepolis Retrieved September 14, 2017, from URL 8.

Figure 70. Pasargadae Retrieved September 14, 2017, from URL 8.
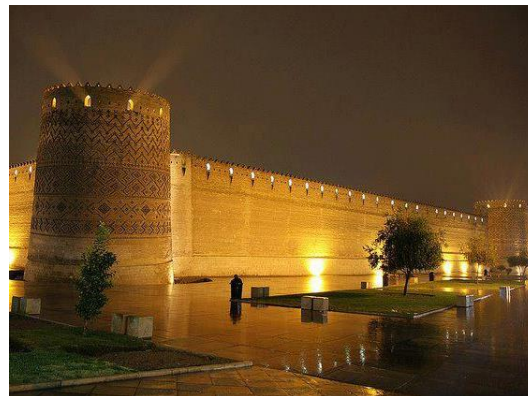
Figure 71. Karim Khan Castle Retrieved September 14, 2017, from URL 8.

In general, tourist attractions of Shiraz can be grouped into natural attractions such as Eram Garden (Figure 72); Historical Attractions such as Vakil Bazaar (Figure 73); Cultural attractions such as Tomb of Hafez (Figure 74); and Religious Tourism such as Shah Cheragh (Figure 75). The above mentioned are only examples. There are many more instances of each type of unique tourist attraction in Shiraz.

Tourism facilities include accessibility, accommodation, transportation, and other travel services. Shiraz city is accessible via land, i.e. car, bus and train, and air. The

city has an international airport with multiple daily international flights mostly to GCC countries such as UAE and also to Turkey. Transportation within the city can be done by a great number of taxi services, public bus system and the subway. Also, one can easily rent a car if they wish.

Figure 72. Eram Garden Retrieved September 14, 2017, from URL 8.

Figure 73. Vakil Bazaar Retrieved September 14, 2017, from URL 8.

Figure 74. Hafez Tomb Retrieved September 14, 2017, from URL 8.
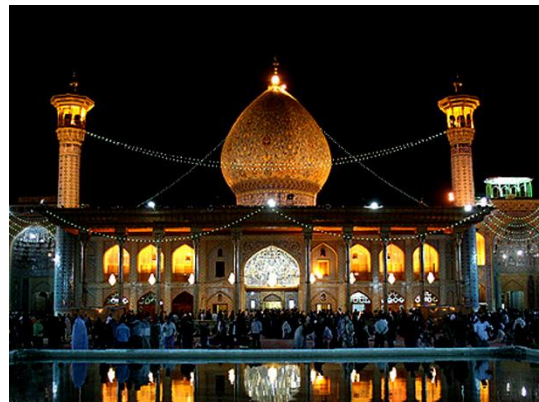
Figure 75. Shah Cheragh Retrieved September 14, 2017, from URL 8.

According to Fars Cultural Heritage and Tourism Organization, there are more than 160 registered accommodations. They vary in quality and price; so, are suitable for a variety of tourists. Also, there are local places for rent available in the city. Travel services such as exchange and travel agencies are available in most of the accommodations as well.

5.2.1.3 Place Attributes

Place attributes are those which are related to the city as a place. These include city assets such as weather, residents and culture, infrastructure and overall status of the city in the world, etc. For instance, regarding weather, Shiraz has a mild four-season climate which make it suitable as a place to visit at any time. With regard to residents and culture, local people of Shiraz are well-known for being very warm and hospitable, welcoming guests and very helpful to them. Also, a large number of the population, especially the youth, speak one or more of the international languages which makes it easy for tourists to hang around in the city. Shiraz has satisfying infrastructure as a megalopolis such as transport and basic life facilities and people who live, or stay, in the city feel suitably comfortable. Finally, regarding the overall status of the city of Shiraz in the world, the fact that it is known, and attracts, quite a large number of tourists from all over the world confirms its high status among world people.

5.2.2 Step 2: Shiraz Brand Identity

According to the model, the above-mentioned attributes together make the 'identity' of the city of Shiraz as a health tourism destination. As defined in the literature, the identity includes both internal and external items (Rudvena, 2012). Based on the tangible and intangible assets of the city, its identity is perceived both internally (by residents) and externally (by tourists, etc.).

As such, as a health tourism destination city, Shiraz is intended to be internally perceived as a city with satisfying weather, infrastructure, and opportunities for residents to live in. Externally, it is intended to be perceived as a unique health tourism destination thanks to its health capacities and great attractions. Also, it provides opportunities for investors, businesses, etc.

To specify brand identity of Shiraz as a health tourism destination, Kapferer's (2000) brand identity prism was employed. To this end, in the form of a structured interview, the model template (Figure 76) was presented to the same 50 experts in the field of city branding. After explanation of the terms and instructions, the participants were asked to describe the city of Shiraz based on the six facets presented in the chart. Their responses were compared to get a collective, comprehensive idea of the brand identity of the city as a health tourism destination. Interview template can be seen in Appendix F.
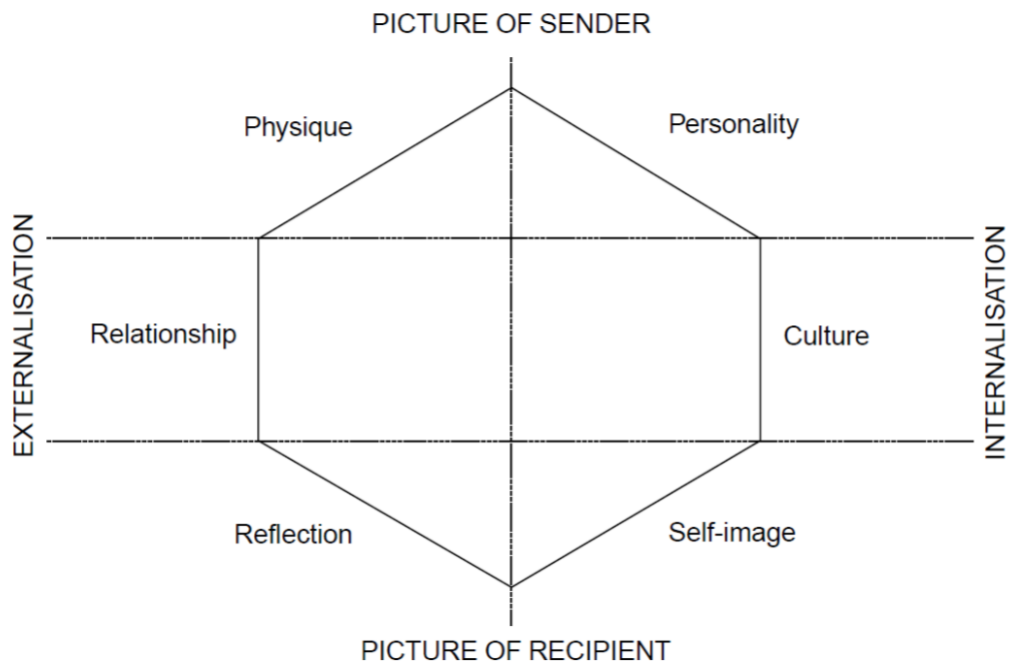
Figure 76. Model Interview Template: Brand Identity Prism (Kapferer, 2000, p.183).

According to the results, the brand identity of Shiraz can be described as the following:

- Physique: Shiraz has some observable physical features which helps the city to be perceived as a successful brand as a health tourism destination. The city is surrounded by mountains and lots of green spaces and nature is observable

143

within and around the city which promote the idea of health. Also, in the central part of the city, a great number of hospitals and medical centers are focused which give the place a sense of health and medical care. Furthermore, the availability of sports facilities and sports clubs distributed throughout the city brings to the mind the same ideas of health and wellness.

- Personality: The city is aimed to be perceived as honest, cheerful, friendly, cool, confident, smooth, dynamic, fresh, etc. All of these personality traits help the city to be perceived as a suitable health tourism destination.

- Culture: Just as a successful brand should have a culture, the old background of the city of Shiraz, its worldwide fame as a culture and history tourism destination, and its reputation for quality healthcare and medical services provision in the area, helps the city to develop a successful health tourism destination brand.

- Self- image: The word Shiraz as a brand is known widely. It represents one of the most famous brand of wine in the world. This link brings to mind a sense of fun and enjoyment which is not far away from the sense of the term 'wellness'. Furthermore, residents of Shiraz are famous for being warm, friendly and hospitable. This also promotes the place as a tourism destination in general.

- Reflection: How do brand users wish to be perceived by using the brand of Shiraz as a health tourism destination? The brand of Shiraz as a health tourism destination aims at controlling its customer reflections although it does not impose any specific identity or specification on the customer. Probably, this is done through helping the customers to feel, or look, healthier, more beautiful,

more fresh and better in general as long as the health and wellness issue is concerned.

- Relationship: Customers of the brand of Shiraz as a health tourism are aimed to be perceive themselves as more relaxed, calmer, healthier, more fresh, and in general feel much better about themselves even if no actual result of health and medical care is obtained immediately as they travel to the place.

5.2.3 Step 3: Shiraz Brand Positioning/ Brand Differentiation

The third step in the process of city branding through health tourism is brand positioning, an important part of which is brand differentiation. Since brand positioning is a strategy built upon brand identity in the course of city branding, it should be practically decided about based on the actual identity of the city specified. Positioning and differentiation focus on the competitive climate within which the city is engaged and to focus on the strengths of the city brand in relation to the competitor brands.

In this way, for instance, one positioning strategy for branding the city of Shiraz through health tourism is to focus on other tourist attractions the city has and to integrate them in the health tourism experience. The reason is, because the city has already been a famous tourist attraction, this capacity can differentiate it from other competing health tourism destinations. With this regard, one can describe the closure of the healthcare and medical zone, which is located almost at the center of the city, to the local concentration of cultural and historical attractions. This fact is tangibly visible in Figure 77. The red marks show the hospitals and medical centers and the black marks show the cultural and historical attractions in the city.
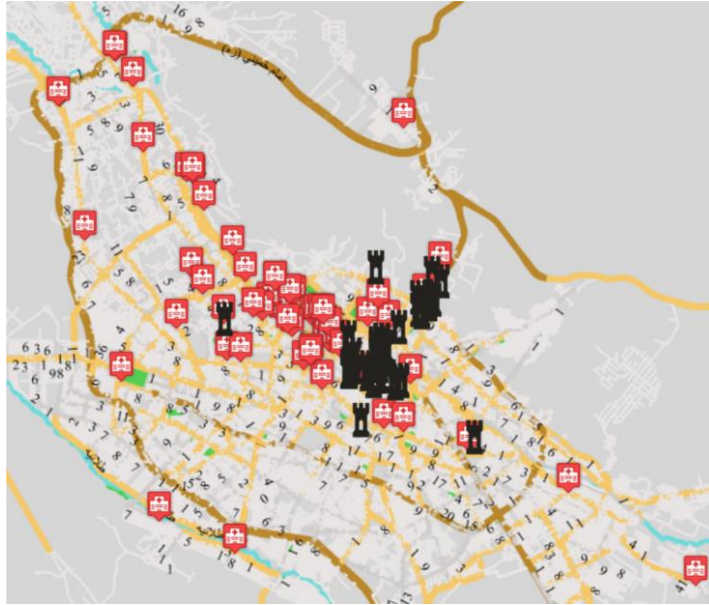
Note: The black marks show the cultural and historical attractions, and the red marks locate healthcare services which are concentrated mostly in a specific area which make up the medical zone of the Shiraz (Shiraz GIS, n. d.).

Figure 77. Closure of Healthcare and Medical Zone to Cultural and Historical Attractions in Shiraz.

5.2.4 Step 4: Shiraz Brand Articulation

Brand articulation deals with the expression of visual identity of the city through its name, logo, photographs, etc. The brand of Shiraz as a health tourism destination can be articulated, for instance, by a well-designed logo which represent both the health component of the destination and its tourism component. An example of this is shown in Figure 78. Also, the use of proper colors helps with this regard. For instance, according to the website '99designs.com', blue is the dominant influential color in logo design in businesses related to healthcare (The Logo Colors of Healthcare, n.d).

Figure 78. An Example Logo Suitable for Branding Health Tourism Destinations
Retrieved September 14, 2017, from URL 10.

5.2.5 Steps 5-8: Shiraz Brand Image, Multiple Target Audience Groups, Overall Brand Image Communication, and Overall Brand Image Perception

As shown in the model (Figure 39), brand image along with its associations make up the main part of the process of city branding and because of the inter-relationship among its associations, it is better if they are implemented in connection with each other, hence the gray box in the figurative representation of the model. Therefore, in this section, also, they are examined in relation to each other. So, steps 5-8 of the process of branding Shiraz through health tourism is described as a whole below.

In continue from the previous section, I propose that through proper positioning, differentiation and brand articulation strategies, Shiraz city brand image is shaped in the mind of the target audience. So, the 'image of Shiraz city', which Kavaratzis (2004) believed to make the whole city brand, is comprised of the above mentioned elements. According to Agapito, Valle and Mendes (2013), the cognitive component of the image together with the affective component makes up the conative component.

City brand image then gets communicated via visual and sensory modes to meet the next element of the model; i.e. 'image communication'. City branding is a complex phenomenon encompassing multiple target audience groups as suggested by scholars (Hankinson, 2007; Kotler et. al., 1999; and Zenker, Knubben and Beckmann, 2010),

147

city brand image is communicated to each group individually; thus making up different sub-brand images getting communicated.

Besides, based on the 'different target audience groups', different sub-brands are built up. For instance, residents may perceive Shiraz as a good place to live, hence a different sub-brand from investors who may perceive Shiraz as a safe place to invest. As such these different sub-brands get communicated individually to make up the overall city brand image communication. According to Kavaratzis (2004), image communication occurs at three levels of primary, secondary and tertiary.

Therefore, the sub-brand image of Shiraz as a health tourism destination is communicated through cost-worthy, high-quality health service the health tourist gets along with the unique tourist attractions it has, which is communicated through primary communication of Kavaratzis (2004); the sub-brand of Shiraz as a place to live is communicated through good life facilities and infrastructure, which are put in primary communication group developed by Kavaratzis (2004), opportunities to work, study, etc.; the sub-brand of Shiraz as a good place for business and investment is communicated through the great number of opportunities for investing, establishing and maintaining businesses, which might be communicated through tertiary communication claimed by Kavaratzis (2004). Finally, all these are put together to make the brand image of Shiraz as a health tourism destination city which is communicated through mentioned means.

On the same vein, when the brand image is communicated individually, it is perceived individually by different target audience groups. Thus, sub-brand 'images perception' of Shiraz as a place to live, as a tourism destination, etc. together make the overall

brand image perception of the city as a health tourism destination. These perceptions occur at the three levels of observation, e.g. landscape, infrastructure, etc.; evaluation, e.g. positive or negative or mixed attitudes; and atmosphere, e.g. feelings of satisfaction and pleasure one gets from perceiving the city as a health tourism destination.

Putting the above-mentioned together, to investigate the brand image of the city of Shiraz as a health tourism destination in relation to different target audience groups and how it gets communicated, a survey was done through an image questionnaire developed by the author which is available in Appendix G. The questionnaire was built out of the item pool of factors that affect the image of Shiraz as a health tourism destination and after going through statistical tests of factor analysis was administered to 270 participants who belonged to any of the three target audience groups of city branding through health tourism; i.e. health tourists, residents and workers, and health tourism industry. Number of participants was not of significance because it was in the middle of the development of the tool, and not the final administration.

The 48-item questionnaire underwent exploratory factor analysis using SPSS. The Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy as well as Bartlett's Test of Sphericity were run to measure sampling adequacy. The KMO was equal to .71 (>than .5) and Bartlett's Test of Sphericity reached statistical significance at .000 (below $p < .05$). Therefore, both values are over the threshold and the data is suitable for factor analysis.

Exploratory Factor Analysis (EFA) revealed the presence of five components with eigenvalues exceeding 1.00, and including 43 items in total. Each of the factors has a

Cronbach alpha ranging from .87 to .93 which shows internal consistency of the measurement scale. The five emerged factors are named as: City Image, Residents and Culture, Costs, Tourism Services, and Healthcare Services.

Next, confirmatory factor analysis is run after administration of the revised version of the questionnaire to a group of 390 participants to confirm the nature of 'health tourism destination city brand' construct and its dimensionality. The number of participants was determined based on Krejcie and Morgan (1970) presented in Appendix B. As the result of confirmatory factor analysis, of the 43 items, there were four items which had low item loading (<.30). The remaining 39 items reached statistical significance (p< .001). The results of both exploratory and confirmatory factor analyses are reported in Table 18. It should be noted that only items retained after CFA are retained.

Also, Average Variance Extracted (AVE), which measures the level of variance captured by a construct versus the level due to measurement error, and is acceptable at the level of 0.5; and composite reliability (CR), which is a less biased estimate of reliability than Cronbach Alpha, and is acceptable at 0.7 and above, were reported.

Moreover, to assess the relationship between the underlying constructs, a Structural Equation Model (SEM) was conducted by LIRESL. The five factor model was assessed based on test of model fit. As Table 19 shows the results, the five-factor model shows good fit denoting the construct of health tourism city brand is comprised of the five investigated underlying factors.

Table 18. EFA and CFA results.

Factors/ Items		EFA (n=270)	CFA (n=390)
Factor1: City Image	α=.87	α=.88,AVE=.61 ,CR=.90	
Culture and history		.741	.796
Gardens		.701	.746
Traffic		.612	.717
City overall image		.742	.815
Buildings		.704	.785
City liveliness		.642	.780
Variety of access routes to the city		.732	.777
Architecture		.699	.782
Safety		.652	.612
Urban design		.714	.518
Parks		.601	.772
City landscapes		.589	.625
City overall image		.701	.719
Factor2: Residents and Culture	α=.89	α=.89, AVE=.65, CR=.94	
Doctors and nurses' ability to speak other languages		.731	.735
Doctors and nurses' friendly manner		.723	.776
Residents' ability to speak other languages		.811	.820
Variety of culture		.771	.976
Variety of religions		.681	.727
Factor3: Costs	α=.92	α=.86, AVE=.64 , CR=.98	
Costs of healthcare services		.780	.781
Costs of accommodation		.776	.776
Costs of transport		.721	.784
Costs of dining		.852	.860
Factor4: Tourism Services	α=.89	α=.81, AVE=.60 , CR=.98	
Culture and history		.841	.841
Accommodation		.701	.692
Activities to fill the free time		.700	.705
Tourist services		.704	.770
Information provision for tourists		.698	.766
Cultural events and ceremonies		.685	.685
Variety of tourist attractions		.811	.873
International airport		.850	.856
Factor5: Healthcare Services	α=.93	α=.91, AVE=.60 , CR=.97	
Information provision for health tourists		.813	.835
Follow-up possibilities		.738	.738
Famous doctors		.711	.743
Doctors' specialty		.552	.635
Famous hospitals		.711	.752
Healthcare standards		.802	.841
Quality of hospitals		.795	.855
Overall quality of care		.761	.761
Waiting list to get healthcare and medical services		.754	.803

Figure 79 shows the standardized regression coefficients for the five-factor which constitute the health tourism city brands index construct on the path diagram. From Figure 79 it is evident that city image has the most effect on the construct of health tourism destination city brand. Tourism services, costs, residents and culture, and healthcare services has the most effects on the construct after city image respectively.

Table 19. Model fit indexes.

	5-FACTOR	1-FACTOR	threshold
CMIN/DF	6.412	15.212	≥3.0
NFI	.921	.652	≥.90
IFI	.922	.741	≥.90
TLI	.933	.325	≥.90
CFI	.912	.651	≥90
RMSEA	.05	.11	≤.07
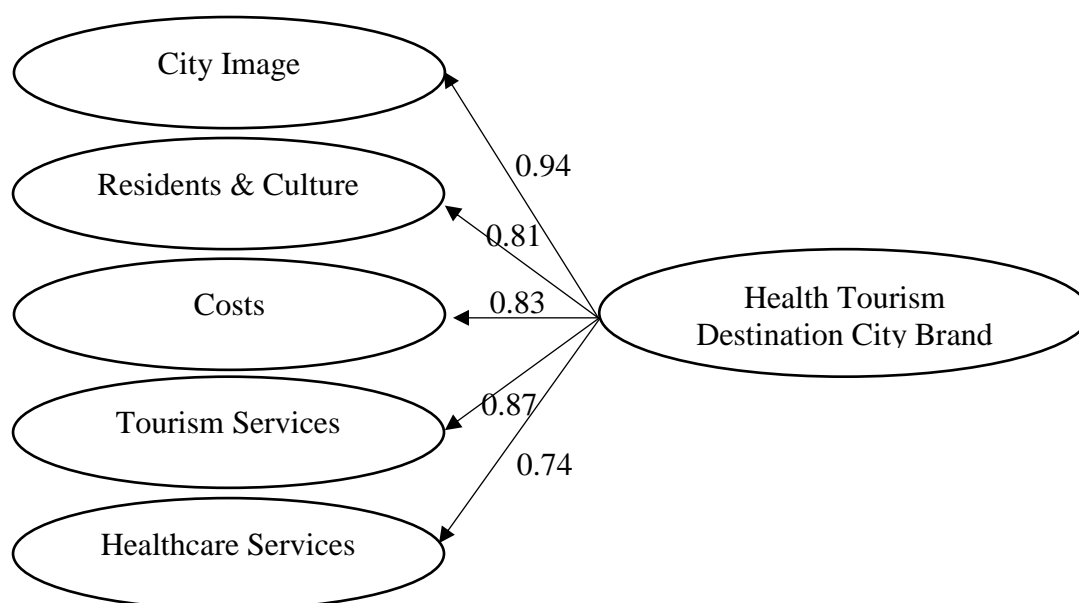
Figure 79. Structural Equation Model

Results showed that in the context of the city of Shiraz as a health tourism destination, participants within each group perceived the brand image of Shiraz differently in any of the five categories of city, residents and culture, costs, tourism services, and healthcare services. 'City Image' encompasses factors such as nature, weather, culture

and history, etc. It includes factors which are the merits of the city without regard to any specifications. 'Residents and culture' refer to factors such as residents' being warm and friendly, or their ability to speak foreign language. 'Costs' relate to the expenses the health tourist should undergo. They include costs of healthcare services, accommodation, transport, etc. 'Tourism services' refer to facets with which the health tourist as a passenger is involved in. They are, for instance, quality of accommodation, international airport, and variety of tourist attractions. Finally, 'Healthcare services' point to factors relating to healthcare such as doctors' specialty and quality of medical and healthcare services.

Findings from the survey study indicate that City Image was perceived highest among all other factors by the audience. Tourism Services, Costs, Residents and Culture, and Healthcare services were perceived next highest factors correspondingly. This implies that, considering the city of Shiraz as a health tourism destination, the features of the city seen in the light of healthcare are the strongest assets that can help brand the city. Also, reasonable or low costs compared to competitor health tourism destinations can be employed in positioning and/or differentiation strategies.

However, the fact that healthcare services were perceived as lowest pertaining the overall image of Shiraz as a health tourism destination is not a drawback. This means that the audience, all of whom have observed the city specifically as a health tourism destination, were attracted more to other features such as city assets, costs, etc. rather than solely to the healthcare services. This seems perfectly sound because after all, health tourism is a type of tourism which aims at improving health and wellness besides experiencing enjoyment and fun of travelling. From this point of view, the fact that the factors other than healthcare services were perceived higher is an advantage;

153

since the potential audience has several other reasons to choose Shiraz as a healthcare destination other than receiving healthcare services alone. He/she might choose the destination for instance because of the low costs of healthcare services, and at the same time enjoy other city attractions and features.

5.2.6 Step 9: Shiraz Brand Experience

The overall brand image perception results in the actual 'city brand experience'. It is through brand experience that the identity of the city is interpreted. Regarding the city of Shiraz as a health tourism destination, city brand experience includes the actual involvement of the audience in what the city offers as such a place, which enables the target audience to build up evaluations about it.

To assess brand experience of Shiraz as a health tourism destination, the brand experience scale developed by Brakus et. al (2009) was employed. It is reachable in Appendix G. It consists of 12 items and divides the brand experience into the four categories of sensory, affective, behavioral and intellectual experience. The scale, in the form of a questionnaire, was administered to 390 participants who also responded the image questionnaire in Shiraz. Data gathered through questionnaires was analyzed through one-sample t-test. Results of the statistical analysis is presented in Table 20. The reliability of the questionnaire was analyzed and showed to be 0.79.

Table 20. Brand Experience T-test Results.

Component	Mean	SD	T Statistics	Sig.
Sensory	3.77	1.18	8.74	0.000
Affective	3.66	1.10	7.25	0.000
Behavioral	2.95	1.19	0.47	0.659
Intellectual	2.80	1.08	0.32	0.121

Based on the results, from among the four components of brand experience, only sensory and affective experiences showed to have a significant difference (p<0.05). That is, only these two types of experience are meaningfully present in the minds of the participants about Shiraz as a health tourism.

To see which one of these two are perceived stronger than the other by the audience, Friedman nonparametric test was used. Results of Friedman test which are presented in Table 21 show that sensory experience is ranked higher than affective experience. this means that while experiencing Shiraz as a healthcare tourism, elements dealing with the five senses affect participants more than their sensations.

Table 21. Friedman Test Results.

Component	Mean Rank
Sensory	3.37
Affective	3.27

5.2.7 Step 10: Word of Mouth

Finally, such a brand experience leads to 'word of mouth' which is the final step in the model. To assess brand experience, 7-item scale of brand experience developed by Brown et. al (2005), which is available in Appendix H along with the analysis of the data, was administered to the same 390 participants who made up the target groups of branding Shiraz as a health tourism destination. The tool showed the Cronbach alpha reliability level of 0.76. Data was analyzed through one-sample t-test. Results of the analysis is presented in Table 22.

Table 22. WOM T-test Results.

Component	Mean	SD	T Statistics	Sig.
Recommending	3.63	1.22	7.05	0.000
Speaking Positively	3.46	1.19	5.14	0.000
Letting Others Know	3.40	1.04	4.21	0.000

Based on the results on Table 22, all components of the word of mouth questionnaire showed a statistically significant difference. Based on the means, one can claim that respondents answered positively to almost all items (mean>3). Because this questionnaire consisted of a five point Likert scale; and a mean larger than three shows that respondents have answered highly to the items. That is, they confirmed that they speak positively about the brand of Shiraz as a health tourism destination, want others to know they have experienced Shiraz for health tourism purposes, and also recommend it to others.

To see the ranking of these components, Friedman test was employed. Results are shown in Table 23. Based on the results, recommending Shiraz as a health tourism destination to others was ranked highest by the participants from among other aspects of word of mouth (X^2= 38.28, sig.= 0.000).

Table 23. Friedman Test Results.

Component	Mean Rank
Recommending	2.11
Speaking Positively	1.96
Letting Others Know	1.93

In sum, what was said above defined the process through which the city of Shiraz can be branded through health tourism. It starts from the assets the city has with regard to healthcare services, tourism, and the city as a place itself; goes through the processes of image communication and perception; and leads to brand experience and word of mouth. Thus, it is visible that the model of city branding through health tourism well suits for branding cities such as Shiraz, which are both goof tourism destinations and offer comparable health services.

The model can be applied to different cities qualitatively. But there is a demand for a tool through which brands of cities which are branded through health tourism can be measured and thus evaluated. This tool enables quantitative evaluation of city branding through health tourism, finding strengths and weaknesses of the cities with this regard and makes it possible to score, and thus compare the brand of different cities which are branded through this specific type of tourism. It is explained more in the next section.

5.3 Summary of the Chapter

This chapter aimed to employ the model of city branding through health tourism to the case city of Shiraz. To this end, first, through an empirical study, it was maintained that health tourism positively affects city branding in Shiraz. Next, the theoretical model of city branding through health tourism which was developed in Chapter 4 was applied to the city of Shiraz. Application of the model was done through a 10-step process. Each step corresponded to a component of the city branding model proposed previously.

Different types of investigations were run to examine relevant issues based on the objectives in different sections of this chapter. Also, different modes of data collection and data analysis were employed. All of these are summarized in Table 24 for ease of access along with the relevant details of each. Chapter Six, which is the closing section of this dissertation, provides a summary of the whole study along with highlights on main findings.

Table 24. Description of Investigations Done in This Chapter

Purpose	Related Section in This Manuscript	Data Collection Tool/ Method	Data Collection Tool Source	Data Collection Procedure	Number of Participants	Nature of Participants	Number of Participants in Details	Statistical Analysis Used	Sample Adequacy	Reliability of Data Collection Tool	Related Appendix in This Manuscript
Investigate the link between city branding and health tourism	5.1	Health Tourism Questionnaire and City Branding Questionnaire	Developed by the author; procedure adopted from Fetscherin and Stephano (2016)	Fill in the questionnaire	210	Scholars, managerial staff and individuals involved in the fields of healthcare, tourism and city branding	• Item generation: 50 participants • EFA: 150 participants (based on availability) • CFA: 210 participants	• Exploratory Factor Analysis • Confirmatory Factor Analysis • Structural Equation Modelling	Based on Krejcie and Morgan (1970) • Population size: approximately 400 • Adequate sample size: 109	• TQ Conbach's Alpha: .75 • CBQ Conbach's Alpha: .80	Appendix C and Appendix D
Application of the model to Shiraz- Step 1:	5.2.1	Interview	Author	Describe Shiraz as a health tourism destination for 1-3 minutes	50	Experts in CB and HT			Saturation base on Bunce, and Johnson (2006)		Appendix E
Application of the model to Shiraz- Step 2	5.2.2	Interview based on brand identity prism template	Kapferer (2000)	Fill in the Brand Identity Prism template							Appendix F
Application of the model to Shiraz- Step 5-8	5.2.5	Brand Image Questionnaire	Developed by the author	Fill in the questionnaire Fill in the questionnaire Fill in the questionnaire	390	Health tourists, residents and workers, and health tourism industry	EFA: 270 participants (based on availability) CFA: 390 participants	• Exploratory Factor Analysis • Confirmatory Factor Analysis • Structural Equation Modelling	Based on Krejcie and Morgan (1970) • Population size: approximately 2.000.000-2.500.000 • Adequate sample size: 384	CR: 0.7	Appendix G
Application of the model to Shiraz- Step 9	5.2.6	Brand Experience Questionnaire	Brakus et. al (2009)					• t-test • Friedman Test		Cronbach's Alpha: 0.79	Appendix H
Application of the model to Shiraz- Step 10	5.2.7	Word of Mouth Questionnaire	Brown et. al (2005)							Cronbach's Alpha: 0.76	Appendix I

Chapter 6

CONCLUSION

This study aimed at developing a model of city branding through health tourism. To this end, it first provided an in-depth review of the relevant constructs; i.e. city branding and health tourism. Then based on the examination of the thorough literature, the study provided a conceptual model of city branding though health tourism. The model was then qualitatively and quantitatively applied to the case city of Shiraz under investigation in this work. Before the application of the model, the rationale of the concept of city branding through health tourism in Shiraz was examined to be able to move further and apply the model to the city.

City branding is a branch of the wider concept of place branding; that is, to employ marketing and branding techniques to places in order to distinguish them from places with similar specifications and assets. City branding specifically consider the notion of city as a place and concentrates on making a city more distinguishable from other cities through highlighting its capacities.

Healthcare tourism, as a niche tourism is a recent trend in tourism which encompasses the traveling of people to other countries in search of healthcare and wellness services. Health tourism is an umbrella concept encompassing the notions of healthcare tourism and wellness tourism.

After review of the relevant literature, a conceptual model of city branding through health tourism was presented. The model showed the process through which a city which is also a health tourism destination can be branded. The process starts with City Values, which together make up the identity of the city. Through proper positioning and differentiation strategies and suitable articulation of the brand, the image of the city is being built which is communicated through a variety of means to the multiple target audiences of city branding through health tourism. The image is perceived by the audience, making a sense of brand experience which leads to word of mouth that is at the same time a goal and a means of city branding.

This model was then applied qualitatively to the case city of Shiraz. Shiraz is one of the largest cities of Iran which has long been a tourist destination and a health tourism destination as well. It was explained how the model fits to the city of Shiraz through its qualifications and capacities. Next, a measurement model to assess the brand of cities which want to be branded through health tourism was developed empirically. The model was called Health Tourism Destination City Brands Index and was specifically developed for the city of Shiraz. However, it can be employed to measure the brand of other cities as well. Table 25 includes a detailed summary of what has gone through during this study.

Table 25. Study Summary

Chapter	Description of Tasks

Chapter 1: Introduction	• Identifying the Gap in the Literature
	  o A Systematic Model of City Branding Through Health Tourism
	• Research Questions
	  o How could health tourism be used for branding the cities?
	  o How can the model of city branding through health tourism be applied to the city of Shiraz?
	• Objectives
	  o Introducing, comparing and contrasting a number of city branding models
	  o Developing a model of place branding which can specifically be used for cities
	  o Developing a model of city branding through health tourism
	  o Assessing branding of the city of Shiraz through the new proposed model
	• Methodology
	  o Theoretical Study
	    ▪ Literature Review
	    ▪ Conceptual Model
	  o Mixed-Methods Study (Quantitative and Qualitative)
	    ▪ Investigating the link between health tourism and city branding in Shiraz
	    ▪ Application of the theoretical model to Shiraz

Chapter 2: City Branding	• Introducing the Concept of City Branding • Research History on City Branding • Significant Issues of City Branding • Models of City Branding
Chapter 3: Health Tourism	• Introducing the Concept of Health Tourism • Health Tourism Destination Image • Identification of Factors Contributing to the Success of Health Tourism Destinations
Chapter 4: A Model of City Branding through Health Tourism	• Amalgamation of Present City Branding Models and the Whole Literature on City Branding **A Model of City Branding** • Integration of Health Tourism into the Proposed City Branding Model **A Model of City Branding Through Health Tourism** 10 Components • City Values • Brand Identity • Brand Positioning/ Differentiation • Brand Articulation • Brand Image • Multiple Target Audience Groups • Brand Image Communication • Brand Image Perception • Brand Experience • Word of Mouth

Chapter	Description of Tasks	

Chapter5: The Case of Shiraz City	The Link Between City Branding and Health Tourism in Shiraz
	
	• Empirical Study/ Data Analysis through SEM
	  o Item generation: 50 Participants to generate pool of items
	  o Exploratory Factor Analysis to discover factors underlying City Branding and Health Tourism: 150 Participants
	  o Confirmatory Factor Analysis: Confirm the existence of the discovered factors and discover the link between City Branding and Health Tourism: 210 participants
	• Result: Health Tourism Affects City Branding Positively in Shiraz
		Application of the Model of City Branding Through Health Tourism to Shiraz
		
		• Step 1: Attributes of Shiraz as a Health Tourism Destination
		  o Interview with 50 Experts
		• Step 2: Shiraz Brand Identity
		  o Interview with 50 Experts
		• Step 3: Shiraz Brand Positioning/ Differentiation
		• Step 4: Shiraz Brand Articulation
		• Steps 5-8: Shiraz Brand Image/ Image Communication and Perception with Multiple Target Audience Groups
		  o Image Questionnaire Study with 270 Participants
		• Step 9: Shiraz Brand Experience
		  o Image Questionnaire Study with 270 Participants
		• Step 10: Word of Mouth
		  o WOM Questionnaire Study with 270 Participants

Chapter 6: Conclusion	• Findings
	  o Conceptual Findings Based on the Literature
	  o Findings Based on the City Branding Model Proposed
	• Research Questions Revisited
	• Recommendations for Further Research	

6.1 Summary of Findings

The main finding of this study is the proposition of a model of city branding through health tourism. However, based on the observation made in this study, there has been other findings as well which are summarized below. They can be grouped into conceptual findings based on the literature, and findings based on the city branding model proposed.

6.1.1 Conceptual Findings Based on the Literature

Based on the relevant literature studied in this work, there are a number of conceptual findings which are presented in brief in this section.

- A model of city branding should encompass some essential elements. Based on an amalgamation of findings in the literature they include City Values, brand identity, brand positioning and differentiation, brand articulation, brand image, different target audience groups, image communication, image perception, brand experience, and word of mouth.

- Image formation, communication, and perception are the most important items, since a number of scholars interpreted the collection of these facets as pertaining to the overall act of branding itself.

- Health tourism can be a mediating factor which enables the branding of cities which are health tourism destinations. This can be checked through empirical means.

- When branding a city through health tourism, since the City Values are those related to, and involved in, health tourism, the other steps in the branding process such as brand identity, brand image, etc. gets affected by this type of tourism.

6.1.2 Findings Based on the City Branding Model Proposed

Findings achieved after the proposition of the city branding model through health tourism and its application to the city of Shiraz are listed below.

- The concept of 'city branding through health tourism' can be well applied to the city of Shiraz. This has been tested through the empirical study which concluded that health tourism in Shiraz positively affects city branding. Thus it can be implied that city branding in Shiraz can be successfully mediated by health tourism.

- 'City branding' construct is composed of the three underlying factors. They are 'place and facilities' which relate to the city as a physical entity, the infrastructure, amenities and facilities provided for citizens, workers, etc.; 'opportunities' which refer to the possibilities and capacities the city offer for education, work, and investment; and 'residents and culture' which relates to people and their attitudes and cultural issues such as language, etc.

- 'Health tourism' construct is built up of four underlying constructs of 'healthcare facilities and services' including, for instance, quality and modernity of the facilities; 'doctors and staff', relating to the fame, expertise and attitude of doctors and staff; 'tourism factors' such as variety and great number of tourist attractions, good accommodation, etc.; and 'costs' which refer to the costs of tourism and travelling, costs of attaining healthcare services, etc.

- 'City Values' of Shiraz as a health tourism destination include health and wellness attributes, tourism attributes, and place attributes.

- 'City brand identity' of the city of Shiraz as a health tourism destination is well formed accordingly and fits to the Brand Identity Prism provided by Kapferer (2000) and meets all of the six facets.

- 'City brand positioning/ differentiation' of Shiraz as a health tourism destination can be done through focusing lots of its unique features such as offering competitive prices or the closure of healthcare zone to cultural and historical tourist attractions.

- 'City brand articulation' will be achieved through proper and scientific design of the logo, ads, etc. and through proper usage of colors, words, and so on.

- 'City brand image' which is formed, communicated and perceived by the audience makes up the most important part of the city branding process. regarding Shiraz as a health tourism destination, city image is perceived in five categories presented in the order of importance by the audience. They include: 'City Features': such as natural assets, weather, greenspace, accessibility, etc.; 'Residents and culture': cultural issues and those issues related to the residents, varying from variety of culture among residents, to different languages spoken by people, etc.; 'Costs': all expenses the health tourists, residents, etc. have to bear to get the required services, including costs of transportation, costs of healthcare services, costs of accommodation, etc.; 'Tourism services': factors which are related to travel and tourism such as variety of tourist attractions, international airport, quality of accommodation, etc.; and 'Healthcare services': all services which somehow relate to health and wellbeing, which is the main goal of health tourists to travel to their decided destination, including quality of healthcare services, doctors' specialty, etc.

- The brand image of Shiraz as a health tourism destination is perceived higher

in factors like city features and costs than healthcare services. This implies that Shiraz has the potential to attract health tourist who might choose the city because of competitive prices and because at the same time as they get quality healthcare services, they experience a nice place which offers good tourism services as well.

- Different target audience groups are identified for branding Shiraz as a health tourism destination. They are health tourists, residents and workers, and health tourism industry. Because of different cognitive abilities and different knowledge levels, different groups of audience develop different perceptions of the brand; therefore, the brand should also be communicated in a way to serve all of them. As such, the brand should be communicated in the form of a collection of sub-brands which suit each audience group, and is consequently perceived in sub-brands, the sum of which makes the overall brand perception. For instance, the brand should be communicated in a way that both a health tourist who might not speak the local language and a professional staff involved in health tourism industry perceive the brand in their own terms.

- 'City brand experience' of Shiraz as a health tourism destination was assessed by the model proposed by Brakus et al. (2005). The audience had experienced the city mostly through sensory and affective domains.

- 'Word of mouth', which is the final step in the city branding process is also achieved as desired as assessed by the model proposed by Brown et al. (2005). Those who have experienced the brand showed to be willing to speak positively about the place and recommend it to others.

6.2 Research Questions Revisited

Based on findings of the study, research questions which guided this work will be revisited and replied to in this section. There was one main research question and three sub-research questions in this study. The main research question was:

- How could health tourism be used for branding the cities?

Sub-research questions were:

- How are health tourism and city branding related?
- How can the model of city branding through health tourism be applied to the city of Shiraz?

6.2.1 How Could Health Tourism Be Used for Branding the Cities?

To answer this question a model was proposed which provides a framework for branding cities through health tourism. The model can be applied to cities which possess health tourism assets. Based on a detailed review of the relevant literature in the fields of place/city branding and health tourism, a model was proposed incorporating components which have been identified as necessary to be incorporated in city branding along with the processes, or links between those components, which have again been found in the literature. First, a model of city branding in general was proposed. This general city branding model can be used for branding all cities. Next, the concept of health tourism was integrated into that model to make up a city branding model which can only be used to brand cities which are also health tourism destinations.

The was model consisted of 10 components each of which make up a step in the process of city branding through health tourism. Each step is built on the previous steps which implies that city branding should be considered as a process that should be well-organized rather than solely observation of some specific elements. The 10 components of the city branding model through health tourism include: 1. City Values, 2. City brand identity, 3. City brand positioning/differentiation, 4. City brand articulation, 5. City brand image, 6. Target audience groups, 7. City brand image communication, 8. City brand image perception, 9. City brand experience, and 10. Word of mouth. The process of city branding via these elements is presented in Chapter 4 of this thesis manuscript.

6.2.2 How Are Health Tourism and City Branding Related?

This question cannot be answered solely on theoretical grounds. Therefore, empirical evidence helps make sure about the nature of the relationship that exist (if any) between health tourism and city branding. Since empirical data are context-based, in this study, only the link between health tourism and city branding in the context of the city of Shiraz was examined. Based on findings, in Shiraz, health tourism positively affects city branding. That is, health tourism can be used as a tool for city branding or at least mediate city branding in Shiraz because it affects it positively.

6.2.3 How Can the Model of City Branding Through Health Tourism Be Applied to the City of Shiraz?

The model of city branding through health tourism could be well applied to Shiraz based on the rationale found in the previous section; i.e. the existence of the link between health tourism and city branding. The model was applied and assessed theoretically and empirically to the city of Shiraz. The detailed process is presented in Chapter 5. Also, the results are summarized in the 'Summary of Findings' section

above.

6.3 Recommendations for Further Research

Further research can be done on assessing the model provided in this research in different settings. The model of city branding presented in this study can be employed to cities with a variety of assets. Also, the model of city branding through health tourism can be applied in other cities which are also health tourism destinations. Moreover, the Health Tourism City Brands Index can be used to measure the brand of cities which enjoy health tourism to assess their strengths and weaknesses. Also, this helps in validating such tool of city brand measurement.

6.4 Summary of the Chapter

This final chapter provided a brief summary of what was included in this manuscript. It began with a short overview of the previous five chapters and continued to present and summarize the findings of this study. As the results of this study included both theoretical and empirical findings, the summary of findings in this chapter was also comprised of two parts corresponding to the theoretical and empirical findings. After the results were presented, suggestions for further research were presented in the final section of his chapter.

REFERENCES

Aaker, D. A. (1996). Building Strong, London: Simon & Schuster.

Agapito, D., Valle, P. O., & Mendes, J. D. (2013). The Cognitive-Affective-Conative Model of Destination Image: A Confirmatory Analysis. *Journal of Travel & Tourism Marketing,30*(5), 471-481. doi:10.1080/10548408.2013.803393

Aitken, R. and Campelo, A. (2011), "The four Rs of place branding", Journal of Marketing Management, Vol. 27 Nos 9/10, pp. 913-33.

Ajzen, I. (2001) Nature and Operation of Attitudes. *Annual Review of Psychology,* 52, 27-58.

Anholt, S. (1998). Nation brands of the twenty-first century. The Journal of Brand Management, 5(6), 395–406.

Anholt, S. (2002). Forword. Journal of Brand Management, 9(4/5), 229-239.

Anholt, S. (2004). Branding Places and Nations. In Clifton, R., Simmons, J. & Ahmad S. (eds), Brands and Branding, Princeton, NJ: Bloomberg Press, London, 213-226.

Anholt, S. (2006). The Anholt-GMI City Brands Index: How The World Sees the World's Cities. *Place Branding*, *2*(1), pp. 18-31.

Anholt, S. (2010) Definitions of place branding – Working towards a resolution. Journal of Place Branding and Public Diplomacy 6 (1): 1–10.

Ashworth, G. J., & Goodall, B. (1990). Marketing tourism places. London: Routledge.

Baker, B. (2007), *Destination Branding for Small Cities: The Essentials for Successful Place Branding*, Creative Leap Books, Portland, Oregon, United States.

Baker, D. (2010). Globalising Healthcare: A Prescription with Benefits. Organisation for Economic Cooperation And Development. The Oecd Observer. Paris: Oct 2010., Iss. 281; 14-16.

Balakrishnan, M. S. (2009) "Strategic branding of destinations: a framework", European Journal of Marketing, Vol. 43 Issue: 5/6, pp.611-629, https://doi.org/10.1108/03090560910946954

Balakrishnan, M. S., & Kerr, G. (2013). The 4D Model of Place Brand Management . In S. Sonnenburg & L. Baker (Eds.), *Branded Spaces- Experience Enactments and Entanglements* (pp. 31-40). Springer Fachmedien Wiesbaden . doi:10.1007/978-3-658-01561-9.

Balakrishnan, M.S. (2007), "Strategic branding of destinations: Dubai", paper presented at the5th International Business Research Conference, Dubai, April 26-27.

Balmer, J. M. (2001). Corporate identity, corporate branding and corporate marketing-Seeing through the fog. European journal of marketing, 35(3/4), 248-291.

Baloglu, S. & Brinberg, D. (1997) Affective Image of Tourism Destinations. *Journal of Travel Research*, 11-15.

Baloglu, S. & Mccleary, K. W. (1999) A Model of Destinaiton Image Formation. *Annals of Tourism Research,* 26, 868-897.

Beerli, A. & Martin, J. D. (2004) Factors Influencing Destination Image. *Annals of Tourism Research,* 31, 657-681.

Berg, L.V. & Braun, E. (1999). Urban competitiveness, Marketing and the need for organizing capacity, *Urban Studies, 36(5-6):* 987-999

Boush, D. M. & Jones, S. M. (2006) A Strategy-Based Framework for Extending Brand Image Research. In R., K. L. & Kim, C. H. (Eds.) *Creating Images and Psychology of Marketing Communication.* New Jersey, Lawrence Erlbaum Associations. Inc.

Brakus, J.J., Schmitt, B.H. & Zarantonello, L. (2009) Brand experience: what is it? How is it measured? Does it affect loyalty? *Journal of Marketing, 73*(3), pp. 52-68.

Brand. American Marketing Association Dictionary. (n.d.). Retrieved January 08, 2017, from American Marketing Association website: https://www.ama.org/resources/Pages/Dictionary.aspx?dLetter=B

Brand. BusinessDictionary.com. Retrieved January 05, 2017, from BusinessDictionary.com website: http://www.businessdictionary.com/definition/brand.html

Brand. Online Etymology Dictionary. (n.d.). Retrieved 05 January, 2017, from etymonline.com Website:

http://www.etymonline.com/index.php?term=brand&allowed_in_frame=0

Branding. BusinessDictionary.com. Retrieved January 05, 2017, from BusinessDictionary.com website: http://www.businessdictionary.com/definition/branding.html

Britton, R. A. (1979) The Image Of The Third World In Tourism Marketing. *Annals Of Tourism Research,* July/Sept 1979, 318-329.

Brown, T.J., Barry, T.E., Dacin, P.A. & Gunst, R.F. (2005) Spreading the word: investigating the antecedents of consumers' positive word-of-mouth intentions and behaviors in a retailing context. *Journal of the Academy of Marketing Science, 33* (2), 123-138.

Buhalis, D. (2000). Marketing the competitive destination of the future. Tourism Management, 21(1), 97-116. doi:10.1016/s0261-5177(99)00095-3

Busha, C. A. & Harter, S. P. (1980). Research methods in librarianship: Techniques and interpretations. New York: Academic Press.

Cai, L. A. (2002) Cooperative branding for rural destinations. *Annals of Tourism Research 29 (3):* 720 – 742.

Carrera, P. M. & Bridges, J. Fp. (2006). Globalization and Healthcare: Understanding Health and Healthcare tourism. Expert Review of Pharmacoeconomics & Outcomes Research, 6(4), 447 – 454.

Connell, J. (2006) Healthcare tourism: Sea, Sun, Sand and ... Surgery. *Tourism*

Management, 27, 1093-1100.

Corbellini, E., & Saviolo, S. (2015). Managing fashion and luxury companies. Milano: RizzoliEtas.

De Chernatony, L. & Dall' Olmo Reiley, F. (1999) Experts' View About Defining Service Brands and The Principles Of Service Branding. *Journal Of Business Research,* 46, 181-192.

Differentiation. BusinessDictionary.com. Retrieved June 05, 2017, from BusinessDictionary.com website: http://www.businessdictionary.com/definition/differentiation.html

Divandari, A., Ekhlassi, A., & Rahmani, K. (2013). Devising a branding model for multipurpose mega-projects in entertainment, residential, tourism, and sport in Iran. *Journal of Vacation Marketing, 5*(1), 73-91.

Dunn, H. L. (1973). High-level wellness. Arlington, VA: Beatty.

Echtner, C. M. & Ritchie, B. J. R. (1993) The Meaning and Measurement of Destination Image. *The Journal of Tourism Studies,* 14, 37-48.

Fakeye, P. C. & Crompton, J. L. (1991) Image Differences Between Prospective, First-Time, And Repeat Visitors to The Lower Rio Grande Valley. *Journal of Travel Research,* 30, 3-23.

Fetscherin M & Stephano R (2016). The Healthcare Tourism Index: Scale Development and Validation. *Tourism Management,* 52, 539-556.

Florek, M., & Janiszewska, K. (n.d.). DEFINING Place Brand Identity: Methods and Determinants of Application. *Actual Problems of Economics,12*(150), 543-553.

Freire, J.R. (2009) 'Local people' a critical dimension for place brands. Journal of Brand Management 16(7): 420–438.

Gaggiotti, H., Cheng, P., & Yunak, O. (2008). City brand management (CBM): The case of Kazakhstan. Place Branding and Public Diplomacy, 4(2), 115–123.

Gallarza, M. G., Saura, I. G. & Garcia, H. C. (2002) Destination Image: Towards A Conceptual Framework. *Annals of Tourism Research,* 29, 56-78.

Gartner, C.W. (1996). Tourism Development: Principles, Processes and Policies, NY: John Wiley.

Goodarzi, M., Taghvaei, M., & Zangiabadi, A. (2014). Factor Analysis of Effective Factors on the Improvement of Healthcare tourism in Shiraz Megalopolis. *Environmental Management and Sustainable Development, 3*(1), 138-151.

Govers R., & Go F. (2009). *Place Branding: Glocal, Virtual and Physical Identities, Constructed, Imagined and Experienced*. Palgrave Macmillan, Hampshire

Govers, R. (2016). Difference Between Place Branding and Marketing. Retrieved January 11, 2017, from http://placebrandobserver.com/difference-place-branding-place-marketing/

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An

experiment with data saturation and variability. Field Methods, 18(1), 24. doi: 10.1177/1525822X05279903

Gyeonggi Research Institute. (2007). A study on the methodology of developing city brand Identity: Cases of Cities in Gyeonggi Province.

Hankinson, G. (2004a). Relational network brands: *Towards a conceptual model of place brands, Journal of Vacation Marketing, 10, (2):* 109-121.

Hankinson, G. (2004b). The brand images of tourism destinations: A study of the saliency of organic images. Journal of Product and Brand Management 13(1): 6–14.

Hankinson, G. (2005). Destination brand images: a business tourism perspective, *Journal of Services Marketing, 19 (1):* 24-32, https://doi.org/10.1108/08876040510579361

Hankinson, G. (2007). The Management of Destination Brands: Five Guiding Principles Based On Recent Developments in Corporate Branding Theory. *Journal of Brand Management, 14*(3), 240-254.

Hankinson, P. (2001). Brand orientation in the charity sector: A framework for discussion and research. International Journal of Nonprofit and Voluntary Sector Marketing, 6(3), 231-242.

Hanna, S. and Rowley, J. (2011). Towards a strategic place brand-management model. Journal of Marketing Management 27(5–6): 458–476.

Hanna, S., & Rowley, J. (2008). An Analysis of Terminology Uses in Place Branding. *Place Branding and Public Diplomacy, 4*, 61-75.

Hawkin, D. I., Best, R. J. & Coney, K. A. (2001). *Consumer Behavior: Building Marketing Strategy,* Singapore, Mcgraw Hill.

Heung, V., Kucukusta, D., & Song, H. (2010). A Conceptual Model of Healthcare tourism: Implications for Future Research. *Journal of Travel & Tourism Marketing, 27*, 236-251.

Hunt, J. D. (1975). Image as A Factor in Tourism Development. *Journal of Travel Research, 13*(3), 1 - 7.

Ibrahim, E. & Gill, J. (2005) A Positioning Strategy for A Tourist Destination, Based On Analysis of Customers' Perception And Satisfaction. *Marketing Intelligence and Planning, 23*, 172-188.

Indian Health Plus. (2017, June 29). Retrieved July 30, 2017, from http://www.indiahealthplus.com/

Jotikasthira, N. (2010). Salient Factors Influencing Healthcare Tourism Destination Choice. DBA thesis. Southern Cross University, Lismore, NSW.

Kalandides, A. (2011) The problem with spatial identity: Revisiting the 'sense of place'. *Journal of Place Management and Development 4(1):* 28–39.

Kapferer, J. (1992). *Strategic Brand Management: New approaches to creating and evaluating brand equity*. Paris: Kogan Page.

Kapferer, J. (2000). *Strategic brand management: new approaches to creating & evaluating brand equity*. Place of publication not identified: Diane Pub. Co.

Kavaratzis, M. (2004). From city marketing to city branding: Toward a theoretical framework for developing city brands. *Place Branding, 1(1):* 58–73.

Kavaratzis, M. (2005) Place branding: A review of trends and conceptual models. The Marketing Review 5(4): 329–342.

Kavaratzis, M. (2007). City marketing: The past, the present and some unresolved issues. *Geography Compass, 1(3)*: 695–712.

Kavaratzis, M. (2008). From city marketing to city branding: an interdisciplinary analysis with reference to Amsterdam, Budapest and Athens (Doctoral Thesis). Proefschrift Rijksuniversiteit Groningen.

Kavaratzis, M. (2009). Cities and Their Brands: Lessons from Corporate Branding. *Place Branding and Public Diplomacy,* 5, 26 – 37.

Kavaratzis, M. and Ashworth, G. J. (2007), Partners in Coffeeshops, Canals and Commerce: Marketing the City of Amsterdam, *Cities, 24 (1):* 16–25.

Kavaratzis, M. and Ashworth, G.J. (2006) City branding: An effective assertion of identity or a transitory marketing trick? *Tijdschrift voor Economische en Sociale Geografie 96(5)*: 506–514.

Kavaratzis, M. and Hatch, M.J. (2013). The dynamics of place brands: An identity-based approach to place branding theory. *Marketing Theory 13(1):* 69–86.

Keller K. L., Lehmann D. R. (2006). Brands and Branding: Research Findings and Future Priorities. *Marketing Science (25)6:* 740-759

Keller, K. L. (2008). Strategic brand management, 3rd edition, New Jersey: Person Prentice Hall.

Kotler, P. (1997). Marketing management: analysis, planning, implementation, and control. Upper Saddle River, NJ: Prentice-Hall.

Kotler, P., & Gertner, D. (2002). Country as brand, product, and beyond: A place marketing and brand management perspective. *The Journal of Brand Management, 9*: 249-261.

Kotler, P., Asplund, C., Rein, I. and Haider, D. (1999). Marketing Places Europe: How to Attract Investments, Industries, Residents and Visitors to Cities, Communities, Regions and Nations in Europe. London, UK: Prentice-Hall.

Kotler, P., Haider, D.H. and Rein, I. (1993). Marketing Places: Attracting Investment, Industry and Tourism to Cities, States, and Nations. NewYork, NY: The Free Press.

Krejcie, R.V., & Morgan, D.W. (1970). Determining Sample Size for Research Activities. Educational and Psychological Measurement, 30, 607-610.

Laaksonen, P., Laaksonen, M., Borisov, P. and Halkoaho, J. (2006) Measuring image of a city: A qualitative approach with case example. *Place Branding 2(3):* 210–219.

Lagiewski, R., Myers, W. (2008). Healthcare tourism: Perspectives and Applications for Destination Development. *Accessed from http://scholarworks.rit.edu/other/683*.

Lucarelli, A. & Berg, P.O. (2011) City branding: A state-of-the-art review of the research domain. *Journal of Place Management and Development 4(1):* 9–27.

Mackay, K. J. & Fesenmaier, D. R. (1997) Pictorial Element of Destination In Image Formation. *Annals of Tourism Research,* 24, 537-565.

Map of Iran And Neighboring Countries. (n.d.). Retrieved September 14, 2017, from http://www.1830ndaytona.info/map-of-iran-and-neighboring-countries/map-of-iran-and-neighboring-countries-2-obryadii00-tajikistan-surrounding/

Marsek, P. and Sharpe, F. (2009). *The Complete Idiot's Guide to Healthcare tourism*. Alpha Publishing. New York.

Mayes, R. (2008). A place in the sun: the politics of place, identity and branding, *Place Branding and Public Diplomacy, 4(2):* 124-32.

Moilanen, T. & Rainisto, S.K. (2009). How to Brand Nations, Cities and Destinations: A Planning Book for Place Branding, Palgrave-Macmillan, Basingstoke.

Morgan NJ, Pritchard A and Piggott R (2003). Destination branding and the role of the stakeholders. The case of New Zealand, *Journal of Vacation Marketing, 9 (3):* 285-299

Morgan, N, Pritchard, A & Pride, R (2002). "Introduction", in Morgan N., Pritchard

A. and Pride R. (eds.), *Destination Branding: Creating the Unique Destination Proposition*, Butterworth- Heinemann: Oxford.

Niche. (n.d.). Retrieved January 16, 2017, from https://www.merriam-webster.com/dictionary/niche

Novelli, M. (2005). *Niche tourism: contemporary issues, trends and cases*. Oxford: Elsevier.

Oguztimur, S. & Akturan, U. (2015). Synthesis of city branding literature (1988–2014) as a research domain. *International Journal of Tourism Research*. advance online publication 14 July, doi:10.1002/jtr.2054.

Ooi, CS & Strandgaard Pedersen, J (2010). City branding and film festivals: Re-evaluating stakeholder's relations. *Place Branding and Public Diplomacy,* 6: 316 – 332.

Patsner, B. (2008) Healthcare tourism: A Serious Business Undergoing Serious Change. Retrieved from Https://Www.Law.Uh.Edu/Healthlaw/Perspectives/2008/%28bp%29%20med%20tOurism.Pdf

Pham, T.H. (2015). A Study of the Determinants Influencing Customer Satisfaction in Healthcare Tourism Industry in Singapore. *DBA Thesis*. Southern Cross University, Lismore, NSW.

Philips, W. & Jang, S. S. (2007). Destination Image And Visit Intention: Examining The Moderating Role Of Motivation. *Tourism Analysis,* 12, 319-326.

Pike, S. (2005). Tourism destination branding complexity. Journal of Product and Brand Management 14(4): 258–259.

Pike, S. D. (2008). Destination branding: analysing brand equity for Queensland's Coral Coast.

Positioning. BusinessDictionary.com. Retrieved June 05, 2017, from BusinessDictionary.com website: http://www.businessdictionary.com/definition/positioning.html

Reynold, W. H. (1965). The Role of Consumer In Image Building. *California Management Review,* 1965, 69- 76.

Ritchie, J. R. Brent, & Robin J. B. Ritchie (1998). "The Branding of Tourism Destinations: Past Achievements and Future Challenges". Proceedings of the 1998 Annual Congress of the International Association of Scientific Experts in Tourism, Destination Marketing: Scopes and Limitations, edited by Peter Keller. Marrakech, Morocco: International Association of Scientific Experts in Tourism, 89–116.

Rittichainuwat, B. N., Qu, H. & Brown, T. J. (2001) Thailand's International Travel Image: Mostly Favourable. *Cornell Hotel and Restaurant Administration Quarterly,* 42, 82-95.

Rudneva, E. (2012). City Branding as an Instrument of Urban Strategic Development in Russia and Finland (cases: Vyborg, Russia and Lappeenranta, Finland).

Working Papers, WP 2012-04, Centre for German and European Studies (online: www.zdes.spbu.ru/assets/files/wp/2012/WP_2012_4__Rudneva.pdf).

Runckel, C. (2007). Why Should You Be A Health tourist? Retreived 2007 From Http://Www.Business-In-Asia.Com/Asia/Medical_Tourism.Html

Russel, J. A., & Pratt G. A. (1980). Description of the affective quality attributes to environments. *Journal of Personality and Social Psychology, 38*, 311-322.

Ryan, C. (2002) 'The politics of branding cities and regions. The case of New Zealand', in Morgan, N. J., Pritchard, A. and Pride, R. (eds) 'Destination Branding. Creating the Unique Destination Proposition', Butterworths, Oxford, 65-86.

Sarvestani, M., Ibrahim, A., & Kanaroglou, P. (2011). Three decades of urban growth in the city of Shiraz, Iran: A remote sensing and geographic information systems application. *Cities*, 28, 320-329.

Sharpley, R., & Telfer, D. J. (2015). Tourism and development: concepts and issues. Bristol: Channel View Pulications.

Smith, P., & Forgione, D. (2007). Global Outsourcing of Healthcare: A Healthcare Tourism Decision Model. *Journal of Information Technology Case and Application Research, 9*(3), 19-30.

Sonnenburg, S., & Baker, L. (2013). The 4D Model of Place Brand Management. In *Branded Spaces* (pp. 31-40). S.l.: Springer.

Stevens JP (1992) Applied multivariate statistics for the social sciences (2nd edition). Hillsdale, NJ: Erlbaum.

Sultana, S., Haque, A., Momen, A., & Yasmin, F. (2014). Factors Affecting the Attractiveness of Healthcare Tourism Destination: An Empirical Study On India-Review Article. *Iranian Journal of Public Health,* 43(7), 867-876.

Tabnak. (n.d.). نگاه شما: تغییرات چهار فصل. Retrieved September 14, 2017, from http://www.tabnak.ir/fa/news/370178/%D9%86%DA%AF%D8%A7%D9%87-%D8%B4%D9%85%D8%A7-%D8%AA%D8%BA%DB%8C%DB%8C%D8%B1%D8%A7%D8%AA-%DA%86%D9%87%D8%A7%D8%B1-%D9%81%D8%B5%D9%84

Tasci, A. D. A. & Gartner, W. C. (2007) Destination Image and Its Functional Relationship. *Journal of Travel Research,* 45, 413-425.

The Logo Colors of Healthcare (n.d). How Do You Choose Colors for A Healthcare Logo? Retrieved July 30, 2017, from https://99designs.com/logo-design/business-of-color/healthcare

Trueman M, Klemm M & Giroud A (2004) "Can a city communicate: Bradford as a corporate brand", Corporate Communications an International Journal, 9(4), pp317-330.

Warnaby, G. (2009), "Towards a service-dominant place marketing logic", Marketing Theory, Vol. 9 No. 4, pp. 403-23.

Wolfe, S. (July, 2006). Patients Without Borders: The Emergence of Healthcare

tourism.

World Tourism Organization and European Travel Commission. (2009). *Handbook on Tourism Destinations Branding*, Madrid.

Ye, B. H., Yuen, P. P., Qiu, H. Z., & Zhang, V. H. (2008). Motivation of Health tourists: An Exploratory Case Study of Hong Kong Health tourists. *Paper presented at the Asia Pacific Tourism Association (APTA) Annual Conference*, Bangkok, Thailand.

Yoon, J. (2010). A conceptual model for city branding based semiotics (Doctoral Dissertation), Brunel University.

Yu, J., & Ko, T. (2011). A Cross-cultural Study of Perceptions of Healthcare tourism among Chinese, Japanese and Korean Tourists in Korea. *Tourism Management,* 80-88.

Zenker, S. & Braun, E. (2010). "Branding a city – a conceptual approach for place branding and place brand management", in *Proceedings of the 39th European Marketing Academy Conference*, Copenhagen, Denmark, 2010, available at: www.placebrand.eu/publications.

Zenker, S. (2011). How to catch a city? The concept and measurement of place brands. Journal of Place Management and Development 4(1): 40–52.

Zenker, S., Knubben, E. & Beckmann, S.C. (2010). Your City, My City, Their City, Our City – Different Perceptions of a Place Brand by Diverse Target Group, 6th

International Conference Thought Leaders in Brand Management, Lugano-Switzerland.

Zenker, S., Petersen, S. & Anholt, A. (2009). Development and Implementation of the Citizen Satisfaction Index (CSI): Four Basic Factors of Citizens' Satisfaction. Hamburg, Germany: University of Hamburg. Research Papers on Marketing and Retailing no. 39.

URL 1: http://www.businessdictionary.com/definition/brand.html

URL 2: http://www.businessdictionary.com/definition/branding.html

URL 3: https://en.wikibooks.org/wiki/Introductory_Tourism

URL 4: https://en.wikipedia.org/wiki/Medical_tourism

URL 5: https://www.amar.org.ir/

URL 6: http://www.1830ndaytona.info/map-of-iran-and-neighboring-countries/map-of-iran-and-neighboring-countries-2-obryadii00-tajikistan-surrounding/

URL 7: http://www.tabnak.ir/fa/news

URL 8: http://vakonesh.com/gardeshgari/tafrihi/photos-shiraz/

URL 9: https://gis.shiraz.ir/

URL 10: http://www.indiahealthplus.com/

APPENDICES

Appendix A: Statistical Terms

Average Variance Extracted (AVE)	Average variance extracted (AVE) is a measure of the degree of variation that a construct is able to capture as it relates to the level of variation causes by measurement error. AVE has often been used to assess discriminant validity based on the following "rule of thumb": Based on the corrected correlations from the CFA model, the AVE of the different latent construct greater than the greatest squared correlation as compared to other latent variables.
Bartlett's Test of Sphericity	Bartlett's and KMO Test of Sphericity can be described as the amount of sampling that is adequate bease of recommendation to verify the case to a variable ratio for the study that is been carried out. Several research carried out in this area has proven that KMO and Bartlett's test plays a crucial role in the acceptance of sample adequacy. The value for the KMO test is between 0 to 1. however, the general accepted value globally is 0.6. besides, the Bartlett's Test of Sphericity test is directly related to the importance this research work and thus reveals the credibility and suitablility of the data received with regards to solving the research question. For Factor Analysis to be recommended suitable, the Bartlett's Test of Sphericity it is important that the value be lower than 0.05.
Chi-Square /Df	The proportion of Chi-square to the degree of freedom
Comparative Fit Index (CFI)	The comparative fit index compare the model of interest with some alternative, such as the null or independence model. ... Roughly, the CFI thus represents the extent to which the model of interest is better than is the independence model.
Composite Reliability (CR)	Composite reliability (CR) is a measure of reliability which is obtained by combining all of the true score variances and covariances in the composite of indicator variables related to constructs, and by dividing this sum by the total variance in the composite. It is an alternative to Cronbach's alpha when specific statistical assumptions are not met.
Confirmatory Factor Analysis (CFA)	Confirmatory factor analysis (CFA) is a statistical technique used to verify the factor structure of a set of observed variables. CFA allows the researcher to test the hypothesis that a relationship between observed variables and their underlying latent constructs exists.
Cronbach's Alpha	Cronbach's alpha is a measure of internal consistency (reliability), that is, how closely related a set of items are as a group. It is considered to be a measure of scale reliability. A "high" value for alpha does not imply that the measure is unidimensional.
Exploratory Factor Analysis (EFA)	Exploratory factor analysis (EFA), this can be describe as a methodology that unveils the underpinning structure of a a set of variable, that is presumed to be large. EFA is a method within the analysis whose objective is to find the underlying connection that exists within measured variables.
Friedman Test	The Friedman test is the non-parametric alternative to the one-way ANOVA with repeated measures. It is used to test for differences between groups when the dependent variable being measured is ordinal.
Goodness Of Fit Index (GFI)	The goodness of fit index (GFI) is a measure of fit between the hypothesized model and the observed covariance matrix. The adjusted goodness of fit index (AGFI) corrects the GFI, which is affected by the number of indicators of each latent variable.
Incremental Fit Index (IFI)	The incremental fit index, also known as Bollen's IFI, is also relatively insensitive to sample size. Values that exceed .90 are regarded as acceptable, although this index can exceed 1
Kaiser-Meyer-Olkin (KMO) Test	Bartlett's and KMO Test of Sphericity can be described as the amount of sampling that is adequate bease of recommendation to verify the case to a variable ratio for the study that is been carried out. Several research carried out in this area has proven that KMO and Bartlett's test plays a crucial role in the acceptance of sample adequacy. The value for the KMO test is between 0 to 1. however, the general accepted value globally is 0.6. besides, the Bartlett's Test of Sphericity test is directly related to the importance this research work and thus reveals the credibility and suitablility of the data received with regards to solving the research question. For Factor Analysis to be recommended suitable, the Bartlett's Test of Sphericity it is important that the value be lower than 0.05.
Mean	Statistical mean is said to be the average mean used in deriving the core tendency of data that is under review. It is derived by the entire data point in a population and then using the number of points to divide the total. The number that is gotten as the outcome is called the average of the mean.
Non-Normed Fit Index (NNFI)	Tucker Lewis Index or Non-normed Fit Index (NNFI) A problem with the Bentler-Bonett index is that it doesn't have a penalty for adding the parameter. The Tucker-Lewis index (also known as the non-normed fit index or NNFI), another incremental fit index, does possess such a penalty.
Normed Fit Index (NFI)	Bentler-Bonett Index or Normed Fit Index (NFI) and it is an incremental measure of fit. The best model is defined as model with a $\chi2$ of zero and the worst model by the $\chi2$ of the null model.
Path Coefficient	Path coefficients are standardized versions of linear regression weights which can be used in examining the possible causal linkage between statistical variables in the structural equation modeling approach.
Relative Fit Index (RFI)	Relative fit indices (also known as the "incremental fit indices" and "comparative fit indices") compare the chi-square for the hypothesized model to one from a "null", or "baseline" model. ... Relative fit indices include the normed fit index and comparative fit index.
Standard Deviation (SD)	the standard deviation (SD) is a measure that is used to quantify the amount of variation or dispersion of a set of data values.
Structural Equation Modeling (SEM)	Structural equation modeling (SEM) is a statistical technique for building and testing statistical models, which are often causal models. It is a hybrid technique that encompasses aspects of confirmatory factor analysis, path analysis and regression, which can be seen as special cases of SEM.
t-statistic	The t-statistic is the ratio of the departure of the estimated value of a parameter from its hypothesized value to its standard error. It is used in hypothesis testing. For example, it is used in estimating the population mean from a sampling distribution of sample means if the population standard deviation is unknown.
t-value	When carrying out a a t-test performance, the goal is to find the evidence of a significant difference between population means (2-sample t) or between the population mean and a hypothesized value (1-sample t). The t-value measures the size of the difference relative to the variation in your sample data.

Appendix B: Table for Determining Sample Size from a Given

Population (Krejcie and Morgan, 1970)

N	S	N	S	N	S	N	S
10	10	220	140	1200	291	250000	384
15	14	230	144	1300	297	500000	384
20	19	240	148	1400	302	1000000	384
25	24	250	152	1500	306	2500000	384
30	28	260	155	1600	310	10000000	384
35	32	270	159	1700	313	100000000	384
40	36	280	102	1800	317	300000000	384
45	40	290	105	1900	320		
50	44	300	109	2000	322		
55	48	320	175	2200	327		
60	52	340	181	2400	331		
65	56	360	186	2600	335		
70	59	380	191	2800	338		
75	63	400	198	3000	341		
80	66	420	201	2500	346		
85	70	440	205	4000	351		
90	73	460	210	4500	354		
95	76	480	214	5000	357		
100	80	500	217	6000	361		
110	86	550	226	7000	364		
120	92	600	234	8000	367		
130	97	650	242	9000	368		
140	103	700	248	10000	370		
150	108	750	254	15000	375		
160	113	800	260	20000	377		
170	118	850	265	30000	379		
180	123	900	269	40000	380		
190	127	950	274	50000	381		
200	132	1000	278	75000	382		
210	136	1100	285	100000	384		

Note: N = population size
S = sample size

Appendix C: Health Tourism Questionnaire

	Health Tourism Questionnaire Please respond to the below items with regard to the city of Shiraz as a health tourism destination.	Completely Agree	Agree	Neither Agree nor	Disagree	Completely Disagree
1	The city has famous doctors and hospitals.					
2	The city has a favorable climate.					
3	Tourists feel safe in the city.					
4	The city has experienced doctors.					
5	Exchange rate is good compared to the source country.					
6	One can easily travel to that city from other countries.					
7	Health standards are observed in its healthcare centers.					
8	Cost of accommodation for health tourists is low.					
9	Doctors, nurses and related staff are warm and friendly.					
10	The city has a good overall image in the world and the region.					
11	Health tourists can find cultural and linguistic similarities with residents in that city.					
12	The city is a famous tourist destination in international level.					
13	Hospitals and healthcare centers are of high standards.					
14	Cost of healthcare services is low for health tourists.					
15	Exchange rate is stable.					
16	Doctors and staff can communicate with health tourists with an international language.					
17	There are a lot of cultural, historical, natural, etc. tourist attractions in the city or around it.					
18	It is possible to get information, admission, and continued care remotely.					
19	In general, the city has a positive overall image as a health tourism destination.					
20	The city has internationally educated doctors.					
21	Insurance services are provided for health tourists.					

Appendix D: City Branding Questionnaire

City Branding Questionnaire Please respond to the below items with regard to the city of Shiraz as a place to live, work and visit; compared with other cities in the region and the world.		Completely Agree	Agree	Neither Agree nor Disagree	Disagree	Completely Disagree
1	The city has satisfying basic life facilities.					
2	The city is an appropriate place for education.					
3	That is a lively city.					
4	The city has a favorable climate.					
5	There are good opportunities for financial advancements in that city.					
6	One can easily find a job in that city.					
7	Variety of language and culture can be seen in the city.					
8	The cost of basic life facilities is reasonable.					
9	The city has interesting buildings and parks.					
10	Residents feel safe in the city.					
11	There are interesting activities to fill your free time in that city.					
12	The streets and the whole city environment is clean.					
13	People of the world know that city or have some information about it.					
14	People of the city are warm and welcoming.					
15	The city is an appropriate place to do business.					
16	The city has a considerable international status.					
17	Public amenities are sufficient and appropriate in that city.					
18	The city has an exciting environment offering many new things to discover.					

Appendix E: Expert Interview Describing Shiraz as a Health Tourism Destination; Sample Excerpts

Sample 1:

Shiraz has high quality healthcare centers which provide a variety of healthcare and medical services to patients. Patients from other cities of Iran and nearby Arab countries travel to Shiraz to get medical and health services. The number of hospitals in Shiraz are high compared to other large cities of Iran. Some of these hospitals offer only specialty health services like organ transplant.

Sample 2:

Patients can travel to Shiraz through a variety of means. They can travel by car, by plane, by train. The city is not very crowded; although it is a large city, and there are usually no significant traffic jams. So, patients can easily access hospitals and healthcare centers and services very easily and conveniently. Transport in easy and comparably cheap.

Sample 3:

I have seen patients from other countries coming to Shiraz in groups. They usually come here for eye surgery because we have Dr. Khodadoost and his hospital here. Also, a lot of people from other countries come here for beauty surgeries and hair transplant. They choose Shiraz because the prices they should pay for everything, from healthcare service, to accommodation, to food is low; and also when they are in Shiraz, they can have fun after they have achieved their healthcare purpose.

Sample 4:

Health tourism not only include patients who seek medical services, but as the name suggests, includes all actions for improving overall health. Shiraz city, which has always been famous as the city of flowers, nightingales, poets, rivers, nature and good weather, maintains and improves mental and physical health in many respects. Along with the artificial facilities city managers have installed and provided in almost all parts of the city such as parks and hiking paths, natural gardens and mountains which exist in Shiraz provide a good opportunity for doing sports and relaxation.

Appendix F: Interview Template to Determine City Brand Identity

Dear Participant,

Please describe the city of Shiraz as a healthcare tourism destination based on the six

facets provided in the chart below according to the instructions you just received.

You can write words, phrases and sentences which best convey your idea.

Thanks for your participation.

Physique

Relationship

Personality

Brand Identity of Shiraz

as a Health Tourism Destination

Reflection

Culture

Self-Image

Appendix G: Shiraz Image as a Health Tourism Destination

Questionnaire

	Items	Very Unfavorable	Unfavorable	Neutral	Favorable	Very Favorable
1	Quality of accommodation					
2	Information provision for health tourists					
3	Possibility of using ATM and credit cards					
4	Specialty healthcare and medical services					
5	Culture and history					
6	Follow-up possibilities					
7	Quality of the infrastructure					
8	Gardens					
9	Costs of healthcare services					
10	Medical insurance					
11	Traffic					
12	Ease of getting the visa					
13	Use of technology in healthcare and medical services					
14	City overall image					
15	Numerous healthcare, medical and research centers					
16	Quality and cleanliness of public toilets					
17	Buildings					
18	Costs of accommodation					
19	Famous doctors					
20	Enough guiding signs in the city					
21	City liveliness					
22	Variety of accommodation centers					
23	Geographical concentration of healthcare centers					
24	Variety of access routes to the city					
25	Doctors and nurses' ability to speak other languages					
26	Architecture					
27	Variety of food					
28	Accommodation					
29	Doctors' specialty					
30	Activities to fill the free time					
31	Tourist services					
32	Famous hospitals					
33	Safety					
34	Festivals					
35	Modern healthcare and medical equipment					
36	Urban design					

	Items	Very Unfavorable	Unfavorable	Neutral	Favorable	Very Favorable
37	Parks					
38	Costs of transport					
39	Doctors and nurses' friendly manner					
40	Variety of languages					
41	Over-crowdedness					
42	Interesting museums and fairs					
43	Healthcare standards					
44	City landscapes					
45	Access to the Internet					
46	Weather conditions					
47	Information provision for tourists					
48	Quality of hospitals					
49	Cultural events and ceremonies					
50	Good shopping					
51	Overall expenses					
52	Capacity of accepting patients					
53	Variety of culture					
54	Nightlife and recreation					
55	Variety of tourist attractions					
56	Overall quality of care					
57	Distance to neighbor countries					
58	Enough information in healthcare centers' websites					
59	Costs of dining					
60	Waiting list to get healthcare and medical services					
61	Possibility of relaxation					
62	Public space and streets cleanliness					
63	Access to local food					
64	Healthcare centers' websites					
65	Residents ability to speak other languages					
66	Sports facilities					
67	Variety of religions					
68	Distance between accommodation and healthcare centers					
69	International airport					

Appendix H: City Brand Experience Questionnaire

Component	Items	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
Sensory	1. The brand of Shiraz city as a health tourism destination makes a strong impression on my visual sense or other senses.					
	2. I find the brand of Shiraz city as a health tourism destination interesting in a sensory way.					
	3. The brand of Shiraz city as a health tourism destination does not appeal to my senses.					
Affective	4. The brand of Shiraz city as a health tourism destination includes feelings and sentiments.					
	5. I do not have strong emotions for the brand of Shiraz city as a health tourism destination.					
	6. The brand of Shiraz city as a health tourism destination is an emotional brand.					
Behavioral	7. I engage in physical actions and behaviors when I use the brand of Shiraz city as a health tourism destination					
	8. The brand of Shiraz city as a health tourism destination results in bodily experiences.					
	9. The brand of Shiraz city as a health tourism destination is not action oriented.					
Intellectual	10. I engage in a lot of thinking when I encounter the brand of Shiraz city as a health tourism destination					
	11. The brand of Shiraz city as a health tourism destination does not make me think.					
	12. The brand of Shiraz city as a health tourism destination stimulates my curiosity and problem solving.					

Appendix I: Word of Mouth Questionnaire

Component	Items	Never	Very rarely	rarely	Occasionally	Frequently
Letting Others Know	1. I mention to others that I have chosen/will choose Shiraz as city which is a health tourism destination.					
	2. I make sure that others know that I have chosen/will choose Shiraz as a city which is a health tourism destination.					
Speaking Positively	3. I speak positively about Shiraz as a health tourism destination city to others.					
	5. I speak positively of Shiraz as a health tourism destination city to others.					
Recommending	4. I recommend Shiraz as a health tourism destination city to family members					
	6. I recommend Shiraz as a health tourism destination city to acquaintances.					
	7. I recommend Shiraz as a health tourism destination city to close personal friends.					