

Brand Hearsay Through the Narratives of International Medical Tourists: Scale Development Using a Mixed-Methods Approach

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ABSTRACT

Brand Hearsay, from the perspective of international medical tourists, emerges from authentic and lived narratives communicated by these tourists, which reinforce the position of a medical destination at the international level through the transmission of trust and satisfaction. This study focuses on the perspectives of international medical tourists and examines the dimensions shaping Brand Hearsay from their viewpoint. The present study employed a mixed-methods (qualitative–quantitative) approach and was fundamental in terms of purpose. In the qualitative section, the statistical population consisted of experts and specialists with extensive experience in the field of health tourism in Iran, particularly professionals and experts working at the Health Tourism Department of the Ministry of Health and Medical Education, the International Health Tourism Association of Iran, and the Office of Foreign Tourism Marketing and Development of the Ministry of Cultural Heritage, Tourism and Handicrafts. Fourteen participants were selected through purposive sampling. Data collection in the qualitative phase was conducted using semi-structured interviews. In the quantitative section, the statistical population consisted of international medical tourists visiting hospitals in Tehran. Based on Cochran's formula, a sample of 384 participants was selected using convenience sampling, and data were collected through a questionnaire. The findings indicated that the dimensions shaping Brand Hearsay include formal dissemination sources, informal dissemination sources, and Brand Hearsay content. The components constituting formal dissemination sources include advertising, visual–textual brand elements, and information and communication resources. The components constituting informal dissemination sources include informal sources and media sources. Furthermore, the components constituting Brand Hearsay content can be categorized into those related to the tourism destination and those related to the health tourism brand.

Keywords: Health tourism, Brand Hearsay, International tourists.

Introduction

In recent decades, the health tourism industry has emerged as one of the fastest-growing sectors of the global tourism economy and has attracted the attention of policymakers, marketers, healthcare providers, and tourism managers. The increasing mobility of patients across national borders, the expansion of specialized medical services, rising healthcare costs in developed countries, and improvements in transportation and communication



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technologies have transformed health tourism into a strategic competitive industry among nations. Countries that are capable of offering high-quality medical services at competitive prices, alongside cultural attractiveness and tourism infrastructure, have gained a significant share of this expanding market (1, 2). In this context, the role of destination branding and the formation of favorable mental images among international medical tourists has become increasingly important because tourists often make decisions under conditions of uncertainty and rely heavily on perceived reputation, trust, and the experiences communicated by others.

In the contemporary tourism environment, branding is no longer confined to visual symbols, slogans, or advertising campaigns; rather, it is formed through a network of narratives, experiences, and social communications that continuously shape the perceptions of audiences. The development of digital media, online review platforms, and social networks has significantly transformed the mechanisms through which brands are evaluated and interpreted. Tourists increasingly rely on interpersonal communication, online recommendations, customer reviews, and informal narratives before selecting a tourism or medical destination. As a result, concepts such as electronic word-of-mouth communication, brand reputation, and brand hearsay have become central variables in tourism marketing and consumer behavior research (3-5). Within highly sensitive industries such as health tourism, where tourists face considerable financial, physical, and psychological risks, the influence of communicated experiences and social narratives becomes even more significant.

Brand Hearsay refers to the set of stories, rumors, opinions, interpretations, and communicated experiences regarding a brand that circulate among audiences through both formal and informal channels. Unlike direct personal experience, Brand Hearsay is formed through the information individuals receive from others and through mediated communication systems. These narratives may include positive or negative evaluations, rumors, customer experiences, media reports, or social recommendations that influence consumer perceptions and behavioral intentions. Kim et al. demonstrated that Brand Hearsay significantly influences brand trust and brand attitude and can shape customers' emotional and cognitive evaluations of service brands (6). Similarly, Cascio et al. argued that rumors and indirect narratives surrounding brands substantially affect customer evaluations and perceptions, particularly in environments characterized by uncertainty and competitive complexity (7). In the field of tourism, where service quality is largely intangible and difficult to evaluate prior to consumption, communicated narratives play a decisive role in destination image formation and tourist decision-making.

Health tourism represents a unique domain in which tourism experiences intersect with healthcare services. In this context, tourists are not merely leisure travelers; they are individuals seeking treatment, recovery, physical well-being, or medical procedures. Consequently, trust, safety, credibility, and reputation become critical determinants of destination selection. International medical tourists often rely on recommendations from former patients, online communities, social media platforms, physicians, tourism facilitators, and informal communication networks when evaluating healthcare destinations. Therefore, Brand Hearsay may significantly influence tourists' willingness to travel, perceived treatment quality, emotional security, and destination loyalty. The role of cognitive and affective factors in tourist loyalty has already been emphasized in tourism literature, indicating that emotional experiences and informational perceptions jointly shape destination attachment and loyalty behaviors (8). Likewise, emotional relationships between tourists and host communities can reinforce positive perceptions and strengthen destination attractiveness (9).

The growing importance of brand reputation in consumer decision-making has also contributed to the increasing relevance of Brand Hearsay in service industries. Brand reputation reflects the collective perceptions of

stakeholders regarding the reliability, quality, credibility, and performance of a brand over time. In digital environments, reputation is continuously shaped through customer interactions, social communication, and shared experiences. Recent studies indicate that digital brand reputation significantly affects customer trust, behavioral intention, and purchasing decisions (5, 10). In online marketplaces and social media contexts, customers heavily depend on reviews and communicated experiences before making purchasing decisions, particularly in high-risk service sectors (4). In the health tourism industry, this dependence becomes more critical because medical tourists are often unable to directly evaluate service quality before traveling and treatment. Consequently, communicated narratives become substitutes for direct experience and significantly shape tourists' expectations and confidence.

Brand reputation and Brand Hearsay are closely interconnected concepts. Positive hearsay can strengthen a destination's reputation and increase tourists' trust, whereas negative narratives and rumors may damage destination image and reduce tourist willingness to travel. Corporate reputation, product quality, and communicated narratives have all been identified as influential factors in shaping brand image and consumer attitudes (11). Moreover, service brand dimensions and effective brand communication strategies have been found to positively influence customer loyalty and long-term brand attachment (12). In tourism settings, destination branding strategies must therefore go beyond traditional promotional methods and address the broader ecosystem of social narratives and informal communications that shape tourists' perceptions.

The tourism industry is highly dependent on image formation and symbolic value creation. Tourists often consume destinations based on imagined experiences and perceived identities rather than purely objective attributes. Destination branding thus becomes a strategic process through which destinations attempt to differentiate themselves in increasingly competitive markets. Ruiz-Real et al. emphasized that destination branding has entered a new era characterized by digital transformation, global communication, and evolving consumer expectations (13). Likewise, Kubickova and Martin highlighted the importance of institutional support, governance, and competitiveness in strengthening destination attractiveness and tourism sustainability (14). In the context of health tourism, branding efforts must integrate medical quality, cultural hospitality, safety perceptions, communication effectiveness, and patient experiences into a coherent and trustworthy destination image.

Iran possesses substantial potential for becoming a regional hub for health tourism due to its advanced medical expertise, relatively low treatment costs, skilled physicians, and diverse tourism attractions. Nevertheless, despite these advantages, the country continues to face significant challenges in terms of international branding, reputation management, communication strategies, and destination image development (2). One of the major obstacles in attracting international medical tourists is the lack of a coherent understanding regarding how international audiences perceive and communicate narratives about Iranian health tourism brands. Since tourists increasingly rely on social communication and shared experiences, understanding the dimensions shaping Brand Hearsay becomes essential for policymakers and healthcare marketers seeking to strengthen Iran's competitive position in the global health tourism market.

The expansion of social media has further intensified the role of informal communication in shaping tourism brands. Consumers today actively participate in content creation, experience sharing, and online discussions, thereby becoming co-creators of brand meaning and reputation. Social media influence and electronic word-of-mouth communication have become powerful mechanisms affecting consumer decision-making and brand perception (3). Word-of-mouth communication has long been recognized as one of the most influential forms of social persuasion because individuals generally perceive information from peers and previous customers as more

trustworthy than formal advertising (15). In health tourism, where trust and credibility are central concerns, informal recommendations and communicated experiences can strongly influence destination selection and tourists' behavioral intentions.

Brand Hearsay may emerge through both formal and informal dissemination channels. Formal channels include advertising campaigns, official websites, visual brand elements, social media pages, international exhibitions, and institutional communication strategies. Informal channels include online forums, patient communities, social media conversations, rumors, media reports, and interpersonal recommendations. Both forms of communication contribute to the construction of destination reputation and tourists' mental images. Wei et al. argued that communication scope and message framing significantly affect consumer responses and perceptions in global and local marketing contexts (16). Similarly, Donnelly et al. demonstrated that product presentation and communication strategies substantially influence consumer evaluations and competitive positioning (17). In tourism branding, the interaction between official communication and informal narratives creates a complex communication ecosystem that continuously shapes tourists' perceptions and expectations.

Another important issue in health tourism branding concerns cultural compatibility and destination perception among different tourist groups. Tourists' cultural backgrounds, religious values, and social expectations can significantly influence their evaluations of destinations and brands. Kim et al. emphasized that destination preferences and brand perceptions among Muslim tourists are strongly associated with cultural identity and perceived compatibility between destination values and tourist expectations (18). Therefore, Brand Hearsay in health tourism may also reflect broader cultural narratives and symbolic meanings associated with destinations, healthcare institutions, and host societies.

Despite the growing importance of Brand Hearsay in tourism and branding research, there remains a significant gap in understanding the dimensions and components shaping this phenomenon in the context of health tourism, particularly from the perspective of international medical tourists. Existing studies have primarily focused on brand reputation, destination branding, customer trust, electronic word-of-mouth communication, and tourist loyalty, while limited attention has been paid to the broader structure of communicated narratives and hearsay surrounding health tourism brands (19-21). Moreover, few studies have attempted to conceptualize and develop a comprehensive measurement scale for Brand Hearsay within the health tourism industry. This gap becomes especially important in developing countries seeking to strengthen their international competitiveness in medical tourism markets.

Given the strategic importance of health tourism for economic development, international competitiveness, and destination branding, understanding the factors shaping Brand Hearsay can provide valuable insights for healthcare organizations, tourism policymakers, and destination marketers. Identifying the dimensions of Brand Hearsay may contribute to the development of more effective communication strategies, reputation management systems, and customer engagement mechanisms capable of enhancing tourists' trust and strengthening destination image. Therefore, the present study aims to develop a Brand Hearsay scale from the perspective of international medical tourists using a mixed-methods approach.

Methods and Materials

The primary objective of the present study was to develop a Brand Hearsay scale from the perspective of international medical tourists using a mixed-methods approach. In terms of purpose, this study was exploratory. For the analysis of the collected data, expert interviews were employed in the qualitative phase, followed by

structural equation modeling in the quantitative phase. The qualitative section of the study aimed to identify the elements shaping the Brand Hearsay phenomenon within the country's health tourism sector and the factors influencing it at the international dimension of this industry in Iran. Therefore, the statistical population for the qualitative data collection consisted of all scholars, specialists, and experts with substantial experience in the field of health tourism in Iran, particularly professionals and experts working at the Health Tourism Department of the Ministry of Health and Medical Education, the International Health Tourism Association of Iran, and the Office of Foreign Tourism Marketing and Development of the Ministry of Cultural Heritage, Tourism and Handicrafts. From this indefinite population, a sample was selected using purposive sampling. Since this study required specialized data and information related to the country's health tourism sector, purposive sampling was considered appropriate.

Based on the aforementioned sampling approach, the researcher continued the data collection process until theoretical saturation was achieved. Accordingly, the statistical sample consisted of 11 experts. However, the researcher conducted interviews with 14 experts. Based on the principle of theoretical saturation, no substantially new data were obtained after the eleventh interview, and the resulting outputs largely repeated the issues previously raised by other experts. Nevertheless, to ensure the achievement of theoretical saturation, the researcher continued the data collection process until the fourteenth interview. Therefore, the final sample in this section consisted of 11 experts.

Table 1. Characteristics of the Research Experts

| No. | Education Level | Organization | Operational Experience (Years) |
|-----|-----------------|---|--------------------------------|
| 1 | Master's Degree | Health Tourism Department, Ministry of Health and Medical Education | 18 |
| 2 | PhD | Health Tourism Department, Ministry of Health and Medical Education | 21 |
| 3 | PhD | Health Tourism Department, Ministry of Health and Medical Education | 15 |
| 4 | Master's Degree | International Health Tourism Association of Iran | 29 |
| 5 | Master's Degree | International Health Tourism Association of Iran | 17 |
| 6 | PhD | International Health Tourism Association of Iran | 16 |
| 7 | PhD | International Health Tourism Association of Iran | 23 |
| 8 | Master's Degree | International Health Tourism Association of Iran | 30 |
| 9 | PhD | Office of Foreign Tourism Marketing and Development, Ministry of Cultural Heritage, Tourism and Handicrafts | 28 |
| 10 | PhD | Office of Foreign Tourism Marketing and Development, Ministry of Cultural Heritage, Tourism and Handicrafts | 16 |
| 11 | Master's Degree | Office of Foreign Tourism Marketing and Development, Ministry of Cultural Heritage, Tourism and Handicrafts | 19 |

In the present study, and for the completion of the questionnaires, a sample was selected from international medical tourists visiting hospitals in Tehran. The sample size was determined using Cochran's formula for an unlimited population. Accordingly, after determining the sample size based on Cochran's formula, 384 participants were selected using convenience sampling. The reason for using this method was, on the one hand, the high dispersion of the members of the statistical population and, on the other hand, the difficulty of accessing all members of the population.

Findings and Results

In this section, thematic analysis was first employed to identify the dimensions constituting Brand Hearsay from the perspective of international medical tourists. Subsequently, the model was validated using structural equation modeling and AMOS software.

In this phase, the required data were first collected through interviews with experts. The data were then analyzed using a thematic analysis approach and MAXQDA software. In the first stage of analysis, open coding was conducted to extract the most important data, indicators, and patterns embedded within the interview texts, and to identify the key statements and essential explanations regarding the dimensions shaping Brand Hearsay from the perspective of international medical tourists. Subsequently, the extracted open codes were categorized in order to identify the main themes of the study within the same domain. These main themes were then further categorized to identify the organizing themes of the study. Finally, the organizing themes were clustered once more to derive the overarching themes of the study. This final stage determined the general dimensions as well as the indicators and components associated with each dimension.

Table 2. Overarching Themes (Within the Dimensions Shaping Brand Hearsay)

| Overarching Themes | Organizing Themes | Main Themes |
|---|---|---|
| Brand Hearsay Content | Related to the Tourism Destination | Total hearsay about the destination Collection of news about the destination |
| | Related to the Health Tourism Brand | Brand-related stories Audience knowledge of the brand Brand reputation Total news about the brand Total rumors about the brand Collection of information about the brand Individual hearsay about the brand |
| Formal Dissemination Sources (Direct) | Visual–Textual Brand Elements | Brand slogans Brand logo Brand name Visual brand identity |
| | Advertising | Advertising banners and billboards Advertising on local radio and television Advertising on social media Advertising in local newspapers Influencer advertising Email advertising In-app advertising Native advertising Advertising campaigns |
| | Informational and Communication Sources | Informational flyers and brochures International exhibitions Brand customer club Official brand pages on social media International conferences Official brand website |
| Informal Dissemination Sources (Indirect) | Media Sources | Report broadcasting on radio and television Report publication in newspapers Report publication in specialized magazines Report publication in general magazines Publication of a celebrity's opinions Report publication on news websites Unofficial brand pages on social media |

Non-Media Sources

Reports on social media pages
 Opinions of medical and health specialists
 Opinions of tourism specialists
 Exchange of opinions in offline communities
 Exchange of opinions in digital forums
 Word-of-mouth advertising

In the methodology of structural equation modeling, it is first necessary to assess the construct validity in order to determine whether the selected indicators possess sufficient precision for measuring the intended constructs. In other words, it should be determined whether the questionnaire items were appropriately selected for measuring the variables. For this purpose, confirmatory factor analysis was employed. All factor loadings were greater than 0.50, and the average variance extracted (AVE) was also greater than 0.50. Furthermore, the t-statistic values in all cases were greater than 1.96, and the relationships among the variables were positive.

Table 3. Factor Loadings of the Research Variable Items

| Factors | Dimensions | Item | First-Order CFA Factor Loadings | Second-Order CFA Factor Loadings | Result |
|---------------------------------------|-------------------------------------|---------|------------------------------------|-------------------------------------|-----------|
| Brand Hearsay Content | Related to the Tourism Destination | Item 1 | 0.743 | 0.511 | Confirmed |
| | | Item 2 | 0.568 | 0.591 | Confirmed |
| | | Item 3 | 0.187 | - | Rejected |
| | Related to the Health Tourism Brand | Item 4 | 0.164 | - | Rejected |
| | | Item 5 | 0.522 | 0.584 | Confirmed |
| | | Item 6 | 0.112 | - | Rejected |
| | | Item 7 | 0.581 | 0.282 | Rejected |
| | | Item 8 | 0.535 | 0.568 | Confirmed |
| | | Item 9 | 0.607 | 0.567 | Confirmed |
| Formal (Direct) Dissemination Sources | Visual-Textual Brand Elements | Item 10 | 0.527 | 0.500 | Confirmed |
| | | Item 11 | 0.605 | 0.511 | Confirmed |
| | | Item 12 | 0.595 | 0.551 | Confirmed |
| | | Item 13 | 0.713 | 0.648 | Confirmed |
| | | Item 14 | 0.583 | 0.524 | Confirmed |
| | Advertising | Item 15 | 0.553 | 0.588 | Confirmed |
| | | Item 16 | 0.700 | 0.633 | Confirmed |
| | | Item 17 | 0.666 | 0.645 | Confirmed |
| | | Item 18 | 0.544 | 0.387 | Rejected |
| | | Item 19 | 0.506 | 0.356 | Rejected |

| | | | | | |
|--------------------------------|---|---------|-------|-------|-----------|
| | | Item 20 | 0.336 | - | Rejected |
| | | Item 21 | 0.693 | 0.714 | Confirmed |
| | | Item 22 | 0.509 | 0.592 | Confirmed |
| | Informational and Communication Resources | Item 23 | 0.378 | - | Rejected |
| | | Item 24 | 0.536 | 0.428 | Rejected |
| | | Item 25 | 0.549 | 0.547 | Confirmed |
| | | Item 26 | 0.573 | 0.549 | Confirmed |
| | | Item 27 | 0.297 | - | Rejected |
| | | Item 28 | 0.527 | 0.527 | Confirmed |
| Informal Dissemination Sources | Media Sources | Item 29 | 0.558 | 0.620 | Confirmed |
| | | Item 30 | 0.437 | - | Rejected |
| | | Item 31 | 0.599 | 0.582 | Confirmed |
| | | Item 32 | 0.633 | 0.559 | Confirmed |
| | | Item 33 | 0.579 | 0.422 | Rejected |
| | | Item 34 | 0.597 | 0.420 | Rejected |
| | | Item 35 | 0.561 | 0.508 | Confirmed |
| | | Item 36 | 0.671 | 0.611 | Confirmed |
| | | Item 37 | 0.555 | 0.517 | Confirmed |
| | | Item 38 | 0.611 | 0.526 | Confirmed |
| | Non-Media Sources | Item 39 | 0.539 | 0.557 | Confirmed |
| | | Item 40 | 0.574 | 0.269 | Rejected |
| | | Item 41 | 0.662 | 0.533 | Confirmed |

Based on the above table, Items 3, 4, 6, 7, 18, 19, 20, 23, 24, 27, 30, 33, 34, 40, and 43 were removed from the structure of the Brand Hearsay questionnaire from the perspective of international medical tourists.

The final research model, after completing the qualitative and quantitative phases, was designed as follows:

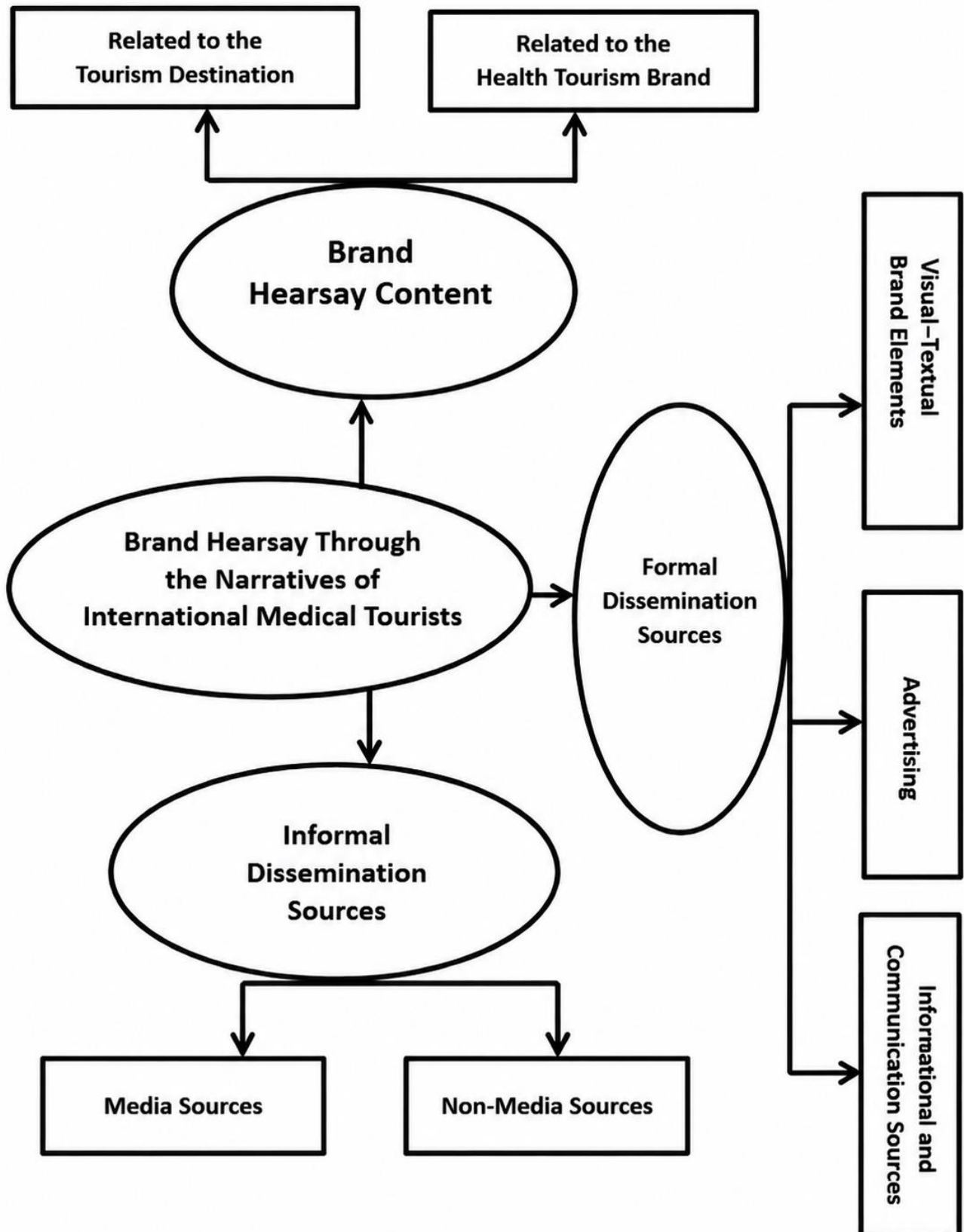


Figure 1. Brand Hearsay Model Based on the Narratives of International Medical Tourists

Discussion and Conclusion

The present study aimed to design and validate a Brand Hearsay scale from the perspective of international medical tourists using a mixed-methods approach. The findings demonstrated that Brand Hearsay in the health tourism industry is a multidimensional construct shaped through three major dimensions, including Brand Hearsay content, formal dissemination sources, and informal dissemination sources. The results indicated that Brand Hearsay content itself consists of two primary categories: content related to the tourism destination and content related to the health tourism brand. In addition, formal dissemination sources included visual–textual brand elements, advertising, and informational and communication resources, whereas informal dissemination sources consisted of media and non-media sources. The findings further revealed that some questionnaire items did not possess adequate factor loadings and were therefore removed during the confirmatory factor analysis process, which contributed to strengthening the construct validity and internal consistency of the final model.

One of the most important findings of this study was the identification of Brand Hearsay content as a central dimension influencing the perceptions of international medical tourists. The results suggest that tourists form their perceptions not only through direct interactions with health tourism providers but also through accumulated stories, reports, rumors, and information regarding destinations and brands. This finding is consistent with the study conducted by Kim et al., who demonstrated that Brand Hearsay significantly influences brand trust and brand attitude in service industries (6). In the context of health tourism, where tourists are exposed to substantial uncertainty and perceived risk, communicated narratives become highly influential in shaping tourists' expectations and evaluations. International medical tourists often lack prior personal experience with destinations and healthcare institutions; consequently, they rely heavily on socially transmitted information and collective narratives. This process explains why hearsay-related content emerged as one of the most important dimensions within the developed model.

The findings also showed that the tourism destination itself constitutes an important component of Brand Hearsay content. This result reflects the broader understanding that destination image, environmental quality, cultural atmosphere, social security, and tourism infrastructure all contribute to tourists' mental evaluations. Previous studies have similarly emphasized the importance of destination perceptions in influencing tourist satisfaction and loyalty. Arasli and Baradarani found that tourists' perceptions of destinations significantly affect their satisfaction and behavioral intentions (22). Likewise, Darzian Azizi et al. concluded that cognitive and affective evaluations of tourism destinations play a major role in shaping tourist loyalty (8). In health tourism settings, the destination is not merely a geographical location but a complex experiential environment in which medical quality, hospitality, transportation systems, safety, and cultural interactions collectively influence tourists' perceptions.

Another significant finding of the study was the role of health tourism brand-related content in shaping Brand Hearsay. The identified components included stories related to the brand, audience knowledge, brand reputation, brand rumors, brand-related information, and cumulative brand narratives. This finding is aligned with contemporary branding literature emphasizing the importance of symbolic narratives and collective interpretations in shaping brand equity and customer trust. Arvaneh and Shojaeian demonstrated that brand reputation significantly affects customers' attitudes toward brands through cognitive and affective trust mechanisms (21). Similarly, Moharramzadeh et al. argued that brand reputation strongly influences customers' willingness to choose and prefer brands in competitive markets (10). In health tourism, brand-related hearsay becomes particularly influential

because healthcare services are intangible, complex, and difficult to evaluate prior to consumption. As a result, communicated experiences and narratives serve as substitutes for direct evaluation and contribute substantially to tourists' decision-making processes.

The study further revealed that formal dissemination sources constitute an important dimension shaping Brand Hearsay. The identified components included visual–textual brand elements, advertising activities, and informational and communication resources. This finding demonstrates that official communication channels continue to play a substantial role in shaping tourists' perceptions despite the growing dominance of social media and informal communication systems. Visual identity elements such as brand names, logos, slogans, and visual design contribute to strengthening brand recognition and symbolic consistency. Previous branding studies have similarly highlighted the importance of visual and communication elements in creating favorable customer perceptions and enhancing brand positioning (12). In addition, advertising campaigns, digital marketing activities, and communication platforms were identified as important formal dissemination mechanisms. This result aligns with the findings of Juaton et al., who emphasized the significant influence of social media communication, electronic word-of-mouth marketing, and brand reputation on consumer decision-making (3).

The role of informational and communication resources identified in this study also reflects the increasing importance of integrated communication strategies in destination branding. Official websites, social media pages, exhibitions, conferences, and customer clubs were recognized as important channels through which Brand Hearsay is constructed and disseminated. Ruiz-Real et al. argued that destination branding in the digital era requires multidimensional communication systems capable of integrating official marketing efforts with audience engagement and digital interaction (13). Similarly, Hamidzadeh Arbabi et al. emphasized the strategic importance of digital brand reputation management in shaping customer perceptions and organizational legitimacy (5). In the context of health tourism, where trust and credibility are essential, official communication channels can reduce uncertainty and strengthen destination reliability by providing accurate and persuasive information.

Another major finding of the present study concerns the importance of informal dissemination sources in shaping Brand Hearsay. The results indicated that both media-based and non-media-based informal communication channels significantly contribute to tourists' perceptions. Media sources included reports in television, newspapers, magazines, news websites, unofficial social media pages, and expert opinions. Non-media sources included offline social interactions, digital forums, and word-of-mouth communication. This finding is consistent with previous studies emphasizing the importance of informal communication and social influence in consumer behavior. Tauni et al. highlighted that word-of-mouth communication strongly affects individual decision-making because consumers often perceive peer-generated information as more trustworthy than formal advertisements (15). Likewise, Anggraini demonstrated that online customer reviews and social evaluations significantly influence purchase intention and consumer trust (4). In health tourism, where tourists seek reassurance regarding treatment quality and safety, informal communication becomes a critical mechanism for reducing perceived risk and uncertainty.

The importance of unofficial media sources identified in this study can also be interpreted in light of the increasing influence of digital communication environments. Social media platforms have transformed tourists from passive recipients of information into active participants in content production and brand meaning construction. Tourists continuously share experiences, opinions, recommendations, and evaluations through digital networks, thereby shaping collective perceptions regarding destinations and healthcare brands. Cascio et al. argued that rumors and communicated narratives can significantly influence customer evaluations and brand perceptions, particularly when

information ambiguity exists (7). Since health tourism decisions involve high emotional and financial stakes, rumors and unofficial narratives may strongly influence tourists' confidence and behavioral intentions.

The findings of the present study further support the notion that Brand Hearsay is not solely a marketing phenomenon but also a socio-cultural process influenced by emotional, relational, and symbolic dimensions. Bakhshi et al. emphasized that tourists' emotional relationships with host communities significantly affect their experiences and destination evaluations (9). Similarly, Kim et al. highlighted the importance of cultural identity and destination perceptions in shaping tourists' evaluations and preferences (18). In the context of international medical tourism, tourists' narratives often reflect broader cultural meanings associated with healthcare quality, hospitality, trustworthiness, and social acceptance. Therefore, Brand Hearsay can be understood as a multidimensional construct emerging from the interaction between communication systems, emotional experiences, cultural expectations, and social relationships.

The validation of the final Brand Hearsay model through structural equation modeling also contributes theoretically to the literature on destination branding and health tourism marketing. The elimination of several questionnaire items due to inadequate factor loadings enhanced the psychometric quality of the scale and demonstrated the importance of empirical validation in scale development research. The final validated dimensions provide a more coherent conceptualization of Brand Hearsay within the health tourism context. This contribution is particularly important because previous research has largely focused on related concepts such as brand reputation, electronic word-of-mouth communication, and customer trust without providing a comprehensive measurement framework for Brand Hearsay itself (16, 19). The present study therefore extends the existing literature by proposing an integrated multidimensional model specifically designed for international medical tourism.

The findings additionally indicate that health tourism competitiveness increasingly depends on destinations' ability to manage communicated narratives and collective perceptions. Kubickova and Martin emphasized that destination competitiveness is strongly influenced by governance quality, institutional coordination, and strategic destination management (14). In Iran's health tourism sector, strengthening Brand Hearsay may therefore require integrated collaboration among healthcare institutions, tourism agencies, government organizations, digital communication platforms, and customer relationship management systems. Since tourists rely extensively on communicated experiences and reputation signals, managing Brand Hearsay can contribute significantly to enhancing international competitiveness and attracting foreign medical tourists.

One of the limitations of the present study concerns the geographical scope of data collection. The quantitative phase was conducted among international medical tourists visiting hospitals in Tehran, which may limit the generalizability of the findings to other cities or health tourism destinations. In addition, the study relied on self-reported data collected through questionnaires and interviews, which may be influenced by subjective perceptions and response biases. Another limitation relates to the cross-sectional nature of the study, which prevented the examination of changes in Brand Hearsay perceptions over time. Furthermore, although the study identified important dimensions of Brand Hearsay, cultural, linguistic, and nationality-based differences among international medical tourists were not examined separately.

Future studies are encouraged to investigate Brand Hearsay across different geographical regions and compare perceptions among medical tourists from various cultural and national backgrounds. Researchers may also examine the longitudinal evolution of Brand Hearsay and explore how digital communication environments continuously reshape destination perceptions over time. Additional studies could investigate the relationship

between Brand Hearsay and variables such as destination loyalty, patient satisfaction, perceived risk, trust formation, and behavioral intention. Comparative studies between countries with advanced health tourism industries may also contribute to a deeper understanding of international branding strategies and communication systems within medical tourism markets.

From a practical perspective, the findings of this study suggest that health tourism policymakers and destination managers should pay greater attention to communication management and reputation-building strategies. Healthcare institutions and tourism organizations should strengthen their official communication channels while simultaneously monitoring and managing informal narratives circulating within digital and social media environments. Developing integrated digital marketing systems, enhancing transparency in communication, encouraging positive patient experiences, and improving customer engagement mechanisms can contribute to strengthening Brand Hearsay in international markets. In addition, policymakers should invest in destination branding strategies that integrate medical quality, cultural hospitality, safety, and trust-building in order to enhance the international competitiveness of the country's health tourism industry.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

All ethical principles were adhered in conducting and writing this article.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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