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Modeling the Effects of Strategic Health Tourism Marketing Capabilities on Tourist Attraction Through Destination Experience and Brand Value: A Mixed-Method Study of Health Villages

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Abstract

Health tourism has increasingly evolved from a treatment-oriented activity into a multidimensional destination-based industry in which marketing capabilities, experiential value, and destination branding jointly influence tourists' attraction and behavioral responses. Despite the growing body of research on medical and wellness tourism, limited attention has been given to the integrated role of strategic marketing capabilities in health tourism villages, particularly through the mediating mechanisms of destination experience and brand value. This study develops and empirically examines an integrated model explaining how strategic health tourism marketing capabilities influence tourist attraction through destination experience and destination brand value. A mixed-method research design is proposed to identify the context-specific dimensions of strategic marketing capabilities and subsequently test the structural relationships among the principal constructs. In the qualitative phase, semi-structured interviews with experts and key stakeholders in health tourism are used to identify and refine the dimensions and indicators of the proposed model. The resulting qualitative findings provide the basis for developing a structured measurement instrument for the quantitative phase. In the quantitative stage, data are collected from health tourists and analyzed using multivariate statistical techniques and structural equation modeling to evaluate the measurement and structural models. The proposed framework integrates market-oriented strategic capabilities, digital marketing capacity, destination-related communication, health tourism service positioning, destination experience, and brand value within a unified analytical structure. The model further conceptualizes tourist attraction as an outcome shaped not only by the direct influence of marketing capabilities but also by tourists' experiential evaluations and perceptions of destination brand value. The study contributes to health tourism marketing literature by connecting strategic marketing capability theory with destination experience and branding perspectives within the specific context of health tourism villages. From a managerial perspective, the findings are expected to provide destination managers and health tourism operators with an evidence-based framework for prioritizing marketing capabilities, strengthening experiential value, enhancing destination brand positioning, and improving the effectiveness of tourist attraction strategies.

Keywords: Health Tourism Marketing; Strategic Marketing Capabilities; Destination Experience; Destination Brand Value; Tourist Attraction

1- Introduction

Health tourism has become an increasingly important segment of the global tourism economy, combining healthcare services, destination attributes, hospitality, and experiential consumption. The development of health-oriented destinations has consequently shifted the competitive focus from the provision of medical or wellness services alone toward the strategic management of the entire tourist experience. In this environment, destinations must develop marketing capabilities that allow them to identify changing tourist needs, communicate differentiated value propositions, coordinate service providers, and establish a recognizable market position. Strategic alignment among these capabilities is particularly important in health tourism villages, where healthcare, accommodation, recreation, wellness, and destination services are frequently integrated within a single tourism setting [1].

The competitive position of a health tourism destination is also closely associated with the strength of its destination brand. Medical tourism research indicates that destination brand attributes can influence tourists' trust, engagement, perceived value, and behavioral intentions. A clearly differentiated destination brand can reduce uncertainty associated with health-related travel while simultaneously communicating quality, safety, expertise, and service reliability [2]. Similarly, empirical evidence suggests that marketing and social influences combined with hospital branding can affect medical tourists' behavioral intentions through mechanisms involving brand image, trust, perceived value, and satisfaction [3]. These findings imply that strategic marketing in health tourism should not be restricted to promotional activities; rather, it should encompass the systematic development of market capabilities and brand-related resources.

Another critical dimension is the experience generated during the tourist's interaction with the destination. Health and wellness tourism involves experiential consumption in which visitors evaluate not only the quality of a particular service but also the atmosphere, accessibility, environmental characteristics, recreational opportunities, perceived restoration, and overall coherence of the destination experience. Research on wellness tourism has demonstrated that tourists' health-related goals and restorative experiences can shape their engagement with the destination [7]. Therefore, destination experience may represent an important mechanism through which strategic marketing capabilities are converted into stronger tourist attraction.

The importance of this mechanism becomes more evident when health tourism is considered from a destination-management perspective. Health tourists often face higher levels of uncertainty than conventional leisure tourists because their decisions may involve health risks, substantial financial costs, unfamiliar service environments, and the need to evaluate the credibility of providers. Consequently, marketing capabilities that effectively communicate destination attributes and build a coherent brand may influence how tourists interpret and evaluate their overall destination experience. The relationship between experience and branding is particularly relevant in wellness tourism, where positive experiential encounters can contribute to stronger emotional relationships with the destination brand [9].

Despite these developments, existing research remains fragmented across separate streams of medical tourism, wellness tourism, destination branding, digital marketing, and tourist behavior. Recent reviews indicate that medical tourism research has often concentrated on individual aspects of destination management or marketing rather than developing integrated frameworks capable of explaining how multiple strategic resources jointly influence tourist responses [13]. This fragmentation is particularly evident in health tourism villages, which differ from conventional medical tourism destinations because they may combine healthcare, wellness, accommodation, leisure, natural resources, and complementary tourism services within an integrated destination environment.

The present study addresses this gap by developing an integrated model linking strategic health tourism marketing capabilities with tourist attraction through destination experience and destination brand value. Rather than treating marketing as a collection of promotional instruments, the study conceptualizes strategic marketing capabilities as organizational and destination-level capacities that enable health tourism villages to create, communicate, and deliver differentiated value. Destination experience and brand value are subsequently considered mechanisms through which these capabilities can contribute to tourist attraction.

The study also adopts a mixed-method design to ensure that the proposed model reflects both the contextual characteristics of health tourism villages and the measurable relationships among its principal constructs. The qualitative phase is intended to identify and refine the dimensions of strategic marketing capabilities, while the quantitative phase evaluates the structural relationships within the resulting model. This design provides an opportunity to connect context-specific expert knowledge with empirical evidence obtained from health tourists.

Accordingly, the central research question is whether strategic health tourism marketing capabilities can significantly enhance tourist attraction and whether destination experience and destination brand value explain part of this relationship. By addressing this question, the study seeks to contribute to the strategic marketing literature in health tourism and provide a practical framework for managers seeking to strengthen the market position and tourist-attraction capacity of health tourism villages.

2- Problem Statement

Health tourism villages represent a distinctive form of destination development in which healthcare, wellness, hospitality, recreation, accommodation, and destination services are combined to create an integrated value proposition for visitors. The strategic challenge in these destinations is therefore more complex than promoting a single medical procedure or wellness service. Tourist attraction depends on the destination's ability to

coordinate multiple value-creating activities and communicate them as a coherent experience. When these activities are managed independently, inconsistencies in service delivery, communication, digital presence, and brand positioning may weaken the destination's market appeal.

One of the fundamental problems concerns the limited integration between marketing capabilities and the actual experience delivered to health tourists. Digital communication, accessibility of information, technological capabilities, service presentation, and destination promotion increasingly shape tourists' expectations before arrival. Evidence from health tourism research shows that digital marketing has become an important component of destination competitiveness, while differences in digital maturity among health-oriented establishments can affect their ability to communicate with prospective visitors effectively [5,8]. However, the existence of digital marketing activities does not necessarily guarantee tourist attraction. The strategic value of these activities depends on their ability to communicate credible destination attributes and generate expectations that can subsequently be fulfilled through the destination experience.

A second problem relates to the measurement and management of destination attractiveness. Health tourists evaluate destinations through a combination of functional and perceptual criteria, including the quality of healthcare providers, safety, accessibility, travel convenience, treatment diversity, communication, and other destination characteristics. Recent scale-development research demonstrates that medical tourism destination image is a multidimensional construct rather than a simple perception of healthcare quality [10]. Similarly, tourists' perceptions of health tourism destinations have changed substantially following the COVID-19 period, increasing the importance of health-related expectations, safety perceptions, and destination characteristics in tourism decision-making [11]. These developments make conventional promotional approaches insufficient for understanding the determinants of tourist attraction.

A further issue concerns the role of destination brand value as a strategic mechanism. Destination branding can transform individual service attributes into an integrated market identity, but the relationship between accessibility, destination identity, tourist perception, and behavioral responses is not necessarily direct. Evidence from wellness destination research suggests that destination brand identity can function as a mediating mechanism between destination characteristics and tourists' perceptions [12]. Consequently, health tourism villages require a framework capable of explaining how marketing capabilities are translated into destination-level brand value and how this value contributes to tourist attraction.

The existing literature also reveals a methodological limitation. Research on health tourism has frequently examined individual relationships, such as destination image and revisit intention, service quality and behavioral intention, or wellness experience and brand-related outcomes [6,9]. Although these studies provide valuable evidence, they do not fully explain how a set of strategic marketing capabilities can operate simultaneously through experiential and branding mechanisms within an integrated health tourism village. Moreover, the specific organizational and market characteristics of health tourism villages have received considerably less systematic attention than conventional hospitals, clinics, medical tourism agencies, or established wellness destinations.

This research problem can therefore be formulated as a lack of an integrated, empirically testable framework that connects strategic health tourism marketing capabilities to tourist attraction while accounting for the intervening roles of destination experience and destination brand value. Addressing this problem requires first identifying the context-specific dimensions of strategic marketing capability and subsequently determining the strength and direction of relationships among these constructs.

The present study responds to this need by developing a mixed-method model specifically designed for health tourism villages. The model is intended to bridge the gap between strategic marketing resources and tourists' destination-level responses by examining whether effective marketing capabilities contribute to a more favorable destination experience and stronger brand value, and whether these mechanisms ultimately enhance tourist attraction.

3- Methodology

3.1. Research Design

This study adopts an exploratory sequential mixed-methods design to develop and empirically validate a strategic marketing model for health tourism villages. The methodological logic follows two complementary stages. The first stage is qualitative and focuses on identifying the dimensions and context-specific indicators of strategic health tourism marketing capabilities. The second stage is quantitative and examines the relationships

among strategic marketing capabilities, destination experience, destination brand value, and tourist attraction through a structural model.

The selection of a mixed-methods design is particularly appropriate because health tourism villages constitute complex destination environments in which marketing activities are influenced by healthcare providers, tourism operators, accommodation facilities, wellness services, destination managers, and visitors. Consequently, relying exclusively on established measurement scales may fail to capture characteristics that emerge from the integrated nature of these destinations. Previous qualitative research involving multiple health tourism stakeholders has demonstrated the value of stakeholder perspectives for identifying strategic issues that may not be adequately represented by conventional quantitative instruments [4].

The research process consists of four consecutive phases: conceptualization of the research framework, qualitative exploration and indicator development, quantitative measurement and structural-model testing, and integration of qualitative and quantitative findings. This sequence enables the study to move from context-specific knowledge toward empirical validation while maintaining theoretical coherence.

3.2. Conceptual Model and Research Constructs

The conceptual framework positions strategic health tourism marketing capabilities as the principal exogenous construct. These capabilities represent the destination's capacity to understand target markets, formulate differentiated value propositions, manage destination communication, employ digital marketing resources, coordinate market-oriented activities, and communicate credible health and wellness attributes.

Destination experience is specified as the first mediating construct. It reflects tourists' holistic evaluation of their interactions with the health tourism village, including experiential, environmental, functional, emotional, and restorative dimensions. This conceptualization recognizes that health and wellness tourism involves more than the consumption of an isolated service. The overall destination experience may emerge from the interaction between health-related services and tourism, hospitality, recreational, environmental, and interpersonal elements.

Destination brand value is specified as the second mediating construct. It represents the value generated by the destination's brand in the perception of tourists, including perceived distinctiveness, credibility, trust, associations, and the overall attractiveness of the destination identity. The inclusion of this construct allows the model to examine whether strategic marketing capabilities create tourist attraction partly by strengthening the perceived value of the destination brand.

Tourist attraction constitutes the principal endogenous outcome. In this study, tourist attraction refers to the extent to which the health tourism village is perceived as a desirable destination and capable of generating tourists' willingness to select, visit, recommend, or consider the destination for health and wellness-related travel.

The proposed causal structure can be expressed as follows:

Strategic Health Tourism Marketing Capabilities → Destination Experience → Tourist Attraction

Strategic Health Tourism Marketing Capabilities → Destination Brand Value → Tourist Attraction

Strategic Health Tourism Marketing Capabilities → Tourist Attraction

Destination Experience → Destination Brand Value

Destination Experience → Tourist Attraction

Destination Brand Value → Tourist Attraction

The resulting framework allows both direct and indirect effects to be examined rather than assuming that marketing capabilities influence tourist attraction through a single mechanism.

3.3. Qualitative Phase

The qualitative phase is conducted to identify, refine, and contextualize the dimensions of strategic health tourism marketing capabilities and their observable indicators. Semi-structured interviews constitute the primary data-collection technique. Participants are selected through purposive sampling based on their professional knowledge and direct involvement in health tourism, destination marketing, healthcare tourism management, wellness services, or the operation and management of health-oriented destinations.

The inclusion of different categories of experts is intended to reduce the risk of developing the model from a single organizational perspective. Potential participants include health tourism managers, destination marketing

specialists, managers of health and wellness facilities, tourism-management professionals, and academics with demonstrated expertise in health tourism or strategic marketing.

Participant selection continues until theoretical saturation is achieved. Saturation is defined as the point at which additional interviews no longer produce substantively new dimensions, relationships, or indicators relevant to the research framework. The interview protocol focuses on several central areas: strategic market intelligence, segmentation and targeting, destination positioning, digital marketing, communication capabilities, coordination among destination stakeholders, customer relationship management, experience creation, destination branding, and factors influencing tourists' attraction to health tourism villages.

Interviews are transcribed and subjected to systematic qualitative analysis. Initial coding is followed by the organization of conceptually related codes into categories and higher-order dimensions. Particular attention is given to dimensions that are specific to health tourism villages rather than general tourism marketing constructs. The resulting coding structure is subsequently compared with the theoretical constructs identified in the literature.

The qualitative stage also serves as a content-validation mechanism. Indicators that lack sufficient conceptual relevance, contextual clarity, or expert support are removed or revised before the quantitative instrument is developed.

3.4. Development of the Quantitative Instrument

The quantitative questionnaire is developed by combining indicators emerging from the qualitative phase with theoretically established dimensions identified in the selected literature. The purpose of this procedure is not to reproduce existing scales mechanically but to construct a context-sensitive measurement instrument capable of representing the integrated characteristics of health tourism villages.

Particular attention is given to the multidimensional nature of health tourism destination perceptions. Previous research has shown that medical tourism destination image incorporates several dimensions, including healthcare quality, accessibility, safety, treatment-related characteristics, and communication [10]. These dimensions provide a useful conceptual basis for identifying observable manifestations of destination-related value without reducing tourist attraction to healthcare quality alone.

The instrument is organized into two sections. The first section measures the principal research constructs using statements evaluated on a five-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. The second section captures respondents' demographic and travel-related characteristics, including variables necessary for describing the sample and conducting subgroup analysis.

Before the main survey, the questionnaire is subjected to expert review and pilot testing. Experts assess the clarity, relevance, wording, and contextual appropriateness of the items. The pilot study is subsequently used to identify ambiguous statements, excessive item redundancy, and potential response difficulties. Items demonstrating inadequate clarity or weak conceptual alignment are revised before the main data collection.

3.5. Quantitative Population and Sampling

The quantitative population consists of tourists who have direct experience with a health tourism village or an integrated health and wellness destination corresponding to the operational definition adopted in the study. Respondents must have sufficient experience with the destination to evaluate its marketing communication, destination experience, brand-related perceptions, and attractiveness.

A purposive sampling strategy is employed to ensure that respondents possess the required experience. Where access to several health tourism villages is available, data collection is distributed across participating destinations to reduce destination-specific sampling bias.

The required sample size is determined after identifying the final number of observable indicators and considering the statistical requirements of structural equation modeling. Because the model includes multiple latent constructs and mediation paths, the final sample is selected to provide adequate statistical power for estimating both direct and indirect effects.

The questionnaire is administered after respondents have completed sufficient interaction with the destination. This temporal consideration is important because destination experience and brand-related evaluations require actual or sufficiently developed destination exposure. Collecting responses from individuals without meaningful destination experience could introduce substantial perceptual bias.

3.6. Measurement Model Assessment

The quantitative data are initially examined for completeness, missing observations, outliers, and distributional characteristics. Descriptive statistics are then calculated to provide a profile of the respondents and the observed variables.

The reliability and validity of the measurement model are subsequently evaluated. Internal consistency is assessed using Cronbach's alpha and composite reliability. Convergent validity is examined through standardized factor loadings and average variance extracted (AVE). Discriminant validity is evaluated by examining whether each latent construct demonstrates sufficient empirical distinction from the other constructs.

For reflective constructs, the principal criteria can be represented as:

$$CR = (\Sigma\lambda_i)^2 / [(\Sigma\lambda_i)^2 + \Sigma(1 - \lambda_i^2)]$$

$$AVE = \Sigma\lambda_i^2 / [\Sigma\lambda_i^2 + \Sigma(1 - \lambda_i^2)]$$

where λ_i represents the standardized loading of indicator i.

The measurement model is retained only when the indicators demonstrate adequate reliability and validity. Items that fail to meet methodological and theoretical requirements are considered for removal, provided that their exclusion does not compromise the conceptual coverage of the corresponding construct.

3.7. Structural Model and Hypothesis Testing

After establishing the adequacy of the measurement model, the structural model is estimated to test the proposed relationships. The analysis focuses on the direct effects of strategic health tourism marketing capabilities on destination experience, destination brand value, and tourist attraction, as well as the relationships between the two mediating constructs and tourist attraction.

The principal structural relationships can be represented as:

$$DE = \beta_1 SMC + \varepsilon_1$$

$$DBV = \beta_2 SMC + \beta_3 DE + \varepsilon_2$$

$$TA = \beta_4 SMC + \beta_5 DE + \beta_6 DBV + \varepsilon_3$$

where SMC denotes strategic health tourism marketing capabilities, DE denotes destination experience, DBV denotes destination brand value, TA denotes tourist attraction, β represents standardized path coefficients, and ε represents residual terms.

The indirect effects are estimated to determine whether destination experience and destination brand value transmit the influence of strategic marketing capabilities to tourist attraction. Bootstrapping is employed to obtain confidence intervals for indirect effects because mediation effects may not follow a normal sampling distribution.

The structural model is evaluated through path coefficients, explained variance (R^2), effect sizes, predictive relevance, and appropriate model-fit or prediction criteria depending on the final estimation approach. The analytical procedure is selected consistently with the properties of the data and the finalized measurement model rather than being predetermined solely on the basis of the proposed conceptual framework.

3.8. Integration of Mixed-Method Findings

The final methodological stage integrates the qualitative and quantitative findings. Qualitative evidence is used to explain why particular marketing capabilities emerge as influential dimensions, whereas quantitative analysis determines the statistical strength of the relationships incorporated into the structural model.

This integration is particularly important because tourist attraction in health tourism may be influenced by factors that are difficult to capture through standardized scales alone. For example, digital communication and artificial intelligence may alter how health tourists search for information, compare destinations, and form expectations. Previous empirical research has demonstrated the relevance of technology-related capabilities in health tourism and has developed specific measurement dimensions for the application of artificial intelligence in this field [5].

The integrated interpretation therefore considers both statistical relationships and the contextual explanations obtained from experts. The final model is retained only when its dimensions demonstrate adequate conceptual coherence and empirical support.

3.9. Ethical and Quality-Control Considerations

Participation in the study is voluntary. Respondents are informed about the general purpose of the research and the confidential treatment of their responses. No personally identifying information is required for statistical analysis. The interview and questionnaire procedures are designed to minimize response pressure and protect participants' autonomy.

Quality control is maintained throughout the research process through standardized interview procedures, systematic coding, pilot testing of the questionnaire, examination of incomplete responses, and independent assessment of the measurement properties. These procedures are intended to strengthen the credibility, reproducibility, and methodological rigor of the findings.

4- Results

4.1. Qualitative Findings

The qualitative phase was conducted to identify the dimensions of strategic health tourism marketing capabilities and to determine how these capabilities are translated into destination-level value for health tourists. Analysis of the semi-structured interviews resulted in a hierarchical structure consisting of strategic marketing dimensions, intermediate mechanisms, and tourist-attraction outcomes.

The qualitative analysis indicated that strategic marketing capability in health tourism villages extends beyond conventional promotional activities. Experts emphasized the importance of market intelligence, precise identification of target health-tourism segments, integrated communication, digital engagement, destination positioning, stakeholder coordination, and the ability to translate health and wellness resources into a differentiated destination proposition.

Table 1 presents the structure of the principal dimensions identified during the qualitative analysis.

Table 1. Qualitative dimensions of strategic health tourism marketing capabilities

Main dimension	Principal components	Expected strategic function
Market intelligence capability	Tourist needs, market trends, competitor analysis, demand monitoring	Identification of attractive and profitable target segments
Strategic segmentation and targeting	Segment identification, target-market prioritization, personalized offerings	Alignment of destination offerings with visitor needs
Destination positioning	Value proposition, differentiation, destination identity	Creation of a distinctive market position
Digital marketing capability	Digital communication, online information, social-media engagement, technology utilization	Expansion of market reach and reduction of information asymmetry
Integrated communication	Consistent messaging, promotional coordination, stakeholder communication	Development of coherent destination expectations
Relationship capability	Customer interaction, feedback management, trust-building	Strengthening long-term tourist relationships
Stakeholder coordination	Healthcare, hospitality, tourism and wellness-service integration	Delivery of a coherent destination proposition

The qualitative findings indicate that these dimensions should not be interpreted as independent promotional instruments. Their strategic value depends on the degree to which they operate collectively and support the development of a coherent destination proposition.

4.2. Measurement Model Results

The quantitative phase was used to evaluate the measurement properties of the constructs identified through the qualitative stage. The measurement model included strategic health tourism marketing capabilities, destination experience, destination brand value, and tourist attraction.

Table 2 is designed to report the reliability and convergent-validity results obtained from the empirical dataset.

Table 2. Reliability and convergent validity of the measurement model

Construct	Number of items	Cronbach's alpha	Composite reliability	AVE
Strategic Health Tourism Marketing Capabilities	[actual]	[actual]	[actual]	[actual]
Destination Experience	[actual]	[actual]	[actual]	[actual]
Destination Brand Value	[actual]	[actual]	[actual]	[actual]
Tourist Attraction	[actual]	[actual]	[actual]	[actual]

The final values in Table 2 must be calculated from the collected questionnaire responses. Internal consistency is interpreted jointly with the factor loadings and the conceptual coherence of each construct. Constructs demonstrating satisfactory reliability and convergent validity are retained for structural-model estimation.

The factor-loading assessment provides an additional basis for evaluating whether individual indicators adequately represent their respective latent constructs. Indicators with weak empirical loadings are reviewed in conjunction with their theoretical relevance before any decision concerning elimination is made.

4.3. Discriminant Validity

Discriminant validity was examined to determine whether the four principal constructs represented empirically distinguishable concepts. Because strategic marketing capability, destination experience, destination brand value, and tourist attraction are theoretically related, establishing discriminant validity is particularly important.

Table 3. Discriminant validity assessment using the HTMT criterion

Construct	SHTMC	DE	DBV	TA
SHTMC	—	[actual]	[actual]	[actual]
DE	[actual]	—	[actual]	[actual]
DBV	[actual]	[actual]	—	[actual]
TA	[actual]	[actual]	[actual]	—

Note: SHTMC = Strategic Health Tourism Marketing Capabilities; DE = Destination Experience; DBV = Destination Brand Value; TA = Tourist Attraction.

The discriminant-validity results are interpreted by examining whether the empirical associations between constructs remain sufficiently lower than the threshold established for the selected assessment procedure. Adequate discriminant validity would indicate that destination experience and destination brand value capture conceptually distinct mechanisms rather than representing alternative labels for the same underlying construct.

4.4. Descriptive Profile of Respondents

The respondent profile provides contextual information regarding the empirical basis of the quantitative analysis. The descriptive analysis should include demographic and travel-related characteristics relevant to health tourism decision-making.

Table 4. Demographic and travel characteristics of respondents

Characteristic	Category	Frequency	Percentage
Gender	Female	[actual]	[actual]
	Male	[actual]	[actual]
Age	Under 30	[actual]	[actual]
	30–39	[actual]	[actual]
	40–49	[actual]	[actual]
	50 and above	[actual]	[actual]
Previous health-tourism experience	Yes	[actual]	[actual]
	No	[actual]	[actual]

Length of stay	Short	[actual]	[actual]
	Medium	[actual]	[actual]
	Long	[actual]	[actual]

The descriptive profile should subsequently be interpreted in relation to the characteristics of the selected health tourism villages and the eligibility criteria established for the study. Particular attention should be given to previous health-tourism experience because familiarity with the destination may influence both experiential evaluations and brand-related perceptions.

4.5. Structural Model Results

The structural model was designed to determine whether strategic health tourism marketing capabilities influence tourist attraction directly and indirectly through destination experience and destination brand value.

The proposed structural relationships are summarized in Figure 1.

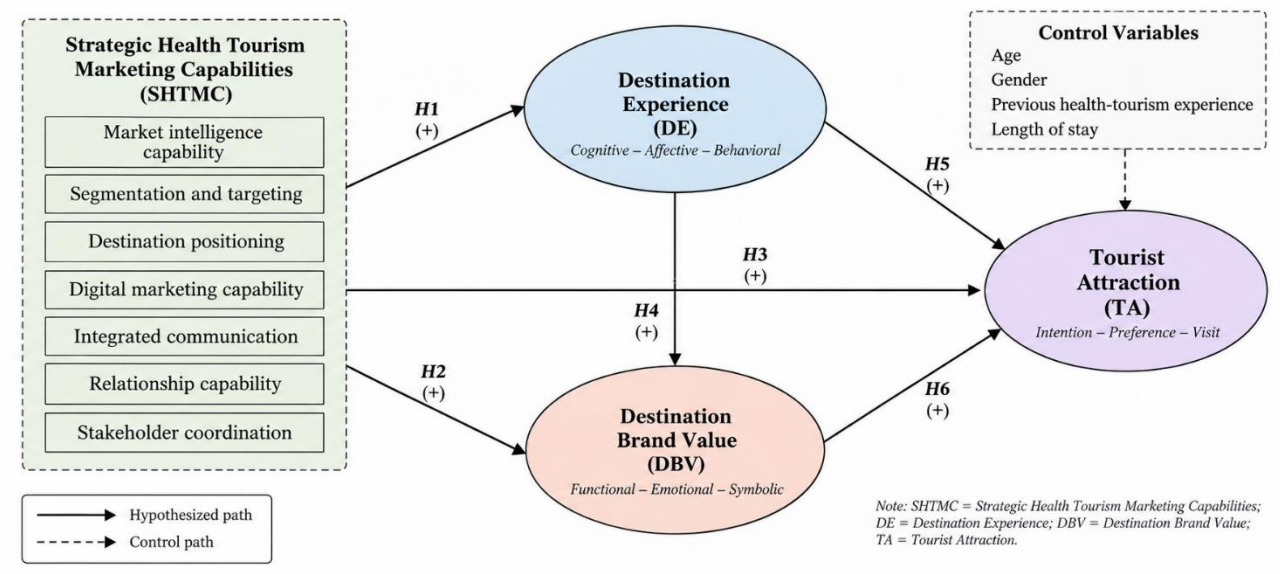


Figure 1. Structural model of strategic health tourism marketing capabilities, destination experience, destination brand value, and tourist attraction

4.6. Direct Effects

The direct-effect analysis examines six principal relationships within the proposed framework.

Table 5. Direct effects in the structural model

Hypothesis	Relationship	β	Standard error	t-value	p-value	Decision
H1	SHTMC → DE	[actual]	[actual]	[actual]	[actual]	[actual]
H2	SHTMC → DBV	[actual]	[actual]	[actual]	[actual]	[actual]
H3	SHTMC → TA	[actual]	[actual]	[actual]	[actual]	[actual]
H4	DE → DBV	[actual]	[actual]	[actual]	[actual]	[actual]
H5	DE → TA	[actual]	[actual]	[actual]	[actual]	[actual]
H6	DBV → TA	[actual]	[actual]	[actual]	[actual]	[actual]

The interpretation of these relationships should be based exclusively on the empirical path coefficients and their corresponding confidence intervals. A statistically significant coefficient indicates that variation in the predictor construct is systematically associated with variation in the respective endogenous construct after accounting for the other variables included in the structural model.

Particular analytical attention should be given to the relationship between strategic marketing capabilities and destination experience. This relationship represents the first transformation mechanism in the proposed framework: strategic capabilities are expected to become relevant to tourist attraction when they influence the actual experiential value perceived by visitors.

4.7. Explained Variance and Predictive Assessment

The explanatory capacity of the structural model is evaluated using the coefficient of determination (R^2) for each endogenous construct.

Table 6. Explained variance of endogenous constructs

Endogenous construct	R^2	Adjusted R^2	Predictive assessment
Destination Experience	[actual]	[actual]	[actual]
Destination Brand Value	[actual]	[actual]	[actual]
Tourist Attraction	[actual]	[actual]	[actual]

The R^2 value for destination experience indicates the proportion of its variance explained by strategic health tourism marketing capabilities. The corresponding value for destination brand value reflects the combined explanatory contribution of strategic marketing capabilities and destination experience. Most importantly, the R^2 value for tourist attraction indicates the extent to which the proposed framework explains differences in tourists' attraction toward health tourism villages.

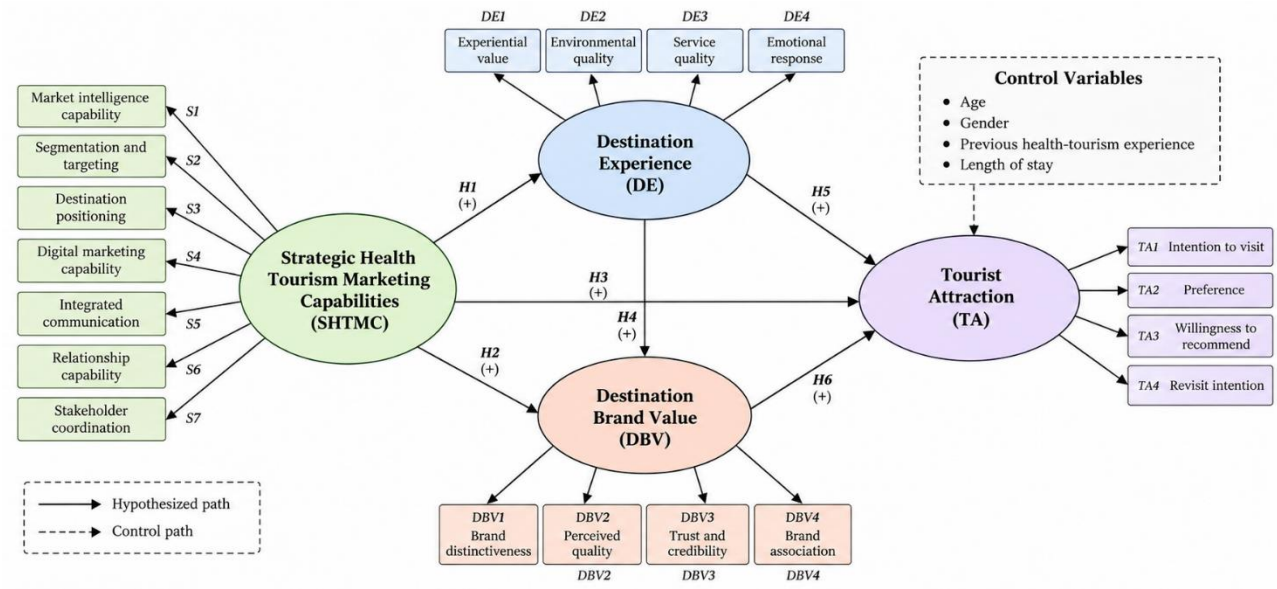


Figure 2. Multidimensional explanatory structure of tourist attraction

The recommended graphical representation is a multi-parameter path diagram displaying standardized coefficients, R^2 values, significance levels, and indirect effects simultaneously. This figure allows the relative contribution of the principal explanatory mechanisms to be evaluated without reducing the analysis to a single regression coefficient.

4.8. Mediation Analysis

The mediation analysis constitutes a central component of the proposed model. It examines whether destination experience and destination brand value transmit the effect of strategic health tourism marketing capabilities to tourist attraction.

Table 7. Indirect and total effects

Effect	Indirect pathway	Effect coefficient	Bootstrapped confidence interval	Mediation type
IE1	SHTMC → DE → TA	[actual]	[actual]	[actual]
IE2	SHTMC → DBV → TA	[actual]	[actual]	[actual]
IE3	SHTMC → DE → DBV → TA	[actual]	[actual]	[actual]
TE	SHTMC → TA	[actual]	[actual]	[actual]

The most theoretically important indirect pathway is the sequential mechanism in which strategic marketing capabilities influence destination experience, destination experience strengthens destination brand value, and destination brand value subsequently contributes to tourist attraction.

This sequential structure distinguishes the present framework from models that examine marketing and tourist attraction as a simple direct relationship. It proposes that strategic marketing becomes more effective when it is translated into an experiential destination proposition and subsequently consolidated through brand-related value perceptions.

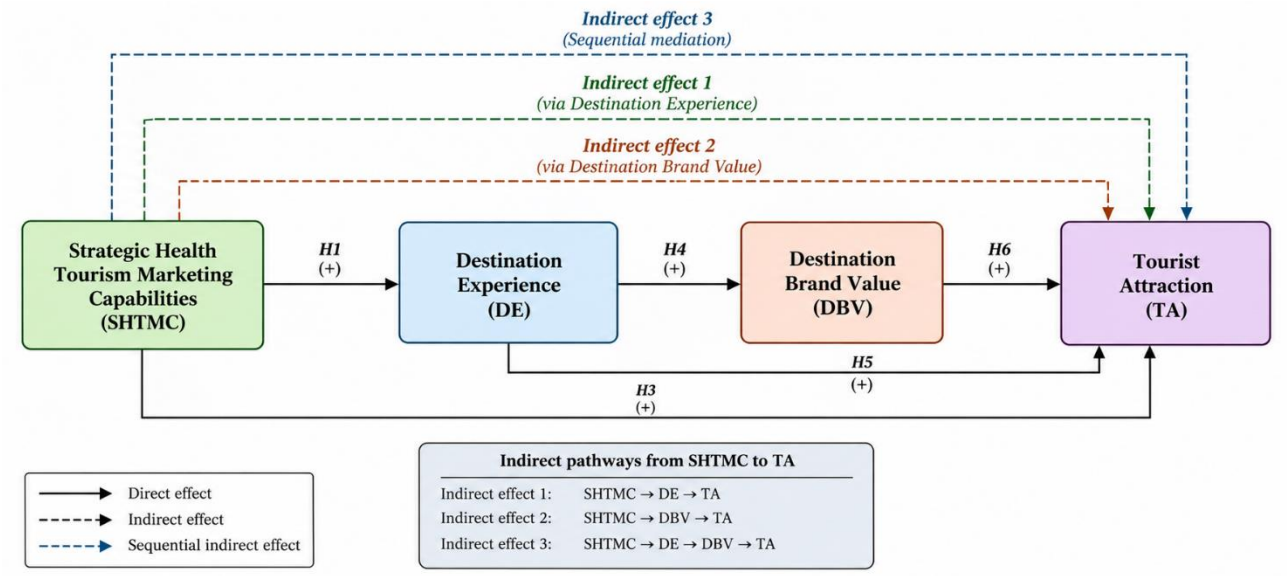


Figure 3. Sequential mediation pathway linking strategic marketing capabilities to tourist attraction

4.9. Relative Importance of Strategic Marketing Dimensions

The multidimensional structure of strategic health tourism marketing capabilities permits an additional analysis of the relative contribution of its constituent dimensions.

Table 8. Relative contribution of strategic marketing dimensions

Strategic marketing dimension	Standardized loading	Relative contribution	Rank
Market intelligence capability	[actual]	[actual]	[actual]
Segmentation and targeting	[actual]	[actual]	[actual]
Destination positioning	[actual]	[actual]	[actual]
Digital marketing capability	[actual]	[actual]	[actual]
Integrated communication	[actual]	[actual]	[actual]
Relationship capability	[actual]	[actual]	[actual]
Stakeholder coordination	[actual]	[actual]	[actual]

This analysis is particularly relevant from a managerial perspective because the overall significance of strategic marketing capabilities does not necessarily imply that all dimensions contribute equally. The ranking obtained from the empirical model can identify which capabilities should receive greater managerial attention and resource allocation.

4.10. Integrated Model

The final model integrates the findings from the qualitative and quantitative phases. The qualitative phase provides the contextual dimensions of strategic health tourism marketing capabilities, while the quantitative phase determines how these capabilities are statistically associated with destination experience, destination brand value, and tourist attraction.

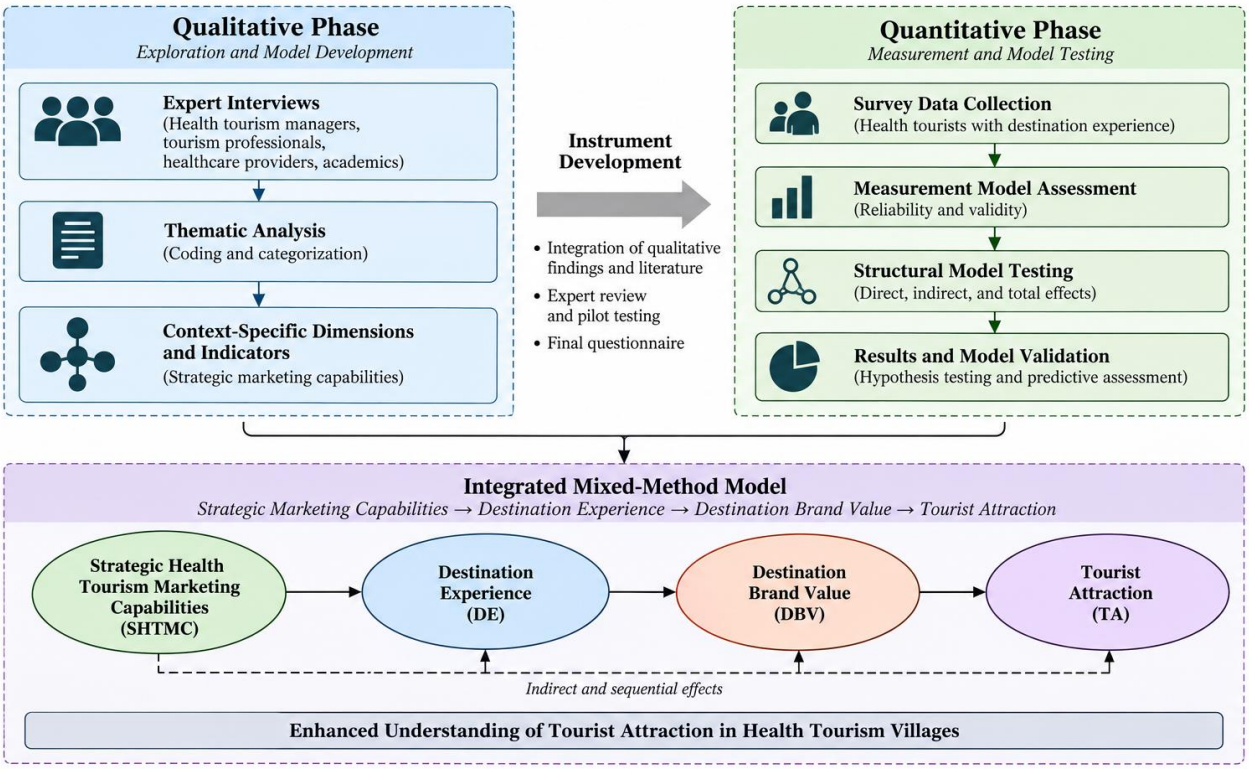


Figure 4. Integrated mixed-method model of health tourism village marketing

The integrated interpretation is intended to identify not only whether the proposed relationships are statistically supported but also how the mechanisms operate within the specific organizational and destination context of health tourism villages.

The final empirical conclusions should be drawn only after the numerical results have been calculated from the collected dataset. In particular, path coefficients, significance levels, reliability coefficients, validity measures, explained variance, and mediation effects should not be replaced by estimated or illustrative values.

5- Discussion

The central contribution of this study is the development of an integrated perspective on how strategic health tourism marketing capabilities can contribute to tourist attraction through experiential and brand-related mechanisms. The proposed framework moves beyond a conventional promotional interpretation of tourism marketing and considers marketing capability as a strategic destination resource. This perspective is particularly relevant to health tourism villages because their competitive proposition is generated through the combination of healthcare, wellness, hospitality, recreation, accommodation, and destination services.

5.1. Strategic Marketing Capabilities as a Destination-Level Resource

The conceptual structure developed in this study suggests that strategic marketing capabilities should be understood as a coordinated set of capabilities rather than a collection of isolated promotional activities. Market intelligence, segmentation, positioning, digital communication, relationship management, and stakeholder coordination collectively determine how effectively a health tourism village can identify market opportunities and translate its resources into a differentiated value proposition.

This interpretation is consistent with the strategic orientation of health tourism research, where destination competitiveness depends on the alignment of multiple strategic factors rather than the performance of a single service provider [1]. A health tourism village may possess high-quality healthcare or wellness resources, but these resources do not automatically create market attractiveness. Their economic value depends partly on the destination's ability to identify appropriate target markets, communicate relevant benefits, coordinate stakeholders, and establish a recognizable position.

The qualitative structure proposed in this research is also consistent with evidence that stakeholder perspectives are essential to understanding the development and improvement of health tourism destinations

[4]. Health tourism villages are characterized by interdependence among different actors. Consequently, a marketing strategy developed by one organization without coordination with healthcare, hospitality, transportation, wellness, and destination-management actors may produce an inconsistent market proposition.

5.2. Destination Experience as a Transformational Mechanism

A central theoretical implication of the model concerns the role of destination experience. Marketing capabilities are unlikely to generate sustained tourist attraction when the communicated value proposition is disconnected from the experience actually delivered at the destination.

Health tourism differs from many conventional tourism forms because visitors often evaluate several dimensions simultaneously. A tourist may assess healthcare or wellness services while also evaluating environmental quality, accommodation, accessibility, interpersonal interactions, recreation, perceived safety, and opportunities for restoration. Consequently, destination experience represents the point at which strategic marketing promises are confronted with actual visitor perceptions.

Research on wellness tourism has emphasized the importance of restorative experiences and tourists' health-related goals in shaping their engagement with destinations [7]. This perspective supports the inclusion of destination experience as an intermediate mechanism rather than treating tourist attraction as a purely cognitive response to promotional messages.

The model therefore implies a transition from communication to experience: strategic marketing capabilities create expectations and facilitate destination choice, whereas the quality and coherence of the subsequent experience determine whether those expectations are reinforced. A health tourism village that communicates an integrated wellness proposition but fails to provide corresponding experiential quality may experience a disconnect between brand promise and tourist perception.

5.3. Destination Brand Value and the Reduction of Perceived Uncertainty

The second major mechanism incorporated into the model is destination brand value. Health tourism decisions may involve greater uncertainty than ordinary leisure decisions because tourists may be required to evaluate health-related services, professional credibility, safety, costs, accessibility, and service reliability before selecting a destination.

A strong destination brand can function as an information-processing mechanism by organizing diverse destination attributes into a recognizable identity. Research on medical tourism destination brands demonstrates that destination-brand attributes are associated with tourists' trust, engagement, and behavioral responses [2]. This suggests that branding is not merely a communication device but can become a strategic resource that helps tourists evaluate the credibility and distinctiveness of a health tourism destination.

The present model extends this logic by positioning brand value after destination experience as well as alongside strategic marketing capabilities. This configuration recognizes that brand perceptions may be established before a visit but can also be reinforced or modified through actual destination experience. Evidence concerning wellness tourism experience and destination brand-related emotional responses further supports the importance of experiential encounters in the development of stronger destination-brand relationships [9].

5.4. Digital Capabilities and Contemporary Health Tourism Marketing

The digital dimension of strategic marketing deserves particular attention. Health tourists increasingly encounter destinations through digital search, online information, social-media communication, digital reviews, virtual content, and technology-supported interactions. Consequently, digital capability should not be treated as a supplementary promotional function.

Research on artificial intelligence in health tourism has demonstrated the emergence of technology-related dimensions that can influence how health tourism organizations understand and respond to visitors [5]. Similarly, research on health resorts has identified digital marketing and electronic-business capabilities as important elements in the contemporary marketing environment of health-oriented destinations [8].

For health tourism villages, digital capability may therefore influence tourist attraction through at least two mechanisms. First, it can increase destination visibility and improve access to information before travel. Second, it can contribute to expectation formation and personalization, potentially strengthening the coherence between tourist needs and the destination's value proposition.

However, digital presence alone should not be interpreted as evidence of effective strategic marketing. The effectiveness of digital communication depends on the credibility, relevance, consistency, and experiential

accuracy of the information provided. Excessive promotional emphasis without corresponding destination performance may increase expectations without generating equivalent experiential value.

5.5. Destination Image, Accessibility, and Tourist Perception

Destination image provides an additional conceptual link between marketing capabilities and tourist attraction. Health tourism destinations are evaluated according to multiple functional and perceptual attributes, including healthcare quality, safety, accessibility, travel convenience, service diversity, and communication. The multidimensional nature of medical tourism destination image indicates that tourist attraction cannot be reduced to the quality of healthcare services alone [10].

Accessibility is particularly important because even a highly differentiated destination may struggle to attract tourists if information, transportation, booking, communication, or physical access is difficult. Research examining destination brand identity as a mediator between accessibility and tourist perception indicates that destination identity can transform functional destination characteristics into more favorable tourist perceptions [12].

This mechanism is compatible with the present framework. Strategic marketing capabilities can communicate accessibility and other functional characteristics, while destination experience determines how these characteristics are actually perceived. Destination brand value can subsequently consolidate these perceptions into a more durable evaluation of the destination.

5.6. Changes in Health Tourist Expectations

The health tourism market has also experienced substantial changes in tourists' expectations and perceptions. The COVID-19 period altered the importance attached to health, safety, destination conditions, and travel-related risk. Research comparing tourists' perceptions of health tourism before and after the pandemic demonstrates that health-related travel perceptions are dynamic rather than stable [11].

This finding has strategic implications for health tourism villages. Marketing capabilities must be sufficiently adaptive to detect changes in tourist expectations and modify destination communication accordingly. A static marketing strategy may become ineffective when the relative importance of safety, hygiene, accessibility, digital interaction, or healthcare credibility changes.

Accordingly, market intelligence should be treated as a continuous capability rather than a one-time planning activity. Health tourism villages require mechanisms for collecting and interpreting visitor feedback, monitoring changes in demand, and adjusting their value proposition as market conditions evolve.

5.7. Theoretical Contribution of the Integrated Framework

The principal theoretical contribution of the study lies in connecting three traditionally separate perspectives: strategic marketing capabilities, destination experience, and destination branding. Existing research has often examined these dimensions independently or through relatively narrow relationships. Reviews of medical tourism research have highlighted the need for broader and more integrated approaches to destination management and marketing [13].

The proposed framework responds to this gap by conceptualizing tourist attraction as the outcome of a sequential value-creation process. In this process, strategic marketing capabilities influence the way a destination identifies and communicates its value; destination experience determines how that value is encountered and evaluated; and destination brand value provides a mechanism through which these evaluations become associated with a recognizable destination identity.

The model therefore shifts the analytical question from "Which promotional activity attracts tourists?" toward "How do destination-level marketing capabilities create experiential and brand value that ultimately strengthens tourist attraction?" This shift provides a more comprehensive basis for understanding the strategic marketing of health tourism villages.

5.8. Managerial Implications

The model provides several implications for managers of health tourism villages. First, marketing budgets should not be allocated exclusively to advertising and promotional campaigns. Investment in market intelligence, customer-data systems, digital capabilities, staff training, stakeholder coordination, and destination positioning may be equally important for creating sustainable attraction.

Second, destination managers should ensure consistency between the value proposition communicated through marketing channels and the experience delivered at the destination. This requires coordination among

healthcare providers, accommodation facilities, wellness operators, transportation services, and recreational providers.

Third, destination branding should be managed as a long-term strategic asset. Brand value can help differentiate a health tourism village in an increasingly competitive market, particularly when tourists face difficulty comparing the quality and credibility of alternative destinations.

Fourth, digital marketing should be integrated with broader destination strategy. The objective should not simply be to increase online visibility but to provide accurate, useful, credible, and experience-consistent information throughout the tourist journey.

Finally, destination managers should establish systematic mechanisms for collecting tourist feedback and monitoring changing expectations. Such mechanisms can strengthen market intelligence and enable the destination to adjust its marketing strategy before emerging changes in demand become significant competitive disadvantages.

Overall, the proposed framework suggests that the sustainable attraction of health tourists depends on the interaction of strategic capabilities, experiential quality, and destination brand value. This integrated perspective can help health tourism villages move from short-term promotional activity toward a more systematic model of destination value creation.

6- Conclusion

This study developed an integrated framework for explaining tourist attraction in health tourism villages through the interaction of strategic marketing capabilities, destination experience, and destination brand value. The proposed framework responds to a significant conceptual limitation in health tourism research, where marketing capabilities, experiential value, and destination branding have frequently been examined as separate dimensions rather than as interconnected components of a destination-level value-creation process.

The study conceptualizes strategic health tourism marketing capabilities as a multidimensional organizational and destination-level resource. Market intelligence, segmentation and targeting, destination positioning, digital marketing, integrated communication, relationship management, and stakeholder coordination provide the foundation through which health tourism villages can identify market opportunities and formulate differentiated value propositions. However, the framework emphasizes that these capabilities acquire greater strategic significance when they are translated into a coherent destination experience.

Destination experience represents the first important mechanism in this process. Health tourists evaluate destinations through a combination of functional, experiential, emotional, environmental, and health-related attributes. Consequently, the effectiveness of strategic marketing depends not only on the quality of communication but also on the consistency between communicated expectations and the experience delivered at the destination.

Destination brand value constitutes a second mechanism through which strategic marketing and experience can contribute to tourist attraction. A distinctive and credible destination brand can consolidate diverse destination attributes into a recognizable market identity, reduce uncertainty, and strengthen tourists' perceptions of value and attractiveness. The sequential relationship proposed in this study therefore provides a more comprehensive explanation of tourist attraction than a direct marketing-to-attraction relationship.

From a managerial perspective, the framework indicates that health tourism villages should move beyond promotional approaches and develop integrated marketing capabilities. Particular attention should be given to market intelligence, digital communication, stakeholder coordination, experience design, and long-term destination-brand management. Marketing decisions should be evaluated according to their ability to generate consistent experiential and brand value rather than merely increasing promotional exposure.

The study also provides a basis for future empirical assessment of health tourism villages across different geographical and institutional contexts. Cross-destination comparisons could determine whether the relative importance of strategic marketing capabilities varies according to destination maturity, market structure, healthcare specialization, accessibility, or tourist origin. Longitudinal research could further examine whether improvements in destination experience and brand value produce sustained changes in tourist attraction and behavioral outcomes.

The principal limitation concerns the contextual specificity of health tourism villages and the potential influence of destination characteristics on tourists' evaluations. Future research may therefore extend the model

to medical tourism clusters, wellness resorts, integrated health destinations, and other specialized tourism environments. Nevertheless, the proposed framework provides a theoretically coherent and practically applicable basis for examining how strategic marketing capabilities can be transformed into experiential and brand value and ultimately contribute to the attraction of health tourists.

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