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Developing a Qualitative Model of Multicultural Organizational Behavior to Promote the Medical Tourism Industry

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A B S T R A C T

Multicultural organizational behavior is essential for fostering intercultural collaboration and managing diversity, particularly in the medical tourism sector, where both staff and patients come from distinct cultural backgrounds. The primary objective of the present study is to develop a model of multicultural organizational behavior aimed at advancing the medical tourism industry. This study employed a qualitative research design. To answer the research question, content analysis methodology was applied. The statistical population consisted of experts in the field of management who have conducted research in organizational behavior. A snowball sampling technique was used, and 15 individuals were interviewed. Data saturation was reached after 13 interviews. The data collection instrument was an open-ended, semi-structured interview. Cohen's Kappa coefficient was used to assess the validity of the model. The findings revealed that multicultural organizational behavior in the medical tourism industry encompasses 4 selective codes, 17 axial codes, and 74 open codes. The dimensions of multicultural organizational behavior identified in this industry include: a flexible organizational culture, continuous and multi-level training, effective communication, and multicultural elite management. To enhance multicultural organizational behavior in the healthcare sector, providing cultural competency training to healthcare providers can improve their understanding and effectiveness.

Keywords: *Organizational behavior, multicultural organizational behavior, medical tourism.*

1. Introduction

The global expansion of medical tourism in recent decades has transformed the structure and performance of healthcare systems, particularly in developing nations seeking to position themselves as international health destinations. Medical tourism, broadly defined as the movement of individuals across borders to receive medical care, has seen exponential growth due to rising healthcare costs in developed countries, the increased quality of services in emerging economies, and the ease of global mobility. However, while much attention has been given to infrastructural, clinical, and marketing dimensions of this sector, a critical determinant of sustainable growth

remains largely underexplored: multicultural organizational behavior in medical tourism institutions (Ghahremani Souldaragh et al., 2024; Green, 2024).

Healthcare providers engaged in the medical tourism industry frequently interact with patients from linguistically, religiously, and culturally diverse backgrounds. Consequently, their organizational success increasingly hinges on the ability to manage diversity internally and externally through well-developed multicultural competencies (James et al., 2025). Multicultural organizational behavior refers to the strategic, operational, and cultural mechanisms through which institutions adapt their internal dynamics to accommodate and leverage cultural diversity. In the context of medical tourism, where short-term high-impact interactions with patients are the norm, culturally responsive organizational behavior is indispensable (Białk-Wolf, 2025).

Research has shown that embracing multicultural values in healthcare environments leads to better communication, greater patient trust, reduced misdiagnoses, and overall improvements in service quality (Green, 2024). As global patient flows increase, hospitals are faced not only with new clinical challenges but also with organizational ones that demand culturally inclusive planning, culturally competent personnel, and strategic policies to manage ethnolinguistic complexity (Ketemaw et al., 2024). A lack of preparedness in this regard can result in miscommunication, dissatisfaction, or even reputational harm—issues which are often more costly in international service delivery than in local practice (Sheppard et al., 2014).

The medical tourism industry also presents unique management challenges that require adaptive, learning-oriented organizational models. In contrast to domestic healthcare, medical tourism institutions operate under greater expectations for hospitality, cultural sensitivity, and personalized care (Ashrafi et al., 2019; Goodarzi, 2021). This necessitates deliberate planning and execution of multicultural organizational behavior strategies at multiple levels—strategic, structural, procedural, and interpersonal. Scholars have emphasized the role of leadership in shaping inclusive work environments and creating alignment between institutional values and intercultural realities (Burrell et al., 2023; Elloukmani et al., 2024).

At the strategic level, leaders must create a vision for multicultural inclusiveness and embed it into the organization's core mission and structure. This includes forming diversity advisory committees, defining cross-cultural key performance indicators, and revising managerial systems that are incompatible with international norms (Springs, 2022). Moreover, performance management systems must go beyond traditional metrics to evaluate staff's intercultural competencies and their ability to contribute to inclusive service delivery (Ghahremani Souldaragh et al., 2024). In this vein, multiculturalism is not only an HR initiative but a system-wide imperative for organizational excellence.

The structural and procedural levels of multicultural organizational behavior involve developing multilingual communication systems, cross-cultural training programs, and patient-centered care protocols that are adaptable to various cultural expectations. Hospitals must deploy technological innovations such as real-time translation tools and culturally tailored patient interfaces to bridge linguistic divides (Ketemaw et al., 2024; Springs, 2022). In tandem, recruitment strategies should be redesigned to ensure the inclusion of staff from varied cultural backgrounds, as this improves empathy and communication with international patients (Burrell et al., 2023).

Education and continuous training also play a fundamental role in shaping multicultural readiness. Studies have demonstrated that culturally competent training programs lead to measurable improvements in staff-patient interactions and clinical outcomes (Ieng Lai et al., 2025). Medical personnel trained in body language interpretation, cultural taboos, dietary preferences, and religious sensitivities are more likely to build trust with patients, thereby enhancing satisfaction and loyalty. As suggested by (Ketemaw et al., 2024), such programs should not be one-time orientations but sustained, multilevel learning frameworks integrated into institutional development plans.

A flexible and responsive organizational culture is another cornerstone of multicultural behavior. According to (Kiakojouri, 2024), organizational culture acts as both a facilitator and inhibitor of diversity depending on its orientation toward change and inclusiveness. Cultures that value collective learning, interpersonal trust, and adaptive leadership are more likely to cultivate the psychological safety needed for cross-cultural collaboration. Conversely, rigid and hierarchical cultures may suppress diversity and foster implicit bias, undermining the institution's attractiveness to international clients (Elloukmani et al., 2024).

At the interpersonal level, the dynamics of trust, communication, and empathy are key. Patients engaging in medical tourism often face heightened vulnerability due to linguistic unfamiliarity, geographic dislocation, and anxiety

regarding procedures. Thus, the frontline medical staff must be trained not only in technical competencies but also in emotional intelligence, empathy, and cultural sensitivity (Sajadi et al., 2012). According to (Green, 2024), these interpersonal behaviors are mediated by broader organizational values that must prioritize human dignity, inclusiveness, and patient empowerment.

Institutions that align their multicultural organizational behavior with broader value co-creation strategies can further enhance patient engagement and institutional growth. As emphasized by (Hassanzadeh et al., 2021), co-creation involves actively engaging patients as contributors to service design and delivery. This is especially relevant in multicultural contexts where patient needs and preferences are shaped by culturally specific understandings of health, healing, and hospitality. Organizational behavior models that promote shared values, intercultural dialogue, and participatory planning are more effective in this regard (Firouzyar & KiaKojouri, 2013).

The role of diversity in workforce composition also cannot be overstated. As pointed out by (Burrell et al., 2023), diversity in leadership and operations fosters greater innovation, resilience, and representational equity. Medical tourism institutions that recruit multicultural staff not only improve patient communication but also enhance organizational adaptability to shifting global demands. Furthermore, employees working in multicultural teams report higher levels of engagement, creativity, and professional development (Ieng Lai et al., 2025).

Despite its significance, however, many healthcare organizations still lack robust models to operationalize multicultural behavior across departments. Most institutions rely on ad hoc solutions such as hiring translators or issuing basic cultural orientation handbooks, which fail to address systemic issues (James et al., 2025; MirTaghian Rudsari & Kiakojouri, 2016). There is thus a pressing need to design comprehensive models grounded in empirical evidence and tailored to the complexities of medical tourism. Such models must identify and interconnect key dimensions—organizational culture, training, communication, elite management, and continuous monitoring—to foster an inclusive and globally competitive healthcare environment (Ghahremani Souldaragh et al., 2024).

Additionally, institutional learning from other sectors can inform this model-building process. For example, the entrepreneurial literature stresses the importance of removing structural barriers and cultivating an innovation-oriented mindset for dynamic responsiveness (Firouzyar & KiaKojouri, 2013). Applying this lens, medical tourism institutions can adopt agile organizational structures, participatory decision-making, and customer-centered innovation as foundational components of multicultural behavior. Furthermore, as suggested by (Springs, 2022), the integration of HR analytics, digital technologies, and data-driven performance reviews can optimize the implementation and refinement of such models over time.

In sum, the future of medical tourism is inseparable from the cultural intelligence of its organizational systems. Multicultural organizational behavior must be elevated from a soft-skill discourse to a strategic imperative embedded in institutional design, policy, and practice. Institutions that proactively adopt and refine such models will not only improve patient outcomes and operational efficiency but also gain a distinctive competitive edge in the international healthcare market. The primary objective of the present study is to develop a model of multicultural organizational behavior aimed at advancing the medical tourism industry.

2. Methods and Materials

The main objective of this study is to develop a qualitative model of multicultural organizational behavior in the medical tourism industry. From a research purpose perspective, this study is exploratory in nature. To analyze the collected data, expert interviews were conducted, and a content analysis approach was applied to identify the dimensions, components, and indicators of multicultural organizational behavior in support of the development of the medical tourism industry.

The content analysis approach in this study follows seven stages: (1) formulating interview questions; (2) selecting the appropriate sample; (3) determining the type of content analysis to be used; (4) planning the coding process; (5) executing the coding process; (6) analyzing the results derived from the coding process; and (7) determining the validity and reliability (Kaid, 1990). In this research, a condensed content analysis method was employed, as the interview codes were derived from the researcher's interest and the existing literature.

The statistical population of this study consists of management experts who have conducted research and produced scholarly work in the field of organizational behavior and multicultural organizational behavior, and who have professional experience in the field of medical tourism. The sampling method used in this phase was snowball sampling.

In this study, interviews continued until the point of data saturation was reached—when the responses became repetitive and no new information emerged. Based on this criterion, 15 participants were interviewed. The interview protocol was designed as follows:

This study aims to develop a model of multicultural organizational behavior in the medical tourism industry. To achieve this objective, a series of questions were developed and posed. Naturally, these questions are designed to facilitate discussion of the topic, and they may be refined or adjusted at the discretion of the participant based on their expertise and professional experiences.

1. How do you define multicultural organizational behavior in the medical tourism industry?
2. How can multicultural organizational behavior be promoted in the medical tourism sector?
3. What barriers exist in establishing multicultural organizational behavior in the medical tourism industry?
4. How can organizational culture be designed to support multicultural organizational behavior in medical tourism centers?
5. How can mutual trust among employees from different cultural backgrounds be enhanced in the medical tourism industry?
6. How can cultural differences be managed in medical tourism facilities?
7. What dimensions are included in the model of multicultural organizational behavior in medical tourism centers?
8. How can shared values be defined within the multicultural organizational behavior model?
9. How can the implementation of the multicultural organizational behavior model be evaluated in medical tourism centers?
10. How can the multicultural behavior model be aligned with existing policies in medical tourism centers?
11. How can the impact of multicultural organizational behavior on the quality of healthcare services be measured?
12. How can the multicultural organizational behavior model be applied to other organizational sectors?
13. How does multicultural organizational behavior influence patient experiences and outcomes in medical tourism?
14. In your opinion, what policies or strategies are essential to promote a multicultural environment in medical tourism?
15. In your view, what types of training or development programs are necessary for employees working in multicultural medical tourism settings?

To assess the validity of the research instrument, content validity (via expert judgment) and face validity were employed. For validating the coding process and ensuring quality control in the qualitative phase, Cohen's Kappa coefficient was used.

3. Findings and Results

Following the expert interviews and the application of content analysis, the dimensions and components of multicultural organizational behavior in the medical tourism industry were identified. The results are presented in Table 1.

Table 1

Categorization of Extracted Codes

Selective Code	Axial Code	Open Codes
Flexible Organizational Culture	Minimizing Biases	Respect for linguistic and religious diversity – Reducing cultural bias – Ethical considerations
	Cultural Planning	Defining shared cultural goals – Strengthening intercultural communication – Creating a flexible intercultural work environment
	Shared Values	Respect for diversity – Encouraging cooperation and teamwork – Open communication – Creating a shared sense through common language – Attention to shared religion and faith – Sense of unity via religious commonality
	Responsive Culture	Collecting patient feedback – Comparing performance before and after – Analyzing quality indicators – Monitoring staff and patient satisfaction – Monitoring service quality and continuous improvement
Continuous and Multi-Level Training	Cultural Decoding	Simulation workshops – Medical language courses – Cross-cultural training – Arabic and English language training for hospital staff

	Cultural Knowledge Development	Raising staff awareness of diverse cultures – Applying personal experience in patient interaction – Culturally engaging with foreign patients – Cultural understanding of international patients – Respecting religious beliefs of foreign patients – Identifying behavior and culture of international patients – Distinguishing international patients from domestic ones
	Homogeneous Learning	Experience-sharing – Participatory planning – Providing standardized training
Effective Communication	Structuring Formal Communication	Establishing international units – Standardized communication frameworks
	Technological Applications	Real-time translation systems – Use of Artificial Intelligence (AI)
	Communication Skills	Developing cross-cultural skills – Removing personal communication barriers – Face-to-face communication with patients – Training staff in body language when interacting with foreigners and sensitive patients – Appropriate verbal communication with patients – Listening skills – Ability to communicate across age groups – Awareness of dietary preferences of international patients
	Cultural Conflict Management	Problem-solving skills – Mediation – Promoting open communication – Reducing cultural conflicts – Understanding cultural misunderstandings – Effective administrative procedures for admitting international patients
	Interaction Management	Halo effect in patient interactions – Effective first impressions – Gender neutrality in patient interactions – Avoiding political biases in patient treatment – Delivering services regardless of race or ethnicity – Treating patients irrespective of religious affiliation
Multicultural Elite Management	Organizational Strategy	Evaluation metrics – Advisory committees – Reforming outdated management systems
	Mutual Trust	Team-based activities – Performance evaluations based on collaboration – Strengthening informal communication – Fostering a sense of responsibility
	Performance Management	Staff surveys – Observation of performance – Ongoing results analysis
	Recruitment Strategies	Behavioral criteria for selecting international medical staff – Specific international criteria for selecting IPD personnel – Hiring individuals from diverse cultural backgrounds
	Behavioral Policy Monitoring	Reviewing cultural changes – Consulting with specialists – Continuous planning – Periodic review of existing policies – Employee participation – Long-term planning based on strategic documents

According to the above table, four selective codes are categorized into 17 axial codes and 74 open codes.

Table 2

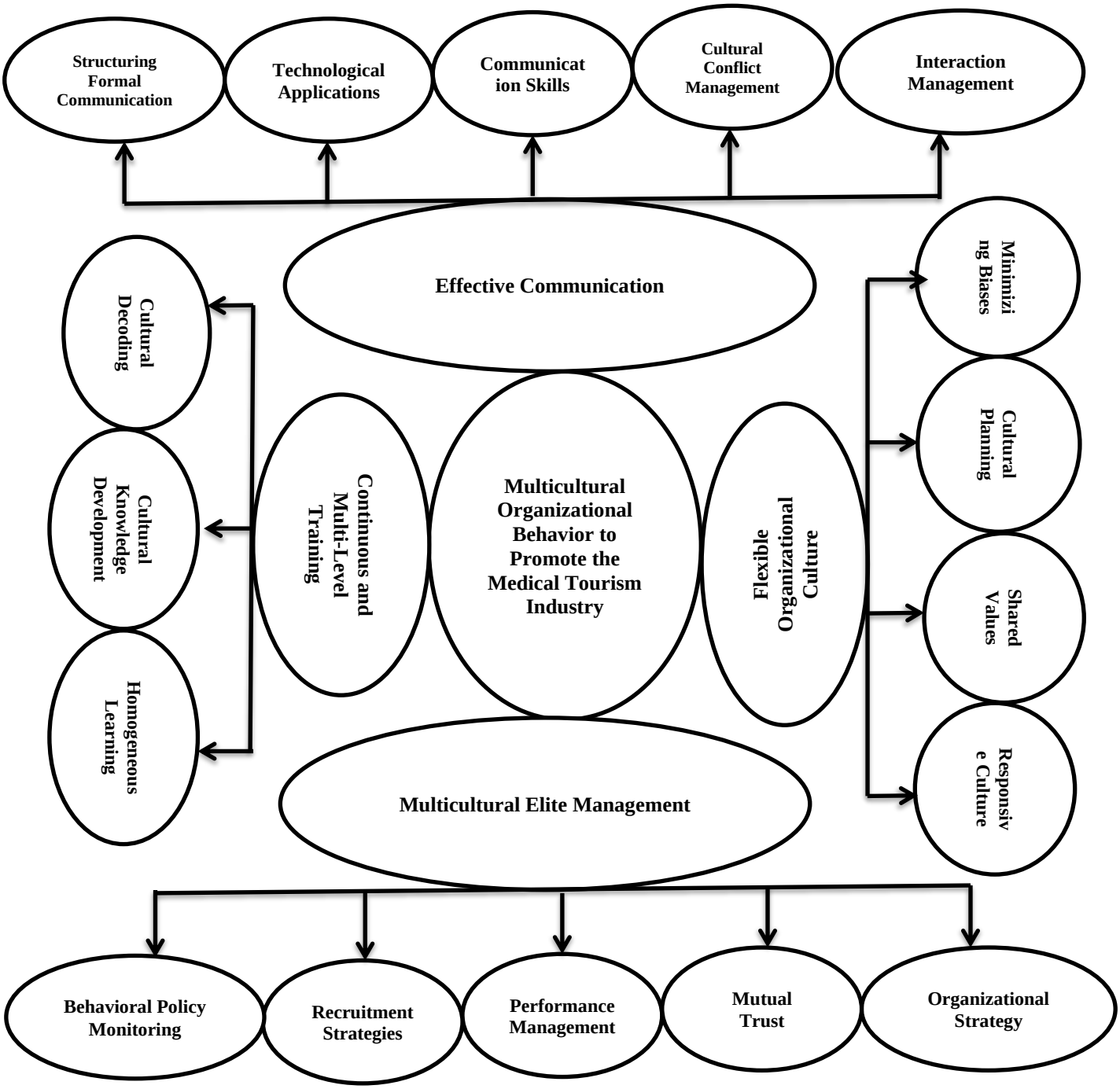
Cohen's Kappa Coefficient and Agreement Level Results

Kappa Value	Agreement Level
0.721	Acceptable
< 0	Poor
0.20–0.00	Insignificant
0.21–0.40	Moderate
0.41–0.60	Adequate
0.61–0.80	Substantial
0.81–1.00	Excellent

As shown in Table 2, the calculated value of Cohen's Kappa is 0.721, which indicates a substantial level of agreement.

Figure 1

Dimensions, Components, and Indicators of Multicultural Organizational Behavior in the Medical Tourism Industry



4. Discussion and Conclusion

The results of this study revealed that multicultural organizational behavior in the medical tourism industry is a multidimensional construct, consisting of four overarching categories: flexible organizational culture, continuous and multilevel training, effective communication, and multicultural elite management. These four dimensions encompass 17 axial codes and 74 open codes, each representing a practical component necessary for fostering a culturally inclusive and efficient healthcare environment for international patients. This framework highlights the complex and interdependent nature of cultural dynamics in

healthcare institutions that operate across linguistic, religious, and national boundaries.

The first dimension—flexible organizational culture—emerged as a foundational requirement for the successful implementation of multicultural practices. The study identified subcomponents such as minimizing cultural bias, cultural planning, promoting shared values, and adopting a responsive organizational culture. These findings are in alignment with the work of (Green, 2024), who argues that organizational culture plays a decisive role in enabling multicultural strategies in healthcare organizations. A flexible and inclusive culture not only fosters open communication among employees but also enhances patients' trust and satisfaction by acknowledging and integrating their cultural values into care protocols. Similarly, (Elloukmani et al., 2024) emphasize the role of inclusive discourses and organizational narratives in shaping employees' perception of ethnic diversity and their responsiveness to intercultural interactions. These elements, when embedded in daily operations, create an environment where diversity is respected and strategically managed.

The emphasis on cultural planning and value alignment resonates with the findings of (Ketemaw et al., 2024), who assert that the establishment of shared goals and values across cultural boundaries is a prerequisite for sustainable collaboration. In this study, shared values such as respect for religious diversity, encouragement of teamwork, and fostering a unified sense of purpose were considered vital. Additionally, the need for responsive systems, such as satisfaction monitoring and quality analysis, parallels findings from (Hassanzadeh et al., 2021), who argue that the success of medical tourism relies heavily on continuous performance evaluation and service enhancement based on patient feedback.

The second major dimension, continuous and multilevel training, encapsulates the importance of equipping healthcare staff with the knowledge and skills necessary for navigating multicultural environments. Key components included cultural decoding, cultural knowledge development, and homogeneous learning. These align with the work of (Ieng Lai et al., 2025), who demonstrated that cross-cultural training programs significantly improve professional competencies among nurses working in diverse environments. Moreover, the identification of structured language and cultural workshops echoes findings by (Burrell et al., 2023), who highlighted the role of tailored professional development initiatives in enhancing diversity leadership, particularly within healthcare systems dealing with cross-border patients. This study confirms that effective training mechanisms are not only beneficial for direct patient care but also promote institutional cohesion by reducing miscommunication and cultural friction.

Furthermore, the emphasis on developing cultural knowledge—such as understanding religious beliefs, cultural values, and behavioral expectations of international patients—reinforces prior research by (James et al., 2025), who noted that cultural awareness among healthcare providers directly impacts the help-seeking behavior and overall experience of patients from culturally and linguistically diverse communities. The concept of homogeneous learning, including participatory planning and knowledge-sharing, also reflects the insights of (Springs, 2022), who stressed the need for integrating learning practices into the core structure of human resource management in healthcare.

The third category, effective communication, emerged as both a facilitator and an outcome of multicultural organizational behavior. It was found to be rooted in formal organizational structures (such as dedicated international units), technological applications (like AI-based translation tools), communication skills, cultural conflict management, and interaction management. These findings strongly correlate with (Ghahremani Souldaragh et al., 2024), who modeled internal relationships among multicultural behavior dimensions and highlighted the importance of structured communication pathways and cultural competence in managing diverse teams. Moreover, the role of AI and simultaneous translation technologies identified in this study supports the argument of (Springs, 2022), who emphasized that technological adoption in healthcare organizations is indispensable for enhancing organizational agility and patient responsiveness in multicultural contexts.

Beyond structural components, interpersonal communication skills—such as nonverbal behavior awareness, age-appropriate communication, and food sensitivity knowledge—were found to be critical. These results align with the findings of (Goodarzi, 2021), who examined the role of cultural variables in attracting Iraqi medical tourists and concluded that personalized, culturally sensitive communication significantly boosts patient loyalty and market reputation. Additionally, strategies to manage cultural conflicts—through mediation, open dialogue, and administrative adaptation—echo (Sheppard et al., 2014), who analyzed the challenges Canadian hospitals faced due to follow-up complications after patients underwent procedures abroad. These complications often stemmed

from a lack of alignment between patient expectations and post-care practices, emphasizing the necessity of effective intercultural management.

The final dimension, multicultural elite management, focused on leadership strategy, mutual trust, performance management, inclusive hiring, and ongoing policy monitoring. The identification of advisory committees, trust-building activities, and culturally inclusive recruitment criteria aligns with (Firouzyar & KiaKojouri, 2013), who emphasized the importance of entrepreneurial and structural reform in driving organizational responsiveness. The present study confirms that successful multicultural organizations are those that not only hire diversely but also manage performance based on collaboration and intercultural competencies. These insights are reinforced by (Burrell et al., 2023), who documented that elite leadership and inclusive hiring practices in healthcare systems promote innovation, reduce discrimination, and improve service outcomes.

The element of trust emerged as particularly crucial, echoing findings by (Green, 2024) and (Ghahremani Souldaragh et al., 2024), who both argue that high-trust environments facilitate more efficient team performance in high-stakes medical contexts. Moreover, long-term policy evaluation and adaptation, as indicated by this study's participants, mirror the recommendations of (Kiakojouri, 2024), who noted that institutional progress in multicultural behavior requires iterative feedback loops and flexible managerial systems. Finally, the idea that planning must be aligned with higher policy documents and national strategies is consistent with the broader governance-oriented view of multicultural development advocated in the literature (MirTaghian Rudsari & Kiakojouri, 2016; Sajadi et al., 2012).

Overall, the present findings confirm and expand upon prior research by offering a grounded and empirically supported framework that operationalizes multicultural organizational behavior in medical tourism institutions. The 74 open codes provide micro-level indicators of practice, while the 17 axial codes and 4 selective codes offer a meso- and macro-level model that can be used by managers, policymakers, and educators. This study responds to the call for systematic modeling in this field and addresses the organizational gaps noted in previous studies that only partially conceptualized multicultural behavior (Białk-Wolf, 2025).

Despite the depth of qualitative data and the systematic coding process employed, the study is not without limitations. First, the sample size, while adequate for qualitative saturation, was restricted to 15 experts within specific geographic and institutional contexts, potentially limiting the transferability of the findings to other regions or health systems with different cultural profiles. Second, the reliance on self-reported data through interviews may introduce response bias, as participants might reflect idealized rather than actual practices. Lastly, the absence of patient perspectives limits the study's insight into how multicultural organizational behavior is experienced by the primary beneficiaries—international patients themselves.

Future studies should expand the scope of participant profiles to include frontline medical staff, administrative personnel, and international patients to triangulate the data and validate the current model from multiple viewpoints. Mixed-method research integrating surveys and observational data could further enhance the robustness of findings. Additionally, comparative studies across countries with varying levels of medical tourism infrastructure could shed light on how multicultural organizational behavior is shaped by national culture, regulation, and healthcare governance. Finally, longitudinal studies are recommended to assess how the implementation of multicultural strategies impacts patient satisfaction, employee engagement, and institutional performance over time.

For practitioners, the findings of this study underscore the importance of embedding multicultural organizational behavior into the strategic core of medical tourism institutions. Managers should invest in cross-cultural training programs, inclusive hiring policies, and performance metrics that reward intercultural competence. Healthcare organizations must also prioritize the creation of formal structures such as international service units and advisory committees to manage diversity proactively. Equally essential is the implementation of feedback systems that capture both patient and staff input to continuously refine multicultural practices. In an increasingly competitive global health market, those institutions that institutionalize multicultural competence will be best positioned to lead.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were considered.

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