Research Square

Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

A Systematic Review on the Role of Positive Psychology Constructs in Shaping Experiences and Expectations in Medical Value Travel.

Nabanita Choudhury
nabanitachoudhury@gmail.com

Symbiosis International University
Sumit Oberoi
Symbiosis International University
Ishita Ghosh
Symbiosis International University

Research Article

Keywords: Positive Psychology, Medical Value Travel, Travelers Decision, PRISMA. PICOS

Posted Date: March 24th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-9102099/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License. Read Full License

Additional Declarations: No competing interests reported.

Abstract

Positive psychology is committed to understanding, stimulating, and endorsing well-being and has a crucial role in augmenting the patient experience and involvement in medical travel. This study aims to concentrate on the role of positive psychology constrcts in shaping medical traveler's decisions, keeping patient satisfaction and psychological well-being as mediating factors. We used online databases such as Academia, Elsevier, Emerald, Google Scholar, Research Gate, and Scopus to perform a comprehensive literature search. Thirty-three research publications were identified based on the 'PRISMA 2020' framework. To do so, we adhered to a five-step process to enhance our comprehension of the available literature. The literature eligibility criterion is grounded on 'PICOS' procedure, and studies published between 2009 to 2024 were included. The proposed theoretical framework provides a valuable perspective on integrating positive psychology constructs with social media, health literacy, type of treatment, and socio-economic status to foster trust in the destination for medical travel. This trust aids travelers in making informed decisions to enhance health care, improve health outcomes, and offer a competitive edge to destinations. The study findings uncover the necessity of integrating positive psychology in shaping medical tourist decisions. This study is the first to provide a conceptual framework highlighting the role of positive psychology in defining traveler's decisions for medical tourism.

1. Introduction

Medical value travel (MVT) involves patients travelling to other nations for medicinal treatment. Often attracted by cost-effectiveness, accomplished with talented professionals, innovation, and cutting-edge facilities (Connell, 2013). Integrating the theories of positive psychology and medical value travel considerably boost in patient experiences and outcomes are witnessed as argued by (Pocinho et al., 2022). The constructs of positive psychology emphasize refining well-being, optimizing human functioning, nurturing positive emotions, resilience, reducing travel and medical procedures anxiety ((Yan and Halpenny,2023;Hao and Xiao ,2021;Norman and Pokorny, 2017). Patients experience improved health outcomes, faster recovery times, abridged pain perception, immune functioning through compassionate care, and a warm hospitable environment (Filep, 2016; Filep & Laing 2019). Moreover, results portray that trust and rapport through empathetic communication strengthen and support patient-provider relationships, leading to and culminating in better adherence to collaborative care treatment plans (Gilbody et al., 2006). It also equips patients with superior coping strategies, such as mindfulness and gratitude practices, and assists them in handling their emotions positively (Emmons & McCullough 2003). A positive frame of mind increases enthusiasm and engagement in treatment and recovery, promoting better self-care practices and proactive participation in rehabilitation (Blake, 2022). Medical value travel (MVT) comprises patients traveling abroad for healthcare treatments. MVT is driven by low cost, abridged waiting times, progressive technologies, and access to distinctively unique procedures unavailable in their home country (Connell, 2013). Modern medical technology and procedures have revolutionized healthcare, offering precise diagnostics, minimally invasive surgeries, and advanced treatment options (Saini et al., 2023). Countries like India, Thailand and Singapore have surfaced as prominent destinations for MVT, offering high-quality healthcare services at competitive prices due to this amalgamation of modern medical technology and procedures with wellness therapies (Choudhury et al., 2023). For nations like India, Singapore and Thailand, its key strengths include a large pool of skilled medical professionals, state-of-the-art medical facilities, and a rich heritage of traditional wellness therapies such as Ayurveda and Yoga (Prakash, 2018).

Although the subject of Medical Value Travel (MVT) has developed remarkably over the last decade, most of the available literature has concentrated on economic, infrastructural, and policy-based determinants of global patient mobility. Yet, there is still an urgent need to better comprehend the psychosocial and emotional factors that shape patient decision-making, satisfaction, and long-term health. In spite of increasing awareness of the need for patient-centered and holistic care, the use of positive psychology constructs—i.e., resilience, hope, optimism, and subjective well-being—has not been systematically included in the MVT narrative(Hao and Xiao,2021). Existing research has largely neglected the extent to which these constructs can be used to understand international patients' motivations, expectations, and post-treatment experiences. In addition, no known framework has synthesized these findings to guide both healthcare professionals and decision-makers on how to craft more compassionate, psych-supportive MVT systems. This article bridges that gap by presenting a systematic review of the confluence of positive psychology and MVT, and a conceptual framework that can be used to inform future empirical studies and patient-focused innovation across the world health services market. Every proposition in the framework was inductively drawn from persistent patterns and thematic clusters within the literature. In particular, the employment of a theory-informed thematic

synthesis method where positive psychology constructs (e.g., optimism, resilience, subjective well-being, hope, autonomy) were matched with empirically noted or theorized behavioral patterns among medical travelers documented in cross-global MVT research.

Thus, this study attempted to outline a conceptual framework for integrating positive psychology principles into medical value travel and to concentrate on the role of positive psychology in shaping a medical traveler's decision, keeping patient satisfaction and psychological well-being as mediating factors. Each concept was not random in selection, but selected according to two criteria: Its frequent occurrence across seminal studies in positive psychology with its salience in impacting patient experience or choice, supported by both primary evidence (where possible) and meta-analyses. The conceptual model thus is an integration, wherein these psychological factors are placed in the positions of predictors, mediators, or moderators of core variables like patient satisfaction, trust, motivation to travel, and perceived value of care. To offer the theoretical consistency, the alignment to the construct validation framework, which is the correspondence between the psychological dimensions (positive psychology) and the behavioral and experiential dimensions (medical value travel), and projecting it on decision-making frameworks implemented in marketing health services and behavioral economics was used.

2. Literature Review

2.1 Theoretical Underpinning in Positive Psychology

The origin of positive psychology was the reaction to the conventional deficit approach to psychology that was mainly concerned with pathology and dysfunction. Rather, positive psychology focuses on the strengths of humans, optimism, wellbeing and finding flourishing (Seligman and Csikszentmihalyi, 2000;Vadaet al.,2020). The prototype involves nurturing the environments under which individuals and groups can thrive and the constructs called Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment (PERMA) is a powerful template of developing well-being-related interventions (Seligman, 2011). These ideas are highly relevant in the context of the Medical Value Travel (MVT). The patients of MVT are likely to find themselves in unexplored cultural grounds, language obstacles, medical unfamiliarity, and routine and complex organizations, and therefore, psychological stamina and emotional backup is crucial component of an effective medical trip. The positive affect such as gratitude and optimism have been discovered to boost immune system, reduce cortisol, and increase rate of adherence to treatment ((Filep et al. 2017; Fredrickson, 2001; Pressman and Cohen, 2005). Participatory decision-making and active involvement in leisure and self-care enhance perceived control and satisfaction, and establish a superior notion of relationship between patient and healing environment (Houge Mackenzie and Hodge 2020; Ryan and Deci, 2017). Relationship development is especially crucial in cross-border healthcare as there is a need to create trust between strangers within a relatively short period of time. Intimacy between patients, providers and facilitators leads to psychological safety and satisfaction (Diener and Seligman,2002). The meaning, as a form of treatment that patients build in relation to the religious, family or existential values, can make the patients redefine their medical process as the transformative process instead of the traumatic one, which may be of significance in particular to palliative care, reproductive medicine, and oncology-oriented MVT (Frankl, 1985; Steger et al., 2006). Finally, but most importantly, achievement, measured by objective recovery progress, fosters adaptation and persistence which give patients tangible sense of improvement and hope (Duckworth et al., 2007). It has been found that positive psychological interventions may be applied and improve recovery rates, anxiety, and adaptive coping in a very broad spectrum of medical environments. To illustrate, the meta-analysis by Sin and Lyubomirsky (2009) showed that methods directed at the promotion of happiness have a tremendous positive impact on well-being and reduction of depressive symptoms (McCabe and Johnson,2013; Filep and Deery,2010). Similarly, Lambert et al. (2018) have suggested that gratitude exercises in the process of chronic illness management lead to better emotional resilience and physical health-related indicators. Moreover, a growing amount of data confirms that patients would have an increased probability of becoming more satisfied, fewer cases of post-operative complications, and more treatment adherence when healthcare is planned considering psychosocial factors (Howell et al., 2017). These observations have a solid argument on why MVT model should be extended to include emotional, cognitive and relational factors in addition to clinical and cost factors to promote the cause of a more holistic theory-based model of cross-border healthcare.

2.2 Medical Travel Marketing and the Role of Positive Psychology

As competition globally rises in the healthcare sector, it is important to differentiate and this is achieved by providing services with increased design and marketing in terms of psychology. Applying positive psychology to medical travel marketing will help to rebrand medical travels as more than simple solutions to a health issue; but as highly personal and emotional experiences. The broaden-and-build theory of Fredrickson (2001) focuses on the long-term value of creating positive feelings such as hope, joy and reassurance to drive consumer behavior and wellbeing(Vada et al.,2019;Kruger 2018). Psychological attraction can be achieved by medical tourism marketing campaigns that present success stories, emotional transformations, and caring cultures of care with caution because it is not a logic of transaction (Hanefeld et al., 2015). As an illustration, stories about fertility, survival in life-threatening situations, or searches into full being can be emotionally resonant marketing elements, especially when told through the real-life experiences of patients or through direct video presentation. The virtual walks around the hospital, telemedicine visits, and immediate adaptation of the treatment plan do not simply increase the transparency rate but also the extent to which the patient is psychologically invested in their care (Aldossary and McLean,2022; Gordon and Hornbrook, 2016). This is aligned to the idea of flow by Csikszentmihalyi (1990) amounting that when people are engaged in a well-structured experience, they will perceive more of a value and satisfaction. Relationship-oriented marketing, which is based on the belongingness theory as developed by Baumeister and Leary (2017), is especially important in MVT, where social and cultural dislocation is a frequent experience of the international patients. Clinical interventions like tailored pre-travel counseling, a variety of care teams, and community-based follow up intervention can be relational anchors that promote a sense of continuity and support before, during, and after the clinical encounter (Springgate et al., 2018). These emotional connections also sustain themselves through social media websites, wellness webinars, and online support groups transforming short-term experiences of the service into brand affiliation.

Notably, logotherapy, as established by Viktor Frankl, is a rich, value-infused story for healthcare marketing. Existential psychology-based, logotherapy centers on assisting patients to find meaning in suffering and is particularly apt for patients who are experiencing invasive or life-changing procedures (Frankl, 1985). Incorporating logotherapeutic messaging, such as change, spiritual evolution, or meaning in life, into MVT marketing has the potential to bring in health-seekers that are searching for something beyond clinical results. This is especially effective when marketed in culturally or religiously strong markets, for example, the Middle East or Southeast Asia. Furthermore, the emergence of wellness-integrated MVT, coupling clinical care with yoga, mindfulness, traditional medicine (such as Ayurveda), or recreational tourism, offers a special opportunity to highlight integrated, person-oriented care experiences (Johnston et al., 2010). This ties in with the OECD and WHO-recommended well-being economy approach in which human flourishing, not just GDP, is the metric of policy achievement.

Overall, positive psychology provides the conceptual and empirical basis for reconceiving MVT marketing as emotionally aware, relationship-focused, and ethically sound. Its application in destination branding, patient experience design, and digital outreach allows MVT providers to break out of price competition and approach value-based, human-focused care. Collectively, these theoretical and marketing perspectives constitute the conceptual underpinning of this paper's intended framework. By connecting positive psychological constructs with patient experience theory and medical tourism marketing strategy, the research not only bridges a pivotal gap in the literature but also provides a practical guide for turning cross-border health care provision into a psychologically empowering and patient-focused activity.

3. Material & Method

To ensure the quality and transparency of the literature search, we followed a detailed and comprehensive set of "3S" criteria: search, scrutinize, and selection (Saini et al., 2023; Arora et al., 2024). In a seminal paper, Saini et al. (2023) define a systematic review of the literature as a thorough analysis of existing academic works that utilize a precise and reproducible approach for the search and synthesis of information, ensuring a high level of objectivity. The subsequent section delineates the technique utilized to conduct the review. We adhered to Buchanan and Bryman (2009) five-step process to enhance our comprehension of the available literature.

3.1 Initial Search

A search was initially performed to gain insight into the existing literature about positive psychology and medical value travel. Using a targeted search query, we identified the sources by examining various publishers' electronic databases. We employed the

pilot search to establish the criteria for literature inclusion and exclusion (Oberoi and Kansra, 2019).

3.2 Identifying

A comprehensive keyword search was performed on available databases with institutions such as Academia, Elsevier, Emerald, Google Scholar, Research Gate, and Scopus to incorporate pertinent keywords aligned with the study questions. The search was built using Boolean operators (Arora et al., 2024). A basic "AND" operator was employed between the expressions. Adding "*" following a word facilitates the retrieval of many forms of that word during pertinent article extraction. Keywords used for identifying the studies are "Positive Psychology," "Tourism," Medical Value Travel," and "PERMA Model".

3.3 Arranging

After identifying the online databases to search for the literature, the search terms and keywords were modified and searched on different databases. Initially, 183 articles, including duplicates from all databases, were obtained using the search mentioned above criterion. Further, the recommendations proposed by Moher et al. (2009) conducted a thorough analysis of articles. Subsequently, 97 articles were recognized as duplicates and eliminated promptly.

To satisfy the inclusion and exclusion of literature, we followed the criteria suggested by Paul et al. (2021). The four parameters suggested for the inclusion of articles were (i) studies to be published in “peer-reviewed” journals, (ii) articles to be authored in English, (iii) to be indexed under Scopus, ABDC, EBSCO and ProQuest, (iv) studies published in the subsequent academic disciplines such as Social Science and Management. Under the inclusion criteria, we applied a “year” filter to retain publications published from 2009 to 2024. Therefore, the inclusion and screening method enabled the selection of the final 33 studies presented in Fig. 1. A significant number of articles were eliminated based on the exclusion criteria as they (i) were published in “non-peer-reviewed” journals, (ii) were conference papers, commentaries, and letters, (iii) were published in foreign languages, (iv) did not present aspects like wellbeing, positive emotions, and travel engagement(Vada et al.,2023).

3.4 Assessing

We developed a comprehensive spreadsheet to compile descriptive information on each item. We created a template, utilizing insights from a compilation of significant papers across many disciplines to organize the data necessary for mapping the literature on positive psychology and medical value tourism. Subsequently, we extracted data from each paper, and two authors individually presented each article. Any discrepancies were resolved through discussion.

3.5 Reporting

The findings of the included articles are presented in the form of tables, figures and discussions, encompassing a summary of the evaluated literature on positive psychology and medical value tourism.

Source: Based on Moher et al. (2009)

3.6 Quality Assessment and Data Extraction

Data exploration encompasses articles that emphasize the role of positive psychology in shaping medical traveler’s decisions. During the analysis, three separate Excel spreadsheets were created by two reviewers to summarize the data. The first spreadsheet accounts for research papers with extensive details about each. The second spreadsheet used a predefined category, including study title, year, type, location, methodology, and outcomes. Table 1 of the study highlights the profile of the included 33 research items, reviewing the relevant information extracted. The third and final Excel spreadsheet details the criteria used to evaluate the quality of the articles included to avoid research bias. A comprehensive checklist has been adapted for the quality assessment of the studies, with a main focus on positive psychology, trust building and travel decisions. The quality indicators established in this study were based on criteria proposed in previous literature (Kansra et al., 2024).

A symbol of (1) indicates yes, (0) indicates no, and (0.5) indicates partially available quality indicators. Every symbol received a score of 1, resulting in a maximum possible score of 10 for each study reviewed. A comprehensive analysis of the parameters used is provided in the supplementary file 1. Spreadsheet three provides a comprehensive overview of the quality of the included studies. All 33 studies presented a thorough definition of positive psychology followed by study objectives lucidly defined and elaborated study outcomes. A total of 18 (55%) studies have accurately ranked the associated well-being related to positive

psychology. Consequently, according to quality index scores, a large proportion of studies attained a rating of '7 Yes' on a 10-point scale. Notably, 6 research achieved a slightly elevated grade of '9' out of a total of 33 studies.

4. Study Results

4.1 Integrating Modern Medical Technology in MVT: Advanced Diagnostics & Personalized Treatment

The contemporary medical tools have contributed meaningfully to the transformation of the healthcare process and have provided clear diagnostics and specific treatment plans that are in tandem with the needs of different patients. The precision medicine, according to Collins et al. (2016), is a treatment that builds up according to the genetic, environmental, and lifestyle determinants. This method adds value to the effectiveness of therapies and aligns with the principles of positive psychology, which addresses the personal strengths and preferences(Chen & Yoon,2019). Garraway et al. (2013) also examined how precision medicine can be used during cancer treatment emphasizing its contribution towards enhancing patient outcome due to its ability to offer targeted treatment. Telemedicine has become an ultimate element in the continuum of care. Hollander and Carr (2020) reported how influential and dominant the role of telemedicine is in the virtual consultations. It assists in decreasing trepidation and provides stability in the treatment of patients who travel internationally. The technology allows communication between patients and the medical personnel to be continuous, which is essential in sustaining trust and confidence during the treatment process. Nyame-Asiamah (2020) discussed the greater role of telemedicine in integrated healthcare systems and highlighted its salience in providing consistent and accessible care. Positive psychology is aimed at increasing well-being and optimization of human activity which can be successfully integrated with modern medical technologies. Hart (2020) explained positive psychology practices and their opposite to technological advancement in healthcare. Sin and Lyubomirsky (2009) demonstrated that positive psychological interventions, including gratitude practices and strength-based exercises, have a great impact on the well-being and depression improvement.

4.2 Patient Engagement and Psychological Support

Integrating positive psychology with healthcare practices enhances patient engagement and psychological support. It is crucial to remember that addressing emotional and psychological needs is just as important as physical care. For instance, mindfulness practices and mental health support within medical treatment plans can address the emotional and psychological needs of MVT patients (Filep and Bereded-Samuel 2012; Graffigna and Barello, 2018). Wu et al. (2020) discussed patient support groups linked with community-based tourism initiatives to provide emotionally passionate support to foster a sense of community(Wen et al.,2022;Gedecho et al.,2023). Besides advanced diagnostics, telemedicine and robotic-assisted surgeries augment the precision and accessibility of medical treatments. Thus, its combination enables healthcare providers to address technological and emotional aspects of patient care, demonstrating empathy and care in their practice(Gao et al.,2022).

4.3 Theoretical Framework

Tourism has long been recognized for its potential to offer a breather from daily stressors and provide opportunities for relaxation and rejuvenation. Tourism assimilates principles from positive psychology to enhance stress relief benefits by promoting well-being and positive experiences. Numerous studies have examined the theoretical and empirical evidence regarding the role of positive psychology in enhancing medical value tourism. However, it remains in an early developmental phase, as the existing literature indicates. The developed model synthesizes knowledge from the literature review, as illustrated in Fig. 2, and portrays the potential pathways.

4.3.1 Role of Positive Psychology in Trust Building in Medical Travel

Positive psychology examines the elements that promote human flourishing and well-being (Seligman and Csikszentmihalyi, 2000). In contrast to conventional psychology, which frequently focuses on pathology and mental disorders, positive psychology seeks to enhance positive emotions, engagement, relationships, meaning, and achievement, as represented in the PERMA model (Seligman, 2011). In the context of Medical Value Travel (MVT), the components of the PERMA model can substantially improve

patient experiences. An extensive discussion of the PERMA model on MVT has been highlighted in section 2.1 of the literature review. Table 1 displays the profile of studies identified and reviewed after a careful inclusion process.

Preposition 1: Positive Psychology (positive emotions, engagement, relationships, etc.) has a significant and positive impact on trust building in medical travel.

4.3.2 Cultural and Religious Context in Trust Building in Medical Travel

Spiritual tourism frequently intersects with positive psychology and wellness tourism because of the desire for self-improvement and life problem-solving. Since the 1970s, the Western adaptation of Buddhist traditions has emphasized the benefits of regular meditation practice for personal insight, emotional stability, and psychological well-being. (Seligman and Csikszentmihalyi, 2000). Meditation retreats are an example of wellness tourism that can be used to obtain a better self-understanding, emotional control, and life orientation. They are prevalent in the Western culture and have been widely media-publicized and promoted by celebrities who achieve their magical transformation (Norman and Pokorny, 2017). The cultural background of this trend demonstrates an increase in the interest in the holistic well-being practices that combine physical, mental, and spiritual health{Garcês et al., 2018; Garces et al.,2020). This intersection of wellness tourism and positive psychology is based on a wider societal trend towards the desire to find holistic solutions to personal growth and happiness in life (Fredrickson, 2001). The psychological and physiological impacts of meditation have been studied widely, with the focus on immune functionality, reduction of stress, enhancement of attention, improvement of working memory, and socio-emotional functioning (Davidson et al., 2003). Spiritual tourism by Norman (2011), implies that practices targeted at self-improvement tend to be in line with the religious and cultural practices, which are part of the wider humanistic psychological discourses, which value individual experience to improve well-being (Kim and Kim,2019).The cultural and religious requirements of the Muslim medical tourists also tend to have a great influence on their cultural tourism. According to Connell (2011) and Enderwick and Nagar (2011), the rising demand of Sharia-compliant medical care among Muslim patients is due to the necessity to align themselves with their religious beliefs as it leads to the emergence of trust and satisfaction as the two key elements of the positive psychology approach (Debata et al., 2015). Sharia-compliant hospitals deal with the unique needs of Muslim patients by following the Islamic principles. It offers gendered facilities, Halal meals, and Islamic healthcare ethics, which lead to patient satisfaction and well-being (Rizqon et al., 2020). The more effective interventions of positive psychology, aimed at the promotion of positive emotions and strengths, are better adapted to the cultural and religious values of the patients (Ryan, 2015), and the culturally sensitive environment fosters the emotional comfort and psychological strength (Henderson, 2015). This compatibility of religious activities may increase the beneficial effect of psychological interventions by providing a conducive and comfortable environment of medical travelling (Ormond, 2011).

Preposition 2: Cultural and religious context positively moderates the effectiveness of positive psychology intervention in enhancing trust building in medical travel.

4.3.3 Health Literacy and Trust Building in Medical Travel

Health literacy is "the degree to which individuals can obtain, process, understand, and communicate about health-related information needed to make informed health decisions" (McCormack et al., 2010). Several interrelated factors like demographics, personal resources, and capabilities determine an individual's level of health literacy attainment. These factors regulate a patient's capability to navigate the health care information for seeking medical treatments abroad. Patients with sufficient financial resources can afford comprehensive care packages, improving their understanding and management of medical procedures abroad. Individuals with higher education levels, younger ages, and better financial resources have higher health literacy, as observed by (Malloy-Weir et al., 2016). Cognitive and physical abilities considerably affect how patients process and act on health information. It is also observed that individuals with higher cognitive abilities are better equipped to understand medical terminology, procedures, and follow-up care instructions (Coghlan,2015).According to Panahi and Ghalavand (2024), financial resources, social support, and access to technology are decisive in augmenting health literacy. It was also observed that improved health outcomes and higher satisfaction rates are generated while availing treatments in unfamiliar environments if positive psychology is integrated into health literacy strategies by MVT providers for patients navigating medical procedures abroad.

Preposition 3: Health literacy positively moderates the effectiveness of positive psychology interventions in enhancing trust building in medical travel.

Table 1
Profile of Studies on Positive Psychology and Tourism (In Context of Medical Value Travel)

Serial No	Journal	Author	Publisher	Year	Paper type	Objective of the Study	Outcome
1	Affect and Emotion in Tourism	N. Yan & E.A. Halpenny	Taylor & Francis	2023	Conceptual Paper	*Broaden-and-Build Theory: destination loyalty.*	*Savoring influences place attachment at all stages of travel and is closely tied to destination loyalty, providing valuable insights for tourism marketing and destination management.*
2	Annals of Tourism Research	S. Filep, J. Macnaughton, T. Glover	Elsevier	2017	Qualitative Study	*Role of kindness and gratitude in tourism*	*Identification of key themes: trust in others, a sense of risk adventurousness, novelty authenticity of experiences, and growth*
3	Tourism and Hospitality Research	G. Moscardo	SAGE Journals	2009	Qualitative Study	*The concept of quality of life (QoL) within the context of tourism*	*A critical approach to QoL can enhance understanding of tourism's contributions to residents' well-being*
4	Tourism Review International	J. Gao, Y. Zhang, P.J. Chang, X. Xiao	Ingenta Connect	2022	Mixed-Methods Study	*Exploration of various vacation factors impact tourists' use of emotion regulation strategies (ERSs) during their travels.*	*The study highlights the importance for tourism researchers and providers to consider these vacation factors in understanding tourists' emotional experiences, offering insights to enhance tourist happiness and improve service quality in the tourism sector.*
5	Tourism and Hospitality Management	S. Garcês, M. Pocinho, S.N. Jesus	Hrcak	2018	Systematic Literature Review:	*The roles of optimism, creativity, and spirituality in tourism through the lens of Positive Psychology*	*The roles of optimism, creativity, and spirituality in tourism through the lens of Positive Psychology is explained in the review*
6	African Journal of Hospitality and Leisure	S. Kruger	AJHTL	2018	Quantitative Research	*consumer well-being of ecstatic and leisure motorcyclists,*	*The focus on how their needs and wants to contribute to overall happiness associated with motorcycle ownership.*
7	Tourism Analysis	S. Filep, M. Deery	Ingenta Connect	2010	Exploratory Conceptual Study	*To create an exploratory picture of tourists' happiness, highlighting the underexplored concept within*	*The study is an interpretation and evaluation of tourists' happiness across the main phases of the travel experience—anticipatory, on-site, and reflective*

Serial No	Journal	Author	Publisher	Year	Paper type	Objective of the Study	Outcome
						tourism studies	
8	Annals of Tourism Research	McCabe, S., & Johnson, S.	Elsevier	2013	Quantitative Research	*Subjective well-being (SWB) and the impact of tourism on the well-being of low-income individuals receiving financial assistance for holidays, identified as 'social tourists*	*The results indicate that tourism has a positive impact on the well-being of social tourists, particularly in aspects like psychological resilience, leisure, and family life, which collectively contribute to overall social well-being.*
9	International Journal of Religious Tourism and Pilgrimage	B. Kim, S.S. Kim	Arrow TU Dublin	2019	Empirical Research	*Experiences in religious tourism influence personal values, drawing from the framework of positive psychology and the Authentic Happiness Theory (AHT)*	*The study finds that religious tourism experiences positively affect personal values by enhancing aspects such as life satisfaction and emotional well-being*
10	Sustainability	L. Huang, N. Lau	MDPI Sustainability	2020	Qualitative Research	*Smart tourism experience for people with visual impairments by exploring their needs and aspirations related to tourism*	*The results indicate that people with visual impairments generally have positive attitudes toward travel, emphasizing their needs for autonomy, achievement, and social interaction*
11	Tourism Management Perspectives	S. Vada, C. Prentice, N. Scott, A. Hsiao	Elsevier	2020	Systematic Literature Review	*Intersection of positive psychology and tourist well-being*	*The findings suggest that while tourist well-being is primarily viewed as a result of travel, there is a lack of focus on its implications for tourism marketing and management strategies*.
12	Annals of Tourism Research	S. Filep	Elsevier	2016	Critical Response	*Critiques of tourism and positive psychology research, specifically addressing points raised by Nawijn (2016).*	*The findings indicate that while there is validity in Nawijn's argument regarding the limitations of a purely hedonic approach to tourist happiness*,
13	Current Issues in Tourism	S. Filep, E. Bereded-Samuel	Taylor & Francis	2012	Research Proposal	*To explore the relationship between positive*	*The role of holidays in fostering social connections and positive experiences,*

Serial No	Journal	Author	Publisher	Year	Paper type	Objective of the Study	Outcome
						holiday experiences and mental health within Ethiopian immigrant community in Australia	*tourism industry can play a role in mental health promotion within immigrant communities.*
14	Journal of Retailing and Consumer Services	S. Vada, C. Prentice, A. Hsiao	Elsevier	2019	Empirical Research	*To analyze the relationships between tourism experiences, well-being, and place attachment*	*The results indicate that memorable tourism experiences significantly enhance place attachment, with both hedonic and eudaimonic well-being fully mediating this relationship*
15	Journal of Travel Research	S. Filep, J. Laing	SAGE	2019	Conceptual Article	*The growth of positive psychology in tourism and its relation to human psychology.*	*Key findings suggest a need for more focus on eudaimonic tourist experiences, which emphasize personal growth and fulfillment.*
16	Tourism Analysis	P.L. Pearce	Ingenta Connect	2009	Review Article	*Positive psychology and tourist behavior, highlighting the role of positive emotions in enhancing happiness and well-being*	*Key findings include the identification of two main areas within tourist behavior studies: the study of optimism and the assessment of visitors' positive emotions during their experiences*
17	Tourism Management	S. Vada, S. Filep, B. Moyle, S. Gardiner, J. Tuguinay	Elsevier	2023	Qualitative Research	*The relationship between repeat visitation and the well-being of tourists*	*Key findings suggest that repeat visitation and familiarity significantly enhance individual well-being*
18	Journal of Sustainable Tourism	A. Coghlan	Taylor & Francis	2015	Conceptual Paper	*Positive psychology, on hedonic, eudaimonic, and social well-being, can be used to design tourism experiences that improve mental health*	*The charity challenge model inherently promotes well-being by fostering physical activity, meaningful engagement, and social connection. Positive psychology principles are suggested as ways to maximize these well-being outcomes.*
19	Current Issues in Tourism	Y. J. Lee	Taylor & Francis	2024	Quantitative Study	*The Reasonable Person Model (RPM) is applied to investigate how destination fascination in heritage sites influences*	*The study explores the concept of destination fascination and its relationship with tourist well-being and behavioural intention in heritage tourism*

Serial No	Journal	Author	Publisher	Year	Paper type	Objective of the Study	Outcome
						tourists' well-being.	
20	Annals of Tourism Research	M. Aldossary, G. McLean	Elsevier	2022	Mixed methods	*Virtual Reality (VR) can extend the positive well-being effects of vacation experiences, addressing both hedonic and eudemonic well-being*	*VR serves as a tool to boost well-being by recreating immersive vacation experiences, effectively enhancing both hedonic and eudemonic well-being in consumer's post-vacation.*
21	Psychology Research and Behavior Management	J. Zhang, F. Li, K. Xiang	Taylor & Francis	2023	Mixed methods	*This research focuses on event tourists' well-being using Seligman's PERMA model*	*The study highlights the importance of relationships and achievement in the context of festival and event (FSE) tourism, contributing to a deeper understanding of how the PERMA model can be applied to event tourism well-being*
22	Anais da Academia Brasileira de Ciências	S. Garces, M. Pocinho, S.N. Jesus	SciELO Brasil	2022	Psychometric analysis	*Developing and validating the Tourism Wellbeing Scale (TWS), which incorporates elements from Positive Psychology such as creativity, optimism, and spirituality.*	*Tourism is suggested as a non-pharmacological intervention that could improve the well-being of individuals with dementia by providing mental and emotional stimulation through new environments and social interaction.*
23	Tourism Management	J. Wen, D. Zheng, H. Hou, I. Phau, W. Wang	Elsevier	2022	Conceptual study	*This paper explores the possible benefits of tourism for individuals with dementia*	*Tourism is suggested as a non-pharmacological intervention that could improve the well-being of individuals with dementia by providing mental and emotional stimulation.*
24	Frontiers in Psychology	Pocinho, M., Garcês, S., & De Jesus, S. N	Frontiers Media S.A.	2022	Systematic Literature Review	*The study aims to analyze early positive approaches and attitudes to address the negative influences of COVID-19 on tourism,*	*A resilient approach is crucial for overcoming the adverse outcomes of the pandemic in tourism. Stakeholders are highly concerned with tourists' wellbeing. There is a significant gap in research on the wellbeing and resilience of local*

Serial No	Journal	Author	Publisher	Year	Paper type	Objective of the Study	Outcome
							residents and communities.
25	Journal of Sustainable Tourism,	J Farkić, S Filep, S Taylor	Taylor & Francis	2020	Qualitative Research Study	*The study examined how outdoor guides perceive their role in facilitating the psychological wellbeing of tourists engaged in slow adventure experiences, such as canoeing, stargazing, or foraging.*	*Slow adventure guides, rooted in Positive Psychology, foster meaningful connections with nature promoting psychological wellbeing and supporting Sustainable Development Goal 3 by encouraging mindful, eudemonic experiences.*
26	Tourism Geographies	EK Gedecho, S Kim, H Xiao	Taylor & Francis	2023	Qualitative Research Study	*To explore the dimensions of a sense of community and the well-being outcomes associated with diaspora festivals, focusing on the Ethiopian diaspora in the United States.*	*The study addresses gaps in research concerning the interplay between sense of community and eudemonic well-being, to immigrant of under-researched festivals and populations.*
27	Journal of Travel Research,	Chen, C. C., & Yoon, S	Sage Publications	2019	Quantitative Research Study	*To examine the relationships among tourism, well-being, and novelty-seeking as a personality trait, based on the top–down and bottom–up theories of well-being.*	*Demonstrates the crucial role of personality traits, such as novelty-seeking, as predictors of well-being.It highlights the potential of applying Positive Psychology principles to maximize tourism's contribution to tourists' well-being.*
28	Journal of Experiential Education	M Sheard, J Golby	Sage Publications	2006	Quantitative Experimental Study	*To examine the effects of an Outdoor Adventure Education (OAE) foundation degree curriculum on positive psychological development, specifically assessing changes in hardiness, mental toughness, self-esteem,*	*The OAE group showed non-significant overall improvements ($p > .05$, partial $\eta 2 = .38$) across multiple psychological constructs.Significant improvement ($p < .05$, partial $\eta 2 = .15$) was observed in total hardiness for the cohort. No significant gender differences were found.*

Serial No	Journal	Author	Publisher	Year	Paper type	Objective of the Study	Outcome
						self-efficacy, dispositional optimism, and positive affectivity.	
29	Annals of Leisure Research	Voigt C.; Howat G.; Brown G.	Taylor & Francis	2010	Empirical study, semi-structured interviews with 27 wellness tourists	*To explore whether tourism experiences can be classified into hedonic experiences, using insights from Positive Psychology and Stebbins's framework of casual (hedonic) versus serious (eudaimonic) leisure.To investigate how different types of wellness tourism experiences—beauty spas, lifestyle resorts, and spiritual retreats—align with these classifications.*	*Wellness tourism experiences can be placed on a continuum between hedonic and eudaimonic experiences:Beauty spa visitation: Purely hedonic.Spiritual retreats: Almost purely eudaimonic.Lifestyle resorts: Predominantly eudaimonic but include hedonic elements as "by-products."*
30	Annals of Tourism Research	Hao, F., & Xiao, H	Elsevier	2021	Qualitative Conceptual and Analytical Study	*The objective is to explore how residential tourism impacts eudaimonic well-being, examining its effects on eight aspects of well-being based on Ryff's model.*	*Residential tourism leads to significant changes in individuals' environment, lifestyle, social networks, and values.*
31	Sustainability	J Han, K Huang, S Shen	MDPI	2022	Empirical Study	*The objective is to examine tourism practitioners' psychological well-being (PWB) through positive psychology and test the impact of their explanatory styles in a tourism context.*	*The outcome reveals that optimistic explanatory styles enhance tourism practitioners' psychological well-being (PWB), while pessimistic styles are associated with lower well-being, impacting job satisfaction, stress, and mental health.*

Serial No	Journal	Author	Publisher	Year	Paper type	Objective of the Study	Outcome
32	Leisure Studies	S Houge Mackenzie, K Hodge	Taylor & Francis	2020	Conceptual Study	*This paper proposes a conceptual framework for understanding how adventure recreation promotes eudaimonic subjective well-being (SWB) by satisfying basic psychological needs for autonomy, competence, relatedness, and generosity, with contact with nature as a key mechanism.*	*Adventure recreation fosters eudaimonic well-being by satisfying psychological needs and integrating contact with nature, promoting personal growth, life purpose, and well-being beyond happiness.*
33	Journal of Travel Research,	FX Yang, X Li, JB Cai, X Xiong, IKA Wong	Sage Publications	2024	Mixed Method Study	*The objective is to investigate positive psychological responses to international support amid the COVID-19 pandemic, focusing on gratitude, reciprocity, and motivational relevance, with managerial implications for post-pandemic promotion*	*The outcome elucidates the role of perceived support, gratitude, and travel intentions in post-pandemic tourism.*

4.3.4 Social Economic Status (SES) and Trust Building in Medical Travel

Individuals with elevated socioeconomic status possess greater financial resources, facilitating enhanced access to education, information, superior medical care, and ancillary services. This provides individuals with effective coping strategies to manage stress and illness, enhancing the advantages of positive psychology interventions during medical travel (House et al., 1988; Gallo and Matthews, 2003; Berkman et al., 2011). Interventions in positive psychology that aim to enhance mental well-being and resilience are likely to be more effective when patients utilize high-quality medical facilities and services (Smith and Kington, 1997). Phelan et al. (2011) have found that those who have higher socioeconomic status have less barriers in terms of healthcare transportation, time off work and language problems. This will minimize the stress and logistical challenges associated with medical travel, allowing more attention to be paid to psychological well-being and faster recovery. One of the crucial concerns of healthcare disparity that healthcare providers must tackle is the consideration of SES as one of the factors to design and carry out positive psychological interventions to medical value travelers. It is important to make interventions more tailored to capture the differences that arise due to SES because tailoring of interventions is able to have a profound influence on their impact and effectiveness in healthcare (Braveman and Gottlieb, 2014). The medical value travelers can have a better healthcare experience with the help of positive psychology, which puts an emphasis on strengths, resilience, and well-being. In

patients with higher SES, there is a potential to enhance overall satisfaction and health outcomes with these tailored positive psychology interventions, demonstrating the significant role of the provider in the solution of the healthcare problems.

Preposition 4: Socio-Economic Status positively moderates the effectiveness of positive psychology intervention in enhancing trust building in medical travel.

4.3.5 Type of Medical Treatment and Trust Building in Medical Travel

The type of medical treatments sought through Medical Value Travel (MVT) is effective for positive psychology. Different treatments require varying psychological support levels, influencing the application of positive psychology interventions. It is observed that long-term rehabilitation or chronic disease management treatments benefit meaningfully more from Positive Psychology interventions than short-term treatments like elective surgeries. Chronic conditions often require ongoing psychological support to enhance patient resilience for adherence to treatment plans. Literature has revealed that positive psychology interventions, such as cognitive-behavioral therapy, mindfulness-based stress reduction, and solution-focused therapy, considerably improve mental well-being and treatment outcomes in patients with chronic conditions (Chakhssi et al., 2018). Studies by Braunwalder et al. (2022) and Huffman et al. (2023) emphasized the beneficial effects of positive psychology interventions on reducing anxiety, depression, and stress in clinical populations, underpinning the requirement of tailoring these interventions based on the type of medical treatment. This tailored approach ensures that the psychological needs of patients are adequately met, enhancing the overall effectiveness of MVT initiatives, as highlighted in Fig. 2.

Preposition 5: Medical treatment types positively moderate the effectiveness of positive psychology interventions in enhancing trust building in medical travel.

4.3.6 Positive Psychology, Patient Satisfaction and Trust Building in Medical Travel

Positive Psychology interventions aim to enhance patients' overall well-being, directly influencing their gratification with medical services abroad—recent literature laments the role of positive psychology interventions in improving patient satisfaction

Brown et al. (2019) suggest that interferences have the potential to reduce anxiety and enhance better mental health outcomes among patients and therefore a better degree of contentment. Carr et al. (2021) emphasized that its comprehensive effectiveness is based on interventions in different settings, focusing on the possibility to enhance patient experiences and outcomes in a medical situation. Celano et al. (2018) have shown that their interventions could assist in the promotion of health behaviors and the state of emotional well-being among the cardiac patients, which contributes to the medical value travel. Batbaatar et al. (2017) establish that patient satisfaction is greatly influenced by the quality of care and communication with medical professionals as well as the emotional support provided throughout the healthcare process. It has been demonstrated in systematic reviews and meta-analyses that the interventions affect subjective well-being and patient satisfaction in various medical groups significantly (Neuhaus et al., 2022). These results highlight the need to consider positive practices of psychology in MVT to enhance patient satisfaction and final outcomes.

Source: Based on author(s) compilation

Preposition 6: Patient satisfaction mediates between positive psychology interventions and trust building in medical travel.

4.3.7 Positive Psychology, Psychological Wellbeing and Trust Building in Medical Travel

Psychology wellbeing is the mediator of the effect of positive psychology intervention because of improving the mental health and resiliency of patients throughout the process of medical care. There will be a higher quality of coping mechanisms and overall experience because psychological wellbeing is enhanced. This is marked with the life contentment and emotional stability which are essential to patients who are subjected to the medical procedures. It has been demonstrated that both gratitude and mindfulness-based interventions have a considerable positive effect on psychological wellbeing, which enhances the experiences and outcomes of patients in medical value travel (MVT) (Kubzansky et al., 2023; Kim et al., 2023). A study conducted by Ryff and Singer (1996) indicated that satisfaction with life and emotional stability were significant to patients undergoing

medical interventions. The same was also supported by Diener et al. (2009) who showed that better psychological wellbeing may contribute to better experiences and outcomes of patients in MVT.

Besides, meta-analyses have found that positive psychology interventions, including multi-component interventions, effectively increase psychological wellbeing and can lead to better health outcomes (Hendriks et al., 2020). Implementing these interventions in MVT contexts can lead to higher patient satisfaction and improved overall experiences, making psychological wellbeing a key mediator in achieving successful MVT consequences (Kirca et al., 2023).

Preposition 7: Psychological wellbeing mediates between positive psychology intervention and trust building in medical travel.

4.3.8 Trust Building in Medical Travel and Travel Decision Making

Advertisements and social media shape the brand image of the hospital and help in the building process. Besides medical staff and other available services, patients trust mediates the relationship between perceived service quality and actual patient satisfaction after receiving the service (Cham et al., 2022). Government initiative in the Lecheng Pilot Zone of China highlights that trust in medical tourism supports travellers to access global medical standards (Fengmin et al., 2022). The study further concluded that revisit intention is solely governed by significant influencers like the “trust in physiologists”, “ethical standards”, and “active communication”. In another study across the Korean medical value travel market, Yu et al. (2021) identified the revisit intentions to the destination brand attributes like “trust”, “service quality”, “reliability”, and “confident brand repute”. According to Abdul-Rahman et al. (2023), concluded that medical travellers in the Egyptian market ascribed “clinical trust” as the key influencer besides trust in health service providers for providing affordable expenses, infrastructure, and well-being. Challenges such as extraordinary costs, deficiency of marketing, and weak collaboration between medical and tourism providers are the prime determinants hindering the UAE market's growth (Bulatovic and Iankova, 2021). Thus, recommending that robust tourism growth is possible only through trust building and reliable healthcare networking.

Preposition 8: Trust building in medical travel significantly and positively impacts travel decision making.

5. Discussion

The conceptual framework developed contributes to theory by combining positive psychology measures—in particular, optimism, resilience, hope, and subjective well-being—into the proven Medical Value Travel (MVT) literature, which to date has addressed primarily economic, structural, and policy determinants of cross-border health services (Lunt et al., 2011; Turner, 2010). In situating these constructs as mediators and moderators of patient decision making and satisfaction, the model fills a key gap between theories of wellbeing (Seligman, 2011; Ryan and Deci, 2017) and models of healthcare consumption (Berry & Bendapudi, 2003).

In particular, it applies Self Determination Theory (Ryan and Deci,2017) to the MVT setting by illustrating how autonomy, competence, and relatedness may influence perceived value in medical tourism packages. In addition, the model extends Expectancy Value Theory (Eccles & Wigfield, 2002) by demonstrating how patients' future oriented hope shapes pre travel expectations and post treatment satisfaction pathways. It in the process offers a lean but combined structure that has the capability to result in testable hypotheses on the psychological forces behind international patient flows- a case that has not been well established in literature of international health services trade.

The theory in this manuscript is offered in form of a new interdisciplinary synthesis, which incorporates positive psychology constructs, including hope, resilience, gratitude, and patient empowerment, into the available literature on medical value travel (MVT), a field of research that has so far been dominated by economic, clinical or logistical factors. The systematic process of the study review of the psychological aspects of the patient experience contributes to the development of the theory of patient-centered healthcare in an intercultural environment and broadens the use of positive psychology not only on the personal level but also on the institutional and collective levels. This theoretical synthesis is a preliminary move to the formulation of a theory of holistic curing within international health systems based on both psychosocial and medical outcomes. Moreover, the manuscript presents a novel framework of expectations and perceived value to international patients, thus, facilitating the future hypothesis testing in the research of behavioral health tourism. The introduction of an updated diagnostics and its integration with

individualized interventions in the medical value tourism is a significant breakthrough in the healthcare provision on the global market. In the physical and mental aspect of patient care, the advanced effects of such interaction can be observed, as in the case of cancer treatment, where Garraway et al. (2013) found that precision medicine, which depends on personalized information, is more effective than mass therapy, and in telemedicine, where it was discovered that telehollanders and telecarr (2020) are more effective than traditional healthcare providers. The intervention of positive psychology enhances the patient experience in a wide range of health care environments (Carr et al., 2021). In the view of MVT, treating the psychosomatic needs of patients is a decisive move as compared to identifying the physical illness they have. The strategy does not only conform to comprehensive styles and practices of positive psychology but also delivers better patient outcomes and satisfaction. The vast cultural transformation is witnessed in the Western societies that have solidified the growing interest in the wellness tourism and meditation retreats. The mental health support and mindfulness practices are important, as Graffigna and Barello (2018) argue. Norman and Pokorny (2017) highlight that meditation, introspection, and mindfulness are the spiritual tourism practices to alleviate stress and control emotions in a seminal paper. Positive psychology focuses on building strengths, resilience, and well-being, which may be enforced and enhanced when the services of healthcare professionals are linked to the cultural and religious values of international patients. The then-developed need to seek Sharia-aware medical tourism among the Muslim medical value tourists reflects cultural and spiritual awareness, promotes patient satisfaction and confidence (Ryan, 2015; Henderson, 2015). There is also a strong necessity of standardized practices in the emotional care as it could help bridging the gap between the medical value travel locations, which nowadays vary widely in terms of their practices. Such standardization may result in better and more standardized patient experiences between regions. Nevertheless, additional resources, especially financial and training ones, are essential to be able to effectively implement positive psychology into the healthcare process, or at least in low-cost MVT destinations. The other obstacle is the measurement or evaluation of the effects of such interventions or improvements since the emotions or well-being of patients is subjective and hard to measure in comparison to clinical outcomes. Another factor that has caused this disparity is the diversity of patient expectations. The rate of patient turnover in major centers of medical tourism and time constraints do not allow in-depth emotional connections which are frequently needed to such interventions. Healthcare professionals may also be reluctant to adopt positive practices of positive psychology as they may be skeptical with its effectiveness on the medical model traditionally. Finally, the ethical issues of privacy and information dissemination across national boundaries are also a challenge, in particular, when the issue is culturally-related murdering.

6. Implications and Future Research

The incorporation of positive psychology with Medical Value Travel (MVT) is seen to occupy a respectable position in enhancing better health outcomes and patient care in medical travel destinations and provides an added appendage to their competitive advantage. Cultivation of a supportive and empathetic culture results in emotional health and physical recovery through hastened recovery and minimized complications. This change in the direction of patient-centric care, resilience training, and mindfulness practices can be beneficial to both patients and healthcare institutions. The results indicate that there is need to integrate positive psychology in professional training, which entails healthcare professionals training in patient-centric care, resilience training, mindfulness activities, and healthcare marketing. Theoretical and practical basis of substantially reinforced strategic spheres should be the focus of future research. The longitudinal studies would be preferable in measuring the lasting effect of such interventions as gratitude practices and mindfulness on patient recovery. The cultural nuance must be understood appropriately in gearing positive psychological interventions, since the cultural background of international patients is diverse, different, and dissimilar. It is also important to quantify the result on the tangible health outcomes such as the recovery time, patient satisfaction, and repeat visits and measure the economic viability of such interferences to understand the return on investment to the hospital to employ positive psychology strategies and smart tourism practices to create sustainable business models in the MVT sector (Huang and Lau,2020). The use of technology to deliver remote care can be appropriately investigated by using telemedicine or wellness applications. In addition to the work done on patient typologies related to individualized interventions to various demographics and health issues, interdisciplinary work with medical healthcare, psychology, and tourism specialists is essential to providing meaningful information.

6.1 Practical Implications for Stakeholders

Such results have their practical basis and may be applied by the healthcare professionals to design psychologically informed patient experiences. One such pre-travel message, as an illustration, is that of hope-inspiring narratives such as patient testimonies and patient success to reassure prospective patients of their optimism and reduction in decision-anxiety (Brown 2005; Snyder et al., 2005). Resilience and wellbeing can be inbuilt in hospital facilities such as training on the positive inter personals by the staff and offering relaxing environments that make one feel in control and independent (Fredrickson, 2004). To attract the transformational and rehabilitation intrinsic motivation to medical and other treatments, destination marketers and medical facilitators need to focus not only on their clinical credentials and cost-effectiveness but also on the emotional and experiential components of treatment, e.g., their experiences of cultural immersion accompanied by well-being activities (e.g., yoga, mindfulness classes) to attract the intrinsic motivations of patients. On the policy level, health and tourism ministries can encompass well-being indicators in the accreditation criteria of medical tourist hospitals to make sure that patient-reported outcomes extend beyond clinical indicators to include psychological flourishing ones (Diener et al., 2009). The visa and facilitation process can be simplified to eliminate the ambiguities and improve the perceived capacity of patients to complete administrative roles, which contributes to the greater level of satisfaction and the intention to recommend. In practical terms, the suggested framework can also help hospitals, facilitators, and policymakers to improve international patient satisfaction by aligning the service offerings with the psychological needs, but not only with medical ones. It provides practical recommendations, such as training frontline employees on empathy, providing culturally competent wellness opportunities, and integrating therapeutic recreational efforts, to enhance psychological results (Buckley,2021). These interventions are especially timely when a new hub of MVT such as India is concerned, as competitive prices would have to be accompanied by trust, compassion and healing facilities to keep the patients coming in streams around the globe. Thus, this work will be a guide in how to match the infrastructure of medical travel with SDG 3 (Good Health and Well-being) and SDG 8 (Decent Work and Economic Growth), thus strengthening policy and practice (Farkić et al., 2020).

6.2 Future Research Directions

Empirical testing of the model is required to establish the validity of these basic aspects of positive psychology which are hope, optimism, and life satisfaction as valid contributors of well-being. Future studies should be conducted using mixed-methodology, which will involve quantitative aspects (e.g., Adult Hope Scale or the Oxford Happiness Questionnaire) and qualitative evidence to gain a better understanding of how the constructs affect individual flourishing. Longitudinal designs would enable the researchers to monitor the effects of positive psychology intervention such as resilience training modules offered before the travel on factors such as treatment compliance, recovery time, and net promoter scores. Besides, comparative research across source markets (e.g. SAARC vs. CIS vs. Middle East) can determine the moderating effect of the differences in culture on the role of the constructs. To demonstrate causality, experimental research can compare specific intervention, like optimism oriented digital pre counseling to control groups. Finally, the addition of organizational well-being (e.g., staff resilience and morale) into the framework might allow finding system level leverages to enhance patient and provider experience and, therefore, provide a truly holistic approach to sustainable and patient oriented Medical Value Travel.

Declarations

Data Availability: The Excel data file of the included studies is available only on request.

Disclosure statement: Author(s) have no potential conflict of interest.

Funding: No Funding.

Author Contribution

Nabanita and Sumit both conceptualized the research idea, followed by the writing of the first draft by Nabanita. Further, Sumit and Ishita worked on the research methodology section. Writing of the research outcomes was the collective effort of Ishita, Sumit and Nabanita. Lastly, Nabanita, Sumit, Ishita penned the final draft, made the necessary edits and all authors approved the final draft submitted to the journal.

References

1. Abdul-Rahman, M. N., Hassan, T. H., Abdou, A. H., Abdelmoaty, M. A., Saleh, M. I., & Salem, A. E. (2023). Responding to tourists' intentions to revisit medical destinations in the post-COVID-19 era through the promotion of their clinical trust and well-being. *Sustainability*, *15*(3), 2399.
2. Aldossary, M., & McLean, G. (2022). Prolonging the influence of a vacation experience on consumers' wellbeing-Is there a role for virtual reality?. *Annals of Tourism Research*, *97*, 103500.
3. Arora, S., Oberoi, S., Nabi, T., & Verma, B. (2024). How does blockchain impact sustainable food security? Insights from literature review. *International Journal of Information Management Data Insights*, *4*(2), 100276.
4. Batbaatar, E., Dorjdagva, J., Luvsannyam, A., Savino, M. M., & Amenta, P. (2017). Determinants of patient satisfaction: a systematic review. *Perspectives in public health*, *137*(2), 89-101.
5. Berkman, N.D., Sheridan, S.L., Donahue, K.E., Halpern, D.J. and Crotty, K. (2011). Low health literacy and health outcomes: an updated systematic review, *Annals of Internal Medicine*, 155 (2),97–107.
6. Berry, Leonard L., and Neeli Bendapudi. "Clueing in customers." *Harvard business review* 81.2 (2003): 100-6.
7. Blake, T. G. (2022). *The Relationship of the Growth Mindset and Positive Mental Health: A Correlational Study* (Doctoral dissertation, Midwestern Baptist Theological Seminary).
8. Braunwalder, C., Müller, R., Glisic, M., & Fekete, C. (2022). Are positive psychology interventions efficacious in chronic pain treatment? A systematic review and meta-analysis of randomized controlled trials. *Pain medicine*, *23*(1), 122-136.
9. Baumeister, R. F., & Leary, M. R. (2017). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Interpersonal development*, 57-89.
10. Braveman, P., & Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. *Public health reports*, *129*(1_suppl2), 19-31.
11. Brown, L., Ospina, J. P., Celano, C. M., & Huffman, J. C. (2019). The effects of positive psychological interventions on medical patients' anxiety: A meta-analysis. *Psychosomatic medicine*, *81*(7), 595-602.
12. Brown, S. (2005). Travelling with a purpose: Understanding the motives and benefits of volunteer vacationers. *Current issues in tourism*, *8*(6), 479-496.
13. Buchanan, D. A., & Bryman, A. (2009). The Organizational Research. *The SAGE handbook of organizational research methods*, 1.
14. Buckley, R. (2021). Is adventure tourism therapeutic?. *Tourism recreation research*, *46*(4), 553-557.
15. Bulatovic, I., & Iankova, K. (2021). Barriers to medical tourism development in the United Arab Emirates (UAE). *International Journal of Environmental Research and Public Health*, *18*(3), 1365.
16. Carr, A., Cullen, K., Keeney, C., Canning, C., Mooney, O., Chinseallaigh, E., & O'Dowd, A. (2021). Effectiveness of positive psychology interventions: a systematic review and meta-analysis. *The journal of positive psychology*, *16*(6), 749-769.
17. Celano, C. M., Albanese, A. M., Millstein, R. A., Mastromauro, C. A., Chung, W. J., Campbell, K. A., ... & Huffman, J. C. (2018). Optimizing a positive psychology intervention to promote health behaviors after an acute coronary syndrome: the Positive Emotions After Acute Coronary Events III (PEACE-III) randomized factorial trial. *Biopsychosocial Science and Medicine*, *80*(6), 526-534.
18. Chakhssi, F., Kraiss, J. T., Sommers-Spijkerman, M., & Bohlmeijer, E. T. (2018). The effect of positive psychology interventions on well-being and distress in clinical samples with psychiatric or somatic disorders: A systematic review and meta-analysis. *BMC psychiatry*, *18*, 1-17.
19. Cham, T.H., Lim, Y.M. and Sigala, M. (2022). Marketing and social influences, hospital branding, and medical tourists' behavioral intention: Before-and after-service consumption perspective, *International Journal of Tourism Research*, 24 (1), 140–157.
20. Chen, C.C. and Petrick, J.F. (2013). Health and wellness benefits of travel experiences: A literature review, *Journal of Travel Research*, 52 (6), 709–719.

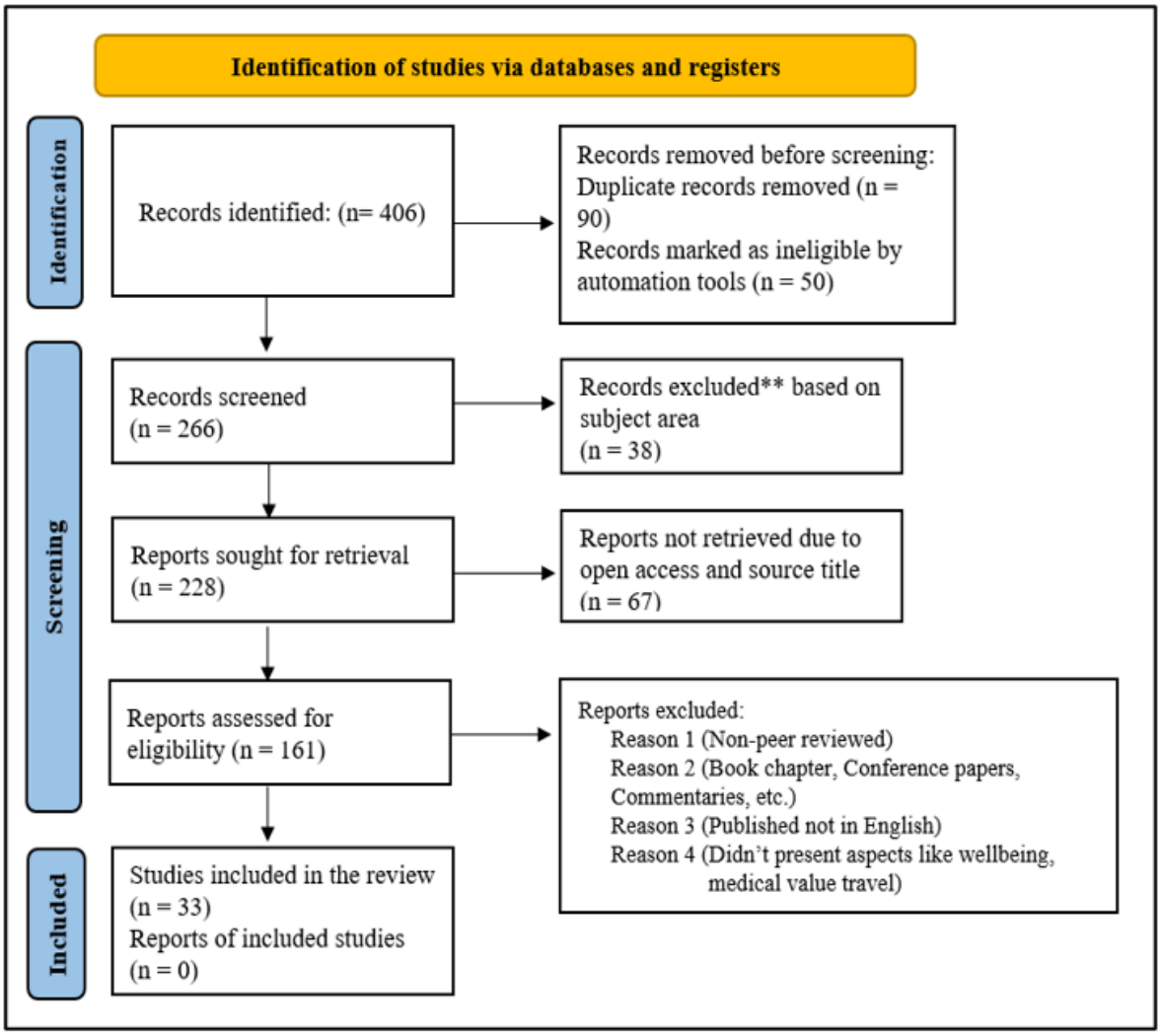
21. Chen, C.C. and Yoon, S. (2019). Tourism as a pathway to the good life: Comparing the top–down and bottom–up effects, *Journal of Travel Research*, 58 (5), 866–876.
22. Choudhury, N., Majumdar, S. and Ghosh, I. (2023). Evaluating demand side enablers for medical tourism: Case study of medical tourists from Bangladesh to Kolkata, India, *e-Review of Tourism Research*, 20(1), 1–22.
23. Collins, H., Calvo, S., Greenberg, K., Neall, L.F. and Morrison, S. (2016). Information needs in the precision medicine era: How Genetics Home Reference can help, *Interactive Journal of Medical Research*,.5 (2), e5199.
24. Connell, J. (2013). Contemporary medical tourism: Conceptualisation, culture and commodification, *Tourism Management*, 34, 1–13.
25. Coghlan, A. (2015). Tourism and health: Using positive psychology principles to maximise participants wellbeing outcomes–a design concept for charity challenge tourism, *Journal of Sustainable Tourism*,23 (3),382–400.
26. Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York: HarperCollins.
27. Davidson, R.J., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S.F. et al. (2003). Alterations in brain and immune function produced by mindfulness meditation, *Psychosomatic Medicine*, 65 (4),564–570.
28. Debata, B.R., Patnaik, B., Mahapatra, S.S. and Sree, K. (2015). Interrelations of service quality and service loyalty dimensions in medical tourism: A structural equation modelling approach, *Benchmarking: An International Journal*, 22(1), 18–55.
29. Diener, E. (ed.) (2009). *The science of well-being: The collected works of Ed Diener*. 37. Springer Science & Business Media.
30. Diener, E. and Seligman, M.E. (2002). Very happy people, *Psychological Science*, 13 (1), 81–84.
31. Duckworth, A.L., Peterson, C., Matthews, M.D. and Kelly, D.R. (2007), Grit: Perseverance and passion for long-term goals, *Journal of Personality and Social Psychology*, 92 (6), 1087–1101.
32. Enderwick, P. and Nagar, S. (2011). The competitive challenge of emerging markets: The case of medical tourism, *International Journal of Emerging Markets*, 6 (4), 329–350.
33. Emmons, R.A. and McCullough, M.E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life, *Journal of Personality and Social Psychology*, .84(.2),377–389.
34. Farkić, J., Filep, S. and Taylor, S. (2020). Shaping tourists' wellbeing through guided slow adventures, *Journal of Sustainable Tourism*, 28 (12), 2064–2080.
35. Fengmin, Z., Baijun, W., Jiangtao, B., Li, L. and Patwary, A.K. (2022). Investigating revisit intention of medical tourists in China through nutritional knowledge, perceived medical quality, and trust in the physiologist: A recommendation on health tourism policy measures, *Frontiers in Public Health*, 10, 893497.
36. Frankl, V.E. (1985). *Man's search for meaning*. New York: Simon and Schuster.
37. Fredrickson, B.L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions, *American Psychologist*,.56(.3), 218–226.
38. Filep, S. and Laing, J. (2019). Trends and directions in tourism and positive psychology, *Journal of Travel Research*, 58 (3), 343–354.
39. Filep, S. and Deery, M. (2010). Towards a picture of tourists' happiness, *Tourism Analysis*, 15 (4),399–410.
40. Filep, S., Macnaughton, J. and Glover, T. (2017). Tourism and gratitude: Valuing acts of kindness, *Annals of Tourism Research*, 66, 26–36.
41. Filep, S. (2016). Tourism and positive psychology critique: Too emotional, *Annals of Tourism Research*, 59(C), 113–115.
42. Filep, S. and Bereded-Samuel, E. (2012). Holidays against depression? An Ethiopian Australian initiative, *Current Issues in Tourism*, 15(3), 281–285.
43. Gao, J., Zhang, Y., Chang, P.J. and Xiao, X. (2022). A mixed-methods study of the ways in which vacation factors impact tourists' use of emotion regulation strategies, *Tourism Review International*, 26 (3), 289–306.
44. Garcês, S., Pocinho, M. and Jesus, S.N.D. (2018). Review of optimism, creativity and spirituality in tourism research, *Tourism and Hospitality Management*, 24 (1),. 107–117.
45. Garraway, L.A., Verweij, J. and Ballman, K.V. (2013), Precision oncology: An overview, *Journal of Clinical Oncolog*,. 31(.15), 1803–1805.

46. Garces, S., Pocinho, M. and Jesus, S.N.D. (2020). Psychometric analysis of the Tourism Wellbeing Scale (TWS): A multidisciplinary approach, *Anais da Academia Brasileira de Ciências*, 92(1), e20190232.
47. Gedecho, E.K., Kim, S. and Xiao, H. (2023). Sense of community and well-being in diaspora festivals, *Tourism Geographies*, 25 (8), 1947–1973.
48. Gallo, L.C. and Matthews, K.A. (2003). Understanding the association between socioeconomic status and physical health: Do negative emotions play a role?, *Psychological Bulletin*, 129 (1),. 10–51.
49. Gilbody, S., Bower, P., Fletcher, J., Richards, D. and Sutton, A.J. (2006). Collaborative care for depression: A cumulative meta-analysis and review of longer-term outcomes, *Archives of Internal Medicine*, 166 (21), 2314–2321.
50. Gordon, N.P. and Hornbrook, M.C. (2016). Differences in access to and preferences for using patient portals and other eHealth technologies based on race, ethnicity, and age: A database and survey study of seniors in a large health plan, *Journal of Medical Internet Research*, 18(3), e50.
51. Graffigna, G. and Barello, S. (2018). Patient Health Engagement (PHE) model in enhanced recovery after surgery (ERAS): Monitoring patients' engagement and psychological resilience in minimally invasive thoracic surgery, *Journal of Thoracic Disease*, 10 (Suppl 4), S517.
52. Hanefeld, J., Lunt, N., Smith, R. and Horsfall, D. (2015). Why do medical tourists travel to where they do? The role of networks in determining medical travel, *Social Science & Medicine*, 124,. 356–363.
53. Hao, F. and Xiao, H. (2021). Residential tourism and eudaimonic well-being: A value-adding analysis, *Annals of Tourism Research*,.87,. 103150.
54. Hart, R. (2020). *Positive psychology: The basics*. Abingdon: Routledge.
55. Henderson, J.C. (2015). Halal food, certification and halal tourism: Insights from Malaysia and Singapore, *Tourism Management Perspectives*, 19,160–164.
56. Houge Mackenzie, S. and Hodge, K. (2020). Adventure recreation and subjective well-being: A conceptual framework, *Leisure Studies*, 39(1), 26–40.
57. Huang, L. and Lau, N. (2020). Enhancing the smart tourism experience for people with visual impairments by gamified application approach through needs analysis in Hong Kong, *Sustainability*, 12 (15),6213.
58. Hendriks, T., Schotanus-Dijkstra, M., Hassankhan, A., De Jong, J. and Bohlmeijer, E. (2020). The efficacy of multi-component positive psychology interventions: A systematic review and meta-analysis of randomized controlled trials, *Journal of Happiness Studies*, 21(1),. 357–390.
59. House, J.S., Umberson, D. and Landis, K.R. (1988). Structures and processes of social support, *Annual Review of Sociology*, 14(1),293–318.
60. Hollander, J.E. and Carr, B.G. (2020). Virtually perfect? Telemedicine for COVID-19, *New England Journal of Medicine*, 382 (18), 1679–1681.
61. Huffman, J.C., Feig, E.H., Zambrano, J. and Celano, C.M. (2023). Positive psychology interventions in medical populations: Critical issues in intervention development, testing, and implementation, *Affective Science*, 4(1), 59–71.
62. Kansra, P., Oberoi, S., Gupta, S. L. and Singh, N. (2024). Factors limiting the application of consumer neuroscience: A systematic review. *Journal of Consumer Behaviour*, 23(1), 31-42.
63. Kim, E.S., Moskowitz, J.T. and Kubzansky, L.D. (2023). Introduction to Special Issue: Interventions to modify psychological well-being and population health, *Affective Science*, 4 (1),1–9.
64. Kim, B. and Kim, S.S. (2019). The effect of religious tourism experiences on personal values, *International Journal of Religious Tourism and Pilgrimage*, 7(.2),. 9.
65. Kirca, A., Malouff, J.M. and Meynadier, J. (2023). The effect of expressed gratitude interventions on psychological wellbeing: A meta-analysis of randomised controlled studies, *International Journal of Applied Positive Psychology*, 8(1), .63–86.
66. Kruger, S. (2018). Consumer well-being à la Maslow: A driver towards ecstatic and leisure motorcyclists' overall happiness, *African Journal of Hospitality and Leisure*, 7 (4), 1–18.
67. Kubzansky, L.D., Kim, E.S., Boehm, J.K., Davidson, R.J., Huffman, J.C., Loucks, E.B. and Moskowitz, J.T. (2023). Interventions to modify psychological well-being: Progress, promises, and an agenda for future research, *Affective Science*, 4 (1),174–184.

68. Lambert, M.J., Whipple, J.L. and Kleinstäuber, M. (2018). Collecting and delivering progress feedback: A meta-analysis of routine outcome monitoring, *Psychotherapy*,.55(4), p. 520.
69. Lee, Y.J. (2024). Destination fascination, well-being, and the reasonable person model of behavioural intention in heritage tourism, *Current Issues in Tourism*, 27 (2), pp. 288–304.
70. Malloy-Weir, L.J., Charles, C., Gafni, A. and Entwistle, V. (2016). A review of health literacy: Definitions, interpretations, and implications for policy initiatives, *Journal of Public Health Policy*, 37,334–352.
71. McCabe, S. and Johnson, S. (2013). The happiness factor in tourism: Subjective well-being and social tourism, *Annals of Tourism Research*, 41, 42–65.
72. McCormack, L., Bann, C., Squiers, L., Berkman, N.D., Squire, C., Schillinger, D. et al. (2010). Measuring health literacy: A pilot study of a new skills-based instrument, *Journal of Health Communication*, 15(S2), .51–71.
73. Moher, D., Liberati, A., Tetzlaff, J., Altman, D.G. and PRISMA Group, T. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement, *Annals of Internal Medicine*, 151 (4), 264–269.
74. Moscardo, G. (2009). Tourism and quality of life: Towards a more critical approach, *Tourism and Hospitality Research*, 9 (2),159–170.
75. Neuhaus, M., Young, T., Ferris, L.J., Grimmel, C.L. and Reid, N. (2022). A narrative review of peer-led positive psychology interventions: Current evidence, potential, and future directions, *International Journal of Environmental Research and Public Health*, 19 (13), 8065.
76. Norman, A. and Pokorny, J. (2017). Western Buddhist meditation practice, in Cook, S.B. (ed.) *The cultural context of meditation*. Routledge,. 45–62.
77. Norman, A. (2011). *Spiritual tourism: Travel and religious practice in Western society*. Bloomsbury Publishing.
78. Nyame-Asiamah, F. (2020). Improving the manager-clinician collaboration for effective healthcare ICT and telemedicine adoption processes – a cohered emergent perspective, *Information Technology for Development*, 26(3), 525–550.
79. Oberoi, S. and Kansra, P. (2019). Factors influencing medical tourism in India: a critical review, *SAMVAD*, 17,9–16.
80. Ormond, M.E. (2011). *International medical travel and the politics of therapeutic place-making in Malaysia* (Doctoral dissertation, University of St Andrews).
81. Panahi, S. and Ghalavand, H. (2024). The mediating role of health literacy in the relationship between self-care and planned behavior against COVID-19, *BMC Infectious Diseases*, 24, . 608.
82. Paul, J., Lim, W.M., O'Cass, A., Hao, A.W. and Bresciani, S. (2021). Scientific procedures and rationales for systematic literature reviews (SPAR-4-SLR), *International Journal of Consumer Studies*, 45 (4), O1–O16.
83. Pearce, P.L. (2009). The relationship between positive psychology and tourist behavior studies, *Tourism Analysis*, 14(1), 37–48.
84. Phelan, J.C., Link, B.G. and Tehranifar, P. (2010). Social conditions as fundamental causes of health inequalities: theory, evidence, and policy implications, *Journal of Health and Social Behavior*,. 51 (1_suppl), S28–S40.
85. Pocinho, M., Garcês, S. and De Jesus, S.N. (2022). Wellbeing and resilience in tourism: A systematic literature review during COVID-19, *Frontiers in Psychology*, 12, 748947.
86. Prakash, M. (2018). Traditional medicine and wellness tourism: The case of Ayurveda in India, *Journal of Alternative and Complementary Medicine*, 24(6), 560–569.
87. Pressman, S.D. and Cohen, S. (2005). Does positive affect influence health?, *Psychological Bulletin*,131 (6),. 925–971.
88. Rizqon, M.S., Sulisno, M. and Suryawati, C. (2020). Sharia services with a level of patient satisfaction in hospitals: literature review, *Jurnal Keperawatan Respati Yogyakarta*, 7(1),27–31.
89. Ryan, C. (2015). Halal tourism, *Tourism Management Perspectives*, 15, 1–5.
90. Ryan, R. M., & Deci, E. L. (2017). Self-determination theory: Basic psychological needs in motivation, development, and wellness. *Guilford Press*.
91. Ryff, C.D. and Singer, B. (1996). Psychological well-being: Meaning, measurement, and implications for psychotherapy research, *Psychotherapy and Psychosomatics*, 65 (1), 14–23.

92. Saini, H., Kumar, P. and Oberoi, S. (2023). Welcome to the destination! Social media influencers as cogent determinant of travel decision: A systematic literature review and conceptual framework, *Cogent Social Sciences*, 9 (1), p. 2240055.
93. Seligman, M.E. and Csikszentmihalyi, M. (2000). Positive psychology: An introduction, *American Psychologist*, 55 (1), p. 5.
94. Seligman, M.E. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Simon and Schuster.
95. Sin, N.L. and Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: A practice-friendly meta-analysis, *Journal of Clinical Psychology*, 65 (5), 467–487.
96. Smith, J.P. and Kington, R. (1997). Demographic and economic correlates of health in old age, *Demography*, 34 (1), 159–170.
97. Springgate, Benjamin, Tang, L., Ong, M., Aoki, W., Chung, B., Dixon, E. and Wells, Kenneth B. (2018). Comparative effectiveness of coalitions versus technical assistance for depression quality improvement in persons with multiple chronic conditions, *Ethnicity & Disease*, 28 (Suppl 2), 325.
98. Steger, Michael F., Frazier, Patricia, Oishi, Shigehiro and Kaler, Matthew (2006). The meaning in life questionnaire: Assessing the presence of and search for meaning in life, *Journal of Counseling Psychology*, 53 (1), 80–93.
99. Vada, S., Prentice, C., Scott, N. and Hsiao, A., (2020). Positive psychology and tourist well-being: A systematic literature review, *Tourism Management Perspectives*, 33, 100631.
100. Vada, S., Prentice, C. and Hsiao, A., (2019). The influence of tourism experience and well-being on place attachment, *Journal of Retailing and Consumer Services*, 47, 322–330.
101. Vada, S., Filep, S., Moyle, B., Gardiner, S. and Tuguinay, J (2023). Welcome back: Repeat visitation and tourist well-being, *Tourism Management*, 98, 104747.
102. Voigt, Cornelia, Howat, Gary and Brown, Graham (2010). Hedonic and eudaimonic experiences among wellness tourists: An exploratory enquiry, *Annals of Leisure Research*, 13 (3), 541–562.
103. Wen, Jun, Zheng, Ding, Hou, Hao, Phau, Ian and Wang, Wei (2022). Tourism as a dementia treatment based on positive psychology, *Tourism Management*, 92, 104556.
104. Wood, Alexander M., Joseph, Stephen and Maltby, John (2008). Gratitude uniquely predicts satisfaction with life: Incremental validity above the domains and facets of the five-factor model, *Personality and Individual Differences*, 45(1), 49–54.
105. Wu, C.L., Liou, C.H., Liu, S.A., Chen, C.H., Sheu, W.H., Chou, I.J. and Tsai, S.F., (2020). Quality improvement initiatives in reforming patient support groups—three-year outcomes. *International Journal of Environmental Research and Public Health*, 17(.19), 7155.
106. Yu, J., Seo, J., & Hyun, S. S. (2021). Attributes of medical tourism destination brands: Case study of the Korean medical tourism market, *Journal of Travel & Tourism Marketing*, 38(1), 107–121.
107. Yan, N., & Halpenny, E. A. (2023). Tourists' savoring of positive emotions and place attachment formation: A conceptual paper, *In Affect and Emotion in Tourism*. Routledge, 212–232.

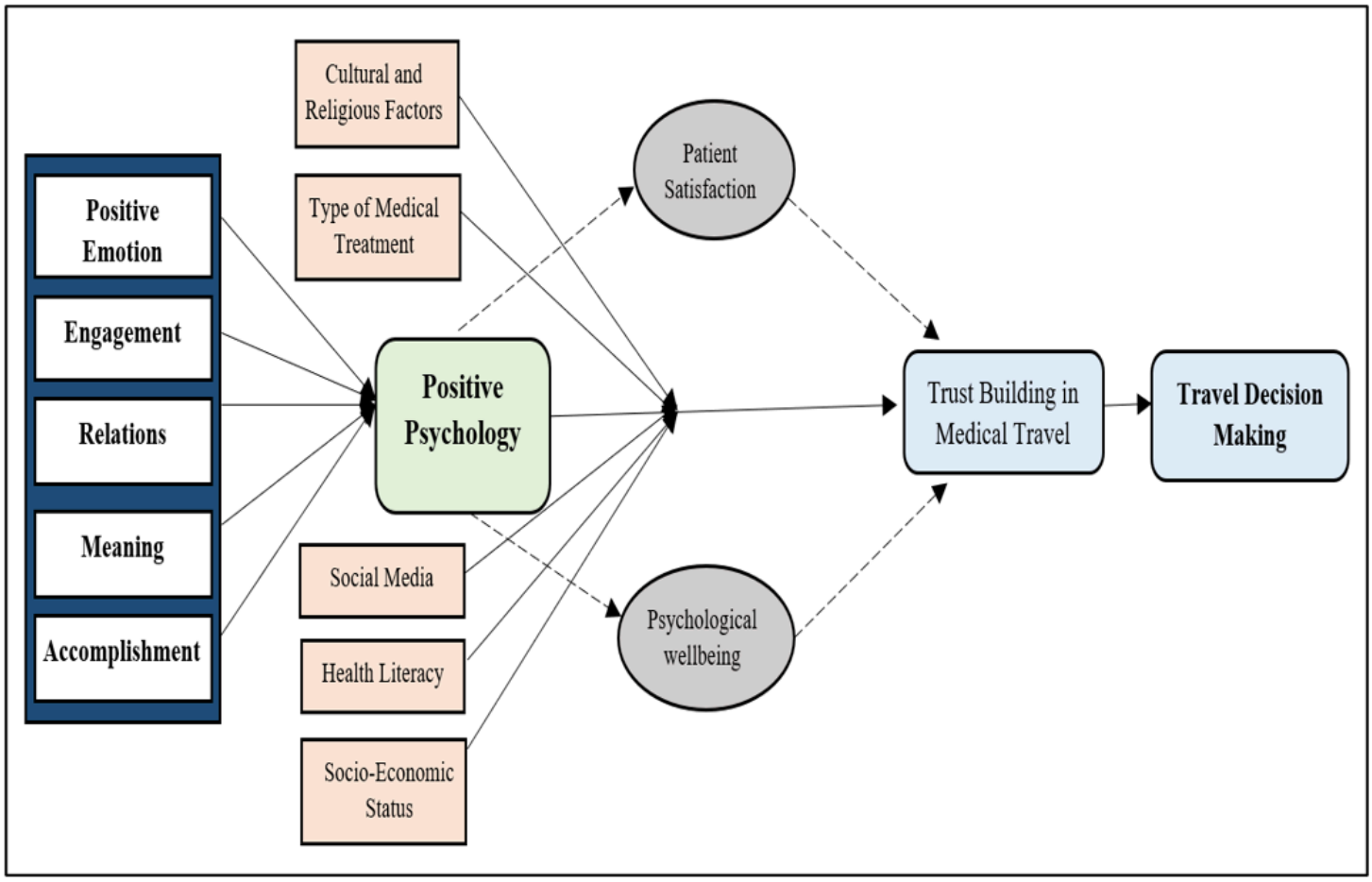
Figures



Source: Based on Moher et al. (2009)

Figure 1

Schematic Illustration of "PRISMA" Framework



Source: Based on author(s) compilation

Figure 2

Schematic Illustration of the Proposed Conceptual Model