The need of international Islamic standards for medical tourism providers: a Malaysian experience

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Abstract

Purpose – The purpose of this study is to confirm that there is a great need for international Islamic accreditation body as a response of the growing number of the Islamic-friendly hospitals and Islamic practices among medical tourism providers across the globe, with a specific focus on the Malaysian industry.

Design/methodology/approach – This paper systematically reviews the content of medical tourism studies and international accreditation organizations for health-care providers from literature to meet its objective.

Findings – The establishment of international Islamic accreditation body becomes necessary nowadays as the response of the growing of Islamic medical tourism market. Creating standards based on Islamic laws and ethics may assess medical tourism providers when dealing with Muslim medical tourists. Furthermore, the most important benefit of Islamic accreditation is the development of uniform standards for Islamic medical tourism practices that combines health care and tourism services together.

Practical implications – An international Islamic accreditation body should be developed to assist practitioners and policymakers to use standards to select policies to improve Islamic medical tourism practices, which in turn may facilitate the identification of effective services that can meet Muslim medical tourists' needs and expectations.

Originality/value – This study is the first that suggests the need to establish an international Islamic accreditation organization that assesses hospitals to offer Islamic medical tourism practices for Muslim medical tourists. It may contribute and add value to the body of Islamic medical tourism.

Keywords International accreditation body, Islamic standards, Medical tourism providers, Muslim medical tourists

Paper type General review

Introduction

Medical tourism is emerging industry with a massive growth potential. It has increased significantly in recent years, mostly as a result of the rising cost of health care, longer waiting lists and poor medical system (Connell, 2011, p. 3; Enderwick and Nagar, 2011; Debata *et al.*, 2015). The most recent growth of medical tourism has been in developing countries in the Latin America, Eastern Europe, South and Southeast Asia and Middle East. They have been able to develop high quality health services, reasonable infrastructure and facilities, and highly developed tourism industry. Consequently, these reasons underline the fact that these countries turn into an attractive, affordable and preferred global medical tourism destinations. These countries are seeking to attract medical tourists from different countries in the world. Their governments fund the promotion and the development of health-care services in the search for economic benefits (Lunt *et al.*, 2013).

One of the segments of medical tourists that will be highly attracted by medical tourism providers is Muslim medical tourists. The growing number of Muslim medical tourists,

especially from North Africa and Middle East where the Islamic faith is high, makes many destinations to consider them as a market segment that should be targeted (Ryan, 2015). Malaysia as medical tourism hub primarily focuses on medical tourists from Muslim countries, especially from Indonesia and Middle East, stressing its Islamic credentials including the availability of various facilities for Islamic practices (Henderson, 2015). Moreover, Muslim medical tourists prefer to travel to Malaysia where the Islamic hospitality is offered, including the availability of halal food and products (Ormond, 2011). Up to date, only few medical tourism providers follow part or full range of Islamic practices in their services, while in comparison to the growing number of Muslim medical tourists. For example, in Malaysia, an interesting result has found by Zailani *et al.* (2016) that only 17 hospitals out of 61 involved in medical tourism are employing the Islamic practices in the hospital. However, authors stressed that Malaysian medical tourism providers do not apply full range of Muslim friendly services due to the absence of Islamic medical tourism standards (Mohezar *et al.*, 2017). In this respect, based on the increasing of Islamic friendly hospitals, the questions raised here is if an international Islamic accreditation body is needed to assess medical tourism providers, which in turn ensure the Muslim medical tourists' satisfaction.

To select studies for inclusion in the review, all sources related to the topic of this paper were chosen and analyzed in a comprehensive way (Tranfield *et al.*, 2003). A literature search from different research repositories (Emerald, Science Direct, SAGE, Taylor and Francis and BioMed), scientific social network, Google Scholar, books, and accreditation bodies websites was conducted. Non-English language papers were excluded. Different keywords were used in several combinations, including "hospital accreditation", "accreditation agencies", "medical tourism", "Muslim patients", "*halal* health care", "*halal* tourism", "*halal* certification", and "Malaysian medical tourism". A total of 54 titles were selected, including two articles featured in *Journal of Islamic marketing* regular issue. These topics published between 2005 and 2019 in the different sources mentioned above. This review focuses on identifying the importance and the need to develop an international Islamic accreditation body to assess the Islamic medical tourism practices offered by medical tourism providers. This is a comprehensive discussion that provides scope for further research.

Toward Islamic medical tourism

The Islamic tourism has been highly regarded by tourism industry as well as researchers (Jafari and Scott, 2014; Stephenson, 2014; Ryan, 2015; Battour and Ismail, 2015; Mohsin *et al.*, 2015; Henderson, 2015; Nassar *et al.*, 2015). Islamic tourism described as a new touristic interpretation of pilgrimage (Ryan, 2015) that emerges religious and leisure tourism (Jafari and Scott, 2014). Mohsin *et al.* (2015) further define it as "the provision of a tourism products and services that meets the needs of Muslim travelers to facilitate worship and dietary requirement that conform to Islamic teaching". Ryan (2015) distinguished between Islamic tourism and halal tourism, where Islamic tourism refers to go outside the country for religious and pilgrimage purpose and is associated with acts of faith relating to Islamic religious such as *hajj* and *umrah*. On the other hand, the purpose of halal tourism is recreational, leisure and social linked with Islamic faith which is discovering creation of *Allah* (Mohezar *et al.*, 2017). However, Battour and Ismail (2015) have used the terms interchangeably as similar concepts, with the support of other researchers (Jafari and Scott, 2014; Henderson, 2015). Therefore, both concepts apply to wide range of goods and services used when Muslim travel to another country.

The 11 September 2001 attacks had a great impact on international tourism flows. It led to a rise in tourists' arrivals in the Eastern part of the world (Steiner, 2010;

Mohezar *et al.*, 2017). Middle Eastern as the wealthiest and most targeted market in the Muslim world have avoided Western Europe and North American destinations, while Asian countries as choice of destinations has increased. According to World Travel Trends Report (2016), the Middle East outbound travel market was the world's fastest growing market in 2016. It increased by 9 per cent over the first eight months of the year. Saudi Arabia and United Arab Emirates (UAE) are the most attractive markets, they characterized by high spending and long trips. Medical tourism as one of the tourism sectors has been affected also by 11 September event. 44 per cent Middle Eastern medical tourists visited the U.S for medical treatment, yet, the proportion dropped to 8 per cent by 2003 due to the difficulties of the new American government rules and regulations (Ormond, 2011). However, the willingness of Middle Eastern to travel long distance for medical purpose is always there, but with the change of destinations' choice from Western countries to Eastern part of the world. In general, Middle Eastern tourists' decisions making is based on conservative choices when they select their destinations (World Travel Trends Report, 2016). They prefer to travel to Malaysia and Indonesia where Islamic hospitality is offered including the availability of halal food and products (Ormond, 2011).

Islamic medical tourism is already earned an important intention. The system has emerged as significance subsector in medical tourism industry. It is necessary for medical tourism providers to have a medical system which is in line with Islamic principles. This system must be based on practices and principles derived from *Quran* and *Hadith* of prophet Mohammed PBUH. Muslims may look up to it as an option for satisfying their needs and wants while they are inside or outside the hospital. As a result, many medical tourism providers started to expand their capacity by promoting Islamic medical tourism practices (Mahjom *et al.*, 2011). They trying to position themselves as medical providers that offer all Muslim medical tourists needs and expectations (Moghavvemi *et al.*, 2014). However, to create a Muslim-friendly environment, practices must all be based on the Islamic principles without exception (Jais, 2017). Based on Nassar *et al.*'s (2015) conceptualization of Islamic tourism, Islamic medical tourism can be conceptualized from three viewpoints. First, from economic perspective, the expansion of medical tourism provider's capacity is assisted by Islamic medical tourism practices to take advantage from the growth of the industry. Second, from a cultural point of view, Islamic medical tourism practices must be provided in medical tourism programs, services and facilities. Finally, from a conservative religion's perspective, it has to ensure that medical tourism providers following the Islamic religion practices properly. Therefore, it is a must to establish Islamic standards that is anchored in Islamic laws as to make sure that all medical tourism practices meet the requirements of Muslim medical tourists' needs and expectations.

International accreditation bodies

Accreditation is considered as an important procedure for medical tourism providers. It improves health-care process so that patients receive timely and high-quality care (Paffhausen *et al.*, 2010). Furthermore, according to Bookman and Bookman (2007, p. 147), accreditation is the procedures by which a respected body assesses medical tourism providers to check if they meet a particular set of standards. A study of Debata *et al.* (2015) revealed that the accredited medical tourism provider was perceived more favorably than the non-accredited one. In response of the growing of medical tourism industry, the number of accrediting organizations has increased. In addition, some countries have established their own system of accreditation such as Malaysia, India, Thailand and Singapore (Cohen, 2010). Moreover, hospitals in destination countries rush to be accredited from international accrediting organizations to attract more medical tourists (Bristow *et al.*, 2011). The major

organizations that operate internationally are the Joint Commission International (JCI) in the U.S, Trent Accreditation Scheme in the U.K (Bristow *et al.*, 2011), the Canadian Council on Health Services Accreditation (CCHSA), Australian Council on Healthcare Standards International (ACHSI) (Woodhead, 2013). For example, the Joint Commission International (JCI) is considered as the global largest accreditation organization in the world (Cochrane, 2014). It works with public and private health-care organizations in over 70 countries. Over 660 health-care organizations around the world have earned JCI accreditation (Join Commission International (JCI), 2019a).

There are many other methods can be employed to enhance health-care quality such as ISO standards, Six-Sigma and Quality Awards. However, nowadays, accreditation bodies have been accepted as reliable platform by health-care providers (Jovanovic, 2005). They offer fundamental benefits to all stakeholders such as consumers, health-care providers and staff (Cochrane, 2014). For example, hospital accreditation is considered as a good tool for improving quality of health care (El-Jardali *et al.*, 2008; Alkhenizan and Shaw, 2011). Most accreditation bodies have adopted the international Society for Quality in Healthcare (ISqua) principles to design their standards or dimensions (Shaw *et al.*, 2010a), see Figure 1. The program is based on several dimensions that characterize the components of different areas that hospitals seeking to care for medical tourists must incarnate. These dimensions are: hospital management, patient rights, patient safety, clinical organization, clinical practices, and hospital environment (Shaw *et al.*, 2010b). For example, Yousefian *et al.* (2013) illustrated that JCI accreditation standards for health-care organizations are proposed in two fields: patients-centered and management-centered, each field has different criteria. Moreover, Whittaker *et al.* (2011) showed that the National Core Standards (NCS) in South Africa structured into seven dimensions, these dimensions are: patient rights, patient safety, clinical support services, public health, leadership and corporate governance, operational management and facilities and infrastructure. Another study by Greenfield *et al.* (2012), authors showed that accreditation standards can be classified into three groups: clinical practices, patient safety and staff management (Table I).

However, the new Islamic accreditation body should redesign these dimensions to provide Muslim medical tourists with medical treatments and procedures that involve *halal*

Source: International Society for quality in Healthcare, ISQua (2015)

Accreditation body	Country	Dimensions
QHA Trent Accreditation	UK	Clinical governance Operational policies and procedures Management of service Patient care Facilities and equipment Staff development, education and training Quality assessment and evaluation Ethics, probity, insurance, indemnity and the law Privacy and confidentiality Spiritual well-being
Joint Commission International (JCI)	USA	Patient−centered care Health-care organization management
Australian Council on Healthcare Standards International (ACHSI)	Australia	Clinical governance Partnering with consumers Preventing and controlling health-care associated infection Medication safety Comprehensive care Communicating for safety Blood management Recognizing and responding to acute deterioration

Sources: QHA Trent Accreditation (2017); Join Commission International (JCI) (2019b); Australian Council on Healthcare Standards International (ACHSI) (2018)

Table I.
The dimensions of
the major
accreditation bodies
in the world

practices (see Figure 2). For example, privacy issues during treatment, cross-gender interactions, and the status of the pharmaceuticals are provided as treatment (Zawawi and Othman, 2018). Furthermore, researchers mentioned that there is a great need to provide *halal* pharmaceutical products and *halal* medical devices to cater the needs of Muslim patients (Zarmani *et al.*, 2014; Ramli *et al.*, 2018). They found that one of the weaknesses of Islamic medical tourism is the low of international Islamic certifications, while the most important threat is the non-uniformity of Islamic medical tourism standards (Mohezar *et al.*, 2017). Thus, the role of Islamic accreditation body is to help medical tourism providers to

Current
Srandards
for
accreditation

Islamic
Laws
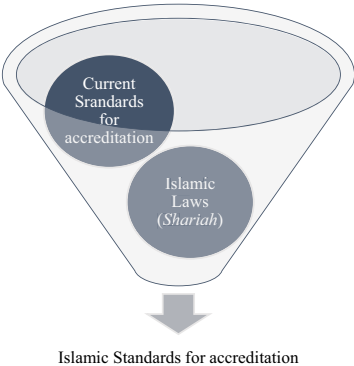(*Shariah*)

Islamic Standards for accreditation

Figure 2.
Design new Islamic
standards for
accreditation

examine and improve the services provided to Muslim medical tourists. It could serve as a strategy to attract Muslim medical tourists.

The need for international Islamic accreditation body

Malaysia as medical tourism hub has gained the reputation as one of the major Islamic medical tourism destinations in the world. According to Jais (2017), more than 70 per cent of the medical tourists who come to Malaysia are Muslims (e.g. Middle East and neighboring countries). Promoting Malaysia as the preferred and suitable destination for Muslim medical tourists gives Malaysia a great opportunity to compete in this segment. There are a number of private hospitals began to provide Islamic services and facilities to the local and foreign Muslim patients (Rahman and Zailani, 2016). These hospitals are: Al-Islam Specialist Hospital (Kadir *et al.*, 2014) and An- Nur Specialist Hospital (Shariff *et al.*, 2018). The number is expected to increase in the near future, for example, Penang Islamic Hospital to be open in 2020 (Khoon-Hock, 2016). These hospitals have emerged as a new product of medical tourism in Malaysia.

However, there are no formal criteria or standards for this new concept (Khan and Shaharuddin, 2015; Moghavvemi *et al.*, 2014; Mohezar *et al.*, 2017). There are some efforts from few countries to promote *shariah* compliant hospitals and halal hospitality such as Malaysia India and Indonesia. But the need of creating and unifying Islamic medical tourism standards under one international accreditation body is necessary. The body will try to certify and assess all Islamic medical tourism services provided by medical tourism providers worldwide. Malaysia as Islamic country has the vision to become global *Halal* hub. According to Shariff *et al.* (2018), in Malaysia, there is a government agency known as Standard and Industrials Research Institute of Malaysia (SIRIM). The agency developed a general *shariah* based quality management system (MS1900:2014) based on ISO 9001:2008. Moreover, another authority responsible for Halal certification in Malaysia is Jabatan Kemajuan Islam Malaysia (JAKIM) organization (Badruldin *et al.*, 2012). These *halal* agencies guide and assist any organization intend to implement *shariah* compliant practices. Besides, they plan to work out together to increase their clients locally and internationally (Bustamam *et al.*, 2013). For instance, An- Nur Specialist Hospital was the first organization from health-care industry that has been awarded by one of these systems (Shariff *et al.*, 2018). Authors wished that this experience should be applied to the other medical providers not just in Malaysia but throughout the world.

Furthermore, becoming a *shariah* compliant medical provider requires the availability of services and facilities which aligned to Islamic laws (Jais, 2017). The needs and expectations of Muslim medical tourists are not only providing halal food, other dimensions and factors should also be considered. Table II represents the most frequently dimensions and components which reported in several studies based on patient point of view. For example, Padela *et al.* (2011) have recommended that Muslim patients want receive care in a welcoming environment, gender-based services, halal medications, prayer rooms and implementing educational programs for health-care providers. Additionally, researchers suggested that other issues should be concerned when serving Muslim patients such as *Halal* foods and medications, Privacy and dress and Cultural competency (Attum and Shamoon, 2019). Therefore, there is a clear ethical guidelines and moral responsibility that should be followed by medical tourism providers to offer the best possible services to every medical tourist.

As noted earlier, these factors are important to attract Muslim medical tourists from different countries. Izadi *et al.* (2013) point out that the implementation of Islamic practices in the medical tourism hospitals increases Muslim medical tourists' satisfaction. A study by

Author(s) (Year)	Method	Sample (size if relevant)	Outcomes reported
Iranmanesh *et al.* (2018)	Quantitative (questionnaires)	Medical tourists (227)	Staff training and education Staff ability to understand the Islamic practices
Zailani *et al.* (2016)	Quantitative (questionnaires)	Medical tourists (243)	Same gender interactions Halal food Staff practices
Del Pino (2017)	Qualitative (interviews)	Muslim patients (37)	Same gender interactions Halal food Staff practices Prayer space
Padela *et al.* (2012)	Qualitative (focus groups)	Muslims patients (102)	Same gender interactions Halal food Staff practices Prayer space Muslim social services
Annabi and Wada (2016)	Qualitative (interviews)	Muslims patients (15)	Halal Pharmaceutical
Alpers (2019)	Qualitative (interviews)	Muslims patients (8)	Halal food
Whittaker and Chee (2015)	Qualitative (interviews)	Muslims patients	Halal food Modest dress code Prayer space Same gender interactions
Arefi *et al.* (2018)	Qualitative (interviews)	Muslims patients (20)	Halal food Using Islamic design Same gender interactions Modest dress code Separate rooms for women

Table II.
Studies which reported the most important components from muslim patient perspective

Zailani *et al.* (2016), they examine the factors affecting the Muslim medical tourists' satisfaction in Malaysian Islamic friendly hospitals. Authors found that doctors and hospitals' halal practices had a positive direct effect on consumers' satisfaction. Furthermore, Rahman and Zailani (2016) found that *Shariah* compliance, health-care ethics and patient safety have a positive impact on Muslim medical tourists' attitude and satisfaction. Therefore, introducing and promoting Islamic medical tourism services can attract more Muslim patients from different countries. Thus, establishing international Islamic accreditation body is needed to ensure that the implementation of Islamic practices in medical tourism hospitals is presented according to Islamic laws and Islamic ethics.

Conclusion

Some medical tourism destinations such as Malaysia began to promote Islamic medical tourism to attract Muslim patients from different countries in the world. As a result, a number of private hospitals and medical centers in the country started to pay more attention to Muslim medical tourists' market (Rahman and Zailani, 2016). These health-care organizations offer Islamic medical tourism practices to satisfy Muslim patients' needs and wants. However, these practices are not fully applied since there are no international Islamic standards. They are different from hospital to hospital and destination to destination.

Therefore, this review of research literature reveals a clear picture. There is considerable evidence that shows that developing an Islamic accreditation body to unify the Islamic practices provided by medical tourism providers will improve the Muslim patient needs and expectations. Thus, to have successful accreditation system, scholars from different school of thought and experts from the field should sit together and discuss about the paths that Islamic medical tourism standards would take. Besides, all Islamic countries should tackle all obstacles that impede progress of the body development. In this case, the goal of creating the international Islamic medical tourism accreditation body is to design Islamic standards relating to the practices of medical tourism providers.

Several implications can be suggested and should be taken into consideration. According to Mohezar *et al.* (2017), in Islamic medical tourism, there is a lack of policies to govern the sector. Taking this into account, it is recommended that an international Islamic accreditation body should be developed to assist practitioners and policy makers to use standards to select policies to improve Islamic medical tourism practices. In addition, these standards may facilitate the identification of effective services that can meet Muslim medical tourists' needs and expectations. Moreover, the current study may give clear understanding for researchers, policy makers, government agencies and all practitioners involved in the medical tourism industry on the crucial role that this new body may play. The body will be the authority responsible for Islamic accreditation globally. It will bring medical tourism providers all together under one unified establishment. Therefore, there is a high prospective in promoting Islamic standards for halal medical tourism practices since Islamic medical tourism is globally recognized and is regarded as potential market.

To better understand the importance of Islamic accrediting system, future research should study the possibility of implementing Islamic standards in medical tourism providers from the perspective of Muslim medical tourists, Muslims scholars and experts' advisory committees. Moreover, the current study suggests that ongoing research is necessary to improve this industry.

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