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Predicting Muslim medical tourists' satisfaction with Malaysian Islamic friendly hospitals

Suhaiza Zailani [a], Suhana Mohezar Ali [a], Mohammad Iranmanesh [b], Sedigheh Moghavvemi [a, *], Ghazali Musa [a]

[a] Faculty of Business and Accountancy, University Malaya, 50603, Kuala Lumpur, Malaysia
[b] School of Management, Universiti Sains Malaysia, 11800, Penang, Malaysia

HIGHLIGHTS

- Muslim medical tourists' satisfaction is dependent on doctors and hospitals roles.
- Nurses' halal practices had no effect on Muslim medical tourists' satisfaction.
- Attitude mediates the effect of hospital halal practice and patients' satisfaction.

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ABSTRACT

This paper examines the factors affecting the Muslim medical tourists' satisfaction, and the role of their attitudes in shaping their clinical experience based on the expectation-disconfirmation paradigm. Data from a survey of 243 Muslim medical tourists who had received treatment from Malaysian Islamic friendly hospitals were analysed using the partial least squares technique. The findings provide evidence that Muslim medical tourists' satisfaction is dependent on the doctors' and hospitals' roles; whilst, the nurse's halal practice is not associated with it. The study also demonstrates that Muslim medical tourists' attitudes only play a mediator role between the hospital's halal practice and Muslim medical tourists' satisfaction. The research result provides useful information in understanding the critical halal practices and, more particularly, aims at helping Islamic hospitals offer quality healthcare services that suit the Muslim medical tourists' needs and, consequently, attracts the Islamic medical tourists.

1. Introduction

The Muslim population was comprised of 1.7 billion people in 2014 and is expected to rise to 2.2 billion by 2030. The total Muslim population continues to grow at 1.5% annually, which is approximately twice the growth rate of non-Muslim populations (Thomson Reuters, 2014). The growing Muslim population, and the aftermath of the September 11 attacks, which have negatively impacted on the image of Muslims around the globe, has led to a flourishing interest in a variety of medical tourism products that are aligned to Islamic teachings (Potrafke, 2012). This phenomenon provides huge opportunities for the local healthcare industry to market the Islamic friendly hospitals to Muslim medical tourists. In 2008, India, for instance, had successfully attracted 1.11 million Muslim medical tourists from countries such as Pakistan, Bangladesh, the Middle East and Africa that were seeking halal practices during their medical care (Medhekar & Haq, 2010).

The word "halal" literally means permissible, and is translated as lawful (Al-Qaradawi, 2007). Islamic teachings, however, forbid unnecessary touching, even the shaking of hands between unrelated adults of opposite sexes is prohibited (Al-Shahri, 2002). This means that the use of touch as a comfort measure when it is not directly related to performing a task is not valued amongst those of the Islamic faith and should be avoided. When touch is necessary, consideration should also be given for which hand is used. The preference for Muslims is for care to be given by the same sex (Halligan, 2006), and a male clinician should never attempt to interview or examine a female patient without another of her adult relatives or a female nurse being present (Al-Shahri, 2002). It would

* Corresponding author.
E-mail addresses: shmz@um.edu.my (S. Zailani), suhanamohezar@um.edu.my (S.M. Ali), iranmanesh.mohammad@gmail.com (M. Iranmanesh), sedigheh@um.edu.my (S. Moghavvemi), ghazalimz@um.edu.my (G. Musa).

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be considered totally unacceptable to have patients of opposite genders in the same room (Bloomer & Al-Mutair, 2013). Doctors, nurses, and hospitals need to be familiar with these halal practices to deliver care with respect to Muslim medical tourists' beliefs.

Despite the potential of this lucrative sector, the delivering of such services entails great challenges owing to the uniqueness of the Islamic medical ethics. Medical Ethics is concerned with moral principles as they relate to biomedical science in the clinical and investigational arenas. Islamic medical ethics is tied to Islamic Law (Shari'ah) which not only separates actions into required and forbidden, but also the intermediate categories of recommended, discouraged, and permitted (Padela, 2007). Since Islam lays the responsibility to practice the religion on individuals, there are personal and cultural disparities that may lead to difficulties in delivering the medical practice that tailors to all Muslim medical tourists. These challenges extend beyond languages to incorporate entire views, including the concept of health, illness, recovery and death, thus influencing the quality of the healthcare experience. Failure to strike a balance between the spiritual and physical needs may affect healthcare-seeking patterns, leaving patients frustrated and with a negative word-of-mouth, which could be costly for hospitals. High quality services that satisfy their needs, on the other hand, are directly linked to an enhanced hospital image leading to an increased market share and profits. In the Asian culture, ensuring Muslim medical tourists' satisfaction with the healthcare services delivered is pertinent as the purchase intention amongst prospective customers is greatly influenced by word-of-mouth from friends, neighbours and family members (Owusu-Frimpong, Nwankwo, & Dadson, 2010).

Whilst this issue is emerging, little is still known about the perceived healthcare quality amongst Muslim medical tourists. Within the literature, most of the studies have focused on the hospital's service quality and medical tourists' satisfaction with a limited perspective on the Islamic medical ethics (Amin & Nasharuddin, 2013; Naidu, 2009; and; Zineldin, 2006). Although these studies do provide insights, they are confined mostly to the Western society, which consists of homogenous populations, and are inadequate to fully describe the challenges encountered. To date, empirical studies relating to medical tourism from an Islamic perspective are not well articulated in the literature. With different religious backgrounds, the values underpinning such services may differ. Cultural differences may affect health and illness perceptions, and the expectations of the clinical treatment received (Kushnir, Esterson, & Bachner, 2013). Motivated by this gap, this study has aimed to evaluate the factors affecting the Muslim medical tourists' satisfaction and the role of their attitudes in shaping their perceptions towards the healthcare services offered by Islamic hospitals in Malaysia. The country has been listed as one of the favourite visited nations for Muslim medical tourists with the number of patients amounting to 770,134 in 2013. The majority of them were Indonesian, followed by the Middle East and North Africa (Leong, 2014). With rising medical costs in developed countries and the incidence of September 11, Asian countries, such as Malaysia, may become important export markets for Middle East tourists. With the growing numbers of medical tourists seeking treatment in Malaysia, it is imperative to understand these medical tourists' values and satisfactions as it could positively facilitate healthcare providers in providing health treatment, affecting future healthcare seeking behaviour.

2. Healthcare service quality

Improving the quality of medical service has become a primary concern for healthcare providers with the rising standards of living. Good quality health treatment is considered to be the right of patients and the responsibility of hospital personnel (Zineldin, 2006). Excellent healthcare services have also served as an ethical obligation of hospitals. Poorly delivered medical treatment could cause infections and injuries, and may even lead to death. Faulty services for family planning clients, for instance, could also result in incorrect, inconsistent or discontinued contraceptive use and unwanted pregnancies. Challenging issues, such as demographic changes, ageing populations, and the emergence of new treatments and technologies, further increase the pressure on healthcare providers to reprogramme, renew, and reposition themselves to attract different market segments. In Malaysia specifically, the competition amongst private hospitals is intense, creating the need for hospitals to improve their existing healthcare systems and enhance their service quality for maintaining customer loyalty.

Within the hospital service quality literature, most of the researchers had looked into the link between service quality and patient satisfaction, with the majority of them utilising SERVQUAL instruments. The model refers to service quality as a comparison differentiation between customer expectation and the actual performance of the service received (Parasuraman, Zeithaml, & Berry, 1985) based on five dimensions, which are tangible, reliability, responsiveness, assurance, and empathy. Chahal and Kumari (2010) suggested that patients judge the quality of the healthcare received on three dimensions, which are the physical environment, interaction quality, and outcome quality. This model has also been tested in measuring the healthcare service quality of hospitals in Asian countries (Butt & de Run, 2010; Sohail, 2003). The patient determined quality literature, however, is not only confined to the SERVQUAL model. Various researchers have also developed service quality concepts across countries using distinct variables (Aagja & Garg, 2010; Jabnoun & Chaker, 2003). Dimensions such as personnel quality, infrastructure, administrative process, clinical care process, social responsibility, and compassion to family and friends, as well as the pleasantness of the surrounding environment were amongst the components investigated, and they were found to affect patient satisfaction. Despite the various dimensions added and excluded in the literature, generally, the healthcare quality could be assessed by looking at how well clinicians diagnose and treat problems, their responsiveness, friendliness, and attentiveness, as well as the appeal of the healthcare facility. Yet, in adopting service quality models effectively in the hospital industry, management is required to clearly understand the nature of service quality, and how to implement and adjust it accordingly.

In the context of Muslim medical tourists, the healthcare providers' awareness of Islamic medical ethics and their effort in inculcating halal practices in delivering the medical treatment is pertinent. Illness is considered as socio-culturally constructed (Padela & Curlin, 2013). Following this trait, Islam is, therefore, associated to health through its influence on the Muslim culture. Muslim medical tourists that experience healthcare treatments that are incongruent with their values may encounter cultural conflicts and ethical dilemmas. Hence, Muslim medical tourists may have religiously informed expectations of the healthcare encounter, which, if inadequately assessed or accommodated, will create a poor clinical experience and lower satisfaction. For instance, as Islam commands both sexes to dress modestly as a means to maintain moral social order and to protect a person's honour, Muslim medical tourists may feel discomfort if the hospitals do not provide single occupancy rooms that could protect their privacy. Integrating these elements into the service quality model, it is posited that certain mechanisms, such as the doctors', nurses', and hospitals' halal practices, may influence Muslim medical tourists' satisfaction.