

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter reviews the research problem of the existing literature. The main concern comprised a literature review of the main areas to be studied and in the end, a conceptual framework was proposed. This chapter started with a review of the general concept of tourism and medical tourism. It further discusses the potential of the medical tourism industry, especially concerning government and private medical hospitals.

2.2 Concept of Tourism

Several definitions of tourism could be obtained from many scholars, thus making it extremely broad. Tourism is a dynamic and competitive industry that requires the ability to adapt constantly to customers' changing needs and desires, as the customer's satisfaction, safety and enjoyment are particularly the focus of tourism businesses (MyHSRCorp, 2018). More precisely, tourism might be defined as the processes, activities, and outcomes that arise from the relationships and the interactions among tourists, tourism suppliers, host governments, host communities, and surrounding environments that were involved in attracting and hosting visitors (World Tourism Organization, 2005).

The definition has been supported by Nikoletta (2006), who gave a more comprehensive definition that tourism was a service industry comprised of many tangible and intangible components. The tangible elements included transport systems - air, rail, road, water and now, space; hospitality services - accommodation, foods and beverages, tours, souvenirs; and related services such as banking, insurance and safety and security. The intangible elements included rest relaxation, culture, escape, adventure, new and different experiences.

According to the World Tourism Organization (2018), tourism has impacted the economy, natural and built environment, the local population at the destination and tourists themselves. Due to these multiple impacts, there is a variety of production factors required in producing these goods and services to be enjoyed and experienced by visitors and the wide spectrum of stakeholders involved or affected. There is a need for a holistic approach to the development of this industry, covering the whole list of activities along the supply chain. This approach is strongly recommended to formulate and implement the relevant policies at the local, national and international levels. Brida et al. (2011) stated that the general increase in disposable income increased the demand for tourism services. This attracted more investors to invest in tourism-related activities that contributed towards economic growth.

2.3 Concept of Medical Tourism

This section emphasises the concept of medical tourism and the literature review related to it. According to Yeung et al. (2014), medical tourism involves people who go elsewhere to receive medical treatment for illness, disease, or condition, undergo cosmetic procedures, or seek alternative access to healthcare that is different from what they could receive in their home country.

Some common terms for medical tourism are, 'travel for medicine' or 'tourism for health'. Henderson (2004) stated that this tour is a journey that involves health screening, surgical operation and hospital operation. Unlike cosmetic surgeries that do not require therapy for pampering and alternatives. Researchers have stated that medical tourism is a tourist who receives medical attention.

Mitra (2005) investigated and stated that medical tourism is a large enterprise or business in terms of monitoring the number of visitor arrivals. Currently, most countries

compete for foreigners seeking medical treatment. He said that medical tourism received attention in Europe, South Africa, India, Singapore, Malaysia, and Thailand. In addition, the concept of getting treatment abroad is not a new one because in ancient times of western countries, it was considered the best country to provide medical care and health care. But now, the times have changed. Already many countries are beginning to realise this trend, whereby sophisticated technology, advanced health care centre, comfort during recovery, and reasonable prices have begun to persuade to all groups that health tourism is very important.

The concept of medical tourism began as early as 3000 BC. For example, there was a patient in pain who went to Tell Brak in Syria, which was believed to be the healing of the gods to do wonders. As stated by him, the concept of this medical tourism had roots in ancient practices but its benefits became well-known in the late 20th-century.

According to the medical aspect, Jones (2005) mentioned that during illness, a vacation could provide one of the resources to please the sick. Perhaps many sick people preferred different sources to relieve illnesses, such as changing the medical community as well as alternative therapies.

Medical tourism, according to Lunt (2011), could be defined as when a person chooses to travel across international borders by having the intent to seek medical treatment such as cosmetic excretion, dental care, fertility exposures, and elective exposures. This definition involves travel to medical travellers travelling to other countries to receive treatment for personal healthcare purposes.

2.3.1 Medical Tourism in Malaysia

Medical tourism in Malaysia is a new emerging service industry and it is defined as an activity in which individuals have the intention of getting medical treatment, whether by

travelling within the native country or abroad (Azmi et al., 2018). A rapidly growing phenomenon is the health sector or medical tourism when patients receive treatment outside of their home country, despite having facility of the same treatment in their home country. Treatment or service involves elective and complex procedures that require specialists such as dental care, cardiac, and cosmetic (Zailani et al., 2018).

In view of this, the government has identified this industry as very important as it contributes to the country's revenue and is a great way to boost the tourism industry as a regional medical tourism centre. Therefore, the National Committee was set up for the Promotion of Medical Tourism in Malaysia involving other members of the committee, such as the Malaysian Industrial Development Board, Tourism Association, Malaysian Travel Agency, Malaysian Aviation System, Change of Doctor of Primary Medicine Malaysia and other tertiary hospitals. Malaysia is also a popular medical tourist destination and many medical tourists will come to Malaysia.

The number of foreign medical tourists has increased over the years. Advantages like reduced medical costs are one of the attractions that can attract foreign tourists to seek medical attention. Therefore, in line towards high-income status by the year 2020, the Malaysian government has been paying attention to this medical tourism industry as one of the new areas of growth in the services sector as identified in the 10th Malaysia Plan. Although the industry is considered to be relatively new compared to other countries such as Thailand and Singapore, it is potentially a source of income for the country which is a dynamic foreign currency exchange. Malaysia has also made a mark as optional detention for both types of foreign and non-Muslim tourists who come to Malaysia to receive medical treatment (Chee, 2007).

The current government has played an important role in raising the growth of the medical tourism industry. The Economic Transformation Program (ETP) as a catalyst in the

Tenth Malaysian Plan, this perforated tourism industry can be seen to be more competitive among developed countries. The potential of this industry is to generate income from the country's resources through providing job opportunities to the people and the government has given more incentives to improve the travel industry of private equity and hospitals to be more driven by foreign tourists coming into the country (Lunt, 2010).

Looking at how the infrastructure prerequisites of the healthcare industry segments, capabilities, and environment are unaffected, it is no surprise that the industry has the advantage of bringing more foreign exchange earnings into the country.

In this regard, Malaysia is actively promoting health care services to potential Muslim medical visitors, especially from neighbouring countries such as Myanmar, Vietnam, Indonesia, Singapore, Brunei and China, and from the Middle East (United Arab Emirates, Bahrain, and Saudi Arabia).

Therefore, Shariah-compliant medical tourism can be recognised as a factor that could attract tourists from Muslim countries. Therefore, this study outlines the concept of Shariah-compliant practices that are appropriate for medical tourism providers in Malaysia.

2.4 Shariah Compliant and Service Management

The term Shariah is derived from the Arabic word *Shara'a*, which means the clear path, highway, or road to a watering-place (Nurdeng, 2009). This is the path that believers should follow. Allah (s.w.t) said, "Then we (Allah s.w.t) gave them a Shariah (a path to be followed) in life, follow it and not the wishes of those who have no knowledge" (Al-Jathiyah, 2009).

The general relationship between religion and medicine has been discussed in several scholarly works, but there is no comprehensive study on the role of Islamic law in the preservation of health. The Islamic law and commandments of Allah (S.W.T) embodied in the

Holy Qur'an and the Sunnah of Prophet Muhammad (S.A.W) is recognized as the authenticated approaches in providing equality for each person's pursuit of real justice and happiness, both in this world and Hereafter.

The Shariah gives instructions pertaining not only to spiritual health but also to a large number of methods concerned with the comprehensive preservation of one's physical health. The various rules and injunctions of Shariah such as prayer (*salah*), payment made annually under Islamic law on certain kinds of property and used for charitable and religious purposes (*zakah*), fasting (*sawm*), pilgrimage (*hajj*), ritual cleanliness, food and drink, sexual relations, work habits, the organisation of the environment are some form of preventive medicine (Nurdeng, 2009)

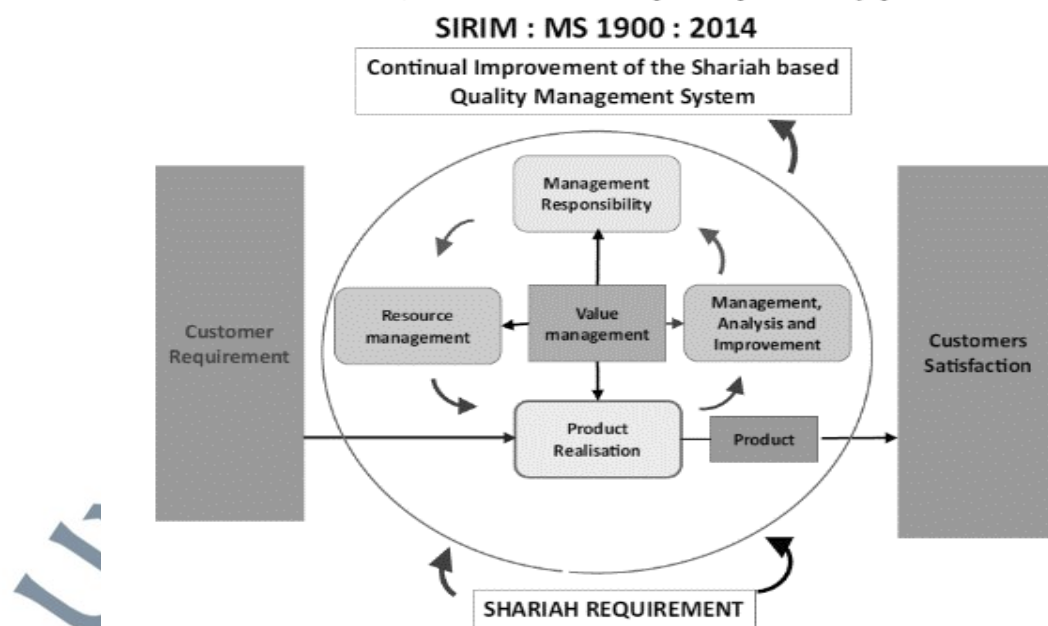
Therefore, the teachings of Shariah, based on the Quran and Sunnah might be viewed as a form of preventive medicine and, for the most part, a cure for today's illness. The various rules and injunctions of Shariah concerning such affairs as ritual cleanliness, food and drink, diet, work habits, and the organisation of the environment are ordered by Allah (s.w.t) to prevent disease and preserve health. In Islam, medicine is the knowledge of the state of the human body in health and decline in health (diseases), and its purpose is to preserve health and adopt suitable measures to restore health whenever lost (Nurdeng, 2009).

According to Shaharom et al. (2016), hospitals or institutions where healthcare services are being rendered in the form of inpatients, outpatients and emergency services. Shariah-compliant hospital refers to the healthcare services rendering in the hospital under the Shariah principles of Islamic teachings. In Malaysia, SIRIM Berhad, formally known as the Standard and Industrials Research Institute of Malaysia, is a company appointed by the Department of Standards Malaysia as the government agency to develop, distribute, and certify standards. It is also the local International Organisation for Standardisation (ISO) certification agency. As a

result, SIRIM through several government bodies and higher education institutions has developed a general Shariah-based Quality Management System (MS 1900:2014). The MS 1900:2014 document providing general guidelines towards implementing a Shariah-based quality management system.

This generic Shariah-based quality standard could be applied to any industry with requirements that might be specific to that particular industry. There is a need to develop a Shariah-Compliant Medical Practice Quality System which could be institutionalised and implemented as the compliance requirement.

For Shariah-compliant hospitals, all the Standard Operating Procedures (SOPs) of the hospital management should conform to MS 1900:2014. This would serve as a reference for any hospital to be certified as a Shariah-Compliant Hospital in the future. The hospital components include a team of individuals with relevant medical knowledge utilising current technology and work processes to manage patients. These work processes should be translated into SOPs (Shaharom et al., 2016). Figure 2.1 shows the SIRIM: MS 1900:2014 Shariah Based Quality Management System.



Source: Shaharom & Abdul Rashid, 2016

Figure 2.1 SIRIM:MS 1900:2014 *Shariah*-Based Quality Management System

2.5 Shariah-Compliant and Hospital Management

The basic components that reflect a Shariah-Compliant Hospital are as follows: (a) understanding the basic principles of Shariah, (b) understanding the principles of *Halal* and *Haram*, (c) understanding the principles of *Muamalat*, (d) implementing the concept of quality in Islam, and (e) establishing ‘Islamic Core Values’ within the organisation, which is the hospital (Shaharom et al., 2016). Implementing all these components will be a true reflection of Islam.

The Holy Quran states, “O mankind! There has come to you with good advice from your Lord (i.e., the Quran, ordering all that is good and forbidding all that is evil) and healing for that (disease of ignorance, doubt, hypocrisy, etc.) In your breast –guidance and mercy (explaining lawful and unlawful things, etc.) for the believer” (Al Quran 10:57). In another verse in the Holy Quran, Allah said of the Prophet, peace and blessings be upon him “And we have sent you not, but as mercy (Mankind, Jinn and all that exist) (Al Quran 21:117). Islam was able to cater to all human needs based on the principles of justice, peace, freedom, and equity. The Islamic *Shariah* is aimed at protecting and propagating the needs of our existence on earth (Shaharom et al., 2016).

According to Shaharom et al. (2016), these necessities have been priorities based on decreasing importance as *al-Din* (religion), *nafs* (life), *aql* (intellect), *nasl* (progeny), and *mal* (property), as outlined by the aims of the Shari’ah (*Maqasid al- Shari’ah*). Accordingly, justice in Shariah-compliant hospitals could be realised by all the employees receiving equal opportunities and training to upgrade their capabilities.

2.5.1 Medical Tourism Agencies in Malaysia

One of the key agencies that extensively promoted Malaysia's medical tourism is the Malaysia Health Travel Council (MHTC). It is an agency established under the Ministry of Health in 2009 specifically to raise Malaysia's profile as the preferred healthcare service destination in the world. The council also serves as a one-stop centre to facilitate the overall development of medical tourism by coordinating industry collaborations and enhancing public-private partnerships. Among the notable strategies initiated by Malaysia Healthcare Tourism Council (MHTC) are:

- i. Setting up a call centre and website to cater to inquiries from potential medical tourists regarding hospital services, treatment packages, hotels and prior travelling to Malaysia.
- ii. Establishing government-to-government agreements with Oman, Libya, and Kazakhstan allows these countries to pay for their citizen's healthcare services in Malaysia (Maierbrugger, 2015).
- iii. Establishing overseas representative offices in Indonesia, Myanmar, Vietnam, China, and India with the aim to gain faster access to the target markets by handling inquiries and rendering healthcare travel assistance to potential medical tourists.

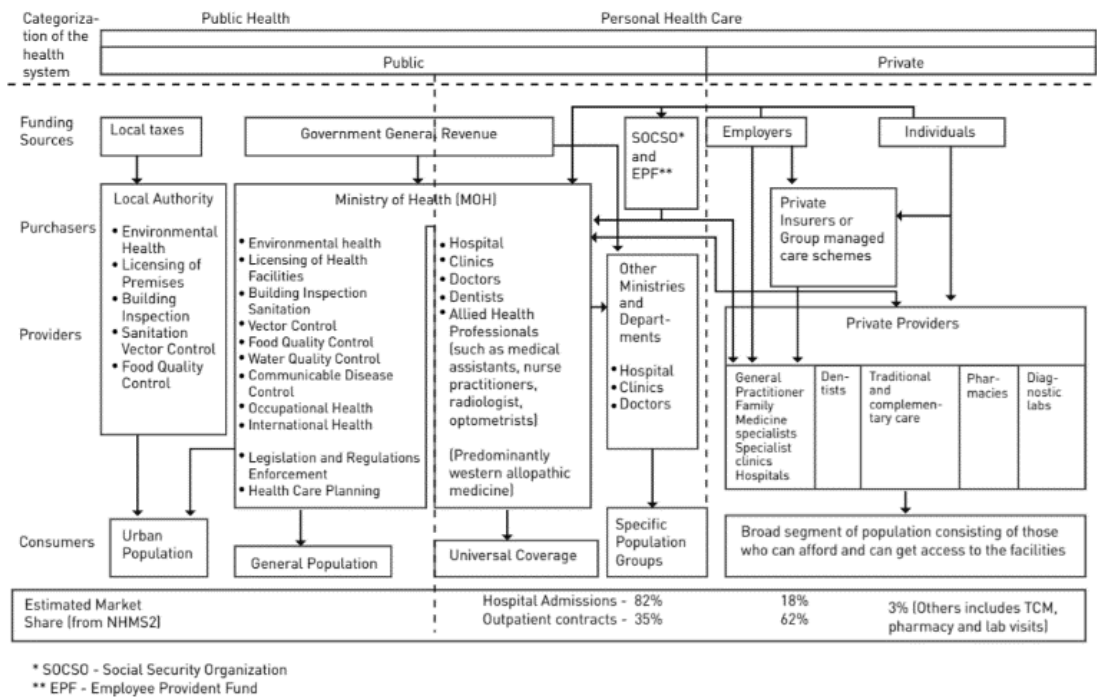
To diversify the sources of medical tourists, MHTC has collaborated with Gulf Cooperation Council (GCC) countries to provide "halal health treatments" by emphasising hospitals in Malaysia as Muslim-friendly (with halal food, prayer rooms, halal medical treatments, such as using insulin made from bovine products rather than porcine-based) (Leong, 2014).

The second government agency is the Ministry of Tourism and Culture Malaysia (MOTAC). The introduction of My Second Home (MM2H) program, spearheaded by MOTAC, allowed foreigners who fulfilled specific criteria to stay in Malaysia for ten years on a multiple-entry social visit pass. Naturally, MM2H participants are eligible to enjoy the local medical treatment while staying in Malaysia, thus indirectly contributed to the medical tourism industry growth. In addition, MOTAC is able to leverage its industry presence to further develop the country's tourism industry, as observed in its partnerships with other countries through the Golden Phoenix Award, which is a platform for women from across the globe to meet, gather information, share expertise, seek opportunities, and explore new markets in all fields of endeavour which include medical tourism (Ministry of Tourism and Culture Malaysia, 2015).

Another government agency is the Tourism Malaysia and Malaysia External Trade Development Association (MATRADE). MATRADE is a government agency was established under the Ministry of International Trade and Industry (MITI) to promote Malaysia's services and products abroad. Before the establishment of MHTC, the medical tourism marketing promotion abroad was organised and carried out by Tourism Malaysia and MATRADE. Tourism Malaysia is a marketing agency established under the Ministry of Tourism and Culture or MOTAC to promote Malaysia as a top-of-the-mind destination, in line with its popular tagline "Malaysia, Truly Asia". These two agencies were able to work hand-in-hand in establishing a well-coordinated mechanism to promote medical tourism, which could accommodate different marketing platforms including international tourism fairs, medical conferences, trade missions, and medical talks.

According to Safurah (2013), Malaysia inherited a health system from the British upon independence in 1957 but with services mainly based in urban areas. Healthcare services were expanded as a post-independence priority, particularly for the 16 economically disadvantaged

and the rural population. A three-tier primary health care model, developed for the public sector in the late 1950s, consisted of a health centre, four sub-centres, and four midwife clinics for each sub-centre. Figure 2.2 shows a schematic overview of the health system in Malaysia.



Source: Hussein (2009) Asia Pacific Region Country Health Financing Profiles: Malaysia, Institute for Health Systems Research.

Figure 2.2 Schematic Overview of the Malaysian Health System

2.5.2: Government and Private Providers in Malaysia

The Malaysian healthcare system can be loosely divided into two major categories: government-owned institutions and private-run healthcare institutions. The majority of the healthcare tourism providers are centred on the private. The private sector has played an equally significant role in developing the medical tourism industry. Many private hospitals in Malaysia progressively implement several strategies to attract more foreign patients by improving existing infrastructure and equipment, pursuing international accreditation, improving their

website for multi-lingual information dissemination, transparently cost packages as well as enhance patients' experience through an end-to-end service delivery (MHTC, 2017).

The facilities provided by private medical hospitals currently offer a wide range of medical services which are highly sought after by medical tourists, including cardiology, orthopaedics, oncology, neurology, dental treatment, infertility treatment, cosmetic surgery and rehabilitation services (Pillay, 2017). Accordingly, the private sector welcomed the government's initiative, and the number of private healthcare facilities registered for the promotion of medical tourism significantly increased from 35 hospitals in 2010 to 76 hospitals in 2017 (MHTC, 2017). Table 2.1 shows the number of hospitals and clinics for the government and the private sectors in the Department of Statistic Malaysia (2016).

Table 2.1 Number of Hospitals/Healthcare Facilities in Malaysia [latest data]

Segments	Institutions	Number
Government	-Hospitals / Healthcare Facilities	216
	-Clinics	9013
Private	-Hospitals / Healthcare Facilities	152
	-Clinics	3259

Source: Department of Statistics Malaysia (2016); Malaysia Productivity Centre (2016)

As of 31 December 2016, there were 135 public hospitals and 9 special medical institutions in Malaysia that accommodated 41,995 beds (Ministry of Health Malaysia, 2016). To be a leader in health tourism, the number of healthcare facilities that could accommodate the demand of the patients should be adequately addressed. As the majority of the healthcare travellers tend to seek treatment from private healthcare facilities, the supply of these services should be sufficient to cover the local demand as well as the healthcare tourist.

(a) Government hospital

The public healthcare sector available in Malaysia is considerably better than the majority of countries in the region. Doctors receive adequate education and training while government regulations regarding pharmaceuticals, medical practices and treatments thorough. One of the biggest difficulties facing the public healthcare system, aside from funding, is retaining of its doctors. All doctors graduating in Malaysia are required by law to practice full-time for four years in the public health sector. Upon completing this requirement, they are allowed to move over to the private healthcare industry if they choose to (which many do).

(b) Private hospital

At present, the private healthcare system in Malaysia makes up about one-third of the medical treatment available in Malaysia. However, it only treats about 10% of Malaysia's population. The primary reason for this is the high cost associated with private care for the patient Thomas et al. (2011). This is unfortunate because the doctors practising in the private healthcare sector in Malaysia all receive equivalent education, and the foreign doctors practicing in private hospitals, many of whom are from western countries, also carry excellent credentials.

2.6 Concept of “Hospital Mesra Ibadah”

The concept of “Hospital Mesra Ibadah” (HMI) program was first established in Malaysia at the Hospital Universiti Sains Malaysia (HUSM), Kubang Kerian, Kelantan in 2004 and since then, it has been emulated by many government hospitals (Bernama, 2010). On 25th February 2014, the HMI program was officiated by the Malaysian Ministry of Health (MOH) as one of its national agendas (Bernama, 2014). This officiating intensified the effort to put Islamic values in health services in government hospitals. Concurrently, the HMI program is also being adopted by private hospitals.

The basic profession in applying HMI for the staff in the hospital, according to the Ministry of Health (2020), includes: (i) work as *ibadah* by practising "7 Best Practices of Daily Work", (ii) patient orientation by showing the "*Qibla*" direction to the patient, (iii) assessment of the patient's physical, mental, psychological, and spiritual abilities (for example, Prayer Reminder Form), (iv) ensuring *ibadah* facilities are provided to facilitate patients (for example, Prayer Kit that includes spray bottle, "*tayammum*" dust, prayer mat, and worship handbook, (v) patients prayer reminder, (vi) helping helpless patients to perform ablution/"*tayammum*"/"*jama*" prayers (if necessary), (vii) "*Dua*" recitation before shifts starts, preparing shift reports of patients' ability to perform *ibadah*, (viii) asking permission and explaining to the patient before starting the procedure, (ix) starting with "*Bismillah*" and end with "*Alhamdulillah*" or "*Insha Allah*", (x) having nurses of the same gender for the patient, (xi) providing privacy and taking care of the patients' "*aurah*", (xii) reminding patients to perform "*Jama*" prayer before a long procedure, (xiii) providing appropriate surgical hall clothing and taking care of "*aurah*", and (xiiii) "*Dua*" recitation before the patient is taken to the surgical hall.

According to the Ministry of Health, the number of HMI and Shariah Compliant hospitals increased to 209 hospitals in 2009, up from 10 clinics in 1980. This pattern provided a unique opportunity for tourism businesses to promote halal tourism services and products. Table 2.2 shows the HMI and Shariah-compliant hospitals in Malaysia (Rahman, 2018).

Table 2.2 List of HMI and Shariah-Compliant Hospitals.

Groups	Hospitals	Location	Number of Beds
Federation of Islamic Medical	-Association Al-Islam Specialist Hospital	Kuala Lumpur	65
	-Hospital Pusrawi	Kuala Lumpur	250
	-Pusat Rawatan Az-Zahrah	Selangor	23
	-Hospital Danau Kota	Kuala Lumpur	8
	-Pusat Perubatan KOHILAL	Selangor	6
	-Pusat Rawatan Mahsuri	Kedah	n/a
Kumpulan Perubatan Johor Healthcare Berhad	-KPJ Johor Specialist Hospital	Johor	252
	-KPJ Ipoh Specialist Hospital	Perak	280
	-KPJ Ampang Puteri Specialist Hospital	Selangor	217
	-KPJ Damansara Specialist Hospital	Selangor	250
	-KPJ Selangor Specialist Hospital	Selangor	173
	-KPJ Tawakal Specialist Hospital	Kuala Lumpur	188
	-KPJ Penang Specialist Hospital	Pulau Pinang	236
	-KPJ Kajang Specialist Hospital	Selangor	132
	-Puteri Specialist Hospital	Johor	158
	-Perdana Speialist Hospital	Kelantan	126
	-Kuching Specialist Hospital	Sarawak	75
	-Seremban Specialist Hospital	Negeri Sembilan	134
	-KPJ Damai Specialist Hospital	Sabah	250
	-Kedah Medical Centre	Kedah	134
	-Sentosa Medical Centre	Kuala Lumpur	212
	-Taiping Medical Centre	Perak	48
Taman Desa Medical (TDM) Berhad Independent	-Kuala Terengganu Specialist Hospital	Terengganu	204
	-Kuantan Medical Centre	Pahang	84
	-Kelana Jaya Medical Centre	Selangor	232
	-Hospital Penawar	Johor	50
	-Pusat Perubatan Ar-Ridzuan	Perak	n/a
Public	-Damansara Damai Medical Centre	Selangor	11
	-Putra Medical Centre	Kedah	8
	-Selasih Specialist	Kedah	60
	-Shah Alam Specialist Hospital	Selangor	n/a
	-Hospital Universiti Sains Malaysia	Kelantan	n/a
	-Hospital Sungai Petani	Kedah	100
	-Hospital Pulau Pinang	Pulau Pinang	1090
-Kampung Baru Medical Centre	Kuala Lumpur	65	

Source: KPJ (2015), MOH (2015), Gaol and Hutagalung (2015)

The three essential areas highlighted with the use of HMI are excellence in services, patient well-being, and flexibility. In terms of services given, HMI hospitals focus on the well-being of patients rather than merely satisfying their fundamental needs. Under this method, both physical and spiritual needs are recognised and managed equally (Aziz, 2018). Figure 2.3 shows the patient prayer handbooks that are provided at the hospital.



Source: Healthcare Education Division, Ministry of Health Malaysia, 2013

Figure 2.3 Patient Prayer Handbook

Based on the above literature review, the researchers encapsulated the following objective of this study to explore the extent of Shariah-compliant practices in medical tourism hospitals. Figure 2.4 shows the Shariah-compliant practices in service management among the medical tourism providers.

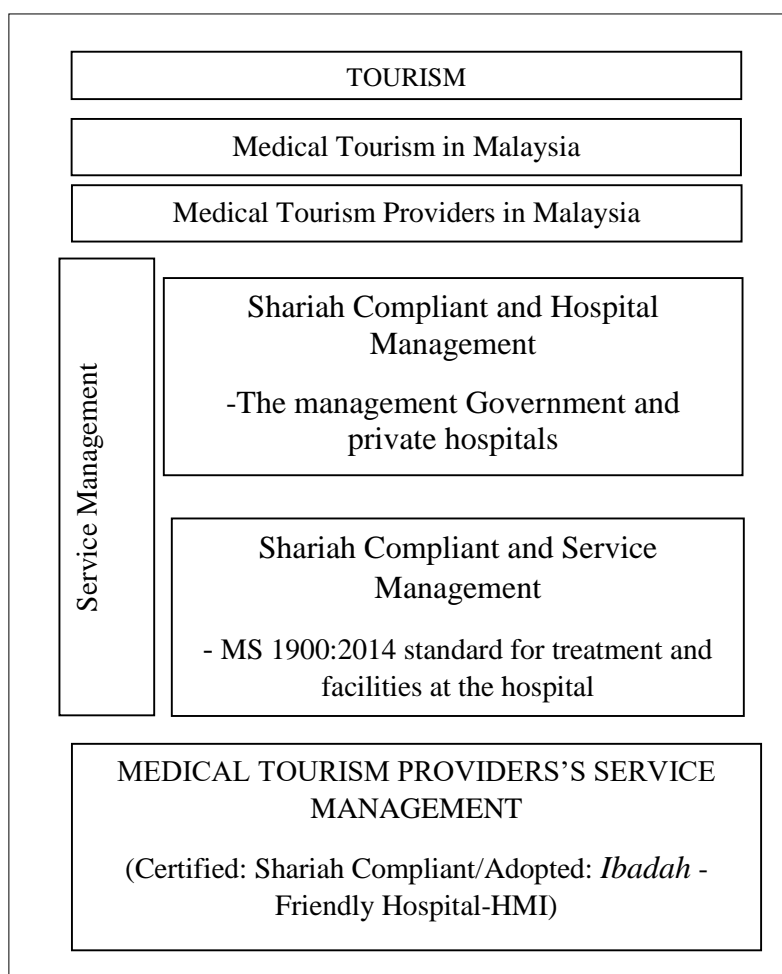


Figure 2.4 Proposed Theoretical Framework for the Study

2.7 Conclusion

This chapter discusses the proposed motive of the hospital to apply for Shariah-compliant or *Ibadah*-friendly Hospital in their management and their implementation. Subsequently, it involved understanding how the hospitals were affected after being certified the Shariah-compliant standard or adopted as *Ibadah*-friendly hospital in their management. This was certainly interesting, given that this standard existed to attract medical tourists to get treatment in the hospital.