

## CHAPTER 4

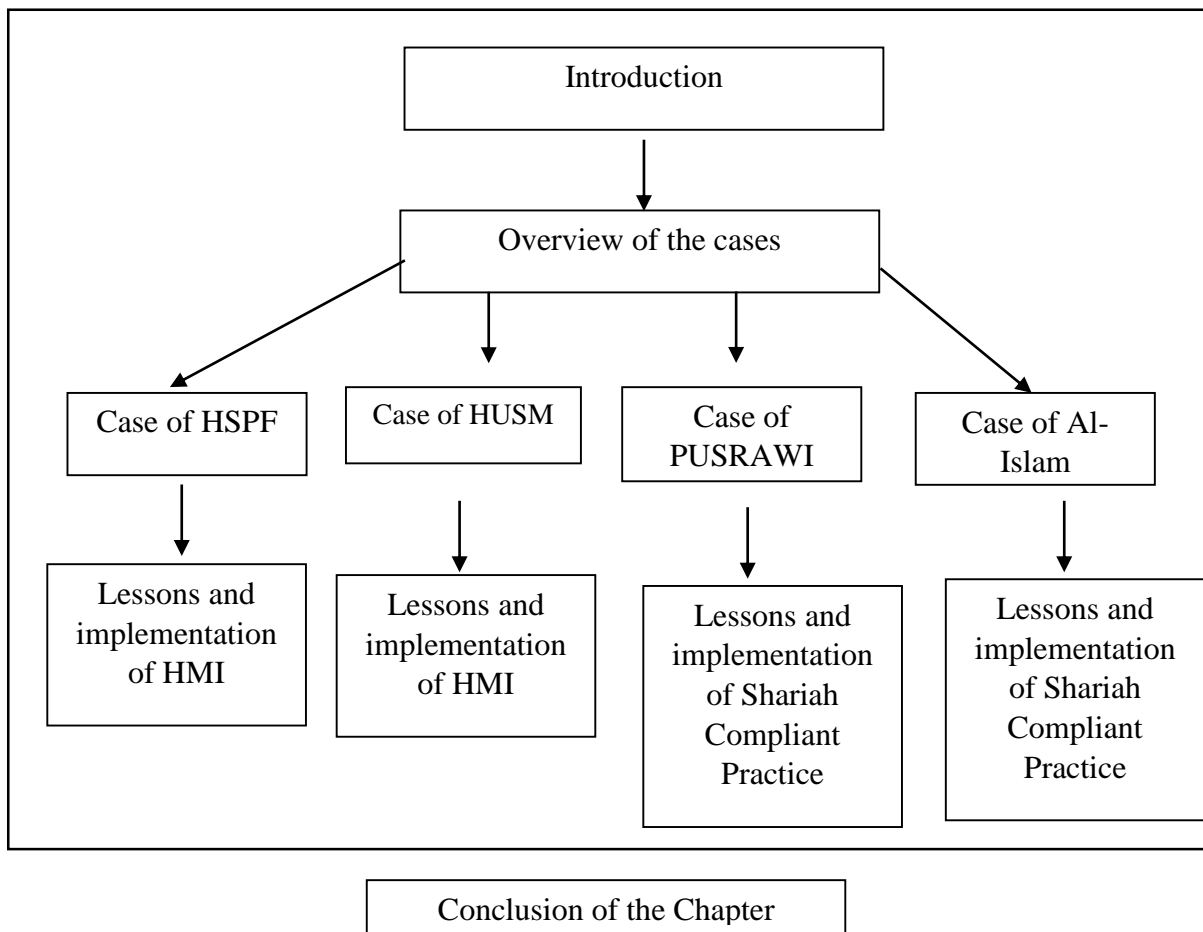
### CASE STUDIES: GOVERNMENT AND PRIVATE MEDICAL TOURISM PROVIDERS

#### 4.1 Introduction

This chapter consisted of case studies concerning four hospitals, and medical tourism providers, which were government hospitals and private hospitals. The findings were the results of the within-case interpretation based on data collected through semi-structured interviews and secondary sources. Furthermore, the findings were discussed individually according to each case. Each case represented an independent, information experiment so that each case and its context could be explained ideographically (Yin, 2009).

This chapter discusses the implementation of the Shariah-compliant practice case which aims to understand why the hospitals aspired to apply Shariah-compliant standard, how they underwent the standard process, and how well this standard contributed to the hospital's service quality. Four case studies were researched individually, first ideographically and later, nomothetically.

This chapter begins with an overview of the whole case. Then, each case was discussed individually and comprehensively. In addition to this, the questions were provided to the respondents to support the findings of each case. The chapter outline is illustrated in Figure 4.1.



**Figure 4.1** Outline of Chapter 4

Table 4.1 summarises the basic demographic characteristics of the four medical institutions that applied Shariah-compliant practices in their hospitals. In-depth narratives about these four hospitals are discussed later.

**Table 4.1** Basic Characteristics of the Selected Medical Institutions.

No.	Hospital	Total Staff	Year Founded	Year Implemented Compliant Practices/HMI	Number of Beds
1	HPSF	300	1900	2010	857
2	HUSM	450	1979	2009	956
3	PUSRAWI	200	1984	2001	550
4	Al-Islam	280	1996	2000	456

Source: <http://hpsf.moh.gov.my>, <https://www.al-islamhospital.com.my>, <http://www.pusrawi.com.my>, <http://h.usm.my>

The data collected from the interviews were based on the same set of questions. Nevertheless, these data were important to be discussed in pursuance of a thorough understanding of the implementation of Shariah-compliant.

#### 4.2 Overview of the Cases

In understanding the management of medical tourism providers, this study selected four hospitals that provided medical tourism services to their patients. The hospitals were Hospital Pakar Sultanah Fatimah, Muar, Johor (HPSF), HUSM Kubang Kerian, Kelantan (HUSM), PUSRAWI, Kuala Lumpur (PUSRAWI) and Al-Islam Specialist, Kampung Baru, Kuala Lumpur (Al-Islam). The hospitals were selected based on the criteria and services they provided for the patients, which were following the standard of Shariah-compliant practices. The outline of the cases is illustrated in Figure 4.2.

<p>Part I: Background of the hospitals, overview of the hospitals, list of services provided by the hospitals, organizational structure of the hospitals. (RQ1)</p>
<p>Part II: To investigate the issues faced by hospitals of the implementation Shariah compliant practices in the hospital. (RQ2)</p>
<p>Part III: To explore the Shariah compliant practices implementation in hospital service's management. (RQ3)</p>

**Figure 4.2** Outline of the Case Study for Each Hospital

To get the information from each hospital, interviews were conducted by the Head of Islamic Affairs Unit or the Chief Executive Officer (CEO) of the hospitals. All interviewees were male except for HUSM, and their ages were between 34–60 years old. All of the interviewees were married and were bachelor degree holders, except the CEO of Al-Islam Specialist Hospital (who was a PhD graduate). The details of the interviewees are provided in Table 4.2.

**Table 4.2** Demographic Characteristics of the Interviewees.

No.	Respondent Code	Gender	Age	Marital Status	Academic Background	Position in the Company
1	HPSF	Male	39	Married	Bachelor Degree	Head of Islamic Affairs Unit
2	HUSM	Female	34	Married	Bachelor Degree	Head of Islamic Affairs Unit
3	PUSRAWI	Male	48	Married	Bachelor Degree	Head of Islamic Affairs Unit
4	Al-Islam	Male	60	Married	PhD	CEO

Source: Norshazalwana Mohd Zain, Personal Interview, September 14, (2014), Yusni Bin Ali, Personal Interview, September 9, (2014), Salehuddeen Abdul Aziz, September 2, (2014), Ishak Bin Mas'ud, Personal Interview, September 20, (2014)

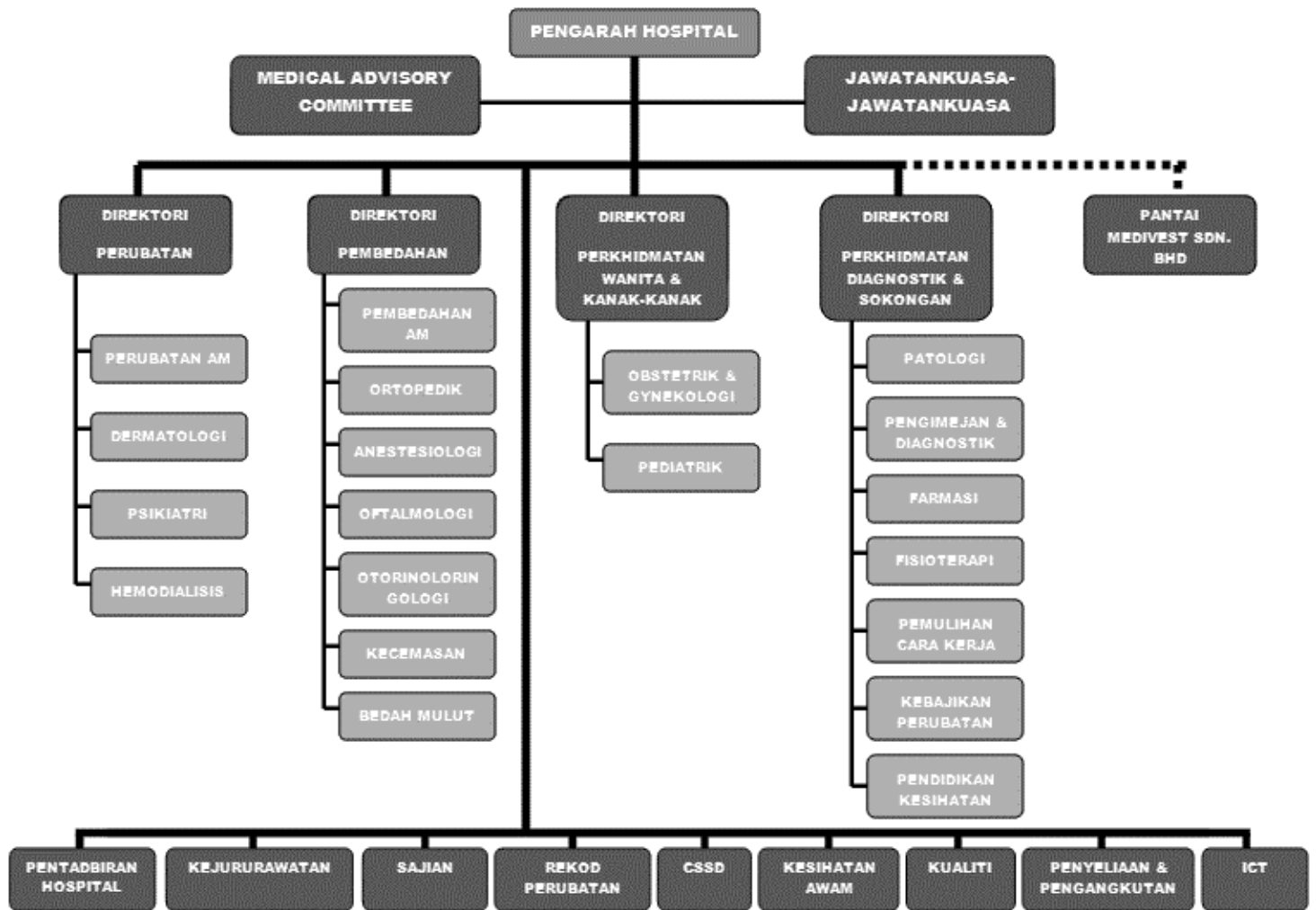
### 4.3 Government Medical Tourism Providers

In understanding the application of Shariah-compliant among the government medical tourism providers, this study selected two hospitals, which were the Hospital Pakar Sultanah Fatimah, Muar, Johor (HPSF), and HUSM Kubang Kerian, Kelantan. The following section discusses the background of the medical tourism providers, the issues faced by the medical tourism providers when they were offered the Shariah-compliant practice, and exploration of the implementation of the Shariah-compliant practices in hospital service's management.

### **4.3.1 Case Study of Hospital Pakar Sultanah Fatimah (HPSF)**

#### **Part I: Background of HPSF**

Hospital Pakar Sultanah Fatimah (HPSF) was established in the year 1900 at Jalan Petri, Muar and was known as the 'Government Dispensary'. The whole health service moved to Salleh Road in the year 1918 when the redevelopment of Muar town was completed. At the beginning of the 1920s, this hospital, once known as the Muar District Hospital, had been experiencing several rapid developments. The conversion and declaration of the name from Hospital Muar to HPSF was completed by His Excellency Sultanah Johor on 13 October 2003. The hospital was ranked as the third most important hospital in the state of Johor after Sultanah Aminah Hospital and Sultan Ismail Hospital. It was also a reference hospital in the northern zone of Johor for Batu Pahat, Tangkak and Segamat districts. In addition, HPSF also played a role as a 'Teaching Hospital'. The Hospital Rebuilding Project Master Plan started in 1990 and was still awaiting the Ambulatory Care Centre building which would complement the hospital with a range of state-of-the-art medical facilities to cater for the expert services provided. HPSF's organisational chart was divided into four divisions. They were: (a) Medical Directory, (b) Surgical Directory, (c) Directory of Women and Children Services, and (d) Directory of Diagnostic and Support Services. Figure 4.3 shows the organisational chart of HPSF.



**Figure 4.3** The Organisation Chart of Hospital Pakar Sultanah Fatimah

HPSF also actively conducts various health programs and promotions for the patients coming to the hospital. Among the promotions carried out were: (a) Partner Husband Hospital, (b) Partner Baby Hospital, (c) Diet Clinic, (d) Quit Smoking Clinic, (e) Centre for Diabetes and, (f) Islamic Friendly Hospital.

a) Husband Friendly Hospital

This promotion has been implemented since June 7, 2002. Every couple who wanted to join the Maternity Room program are selected through the Ante-Natal Clinic on Sunday and Thursday. The selected couple are given a brief talk on the 14th Floor 3, Seminar Room of

Cengal Building at 10.00 am. The objectives of this initiative were to give moral support to pregnant women, improve the image and quality of service in the Maternity Room, and enhance customer satisfaction in line with the Health Ministry's corporate culture.

Among the activities under this programme are (a) a two-week talk every Sunday and Thursday especially for married couples who wish to follow the Maternity Room program, (b) a husband who wishes to accompany the wife at the Maternity Hall would be issued with a special pass, which must be shown to the nurse on duty and returned when the husband is about to leave the Maternity Hall or has completed the birth process, (c) members of the Health Clinic are asked to cooperate and to inform the couple who wishes to join the programme at the hospital so that they are aware that Fatimah Specialist Hospital is extremely concerned about the importance of maternity care.

b) Baby-Friendly Hospital

This program was recognised and inaugurated by Dato' Chua Jui Ming, Minister of Health Malaysia on 6 November 1997. HPSF has earned the recognition of a Baby-Friendly Hospital 4 times in a row: (1) 1997-2000, (2) 2000-2003, (3) 2003-2006, and (4) 2006-23<sup>rd</sup> February. The objective of this program was to help and guide mothers in breastfeeding continuously in the ward, and when mothers get out of the hospital, through telephone discussions and problem-solving that could encourage women to implement breastfeeding practices. The program helped to nurture and build confidence within the parents and family members as well as the surrounding communities in the methods of breastfeeding.

In this program, the hospital provides educational talks to the mothers at the Obstetric Wards. Newly mothers are given the right education and guidance, and proper breastfeeding techniques. Furthermore, discussions about breastfeeding are provided to antenatal mothers during the clinic and antenatal periods. Talks to postnatal mothers are also provided before they

return to their homes. Mothers are encouraged to breastfeed exclusively for 6 months and continue for 2 years. The mothers are also educated that complementary foods could be started from 6 months old.

Other than that, the hospital also encourages and organises support group meetings. The meetings are held to discuss the activities to be carried out and implemented as well as to obtain solid support from the support group members in assisting the ongoing breastfeeding. In addition, the hospital also conducts the Lactation Management Course continuously.

The participants were Graduate Medical Officers, Dietetic Officers, Pharmacists, and Laboratory Technologists, Nurses and Staff from the Imaging Department and staff from other units. This was to ensure that all staff within the HPSF were exposed and acquainted with guidance and information about breastfeeding and infant care. The Lactation Strengthening Course has been conducted 6 times. The participants comprised O and G and Paediatric Staff who had attended the Lactation management course. From this course, all staff could review, update and strengthen their knowledge about breastfeeding.

c) Diet Clinic

The Diet Clinic is operated by Dietetic Officers from the Dietetic and Food Department and it is held at the Health Promotion Unit near specialist clinics and Pathology Laboratory.

d) Quit Smoking Clinic

The Quit Smoking Clinic is an initiative of the Chest Clinic under the Department of Medicine. The objective is to create awareness of smoking cigarettes among the public to build a generation without tobacco. The awareness of the multi-stage society against the adverse effects of smoking on the smoker's health and the surrounding community would help them stop smoking sooner and remain non-smokers. The target groups are the staff of Fatimah

Sultanah Specialist Hospital, the patients referred for health reasons. Besides, the hospital also provides the "Walk-in Patient" accommodation for patients who come for appointments, counselling, and therapy, and is called "Nicotine Replacement Therapy".

e) Centre for Diabetes

The objectives of the establishment of this centre are to improve the quality of diabetes care through continuous health education and counselling to the patients, as well as counselling for diabetic patients to live a normal life as ordinary people. This education is divided into 7 modules: (i) Diabetes Mellitus: At a glance, (ii) Diabetes Mellitus: Complications, (iii) Diet and Diabetes, (iv) Diabetes Treatment, (v) Diabetes Foot Care, (vi) Exercise and Diabetes, and (vii) Self-Monitoring of Glucose Levels.

f) "*Hospital Mesra Ibadah*"

"*Hospital Mesra Ibadah*" was launched on 21 August 2010 at the Johor Bahru Allied Health Science College. The project is under the Islamic Affairs Unit to provide *Ibadah* equipment and facilitate *Ibadah* in every ward. The hospitality is exhibited through the available facilities: (i) *Qibla* direction, (ii) bottle spray for ablution, (iii) *tayammum* dust, (iv) Islamic reading material, and (v) HPSF prayer room.

The objectives of Islamic Unit Affair are: (i) to apply the concept of *Ibadah* to the patients, (ii) to explain the issues related to patient's *Ibadah*, (iii) to improve skills to staff members of the hospital while engaging with the patient's affairs problems, (iv) to increase the understanding in Islamic *Fiqh* medical problems, and (v) to create a hospitality HPSF atmosphere for patients.

The hospital also trains the nurses through TOT (Training of Trainers) courses with knowledge related to *wudhu* and patient's *tayammum* to help the patients to perform the prayers.

The activities that have been and are being conducted are: (i) daily morning prayer at the Customer Service Office, (ii) announcement of the entrance of *fardh* prayers, (iii) provision of prayer kit in each ward at the hospital; the prayer kit includes bottle spray, *tayammum* dust, and Islamic reading books, (iv) provision of Training of Trainers courses to hospital members in stages, and (v) setting up of prayer room near the Medical and Surgical Block to facilitate patients who can move to perform the prayers.

**Part II: To investigate the issues faced by hospitals of the implementation Shariah-compliant practices in the hospital (HPSF)**

**a) The treatment**

When treating patients, the hospitals usually provide male or female doctors responding to a patient's request but it is subject to the availability of male/female doctors. The Head of Religion Unit mentioned: "Sometimes, the patients' request cannot be fulfilled as many patients queue up and we do not have enough doctors".

When members of the pharmacy board conduct any research experiments, they avoid the use of illicit drugs. The Head of Religion Unit mentioned: "The pharmacy board always ensures that all medicine is under control from illicit drugs and any non-halal medicine".

Before the patient receives any treatment, procedure, the management of the Religion Unit provides counselling sessions with them. The Head of Religion Unit mentioned:

"We provide the session of counselling for the patient to make sure they are ready to have the operation and be positive. Sometimes they do not know what they have to do before the operation".

**b) The facilities and services**

Based on the question of whether the existing facilities are able to help and enhance the implementation of *Shariah* compliance in the hospitals, the Head of Religion Unit answered:

“We started following the concept of “Hospital Mesra Ibadah” (HMI) (prayer friendly atmosphere) and provide facilities such as a prayer kit for patients, “surau” (room for worship), “qiblat’ (direction of Mecca), and “Azan” (announce the prayer time). We also provide counselling services and sessions to patients who require advice and are assigned to the board of Religion Unit of the hospital”.

**c) The management**

The management of HPSF has chosen to implement *Ibadah*-Friendly practices in their management of the institution for the Pharmacy Board: “This board is to ensure all Ibadah Friendly activities are done. By doing this, the patient will be secured as all the medicine is halal certified”.

The reactions of the top management committee and its governance:

“Top management also gives full support to apply Ibadah-friendly practices in the hospital”.

**Part III: To explore the implementation of the Shariah-compliant practice in hospital service’s management (HPSF)**

HPSF has managed the “Hospital Mesra Ibadah” Program as mentioned by the Head of the Religion Unit:

“The “Hospital Mesra Ibadah” was launched on 21 August 2010 at the JKNJ level at the Allied Health Sciences College, Johor. The program is under the Islamic Affairs Unit of the “Rumah Mesra Bersama Hospital”. It will help the patient to use facilities such as praying mat in every ward, the direction of qibla, bottle spray for wudhu, tayammum dust and Islamic reading material. Besides that, HPSF “surau”, located next to the Medical and Surgical Ward was recently opened in July 2011”.

In order to be certified as a “Hospital Mesra Ibadah”, the implementation of Maqasid-Shariah is necessary, which consists of the following five key principles in Qawaid-e-Shariah (Islamic Legal Maxims): (a) intention, (b) conviction, (c) harm, (d) hardship, and (e) custom.

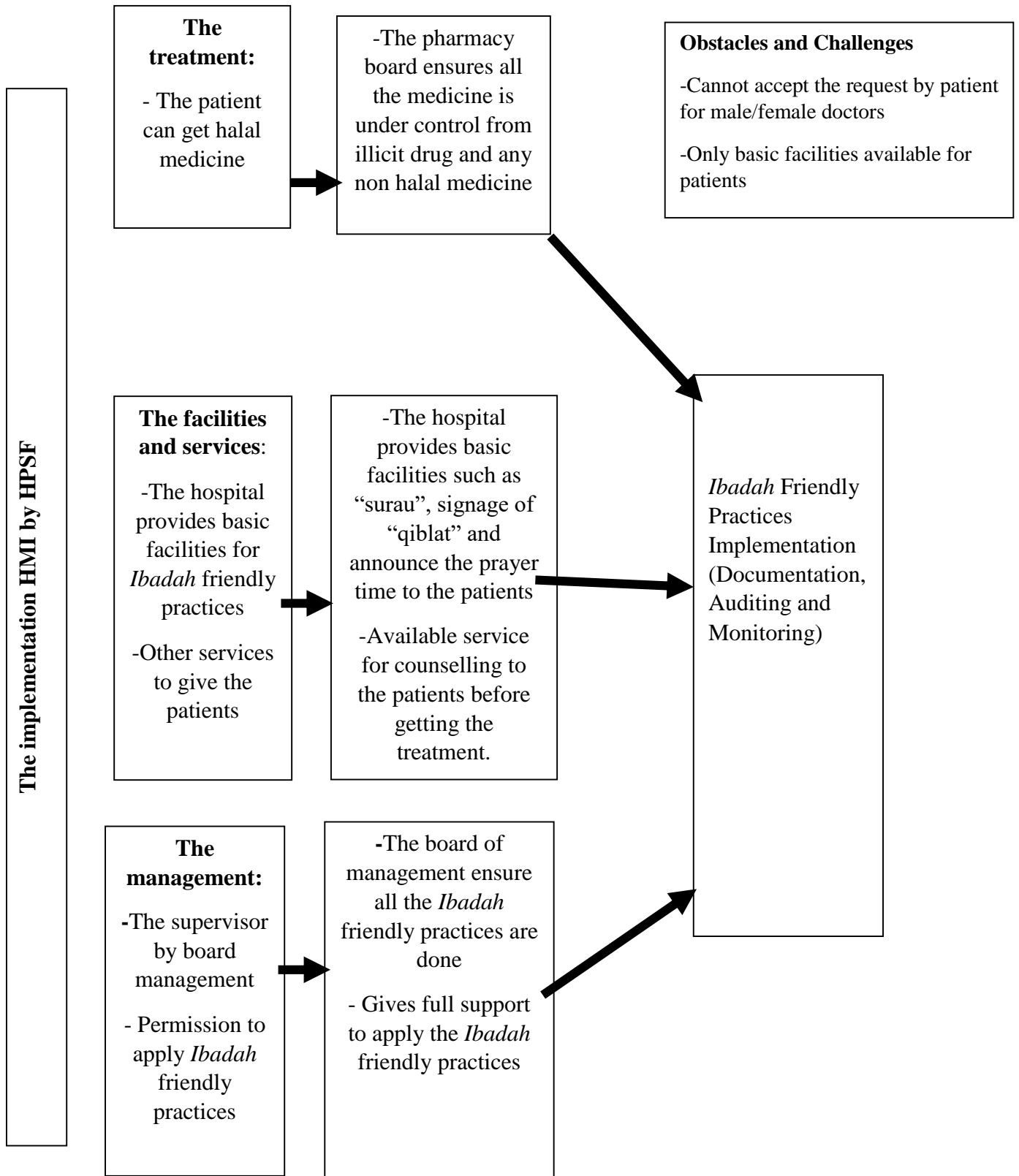
Followed by the five key principles, it can be concluded that everything should be done for the sake of Allah alone as the person will be judged according to his intentions. When compelled to do something contrary to the Shariah, there should be a limit or it should not be prolonged. These five principles can help medical personnel to fulfil the *Maqasid Shariah* in strategies used to be certified as *Ibadah*-friendly practices.

The effectiveness of the performance evaluation system is the key to success. As mentioned by The Head of Religion Unit:

“It is critical that the management does its best to make the system successful. It is recommended that while conducting performance appraisal, the management should also give a certain value to the performance involvement of employees in different character-building programs. For this, Key Performance Indicators (KPI) should be developed and implemented”.

“The activities of the Training and Development unit must be closely linked to the overall Islamic development, the hospital wants to see in its personnel”.

The implementation of this *Ibadah*-friendly practices program in the management applies to the employees at the hospital. They have started to emphasise the importance of the program and participate in the character-building programmes managed by the hospital organisation. Figure 4.4 shows the implementation of HMI by HPSF.



**Figure 4.4** Case of HPSF

### **4.3.2 Case of Hospital Universiti Sains Malaysia Kubang Kerian (HUSM)**

#### **Part I: Background of HUSM**

The intention of setting up the Medical Centre at Universiti Sains Malaysia was initiated as early as April 1974, but it was delayed until officially announced in early 1979 by then YAB Deputy Prime Minister under the Medical Complex Project. Universiti Sains Malaysia had upgraded the construction work as well as hastened the takeover of the land area of 72.84 hectares (180 acres) by the Kelantan State Government for the construction of the Universiti Sains Malaysia Medical Complex. The development of the Complex Medical Project in the Third Malaysia Plan period and the 4th Malaysia Plan focused on the construction of hospital buildings until fully completed in 1983. At the same time, the supported facilities were built, consisted of the nurse/doctor's dormitory, cafeteria, medical library, among others, medical student's boarding schools in Jerreh district, playgrounds, folk villages, HUSM stores, L2 student hostels, student centre and multi-purpose hall. In addition, some houses have been purchased for staff's accommodation. The total number of housing units purchased are as stated below:

- 42 units of single-storey terrace houses in Pasir Tumboh
- 10 units of double-storey terrace houses at Pengkalan Chepa
- 15 units of one-storey bungalows at Pasir Tumboh
- 43 units of double-storey terrace houses in Pasir Tumboh

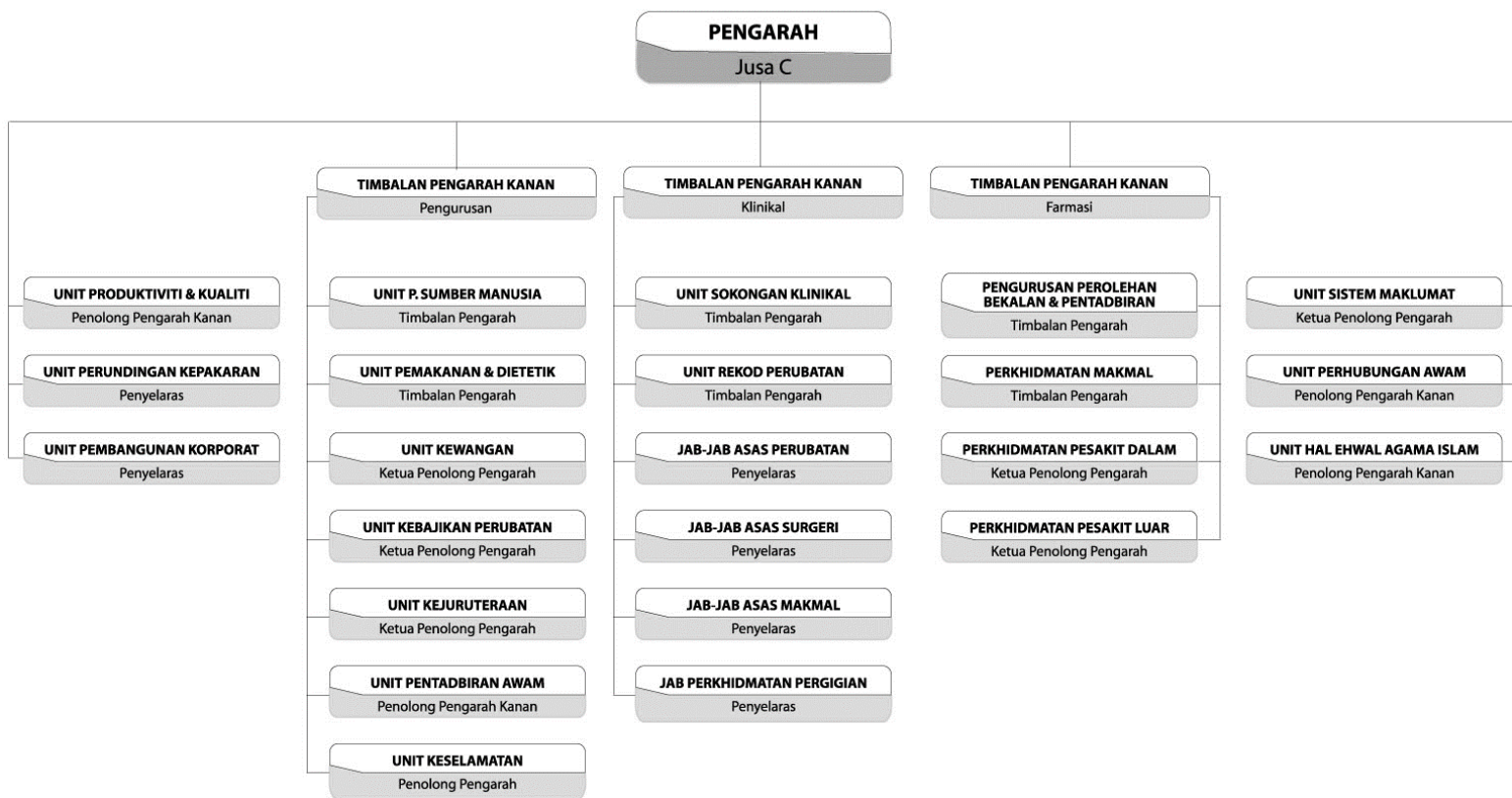
Throughout the 5<sup>th</sup> Malaysia Plan, The Development Project continued with the construction of several other buildings. The buildings were Veterans, Sports Complexes, Murni Village, and School of Medical Sciences (including administrative blocks, lecture halls, multi-purpose labs, tutorial rooms and cafeterias). The development project in the 6th Malaysia Plan ran quite slowly due to financial constraints. Only two blocks (11 and 13) were built during that period.

However, during the 7<sup>th</sup> Malaysia Plan period, the Development project went into full swing. Many buildings were built, such as the School of Dental Sciences, a student dormitory that accommodated 1000 students, a multi-purpose hall, Student Affairs office and USM Unity, lecture hall, clinical skills lab, guest house, PPSP block 9, treasurer department, department registrars, and development departments.

### **The Mission of Hospital Universiti Sains Malaysia (HUSM)**

Universiti Sains Malaysia Hospital (HUSM) aims to explore new areas of patient care services and become an excellent medical centre with quality and advanced technology usage. As an excellent corporate organization, Universiti Sains Malaysia Hospital provides patient care services that operate based on: (i) administrative and management efficiency, (ii) quality service products, (iii) interest in teaching and research activities, (iv) optimal financial generation, (v) construction of pure human resources values, and (vi) preservation of social responsibility to society.

Figure 4.5 shows the organisational chart of HUSM that is divided into 3 divisions: (a) Management, (b) Clinical, and (c) Pharmacy. check ur figure number



**Figure 4.5** Organisation Chart of HUSM Kubang Kerian, Kelantan

## **Part II: To investigate the issues faced by hospitals of the implementation of Shariah-compliant practices in the hospital (HUSM)**

### **a) The treatment**

According to the Head Religion Unit, the hospital had planned to participate in the medical tourism industry because many patients from Thailand and Indonesia come to get treatments in the hospital. When treating patients, the staff starts with the *kalimah* “*Bismillahirrahmanirrahim*”, and before the patient gets any procedures for operation, the management of the Religion Unit provides counselling sessions.

### **b) The facility and services**

The hospital provides prayer kit for patients, “*surau*” (room for worship) at each level in the wards, “*qiblat*” (direction of Mecca), and “*Azan*” (announcement of prayer time). Furthermore, there is a centralised “*surau*” on the ground floor for the family of the patient and staff to pray in congregation during prayer time.

### **c) The management**

The management chooses to implement *Ibadah* Friendly practices in their management of the institution for staff attire.

“The staff must follow the guidelines of uniform/attire which must cover the “*aurah*” and make sure all the staffs follow the guidelines”.

The management also chooses to implement *Ibadah*-friendly practices in their management of the institution for the pharmacy board.

“They have a board to ensure all *Ibadah* Friendly activities are done, especially the medicine to give to the patients”.

Regarding the benefits when the pharmacy board implemented the *Shariah* compliance:

“All the medicines have halal certification and the patient will be guaranteed to receive the medicine without any doubt”.

The reactions of the top management committee and its governance are:

“Top management also gives full support to apply *Ibadah*-friendly practices in the hospital”.

**Part III: To explore the implementation of the *Shariah*-compliant practice in hospital service’s management. (HUSM)**

The Head of Religion Unit mentioned:

“The success of every institution depends on the quality and commitment of its human resources. To ensure continued efficiency and effectiveness of members of staff, each organisation has to carry out employee performance appraisal from time to time so as to keep them in check and replace, motivate, retrain or take any other appropriate action”.

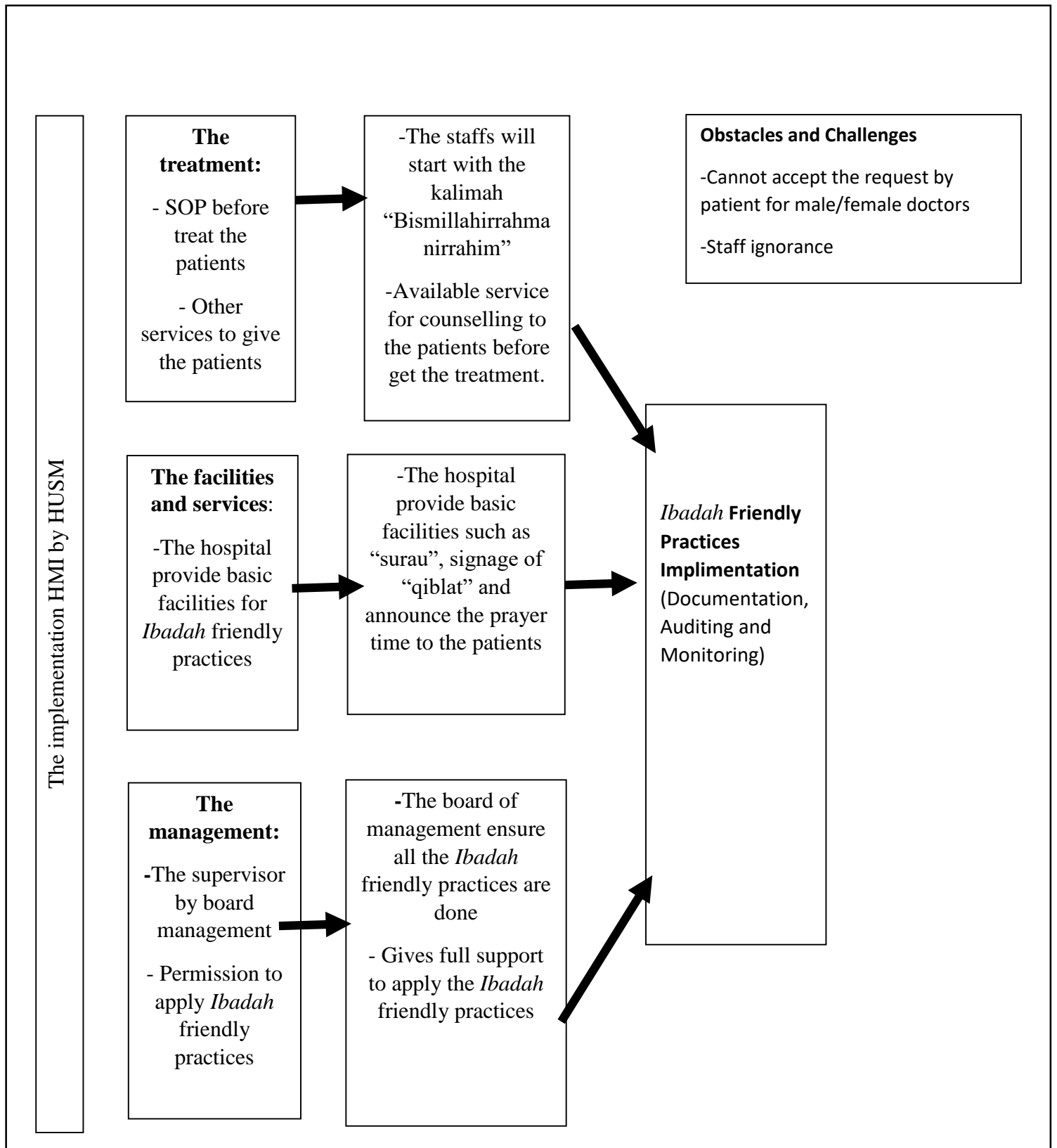
One of the strategies used to implement the *Ibadah*-friendly practices was the usage of Standard Operation Procedure (SOP) to ensure all the staff were following the set standards, such as making sure all the facilities for the patients in the “*surau*” were in good condition and the prayer guide book and information board to the patients were always updated.

Performance management consists of all organisational processes which determine how well employees, teams, and the organization performs. The Head of Religion Unit mentioned:

“The process of performance management includes: (i) Human resource planning, (ii) Employee recruitment and selection, and (iii) Training and Development.”

To ensure the best performance from the implementation of *Ibadah*-friendly practices in an organisation, staff performance must be the major concern by providing training and

development sessions. The training should involve all staff to ensure top-notch performance at work. Figure 4.6 shows the implementation of HMI by HUSM.



**Figure 4.6** Case of HUSM

#### **4.4 Private Medical Tourism Providers**

In understanding the application of Shariah-compliant practices among the private medical tourism providers, this study selected two hospitals, namely the PUSRAWI Hospital, Kuala Lumpur and Al-Islam Specialist Hospital, Kampung Baru, Kuala Lumpur. The following section discusses the background of medical tourism providers, issues faced by the medical tourism providers when they offer Shariah-compliant practices and Shariah-compliant practices implementation in hospital service management.

##### **4.4.1 Case of PUSRAWI Hospital**

###### **Part I: Background of PUSRAWI**

PUSRAWI MAIWP Hospital was established in 1984 and started its outpatient services at Wisma Baitulmal, Jalan Ipoh, Kuala Lumpur. Along with the development, the PUSRAWI Hospital commenced operations in a new building in Jalan Tun Razak, Kuala Lumpur on 16 January 2006. The building was officiated by His Majesty the Yang di-Pertuan Agong Al-Watiqu Billah Tuanku Mizan Zainal Abidin Ibni Almarhum Sultan Mahmud Al-Muktafi Billah Shah. The hospital is a wholly-owned subsidiary of the Federal Territory Islamic Religious Council (MAIWP) and has a capacity of 164 beds and a Haemodialysis Centre. To ensure excellent services, PUSRAWI MAIWP Hospital has been certified by ISO9001: 2008 certification and offered a wide range of expertise from various disciplines to all groups irrespective of races and religions.

###### **Vision**

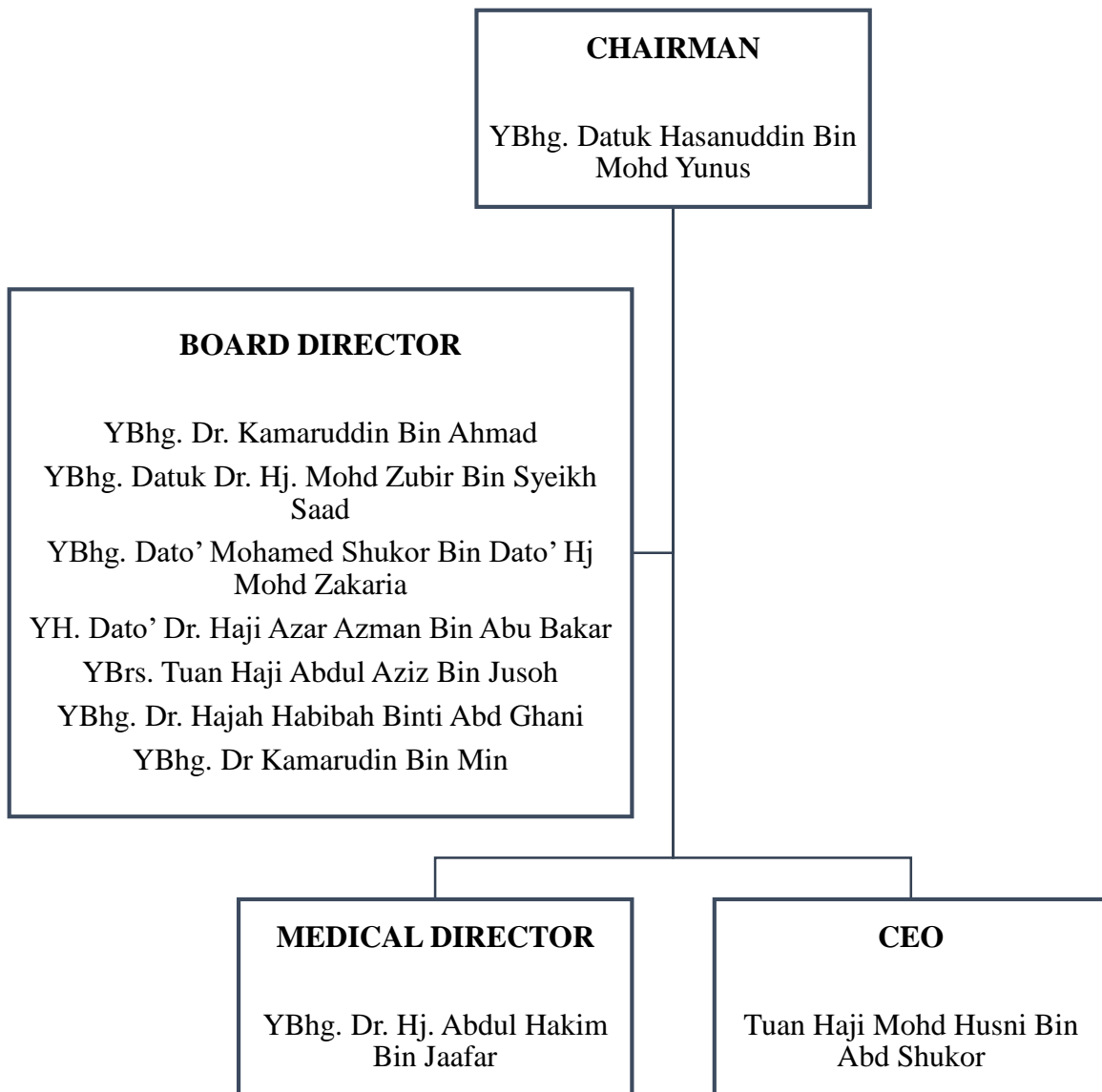
An excellent hospital to become a reference to all people, ability to sponsor the treatment, and visit by all races, religions, and countries.

###### **Mission**

To be a private hospital that meets the demands of *fardu kifayah* through excellent services and professional and up-to-date technology, and a dedicated workforce to meet customers' needs.

### **Quality standard**

PUSRAWI Hospital and its employees provide healthcare services to achieve the customers' satisfaction on time while adhering to the code of ethics of the profession and practice standards. The objectives of PUSRAWI Hospital are to (a) provide professional healthcare with ongoing training, (b) provide a comfortable and customer-friendly environment, (c) foster an excellent work culture based on Islamic values, (d) contribute to shareholders of companies, employees, and the community, and (e) put employees and customers as an important asset of the company. Figure 4.7 shows the organisational chart of PUSRAWI.



**Figure 4.7** Organisation Chart of PUSRAWI, Kuala Lumpur

**Part II: To investigate the issues faced by hospitals with the implementation of Shariah-compliant practices in the hospital. (PUSRAWI)**

**a) The treatment**

Some of the treatments in the hospital must use stool bags, as mentioned by the Head of Religion Unit:

“For patients who get treatment using stool bags (colostomy), they must clean the body and make sure that the stool bags are used properly. Then the patients can take ablution or “*tayammum*” for prayer”. In addition, looking at the situation, especially in the maternity package, the hospital provides an opportunity for the patients to choose a doctor, either male or female doctor. The packages also provide the optional procedures such as epidural, a circumcision baby boy and girl by the surgeon, phototherapy and newborn hearing test”.

For the deceased patient, the employees assist to manage the last office (LO) for the deceased, reciting the holy *Al-Quran*, informing religious officials about the death, and giving privacy to the family.

**b) The facility and services**

The existing facilities were able to help and enhance the implementation of *Shariah* compliance in the hospitals. The Head of Religion Unit mentioned:

“We provide facilities such as: (i) the guide book for patient prayer, (ii) preparation of religious facilities such as the direction of “Qibla” direction, spray bottle, “*tayammum*” dust, *Al-Quran*, prayer kit, and prayer information.”

For maternity patients, the hospital provides guidance on antenatal care and during the birth process as well as matters related to women's problems. Spiritual support and guidance

are also given to patients, dying patients, and families in the ward, and help is provided to facilitate the funeral processes.

### **c) The management**

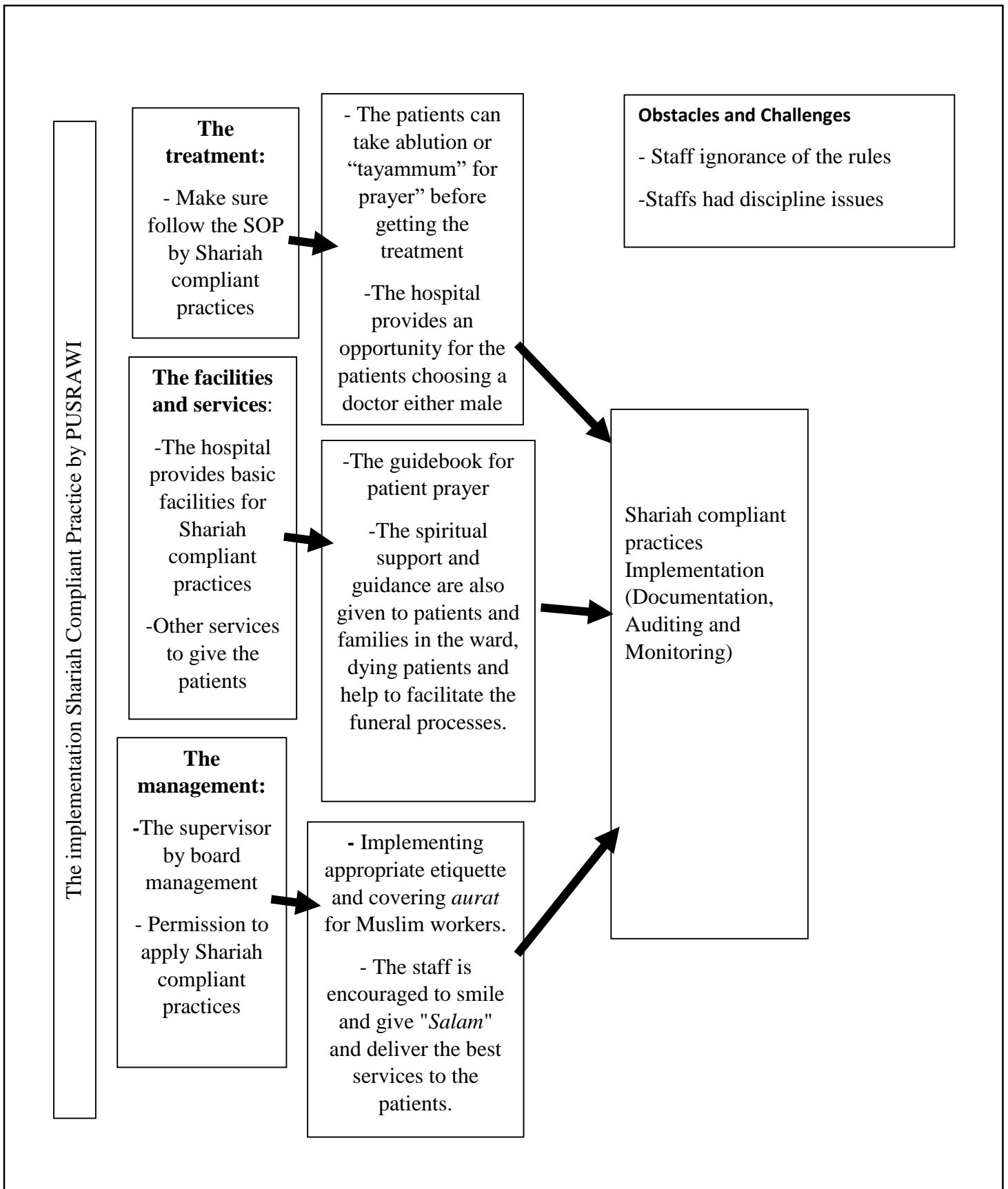
On the implementation of *Shariah*-compliant practices, the management of the hospital emphasises the following: (i) Applying a hospitality-friendly hospital concept as a guideline, (ii) Implementing appropriate etiquette and covering *aurat* for Muslim workers, and (iii) Showing a good personality. To cultivate the value of Islam in providing the best services to the patients and customers who visited the hospital, the staff were encouraged to smile and give "*Salam*" and deliver the best services to the patients. The Head of Religion Unit mentioned: "The hospital provides a Shariah panel and Special Affairs Unit administered by the appointed Religious Officer as a reference".

### **Part III: To explore the implementation of the Shariah-compliant practice in hospital service management. (PUSRAWI)**

The strategies that PUSRAWI used in implementing the Shariah-compliant practices were: (i) appointing full-time doctors who understand the mission and vision of the hospital, (ii) holding knowledge sharing programs frequently, such as the Continuing Medical Education (CME) (twice a month) not only focused on clinical cases but also issues related to medical ethics from the Islamic perspective, (iii) offering programs on Islamic religion knowledge for the staff and monthly invited speakers to accomplish the program.

PUSRAWI Hospital has organised and coordinated various skills development programs to enhance the performance of the employees. Among the programs that have been carried out are the Introductory Induction Program on Hospital Friendly and Patient Prayer Workshop.

Attendance to the Learning Program is also taken into consideration as a Key Performance Indicator (KPI) points and rewards in the form of additional allowances provided by the management for individuals who achieve the targeted KPI score. Figure 4.8 shows the implementation of Shariah Compliant Practice by PUSRAWI.

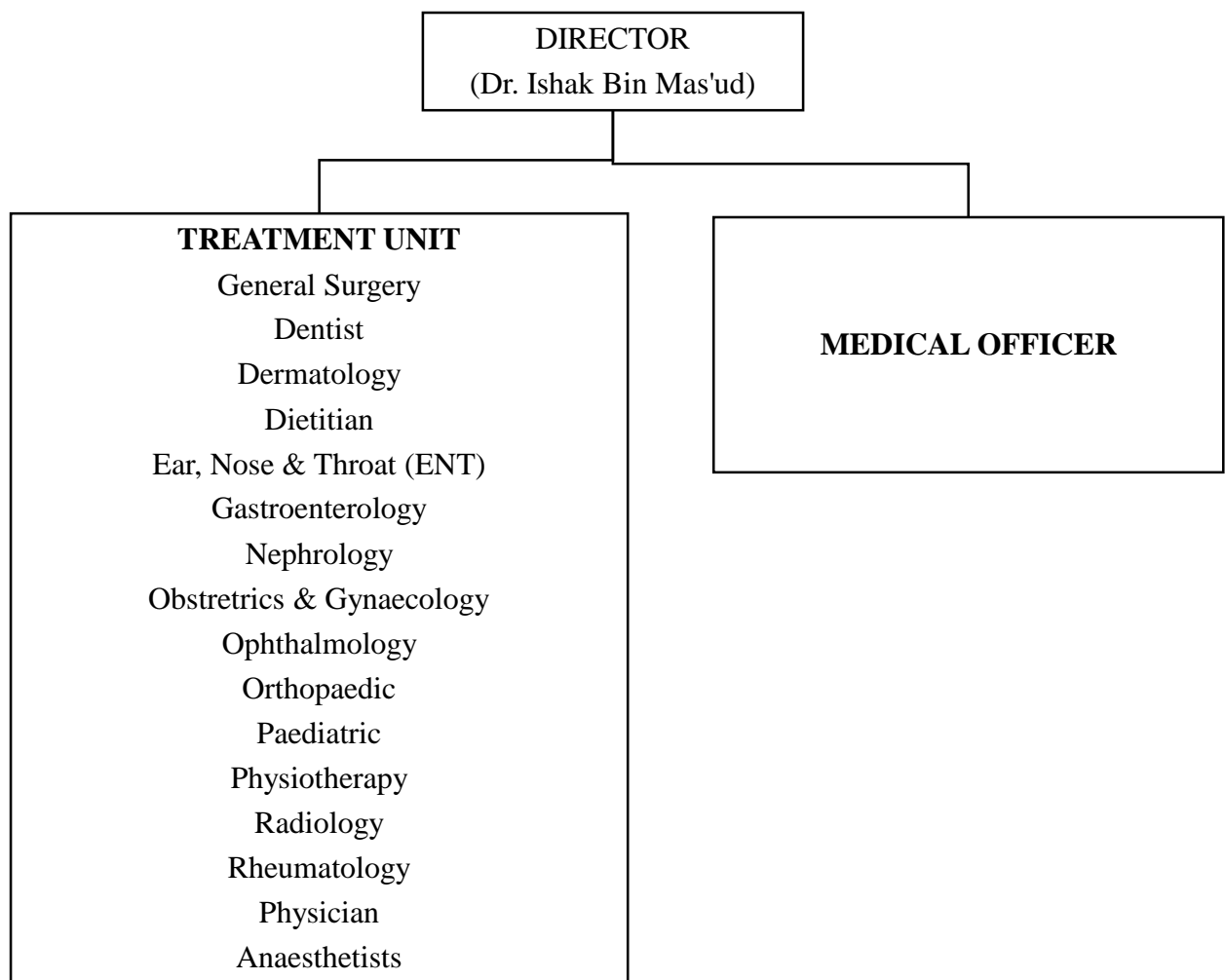


**Figure 4.8** Case of PUSRAWI

#### 4.4.2 Case of Al-Islam Specialist Hospital (Al-Islam)

##### Part I: Background of Al-Islam Specialist Hospital

An interview was conducted with Dr Ishak Mas'ud, who is the Director of Al-Islam Specialist Hospital at Al-Islam Specialist Hospital, Kampung Baru, Kuala Lumpur on September 20, 2014. He is also the Director of Islamic Consortium Hospital Malaysia. The organisational chart of Al-Islam is divided into two divisions, as shown in Figure 4.9.



**Figure 4.9** Chart of Al-Islam Specialist, Kuala Lumpur

The feedback from the interview with Dr Ishak Mas'ud was categorised into three aspects: human resource management, treatments, and facilities and services.

For an introduction to the hospital, Dr Ishak Mas'ud said that:

“Al-Islam Specialist Hospital and formerly known as the Kampung Baru Medical Centre (KBMC) was developed as a one-point program; “Bil-Hal Angkatan Belia Islam Malaysia” (ABIM) through the Bureau of Health ABIM. Planning started from the beginning of 1992 recognising that there was a need for a medical hospital that took into account aspects of comprehensive treatment, including physical, psychological, mental and spiritual”.

“The establishment of Al-Islam Specialist Hospital has promoted the concept of “Hospital Mesra Ibadah” (HMI). In line with the mission of Al-Islam Specialist Hospital, it helps Muslim patients in daily Ibadah, provides the best professional service and excellent and constantly improves our services to patients”.

Based on the introduction, Al-Islam Specialist Hospital had an implementation of HMI and it was a huge challenge because it required understanding, conviction and subsequent commitment from all levels. HMI aims to create awareness through education of the patient and family to always be closer to the Almighty God.

## **Part II: To investigate the issues faced by hospitals with the implementation of Shariah-compliant practices in the hospital. (Al-Islam)**

### **a) The treatment**

The main treatment of Al-Islam Specialist Hospital is medical consulting services such as gastroenterology (expert intestine), rheumatology (arthritis specialists), dermatology (skin specialist), OandG (gynaecologists) (including infertility, general surgery

(laparoscopy/plastic/urology)), orthopaedics (bone), ENT (ear, nose, and throat specialist), ophthalmologist (eye specialist) and paediatrics (paediatrician).

“In this hospital, the patients can request male or female doctors before taking the treatment. But if we do not have any doctors to do the treatment, the patient must accept whoever is available to treat them. The doctors, especially Muslims, will inform the patients about the treatment and give advice according to Shariah.”

“Many patients from other countries such as Turkey, Somalia, Brunei, and Indonesia have undergone our treatments. Some of them said that the treatments in this hospital are good and they are really satisfied. Some of them come to Malaysia just because they want to get the treatment and go to interesting places after the treatment. Most of them are Muslim. They choose this hospital because the management and the treatment are following Shariah”.

#### **b) The facility and services**

Following the concept of HMI, in terms of facilities and service, Al-Islam Specialist Hospital provides “Solat Kit” in every ward that consists of *tayammum* dusk, a spray bottle, a handbook on how to pray on the bed, and direction of the *qiblat*. The patients can easily use the kit and pray even if they are bedridden. The staff helps the patient to perform *solat* as each patient knows the time of *solat* as *azan* is performed in the ward. The hospital also provides “*solat* reminder” to all the patients.

“The patients can get information about the concept of HMI by reading the brochure and can meet the staff under Religious Affairs Unit to get the information. Al-Islam Specialist Hospital also has “surau”, provided for all staff and patients. Every level of the ward has a “surau” so it is easier for the patients/relatives to perform *solat*.”

### **c) The management**

“As a hospital that upholds the values of Islam, the management provides religious officials to guide and provide guidance to patients. They visit the patients daily to help patients perform Ibadah and provide training and guidance to staff Al-Islam to help the patients.”

“In this hospital, we have the guidelines for Muslim healthcare givers (the staff) following the objectives of Shariah (Maqasid Al-Shariah), and the staff especially doctors, will make decisions based on Islamic Principle.” “We also have 7 best daily practices which are: (i) intention to work because of Allah, (ii) begin every work with Bismillahirrahmanirrahim, (iii) frequently recite Subanallah, (iv) thank Allah with Alhamdulillah, (v) frequently recite La ila ha illahallah, (vi) always try to perform the congregational prayer, and (vii) always pray to Allah when accepting all work. This practice is performed by the staff when working at the hospital.”

“Besides, we have to train new staff for more details about HMI. The attire of the staff must also follow Shariah. We have activities such as “usrah” by the department and a specialist doctor for being a “naqib”. Every Saturday, we have “Tazkirah” for all the staff. It will be covering the knowledge of “Fardhu Ain” and “Farhdu Kifayah”, followed by a periodic timetable, and we also have some extra classes such as Fiqh Class, Arabic Class and Tadarus Al-Quran Class.”

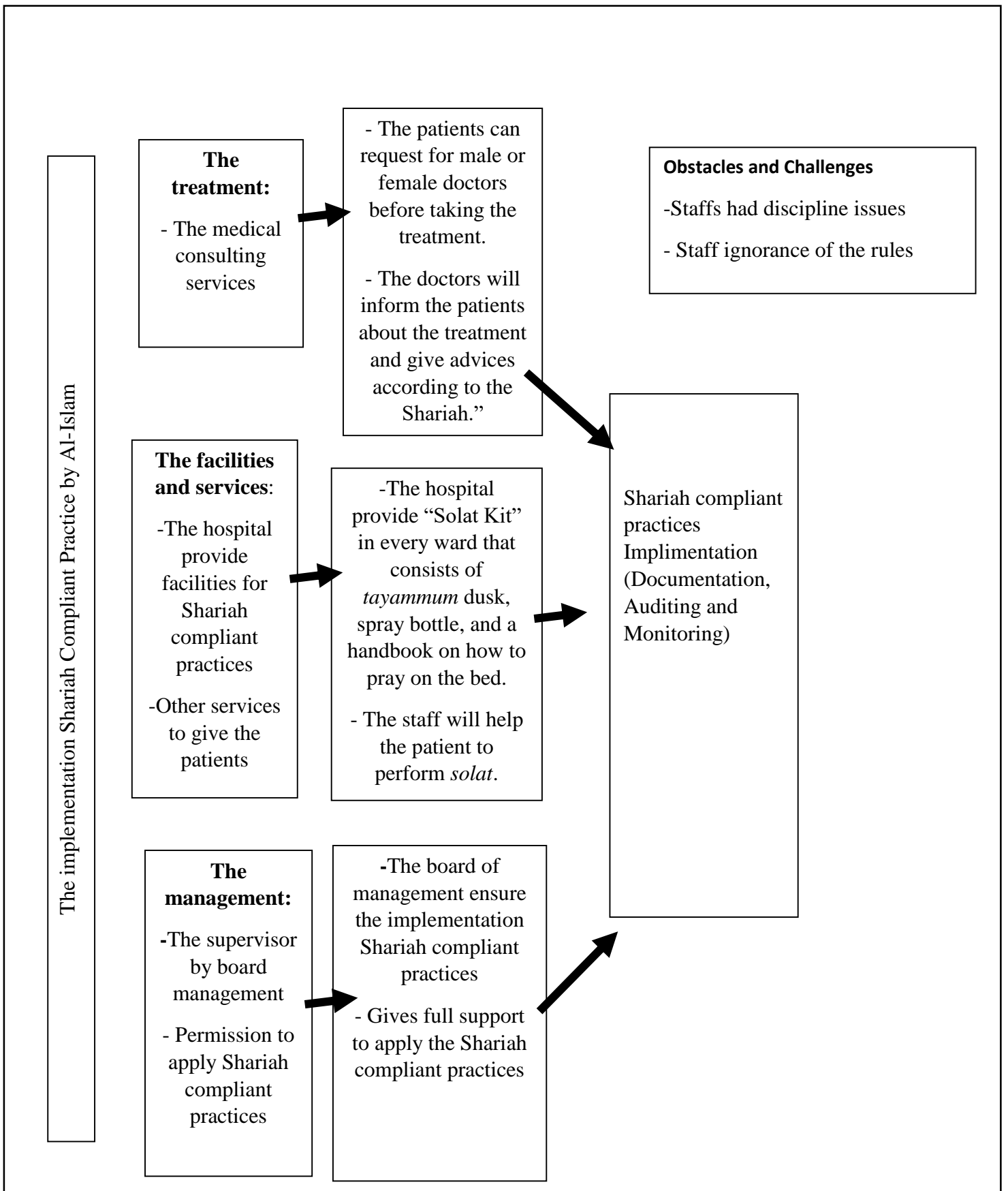
### **Part III: To explore the Shariah-compliant practices implementation in hospital service management. (Al-Islam)**

The strategic planning for medical tourism in Al-Islam is as stated below:

“To implement the concept of HMI, we have planned to send our staff to the United States of America to get some knowledge about spiritual care services for patients Muslim at Stanford Hospital, USA. Besides that, we also like to involve the medical tourism industry in promoting

our concept of HMI and have planned to collaborate with JAKIM, the Ministry of Health (KKM) and involve with Malaysia Health Tourism Care (MHTC). This collaboration is important to achieve the objectives of HMI besides to develop economy, especially in the medical tourism industry.”

The effectiveness of performance evaluation system is the key to success. Therefore, the management needs to do its best to make the system successful. It is recommended that while conducting staff performance appraisal, the hospital management should also acknowledge staff who are committed to performing their *Ibadah* by building programs that have a certain weightage in the overall performance evaluation program. For this, KPI should be developed and implemented. Figure 4.10 shows the implementation of Shariah Compliant Practice by Al-Islam.



**Figure 4.10** Case of Al-Islam

#### 4.5 Conclusion

The potential implementation of *Ibadah*-Friendly Hospital in government hospitals was according to a campaign (hospitality, friendly) conducted by the religious unit. For example, religious units in government hospitals were responsible for ensuring that this (hospitality-friendly) campaign would be able to help patients receive appropriate facilities by providing prayer kits for patients, “*surau*” (room for worship), “*qiblat*” (direction of Mecca), and “*azan*” (announce the prayer time).

For private hospitals, Shariah-compliant practice was easy to practice because the hospital was able to set its own shariah rules and standard operating procedures. For example, they maintained the principles of *Shariah*-compliant in management and the treatment of patients. This would further attract patients to receive treatment at private hospitals.

In government hospitals, the implementation to ensure that *Ibadah*-Friendly hospital was more than providing “*surau*”, prayer kit, information about time prayer and the ongoing sessions for the patient conducted by the religious unit. In addition, the uniform attire rules should be compliant with Shariah. The doctor's choice for female patients could not be fully implemented because of the lack of doctors and the availability of a physician's expertise.

For private hospitals, the implementation was very comprehensive and practical. Private hospital management laid out that all hospital employees should follow weekly religious talks to study religious knowledge, and this indirectly affected the attitude of the employees. Additionally, the hospital also attempted to meet the needs of patients seeking treatment from a physician according to gender for example, when getting maternity and gynaecological treatment. This had caused Shariah-compliant practice strategy to be easily implemented.

In government hospitals, the implementation of this *Ibadah*-Friendly Hospital program was applied to the performance. The performance could be viewed in terms of facilities in the hospital, such as reminders about prayers to the patients and information about prayer practice, and the certification of “halal” of medicine at the pharmacy. In government hospitals, the management considered patients as those who sought the best treatment and *Ibadah*-friendly practice at the same time. This was because the number of patients was high and the management was concerned about their welfare.

For private hospitals, the management's performance enhancement was strongly emphasised after Shariah-compliant practice had been implemented in management. For example, management had held various religious programs so that employees could improve their behaviour and work culture according to Shariah. In addition, the management ensured that all employees, regardless of religion, follow the religious program so that they could understand the concept of Shariah-compliant practice in hospitals. Figure 4.11 shows the comparison of Shariah Complaint Practice for Medical Tourism Providers.

## Government Hospital

## The Comparison of Shariah Complaint Practice for Medical Tourism Providers

## Private Hospital

### Part I: Background of the hospital

- To create community involvement and participation in healthcare to stimulate and facilitate people to improve the health of Malaysians

### Part II: The issues faced by hospitals in the implementation of Shariah-compliant practices

- **The treatment:** The treatment provided is in accordance with the standard of operation established by the Health Ministry of Malaysia. Most patients are not easy to choose physicians according to gender because of limited number of doctors.
- **The facilities:** The facilities provided are very basic for the patient or family of patients. Most hospitals have facilities such as "surau", "qiblat" signage, prayer kit and time reminder for prayer.
- **The management:** Management in hospitals is concerned with implementing *shariah* compliance in the distribution of medicines, welfare of workers.

### Part III: The Shariah-compliant practices implementation in hospital service management

- Follow the maqasid shariah principle
- Maintain the quality and commitment
- The performance can be viewed in terms of facilities in the hospital.
- KPI base performance

### Part I: Background of the hospital

- It is important to comfort patients. Patients are given the best service when receiving treatment.

### Part II: The issues faced by hospitals in the implementation of Shariah compliant practices

- **The treatment:** The treatment given can be based on the patient's request. Most patients get the option to receive doctor services according to the gender of the patient.
- **The facilities:** The facilities provided are very conducive for patients and families of patients. Patients are helped to pray and have a patient's prayer record so that the patient does not miss performing the prayer.
- **The management:** Management in hospitals is concerned with implementing *shariah* compliance in the distribution of medicines, food provided to patients, the welfare of Muslim and non-Muslim workers, ensuring all operations in *shariah* compliance.

### Part III: The Shariah-compliant practices implementation in hospital servicemanagement

- Conduct knowledge sharing programmes (Medical and non-medical from Islamic perspective)
- International training with other agencies JAKIM, MHTC, MOH.
- The recruit the staff very well follow the *shariah* compliance.
- Human resources training and skill Islamic development Islamic skill program
- Performance evaluation program

Figure 4.11 Comparison of Shariah Compliant Practice for Medical Tourism Providers