

CHAPTER 5

CASE SYNTHESIS: CROSS-CASE ANALYSIS AND CONCLUSION

5.1 Introduction

This chapter discusses the analysis of the four cases of HPSF, HUSM, PUSRAWI, and Al-Islam. The analysis was conducted based on the three research questions developed earlier in this study and was divided into three sections. The first section discusses the objective behind implementing Shariah-compliant practice. The second section discusses the implementation by medical tourism providers. The third section discusses the effects of Shariah-compliant practices on hospitals' performance and the challenges faced. Lastly, a conclusion is addressed at the end of the chapter.

Creswell (2007) suggested that case studies displayed through cross-case or inter-site comparisons are meant to be more analytical. Therefore, this study synthesises the four cases that were discussed with the same theme

5.2 The Objectives of Implementing Shariah-compliant practices

The concept of Shariah-compliant practices can be defined as healthcare offered by medical tourism providers which cater to the needs of Muslim patients while fulfilling specific requirements of Shariah. Furthermore, the establishment of the institution must be based on the protection of the *Maqasid al-Shariah*. Therefore, the whole “ecosystem” of the hospital should be Shariah-compliant. This means that the management, services, products, and facilities offered should all comply with Shariah principles.

The hospital management is committed to creating awareness and demonstrating actions to facilitate patients to perform their *ibadah* (worship). As a hospital that upholds Islamic values, the hospital management makes available religious officers to assist and

provide guidance to patients. The hospital is perceived by Muslims in the beginning as an institution that is open to everyone irrespective of race, belief, or religion.

5.3 The Implementation Used for Shariah-Compliant Practice

This research aimed to explore the implementation used by the hospital medical tourism providers throughout the process of implementing the Shariah-compliant practice. From both private and government hospital’s cases, the figure of 5.1 shows the results of the different differences in the implementation of Shariah-compliant practices by government and private hospitals.

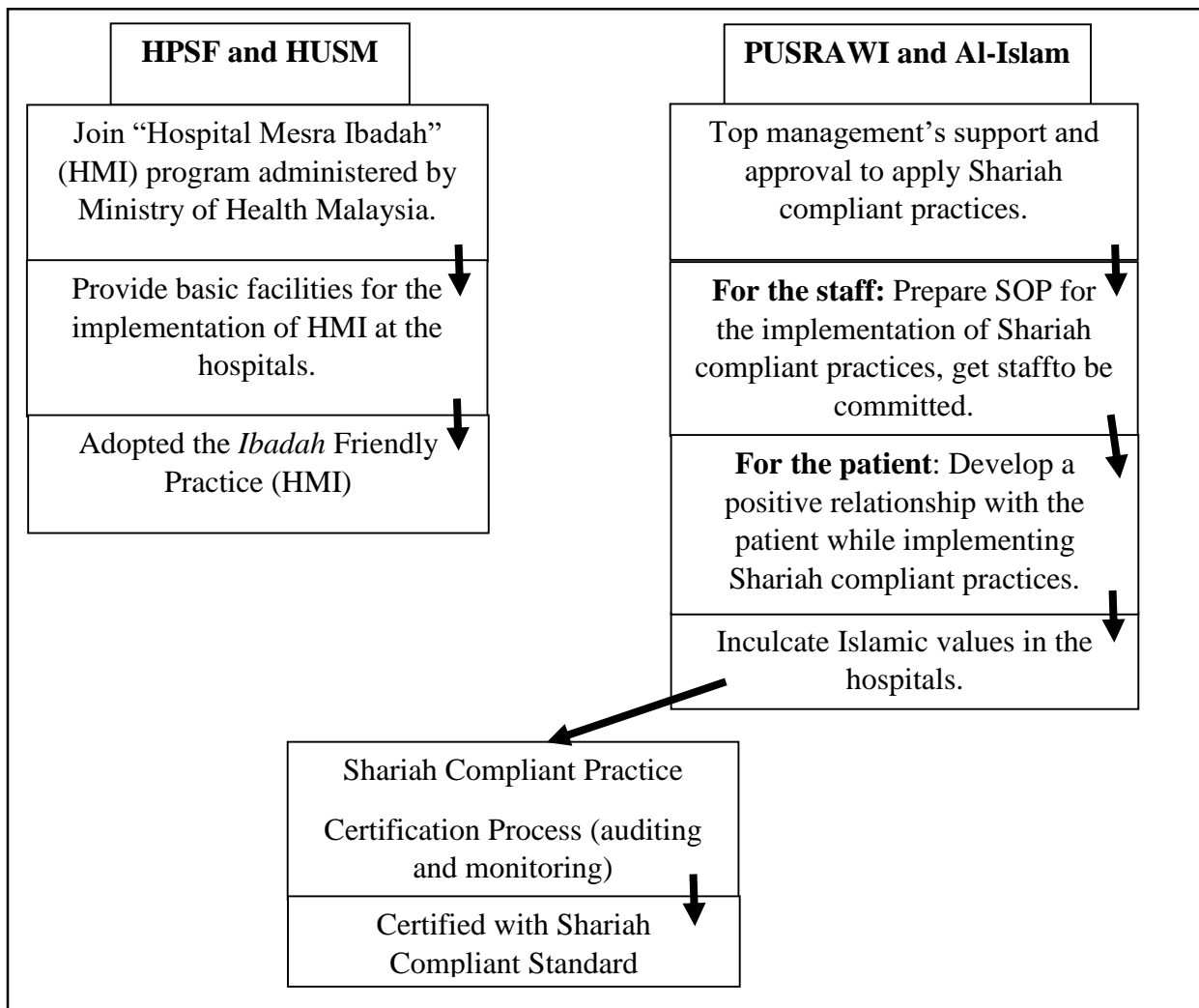


Figure 5.1: The Differences in the Implementation of Shariah-Compliant Practices by Government and Private Hospitals

Therefore, to answer the second research question, this research explored the strategies used by the two types of hospitals and found that they had used several strategies to apply Shariah-compliant practices. Those were: (a) seeking approval from top management, (b) providing awareness of Shariah-compliant practices and getting staff to be fully committed, (c) providing the Shariah-compliant practice in facilities and treatment for the patients, (d) involving staff in training and development, and (e) inculcating Islamic values in the hospitals.

The government hospitals in the case study declared that the implementation of this *Ibadah*-friendly hospital was mostly on the facilities provided for the patients. They provided all easy-to-use facilities for the patients. Examples of facilities provided were the space for prayer, bottle sprays for “*wuduk*”, “*tayammum*” dust, and a call for prayer (“*azan*”). In terms of management, the government hospital provided training and development, such as Team Building Program for the staff. These programs were applied to the staff at the hospitals to ensure that they were well informed and felt comfortable working in the hospitals.

For private hospitals, they inculcated Islamic values into their working culture. They start to the process of certified the Shariah-compliant standard. One of the Shariah-compliant practice’s process was to inculcate, enhance and practice Shariah requirements into the hospital’s quality management system emphasising the values to be achieved. As a result, private hospitals inculcated Islamic values like teamwork, righteousness, trustworthy, so that Shariah-compliant practices could be easily applied in hospitals. In terms of management, the staff should cover the *aurah*, according to guidelines for attire and should attend religious programs conducted by the management regularly. In addition, the hospital also implemented good integrity, such as practising “*sunnah*” during working hours.

In contrast to government hospitals, they applied the work culture more in an integrated manner and were more favourable for the patient. Since many patients received treatment,

hospital workers needed to pay full attention to the patients. The degree of understanding of the culture of work between the two groups of hospitals was different but had the same goal of ensuring that patients received the best treatment.

5.4 The Challenges

Although both private and government hospitals used different actions and strategies, this study identified two common obstacles faced by both groups. Hospitals revealed that they were having difficulties in getting their staff to give their internal commitment fully. Fortunately, this problem had occurred only at the phase of the implementing process. Among the solutions to overcome this issue was by providing seminars and briefings focusing on *Shariah* topics like management in Islam, Islamic work ethics and many more.

The challenges mostly came from inside the hospitals, rather than outside. This indicated that *Shariah* practices depended on the hospitals. Therefore, it was fair to say that for independent applicants to apply *Shariah*-compliant practices, they (as a whole) should be physically and mentally ready.

A *Shariah*-compliant practice also helped the businesses to grow. For example, after applying the *Shariah*-compliant practice in the private hospital, they had been receiving many patients from overseas (especially the Middle Eastern countries).

5.5 Contribution of the Study and Recommendations

Scholars have argued that research on *Shariah*-compliant practices is still in its infant phase and needs to be developed into a substantial body of knowledge. To add to the knowledge in this area, this study aimed to understand the motive of introducing *Shariah*-compliant practices and implementation of *Shariah*-compliant practice by the applicant and the changes

by Shariah-compliant practice for their hospital's management and development. Through the four cases and semi-structured interviews, the narratives of the certification body and the recipients have been reported.

This study contributed significantly to the body of knowledge, specifically by: (a) providing an in-depth exploration of Shariah-compliant practices both of private hospitals and government hospitals, (b) utilising a case study as the catalyst for qualitative research.

(a) Providing an exploratory study of Shariah-compliant practices in both the private and government hospitals

Shariah-compliant practice in hospitals is a structured system to assist an organisation in providing facilities and treatment, meet the patients' expectations, and comply with the regulatory Shariah requirements. The organisation itself is the one that is responsible for executing the certification process, including an audit. The establishment and the implementation of Shariah-compliant practice provide employment opportunities to the society. Recently, statistics showed that the unemployment rate in Malaysia had increased to 3.2% in February 2015 from 3.1% in January 2015 (Department of Statistics Malaysia, 2015). Shariah-compliant practice requires the hospital to employ a designated Shariah officer to be accountable for the whole practice. Therefore, this opportunity might reduce the unemployment rate in Malaysia.

(b) Utilising a case study as the catalyst for qualitative research

This research utilised the case study methodology as a catalyst for qualitative research. As claimed by Merriam (2009), qualitative case studies share the search for meaning and understanding with other forms of qualitative research, whereby the researcher is the primary instrument of data collection and analysis and employs investigate strategy to obtain the end

product as richly descriptive. The idiographic explanations inherent in the case study approach enabled us to explain the important experiences of applying Shariah-compliant practices.

In researching the four case studies, the researcher experienced certain circumstances that would not occur if another research method was adopted. For example, conducting in-depth interviews was exciting and inspiring in a way that the interviewer could confront the respondents face-to-face and observe their facial expressions and gestures.

Paradoxically, utilising a case study as a catalyst for this research would also benefit others who might be interested in the subject area, especially potential parties intended to apply the Shariah-compliant practice in hospitals.

5.6 Limitation and Suggestions for Future Research

The strategies of Shariah-compliant practices studied were used by four selected hospitals only. Nonetheless, several limitations should not be ignored. Firstly, the current investigation was restricted to four hospitals only. Secondly, realising some information regarding the subject area was private and confidential, and the gained data (supporting documents) was limited and could not be disclosed fully. The researchers experienced problems with having enough data (for example, contract and audit reports) that needed to be analysed and were not made available. However, the opportunity to interview several respondents should be fully exploited to get as much information as possible.

Thirdly, this study examined Shariah-compliant standards that were applied according to the current situation. However, the findings of this study might be insufficient as the standards were changed or amended according to the current situation and circumstances. For this reason, more research on Shariah-compliant practices is encouraged to ensure the knowledge is continuously updated.

The idiographic case explanation provided a detailed and in-depth view of Shariah-compliant practice according to experience. The findings from this study could be further explored through research by using a larger size of respondents, which would facilitate the confirmation of the findings.

5.7 Conclusion

This study enriched the literature by developing a deeper understanding of Shariah-compliant practices as an intangible resource that could potentially lead to a competitive advantage. Specifically, this chapter discussed the contribution to the body of knowledge in two ways by providing an in-depth exploration of Shariah-compliant practices and utilising a case study as a catalyst for qualitative research.

This chapter highlighted useful lessons that by having Shariah-compliant practices, medical hospitals might grow and expand their businesses. However, it should not be forgotten that some challenges and difficulties were encountered and needed to be solved.

Finally, this chapter suggested that the certification body, SIRIM QAS, worked closely with JAKIM to improve the content of Shariah-compliant practices among medical hospitals. This point of view should be pondered by policymakers to increase the awareness and implementation of Shariah-compliant practices in medical hospitals in Malaysia.