Artykuły
Articles

PRZESTRZEŃ Społeczna

Social SPACE

Volume 23 Issue 01
2023

Implementation of a Hospitality-Oriented Patient Experience (HOPE) Concept to Service Standards of Muslim-friendly Medical Tourism

Songsin Teerakunpisut*

Faculty of Management Sciences, Prince of Songkla University, Thailand

Email address: songsin.t@psu.ac.th

*Corresponding Author and Lecturer of MICE Management Program

Phuworaprach Kongpiam

MICE Management Program, Faculty of Management Sciences, Prince of Songkla University, Thailand

Abstract

While ample research on Muslim-friendly medical services provides insights for public understanding, research on Muslim medical tourists in Thailand is rather limited. This research sheds light on a hospitality-oriented patient experience (HOPE) lens to Islamic-based medical tourism by extending Hunter-Jones et al. (2020) for examining Islamic needs in the health travel industry, and to analyse the services that comply with halal-oriented practices in the healthcare context. A mixed-method approach was used and being incorporated into researcher-administered interviews with Muslim medical tourists. Face-to-face interviews with 31 domestic participants, and 31 overseas respondents from the Muslim patients were conducted. All of these 62 interviews were carried out in three of the largest hospitals in Southern Thailand (Songkhla, Krabi and Phuket). Although the sociocultural phenomenon is not a new power which creates complexity in the current medical hospitality conditions in Thailand, the growing number of Muslims in the healthcare market in demanding amenities which abide by Shari'a rules and a great lack of understanding of Islam can lead to cultural tensions. As such, the research findings inform recommendations for scholars and the MICE industry about how to respond to the requirements of Muslim medical tourists. This knowledge and understanding is essential for an increasingly multicultural society like Thailand, for the tourism industry in recognising how this group of customers maintain their religious identity and observe Islamic practices. The research may also provide guidance for the adaptation of these practices into the medical industry context.

Keywords: Medical Tourism, Hospitality-Oriented Patient Experience, Muslim-friendly Patient Service, Muslim Tourism, Southern Thailand

Introduction

Medical tourism, which involves patients travelling to destinations for non-emergency medical treatment or quality healthcare services (Zailani et al., 2016), is a sector that generates tremendous financial benefits and is one of the fastest-growing industries of the tourism industry (Rahman & Zailani, 2016). In order to take advantage of this lucrative sector, a number of countries, especially those in Asia, are eager to develop a medical tourism market to strengthen their economies (Shukla, Singh, & Saxena, 2019). As a result, governments in these countries, i.e. Malaysia, Singapore, Thailand, are highly involved in the promotion of the excellence of their medical infrastructure (Jamaludin et al., 2019), improving services for medical tourists, and increasing their superior healthcare locations (Fadli & Amirah, 2020).

Since the medical sector has been recognised by the Thai government as one of the major sources of national revenue and a catalyst to a renewal of the Thai economy (Fongtanakit et al., 2019), related public- and private organisations in the country have invested heavily in the sector. In 2021, as part of Thailand's 13th National Economic and Social Development Plan, the government announced funding of 188 million US dollars for the Muslim medical tourists in Southern Thailand, especially in Phuket. Along with growth in global and Thai medical tourism generally, in 2020 the healthcare travel industry fared better than it did in the last 12 years, generated revenue at 4,666 million US dollars, an increase of approximately 20% over the 2007 figure of 933 million US dollars (Tourism Authority of Thailand, 2020a).

In addition to the general growth that is witnessed in the Thai medical tourism industry (Fongtanakit et al., 2019), there is substantial growth within the Islamic medical tourism market, supported by more general increases in the number of domestic and international Muslim tourists in Thailand (Islam, Muhamad, & Leong, 2023). It was recently reported that in addition to the 5.8 million Thais who are Muslim (Yong, 2022), more than 25,600 tourists from Middle Eastern countries arrived in Thailand during 2018 (Teerakunpisut et al., 2022). In addition, in 2018 Thailand also received more than 2,500,000 tourists from Malaysia, and approximately 500,000 from Indonesia (Teerakunpisut et al., 2022). While not all of these individuals were likely Muslim, further statistics show that Muslim tourist arrivals in 2018 rose to nearly

4,000,000 compared to about 3,650,000 in 2017 (Tourism Authority of Thailand, 2020a). Such increases are not surprising given that nearly 1.64 billion of the world's population (or one in five people globally) identify as Muslim (Wannasiri et al., 2020) and that Islam is estimated to be the second largest religion in the globe after Christianity at 2.17 billion (Sirisombat, Jitsopa, & Ali, 2022).

The medical tourism industry in Thailand, a predominantly Buddhist nation, is currently facing the challenge of diversity because it is expected to provide amenities with options for a variety of tourists to observe their religious obligations. When it comes to the relationship between the medical tourism industry and religion, particularly Islam, the lack of literature is very obvious with limited studies into Islamic-oriented services and facilities in a non-Muslim country, even though the number of such amenities is growing (Hunter-Jones et al., 2020). Recently, Han et al. (2019) and Widiasih et al. (2020) who examined the views of nurses on halal healthcare in Indonesia, emphasise that Indonesian hospitals are not only limited to the adopting of either national- or international accreditation, but includes the low ability of staff in communicating foreign languages i.e., English and Arabic. A study carried out by Mansouri (2014) and Rahman and Zailani (2016) on the perspectives of Muslim medical tourists on Islamic friendly hospital in Malaysia, find that to capture Muslim patients in the hospital, which is seen as being halal, a significant number of international patients expressed concern about the skill level of healthcare providers and stakeholders, especially their religious skilled knowledge, such as Islamic historical places and halal tourism programs. This means although the travelling purpose of medical travellers is for health treatment, their primary concerns are similar to other Muslim tourists in spiritual related journey in which ritualised practice is greatly significant.

While ample research on Muslim Thais provides insights for public understanding (Sirisombat et al., 2022) research on Muslim medical tourists in Thailand is rather limited. There have been studies about the inconsistencies in comprehending medical tourism and hospitality services in hospitals which have been of some interest to a researcher in Nepal (Kunwar, 2019). As well as this, there have also been studies in regard to discussing halal or Shari'a compliant and hospital branding, including its marketing by researchers in Malaysia (Shariff & Rahman, 2016). This is something that seems to correlate with the Thai

context, where there are no firm guidelines for medical tourism operators on how to cater to Islamic tourists. This may result from the fact that as with most religions, there are variations in the levels of religious practice and adherence that different Muslims adopt (Battour, Ismail, & Battor, 2010). There are also regional variations, with Islam in Thailand being identified as having different characteristics to Islam in other parts of the world (Teerakunpisut et al., 2022). At the same time, Thailand is, as already mentioned, a predominantly Buddhist country, and Thai identity is often tied to Buddhism (Teerakunpisut et al., 2022). It is likely that these factors have an impact on how Muslim-friendly services and facilities are developed in the medical tourism industry in Thailand. As such, there is an urgent need for studies that seek to understand the influence of Islam on hospitality and customer service, which captures both industry and client perspectives, utilising a Hospitality-Oriented Patient Experience (HOPE) Framework. The reason for using the HOPE is that such framework plays a significant role in pushing closer attention to promote the medical and wellness sector being best meet the requirements of Muslim customers. This proposed research attempts to do this, emphasising the need for services that reflect Islamic principles as the medical tourism industry develops in Thailand.

From within this context, the central research question is: How do the current practices in a healthcare sector which are in accord with a Hospitality-Oriented Patient Experience (HOPE) Concept to Service Standards of Muslim-friendly Medical Tourism articulate within the Thai context? Specifically, the study will look at the implications of reconciling Islamic beliefs with those people of other religions in relation to the medical tourism industry in Southern Thailand. To understand these implications, the research will identify Islamic needs in the health travel industry, and to analyse the services that comply with Islamic practices in the healthcare context. Following this, the research findings will inform recommendations for scholars and the medical and wellness industry about how to respond to the requirements of Muslim medical tourists. This knowledge and understanding is essential for an increasingly multicultural society like Thailand, for the health tourism industry in recognising how Muslim medical tourists maintain their religious identity and observe Islamic practices. The research may also provide guidance for the adaptation of these practices into the medical tourism industry context.

Literature Review

(1) Shari'a law

In order to understand Islamic teaching in more detail, one has to be aware of the ideas behind the different sources of Shari'a law. This is of paramount importance if one bears in mind that Shari'a is not a law book in the legal sense of the word, but rather a discussion of the rights and duties of Muslims (Ahmed, 2009). Neveu (2010) and Yusuf and Al-Faruqi (2012) state that all Muslims are adherents of Islam, and Muslim life as a whole is shaped by the holy book of the Quran and the 'Sunnah' (customs) of Muhammad, expressed in his sayings and those of his companions. These are the sources of religious knowledge and guidance about conduct fitting to Shari'a, an Arabic word meaning 'the clear, well-trodden path to water' (Neveu, 2010; Sulaiman, Sabian, & Othman, 2014), which regulates the everyday behaviours of its followers (Saad Sanad, Mounier Kassem, & Scott, 2010).

Muslims believe that Shari'a is the expression of the divine will and constitutes a system of rights and duties that are incumbent upon every Muslim by virtue of his or her religious belief (Shepard, 2009). Amongst other things, Shari'a stipulates a rigorous prayer schedule and is the basis for rules pertaining to diet and dress as well as personal and social interactions (Shepard, 2009). The latter are categorised as either obligatory, recommended, permitted, disliked, or forbidden (Sulaiman et al., 2014). Based on Shari'a law, public displays of affection, shaking hands or any physical contact between members of the opposite sex, unmarried couples sharing rooms, gambling, breaking fast in daylight within the Holy month of Ramadan, pork consumption, selling and drinking alcohol and dressing in an inappropriate way are prohibited (Mansouri, 2014). The punishment for disregarding such laws can be severe under Shari'a, including imprisonment, severe beatings, the removal of limbs, and execution (Neveu, 2010; Yusuf & Al-Faruqi, 2012). Furthermore, Shari'a covers all aspects of life, from matters of state, such as governance and foreign relations, to issues of daily living, as well as rules for fasting, charity, and prayer (Yusuf & Al-Faruqi, 2012). It also provides instruction on how to conduct financial and business affairs (Zamani-Farahani & Henderson, 2010), and in some cases the basis for the judicial systems of certain Islamic countries (Temporal, 2011).

(2) Halal

Linked to Shari'a is the concept of 'halal', which literally means 'permissible', and is usually used to mean lawful (Demirel & Yaşarsoy, 2017). The concept of halal in Islam has very specific motives, such as to preserve the purity of the religion, to safeguard the Islamic mentality, to preserve life, to safeguard property, to safeguard future generations, to maintain self-respect and integrity (Mansouri, 2014). As Henderson (2009) notes, the concept is used broadly in the East and in a narrower fashion in the West. Indeed, the term 'halal' covers permissible behaviour, speech, dress, conduct, manner and dietary practices (Mohsin, Ramli, & Alkhulayfi, 2016) and continues to grow in correlation to the Muslim population. Therefore, from a marketing or business perspective it is important for the halal concept to be part of a brand (Nor & Daud, 2012).

Whether halal or Shari'a compliancy is a process or a value gained, it plays a prominent role in shaping the mind of the Muslim consumer, particularly when it comes to consumption (Annabi & Ibidapo-Obe, 2017). However, consumption at a product level is what should be offered by many brands, as a broader approach of the definition of halal should be applied to brands (Saeed & Azmi, 2014). As the halal market grows, the demographic of the Muslim consumer comes increasingly into focus. The new halal consumer suddenly opens up a new horizon of possibilities for service and product providers who see the benefits of targeting halal as a new marketing segment. Furthermore, halal products can be consumed by everyone as global acceptance is gathering around this topic (Teng et al., 2013).

(3) Tourism, hospitality and Muslim-friendly services

As Muslim medical and wellness traveller requirements are the main focus on this study, although the travelling purpose of this group of Muslims is for medical matter, their primary concerns are similar to other tourists in spiritual tourism in which "religious observance, ritualised practice, reaffirmation of identity and cultural performance" are greatly significant (Cheer, Belhassen, & Kujawa, 2017). Islam is a religion which strongly encourages its followers to travel (Henderson, 2009).

Travelling is deeply rooted in Islamic tradition, which advocates travelling in groups on trips to faraway places (Battour, Ismail, & Battor, 2011; Battour et al., 2010; Gursoy, Saayman, & Sotiriadis, 2015). In keeping with this teaching, Mansouri (2014) observes that Muslims normally consider themselves closer to God while travelling, and prayers are viewed as being more effective if made while travelling than when offered at home. In addition, most Muslims worldwide prefer to travel in groups of family members, friends and relatives (Timothy & Olsen, 2006). Muslims are passionate travellers, not only for religious purposes, such as going to Mecca to perform pilgrimage or to visit needy communities to give alms, but also for the purpose of business and for visiting friends and relatives (Al-Hamarneh, 2012; Aziz et al., 2015; Chookaew et al., 2015; Duman, 2011). No matter the purpose though Muslims practice unique behaviours while travelling in terms of the food they eat, the company they keep and the activities they undertake (Bhuiyan et al., 2011; Timothy & Olsen, 2006).

The categorisation of tourism related to goods and services that are designed, produced, and presented to the Muslim markets could be considered under the heading of Islamic or halal tourism (Duman, 2011). Such terminology is already common in the tourism industry, where there has been a growing interest in new forms of halal tourism, such as halal hospitality, halal airlines, and halal or Shari'a compliant hotels (Demirel & Yaşarsoy, 2017). The ideas underpinning these tourism developments are similar to those relating to halal food, which has long been recognised in many countries including those in the Middle East, such as the United Arab Emirates and Egypt (Battour et al., 2011; Mansouri, 2014; Zailani, Omar, & Kopong, 2011). The concept of halal is not just being applied to food but to any Shari'a-compliant product ranging from bank dealings to cosmetics, vaccines and in this case, medical tourism (Sahida et al., 2011). Moreover, research done by Kim, Im, and King (2015) shows that Muslim tourists, particularly those from West Asia, are increasingly discerning and require access to sophisticated holiday destinations and halal dining. According to Zailani et al. (2011) Muslim tourists want, and expect to acquire, food and services which are in line with their religious tenets, thus the requirement for halal compliance has become more prevalent.

As identified above, the concept of halal is quite broad, and can be applied to a wide range of products and services (Puangniyom, Swangcheng, & Mahamud, 2017; Samori & Sabtu, 2014; Yeo, Mohamed, & Mohd, 2018). In tourism, this means offering tour packages and destinations that are specifically designed to cater for Muslim requirements and address their religious commitments. Islamic or halal tourism, a form of religious tourism, is commonly associated with Muslim countries when it comes to Hajj packages for pilgrims, thus offering great potential for halal tourism products and services which are in strong demand (Carboni, Perelli, & Sistu, 2014). According to Mohamed and Mahmud (2013), despite the desire of the tourism and hospitality industries to tap into the potential offered by the expanding Muslim market, generally speaking, the reasons for having Shari'acompliant services within the hotel industry are not well explained to industry employees. This is because the level of Islamic knowledge in the hospitality industry is limited, and they only have a superficial understanding of the concepts and practices of Islam (Zakiah Samori & FA Rahman, 2013). Indeed, a very common misunderstanding is that a hotel or service provider can be deemed Shari'a-compliant simply because there is no alcohol served and some amenities for Muslim clientele are provided (Writer, 2011). Thus it is not only limited to the serving of halal food and beverages, but includes making sure the entire hotel operates following Islamic prescriptions (Zakiah Samori & F A Rahman, 2013).

Consequently, as Razalli, Abdullah, and Hassan (2012) explain, there are no official criteria for Shari'a compliant hotels in the Middle East, but scrutiny of statements made by industry practitioners and analysts reveal broad agreement about a set of suggested attributes (Saeed & Azmi, 2014; Sahida et al., 2011; Zakiah Samori & FA Rahman, 2013; Zailani et al., 2011; Zulkharnain & Jamal, 2012). The prayer room is regarded as one of the most crucial facilities for Muslims (Ridzuan & Zahari, 2012). It has also been observed that hotels located near a mosque are preferred when Muslims make hotel reservations (Mansouri, 2014). Razalli et al. (2012) recommend that the hotel provides religious information, such as the location of nearby mosques or prayer times and local halal restaurants. Moreover, according to Quantaniah, Noreina, and Syakinah (2013), the availability of halal food is of extreme importance

to Muslims in choosing their tourist destinations. Similarly, the banning of the consumption of alcohol and gambling, in line with Islamic teaching that totally prohibits these acts, further attracts Muslims to such businesses (Henderson, 2010). Neither alcohol nor pork should be served in any of the food or beverage outlets at the hotel and there should be no minibar in the room (Saeed & Azmi, 2014). Battour et al. (2011) highly recommend that hotels educate their staff in cross-cultural communication to allow them to treat Muslim tourists with respect, and that hotels consider employing practicing Muslims. As Stephenson, Russell, and Edgar (2010) point out that for hotels based on the principles of Islamic law, the finance spent on hotel operation should reflect Shari'a law and the hotel owner must donate a proportion of the income generated by the hotel to Muslim communities.

(4) A Hospitality-Oriented Patient Experience (HOPE) Framework

The Hope framework (see Figure 1) is recognised as the outcome of a research project covering medical sector, as well as service industry. Such framework is utilised to ascertain parts of the two intersections that is able to accomplish a symbiosis with current information in these research subjects. The objective of proposing a hospitality area, and customer experience management (CEM) approach to health travel sector is to guarantee that, in addition to enhancing the patient experience (PE), opportunities to advance business effectiveness might also be realised. Therefore, the framework is not only another driving tool for closer attention to the patient's medical requirements, it is an organisational strategy that indicates that the medical units that are able to fulfil needs and demands of Muslim clientele, will achieve competitive improvement. Especially, this approach combines the notions of (1) a shared vision of a given healthcare experience between the patient and his/her caregivers and (2) the design and implementation of this experience. An effective operation of the HOPE framework at the institutional level is proposed to positively influence several of the utmost vital healthcare stakeholders including the patient (and his/her family), the care providers (e.g. doctors, nurses, etc.), the healthcare organisation and the community it serves.

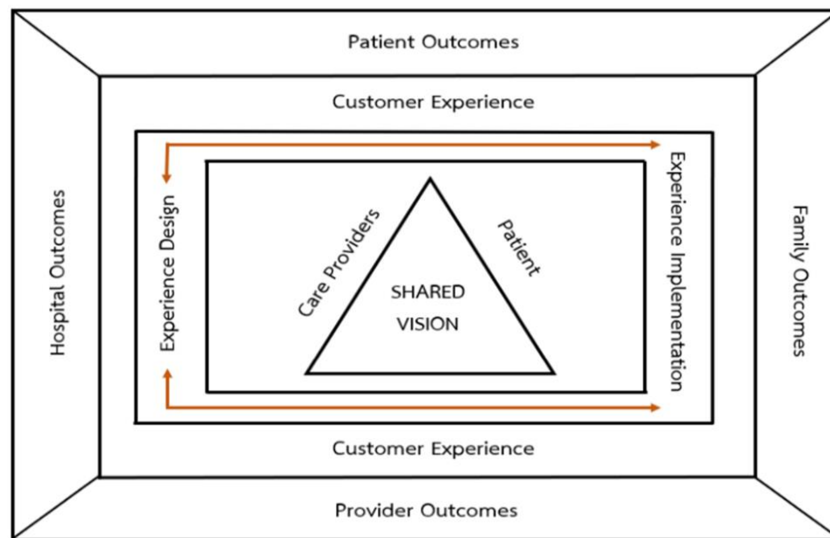

Figure 1. The Hope Framework adapted from Hunter-Jones et al. (2020)

Following from the above, the HOPE framework is rooted in modern views of hospitality service provision, drawing mainly on CEM. The application of CEM in hospitality, while acknowledged as pivotal to gaining competitive advantage (Palmer, 2010), has been under researched. Responding to this shortage, Kandampully, Zhang, and Jaakkola (2018) related studies into a research agenda opening up prospects for the application of CEM beyond hospitality. A crucial of CEM in delivering services is to accelerate favourable employee-customer collaborations (Bowen & Schneider, 2014). Staff who recognise a strong provision context are encouraged as well as enabled to involve in interpersonal dealings to generate notable, exclusive and constructive customer experiences (Kandampully et al., 2018). Likewise, thoughtfully designed interpersonal interactions before, during and after medical visits are essential for adding a decent understanding of the distinctive health history and condition, social determinants and goals of the person looking for medical treatment. Such contribute to structure mutual ground, developing a custom-made care plan and promoting a continuing bond. Similarly, service design is acknowledged as a principal part of the client experience in service sector. Specifically, servicescape components (for example facility aesthetics, layout, ambience and wayfinding), hospitality product design and social aspects are essential to the client experience (Shepley & Song, 2014). Such features influence the functional and experiential dimensions of combinations amongst the patient and the care team.

The HOPE framework influences three components of clientele service provision. It highlights constructing a philosophy of CEM that permits a holistic understanding of the patient as a cognitive, emotional and social being. Additionally, it recognises the importance of building a service ecosystem in tune with the cognitive, emotional and social needs of the patient and their family friends to alleviate and sustenance the healing journey. Third, it offers a multistakeholder experience design focussed on care cocreation. By attending to these three key values of hospitality management, the HOPE framework aims to deliver an integral theoretical basis for unravelling difficulties in a wide variety of healthcare setting.

(5) Behaviour of Medical Tourists

Generally, hospital and Muslim medical tourism is correlated with the Islamic hospitality (Mohezar, Moghavvemi, & Zailani, 2017), Islamic spa practice and the quality of the medical treatment. Besides, Muslim medical tourism means to medical facilities and services that provide Halal food, the religious and spiritual practice, ethics and cultural aspects of tourism are the superlative ways to propose and create a greater understanding about Islam amongst human beings (Rahman & Zailani, 2016). In addition, medical tourism is defined as the sum of all the relationships and phenomena resulting from a journey by people whose primary motive is to treat or cure a medical condition. This includes taking advantage of medical intervention services away from their usual place of residence while typically combining this journey with a vacation or tourism elements in the conventional sense (Tourism Authority of Thailand, 2020b).

According to a report from the Medical Tourism Supply Chain Study Project in Thailand (Tourism Authority of Thailand, 2020b), most tourists who travel for medical services, are aware of the significant of health tourism sector in Thailand. Before traveling to any medical tourism destinations, this group of tourists seeking information from personal media, such as friends, and relatives were the most crucial factor (67.75%), followed by health consultants/health agencies (24.46%), travel agencies (20.86%), and hospital websites (19.90%) accordingly. While printed media has a small impact on decision making of medical services in Thailand. Additionally, there are key factors for considering for health tourism service in Thailand, i.e. reputation, quality of hospitals, and invitations from friends.

With respect to the factors affecting the decision to use medical services in Thailand include lower price comparing with similar destinations (85.50%), hospital reputation (84.30%), experience of certified doctors (77.68%), the recommendation from a doctor in the host destination (76.17 per cent), and the recommendation from health consultant/health representatives (40.46 per cent). Whilst private hospitals (92.70 percent) were the main medical organisations where most medical foreign tourists visited, with a small number of government hospitals (4.72 percent), general medical clinics. (1.50%), and specialized clinics (1.07%) were chosen.

Methods

Since mixed methods research was employed in this research, the reason for undertaking such approach is that, neither quantitative nor qualitative methods were sufficient by themselves (Creswell, 2014; Creswell & Clark, 2011). As Walliman (2006) and Walter (2013) state, quantitative methods allow for the incorporation of a large number of contextual variables, while qualitative methods provide for richly textured data. In order to understand human behaviour and beliefs, research in the social sciences requires research methods that include experiments, surveys, action research, and other forms (O'Leary, 2021).

According to the recent data released by private hospitals in Songkhla, Krabi, and Phuket, Muslim medical tourists were about 678,420 in 2021. Table 1 shows the study's participants with two different groups of respondents. As Creswell (2014) recommends 40 for a research project, a sample of approximately 31 local and 31 international participants, were selected without consideration of gender, nationality, and with age limited to those 18 years and above, amounting to total 62 samples, seeking their opinions on hospital services that align with Islamic values, standards, and guidelines. Face-to-face interviews with the respondents in the three largest private hospitals in Southern Thailand (Songkhla, Krabi and Phuket) were carried out in order to ascertain their opinions on the service standards of health travel for medical Muslim tourists. Each province was selected due to there being a greater number of potential participants among the Muslim medical tourists, both locally and internationally. As Walliman (2006) and

Bryman (2012) explain, in the area of organisation studies, convenience sampling is very common and indeed is more prominent than other sampling in relation to probability sampling. Social research is also frequently based on convenience sampling. It therefore seemed obvious that this was the best way to obtain a random sample of Muslim medical tourists (Saunders, Lewis, & Thornhill, 2012). Due to employing convenience sampling in this research project and the supervision provided by a healthcare management in each hospital, both in-patient department and out-patient department with less-urgent and non-urgent-status, were included in this study.

Table 1. Study's interviewees.

Hospital	Interviewee	Type of Interviewee
A hospital in Songkhla	Interviewee 1 – 10	Overseas Medical Tourists
	Interviewee 11 – 20	Local Medical Tourists
A hospital in Krabi	Interviewee 21 – 31	Overseas Medical Tourists
	Interviewee 32 – 41	Local Medical Tourists
A hospital in Phuket	Interviewee 42 – 51	Overseas Medical Tourists
	Interviewee 52 – 62	Local Medical Tourists

More specifically, Muslim medical tourists were included in order to investigate their attitudes on Islamic medical hospitality amenities, in particular their specific religious requirements (such as halal food, prayer rooms, bidet showers, etc.). As well as this, the travellers' satisfaction with current health tourism halal-oriented services, in as much as they are in accordance with HOPE concept, were examined. Participants were given the opportunity to express their own religious views, and their level of satisfaction with the services and facilities provided by health tourism sector in this regard.

The researcher-administered interviews, which contain both open and closed questions, were used in this study. The reason for including closed questions is that they decrease the potential for researcher variability, as they eliminate the problem of whether the interviewer has written down everything that the participant says, or misconceptions about the answers given (Bryman,

2012). However, Buchanan and Bryman (2009) argue that the incorporation of open-ended questions allows for depth and richness in the responses, in which the participants can answer on their own terms, and are not obliged to respond in a way foisted on them by response choices (Creswell & Clark, 2011). Additionally, the questions in the researcher-administered interviews used in this study were created based on findings from the literature review, and observations in the medical tourism industry in Southern Thailand. Permission to carry out research in these hospitals was requested from each hospital management and information about the study and any associated risk or harm explained. Potential participants were also given information about the project and how their rights would be protected, if they agreed to participate.

With respect to the close-ended questions, the validity of this instrument was judged by the Index of Item Objective Congruence (IOC). Already approved its validity by 3 experts in related medical tourism study in Thailand. The average IOC score for each item in this study was above the acceptable index score of 0.50. A pilot test interview was conducted before administering an interview. The researcher chose a province which would not be included in the study, to test out the interview questions. These questions had already been examined by a few medical tourism professionals and Muslim policy makers in Thailand, and their feedback was incorporated. These pilot questions were given to 25 Muslim medical tourist participants in a hospital in Trang, a Southern Thai town, to enable the researcher to modify or change certain questions as a result of feedback. A Cronbach's alpha coefficient in IMB SPSS version 25, was employed to measure reliability. Such system was used to calculate each individual statement and constructs were valid. In regard to the Muslim patient survey, domestically and internationally using 16 items of a five-point Likert scale, these got 0.937 and 0.915 respectively. This confirmed that the Cronbach's alpha values for each variable were acceptable ranges, indicating that the instrument was reliable. The final version of the questionnaire will then be used to interview the two key groups of customers in the medical tourism industry in Songhkla, Krabi and Phuket.

With respect to data analysis, the closed-ended questions were compiled using the computer program Statistical Product and Service Solutions (SPSS), Version 20.0, whereas the qualitative data from open-ended interview questions were analysed using both manual coding and the NVIvo software program (Bazeley, 2013). An analysis of the former and latter was performed by attempting to group the key issues in different ways in looking for similarities and differences between issues. As this study incorporated qualitative data, thematic analysis was also used because it is understood as the study of language in use and there are many different approaches to this (Gee, 2015).

The trustworthiness of this study was maintained by emphasizing four methods: credibility, dependability, transferability, and conformability. Credibility was gained by member checking and triangulation. The member checking was used to get the feedback from the participants, their reaction to the data and findings, and their response to the researcher's interpretation of the data. Member checking was given to the participants after the researchers transcribed verbatim and analyzed the data. Triangulation of the data was gained by comparing various data from participants with the caring theory and Islamic concept. Dependability was established by asking an outside researcher to conduct an inquiry audit of the research study. An inquiry audit involves a researcher outside of the data collection and data analysis, and the results of the research study. This was done to confirm the accuracy of the findings and to ensure the findings are supported by the data collected. All interpretations and conclusions were examined to determine whether they are supported by the data. Transferability was achieved by providing adequate information of the participants, the setting, and the context of the study.

The ethical consideration of the study was approved by the Institutional Research Board of Faculty of Nursing, Prince of Songkla University, and the Ethical Committee in the hospitals. The participants were informed about the research objectives, right, and benefits. They were asked for their voluntary participation. They could refuse anytime without any negative consequences. The information gathered from participants was kept confidentially. The data were recorded and transcribed using a pseudonym to keep anonymity.

Findings

Demographic characteristics of the respondents

With regard to the 31 Muslim medical tourists interviewed in Songkhla, Krabi, and Phuket, there was significant difference regarding gender, with nearly 70% of all participants identifying as female, and slightly over a quarter of participants (30%) identifying as male. Further, over a quarter of participants (30%) indicated their age as being 31–35 years, followed by 25% for 26–30 years, and 15% for both 36–40 years and those over 50 years. Without a doubt, since this study was designed to collect data from both local and international Muslim medical tourists in equal numbers, both sets of participants (locally 50% and internationally 50%) were recruited. With respect to participant nationalities, all local participants were Thai, whereas international participants were Malay and Indonesians.

In regard to the provision of services offered by hospitals which comply with Muslim beliefs and practices (see Table 1), it was unexpected that results differed significantly between international participants and their local counterparts, with the overall level of satisfaction of overseas Muslim participants was significantly higher than that of local Muslim participants. With respect to question 2, over half overseas patients (54.8%) rated care providers (e.g. doctors, nurses, etc.) as having a "fair" knowledge of Islamic principles, whereas around a quarter of local Muslims (38.7%) graded this knowledge as "poor". With respect to questions 4 and 6, the majority of the overseas participants (about 62.9%) stated that care providers not only provide a first-rate service to a Muslim patient, including his/her family, but are also ready to serve and respond to all requests promptly. However, only around 6.5% of their local counterparts rated the service as good in this regard. With respect to Questions 7 and 8, two-thirds (66.15%) of overseas Muslims concurred that they were served quickly with uncomplicated procedures, including being made welcome and given all necessary assistance. On the other hand, slightly over a quarter of the local participants (27.4%) rated such quality of services as not good. The results from question 16 also show that the majority of overseas patients (74.2%) rated the overall ability of care providers to offer services following Islamic prescriptions as good, while only 32.3% of the local Muslims gave a "good" rating, with 29% rating the service as "not good", compared to only 3.2% of overseas patients.

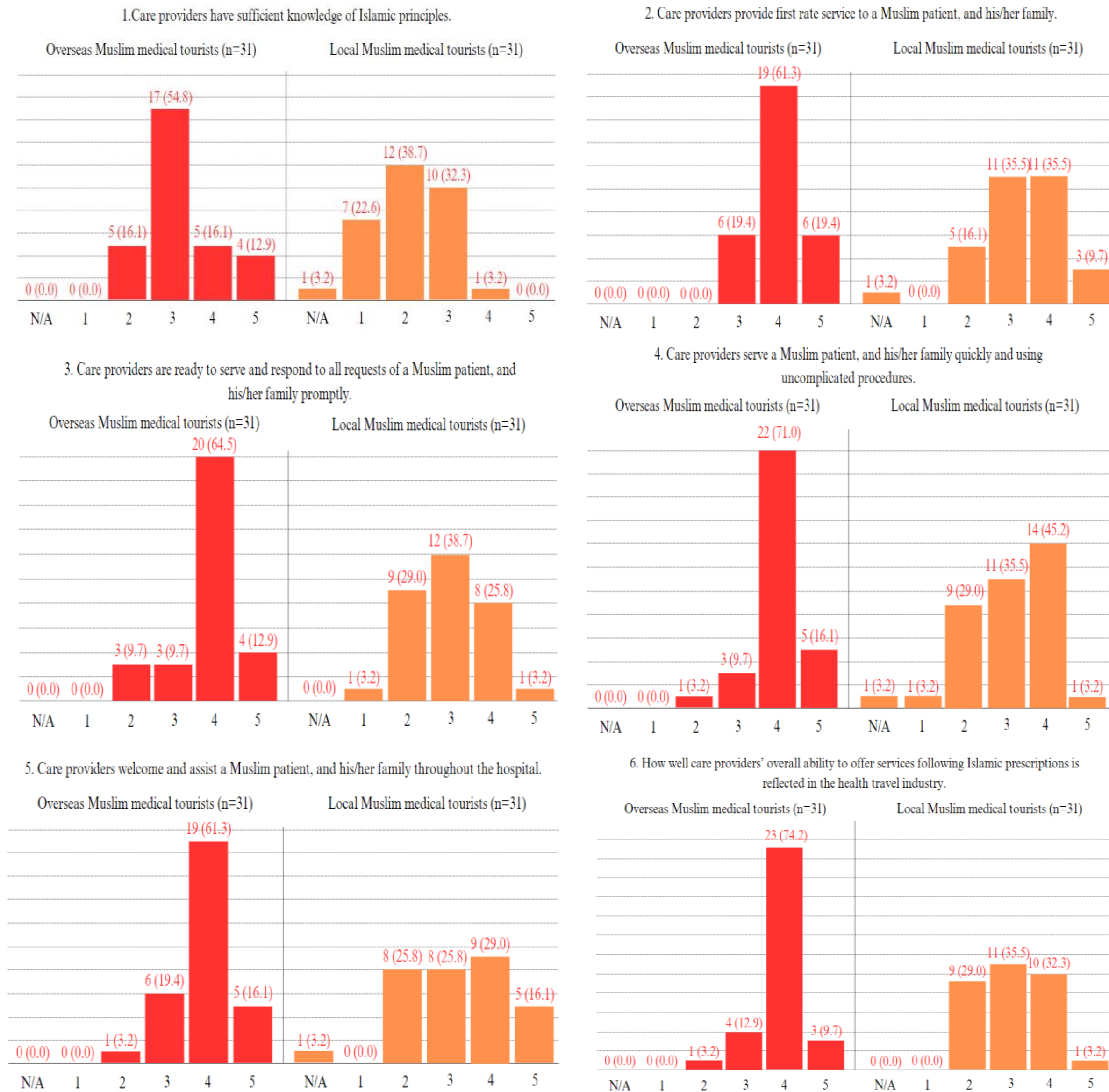

Figure 2. Satisfaction level of Muslim patients regarding the application of HOPE to services provided by hospitals (N=62) (5) Excellent, (4) Good, (3) Fair, (2) Not good, (1) Poor, and (N/A) No answer

Following on from the above, regarding the satisfaction level of Muslim medical travellers with current halal services provided in hospitals from the close-ended interview results, again, this time Muslim medical tourists' inner thoughts and feelings when they stay in a hospital based on opened-ended interview findings are illustrated, with the vast majority of overseas Muslims appearing to be more content with the services they and their family members received, but all local Muslims unhappy about mixing halal dishes in the same kitchen as non-halal dishes.

"I was not very impressed the first time I stayed at a hospital in Songkhla last three years ago due to pork-based tablets, but now my family and I really enjoy going there because I feel the management is really trying to improve their services in order to attract Muslim medical tourists. Although the hospital is viewed as being one of the biggest private hotels in Songkhla at which most patients are non-Muslim, there is a certified halal kitchen and halal restaurant that has been clearly separated from the main café." (LSK 5)

"I have had bad experiences and once found alcohol in my medications, despite having been served by a nurse who had assured me that it was halal. I have also found that the same crockery and cutlery were being used to prepare both non-Muslim and Muslim food. Because of this I do my own research in relation to whether the medicines are halal or not before consuming it and I sometimes choose to refuse treatment at a hospital because I do not trust the healthcare providers." (LPK 1)

Furthermore, a local male Muslim participant, appeared more willing than the females to make some compromises in their religious requirements during stay at a hospital.

"During Ramadan last year, my mother and I stayed at a hospital where I had a problem with some of the nurses. It was an operation day for my mother, and when I enquired about the way to a prayer room, they first ignored my question, and when I insisted, they refused to help me locate it. Because I did not want to portray my religion in a negative light, I did not ask to speak to a manager (who I believe would have been able to help me right away). God teaches us to make the best of all circumstances in life, so I just walked towards the back of the hospital expecting to find the prayer room there and I happened to find it." (LKB 7)

As 70% of both local and overseas Muslim participants were female, only among local ones are highly selective in regard to the food they consume and the manner in which it is prepared. The former group also refrains from eating any animals and animal by-products which do not come from halal sources, and which are produced by Buddhist caterers. None of the overseas Muslim participants (as outlined above, the majority were female), had no issue about consuming meat provided by non-Muslim food providers, provided it was stated to be halal, and was permitted under Islam.

"I felt so good when I have stayed at this hospital in Songkhla because the prayer rooms are comfortable and can cater for a good number of my family members. As a medical tourist who travels to several countries, especially in ASEAN nations, both Muslim and non-Muslim, my family always pray at our room with a clean space instead of a prayer room. This is because we believe God preserves life, and for me, even if a health professional provides care, we still have to carry out our religious practices when having medical services." (OSK 8)

"In Southern Thailand, I have been impressed by the service and facilities provided at a hospital in Phuket, including a physical exam practice. In Bangkok, the Bumrungrad International Hospital is one of the most impressive hospitals because of the service of offering a healthcare professional be of the same sex when healthcare professionals interact with a Muslim patient. If this will not be possible, providing a third person in the room that is the same gender of the patient, is another option. I think all Muslims would love to go there because their faith is appreciated." (OPK 9)

Following on from the above results, although the opinions that were offered by both Muslim groups of participants highlight the diversity/pluralism of Islam, they appear not to have faced any difficulties following Islam. Even though each Islamic follower is expected to follow the same standard of Shari'a and halal conduct, it is evident from the interview results from this study that most participants, especially those who are overseas, have a degree of flexibility in how they practice their religion. Whereas the local Muslim patient participants focused on the hospitality provision issue for hospitals adopting fully-fledged Muslim-friendly services, the international Muslim medical tourist participants were impressed by the halal amenities available in hospitals. Without a doubt, since overseas participants are less aggressive than local participants in demanding amenities which comply with Islamic principles, the degree of satisfaction with the services and facilities currently provided in the health travel sector of the former was greatly higher than the latter.

Conclusion and Discussion

Even though the Muslim participants come from a variety of backgrounds, they all regard Islamic practices as a sensitive issue that cannot be separated from their

everyday lives. This means since Muslims can be divided in different sub-groups (such as Shia, Sunni, etc.), and their practices are varied, according to Islamic principles, the exact Muslim requirements are falsely assumed by those who have different religious faiths (King & Williamson, 2005). On this basis, hospital amenities that comply with correct Islamic practices and standards of Muslim-friendly hospitality services are significant factors that influence the decision of local and foreign Muslim patients when choosing a hospital. It appears that if such amenities were provided, hospitals would become more attractive to local Muslims who, in the context of this research, appear to be more religious and less tolerant of local hospitals that do not accommodate their religious practices than the international Muslim participants.

According to the hospitality-oriented patient experience (HOPE) concept (Hunter-Jones et al., 2020), while it was apparent that Muslim medical tourists and their families in this study wish to remain within an Islamic environment by surrounding themselves with family members, however doing this within a hospital context which is designed to cater to people of every faith and with diverse beliefs, lifestyles and behaviours is difficult. Although Muslims are encouraged to accept the sickness as atonement for their death as a part of a journey to meet Allah (Ismail, Hatthakit, & Songwathana, 2018), international Muslim medical tourists seemed to be more satisfied and less aggressive than local participants, especially in demanding halal food which was prepared by Muslims. Nevertheless, there were concerns raised by most Muslim Thai medical tourist participants emphasising that a number of local Muslim medical travellers and their families are still not offered appropriate Muslim-friendly services and faculties. Through these findings it appeared that local Muslims were more concerned with creating an environment which is visibly Islamic, and expressed a strong wish for better Islamic-focussed services, whereas visitors to Thailand appear to be happier to accept a change of environment, culture and religious traditions.

The current paper focuses on the views of ‘Muslim medical tourists’, both local and overseas, in Southern Thailand on their religious requirements, and their level of satisfaction with the amenities currently provided in the health travel industry, in as

far as they are in harmony with their Islamic faith. In particular, pinpointing what amenities in hospitals are expected to deliver during visiting a hospital. There is a limitation for this study. Muslim medical tourists from Islamic countries such as Saudi Arabia, UAE and Kuwait, were unwilling to participate in this research. This may be due to the fact that the researcher is not, himself Muslim, and language was a barrier. However, there was no such problem engaging the participation of Malaysian and Indonesian Muslims, possibly because of the geographical proximity of Malaysia and Indonesia, and Thailand, and their shared history. Likewise, most local Muslims were happy to share their thoughts and experiences regarding the health travel sector. According to Bernard (2015), an awareness of local languages plays an important role in data collection. In the case of this study, the researcher was born and raised in Southern Thailand, where a Muslim community nearby. Thus, the skill of Southern Thai dialect becomes strength of this study.

To sum up, in Thailand, the services in line with Islamic-based principles are still fresh and should be more examined; consequently, this paper is concerning with highlighting to these notions. This paper found that although Islamic faith is an important force in the lives of the Muslim participants, there are varying degrees of Islamic religiosity which influence their expectations regarding Islamic hospitality services and facilities. Regarding the qualitative findings, it was not clear why Muslim participants who had travelled from overseas were, in general, for less demanding than local Muslims in regard to their expectations of Muslim-friendly services, and it was interesting to note that it was the local female participants who expressed a strong wish for more. However, it could be because medical Muslim tourists to Thailand are happy to accept a change of environment, whereas local Muslims (very much a minority group in their own country) want to create an environment which is visibly Islamic. It was also not clear whether the views of the exclusively female local participants, were representative of their male counterparts. On this basis, it appears that if such amenities were provided, hospitals would become more attractive to local Muslims who, on the surface, appear to be more religious and less tolerant than the international Muslim participants.

References

Ahmed, M. I. (2009). *Human rights in Islam, reconciliation, tolerance, coexistence 'the Islamic perspective'*. Charles University.

Al-Hamarneh, A. (2012). *Islamic tourism: a long-term strategy of tourist industries in the Arab world after 9/11*. Centre for Research on the Arab World. http://www.staff.unimainz.de/alhamarn/Islamic%20Tourism%20-%20paper%20for%20BRISMES%202004.htm

Annabi, C. A., & Ibidapo-Obe, O. O. (2017). Halal certification organizations in the United Kingdom: An exploration of halal cosmetic certification. *Journal of Islamic Marketing, 8*(1), 107-126. https://doi.org/10.1108/JIMA-06-2015-0045

Aziz, Y. A., Rahman, A. A., Hassan, H., & Hamid, S. H. (2015). Exploring the Islamic and Halal Tourism Definition. *Hospitality and Tourism*, 139-150. https://doi.org/10.1201/b19162-31

Battour, M., Ismail, M. N., & Battor, M. (2011). The impact of destination attributes on Muslim tourist's choice. *International Journal of tourism research, 13*(6), 527-540. https://doi.org/10.1002/jtr.824

Battour, M. M., Ismail, M. N., & Battor, M. (2010). Toward a halal tourism market. *Tourism Analysis, 15*(4), 461-470. https://doi.org/10.3727/108354210X12864727453304

Bazeley, P. (2013). *Qualitative data analysis with NVivo*. Sage, London.

Bhuiyan, M. A. H., Siwar, C., Ismail, S. M., Islam, R., & Ehsan, D. (2011). Potentials of Islamic tourism: A case study of Malaysia on east coast economic region. *Australian journal of basic and applied sciences, 5*(6), 1333-1340. https://www.researchgate.net/profile/Md-Bhuiyan/publication/235660251

Bowen, D. E., & Schneider, B. (2014). A service climate synthesis and future research agenda. *Journal of service research, 17*(1), 5-22. https://doi.org/10.1177/1094670513491633

Bryman, A. (2012). *Social research methods* (4th ed.). Oxford University Press, United States.

Buchanan, D., & Bryman, A. (2009). The Sage handbook of organizational research methods. In. Sage Publications. https://uk.sagepub.com/en-gb/eur/the-sage-handbook-of-organizational-research-methods/book230566

Carboni, M., Perelli, C., & Sistu, G. (2014). Is Islamic tourism a viable option for Tunisian tourism? Insights from Djerba. *Tourism Management Perspectives, 11*, 1-9. https://doi.org/10.1016/j.tmp.2014.02.002

Cheer, J. M., Belhassen, Y., & Kujawa, J. (2017). The search for spirituality in tourism: Toward a conceptual framework for spiritual tourism. *Tourism Management Perspectives, 24*, 252-256. https://doi.org/10.1016/j.tmp.2017.07.018

Chookaew, S., Chanin, O., Charatarawat, J., Sriprasert, P., & Nimpaya, S. (2015). Increasing halal tourism potential at Andaman Gulf in Thailand for Muslim country. *Journal of Economics, Business and Management, 3*(7), 739-741. https://doi.org/10.7763/JOEBM.2015.V3.277

Creswell, J. W. (2014). *Research design: qualitative, quantitative, and mixed methods approaches*. Sage Publications.

Creswell, J. W., & Clark, V. L. P. (2011). *Designing and conducting mixed methods research* (2nd ed.). Sage Publications.

Demirel, Y., & Yaşarsoy, E. (2017). Exploring consumer attitudes towards halal products. *Journal of Tourismology, 3*(1), 34-43. https://dergipark.org.tr/en/pub/iuturizmoloji/issue/36494/415196

Duman, T. (2011). Value of Islamic tourism offering: Perspectives from the Turkish experience. In *World Islamic Tourism Forum* (pp. 12-13). https://iais.org.my/attach/ppts/12-13JUL2011-WITF/abstracts/abstracts.pdf

Fadli, M., & Amirah, A. (2020). The Effect of Quality of Nursing Service to Patients Satisfaction Level in Hospitality of Partial Reliance and Total Hospital of Sundari General Hospital. *Journal La Medihealtico, 1*(4), 24-32. https://doi.org/10.37899/journallamedihealtico.v1i4.138

Fongtanakit, R., Somjai, S., Prasitdumrong, A., & Jermsittiparsert, K. (2019). The determinants of the medical tourism supply chain of Thailand. *International Journal of Supply Chain Management, 8*(6), 291-300. https://core.ac.uk/download/pdf/276648773.pdf

Gee, J. P. (2015). *An introduction to discourse analysis: Theory and method*. Routledge. https://doi.org/10.4324/9781315819679

Gursoy, D., Saayman, M., & Sotiriadis, M. (2015). *Collaboration in tourism businesses and destinations: A handbook*. Emerald Group Publishing. https://books.emeraldinsight.com/book/detail/collaboration-in-tourism-businesses-and-destinations/?k=9781783508112

Han, H., Al-Ansi, A., Olya, H. G., & Kim, W. (2019). Exploring halal-friendly destination attributes in South Korea: Perceptions and behaviors of Muslim travelers toward a non-Muslim destination. *Tourism management, 71*, 151-164. https://doi.org/10.1016/j.tourman.2018.10.010

Henderson, J. C. (2009). Islamic tourism reviewed. *Tourism Recreation Research, 34*(2), 207-211. https://doi.org/10.1080/02508281.2009.11081594

Henderson, J. C. (2010). Sharia-compliant hotels. *Tourism and Hospitality research, 10*(3), 246-254. https://doi.org/10.1057/thr.2010.3

Hunter-Jones, P., Line, N., Zhang, J. J., Malthouse, E. C., Witell, L., & Hollis, B. (2020). Visioning a hospitality-oriented patient experience (HOPE) framework in health care. *Journal of Service Management, 31*(5), 869-888. https://doi.org/10.1108/JOSM-11-2019-0334

Islam, S., Muhamad, N., & Leong, V. S. (2023). Healthcare quality for Muslims: TCCM and TSR frameworks analyses. *Journal of Islamic Marketing, 14*(3), 775-798. https://doi.org/10.1108/JIMA-11-2020-0352

Ismail, S., Hatthakit, U., & Songwathana, P. (2018). Exploring Islamic Based Caring Practice in Intensive Care Unit: A Qualitative Study. *Nurse Media Journal of Nursing, 7*(2), 91-100. http://dx.doi.org/10.14710/nmjn.v7i2.13889

Jamaludin, M. A., Kartika, B., Ramli, M. A., & Hamzah, M. H. (2019). Muslim-Friendly Hospital Services Framework. *Halal Journal, 3*(3), 11-24. http://irep.iium.edu.my/id/eprint/84067

Kandampully, J., Zhang, T. C., & Jaakkola, E. (2018). Customer experience management in hospitality: A literature synthesis, new understanding and research agenda. *International Journal of Contemporary Hospitality Management, 30*(1), 21-56. https://doi.org/10.1108/IJCHM-10-2015-0549

Kim, S., Im, H. H., & King, B. E. (2015). Muslim travelers in Asia: The destination preferences and brand perceptions of Malaysian tourists. *Journal of Vacation Marketing, 21*(1), 3-21. https://doi.org/10.1177/1356766714549648

King, J. E., & Williamson, I. O. (2005). Workplace religious expression, religiosity and job satisfaction: Clarifying a relationship. *Journal of management, spirituality & religion, 2*(2), 173-198. https://doi.org/10.1080/14766080509518579

Kunwar, R. R. (2019). Medical tourism and hospitality in hospital. *The Gaze: Journal of Tourism and Hospitality, 10*(1), 67-123. https://doi.org/10.3126/gaze.v10i1.22778

Mansouri, S. (2014). Role of halal tourism ideology in destination competitiveness: A study on selected hotels in Bangkok, Thailand. In *International Conference on Law, Education and Humanities, Pattaya, Thailand* (Vol. 20-23). http://icehm.org/upload/9944ED0114528.pdf

Mohamed, H. b. H., & Mahmud, H. (2013). *Promoting Islamic tourism in Brunei: Through customers understanding towards the syariah compliant hotel concepts*. Yayımlanmamış Yüksek Lisans Tezi.

Mohezar, S., Moghavvemi, S., & Zailani, S. (2017). Malaysian Islamic medical tourism market: a SWOT analysis. *Journal of Islamic Marketing, 8*(3), 444-460. https://doi.org/10.1108/JIMA-04-2015-0027

Mohsin, A., Ramli, N., & Alkhulayfi, B. A. (2016). Halal tourism: Emerging opportunities. *Tourism Management Perspectives, 19*, 137-143. https://doi.org/10.1016/j.tmp.2015.12.010

Neveu, N. (2010). Islamic tourism as an ideological construction: A Jordan study case. *Journal of Tourism and Cultural Change, 8*(4), 327-337. https://doi.org/10.1080/14766825.2010.521252

Nor, N. S. N. B. M., & Daud, N. (2012). Destination branding strategies on halal, hospitality and its effect on tourists' intention towards Malaysia. In *3rd International Conference on Business and Economic Research (3rd ICBER 2012), Golden Flower Hotel, Bandung, Indonesia* (pp. 1678-1685).

O'Leary, Z. (2021). *The Essential Guide to Doing Your Research Project*. Sage Publications https://www.torrossa.com/en/resources/an/5018684

Palmer, A. (2010). Customer experience management: a critical review of an emerging idea. *Journal of Services marketing, 24*(3), 196-208. https://doi.org/10.1108/08876041011040604

Puangniyom, P., Swangcheng, N., & Mahamud, T. (2017). Halal Tourism Strategy to Promote Sustainable Cultural Tourism in Thailand. In *2017 CEBU International Conference on Studies in Arts, Social Sciences and Humanities (SASSH-17) Jan. 26-27, 2017, Cebu* (pp. 26-27). http://doi.org/10.17758/URUAE.UH0117455

Quantaniah, N. A., Noreina, S. N., & Syakinah, N. (2013). Selecting halal food: a comparative study of the Muslim and non Muslim Malaysian student consumer. In *2nd International Conference on Technology Management, Business and Entrepreneurship* (pp. 438-453). https://core.ac.uk/download/pdf/20349992.pdf

Rahman, M. K., & Zailani, S. (2016). Understanding Muslim medical tourists' perception towards Islamic friendly hospital. *Journal of Investment and Management, 5*(6), 206-213. https://doi.org/10.11648/j.jim.20160506.26

Razalli, M. R., Abdullah, S., & Hassan, M. G. (2012). Developing a model for Islamic hotels: Evaluating opportunities and challenges. In *International Conference on Knowledge, Culture and Society 2012 (ICKCS 2012), 29-30 June 2012, Jeju Island, South Korea*. https://repo.uum.edu.my/id/eprint/7089

Ridzuan, A. H. A., & Zahari, M. S. M. (2012). Customer awareness towards Syariah Compliant hotel. In *2012 International Conference on Innovation Management and Technology Research* (pp. 124-128). IEEE. https://doi.org/10.1109/ICIMTR.2012.6236373

Saad Sanad, H., Mounier Kassem, A., & Scott, N. (2010). Tourism and Islamic Law. In *Tourism in the Muslim World* (pp. 17-30). Emerald Group Publishing Limited. https://doi.org/10.1108/S2042-1443(2010)0000002005

Saeed, M., & Azmi, I. B. A. G. (2014). Religion and brand switching behaviour of Muslim consumers. *Middle-East Journal of Scientific Research, 21*(9), 1611-1617. https://doi.org/10.5829/idosi.mejsr.2014.21.09.21737

Sahida, W., Rahman, S. A., Awang, K., & Man, Y. C. (2011). The implementation of shariah compliance concept hotel: De Palma Hotel Ampang, Malaysia. In *2nd International Conference on Humanities, Historical and Social Sciences* (Vol. 17, pp. 138-142). Citeseer. http://www.ipedr.com/vol17/25-CHHSS%202011-H10005.pdf

Samori, Z., & Rahman, F. (2013). Establishing shariah compliant hotels in Malaysia: Identifying opportunities, exploring challenges. *West East Journal of Social Sciences,* 2(2), 95-108. https://westeastinstitute.com/journals/wp-content/uploads/2013/10/Zakiah-Samori.pdf

Samori, Z., & Rahman, F. A. (2013). Towards the formation of Shariah compliant hotel in Malaysia: an exploratory study on its opportunities and challenges. In *WEI International Academic Conference Proceedings, Istanbul, Turkey* (pp. 108-124). https://www.westeastinstitute.com/wp-content/uploads/2013/07/Zakiah-Samori-Full-Paper.pdf

Samori, Z., & Sabtu, N. (2014). Developing halal standard for Malaysian hotel industry: An exploratory study. *Procedia-Social and Behavioral Sciences, 121*, 144-157. https://doi.org/10.1016/j.sbspro.2014.01.1116

Saunders, M., Lewis, P., & Thornhill, A. (2012). *Research methods for business students*. Pearson Education Limited, Essex, England.

Shariff, S. M., & Rahman, A. R. A. (2016). Shariah compliant hospital; from concept to reality: A Malaysian experience. *Bangladesh Journal of Medical Science, 15*(1), 1-4. http://dx.doi.org/10.3329/bjms.v15i1.27172

Shepard, W. (2009). *Introducing Islam*. Routledge, USA. https://www.routledge.com/Introducing-Islam/Shepard/p/book/9780415533454

Shepley, M. M., & Song, Y. (2014). Design research and the globalization of healthcare environments. *HERD: Health Environments Research & Design Journal, 8*(1), 158-198. https://doi.org/10.1177/193758671400800112

Shukla, R., Singh, M., & Saxena, S. (2019). Consumer perception of hospitality services in JCI accredited hospitals at Delhi–NCR: An exploratory research on growth of medical tourism. *Humanities & Social Sciences Reviews eISSN, 7*(1), 2395-6518. https://ssrn.com/abstract=3438296

Sirisombat, T., Jitsopa, S., & Ali, W. B. (2022). Service Innovation Technology Applied by Halal Tourism Operators in Thailand. *Journal of Halal Science and Technology, 1*(1), 32-37. http://dx.doi.org/10.59202/jhst.v1i1.453

Stephenson, M. L., Russell, K. A., & Edgar, D. (2010). Islamic hospitality in the UAE: indigenization of products and human capital. *Journal of Islamic Marketing, 1*(1), 9-24. https://doi.org/10.1108/17590831011026196

Sulaiman, M., Sabian, N. A. A., & Othman, A. K. (2014). The understanding of Islamic management practices among Muslim managers in Malaysia. *Asian Social Science, 10*(1), 189. https://iranfile.farafile.ir/content/freefiles/muslim-managers-in-Malaysia-farafile.ir.pdf

Teerakunpisut, S., Wen, J. J., Matthews, A., & Picken, F. (2022). Interactions between Muslim attendees and non-Muslim staff: A study of the Islamic MICE market in Thailand. In *Contemporary Muslim Travel Cultures* (pp. 248-262). Routledge. https://doi.org/10.4324/9781003036296-21

Temporal, P. (2011). *Islamic branding and marketing creating a global Islamic business*. John Wiley & Sons.

Teng, P. K., Jusoh, W. J. W., Siong, H. K., & Mesbahi, M. M. (2013). Awareness, recognition and intention: Insights from a non-Muslim consumer survey regarding halal labeled food products in Malaysia. In *3rd International conference on management proceeding* (pp. 10-11). http://dx.doi.org/10.13140/2.1.2822.8168

Timothy, D. J., & Olsen, D. H. (2006). *Tourism, religion and spiritual journeys*. Routledge London. https://doi.org/10.4324/9780203001073

Tourism Authority of Thailand. (2020a). *The Study of Medical Tourism Supply Chain in Thailand*. Bangkok, Thailand: In-Touch Research & Consultancy.

Tourism Authority of Thailand. (2020b). Value Supply Chain Study for Medical Tourism in Thailand. In *Touch Research & Consultancy*.

Walliman, N. (2006). *Social research methods*. Sage Publications.

Walter, M. (2013). *Social research methods* (3rd ed.). Oxford University Press.

Wannasiri, W., Siti, F. M., Farah, A., & Ungku, F. (2020). The readiness theme development from a case study in Thailand halal restaurants. *Journal of Tourism, Hospitality and Culinary Arts, 12*(1), 412-424. https://www.cabdirect.org/cabdirect/abstract/20203279620

Widiasih, R., Hermayanti, Y., Maryati, I., & Solehati, T. (2020). Healthcare Tourism: Nurses' Perspectives. *Malaysian Journal of Halal Research, 4*(1), 1-5. https://doi.org/10.2478/mjhr-2021-0001

Writer, S. (2011). *First Shari'ah-compliant resort to open in Maldives*. Cengage Learning Inc.

Yeo, B. L., Mohamed, R. H. N., & Mohd, R. (2018). The significance of religious value and commitment on customers' satisfaction and retention for Halal cosmetics products in the Malaysian market. *International Journal of Innovation and Business Strategy, 9*(1), 34-40. https://ijibs.utm.my/index.php/ijibs/article/view/67

Yong, K. H. (2022). Can the Malay Muslims be Thai enough in Thailand's far South? *Asian Anthropology, 22*(1), 21-38. https://doi.org/10.1080/1683478X.2022.2158650

Yusuf, I., & Al-Faruqi, I. R. (2012). *Islam and knowledge: Al Faruqi's concept of religion in Islamic thought: essays in honor of Isma'il Al Faruqi*. New York: I.B. Tauris. https://philpapers.org/rec/YUSIAK-2

Zailani, S., Ali, S. M., Iranmanesh, M., Moghavvemi, S., & Musa, G. (2016). Predicting Muslim medical tourists' satisfaction with Malaysian Islamic friendly hospitals. *Tourism Management, 57*, 159-167. https://doi.org/10.1016/j.tourman.2016.05.009

Zailani, S., Omar, A., & Kopong, S. (2011). An exploratory study on the factors influencing the non-compliance to halal among hoteliers in Malaysia. *International Business Management, 5*(1), 1-12. https://makhillpublications.co/files/published-articles/mak-ibm/2011/1-12.pdf

Zamani-Farahani, H., & Henderson, J. C. (2010). Islamic tourism and managing tourism development in Islamic societies: the cases of Iran and Saudi Arabia. *International journal of tourism research, 12*(1), 79-89. https://doi.org/10.1002/jtr.741

Zulkharnain, A., & Jamal, S. A. (2012). Muslim guest perception of value towards Syariah concept hotel. In *Current issues in hospitality and tourism* (pp. 337-340). http://dx.doi.org/10.1201/b12752-66