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Understanding Muslim Medical Tourists' Perception Towards Islamic Friendly Hospital

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Abstract: The aim of this study is to investigate the factors that influence to Muslim tourists' intention to revisit Islamic-friendly hospital. This study contributes practice and management implications that assist in motivating Islamic medical tourism service. As the objective of this paper is to measure the Muslim medical tourists' perception for Islamic medical tourism services in Malaysia, this study applied partial least square (PLS) technique to test the conceptual model. Data is collected using structural questionnaire from Islamic-friendly hospital in Kuala Lumpur. The sample included 238 effective Muslim medical tourists who had visited Malaysia. The results show that healthcare providers' behaviour, Shariah compliance practices, healthcare ethics and safety/security have a positive impact on attitudes and satisfaction. In contrast, healthcare ethics has no significant relationship with satisfaction, whilst, attitudes have a significant relationship with satisfaction. In addition, the results also revealed that attitudes and satisfaction have a significant impact on intention to revisit towards Islamic-friendly hospital. Malaysia needs to introduce and promote Islamic-friendly medical tourism services attracting more Muslim patients from different Muslim and non-Muslim countries. This study contributes a foundation for future research for Islamic-friendly medical tourism service delivery perception and expectations in the fast increasing medical service tourism industry.

Keywords: Muslims Patient, Islamic Medical, Tourism, Hospital

1. Introduction

The medical care practice has grown significantly in recent years, which demands an increasing number of countries started promoting medical tourism [1]. The Asia pacific region has become a most rapidly growing tourism destination in the world, in which recently Malaysia has gained the reputation as one of the major medical tourism destinations of Asia. In the world, countries are using various marketing strategies to encourage medical tourists [2]. Malaysia should encompass this movement and buck up the 'Islamic medical tourism' destination, since a vast number of private hospitals and clinics providing Islamic healthcare quality delivery and there is tremendous potential for the growth, especially in the Islamic medical tourism segment. Therefore, it is possible that Malaysia can certainly capture a sizable market share of this segment applying an effective marketing strategy [3]. Islam is the most major religion [4] and powerful social as well as political coerce in the world [5]. Its influence broadens to the domain of Islamic medical tourism where it helps to ascertain demand for trip among Muslims and the direction of their national and international tourist movements [6]. There are tremendous opportunities in attracting Muslim tourists [7], because more than 50 Muslim countries and 1.6 billion Muslims in the world [3]. Islamic medical tourism can become a crucial global trend, particularly Malaysia can become a selecting destination for Islamic medical travellers from all across the world including from Muslim countries and to some extent from the Middle East. The current realization of developing Malaysia's Islamic market and cooperative efforts is to influence Islamic Medical tourism by choosing Malaysia as Muslim's preferred and suitable travel destination with ensuring the medical facilities and establishment of packages [8]. In developing and influencing Islamic medical tourism, some essential

prerequisites are needed to meet for continued and sustained arrivals from Islamic countries as well as non-Islamic countries. The Muslim travellers are basically expected to get *halal* services [9] such as appropriate contents of Islamic medical tour packages, entrepreneurial system, quality medical service, Islamic hospitality enterprises, Islamic spa, halal food, competent Muslim travel and tour agencies, infrastructure as well as finally they want to 'feel at home' at a destination of their choice.

In the recent years, medical tourism has become an emerging market all over the world in which Malaysia can start promoting 'Islamic medical tourism' to attract to domestic and international tourists, particularly Muslim countries. In this study 'Islamic medical tourism' is the phrase that will be used throughout as this expresses the different literal state of affairs rather than medical tourism, health care tourism, medical travel, medical outsourcing and wellness tourism. Malaysiahealthcare.com chief executive officer Suresh Ponnudurai said at "the two-day Healthcare Tourism Congress 2010", Malaysia is the fifth in the world ranked for medical tourism destination [2]. Malaysia is taking processes to boost the industry through advertisements, offering medical and tourism packages as well as standardizing medical treatment cost. The medical sectors are upgrading services and facilities to meet the demands of the global market while ensuring the nation has a sufficient pool of medical expertise. Suresh Ponnudurai is also described that Malaysia as a one-stop shop for medical tourists. Malaysia, which not only had world-class hospitals with medical facilities but aslo non-medical expertise and benefits to meet patients' needs. Choy Lup Bong (International relations division undersecretary) said that the average annual raise in foreign patients was about 30% and revenue per patient increased from RM 360 in 1998 to RM 800 in 2008 [2].

2. Islamic Medical Tourism in Malaysia

Islamic medical tourism is a newly developing fast growing phenomenon whereby patients seek treatment overseas. Medical tourism can be defined as individuals go to foreign country for tourism as well as medical treatment [10]. There is no single definition of medical tourism, but generally it is defined by Tabacchi (Professor at Cornel University's School of Hotel Administration) medical tourism is "any kind of travel to make yourself for a member of your family healthier". Medical tourism refers to tourists who come to Malaysia for the purpose of medical treatment. Most medical tourism today focuses on pampering and wellness. Pampering encompasses offering people an experience that makes them feel good such as herbal wraps, massages and exfoliating scrubs. Wellness includes serving healthy people prevent problems so they stay well physically and mentally such as diagnostic testing. In addition, the medical services usually encompass elective procedures, complex procedures and specialist such as in cardiac, cosmetic surgeries and dental [10], [11]. Medical tourism in Malaysia is divided into two categories such as health program and health tourism [10]. Patient may select to undergo treatment in any hospital and stay in Malaysia until they recover. Tourism considered as the most important source of foreign revenue and GDP growth for Malaysia, especially Islamic medical tourism is the new concept or a form of tourism which can gain huge popularity in this recent decade.

Tourism was identified as one of the twelve (12) National Key Economic Areas (NKEAs) under the Economic Transformation Programme (ETP) and this has driven Malaysia's economic development with various missions or visions being planned and implemented in line with the Malaysia tourism transformation strategy towards achieving the targeted 36 million tourists and RM 168 billion in receipts by vision 2020 [12]. The Malaysian government has recognized the potential tourism industry and mapped out a blueprint of target for tourism and culture ministry via numerous initiatives to stimulate a sustainable development for the tourism industry as the Malaysia heads towards getting high income status by 2020 [13]. Tourism Industry in Malaysia has verified an overall growth of 15.9% in tourist arrivals with 6,449,398 tourists in the first quarter of 2013 which as compared to 5,562,538 tourists during the same quarter in 2012 [12]. The Malaysian Homestay Experience Programme (MHEP) was presented the first prize United Nation World Tourism Organization (UNWTO) Ulysses Award for innovation in public policy and Governance in recognition of its outstanding contributions and achievements. Shopping and retail industry is very important [14] and a key driver in the tourism sector in Malaysia, where contributed the second largest share of tourist expenditure 30.7%. Tourist sent a total of RM 19 billion on shopping in 2012, which is a 5.7% increase compared in 2011 [13].

However, Islamic medical tourism is quite new phenomenon tourism all around the world, whereas Malaysia as peaceful and harmonious country at different races and religions is promoting 'Islamic medical tourism' to attract the Muslim tourists to visit their preferred destination. Islamic medical tourism is related to Islamic hospitality, Islamic spa practice and quality medical treatment, halal food, the religious and spiritual practice, ethics and cultural aspects of tourism and it is one of the best ways to provide and create a superior understanding of Islam amongst human beings. There are huge opportunities to develop of Islamic medical tourism in Malaysia, as a vast number of medical hospitals and clinics, hotels as well as a lot of attractive destinations that are situated every state in Malaysia as well as a lot of natural beauties, religious places, cultural and archaeological heritage, historic civilizations which are the important for Islamic medical tourism destination.

Before 1957, Malaysia's economy was traditionally dependent on primary commodities mainly rubber, tin, palm oil and petroleum products which subsequently adopted by drastic expansion of the manufacturing sector in 1970. Manufacturing and tourism sectors are very sensitive to any change in the world economic climate. In 2006, the tourism

industry became one of the largest contributors of foreign revenue generating of US$18.1 billion in export [15]. World tourism arrival was increased on average by 3.5% during the period 1990-2006 [16]. Foreign tourists in the region were grownup to a total of 578 million in 2006 and up 4.5% from 553 million in 2005 [17]. In 2007, the growth rate was estimated approximately 4% which is recorded by WTO Statistical Yearbook for Asia and Pacific in 2008. The Asia pacific region is the world's fasted rising tourist destination and it is remained strength by receiving more than 167.8 million tourists' arrival [16], [17]. In 2009, around 284,890 Arab tourists visited to Malaysia for various aspects such as medical treatment, studying, shopping and experiencing the multicultural fiestas [18]. Islamic medical tourism is the new concept or idea and this idea of promoting Islamic medical tourism can become important in the ministries of tourism in Muslims countries for targeting the international tourist market as well as decision makers of leading corporations. Islamic medical tourism can be defined in different terms such as Islamic hospitality, Islamic spa practice, ethics, halal food, economic and cultural terms, religious and spiritual. In terms of religious and spiritual concept in favour Islamic medical tourism, it directs at the adjustment of the tourist organizations to the fundamental explanation of Islam including alcohol free locations or 'feel free at home', gender segregated as well as Islamic financed and organized tourism. In terms of economic aspect, it aims at the expansion of tourism, strengthening institutional and governmental cooperation, developing new tourist locations within the Muslim world [19]. As a cultural concept, it can be focused on Islamic themes in the institute of tourist programs and Islamic heritage sites which influencing Muslim medical tourist to visit their preferred destination. Importantly, religious and spiritual terms including the interpretation of pilgrimage and Islamic conference can be done under the cultural concept of Islamic medical tourism.

Importantly, tourism is one of the major markets in the Islamic countries [20] whereas Malaysia as the destination of Islamic medical tourism can achieve a major potential niche market. Tourism industry positively effects on the Malaysian economy for growing foreign revenue earnings and service opportunities. Malaysia is an Islamic country and Islam is considered as an official religion, because Muslims are the majority population and the country is a member of Organization of Islamic Countries (OIC) since 1969. After the tragedy of 9/11/2001, all countries were affected economically in the world. However, Islamic countries were not affected much due to their individual specialty of tourism industry. Surprisingly, during the year 2004, there were several well-known tourists' locations in Islamic countries such as Malaysia, Morocco, Egypt and Turkey which mostly attracted 17.5 million westerns tourists [18]. The ranking of tourist arrival to Malaysia is the third among the fifty there (53) commonwealth countries. Malaysia is the fourteenth place in ranking of countries by international tourism arrivals. Tourism industry is a key foreign revenue earner for Malaysia where the country's balance of payment was more than 40% by 2005 [15].

Realizing enormous benefits and tremendous potential private hospitals in Malaysia, the government encompasses medical tourism in their economic agenda (RNCOS, 2013). According to association of private hospitals in Malaysia, the GNI for the year 2012 from the medical tourism industry was RM 47.2 billion [13]. The Malaysian government has identified the medical tourism industry as greatly contributing to GNI and is intensifying efforts to improvement Malaysia as a regional centre of medical tourism [10]. Furthermore, in line with this development, the Malaysian government has also set up The National committee (NC) for the purpose in promoting and promotion of medical tourism in Malaysia. The included members of NC are the Malaysian Association of Tour and Travel Agencies (MATTA), Malaysian Airlines System (MAS), Malaysian Industrial Development Authority (MIDA), the Primary Care Doctors' Organization of Malaysia (PCDOM) and other territory hospitals [10]. The number of medical tourists has augmented across most years, inwhich the increased rate is very volatile and doesnot exhibit a trend. The average growth rate in medical tourist arrivals from 2005 to 2014 is assumed 25.37% per year and 882,000 healthcare travelers were arrived in 2014 in Malaysia (Table 1). Malaysia will be as an mature nation by 2020 where 10% of its population will be aged 60 and above and in this regards medical sector will provide to the businenss world in Malaysia [21]. In this regards, it is assumed that there is tremedous potential for the growth of medical tourism segment in Malaysia.

Table 1. *Medical tourist arrivals in Malaysia (2005-2014).*

Year	No. of Patients	Receipts (RM million)	Growth Rate (%)
2005	232,161	150.92	33.28
2006	296,687	203.66	27.79
2007	341,288	253.84	15.03
2008	370,000	302.58	9.60
2009	398,712	348.52	-10.18
2010	427,424	431.06	16.95
2011	641,000	509.77	48.44
2012	728,800	594.00	16.20
2013	881,000	690.00	15.80
2014	882,000	700.00	18.50

Source: MHTC (2013/2015); Medical Tourism Revenue (2013).

3. Theoretical Issues and Conceptual Model Development

Medical care providers' virtuous professional behaviour plays a vital role in the arena of assessment; since measurement should be consequentially sound [22]. Physicians have usually responsibility to shape managerial cultures or environments that can support to virtuous and ethical professionalism behaviour on patient-physicians' friendly relationship. Using this technique of ethics, Chervenak and McCullough [23] postulated that the doctors as the moral fiduciary of the patients demand. In addition,

considering this concept from the medical care ethics; physicians' self-sacrifice, integrity, compassion and self-effacement can plays as the professional virtues. Medical ethics is long and eventful [24]. Medical care providers and philosophers are currently made healthcare ethics as part of their profession. Hospital ethics committee or healthcare providers should perform medical care ethical case deliberation for Muslim patients' attitude and satisfaction [25]. Muslims patients are realized the importance of Shari'ah compliance hospital for their perceived wellbeing and satisfaction. The performance of hospital Shariah compliance can attract more Muslim medical tourists to select their preferred Islamic medical care services. The Muslim population is globally estimated 1.6 billion. The current religious awakening of Muslims and their understanding of Shariah compliance laws in business can lead to achieve their economic and social wellbeing [26]. In addition, in regards upon religion, the following verse of Al-Qur'an (Verse number 5:3) was revealed: "Today, I have completed your religion, perfected My blessing upon you, and I have decreed Submission as the religion for you".

Islam and Muslim as a comprehensive religion improve the attention of the humanity. The Prophet Muhammad (peace is upon him) was sent as a mercy to humanity. The Shariah compliance aims at safeguarding Muslim's interest. Shariah compliance business is the benefit for the mankind both in here and hereafter. Healthcare providers are recently realized that Muslim patients' demand for Shariah compliance healthcare facilities in respect of quality medical treatments [27]. The hospital management is identified the lacks of Shariah compliance issues in selection of medicine, relationship between patients and physician of different sex and lack of understanding of Shariah compliance laws relating to the treatment by practitioners, administrative staff and the patients in the hospitals. Muslim medical tourists are usually expected to feel free at home. Therefore, Muslim male patients' expectation is religious male physicians. On the other hand, Muslim female patients' demand for the treatment is female specialists for different medical check-up facilities during the medication. Patients' safety and security is essential for protecting implantable healthcare devices [28]. Medical care safety and security evaluation and quality healthcare measurement is required to use medical data performed by the multiple healthcare organizations [29]. Indeed, patient safety and security on quality medical treatment and their attitude influence in choosing medical tourism destination. Patient's attitude, satisfaction [14] and behavioural intention for destination selection is the key responsible for developing a strategy and a number of conceptions concerning the way in which patients assess medical care services that they receive [30]. Patient's outcomes or experience is always marginalized in light of aspects of healthcare that are easier to quantify waiting time and physician and nurses' professional attitude. Patient's outcome measurement has been hindered by a production of instruments. Patient's feedback of the quality medical care service in hospital can deliver insightful outcomes to enable medical care providers to quality care development efforts in area where they are most necessary [31].

In addition, Muslims follow the Prophet Muhammad (peace be upon him) as an exemplar of their own lives and they also try to emulate the Prophet's deeds by following his traditions and the Quranic instructions [32]. This teaching is historically influenced attitudes and practices towards individual aspects of human life including birth, disease and death and dying, social and economic structures and the development of political aspects. These factors often influence policies on medical care and shape Muslims sub-communities' attitudes about receiving Islamic medical treatment from the larger non-Muslim civilization. Islam is influenced by different factors in todays' development period. Muslim rulers has adopted and improvised many existing local practices. Therefore, innovations in Islamic medical care practice have accepted and they do not conflict with Islamic Shariah. Islamic Shariah considers Muslims as one community and recommends their activity from birth to death. If a home visit is required, it is advisable for Islamic medical care providers to be modestly dressed to avoid embarrassment [33]. Muslim tourists are often pray on carpeted areas, medical care providers should remove shoes from the carpet area. Medical care providers can provide wearing plastic shoe covers, bringing an alternative pair of shoes that have not been worn outside since being cleaned. Muslims are allowed to use temporary contraceptive methods under certain conditions, vasectomy and tubal contraceptive methods are only allowed where the woman's health is at risk. Islamic spa practice is important which should be done according Islamic shariah and it is achieved by Malaysia Islamic Development Department (JAKIM). The concept of Islamic spa practice is an execution business operations including the use of Al-Quaran also enhance the image of the country is seen as a catalyst for the concept of halal industry [34].

Healthcare service is related to a medical tourist product in medical tourism industry. Medical tourism is the part of the globalization of medical care that covers medical migration, medical outsourcing, research tourism and the similar business in accepted pharmaceuticals [35]. However, based on literature review, Figure 1 depicts theoretical framework with the theory of resource-based view [36] and theory of reason action [37]. Resource-based view (RBV) is able to identify classes of resources such as machine capacity, customer loyalty, production experience and technological leads. Resources and products are closely related to each other. Most products need the services of some resources. Importantly, most resources can be used in several products. By the activities of the companies in the different product markets, it is conceivable to gather the minimum necessary resource commitments. The elemental RBV is not only a theoretical structure. It proponents have expected constancy in product markets and avoided determining resources' values [38]. This study expected stability in the elements of RBV including virtuous professional behaviour, ethical service deliberation, hospital Shariah compliance, safety and

security for patient satisfaction. The understanding human behaviour identifies the determinants of intentions. According to TRA, customers' intention is a function of two basic determinants; one personal in nature and the other reflecting social influence. The personal factor is involved with individual's evaluation of behavioural performance; this influential factor is termed attitude the behaviour. The customer's intention is the perception of the social pressure. TRA is involved with attitude towards behaviours.

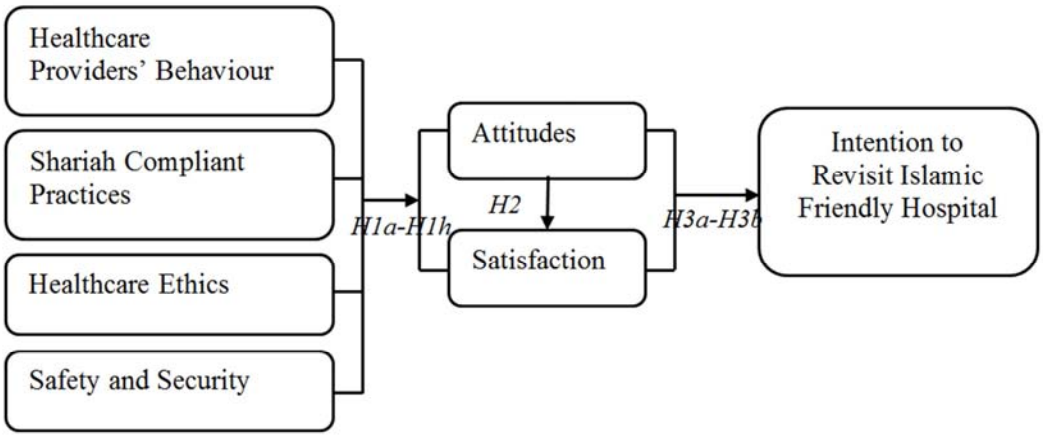

Figure 1. *Conceptual Framework.*

4. Methods

The principal investigation of this study is to examine the drivers of Muslim patient's demand and outcomes of their behavioural intention in Malaysia as preferred Islamic medical tourism destination. Structural questionnaires were distributed to 500 international patients in Shariah compliance hospitals who are offering Islamic medical services in Malaysia. This study used a non-probability sampling technique because of unlikelihood of the patients in the hospitals. Non-probability sampling is convenient compared to other sampling methods. For the development of this survey instrument, five-point Likert scale was used (e.g. 1=strongly disagree and 5=strongly agree). Importantly, among the 500 distributed questionnaires, a total of 238 valid respondents were assigned for the further data analysis, which exceeded the minimum sample size requirements as advised by Wixom and Waston [39].

However, the demographic information revealed that out of total 238 respondents, male respondents were 70.5%. It was fascinating to discover that the vast majority of the population who visited to Malaysia for medical tourism was from Middle East (55.8%), which followed by Asia (27.5%), Africa (11.1%) and others (5.6%). A large portion of the patients who visited Malaysia for their treatment were in the Age of 40 and above (53%). The most elevated income group who earns around $3001-$4000 a month comprises of total 35.6%. This paper conducted to factor analysis as it is a suitable statistical method by which a large sample size of data set can be converted into more accurate and organized set without losing minimum information. Partial least square (PLS) technique to measure the importance and overall causal relationship among constructs. The PLS was used for its small sample size and exploratory nature of the study. The structural model was tested for validity and reliability as well as estimating the path coefficient.

5. Results and Discussions

The results of the structural model (Table 2) ensures that the value of factor loadings of all items is almost above 0.60 that indicated the higher reliability as suggested by Hair et al. [40]. The convergent validity is measured throughout the average variance extracted (AVE). The AVE value for all the constructs is greater than 0.50 that indicated a higher significant level of convergent validity. The composite reliability analysis was computed with internal reliability which was alike to Cronbach's alpha. Importantly, CR results for all constructs must be above 0.60, while Cronbach's alphas for the all constructs should be above 0.70 that contents the rule of thumb as suggested by Hair et al. [41].

Table 2. *Convergent validity.*

Constructs	Items	Loadings	AVE	CR	CA
Healthcare providers' behaviour	3	0.783-0.861	0.658	0.825	0.739
Shariah compliance practices	4	0.511-0.876	0.556	0.829	0.719
Healthcare ethics	3	0.804-0.857	0.703	0.877	0.789
Safety and Security	4	0.726-0.791	0.583	0.848	0.761
Attitude	4	0.701-0.860	0.609	0.861	0.783
Satisfaction	4	0.742-0.817	0.600	0.857	0.777
Intention to revisit hospital	4	0.714-0.795	0.560	0.836	0.838

Note: AVE= Average Variance Extraction, CR= Composite Reliability, CA= Cronbach's Alpha.

This study measured the cross loading of the indicators. Table 3 presents the confirmed of the discriminant validity of all variables. The indicator loads were not higher than opposing variables. Moreover, this study is also used AVE

root squared to measure the discriminant validity of the constructs. According to Fornell and Larcker [42], the square root for each constructs should be higher than other model constructs.

Table 3. *Discriminant validity.*

	AT	IRH	HE	SCP	SA	SS	HPB
AT	0.7805						
IRH	0.6051	0.7489					
HE	0.5468	0.5615	0.8389				
SCP	0.5190	0.4082	0.7191	0.7456			
SA	0.5407	0.4986	0.6847	0.5322	0.7745		
SS	0.4269	0.3011	0.5226	0.4029	0.6560	0.7634	
HPB	0.3063	0.3040	0.4271	0.3939	0.5322	0.5541	0.8116

Note: AT= Attitudes, IRD= Intention to revisit hospital, HE= Healthcare ethics, SCP= Shariah compliance practices, SA= Satisfaction, SS= Safety and security, HPB= Healthcare providers' behavior.

Assessment of structural model

The measurement model presents the satisfactory results. The variance percentage was explained for the predictive appropriateness of the model. The findings show that R^2 value for attitude (0.780) and satisfaction (0.708) indicated that 78% and 70.8% of the variance is explained by the both healthcare providers' behaviour, Shariah compliant practices, healthcare ethics, and safety/security. Even so, intention to revisit destination (0.730) also suggested that the model was capable to explain 73% of the variance by the patients' attitude and satisfaction. Scholars are currently developed the predictive significant supplementary model fit assessment for the R^2 scale [43], [44]. This process indicated that the model is highly acceptable as the method recognized the model appropriateness to predict the apparent indicator of each observed variable. The Stone-Geisser Q^2 cross-validated redundancy was measured to test predictive consequence using a blindfolding procedure. Q^2 value higher than zero indicates the predictive relevance of the model [45], [46]. This study used a nonparametric bootstrapping [47] method with 5000 replications to measure the model. The findings revealed that most of the coefficients were positively significant. A distinguished details is that the impact of healthcare providers' behaviour (β=0.182, t=1.915, p< 0.05), Shariah compliant practices (β=0.209, t=3.073, p< 0.01), healthcare ethics (β=0.377, t=3.886, p< 0.01) and safety and security (β=0.209, t=3.265, p< 0.01) on attitudes were significant. Therefore, H1a, H1b, H1c, and H1d were accepted. Similarly, the results also show that the effect of healthcare providers' behaviour (β=0.366, t=3.734, p< 0.01), Shariah compliant practices (β=0.201, t=3.610, p< 0.01), and safety/security (β=0.226, t=2.756, p< 0.01) on satisfaction were positive and significant. In contrast, the effect of healthcare ethics ((β=0.128, t=1.391, p> 0.05) on satisfaction was not significant, thus H1e, H1f, H1h were supported and H1g was not supported. However, attitudes have a strong significant impact on satisfaction, therefore, H2 is accepted. Importantly, the effect of attitudes (β=0.451, t=4.649, p< 0.01) and satisfaction (β=0.465, t=5.055, p< 0.01) on intention to revisit Islamic-friendly hospital were positive significant relationship, thus H3a and H3b were accepted.

Table 4. *Hypothesis Testing.*

Hypotheses	Relationship	Coefficient	S. E	T Statistics	Decision
H1a	HPB -> AT	0.182	0.095	1.915*	Significant
H1b	SCP -> AT	0.209	0.068	3.073**	Significant
H1c	HE -> AT	0.377	0.097	3.886**	Significant
H1d	SS -> AT	0.209	0.064	3.265**	Significant
H1e	HPB -> SA	0.366	0.098	3.734**	Significant
H1f	SCP -> SA	0.201	0.077	2.610**	Significant
H1g	HE -> SA	0.128	0.092	1.391	Not significant
H1h	SS -> SA	0.226	0.082	2.756**	Significant
H2	AT -> SA	0.311	0.085	3.659**	Significant
H3a	AT -> IRH	0.451	0.097	4.649**	Significant
H3b	SA -> IRH	0.465	0.092	5.055**	Significant

Note: Significant level at **p < 0.01; *p < 0.05.

6. Conclusion and Implications

Islamic medical tourism service is a different kind of potential Muslim market which significant for Islamic market mechanism with its specialized attributes. It may a core medical care service for Muslim patients or medical travellers with other infrastructural facilities, shopping, entertainment, visiting Islamic historical places and attend to Islamic religious programs. To attract and promote a successful Islamic medical tourism destination, healthcare providers and stakeholders should provide a set of religious skilled people (religious and professional physicians, nurses and administrative staffs) along with services of quality products, information, technology and quality equipment. The countries political stability, safety and security, good atmosphere and individual customer behavioural attitude can also lead to success this Islamic medical tourism industry. Although there are some uncontrollable features that difficult to change but there is opportunity to cope with them and chance to survive and achieve in this popular medical tourism service sector. Hence, human resource management association is an important tool for the overall success of this service sector. Excellent managerial implication can lead to offer a value added service to the medical travellers and can enhance the reputation of the country with regards to social

and cultural environment and ethical dilemma. Reasonable travelling cost and medical check-up fee is another key component for Muslim patients for satisfaction and behavioural intention towards selecting Islamic medical tourism destination. However, all these efforts can assist a country to be an attractive and competitive Islamic medical tourism destination around the world, particularly in this time of world Muslim globalization.

Our study focuses several implications for the Islamic medical tourism services for the Muslim patients. Each constructs used in this study to investigate the critical factors that attract to Muslim patients' for selecting Islamic medical tourism destination. For example, the antecedents (virtuous professional behaviour, ethical service deliberation, hospital Shari'ah compliance and safety and security) of the Muslim medical tourists have the dependency positive relationship on the Muslim patients' demand (attitude and satisfaction) and consequently it has higher significant impact on patients' outcomes (behavioural intention and destination selection). This will ensure that the products and services offered by the Islamic medical tourism providers, stakeholders or medical tourism industry are environmental friendly. The theoretical framework and proper implementation of the Islamic medical tourism mechanism are expected to contribute further in carrying the overall efficiency, social and cultural environment as well as welfare for people.

This study has several limitations and it has conducted within a short period of time. The major limitation can be viewed from facets. First, limitation in scope as the four drivers (virtuous professional behaviour, ethical service deliberation, hospital Shari'ah compliance and safety and security) was measured for patients' demand towards Islamic medical tourism outcomes. Future study may include relevant factors in the Islamic medical tourism services. Second, the respondents of this study are Muslim patients from 38 Shari'ah compliant hospitals in Malaysia with small sample size. Future study should be done on all medical clinics and hospitals with bigger sample size by the participation of Muslim and non-Muslim patients. Some relevant critical factors that affect Islamic medical tourists to choose other destination can be included in future study on this area of interest. Finally, similar studies which use more than one Islamic medical tourism service data, constructs and methods would contribute towards further understanding of the Islamic medical tourism market mechanism.

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