

Conference Paper

Establishing a Sustainable Shariah-Compliant Hospital in Malaysia: Exploring the Pertinent Concept

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Abstract.

Malaysia has been a member of the Organization of Islamic Countries since 1969, and Islam is recognized as the federal religion in the country. The growing awareness of practicing Islam as a way of life among Muslims worldwide has significantly impacted the concept of hospitality services in the healthcare industry and tourism in Malaysia. As a result, there is an emergence of Shariah-compliant hospitals in the country to cater to the demand of Muslim consumers. However, the establishment of these hospitals lacks proper guidelines, leading to the need for developing standardized and regulated Islamic medical ethics and Shariah-compliant hospitals. This is crucial to ensure proper adherence to Islamic principles, especially in addressing concerns of the Muslim public and religious scholars regarding justified Islamic practices in medical treatment. To address this need, this study aimed to explore the elements or standards required in establishing Shariah-compliant hospitals (SCH). The study adopted a focus group discussion approach with 9 representatives selected through purposive sampling. Participants included hospital administrators, doctors, nurses, policymakers, academics, and representatives from non-governmental organizations (NGOs). Thematic analysis of the discussions revealed eight critical elements to consider when planning a sustainable Shariah-compliant hospital. These elements include ibadah-friendly infrastructure, Islamic medical ethics, Shariah compliance prescription, spiritual care support, Islamic medical service competencies, a conducive Islamic environment, affordability and accessibility, and an Islamic work culture. These findings serve as a foundation for future research aimed at developing a comprehensive framework for the establishment of standards for Shariah-compliant hospitals.

Keywords: Shariah-compliant, hospital, concept

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1. Introduction

Islamic-friendly hospitals have made significant advancements in recent years to become a truly viable and competitive global alternative to conventional hospitals. The increasing demand for strictly shariah-compliant services is the result of several recent factors, including spiraling oil prices globally, the prolonged boom in Middle Eastern economies, product innovation and sophistication, an increasingly receptive attitude toward conventional service delivery, and information technology advancements (1). In addition, the growing Muslim population (2) and the aftermath of the September 11 attacks, which have negatively impacted on the image of Muslims around the globe, have ironically led to a flourishing interest in a variety of medical tourism products that are aligned with Islamic teachings (3). These occurrences created enormous opportunities for the local healthcare industry to market Islamic-friendly hospitals to Muslim medical tourists. In 2008, India, for instance, had successfully attracted 1.11 million Muslim medical tourists from countries such as Pakistan, Bangladesh, the Middle East, and Africa who were seeking halal practices for their medical care (4). Despite the potential of this lucrative sector, the delivery of such services entails great challenges owing to the uniqueness of Islamic medical ethics. This study will explore the pertinent elements in establishing a Shariah-compliant hospital (SCH) that can be potentially used to govern the healthcare services offered by Islamic health providers in Malaysia.

2. Literature review

Private hospitals in Malaysia are becoming more competitive, necessitating the need for hospitals to improve their existing healthcare systems and service quality to maintain customer loyalty both locally and globally. Good quality health services are considered the right of patients, and hospital personnel hold the responsibility to ensure the best services for their customers (5). Therefore, it is important for healthcare providers to improve the quality of medical services as poor medical treatment could potentially cause nosocomial infections, injuries, or even be fatal. Despite the good practise and education of the healthcare provider, challenging issues could arise from demographic changes, ageing populations, the emergence of modern technologies and treatments, as well as the need to satisfy the consumer's needs. This also requires healthcare providers to transpose themselves to attract different market segments. A study on predicting Muslim medical tourists' satisfaction with Malaysian Islamic-friendly hospitals found that Muslim medical tourists' satisfaction is dependent on the doctors' and

hospitals' roles. The study also demonstrates that Muslim medical tourists' attitudes only play a mediator role between the hospital's halal practise and Muslim medical tourists' satisfaction (6). The finding is also supported by other studies where the ability of the doctors to inculcate halal practises into their daily tasks leads to the positive attitude of Muslim medical tourists towards Islamic practises and hence, affectively constitutes to their satisfaction (7,8). Furthermore, the study highlights the important role of nurses in increasing patients' satisfaction in healthcare delivery services, emphasizing that the majority of patients seek supportive, friendly, caring, helpful, and attentive nurses (7) However, patients' satisfaction is not limited to the healthcare workers, but they also have concerns about providing halal food for Muslim patients, providing same-sex healthcare workers, transfusion of blood from a non-Muslim donor to a Muslim recipient, and providing sophisticated praying infrastructure (7,8). Besides, study investigating the factors that influence Muslim tourists' intention to revisit Islamic-friendly hospitals concluded that healthcare providers' behaviour, Shariah compliance practices, healthcare ethics, and safety/security have a positive impact on attitudes and satisfaction (9) Another study discovered that the attitudes of healthcare professionals and patient satisfaction have a significant impact on the intention to revisit to an Islamic-friendly hospital. Patient satisfaction does not have a significant relationship with healthcare ethics, but it does have a significant relationship with healthcare personnel' attitude (10). This indicates that patients value the hospitality offered, particularly the attitude of the healthcare practitioner.

Henceforth, having specific referral standards or guidelines for Islamic-friendly medical services is critical for both healthcare providers and the Muslim community. This is to ensure that the service delivery conforms to all principles of Islamic teachings and strictly adheres to Al-Quran and Sunnah. The word "halal" means permissible. According to Al-Qaradawi, it means "lawfully shariah-compliant product or service," which is in line with Islamic teachings (11). A shariah-compliant hospital is defined as a hospital that provides healthcare services in accordance with the Shari'ah principles, or Islamic teachings (12). Medical Ethics is concerned with moral principles as they relate to biomedical science in the clinical and academic research areas. Islamic medical ethics is tied to Islamic law (Shari'ah), which not only separates actions into required and forbidden, but also the intermediate categories of recommended, discouraged, and permitted (13). A shariah-compliant service system, for example, prohibits needless touching to the point of forbidding the shaking of hands between two unrelated opposite-sexed adults, as well as the use of touch as a comfort measure, especially when it is not directly tied to executing a duty (14,15). To treat a Muslim patient, care should be given by same-sex

medical practitioners; in fact, if need be, the opposite sex patient should be examined or treated in the presence of their adult relatives (14). Since Islam lays the responsibility of practising the religion on individuals, there are personal and cultural disparities that may lead to difficulties in delivering the medical practise that is tailored to all Muslim medical patients. These challenges extend beyond languages to incorporate entire views, including the concept of health, illness, recovery, and death, thus influencing the quality of the healthcare experience. Failure to strike a balance between spiritual and physical needs may affect healthcare-seeking patterns, leaving patients frustrated and with negative word-of-mouth, which could be costly for hospitals. High quality services that satisfy their needs, on the other hand, are directly linked to an enhanced hospital image, leading to an increased market share and profits. In the Asian culture, ensuring Muslim medical patients' satisfaction with the healthcare services delivered is pertinent as the purchase intention amongst prospective customers is greatly influenced by word-of-mouth from friends, neighbours, and family members (16).

It is necessary to develop and formulate a standard or regulation that ensures comprehensive healthcare shariah-compliant services delivery in order to protect muslim medical patient's requirements and desire. This could positively facilitate healthcare providers in providing shariah-compliant health treatment to the Muslim community. In light of this, Malaysia is one of the few Muslim countries dedicated to offering not only halal products but also a fully shariah-compliant service delivery system. This is also attributable to an increase in Muslim medical tourists flocking to Malaysia in pursuit of high-quality, Islamic-friendly hospital care. While these issues are emerging, little is known about the Shariah-compliant medical service standards as well as the formal governance and regulation of Islamic-friendly hospitals in the country. Within the literature, most of the studies have focused on hospital service quality and medical tourists' satisfaction with a limited perspective on Islamic medical ethics (17–19). Although these studies do provide insights, they are confined mostly to Western society, which consists of homogenous populations, and are inadequate to fully describe the challenges encountered. To date, empirical studies relating to medical tourism from an Islamic perspective are not well articulated in the literature. With different religious backgrounds, the values underpinning such services may differ. Cultural differences may influence perceptions of health and illness, as well as clinical treatment expectations (20).

3. Methodology

This qualitative study adopted focused group discussion through purposive sampling to understand the practise and generate a set of SCH attributes in Malaysia. There was a total of nine participants in the focus group discussion, and their backgrounds are detailed in the table I below. The group is led by a moderator who introduces discussion topics and encourages participants to engage in a lively and natural discussion. The course and discussion questions were predetermined, and the moderators rely on an outline to ensure that all topics of interest are addressed. The questions are developed using the SCH literature as a guide. The FGDs were recorded, transcribed, and classified in accordance with the interview questions. After analysing the data, relevant themes were used to establish categories. Using keywords as codes, the data was sorted into categories. Respondents were asked about their perspectives on SCH implementation issues in Malaysia.

TABLE 1: Lis of participants and background in FGD.

Participants	Background
A	Senior Fellow- Science & Environment Studies
B	Research Fellow at Institute of Islamic Understanding Malaysia
C	Research Fellow -Science & Environment Studies
D	Research Fellow- Nutrition
E	Medical Doctor
F	Medical Specialist
G	Human Resources
H	Management
I	Nurse

3.1. Results

The FGD come out with the 8 pertinent elements in establishing a sustainable shariah-compliant hospital. The themes and the relevant descriptions were tabulated in the table 2 below.

4. Discussion

A Shariah-compliant hospital should have a comprehensive framework in place to ensure that Shariah principles are strictly adhered to. It includes the eight elements agreed upon during the FGD, which are listed in table 2. In this regard, Muslim patients

TABLE 2: Summary of pertinent elements for sustainable shariah-compliant hospital.

NO	THEME	DESCRIPTION
1	Ibadah friendly infrastructure	Provide 'ibadah friendly' facilities (e.g. Musolla, washroom, sickbay, kiblat direction, tayammum equipment (dust), bottle, guidebook-manual, flexible bed) etc). use of shariah compliance medical devices/ equipment's To provide information kit of ibadah friendly
2	Islamic medical ethics	To provide medical services that comply with the shariah and medical ethics. Abide to medical practices based on evidence-based medicine. Provide protection to patient through avenues for remedial action. – To execute islamic interaction (muamalah) between staff and patient. To do periodical mortality and morbidity review.
3	Shariah compliance prescription	To prescribe shariah compliance medicine. To procure / ensure halal certified medicine To advise on the halal status of the medicine Establish a specific monitoring committee in procurement of medicine in due compliance to halal standards Comply to pharmaceutical halal standard
4	Spiritual care support	Provision of spiritual counselling services (e.g. Patients' spiritual health management- thru guidance, advices) Spiritual health care centre (e.g. Healing process, end of life care) Provision of 'jenazah' service Holistic management facility/department for patient spiritual care (e.g. Home visit, condolment, tahnik etc)
5	Competencies of islamic medical services	Ensure qualified and competent health personnel complying to shariah Provide systematic and on-going training and up-skilling among medical personnel Provide continuous/periodical awareness programme in Shariah-compliance medical services among employees. Establishment of shariah-compliance services policy for employees
6	Conduasive islamic environment	Practice of Islamic social atmosphere (e.g. qur'anic recitation, azan, prayers, etc) 2.Protection and preservation of clients' confidentiality, safety and security. 3. Maintaining cleanliness in both physical and spiritual cleanliness.
7	Affordability & accessibility	Provision of Islamic fundings/financial assistance for patients' medical cost Affordable medical treatment and medicine. Provide accessibility and treatment options for patients. Transparency policy on medical service costing for patients. Establish formal collaboration with Islamic funding agencies (zakat, Baitulmal) to assist medical cost burden
8	Islamic work culture	Staff welfare care and protection (e.g. part subsidized haj, weddings, etc) Shariah compliance rulings and policy on among staffs/employees attire. Islamic working culture practices Inculcation of Islamic practices (e.g. congregation prayers, zakat payment, sadaqah etc)

will be able to perform their obligations while also receiving good health care and spiritual support from hospital facilities and services. These services are also beneficial to non-Muslim patients' convenience. The following will discuss more on each of the pertinent elements for a sustainable sharia-compliant-hospital.

4.1. Ibadah-friendly infrastucture

Facilities and infrastructure are major elements of establishing the SCH. This component is critical to facilitate staff and patients to practise their ibadah while in the hospital. To be recognised as a SCH, a hospital must provide salat facilities such as Qiblat direction, proper attire, a clean area, bottle spray for wudhu, tayammum powder, books or any

other guidelines for prayer, wudhu, or tayamum, assisting those in need, having a salat reminder and assisting patients to perform salat, and utilising audio-visual facilities to remind patients and staff about prayer (21,24). Ward room is the most basic form of accommodation for hospitalised patients. Some hospitals have different rooms for different patients depending on their needs and social status. Despite the fact that each patient's room is unique, the most essential component to consider in the SCH is privacy. Almost all Malaysian healthcare facilities separate male and female patients in ward rooms, but when a patient's guardian or relative of a different gender visits the patient, there is less privacy (21,29). To address the issue, the hospital must pay close attention to the smallest details, such as providing a single room for each patient or performing any act or guideline that protects the patient's privacy. This is not only the responsibility of the staff, but it also necessitates cooperation from the visitors.

4.2. Islamic medical ethics

To be labelled as SCH, a hospital or medical institution should provide medical services that comply with the shariah and medical ethics as well as abide to medical practices based on evidence-based medicine. Clinical and nursing care were highlighted as the core process for SCH (22). This element is including any medical and nursing related procedures involved in the clinical setting. It was suggested that all departments and sections develop clinical standard operating procedures and programmes that incorporate Islamic values in addition to the standard operating procedures (24). This is also incorporated into Islamic medical ethics, which are entangled with Islamic law, which divides actions not only into required and forbidden categories, but also into the intermediate categories of recommended, discouraged, and permitted (15). Besides, the developed SOPs must also comply to the concept of Maqasid Al-Shariah and Qawaid Al-Fiqhiyah (28). The hospital's medical and nursing core services would include the responsibility of physicians, nurses, and other health personnel to provide sincere and genuine medical diagnosis, treatment, and care to patients in order to save their lives (21). To sustain the Islamic medical ethics in the clinical and nursing practice, the SCH should also conduct a periodical mortality and morbidity review. Other than that, the health personnel must make every effort to carry out their responsibilities in accordance with Islamic medical ethical principles in order to avoid any negligence that could endanger a patient's life or cause injury.

4.3. Shariah compliance prescription

Food and medicine were also cited as major elements in the successful implementation of SCH. A SCH must ensure that the food and medicine offered to patients are halal and fit (tayyiban) for their use and consumption. Dietary requirements while in the hospital must not only meet the dietary requirements of the patients based on the illness they are suffering from, but they must also be Halal (21,27,29). This requirement also applies to food and beverages served to hospital staff and visitors. Additionally, it is necessary to ensure that pharmaceutical products and medicines are halal and free of potentially harmful ingredients (12,21,25). However, there are several issues in healthcare that raise doubts about their compliance with Islamic principles. For instance, the gelatine used to make capsules is primarily derived from porcine collagen, which is considered haram for Muslims (12). However, capsules derived from halal products such as vegetables are also available, though their availability is limited. In this case, the SCH should always opt for halal pharmaceutical products to avoid violating the Muslim principle of seeking halal services and products. It is also necessary to establish a specific monitoring committee for the procurement of medicine in due compliance with halal standards and pharmaceutical halal standards.

4.4. Spiritual care support

The Patient and Family Rights section of the Joint Commission International (JCI) stated that "The hospital provides care that is respectful of the patient's personal values and beliefs and responds to requests related to spiritual and religious beliefs" [37]. This implies that a hospital must recognise and accommodate patients' cultural, religious, or spiritual beliefs and practises that affect care. Several studies also suggest that the majority of patients want their doctors to address their spiritual needs and acknowledge religious or spiritual needs. Among the spiritual care support that can be provided and practiced are including provision of spiritual counselling services, spiritual health care centre, provision of 'jenazah' service and the holistic management facility or department for patient spiritual care. Masud in his paper review also highlighted that Khusnul Khatimah as a main standard for the SCH. He suggested that among the practice that can be done to fit the element of khustnul khatimah are including establishing chaplaincy services, assisting family in preparing WASIAT/Family support, encouraging family to talqin patients or ensuring staff available to support patient during terminal stage and assisting family for the funeral arrangement [24].

4.5. Competencies of islamic medical services

The services are always a core element in a hospital. Thus, ensuring the competencies of islamic medical services in a SCH is vital. Zawawi and Othman has defined Shariah-compliant healthcare services as healthcare services provided by healthcare institutions that meet the needs of Muslim patients while adhering to specific Shariah requirements, including the hospital's entire "eco-system" (21). According to the findings, the majority of the studies agreed that hospital administration should be Shariah-compliant in all areas, including human resources, organisational structure, and hospital policy. The broad guidelines for the management of Shariah-compliant hospitals also include a quality hospital management process (21). Shariff et al. highlighted that establishing "Islamic Core Values" within the organisation is one of the basic characteristics that reflect a Shariah-compliant hospital in their journey of implementing a Shariah-compliant hospital in Kuala Lumpur (22). Islamic core fundamental values that can be implemented in the organisation include honesty, justice, patience, sincerity, and other positive aspects (23). A review by Masud et al. affirms the findings. He recommended that one of the important standards is the organisational structure of a SCH. This includes the formation of a committee with specific job responsibilities and the establishment of an organisational chart that reflects the SCH aspiration (24). The hospital's structure should include a Shariah Advisor who will guide and monitor organisational activities to ensure they adhere to Shariah requirements for protecting the elements of Maqasid Shariah, which include religion, life, intellect, descendents, and property (25). Thus, hospital management with Islamic values adaptation was recognised as the foundation element in establishing the SCH. SIRIM (Standard and Industrial Research Institute of Malaysia), the company appointed by Malaysia's standards department to develop, accredit, and certify standards, has created a sharia quality management system in general (MS 1900: 2014) that provides guidance to all organisations wishing to implement sharia-based quality management systems (12,22,26).

4.6. Conduasive islamic environment

To qualify as a SCH, the hospital's environment must be adapted to Islam. According to a review paper on Islamic design quality in hospital design in Malaysia, combining approaches and methods from the sociology of health and illness with science and technology can help bring healthcare buildings into focus on substance. This concept will encourage hospital users to benefit from a more pleasant environment while also

enhancing the healing process (30). Masud suggested in his review that Islamic culture should be incorporated as a standard in an ibadah-friendly hospital. The study recommended incorporating Islamic general culture into the hospital by incorporating positive Islamic values such as Ihsan, Itqan, and Ikhlas into daily tasks. Additionally, the study specified other aspects of Islamic culture, such as normalising smiles and salam, as well as reciting Bismillah, Alhamdulillah, and Insha'Allah at the appropriate time for performing any procedure (24). (Masud et al., 2021). Continuous monitoring of staff practises and the assimilation of this culture would also be necessary to ensure that it is adhered to. Other than that, SCH also need to consider the patients' needs and dignity. This element is vital in determining the patients' satisfaction and their decision to revisit the hospital. According to a study on patient satisfaction and loyalty lessons from Islamic Friendly Hospitals, patient satisfaction has a significant impact on patient loyalty to hospital healthcare services (31).(Rahman et al., 2021). Another study discovered that "physicians and employees" and "the clinic's environment" were the most important factors in attracting patients (32). As a result, hospital administration must keep in mind that all aspects, including Shariah amenities and generic healthcare service delivery, are important and must be balanced and delivered satisfactorily to ensure customer satisfaction. In this regard, a few studies have recommended that one of the most critical elements of a SCH is the patients' needs and dignity. SCH must ensure that patients' rights are protected just as Islam protects Muslims' modesty. The most frequently raised concern is having patients treated by staff of a different gender (21,24,26,29). Due to a lack of staff and a lack of understanding of Islamic principles, this issue is being neglected in most hospitals in Malaysia. However, in order to maintain a high standard of SCH, management should strive to prepare an adequate number of physicians and nurses to treat patients according to their gender. On the other hand, SCH must emphasise the importance of observing the aurah to ensure that patients retain their dignity, as dictated by Islamic (21,22,25). For example, the obstetrics and gynaecology (O&G) unit's staff should be entirely female. Furthermore, the hospital is required to provide patients with decent hospital attire to cover their aurah during their hospital stay or surgery.

4.7. Affordability & accessibility

Affordability and accessibility is also recognized as one of the elements in establishing the SCH. This is also including financial management in the SCH. Riba (interest) is the most serious concern in Islamic finance, as there is a riba prohibition in the Quran

(2:275). Thus, the finance department should avoid Riba transactions when purchasing equipment and assets when implementing the SCH. The hospital should use an Islamic bank account for payment and sales to avoid riba transactions. According to one study, the hospital should use Islamic contracts, including takaful contracts, when purchasing equipment or supplies for its employees in order to avoid riba (interest), gharar (uncertainty), and maisir (gambling) (25). On the other hand, the SCH must also address consumer property rights issues, including hospital billing and charges. This is because, according to the National Consumer Complaints Centre's (NCCC) 2013 annual report, the most common complaint about healthcare services is 37.9 percent, which is primarily about hospital billing, where charges are excessive and some consumers have been incorrectly charged for treatment they received, but the centre has denied or delayed refunding them. This issue directly contradicts Islamic teaching, as it violates the principle of property protection (21). According to Kamaruzzaman, the broad guidelines for SCH also include shariah-compliant financial management. Other studies have also emphasised the significance of understanding the concept of muamalat in establishing the SCH (12,27). The SCH were suggested to establish formal collaboration with Islamic funding agencies (zakat, Baitulmal) to assist medical cost burden of the patients.

4.8. Islamic work culture

Islamic work culture will also reflecting a hospital as SCH. Staff members' knowledge, attitude, and practise of SCH are also important elements in determining the concept of SCH as they are providing the services to the patients and consumers. Staff should receive basic training on SCH awareness and practicality. Masud in his review proposed a regular ongoing programme for SCH to sustain and monitor the staff's performance (24). Other studies suggested that the hospital should develop a variety of training programmes that incorporate Islamic medical ethics in order to help staff better understand Islam as a way of life (15). Sharia-compliant hospitals should have a quality management system in place, as well as a Sharia Advisory Council and Sharia Staff, to ensure that operational activities in the hospitals run smoothly. However, not every Islamic hospital has this management system in place to ensure the success of sharia-compliant operational activities (22). Sharia principles should be applied universally in hospitals. In this case, all employees should receive equal treatment and training to improve their sharia-compliant work characteristics.

Those eight elements, however, must be in accordance with Islamic principles and teaching. In Islam, medicine and its practise are done in accordance with the demands

of Shari'ah and Maqasid Shariah. Most of the reviewed articles discussed that the concept of shariah-compliant hospital should be guided by Al-Quran and Sunnah, Maqasid Al-Shariah and Qawaid Al-Fiqhiyyah and the concept of Rukhsah and Dharurat. In the context of Muslim patients, healthcare providers' awareness of Islamic medical ethics and their effort in inculcating halal practises in delivering medical treatment are pertinent. Illness is considered to be socio-culturally constructed (36). Following this trait, Islam is, therefore, associated with health through its influence on Muslim culture. Muslim medical tourists that experience healthcare treatments that are incongruent with their values may encounter cultural conflicts and ethical dilemmas. Hence, Muslim patients may have religiously informed expectations of the healthcare encounter, which, if inadequately assessed or accommodated, will result in a poor clinical experience and lower satisfaction. For instance, Islam commands both sexes to dress modestly as a means to maintain moral social order and to protect a person's honour. Muslim patients may feel uncomfortable if hospitals do not provide single-occupancy rooms that could protect their privacy.

A specific accreditation for running a shariah management service, the SCH need to follow the standard which has been developed by SIRIM. Malaysian government has developed five manual procedures for Malaysian Halal Certification and Malaysian Standards (MS), which are: Halal Food-Production, Preparation, Handling, and Storage (MS 1500:2009), Islamic Consumer Goods-Part 1: Cosmetics and Personal Care (MS 2200:PART1:2008), Halal Pharmaceutical (MS 2424:2010), General Guidelines for the Use of Bones, Animal Skin, and Fur (MS 2200-2:2012), and Management System for Transportation/Warehousing/Retailing (MS 2400-1/2/3:2010) (MANUAL PROCEDURE FOR MALAYSIA HALAL CERTIFICATION (THIRD REVISION), 2014. Unfortunately, as at to-date, the Malaysian Standard (MS) pertaining to Islamic hospital practises has yet to be introduced. To ensure that the SCH is operationally fit, it will not be exempted from other standard accreditation requirements for general hospitals or medical services, such as the Malaysian Society for Quality in Health (MSQH) Hospital Accreditation Program (HAP), the Joint Commission International Accreditation Standards for Hospitals (JCI), and other related bodies.

5. Conclusion

This qualitative study has captured new beliefs and insights from the participants regarding the pertinent concept of establishing a sustainable Shariah-compliant hospital. It was a challenging focus group discussion as it involved participants of various

backgrounds. During the discussion, certain types of socially acceptable viewpoints emerged, and certain types of participants dominated the topic. However, the moderator has performed admirably in controlling the discussion.

Identifying and analysing the elements of shariah-compliant hospital based on previous research and expert opinion is critical for scrutinising the critical elements in establishing a globally recognised standard for high-quality shariah-compliant hospital. This will assist practitioners and policymakers in utilising the standards to improve Islamic medical tourism practises, which may result in more effective services that meet the needs and expectations of Muslim medical tourists and local consumers alike.

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