INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH IN BUSINESS & SOCIAL SCIENCES

Vol 15, Issue 7, (2025) E-ISSN: 2222-6990

Reframing Islamic Medical Tourism through the ESCA+ Ethics Model

Mohd Khairul Ridhuan Mohd Fadzil
Jabatan Kemajuan Islam Malaysia (JAKIM), 62100, Putrajaya, Malaysia
Email: saadsaid04@gmail.com

Hamidah Mat
Faculty of Social Science and Humanities, Open University Malaysia, 47310, Petaling Jaya, Malaysia
Email: hamidah_mat@oum.edu.my

To Link this Article: http://dx.doi.org/10.6007/IJARBSS/v15-i7/25673 DOI:10.6007/IJARBSS/v15-i7/25673

Published Date: 02 July 2025

Abstract

This critical literature review re-examines the foundations of Sharia-compliant healthcare within the context of Malaysia's Islamic medical tourism. Using Critical Interpretive Synthesis (CIS), it interrogates interdisciplinary discourses to construct a conceptual framework—Ethical-Spiritual-Clinical Alignment (ESCA+)—that synthesizes five interlinked domains: Ethical Justice, Spiritual Sensitivity, Clinical Competence, Institutional Integrity, and Patient Agency. The review challenges dominant checklists that reduce compliance to visible rituals, advocating instead for structural ethics rooted in maqasid al-shariah and contemporary healthcare governance. It identifies key epistemic tensions between global standards (e.g., JCI) and Islamic moral imperatives, exposing gaps in policy coherence, institutional sincerity, and the agency of Muslim patients. The ESCA+ model reframes compliance as a dynamic, negotiated system capable of enhancing patient satisfaction and loyalty. This study contributes a novel ethical paradigm that bridges faith and medical systems, providing a foundation for future empirical validation, policy translation, and curriculum integration in Islamic health systems.

Keywords: Islamic Medical Tourism, Shariah-Compliant Healthcare, Ethical-Spiritual-Clinical Alignment (ESCA+), Patient Agency, Critical Interpretive Synthesis (CIS)

Introduction

The last few years has witnessed a rise in the world-wide medical tourism as a result of overpriced healthcare in developed countries, advanced travel infrastructure and the spread of the healthcare system worldwide. Malaysia has positioned itself as a significant player in affordable and high-quality medical treatment (Chandran et al. al,2018; Abd Manaf et. al,2010). As part of a rather unique approach, Malaysia combines Shariah-compliant

healthcare offering targeting quite niche but massive market of religiously aligned medical tourists. The significance of such approach is not specifically based on religious values, but rather creating a scenario to re-frame ethical, spiritual and cultural aspects of the patient's experience (Rahman & Zailani, 2016; Jamaluddin et. al,2025). But problems concerning Sharia-compliant medicine continue largely unaddressed in the scholarship; the latter tends to see them as peculiar and superficial details but not as integral features of an overall system. This paper bridges that gap and aims to provide a systematic and critical investigation of how principles of Sharia overlap and act to affect patient satisfaction and loyalty. More than just descriptive, it reveals an ethical, theoretical and practical dimension to Shariah-compliant healthcare.

Literature Review

There is a clear need to problematise the concept of Shariah-based care, which is usually assumed to involve gender specific provision, halal medicine, prayer facilities, and modesty in clinical process (Jamal et al., 2024). Such features are often valorized as signs of religious fidelity, but interpretations that focus on the "look" of Sharia risk transforming Sharia compliance into a set of visible traits. Yahaya (2018) and Rahman and Zailani (2016) are among some of the early works that seek to conceptualise and define Islamic healthcare spaces, but their critique sometimes leans towards the deficiencies of the institution than the patients experience. More recently, researchers including Sunawari et al. (2023) have argued for a broader interpretation—one that incorporates the promotion of human dignity, compassion, and distributive justice as necessary elements of Sharia compliance. This is indicative of a wider ethical tradition, viewing Sharia not as an atheoretical legal infrastructure but as a dynamic moral system that has relevance to the variety of medical cultures. However, there remains a paradox in the field of research: some celebrate Sharia-compliant markers as naturally and intrinsically building trust, while others remind that without strong clinical indicators, this set of markers might serve as symbolic rather than ethical guarantee (Aissaoui, 2024, Khairunnisa et al., 2023).

A significant contribution the paper contributes to the literature is that it provides evidence of the need for continued exploration of the epistemological tensions between the prevailing Western models (most notably the JCI framework) of healthcare quality and Islamic medical ethics. Whereas JCI prefers evidence-based indicators such as procedural efficiency, safety benchmarks and clinical outcomes (Kobayashi et al., 2021; Guo-Ping, 2013), Islamic views highlight ethical and spiritual aspects like niyyah (intentionality), barakah (divine blessing), and adab (moral conduct) as the basis of care delivery (Mohammadi et al., 2019; Mahmood et al., 2023). These conflicting aims generate epistemic conflict. For example, neutral policies that are supported by international quality schemes could be interpreted as increasing flow efficiency, but go against Shariah principles that dictate gender matching of care as a condition of modesty that cannot be questioned. That is the struggle— and the complexity of it—between these paradigms to be drawn out by context-sensitive syncretism that is sensitive to local culture and history, yet that wants to embrace universal standards of clinical practice. This nexus is where policy change and academic innovation is most needed.

Two common themes in the literature that arise in assessments for Shariah-compliant health care systems are patient satisfaction and patient loyalty. Satisfaction is commonly

described as a result of a combination of religious congruence and perceived clinical competence. The works of Rahman and Zailani (2018) and Mohd Arifin et al. (2022) show that Muslim patients express greater trust and satisfaction when care settings are consistent with their spiritual values, particularly in terms of modesty, professional behavior, and support for prayer. More recently, Mat et al. (2023) identified a statistically significant association with perceived Shariah compliance and superior quality ratings for healthcare, indicating that ethical alignment could have a positive influence on patient perceptions. But this correlation is not without its naysayers. Detractors say a focus on religious affiliation can mean lapses in technical skill or quality assurance. This underscores the importance of conceptualizing satisfaction in multidimensional terms--not only as a function of religious acknowledgement in care delivery, but the interacting forces of spiritual, emotional, and biomedical factors in providing that care.

Although the existing recent discourse quite rightly focuses on the patient's perspective, stressing comfort that they affirm to experience in religio-spiritual care-related elements, the institutional power relations underpinning the ways in which 'Shariah compliance' are defined and operationalised receive far less attention. Hospital managers find themselves caught in one paradox: that of needing to accommodate Muslim medical tourists with visible Islamic signifiers on the one hand, while on the other they are implicated in profit-driven treatment regimes (Harun et al., 2024; Mohezar et al., 2017). This friction poses serious questions of authenticity: are Islamic values being truly lived, or are they being carefully selected as per the market demands? (Hadi et al., 2020; Darojatun et al., 2024). By redirecting analytic attention from patient preferences to institutional credibility, it becomes possible to further probe ways in which bureaucratic concerns can impact the ethical impact of Islamic medical tourism. It also beckons an empirical question of whether compliance is about the belief that conduct is right, or merely about what looks good on the commercial books.

According to literature loyalty is explained as more than just immediate satisfaction and comprises trust over time, repeat offenses and advocacy through mouth-to-mouth (Joseph & Rouibah, 2009). Rahman et al. (2018); for Muslims, ensuring consistency in service provision and alignment with spiritual needs can be critical in developing loyalty. But this is not an opinion without its critics. Some academics have even gone to the extent of claiming that religious congruence by itself may not, in the long run, ensure patient retention, especially in a highly competitive environment where cost, continuity of care and competition are also influential in ultimate decision making (Faso, 2005). Collectively, these approaches imply that loyalty should be viewed in a multidimensional facet that combines faith-based feeling with clinical effectiveness and the institutional consistency of healthcare providers. Such a model facilitates comprehensive evaluations of patient loyalty determinants within Shariah-compliant health care providers.

Patient agency is one dimension that requires more theoretical attention. Most of the literature considers the patient to be passive and reactive to health inputs. Nonetheless, patients are input providers who resolve the tensions between medical need vs. religious conviction, often making complex decisions when conflicts occur (Guiahi et al., 2019; Saad et al., 2021). For instance, a woman might consider the urgency of having her condition treated to fall within an exception that is allowed under Sharia, and therefore she might choose

immediate treatment by a male doctor over treatment that is postponed until a female doctor can treat her (Alqufly et. al, 2019). What these micro-negotiations reveal is that religion was modifiable, not by procedural devices, but by the logic of the ethical world that patients must interpret. Understanding this agency expands the lens of analysis from institutional delivery to patient centered adaptability, enriching the discourse around loyalty and satisfaction.

Malaysia offers Islamic medical tourism due to a combined influence of Islamic demographics, government patronage, and accreditation programmes in some hospitals. In the literature review section, Malaysia is framed as a recipient and generator of Islamic medical tourism, a portrayal that is adopted from Che Jamaludin et al. (2023). Yet there is still a problem with implementation. Malaysia's Islamic medical branding is questionable with some inconsistencies among sectors although some hospitals applaud high compliance of Sharia requirement (Ismail et al al,2024). Further, standardization of health needs across Muslim pilgrims was compromised by heterogeneity of this population, which encompasses patients from the Middle East and Southeast Asia (Kamassi et al., 2021, Papastathopoulos et al., 2020). There is a shortage of intercultural comparative studies in the literature which limits the ability to generalize the results across Muslim communities. This chapter highlights this gap as a key void in need of further empirical attention.

Methodology

The intersection of Sharia ethics and clinical quality is analysed in the context of Islamic medical tourism destination, Malaysia, in view of Sharia ethics. CIS is well-suited for areas where the literature is widely distributed, conceptually fragmented, and embedded in interdisciplinary viewpoints. Different to systematic reviews where hierarchy of empirical evidence claims preference relative to inclusion protocols of studies, CIS can proceed inductively, allowing development of theory (Višić et al. al,2024). Such considerations are particularly critical when we are discussing something like Shariah-compliant healthcare, in which theological, clinical and socio-cultural domains meet and change.

The synthesis started with the systematic access of the literature from the most important academic research databases, such as Scopus, Web of Science and Science Direct. The search terms were the combination of "Sharia-compliant health care", "Islamic medical tourism", "Muslim patient satisfaction", "Islamic hospital's governance" and "faith-based health-care delivery". The search was restricted to a period of 2010–2024 for relevance and currency. In contrast to systematic reviews which screen sources using limited hierarchies of evidence, this study used a conceptual richness criteria (Ako-Arrey et al., 2015; Yazdani et al., 2015)—filtering literature that had reflected critically on Islamic healthcare's ethical, clinical and structural/organisational challenges.

The process of this involved three main phases: (1) a search for and selection of relevant literature (2) iterative coding and thematic synthesis, and (3) framework development. These phases were not linearly mediated but instead intertwined in a reflexive, iterative process, representative of the fluid character of CIS.

Further to the conceptual literature, the synthesis benefited from empirical fieldwork from an associated qualitative investigation (Fadzil & Mat, 2025) using interviews and observations of healthcare professionals in Shariah-compliant hospitals. The study exposed

significant implementation issues—specifically poor training about Islamic ethics, the high operational cost for compliance with halal and reliance on centralised fatwa issuance—which shaped both the thematic coding as well as the development of the ESCA + framework. Such findings enhanced the applied relevance of the synthesis, and provided an institutional basis for abstract categories such as “Institutional Integrity” and “Patient Agency.”

After compiling the literature corpus, the analysis was conducted in stages of close, iterative readings. Upon selection, each text was open-coded marking important concepts, terminologies and discourses. These codes of the first order were inductively arranged in thematic groups, consistent with the constant comparative and interpretive integrative processes (Peterson,2017). “Ritual accommodation,” “ethical justice,” and “institutional authenticity” emerged as key themes not simply through their frequency, but through their explanatory content and conceptual density.

This became the Emergent Model: Ethical-Spiritual-Clinical Alignment (ESCA+). The framework developed inductively and was driven by theoretical novelty and practical applicability. In the course of this, consideration was given to epistemic tensions between the global health regimes (e.g., compliance with JCI) and Islamic moral imperatives (e.g., with reference to maqasid al-shariah) such that the synthesis encompasses normative as well as applied realities of faith-inspired medical care (Halim & Ismail,2024; Aziz et al., al,2024).

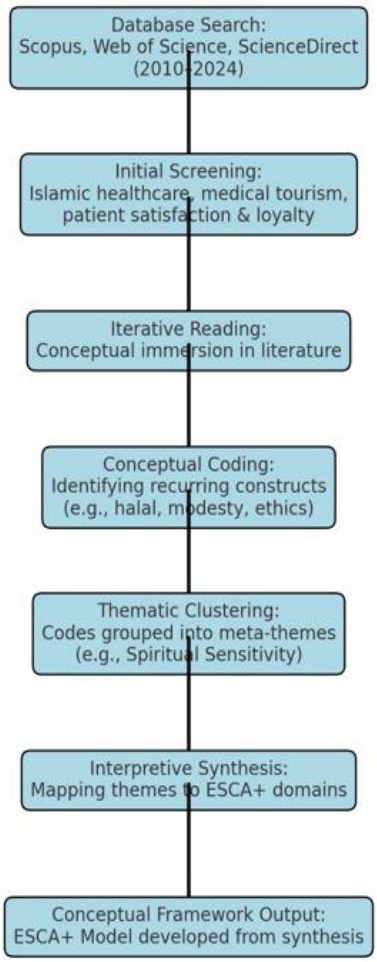

Diagram 1: Critical Interpretive Synthesis (CIS) Review Process for Sharia Compliant Hospital

To visually encapsulate the structural relationships embedded within the ESCA+ model, Diagram 2 below presents a simplified overview. It illustrates how the four foundational domains—Spiritual Sensitivity, Clinical Competence, Ethical Justice, and Institutional Integrity—interact to shape Patient Agency, which in turn mediates overall Patient Satisfaction and Loyalty. This structural map does not aim to replace the more detailed conceptual and operational diagrams, but rather offers a concise schema to guide the reader's understanding of the framework's internal logic and directional flow.

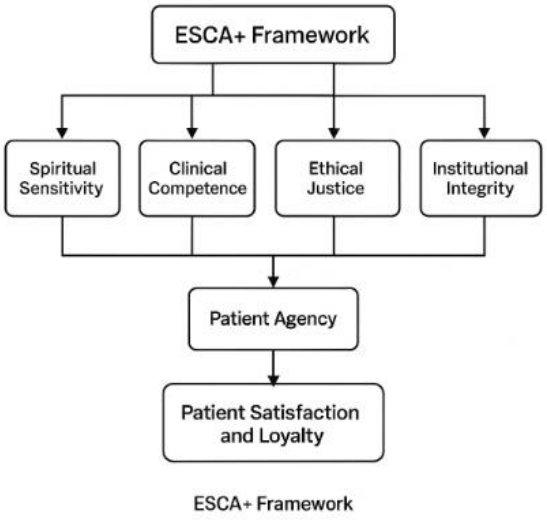

Diagram 2: Structural Overview of the ESCA+ Framework Domains Leading to Patient Satisfaction and Loyalty

In an effort to maximise trustworthiness, peer debriefing and reflexive memoing were used as internal checks on the interpretive process during the analysis phase, enabling the researchers to uncover potential biases and maintain a reasonable degree of conceptual fidelity to both Islamic ethics and healthcare theory (Ahmed,2024). The aim was not quantitative saturation but conceptual saturation—reaching a synthesis sufficiently rich to support theorizing and further empirical investigation.

Discussions and Findings

Following the critical interpretive synthesis (CIS) method, this review applied a multi-step thematic coding procedure to interrogate and synthesise major themes identified in the literature. The approach to analysis was iterative and inductive with analysis driven by theory building as opposed to simply coalescing data.

Following retrieval and initial sifting through Scopus, Web of Science and ScienceDirect (2010–2024), each article on the shortlist was concept-sensitized through cyclic readings. During this process, key thematic codes were developed based on the recurring categories and discursive patterns, for example, 'halal-certified medication', 'gender-congruent care', 'procedural safety' and 'religious branding'.

These first-order codes were then categorized into thematic clusters that conveyed more abstract higher-order meanings. For instance, items such as "prayer facilities" and "halal drugs" were grouped in the theme Ritual and Spiritual Accommodation. The intent was not to summarize, but to re-theorize, Sharia-conformant health care, and to understand how

ethical, clinic, spiritual, institutional, and agentic principles intersect and affect patient and community outcomes.

Through synthesis and constant comparison, these thematic clusters were finally mapped onto five core dimensions of the conceptual framework, now termed ESCA+: Spiritual Sensitivity, Clinical Competence, Ethical Justice, Institutional Integrity, and Patient Agency. The coding and clustering process was driven not by frequency alone, but by relevance, conceptual richness, and explanatory power across the reviewed texts. The final thematic structure is presented in Table 1 below.

Table 1
Thematic Coding Map (CIS-Aligned)

Thematic Code	Theme (Cluster)	ESCA+ Component
Gender-appropriate treatment, modest attire	Religious Modesty in Care	Spiritual Sensitivity
Halal-certified drugs, prayer facilities	Ritual and Spiritual Accommodation	Spiritual Sensitivity
Diagnostic accuracy, procedural safety	Clinical Quality & Safety	Clinical Competence
JCI compliance, international standards	Global Clinical Benchmarking	Clinical Competence
Transparency in billing and services	Fair and Just Administration	Ethical Justice
Gender-equitable access, non-discrimination	Islamic Equity and Resource Distribution	Ethical Justice
Branding vs. Authenticity in Shariah Compliance	Institutional Performance Tension	Institutional Integrity
Profit vs. Piety in hospital management	Ethical-Commercial Conflict	Institutional Integrity
Patient preference shifts in emergencies	Contextual Religious Flexibility	Patient Agency
Patients interpreting fiqh for urgent care decisions	Lay Ijtihad in Clinical Scenarios	Patient Agency
Satisfaction with interpersonal care, Islamic values	Value-Based Emotional Trust	Patient Satisfaction
Repeat visits, trust, advocacy	Loyalty and Retention Patterns	Patient Loyalty

In line with the CIS approach, the ESCA+ framework was generated by interpretive analysis of recurrent constructs in interdisciplinary literature. Instead of construing Shariah compliance as a rigid tick-list of rituals or biological conditions, this synthesis reconceives it as a dynamic ethical framework anchored in five interconnected domains—that are predicated in Islamic theology, patient-centred values, and health systems theory. The first competency cluster, Ethical Justice, includes the principles of fairness, gender equity, and transparency. These were repeatedly mentioned in the literature as being core to Shariah-compliancy delivery, including works such Harun et al. And focus attention on the systemic

inequalities that must be rectified in conjunction with ritual observance. (2024) The realm is closely connected with the Quranic commands of adl (justice) and amanah (trust) that command that institutions work with transparency and moral lucidity.

Spiritual Sensitivity measures how well hospitals meet the religious needs of patients — offering halal medications and gender-appropriate care, as well as spaces for prayer and quiet reflection. This element, as proposed by Yahaya (2018), and further elaborated by Sunawari et al. (2023) exemplify hifz al-din (preservation of religion) and adab al-mu'alajah, demonstrating that spiritual congruence leads to increased patient confidence and better sense of state (Heidary Alamdari et al 2014, Matloob and Ashraf 2014).

The third, clinical competency is concerned with procedural accuracy, safety and adherence to global standards such as JCI. This is a major element which covers an essential expectation: that of Muslim patients seeking not only religious-sensitive but also quality medical services. Mohammadi et al. (2019) and Mat et al. (2023) have also advanced the theory that clinical reputation increases the legitimacy of Shariah-complaint campuses. Institutional Integrity denounces the commodification of Islam. Literature by Mohezar et al. (2017) and Che Jamaludin et al. (2023) exposes the conflict between genuine ethical governance and mere branding. Here, the ESCA+ model argues that Shariah compliance must be practiced at both policy and organisational culture levels and not only be superficial.

Lastly, Patient Agency emerged as an underexplored yet vital construct. Contrary to assumptions that Muslim patients passively follow institutional norms, studies like Alqufly et al. (2019) demonstrate how patients actively interpret and apply Shariah in real-time situations—such as choosing urgent care from a male physician when no female doctor is available. This reflects grassroots ijtihad and supports a richer understanding of faith-informed healthcare decisions.

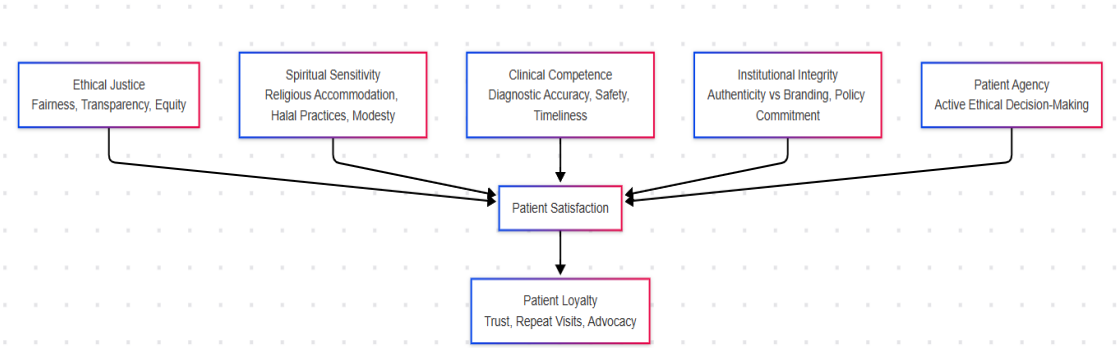

Diagram 3: Conceptual Framework for Ethical-Spiritual-Clinical Alignment (ESCA+) of patient Satisfaction and Loyalty

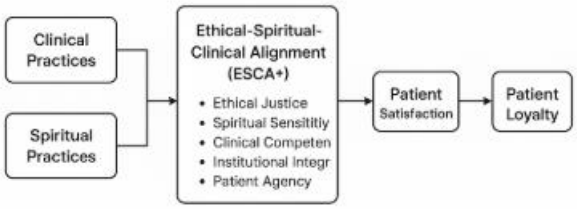

Diagram 4: Operational Pathway of Clinical and Spiritual Practices Filtered Through ESCA+ Towards Patient Outcomes

A significant contribution of this review is the evolution of the Ethical-Spiritual-Clinical Alignment (ESCA+) framework, a theoretical model that reconceptualizes Sharia-compliant health care as a nested moral system of a series of interrelated ethical requirements rather than a discrete rubric of ritual compliance. Grounded in Islamic moral theology and institutional health ethics, ESCA+ identifies five fundamental domains: Ethical Justice, Spiritual Sensitivity, Clinical Competence, Institutional Integrity, and Patient Agency--all of which contribute to Patient Satisfaction, and hence, Patient Loyalty.

This framework synthesizes insights from Islamic legal ethics (*fiqh*, *maqasid al-shari'ah*), health systems performance, and patient-centred care. This is both a philosophical and jurisprudential framework that functions as a dual-purpose roadmap—guiding individual ethics and societal objectives while shaping institutional architecture (Umar & Mat, 2024). Adli et al. (2024) argue that maqasid al-shari'ah remains a foundational concept in Islamic law, and its significance lies in the notion that maqasid application should be context-sensitive and integrative, allowing legal rulings to be adaptable and responsive to the changing demands of modern life. Ethical Justice encompasses fairness, equity, and transparency in care delivery, echoing Quranic imperatives of *adl* (justice) and *amanah* (trust). Spiritual Sensitivity addresses the patient's existential and ritual needs, such as gender-appropriate care and halal medication, grounded in *hifz al-din* and *adab al-mu'alajah* (etiquette of treatment). Clinical Competence ensures diagnostic precision and procedural safety, representing the *'ilm* (knowledge) dimension of Shariah-aligned practice.

Institutional Integrity critiques the commodification of Islamic branding and urges commitment to authentic Shariah governance beyond symbolic compliance. Meanwhile, Patient Agency—rarely addressed in prior frameworks—recognizes the interpretive capacity of patients in negotiating between faith and clinical urgency, aligning with *ijtihad* and situational ethics (*fiqh al-waqi'*).

While the preceding discussion conceptualises ESCA+ as a multidimensional ethical framework grounded in Islamic theology and patient-centred care, *Diagram 3 provides a system-level translation of this model*. It illustrates how real-world clinical and spiritual practices—such as diagnostic precision, halal medication, and gender-congruent care—are mediated through the five ESCA+ domains. These domains function as evaluative and ethical filters that shape the patient's holistic experience, ultimately influencing satisfaction and fostering long-term loyalty. This operational flow underscores the dynamic role of ESCA+ not merely as a conceptual framework but as a functional model for institutional alignment and service design in Shariah-compliant healthcare settings.

The review identifies several pressing gaps that limit the field's capacity for theoretical and practical advancement. First, there is a scarcity of longitudinal studies examining whether Sharia-compliant practices lead to sustained patient loyalty over time. Second, most research adopts a unidirectional view, assuming that Islamic features influence patients, without considering patient agency in shaping institutional practices. Third, there is little engagement with health economics, which is essential for understanding how Sharia compliance affects operational costs and market competitiveness. Future research should embrace interdisciplinary approaches that draw on theology, public health, organizational behavior, and economics to generate more robust insights. Comparative studies across different

national contexts could also clarify the extent to which Malaysia's model is globally transferable or culturally specific.

Conclusion

This literature review has demonstrated that Sharia-compliant healthcare represents a fertile domain for advancing both academic knowledge and practical innovation in medical tourism. It reframes Sharia compliance not as a static checklist but as a dynamic interplay of ethics, spirituality, and clinical practice. By synthesizing diverse scholarly perspectives and proposing the ESCA model, the review contributes a new lens through which to evaluate and enhance faith-based healthcare services. Ultimately, it argues that the true novelty of Sharia-compliant healthcare lies not in its ritual elements but in its capacity to humanize medical tourism by aligning scientific rigor with spiritual integrity.

Building on the ESCA+ framework, future research should move beyond conceptual synthesis to empirical validation. Longitudinal studies are urgently needed to examine whether the integration of ethical, spiritual, and clinical domains meaningfully sustains patient satisfaction and loyalty over time. Moreover, comparative case studies across different Islamic healthcare models (e.g., Malaysia, Brunei, Saudi Arabia) can uncover culturally bound versus universal components of Shariah-compliant systems. Importantly, health economics must be foregrounded: future work should explore how hospitals absorb or redistribute the financial costs of compliance, and whether these align with maqasid al-shariah principles of justice and sustainability. Policy-makers, particularly within ministries of health and religious affairs, must translate this framework into national accreditation standards. Hospital administrators and Shariah committees should jointly operationalise the ESCA+ domains, shifting from symbolic Islamisation to systemic ethical governance. Healthcare training institutions also bear responsibility to embed this framework into medical curricula, ensuring future professionals are equipped to navigate theological and clinical overlaps with confidence. Finally, patient advocacy groups can be empowered to co-produce service standards, affirming their agency in shaping ethical and faith-aligned care.The ESCA+ model thus provides a foundational lens not only for future academic inquiry but for transformative, multi-stakeholder reform in Islamic medical tourism.

Theoretical, Contextual and Industrial Significance

Theoretically, the study contributes by introducing the ESCA+ framework that provides an expanded understanding of Shariah-compliant healthcare beyond a simple observance of rituals. Based upon maqasid al-shariah, the model integrates Islamic moral theology with clinical governance to provide a comprehensive and operationalizable framework to improve patient satisfaction, loyalty, and ethical competency. It is particularly pertinent given Malaysia's ambitious plan to be the world leader in Islamic medical tourism. By examining tensions between global accrediting standards (for example, JCI) and Islamic ethics, it frames Malaysia's healthcare system as a real-world proving ground for faith-integrated policy innovation. From a practical standpoint, the ESCA+ model provides a template for hospital managers, policy-makers, and Islamic Fiqh (Jurisprudence) councils to plan and audit health care provision that is both medically effective and ethically framed. It can be rolled out into clinical SOPs, staff training modules, quality domain markers and patient engagement strategies to ensure that not only Shariah values are symbolized, but structuralized. ESCA+ may be a complementary tool with conventional quality indicators by accreditation agencies

responsible for assessing compliance in Islamic medical organizations. Further, the model can provide direction for cross-border medical tourism strategy, as a way of better aligning services with the spiritual needs of Muslim patients originating from various cultural contexts. As such, this study goes beyond academic debate to provide a practical model for policy makers and service providers in health care in what it means to deliver sustainable and faith-consistent services.

References

Abd Manaf, N. H., Ghazali, R. J. D. M., & Marikar, K. (2010, June). Positioning Malaysia in Medical Tourism. In *International Conference on Marketing (ICMAR)*.

Adli, J. H., Wan, W. M. K. F., Khairuldin, N. N., & Mokhtar, W. K. A. W. (2024). Maqasid Al-Shariah in the Gazetting of Fatwas in Selangor: An Analysis.

Ahmed, S. K. (2024). The pillars of trustworthiness in qualitative research. *Journal of Medicine, Surgery, and Public Health*, *2*, 100051.

Aissaoui, F. (2024). CONSANGUINEOUS MARRIAGE BETWEEN SHARIA, LAW AND MEDICINE. *Journal of Law and Sustainable Development*. https://doi.org/10.55908/sdgs.v12i8.3887.

Ako-Arrey, D. E., Brouwers, M. C., Lavis, J. N., Giacomini, M. K., & AGREE-HS Team. (2015). Health systems guidance appraisal—a critical interpretive synthesis. *Implementation Science*, *11*, 1-20.

alHarbi, H., Farrand, P., & Laidlaw, K. (2023). Understanding the beliefs and attitudes towards mental health problems held by Muslim communities and acceptability of Cognitive Behavioral Therapy as a treatment: systematic review and thematic synthesis. *Discover Mental Health*, *3*(1), 26.

Alqufly, A. E., Alharbi, B. M., Alhatlany, K. K., & Alhajjaj, F. S. (2019). Muslim female gender preference in delaying the medical care at emergency department in Qassim Region, Saudi Arabia. *Journal of family medicine and primary care*, *8*(5), 1658-1663.

Aziz, A., Manalu, P., Oktaviandi, W., & Apriadi, D. (2024). SDG's and Maqasid Shariah Principles: Synergies for Global Prosperity. *Journal of Lifestyle and SDGs Review*, *4*(2), e01873-e01873.

Chandran, S. D., Puteh, F., Zianuddin, A., & Azmi, N. A. (2018). Key drivers of medical tourism in Malaysia. *Journal of Tourism, Hospitality & Culinary Arts (JTHCA)*, *10*(1), 1-12.

Che Jamaludin, F. I., Lim Abdullah, M. R. T., & Endut, M. N. A. (2023). Establishing a Sustainable Shariah-Compliant Hospital in Malaysia: Exploring the Pertinent Concept. KnE Social Sciences, pp. 0-0. https://doi.org/10.18502/kss.v8i20.14631

Darojatun, R., & Busro, B. (2024). Commodification of Religion in Marketing Communication for Sharia-Compliant Properties. *Communicatus: Jurnal Ilmu komunikasi*. https://doi.org/10.15575/cjik.v8i1.33784.

Fadzil, M. K. R. M., & Mat, H. (2025). Shariah-Driven Healthcare: Bridging Knowledge, Cost, and Compliance. *RABBANICA-Journal of Revealed Knowledge*, *6*(1), 21-38.

Faso, B. (2005). The two faces of enhancing utilization of health-care services: determinants of patient initiation and retention in rural. *Health Research in Developing Countries: A Collaboration Between Burkina Faso and Germany*, *82*(8), 266.

Guiahi, M., Helbin, P., Teal, S., Stulberg, D., & Sheeder, J. (2019). Patient Views on Religious Institutional Health Care. *JAMA Network Open*, 2. https://doi.org/10.1001/jamanetworkopen.2019.17008.

Guo-Ping, Y. (2013). Continuous quality improvement of infection control in JCI accreditation. *Chinese Journal of Nosocomiology*.

Hadi, N., & Baihaqi, J. (2020). Motive of CSR Practices in Indonesia: Maqasid al-Sharia Review. *QIJIS (Qudus International Journal of Islamic Studies)*. https://doi.org/10.21043/QIJIS.V8I2.8856.

Halim, J. A., & Ismail, S. K. (2024). Aplikasi Maqasid Syariah dalam Rawatan Antenatal oleh Perawat Lelaki. *Jurnal Islam dan Masyarakat Kontemporari*, *25*(1), 50-65.

Harun, S., Ahmad, I., Shafie, S., Choirisa, S. F. F., & Rizkalla, N. (2024). Developing Muslim-friendly hospital practices: understanding the key drivers. *Journal Of Islamic Marketing*, *15*(11), 3137-3155.

Harun, S., & Senawi, A. R. (2023). The Determinants of Customer Satisfaction towards Muslim-Friendly Healthcare Service Deliveries: A Conceptual Model. *Information Management and Business Review*, *15*(4), 326-330.

Ismail, S., Daud, N., Husin, S., Salleh, S., & Shafie, Z. (2024). The Framework of Maternity Care Practices Guideline toward the Enhancement of Sharia-Compliant Hospital. *International Journal of Academic Research in Business and Social Sciences*. https://doi.org/10.6007/ijarbss/v14-i12/23907.

Jamal, A. Z. A., & Jamaludin, M. A. B. (2024). Halal Medical Tourism and Reproductive Care and Services: An Overview of Malaysian Marketplace. *Journal of Halal Industry & Services*, *7*(1).

Jamaludin, F. I. C., Abdullah, M. R. T. L., Endut, M. N. A. A., Saifuddeen, S. M., Hamimi, K. A., & Harun, S. (2025). Developing a Shariah-compliant medical services framework in Malaysia: an expert system approach using fuzzy Delphi method and interpretive structural modelling. *BMJ Open*, *15*(1), e082263. https://doi.org/10.1136/bmjopen-2023-082263

Kamassi, A., Abdul Manaf, N. H., & Omar, A. (2021). The need of international Islamic standards for medical tourism providers: a Malaysian experience. *Journal of Islamic Marketing*, *12*(1), 113-123.

Khairunnisa, I., & Kusbaryanto, K. (2023). Implementation Of Sharia Law On Patient Medical Services In Certified Sharia Hospitals: A Literature Review. *Jurnal Aisyah : Jurnal Ilmu Kesehatan*. https://doi.org/10.30604/jika.v8i2.2049.

Kobayashi, K., Ando, K., Nakashima, H., Machino, M., Kanbara, S., Ito, S., Inoue, T., Yamaguchi, H., Ishiguro, N., & Imagama, S. (2021). Challenges for Joint Commission International accreditation: performance of orthopedic surgeons based on International Patient Safety Goals. *Nagoya Journal of Medical Science*, 83, 87 - 92. https://doi.org/10.18999/nagjms.83.1.87.

Mahmood, M. A., Yusof, N. M., Saidi, S., & Ahmad, A. C. (2023). The integration of islamic values in daily clinical practice among healthcare professionals: a scoping review. *IIUM Medical Journal Malaysia*, *22*(3).

Maksum, M., Wahyuni, A., Farida, A., Hasanah, L., & Fuad, S. (2022). Sharia Service as An Added Value: Response to Sharia Standard in Hospital Service. *Samarah: Jurnal Hukum Keluarga dan Hukum Islam*. https://doi.org/10.22373/sjhk.v6i1.13418.

Mat, H., Wan Ab Rahaman, W. M. A. F., & Shafie, N. (2023). The Relationship Between Interpersonal and Intrapersonal Religious Commitment in Choosing Shariah Compliant Hospital in Malaysia. UMRAN - International Journal of Islamic and Civilizational Studies, 10, pp. 0-0. https://doi.org/10.11113/umran2023.10n1.601

McLaren, H., Patmisari, E., Hamiduzzaman, M., Jones, M., & Taylor, R. (2021). Respect for religiosity: review of faith integration in health and wellbeing interventions with Muslim minorities. Religions, 12(9), 692.

Mohammadi, A., Vanaki, Z., Memarian, R., & Fallahrafie, R. (2019). Islamic and Western Ethical Values in Health Services Management: A Comparative Study.. *International journal of nursing knowledge*. https://doi.org/10.1111/2047-3095.12244.

Mohd Arifin, S. R., Nazir, N. A. M., Samsudin, S., & Daud, N. (2022). Understanding Doctors' and Nurses' Roles in the Islamic Medical Practice and Rukhsah Solah in a Shariah-Compliant Hospital. Malaysian Journal of Medicine and Health Sciences, 18, pp. 0-0. https://doi.org/10.47836/mjmhs.18.s19.15

Mohezar, S., Moghavvemi, S., & Zailani, S. (2017). Malaysian Islamic medical tourism market: a SWOT analysis. Journal of Islamic Marketing, 8(3), 444-460.

Rahman, M. K., Zailani, S., & Musa, G. (2018). Tourists' satisfaction and loyalty intention at Shariah compliant private hospitals in Malaysia. International Journal of Tourism Sciences, 18, pp. 0-0. https://doi.org/10.1080/15980634.2018.1555605

Rahman, M. K., & Zailani, S. (2016). Understanding Muslim Medical Tourists' Perception Towards Islamic Friendly Hospital. *Journal of Investment Management*, *5*(6), 206. https://doi.org/10.11648/J.JIM.20160506.26

Papastathopoulos, A., Kaminakis, K., & Mertzanis, C. (2020). What services do Muslim tourists want? Uncovering nonlinear relationships and unobserved heterogeneity. *Tourism Management Perspectives*, *35*, 100720.

Peterson, B. L. (2017). Thematic analysis/interpretive thematic analysis. *The international encyclopedia of communication research methods*, 1-9.

Saad, M., & Medeiros, R. (2021). Religion and health: most of times, an excellent combination. *Einstein*, 19. https://doi.org/10.31744/einstein_journal/2021CE6382.

Sunawari, A. L., Khalil, A., Idris, M. M., & Mokhtar, A. (2023). A Patient-Centered Hospital in Malaysia in Accordance with Maqasid Syariah Principles: A Comprehensive Review and Prospective Research Directions. *International Journal of Islamic Thought*, *24*.

Umar, A., & Mat, H. (2024). Penerapan Maqasid al-Syariah dalam Pembangunan Model Kepemimpinan Wanita di Malaysia: The Application of Maqasid al-Shariah in the Development of Women's Leadership Model in Malaysia. *RABBANICA-Journal of Revealed Knowledge*, 5(2), 151-165.

Višić, M., Balenović, A., & Mesarić, J. (2024). SYNTHESISING RESEARCH FINDINGS–METHODOLOGICAL GUIDELINES FOR CONDUCTING THE CRITICAL INTERPRETIVE SYNTHESIS METHOD. *Teorija in praksa*, *61*(4).

Yahaya, R. R. (2018). What is Shariah Compliant Hospital Criteria and Scope?. International Journal of Academic Research in Business and Social Sciences, 8, pp. 0-0. https://doi.org/10.6007/IJARBSS/v8-i5/4483

Yazdani, S., Lake, M. A., Ahmady, S., Forootan, A., & Afshar, L. (2014). Critical interpretive synthesis of the concept of value in medical education. *Research and Development in Medical Education*, *4*(1), 31-34.

Zagloul, M., Mohammed, B., Abufares, N., Sandozi, A., Farhan, S., Anwer, S., Tumusiime, S., & Bojang, M. (2024). Review of Muslim Patient Needs and Its Implications on Healthcare Delivery. *Journal of Primary Care & Community Health*, 15. https://doi.org/10.1177/21501319241228740.