Halal Healthcare Tourism: Nurses' Perspectives

Restuning Widiasih, Yanti Hermayanti, Ermiati, Ida Maryati, Tetti Solehati

Department of Maternity Nursing, Faculty of Nursing, Pangandaran Campus, Universitas Padjadjaran, Pangandaran, Indonesia.

*Corresponding Author Email: restuning.widiasih@unpad.ac.id; yanti.hermayanti@unpad.ac.id; ermiati@unpad.ac.id; ida.maryati@unpad.ac.id; tetti.solehati@unpad.ac.id

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Abstract:

Muslim-friendly tourism or halal tourism is an industry targeted by the Indonesian government. This is also created as an opportunity for the halal healthcare tourism industry. Previous studies in Indonesia have been conducted in the area of halal tourism. However, limited study has focused on halal healthcare tourism. This paper aimed to examine the challenges and prospects of halal healthcare tourism in Indonesia from nurses' perspectives. Methods, this qualitative study applied the descriptive approach. Semi-structured interviews were conducted to 10 nurses from different hospitals in West Java and South Sumatra provinces. The snowball sampling technique was used to recruit participants. Data from the interviews were analyzed using the Comparative Analysis for Interview technique to find the study themes. Results, three themes emerged from the data analysis including the concept of halal healthcare tourism is applied in health services, barriers in developing halal healthcare tourism, and the leader determines the main focus of services programs in the hospital. In conclusion, these findings provide an understanding of the potency of Indonesian hospitals in the halal healthcare tourism market from nurses' perspectives, yet several barriers were also identified. A comprehensive assessment is needed to obtain other health professionals' opinions, and to raise their awareness of the strength of this industry in Indonesia.

Keywords: halal; healthcare tourism; industry; Islam; Muslim

1.0. Introduction

The tourism industry in Indonesia is designated as one of the leading sectors of the government focus programs. The strategic roles of the tourism sector in the national programs is stipulated in the National Medium-Term Development Plan (RPJMN) 2020-2024 which sets 7 (seven) focus agendas including strengthening economic resilience for quality growth in the field of five-year development programs including Agro fishery industry, maritime affairs, energy, industry, economy creative and digital, and tourism [1]. Tourism contributes significantly to the economy in Indonesia. This industry is developing in line with the potential that exists in Indonesia such as culture, religion, human resources, and the natural beauty of this country.

Indonesia is a country with the largest Muslim population in the world, these characteristics become one of the attractions of other Muslim countries to visit Indonesia. Muslims have an agenda to do pilgrims as part of worship in Islam, but now the trend is moving on, Muslims also take a journey for vacation [2]. The number of Muslims in the world is 1.9 billion, and 229 million are from Indonesia [3]. The potential of tourism by combining the concept of tourism and values in Islamic teaching become Sharia tourism or Halal or Muslim-friendly tourism is an opportunity for increasing the country's income from the tourism sector, it is illustrated from the origin of tourists that visit Indonesia. Data shows that international tourists who visit Indonesia are dominated by ASEAN countries such as Malaysia and Singapore. Middle Eastern countries such as Saudi Arabia and Qatar. While other countries are European countries, Russia, America, and Australia. The Saudi Arabian tourists increase annually they are the number one tourist from the Middle East region who visit Indonesia. The number of Saudi Arabian tourists visiting Indonesia reached 165,852 people in 2018, it is expected that the number of visits will increase by around 25 percent or 200,000 people in 2019 [4]. For Muslim tourists, they will feel comfortable if the countries destinations implement the principles of sharia in their tourism services.

Indonesia was chosen by the Global Muslim Travel Index assessment in 2019 as the best halal tourism destination in the world to compete with 9 other countries, namely Malaysia, Turkey, Saudi Arabia, the United Arab Emirates, Qatar, Morocco, Bahrain, Oman, and Brunei Darussalam based on [5]. The hard work in applying the principle of Muslim-friendly tourism has succeeded. Halal tourism is not religious tourism such as Umrah and pilgrimage. Halal tourism is tourism for holidays, by adjusting the costumers' needs and demands of Muslim travelers such as hotels with sharia principles that do not serve alcoholic drinks, and have separate swimming pools and spa facilities for men and women [6]. For the past 5 years, Indonesia has focused on developing halal tourism and has finally been able to demonstrate achievement as the world's best halal tourism destination.

Muslim-friendly tourism or halal tourism is an industry that is targeted by the Indonesian government. This is also created as an opportunity for the halal healthcare tourism industry. As the number one halal destination in the world, Indonesia has also started to develop health tourism. The industry is considered a potential industry because Indonesia has a strategic location, many tourist attractions, and a large number of Indonesian overseas for medications [7]. Health tourism has been targeted by neighboring countries such as Thailand, Singapore, Malaysia, and India from decades ago [8]. At present the medical tourism trend is starting to develop to the target sharia market, or what is known as Halal medical tourism, Halal healthcare tourism, or Sharia health tourism [9].

Halal healthcare tourism has been developed by many neighboring countries such as Malaysia, Singapore, and Taiwan [9]. Research in Malaysia has found that halal medical tourism to be beneficial and has targeted by the Malaysian government to increase the country's revenue from health tourism. There is a chance for businesses engaged with the halal healthcare idea. While meeting the tourist requirements is precious, many aspects of halal healthcare benefits can attract a more extensive market, for example, the advantages of halal food. Issues related to health, security, quality, environment, and ethics can be additionally explained to increase the awareness and understanding of the halal concept of both Muslim and non-Muslim tourists [8]. Until now, Indonesia does not have standards and rules regarding the development of halal healthcare tourism.

The development of halal healthcare tourism is based on various in-depth analyses of the industry. Research in Malaysia aimed to analyze the market for halal healthcare tourism found that this industry is very potential, the Malaysian government supports the implementation of sharia principles, but there were several obstacles identified such as hospitals or countries competition, and limited hospitals in Malaysia have the international accreditation award [2]. Indonesia as the largest Muslim country in the world, and the best halal destination in the world, it is potential to develop halal healthcare tourism. In addition, the government also stated that they will concern about this industry. However, studies on halal healthcare tourism in Indonesia are still very limited, including from the perspective of health workers, especially nurses as providers of health services to patients. This study aimed to examine the challenges and prospects of halal healthcare tourism in Indonesia based on nurses' perspectives.

2.0. Methodology

2.1. Research Design

This study applied a qualitative descriptive approach. The goal of qualitative description is to generate a resume of everyday events by exploring individuals' or groups' experiences [10]. This method is designed to explore the nature of the phenomena, manifestations, factors that are related, and the contributory factors [11]. In this study, the researchers explored participants' opinions about their views on halal health care tourism that is being developed in Indonesia from the perspective of nurses.

2.2. Settings and Participants

The research setting was hospitals in the West Java and South Sumatra Provinces. The two provinces are tourist destinations in Indonesia, and the majority of the population is Muslim. Participants were recruited using the snowballs technique. This type of sampling technique works like a referral chain. Subjects to nominate another person with the same trait as your next subject [12]. The researcher then observes the nominated subjects and continues in the same way until obtaining a sufficient number of subjects. Recruitment was aided by a nursing master student at the Faculty of Nursing who works in a hospital, the nurse nominated other nurses from different hospitals. The participants in this study were 10 nurses, they are working at public and private hospitals for more than three years.

2.3. Data Collection and Analysis

The data were gathered using semi-structured interviews. An interview is an effective method to explore human behavior and perspectives [13]. The interviews were guided by a schedule that was developed from previous studies in Malaysia that analyzed the strength, weakness, opportunity, and the threat of halal medical tourism [2]. Questions explored nurses' perspective of the main focus programs of the hospital, the potential and expectations of the development of halal healthcare tourism, and the principles of providing health services. The duration of the audio-taped interviews ranged from 30-60 minutes. Following transcription, the data were analyzed using the comparative analysis for interviews (CAI) technique for the descriptive exploratory study [14]. The CAI is divided into four main steps including pre-coding of each interview, coding using NVivo 10 software of each interview, data comparison between interviews and codes, and theme formulation across interviews and codes.

2.4. The trustworthiness of this study

This research process applied four criteria of trustworthiness including credibility, dependability, confirmability, and authenticity [11]. To accomplish credibility, the interview process was recorded, and the theme was developed following participants' opinions as evidence of the theme. Dependability and confirmability were addressed by a review of the trails and the interview guide ensured that the researcher asked the same questions on similar topics to participants. Authenticity was achieved by the recruitment of an appropriate sample size. The transferability of the study results is controlled by the research team. It is upheld by having an adequate depiction of the exploration.

3.0. Result and Discussion

The results are categorized into participants' characteristics and themes.

3.1. Characteristics of Participants

The participants of this study were 10 nurses from 4 public hospitals and 6 private hospitals. More than half of the participants were female. The participants' length of work between 3 and 26 years. More than half of them (7 people) are female. A description of the participants' characteristics presents in Table 1.

Table 1. The characteristics of participants

Participants	Gender	Length of work (years)	Type of Hospital
P1	Female	23	Private
P2	Female	20	Public
P3	Female	24	Private
P4	Female	10	Private
P5	Male	10	Public
P6	Male	26	Public
P7	Female	10	Private
P8	Male	16	Public
P9	Female	3	Private
P10	Female	13	Private

3.2. Themes

Diagram 1 presents the finding themes

Diagram 1. Themes and sub-themes

This study found three themes including the concept of halal healthcare tourism is applied in health services, barriers in developing halal healthcare tourism, and the leader determines the main focus of services programs in the hospital. Each theme has 3-4 sub-themes, as following:

3.2.1. The concept of halal healthcare tourism is applied in health services

Health services with the concept of halal tourism identified from interviews. The Halal concept includes providing food in accordance with Islamic religious rules, ensuring that the drugs given to patients are free of illicit substances (not permitted by Islamic law) and certified by halal institutions, separating rooms for male and female patients, providing nurses or other health professionals based on gender, facilitating prayer rooms for patients and family, and preacher as patient's request or need.

The halal food menu is served by all public and private hospitals. Although there is still one public hospital that does not yet provide halal-labeled food, they believe that the local food ingredients are halal. Nurses from a private hospital with non-Muslim management backgrounds also serve food that appropriates with the Muslim diet.

Oh yes, so my workplace, the Advent Hospital has always been famous for its vegetarian food. huh yeah, so indeed, it has been since the hospital was established, indeed we have vegetarian food. So, anyone will feel safe, to eat our food. like that. (P3)

Providing halal food has become part of services in hospitals in Indonesia because they are aware that the majority of patients in Indonesia are Muslim. This is a potential for the development of halal healthcare tourism.

The hospital was also a concern in providing halal medicines. The hospital cooperates with distributors in the supply of halal medicines, including threads for surgery, selected from the halal certification brand. However, for certain drugs that contain non-halal ingredients, the health workers will notify and explain the patient or family before administration, then they are given the autonomy to decide whether agree or disagree to the drug, as participant's opinion:

Before the therapy, for example, the majority of patient was injected with anti-hemolysis drug, this drug 's ingredients content pork that not allow for Muslim, nurse will explain everything including advantages and disadvantages of the inject drug to patient and family, providing informed consent, when they decided to reject, health workers respect to the decision, and searching for halal product (P9)

The nurses who participated in this study said that the rooms in the hospital were separated between men and women. Although not 100%, but most are separated based on gender. In addition, health workers also pay attention to patient privacy, for example, if a patient asks for the same gender, they try to facilitate, especially in private hospitals. The next concept of halal healthcare tourism is the availability of prayer rooms for families and patients. These facilities are provided by all hospitals. For terminal patients, the hospital provides religious companions, including Islam. The results of the study illustrate that health services, hospitals in 2 provinces, have applied the principles of halal healthcare tourism. Further branding and promotion are needed if the hospital has a target to develop Halal healthcare tourism.

3.2.2. Barriers in developing halal healthcare tourism

Nurses express their views related to obstacles that have been experienced when there were international patients visit into the hospital, both Muslim and Non-Muslim patients. These barriers illustrate the risk of nurses' difficulties if halal healthcare tourism is implemented in their hospitals internationally. The most constraint that stated by all participants was dealing with international languages such as English and Arabic.

Well, mom, yeah. the difficulty is because there are many nurses with background education Diploma and secondary schools, it is difficult to add their job to learn foreign languages. Look at the language learning material, it is hard, So changing, let's say, become a better hospital. it is challenging. You know, a public hospital service, no pressure low target, everyone happy working in this hospital, even nurses who had experienced working in private hospitals(P8)

Dealing with the international language was the main constraint for participants. However, several hospitals that are located in the center of tourism areas anticipate this problem by establishing a health professional team that have responsibilities to provide services and to communicate with foreign patients. Several hospitals have groups of nurses and doctors with high competency in English.

Another obstacle shared by nurses was hospital facilities. Service facilities and equipment in each hospital differ depending on the grade of the hospital-based on the national accreditation. Although some nurses revealed that the services, building, and tools are better than the last 5 years, however, the tools were not the most sophisticated compared to developed countries.

Sometimes...foreign patients have different standards and criteria in many ways, for example, hospital facilities, in my opinion, all equipment, facilities, are appropriate, but according to patients, it was not. For example, I had experienced with a Japanese patient, I think, everything is clean and new, but the patient said it is dirty, dust everywhere. Even though it's clean like that (P6).

Nurses in for a hospital in Purwakarta city said that not every region was suitable for the development of Halal healthcare tourism, for example in Purwakarta, most of the foreign visitors of this city were tourists from Japan and China, so they did not need services with the Halal approach. In addition, no hospitals in this study had accredited from an international institution, where hospital standards in Indonesia differ from those of developed countries. This has the risk to discourage tourists from seeking treatment at hospitals in Indonesia.

3.2.3. The leader determines the main focus of services programs in the hospital

Participants stated that hospital leaders have a significant role in determining the vision, mission, and priority programs in the hospital. Several nurses said that their leaders are started to focus on halal healthcare tourism and followed the trend of health services in the globalization era especially nurses in private hospitals. As stated by one of the nurses from South Sumatra,

We do preparation for this current trend, for example, we discussed the more need of nurses who master in English, yeah. But it hasn't been optimal yet, how many years has it been lately, still so slowly, the way. But now it has reappeared again, because we already want to go international target, in 2040, yeah. (P2)

Nurses at other private hospitals said that their leaders were serious about learning about halal healthcare tourism, and did benchmark to neighboring countries, Malaysia, which had developed this business before Indonesia. Other nurses conveyed policies relating to the service of officers by differentiating gender, worship calls, and halal food into one of the leaders' policies.

Her background is indeed from, due to coincidence, the head of the nursing field was female and indeed he was more sharia in terms, ee what, her religion. And she wants Sharia application to be one indicator services in the hospital (P8)

The hospitals' leadership becomes one of the determinants of services related to halal tourism and hospital policies regarding religious services provided to patients. Leaders in this study have prepared hospitals to compete globally even though preparations have not yet been maximized, and are implementing Islamic concepts in inpatient care. But there are only a few hospital leaders that focus on branding halal healthcare tourism services, even though the service applies the halal concept. These findings provide an understanding of the potential of Indonesian hospitals in the halal medical tourism market from nurses' perspectives, yet several barriers were also identified. The nurses in this study stated that the food provided for patients is halal food, medicine was considered to be halal ingredients, separation of male patients and patients, provided a place of prayers, and facilitating spiritual guidance for patients according to their needs. Information provided by nurses illustrated that the principles sharia has been applied in hospitals in Indonesia both private, public, or faith-based hospitals outside of Islam. Although the hospitals are not a special sharia hospital, the health services provided are customer-oriented, where the majority of Indonesia's population is Muslim, and indirectly many patients are treated as Muslims.

The cultural or religious dominance of Islam in Indonesia affects the health services provided. On the other hand, culture and beliefs affect health services and health behaviors [15]. Nurses as health service providers have the caring principle to take care of patients as humans holistically bio-psycho-socio-cultural, including paying attention to and respecting the patients' principles when treated in health services. Leininger states that nursing theory is a humanistic and scientific mode of helping a client through specific cultural caring processes (cultural values, beliefs, and practices) to improve or maintain a health condition [16]. The situation of health services in hospitals in Indonesia is the same as health services in Malaysia which have compared services as Halal healthcare services, including providing halal food, providing providers or health workers according to patient gender, and providing places of prayers for patients and families [2]. At present, the concept of "hotel hospital" that is close to Islamic teachings has been developed as a medical tourism approach where patients and families stay close, and the daily atmosphere at home includes conducting 5 times prayer according to Islamic teaching [9]. Hospitals in the two provinces in this study have the potential and strength to be developed into Halal healthcare tourism which will have a positive impact on the country's revenue, service quality, and recognition of Indonesia in the world.

This study identifies the barriers that nurses feel when hospital services become part of general tourism or halal healthcare tourism. The most barrier is related to the ability of foreign-language such as English, Arabic, Korean, and Japanese. Several participants said that the hospital had provided language training, but it was still limited to nurses who participated. Language is important in the process of communication between patients and nurses. Failure to communicate properly the seriousness of risk can have negative consequences: patients may fail to comply with instructions or elect not to have potentially life-saving treatment. Although there has been much information published on the communication of risk between patients and healthcare practitioners in healthcare situations, this research has focused predominantly on language-congruent situations. It is not clear how health-related risk is appropriately and accurately conveyed to a patient when their first language is discordant with that of the practitioner and the wider community. There is evidence that miscommunication is more likely to occur when clinicians use an inadequately mastered second language and cannot properly convey certain nuances of risk and certainty [17]. Increased language skills, especially International Language, is one of the needs of Indonesian nurses if they are going to compete in the health care tourism industry or halal health care tourism internationally.

The next challenge is related to hospital standards and facilities. The hospital is accredited based on service standards in accordance with Indonesian government regulations. Each hospital is expected to have national accreditation, but up to now from around 2820 hospitals in Indonesia, there are still 750 hospitals that have not been nationally accredited, and only 36 hospitals have international standards. The condition is almost the same as the condition in Malaysia, a group researcher identified one of the weaknesses in developing halal medical tourism in the country is the limited hospitals that have been internationally accredited such as Joint Commission International [2]. The conditions in Indonesia and Malaysia have turned around with the situation in Thailand that many hospitals have been internationally accredited. Different standards can become obstacles for tourists to take advantage of health services in Indonesia.

The results found that hospital leadership had a role in determining the hospital's vision, mission, and programs. Some hospitals have begun to focus on healthcare tourism and there are starting to lead to halal medical tourism. Hospital leaders who work appropriately and effectively are significant for advancing or the hospital being successful [18]. Hospital leaders make overseas visits to halal medical benchmarking in other countries such as Malaysia. Leaders provide opportunities for nurses to improve their foreign language skills and attend training related to increasing nurses' capacity. The steps taken by the hospital leadership are real and have the potential to improve health services for both local and foreign residents, including the prospects for the development of Halal healthcare tourism in Indonesia. A review of guidelines and standards regarding the development of halal healthcare tourism hospitals will benefit halal health tourism in Indonesia

4.0. Conclusion

Indonesia has great potential for the development of halal healthcare tourism because the concept of Islam has been applied in health services. Barriers were found to be internal and external from individual nurses, direct leaders, and hospital management systems. The burdens can be overcome with a comprehensive and inter-collaborative approach. A comprehensive assessment is needed to obtain other health professionals' opinions, and to raise their awareness of the strengths of this industry in Indonesia.

5.0. References

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