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### **MEDICAL TOURISM: A CONCEPT, IMPLEMENTATION AND CHALLENGE IN ORGANIZATION OF THE ISLAMIC COOPERATION**

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# Medical Tourism: A Concept, Implementation and Challenge in Organization of the Islamic Cooperation

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## Abstract

Tourism is a fast-growing sector, and medical tourism is no exception. The increasing Muslim population has led to Muslim-friendly medical tourism being intensified by Organization of the Islamic Cooperation (OIC) countries. This can be seen from the large number of Muslim tourists who seek Muslim-friendly services for medical tourism, so hospitality management is important. The method of this research is a systematic literature review, which comes from several internationally reputable papers in Scopus and rankings in Scimago. This shows that the quality of medical tourism papers has gone through a rigorous selection process. The results of this study indicate that medical tourism has many enthusiasts. Furthermore, technological readiness is needed for the effectiveness of medical tourism promotion because it can reach the whole world. Medical tourism facilities, distance, and culture in the destination country are considered by medical tourism tourists in making decisions. This research can be useful for medical tourism service providers to further improve services and for the government to improve infrastructure in the medical tourism sector in order to attract foreign tourists.

*Keyword:* medical tourism; concept; implementation; challenge; hospitality management; health services.

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## Introduction

Medical tourism is a new tourism model that is experiencing the fastest growth in the world. In the 2016 tourism market, medical tourism generated revenue of US \$ 19.7 billion and is expected to increase to US \$ 46.6 billion in 2021 (OrbisResearch, 2017). This type of tourism has been implemented in several countries around the world and has become a potential sector in the country's economy. Medical health services provided are an advantage for tourists because they are more cost-effective. This is due to the cooperation between the health sector and the tourism industry. When doing medical tourism, tourists can also enjoy staying in one of the tourist destinations they visit. However, not a few tourists travel only for health services, after which they return to their country of origin.

According to the Korea Health Industry Development Institute (2011), the number of foreign tourists seeking medical treatment has increased; in 2009, it was 160,017, and in 2010, it was 224,260. This resulted in an annual growth rate of 40.1 percent and generated approximately US\$10 million (2010) compared to the previous year. Later in the UAE, medical tourism has achieved notable success, and an increase in the number of patients arriving from abroad has also been documented. According to newspaper reports, Dubai Health Care City has seen a sharp rise in medical tourism growth. In 2009, the number of medical tourism patients was 231,000. Then in 2010, the number of patients increased by 10%, namely 412,000. Furthermore, in 2011, the number of medical tourism patients amounted to 502,000, an increase of around 15% from the previous year. Every month, City Hospital in Dubai receives 10-15 foreign patients, and Al Noor Hospital in Abu Dhabi receives 15 percent of patients from abroad (Khan and Shariful, 2014).

The increasing number of Muslim medical tourists, especially from North Africa and the Middle East, has caused many medical tourism destinations to consider them a market segment that must be targeted (Ryan, 2016). Hospitals in the US and Europe, especially in the UK and Germany, are able to attract foreign patients for specialized and high-quality care (Hungary Central Statistical Office, 2010). Malaysia is said to be the center of medical tourism because its Islamic beliefs are highly emphasized in various facilities, such as halal food and products (Ormond, 2011; Henderson, 2015). Interesting research results found that not all hospitals in Malaysia implement Islamic practices; only 17 out of 61 hospitals are involved in medical tourism (Zailani *et al.*, 2016). This happens because there is no Islamic medical tourism standard (Mohezar *et al.*, 2017). Previous studies have also mentioned that Bumrungrad Hospital in Bangkok has become a popular medical tourism destination. About 40 percent of the total population of one million patients are expatriates, tourists, or medical travelers from 190 different countries (Patients Beyond Borders 2012). More than 200 US-certified surgeons and 700 US-certified doctors work at the hospital (Abd. Manaf *et al.*, 2010).

Since medical tourism has become a necessity and its benefits can be felt, the government is anticipating this by implementing an appropriate accreditation system in health service provider centers (Alneil *et al.*, 2013). Control protocols, patient recovery, clinical approaches, and monitoring standards from one place to another certainly have differences, but the implementation of these provisions focuses more on the identity and illness suffered by the patient (Bistre & Yael, 2013). The accreditation system has generally been widely used in hospitals in developing or developed Islamic countries that are defined or run separately from religious and cultural values. Then every year, the hospital will incur a sizable fee to obtain the necessary licenses along with regular updates (Kronfol, 2012).

Based on the research results of Sarwar *et al.* (2012), there are several important factors that influence service providers and clients in choosing foreign medical tourism or medical tourism service providers, namely cost savings, service quality, availability, types of treatment, experience, and reputation. medical tourism service providers, accreditation, access, distance, ease of travel, and marketing. In addition, factors that are no less important are the natural beauty of the location, climate, safety of the destinations visited, political stability without corruption, and good law enforcement, which are the keys that influence tourist choices (Helmy & Zaki, 2018). The results of research by Omay and Cengiz (2013) mention the lack of comprehensive government policies in the management of health tourism, the limited number of organizations that support health tourism, the high bureaucracy in health tourism, political instability in regional countries, and the lack of standardization in health tourism services as challenges. and the main threats affecting health tourism in Turkey.

## Literature review

### *Medical Tourism in OIC*

Medical tourism begins with how serious medical service providers are and other determinants that are considered top priorities, namely treatment, healing, and recovery (Yu and Ko, 2012). Because the combination of medical treatment and entertainment is very important when tourists decide to get medical services abroad compared to local medical services (Connell, 2013), According to Whittaker (2008), there must be a difference between discretionary travel and medical travel. Because it is very inappropriate for a sick patient to travel for pleasure. When a patient decides to take medical services outside their home country because of a dangerous disease that is not referred to as health tourism. The main purpose of medical services is treatment, not entertainment. Some researchers also argue that tourism is an inappropriate term for those who need extreme medical interventions such as transplants and plastic surgery (Kangas, 2007; Laugesen and Vargas-Bustamante, 2010). Medical tourism excludes general tourism factors,

behaviors, and expectations (Connell, 2013). The trend of medical tourists has shifted to developing cities such as Bangkok, Singapore, New Delhi, and Seoul from developed countries such as the United States, EU, Canada, and Australia, respectively, to benefit from lower costs, shorter waiting times, and higher quality medical care (Yu & Ko, 2012).

As the times progress, of course, the human population will also increase, especially Muslims. As a fulfillment of one of the needs of Muslims, namely providing tourism based on Islam. Islamic tourism is a new form of tourism and is highly valued by the tourism industry (Jafari & Scott, 2014; Stephenson, 2014; Ryan, 2016; Battour and Ismail, 2015; Mohsin *et al.*, 2015; Henderson, 2015; Nassar *et al.*, 2015). According to Mohsin *et al.* (2015), Islamic tourism is the provision of tourism products and services that meet the needs of Muslim travelers as a facility of worship and in accordance with Islamic teachings. Ryan (2016) distinguishes Islamic tourism into two types, namely Islamic tourism itself and halal tourism. Islamic tourism refers to someone who travels abroad for the purpose of religious activities and pilgrimages, such as Hajj and Umrah. Meanwhile, according to Mohezar *et al.* (2017), the purpose of halal tourism is social recreation related to the Islamic faith that draws closer to the creator, Allah SWT.

Islamic medical tourism has become important for individuals. Systems have emerged as a significant subsector within the medical tourism industry. Medical tourism providers need to have a medical system that is in line with Islamic principles. The system must be based on practices and principles derived from the Quran and the Hadith of the Prophet Muhammad SAW. A Muslim views a system with such a model as an option to satisfy their needs and desires while inside or outside the hospital. Consequently, many medical tourism providers are expanding their capacity by promoting Islamic medical tourism practices (Mahjom *et al.*, 2011). Medical tourism providers try to position themselves as medical providers by offering all the needs and expectations of Muslim medical tourists (Moghavvemi *et al.*, 2014).

In creating a Muslim-friendly environment, all practices must be based on Islamic Principles without exception (Jais, 2017). Based on the conceptualization of Islamic tourism by Nassar *et al.* (2015), Islamic medical tourism can be conceptualized from three perspectives. First, from an economic perspective, the expansion of the capacity of medical tourism providers is assisted by the practice of Islamic medical tourism, which takes advantage of the industry's growth. Second, from a cultural point of view, the practice of Islamic medical tourism should be provided in the form of medical tourism programs, services, and facilities. Third, from a conservative religious perspective, it must ensure that medical tourism providers follow Islamic religious practices properly. Therefore, it is necessary to establish Islamic standards that are embedded in Islamic law to ensure that all medical tourism practices meet the needs and expectations of Muslim medical tourists.

The essence of the concept of Islamic medical tourism is the concept of halal itself. Halal is a term that emerged from Arabic meaning permitted by Sharia law or in accordance with Islamic teachings (Wilson, 2014a; 2014b), covering not only food and drink but all matters in Muslim daily life, including health care and tourism activities. Although there are no formal criteria for this concept or a set model for Islamic medical tourism, industry practitioners are starting to introduce Islamic-compliant hospitals that adhere to Islamic beliefs and practices in treating patients. For example, in India, they have started to develop halal-certified hospitals and are combining those facilities with halal travel to promote their health services to some Muslim patients from Pakistan, Bangladesh, the Middle East, and Africa (Medhekar and Haq, 2010). Several studies have stated that there are several basic characteristics and attributes of hospitals that are in accordance with Islam, which include serving halal food and drinks, providing gender-appropriate care, prayer rooms, and halal treatment procedures and products (Padela and Curlin, 2013).

The United States health system is seen as one of the most sought-after destinations for providing high-quality tertiary and quaternary care (Johnson *et al.*, 2010). This is because the United States is a developed country and has sophisticated facilities, so it can attract many patients from other countries that do not have the same level of health infrastructure, quality of care, and innovation. When demand for medical care exceeds local availability in a particular country, residents may seek treatment in other countries that provide such services to meet their needs with appropriate financial resources (Helpman, 2011). Apart from facilities and treatment, Islamic medical tourism destinations must also offer halal tourism activities, which eliminate gambling, drinking, and other activities that are contrary to Islamic teachings. Then hospitals, hotels, and restaurants involved in this industry must prepare and serve halal food that is free from prohibited elements such as pork and alcohol, provide prayer facilities, and adhere to the Islamic code of ethics and dress (Mohezar, 2017).

## Methodology

Systematic Literature review (SLR) is a method with structured analysis according to the analytical framework. This makes it easy to reduce the risk of summarizing literature in a difficult way (Massaro *et al.*, 2016). Furthermore, SLR offers comprehensive literature knowledge by explaining existing knowledge gaps to identify future research avenues (Floren *et al.*, 2019). This method is stated clearly and in a structured manner according to the existing stages as well as the existence of strict criteria for the identification of research selection (Alsadah *et al.*, 2020). There are several stages in SLR, namely scanning documents, making notes, compiling research focus, and writing findings from previous studies.

*Document Scan*

Scanning documents by ‘searching’ medical tourism, many countries play a role in increasing their tourism through medical tourism. However, only a few articles discuss countries with Muslim majority populations. This makes this research very useful in aligning the problems that exist in medical tourism. With the aim of making medical tourism an attraction for world tourists that is useful for the nation’s income.

In scanning documents, 63 articles were found in the 2011-2020 period which had the same keywords, namely medical tourism. Then, this scan continues by grouping papers into rankings on scimago. This is intended to maintain the quality of the paper that will be used further. There are 49 papers that have been grouped in the scimago ranking, viz: *Health & Place, International Journal of Tourism Cities, Maturitas, International Journal of Pharmaceutical and Healthcare Marketing, Journal of International Trade Law and Policy, Tourism Management Perspectives, European Journal of Integrative Medicine, Tourism management, Journal of Islamic Marketing, Nursing for Women’s Health, Tourism Review, International Marketing Review, Journal of Destination Marketing & Management, Economic Modelling, Benchmarking: An International Journal, International Journal of Health Care Quality Assurance, Journal of Place Management and Development, and Computers & Industrial Engineering.*

*Quality Assessment*

Scopus papers that are in the Scimago ranking are grouped by ranking. However, in this study, it only revolves around the Q1, Q2, and Q3 rankings, which indicates that the journal has an international reputation and is good. The first table shows that there are 23 papers ranked in Scimago Q1, articles with a Scimago Q2 ranking are 9 in the second table, and in the third table there are 6 articles in Q3.

*Table 1. Paper Scimago medical tourism Q1*

Journal	No. Articles
Computers & Industrial Engineering	1
Health & Place	1
International Marketing Review	1
Journal of Destination Marketing & Management	3
Journal of Place Management and Development	1
Maturitas	1
Tourism management	11
Tourism Management Perspectives	4
Total	23

Table 2. Paper Scimago medical tourism Q2

Journal	No. Articles
European Journal of Integrative Medicine	1
Journal of Islamic Marketing	4
Tourism Review	2
Economic Modelling	1
Benchmarking: An International Journal	1
Total	9

Table 3. Paper Scimago medical tourism Q3

Journal	No. Articles
International Journal of Tourism Cities	1
International Journal of Pharmaceutical and Healthcare Marketing	2
Journal of International Trade Law and Policy	1
Nursing for Women's Health	1
International Journal of Health Care Quality Assurance	1
Total	6

Several studies related to Halal use systematic literature reviews in their methods. Naem *et al.* (2019) examined the consumption of halal food in the 1990–2017 period. This study uses The Campbell Collaboration systematic literature review, which reviews 11 qualitative papers. Then, the research by Floren *et al.* (2019) was based on a systematic literature review by reviewing 14 papers with the theme of Islamic Marketing, taken from different databases, namely Google Scholar, JSTOR, ScienceDirect, MUSE, and Directory Open Access. Meanwhile, this study reviews 21 papers with a composition of 11 qualitative papers, 1 mixed-method paper, and 9 quantitative papers, which include samples from OIC countries.

### Data Extractions

The medical tourism paper that has been selected with the Scimago ranking and has also been adapted to its geographical area is then extracted. The details of this extract are used to provide the best results (Narayan and Phan, 2019) in organizing medical tourism. The details in the paper contain the research location, ranking on Scimago, the methods used, the focus of the study, and the findings in the study. Furthermore, this data is useful in further screening and selecting policies that can be used by medical tourism actors and the government to improve services in terms of medical tourism.



## Results

### *Search and Screening for OIC*

A systematic literature review (SLR) in this study uses a meta-analysis-based approach to review and synthesize insights from articles related to medical tourism. There were 21 studies that qualified for the development of research themes and the identification of research gaps and limitations. However, there are several papers with qualitative methods that can be considered in medical tourism. This indicates that there are many studies examining medical tourism, both in quantitative and qualitative terms.

Medical tourism-based companies carry out promotions on their websites to attract tourists and make it easier to ensure existing services and facilities. However, Frederick and Gan (2015) found that there are differences in the website regarding whether the company is in a western or eastern country. Then, the types of medical treatment facilitated by the company are grouped into several groups. This research focuses on websites around the world, and these differences can be seen in Western and Eastern countries.

Beladi *et al.* (2015) investigated the welfare effects and income distribution of medical tourism in 49 developing countries. The positive impact of the development of medical tourism can maintain skilled medical professionals in the hospitals of destination countries. This will be able to change the medical service to appear primed to be able to attract foreign tourists who can generate income for the country. However, the development of medical tourism can also exacerbate the public health care sector, which has a shortage of medical personnel in destination countries because many skilled health workers are shifting from the public sector to the private medical tourism sector. This resulted in fewer public health services due to the shift.

Lee and Kim (2015) describe a clear definition of medical tourism and explain it in two categories, namely, medical tourism and wellness tourism. Then, tourists make decisions about country destinations based on several conditions, such as distance, cost, language, economy, medical technology competence, and culture. As for consumer choices in traveling across borders or abroad to receive their care, it is seen from the flow of medical tourism, consumer choice, quality and clinical outcomes, and health system implications (Lunt *et al.*, 2016).

There are several ways to develop medical tourism, one of which is with the CBBE measurement scale. Das and Mukherjee (2016) made a pioneering effort to develop a consumer-based brand equity (CBBE) measurement scale for the purpose of medical tourism. This scale is a well-validated measurement and was developed as a combination of four dimensions, namely, awareness, perceived quality, brand loyalty, and authenticity, to assess CBBE for medical purposes. Authenticity, which is a combination of reliability and trust, is a new dimension that influences hospital

branding in medical tourism. The goal of medical tourism is to provide medical services that are equal to or even higher than patient expectations.

Research from Majeed *et al.* (2017) provides a definition of the demand that arises from medical tourists and the medical and health systems available in the medical tourism industry. This research explains that the integration of natural care, Traditional and Complementary Medicine (T&CM), allopathic care, and tourism can be powerful by providing the best of all available health care systems and contributing to people's health.

There are two areas of medical tourism that are often in demand by tourists, namely cosmetics and dental procedures. Similarities in identifying the salient points of medical services received by respondents and their evaluation of cost, effectiveness of treatment, and time spent gathering health care information, as well as recommendations they plan to provide to friends and family (Rodrigues *et al.*, 2017). Then, people who have undergone cosmetic surgery and dentistry use the same narrative to represent their medical experiences. In contrast, gender is an influential factor in how individuals evaluate different treatment attributes. With samples from 34 countries and using Leximancer software as a research tool. This software is used to understand the content of a collection of textual documents and display information visually.

Cesario (2018) explained that medical tourism creates opportunities and challenges for nurses and health service providers. The implication of service development is that it can guide women to consider medical tourism properly. Furthermore, Kamassi, Abd Manaf, & Omar (2020) argue that there are eight main stakeholders in the medical tourism industry, namely medical tourists, health service providers, government agencies, facilitators, accreditation and credentialing bodies, health service marketers, insurance providers, and infrastructure and facilities. Furthermore, these stakeholders can participate in medical tourism activities and support the development of medical tourism.

Hoz-Correa *et al.* (2018) analyzed the evolution of medical tourism research from a longitudinal perspective for the period 1931–2016. This study suggests ethical implications, namely trust and accreditation, health, wellness, spa tourism and service quality, health-related issues, medical care and tourism, "sensitive" practices in medical tourism, medical tourism destination and marketing, and globalization, policy, and effects on international patients. During this period, medical tourism research increased markedly with the emergence of various articles and papers that contributed to the dissemination and development of knowledge on this topic.

Furthermore, a strategy for Halal tourism is needed in order to get the economy rolling again after a natural disaster. This happened on the island of Lombok after the earthquake; to attract tourists, good planning was needed (Ratnasari *et al.*, 2020). This research investigates the behavioral intentions of tourists who have visited the island of Lombok before the earthquake and natural disaster using the

SEM-PLS method, which can identify the behavioral intentions of tourists who will return after the disaster. The strategy can also be applied to medical tourism so that patients come back to the destination country.

Table 4. Types of Medical Tourism Journals in Research Methodology along with rankings in Scimago

Author	Research title	Research context	Methods	Journal	Rank
Lee and Kim (2015)	Success factors of health tourism: cases of Asian tourism cities		Qualitative	International Journal of Tourism Cities	Q3
Lunt <i>et al.</i> (2016)	Medical tourism: a snapshot of evidence on treatment abroad		Qualitative	Maturitas	Q1
Das and Mukherjee (2016)	A measure of medical tourism destination brand equity		Qualitative	International Journal of Pharmaceutical and Healthcare Marketing	Q3
Majeed <i>et al.</i> (2017)	The Journey from an allopathic to natural treatment approach: A scoping review of medical tourism and health systems		Qualitative	European Journal of Integrative Medicine	Q2
Moghavvemi <i>et al.</i> (2017)	Connecting with prospective medical tourists online: A cross sectional analysis of private hospital websites promoting medical tourism in India, Malaysia and Thailand	India, Malaysia, and Thailand	Qualitative	Tourism management	Q1

Rodrigues <i>et al.</i> (2017)	Mirror, mirror on the wall, who's the fairest of the mall? A critical content analysis on medical tourism	34 countries	Qualitative	Tourism Management Perspectives	Q1
Mohezar <i>et al.</i> (2017)	Malaysian Islamic medical tourism market: a SWOT analysis	Malaysia	Qualitative	Journal of Islamic Marketing	Q2
Cesario (2018)	Implications of Medical Tourism		Qualitative	Nursing for Women's Health	Q3
Momeni <i>et al.</i> (2018)	Barriers to the development of medical tourism in East Azerbaijan province, Iran: A qualitative study	Iran	Qualitative	Tourism management	Q1
Kamassi, Abd Manaf, & Omar (2020)	The identity and role of stakeholders in the medical tourism industry: state of the art		Qualitative	Tourism Review	Q2
Kamassi <i>et al.</i> (2020)	The need of international Islamic standards for medical tourism providers: a Malaysian experience	Malaysia	Qualitative	Journal of Islamic Marketing	Q2
De la Hoz-Correa <i>et al.</i> (2018)	Past themes and future trends in medical tourism research: A co-word analysis		Qualitative and Quantitative	Tourism Management	Q1

Abubakar and Ilkan (2016)	Impact of online WOM on destination trust and intention to travel: A medical tourism perspective	Turkey	Quantitative	Journal of Destination Marketing & Management	Q1
Beladi <i>et al.</i> (2015)	Medical tourism and health worker migration in developing countries	49 countries	Quantitative	Economic Modelling	Q2
Frederick and Gan (2015)	East-West differences among medical tourism facilitators' website	The World	Quantitative	Journal of Destination Marketing & Management	Q1
Lee and Fernando (2015)	The antecedents and outcomes of the medical tourism supply chain	Malaysia	Quantitative	Tourism management	Q1
Esiyok <i>et al.</i> (2017)	The effect of cultural distance on medical tourism	Turkey	Quantitative	Journal of Destination Marketing & Management	Q1
Ebrahim and Ganguli (2017)	Strategic priorities for exploiting Bahrain's medical tourism potential	Bahrain	Quantitative	Journal of Place Management and Development	Q1
Rahman <i>et al.</i> (2017)	Tapping into the emerging Muslim-friendly medical tourism market: evidence from Malaysia	Malaysia	Quantitative	Journal of Islamic Marketing	Q2

Rahman & Zailani (2017)	The effectiveness and outcomes of the Muslim-friendly medical tourism supply chain	Malaysia	Quantitative	Journal of Islamic Marketing	Q2
Nilashi <i>et al.</i> (2019)	Factors influencing medical tourism adoption in Malaysia: A DEMATEL-Fuzzy TOPSIS approach	Malaysia	Quantitative	Computers & Industrial Engineering	Q1

### Discussion

As previously stated, this research focuses on OIC countries. The synthesis of research comes from OIC member countries, including Turkey, Iran, Malaysia, and Bahrain. Furthermore, research using qualitative methods that do not consider OIC countries as research objects is used as a consideration regarding medical tourism in OIC countries.

Qualitative research has its own uniqueness in showing patterns in research findings. Mohezar *et al.* (2017) conducted semi-structured interviews using a SWOT analysis conducted in Malaysia. This study identified several strengths, namely extraordinary hospitality, the characteristics of the country, and the development of hospitals that are in accordance with Islamic principles. The weaknesses found are low international certification, opportunities in the growing Muslim population, and the occurrence of the September 11 incident. The visible threats are competition from the medical tourism market and the lack of standardization in Islamic medical tourism.

Technological developments are increasingly modern, making medical tourism tourists ensure the availability of services and facilities via the website. Hospital websites in 3 countries, namely India, Malaysia, and Thailand were examined in terms of promoting medical tourism. Malaysia as one of the OIC member countries attracts tourists for medical tourism by making promotions on the internet in order to meet the needs of these tourists. By analyzing five dimensions, namely hospital information and facilities, medical admissions and services, interactive online services, external activities, and technical. The results of this study indicate that the three countries need hospital managers to improve interactivity and adequate online systems so that tourists can access existing services and facilities (Moghavvemi *et al.*, 2017). Then, still in the context of promotion via the internet, such as online word-of-mouth (WOM) is the easiest marketing to implement.

Abubakar and Ilkan (2016) tested the impact of online WOM on destination trust and travel intentions in the medical tourism sector which also tested the effect of income moderation on research variables on tourists coming to Turkey. The results of this study indicate that online WOM positively influences trust and intention to travel, destination trust has a positive influence on intention to travel. Then in terms of income, increased income strengthens the relationship between online WOM and intention to travel and increased income weakens the relationship between destination trust and intention to travel.

Being one of the destinations for medical tourism, Turkey has made many changes in order to attract tourists. Eryok *et al.* (2017) analyzed the relationship between the country of origin of international patients coming to Turkey and their cultural distance or cultural differences from the destination country in the context of medical tourism. The control variables used in this study are the similarity of religion, the Turkish diaspora in the country of origin, physical distance, GDP per capita, and the number of incoming tourists. This study found that cultural distance has an impact on the choice of medical tourism destinations. Turkey's rich culture is one of the considerations in determining tourist destinations.

Malaysia, as a destination country for foreign tourists, also promotes medical tourism. This requires adequate supply chain management to attract foreign tourists. Lee and Fernando (2015) researched a model for medical tourism supply chains with antecedents, which the results of this study developed and empirically investigated in Malaysia. The results of this study indicate that mutual dependence has the strongest effect of the antecedent variables, and medical tourism supply chain coordination and medical tourism supply chain information sharing have a direct effect on organizational performance. Furthermore, the majority religion in Malaysia is Islam, making Malaysia a Muslim-friendly medical tourism destination. The effectiveness and sustainability of medical tourism supply chain practices in Malaysia will have a positive impact on Muslim-friendly medical tourism supply chains (Rahman & Zailani, 2017).

Rahman *et al.* (2017) investigated the prospects and challenges of market mechanisms for medical tourism that promote Muslim friendliness. The results confirm that the perceptions of Muslim tourists play an important role in their intention to travel to Malaysia for Muslim-friendly treatment. Then, it is necessary to promote the success of medical tourism efforts in terms of services to attract more patients from outside Malaysia.

The emergence of medical tourism has resulted in more and more Islamic-friendly hospitals and the implementation of Islamic tourism by medical tourism providers around the world. Research from Kamassi *et al.* (2020) takes Malaysia as a country that has started to attract foreign tourists with medical tourism. This makes it important to establish an international Islamic accreditation body as a response to the growth of medical tourism. This standard is intended to bring benefits to medical tourism providers and attract medical tourism tourists. Then,

with the existence of this accreditation body, the development of standardization in medical tourism can be carried out.

Nilashi *et al.* (2019) investigated factors to develop new decision-making models. The results of the data analysis show that efficient medical technology and information systems are more important for technology readiness. In addition, infrastructure and financial performance are more significant for the adoption of medical tourism in Malaysia. Furthermore, investment and government policies are very important in terms of environmental factors, and specialization in the field of medical tourism is also something that is crucial for the readiness of human resources. Thus, the most important factors for medical tourism in Malaysia are human and technological factors. Meanwhile, the factors that hinder medical tourism in East Azerbaijan province, Iran, are international marketing, cultural, transfer, intermediary, management, and policy issues (Momeni *et al.*, 2018). So, this can be a reference for improving the inhibiting factors.

Ebrahim and Ganguli (2017) investigate the overall potential for the development of Bahrain as a medical tourism destination by creating a strategy map aimed at the government and actors in the medical tourism sector. This research finds that Bahrain has the potential to achieve competitiveness in medical tourism by employing a combination of industry-specific management strategies that facilitate public-private partnerships. Then, reformulate health care laws and encourage investment in medical tourism infrastructure.

Table 5. Research focus on medical tourism in OIC countries

Sub-themes	Author	Study Focus	Research context
Technology in medical tourism	Moghavvemi <i>et al.</i> (2017)	Medical tourism website	Malaysia
	Abubakar and Ilkan (2016)	Word-of mouth (WOM) online	Turkey
	Nilashi <i>et al.</i> (2019)	Technology readiness and efficient information systems	Malaysia
Destination country culture	Esiyok <i>et al.</i> (2017)	Cultural differences between the patient's country of origin and the destination country of medical tourism	Turkey
	Momeni <i>et al.</i> (2018)	Factors hindering medical tourism	Iran



Supply chain management	Lee and Fernando (2015)	Supply chain model for medical tourism	Malaysia
Prospects and challenges in the medical tourism market mechanism	Rahman <i>et al.</i> (2017)	Perceptions of Muslim tourists	Malaysia
	Ebrahim and Ganguli (2017)	Potential for medical tourism	Bahrain
Muslim-friendly medical tourism	Kamassi, Abd Manaf, & Omar (2020)	Muslim friendly hospital	Malaysia
	Mohezar <i>et al.</i> (2017)	SWOT analysis of hospitals in accordance with Islamic principles	Malaysia

## Conclusion

The majority of medical tourism papers investigate medical tourism as a way to boost the economy. This can be seen from several papers discussing strategies to increase medical tourism. Starting from the intention to carry out medical tourism, the existing facilities in the destination country of medical tourism, a tourism website that presents medical tourism, marketing to attract tourists to the destination country, and solutions to overcome problems in medical tourism. In terms of decision-making for medical tourism, tourists pay attention to culture, distance, and medical tourism services. Further development of medical tourism can focus on technological readiness so that it can support services and the existence of a medical tourism accreditation body, especially for Muslim-friendly countries. This is done in order to attract Muslim tourists, especially from OIC countries.

Future research is expected to add to the view of OIC countries as pioneers in medical tourism services by analyzing the level of satisfaction with medical tourism services in OIC countries. Governments in OIC countries can also establish cooperation so that both parties can benefit from medical tourism that is friendly to Muslims, both from service providers and connoisseurs of medical tourism services.

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