

Factors of Services Quality that Influence Patient Loyalty at Muslim Friendly Hospital: A Malaysian Perspective

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Abstract

Malaysia's healthcare industry's demand is increasing, especially in Islamic medical care, and continues to be growing with chances for improvement and innovation in diagnoses and medical treatment. Even though a window of an opportunity is rapidly growing, the medical care quality offered to patients in Malaysia's Muslim-friendly hospital remains inadequate because of unarticulated patient needs. The objective of this investigation is to measure service quality factor's towards patient loyalty in Malaysia's Muslim-friendly healthcare sector. 260 survey questionnaires were distributed between inpatients and outpatients. All patients must receive services of at least one day at hospital in Kumpulan Berhad Johor (KPJ). 250 surveys were received and analyzed using SPSS 25. On one hand, patients at KPJ are not really aware about the doctors and nurses Islamic knowledge for medical practices since the majority of respondents are from a younger generation. Furthermore, Malaysian healthcare services face some problems in Muslim-friendly hospital medical treatment principles because of multi-cultural religion and various medical personnel religious backgrounds. Research findings provide an insight for SERVQUAL model and practical implication of Muslim friendly hospital.

Keywords: Service quality, Patient loyalty, Patient satisfaction, Muslim friendly hospital

Introduction

Malaysia regularly promotes its medical services to potential Muslim medical visitors, particularly those from China, Brunei, Singapore, Indonesia, Vietnam, Myanmar, and a few Middle Eastern nations (Aniza et al., 2009; Nwagbara et al., 2015). As a result, medical tourism expanded by 49.2% between 2007 and 2012, according to the Malaysian Healthcare Travel Council in 2013. Thus, Muslim-friendly medical care is the healthcare industry base for developing the country's economy. One of the alternatives is introducing the Muslim-friendly

hospital, and Malaysia must be at the forefront in adopting and recommending a Muslim-friendly approach.

Muslim-friendly hospital refers to the presence of services and facilities that accommodate Muslim requirements. For example, with respect to their religious obligations (*ibadah*), Muslims have a special requirement to fulfil. As such, Muslims performed daily prayers, facilities and services provided depending on the gender preferences and Food selection based on *halal* concept. The Islamic law, often referred to as Shariah law, enshrines these obligations. KPJ Healthcare Berhad is a Malaysian private healthcare firm that specializes in reconstructive surgery, cosmetic, oncology, orthopaedic, and cardiac, among other specialties. The hospital provides a comprehensive variety of Muslim-friendly services, including halal meals cooked for patients and served in the cafeteria, funeral planning if needed, call to prayer streaming, and a prayer room. Female caregivers and physicians are also present at the hospital to attend to female patients. For example, Rahman et al., (2016) investigated the aspects that influence Muslim travelers' decision to revisit an Islamic-friendly hospital. They discovered that medical practitioners and investors must provide Islamic medical staff education, suitable infrastructures, and amenities to stimulate and create a productive venue for Islamic medical tourism. Table 1 below illustrates the Muslim-friendly hospital criteria as the appropriate and friendly hospital qualifications for Muslim-friendly.

Table 1 The criteria of Muslim friendly hospital

No	Criteria	Yes	No
1.	Gender-compatible care	/	
2.	Hospital provides halal food and beverages for Muslims.	/	
3.	Halal food and no alcohol	/	
4.	Providing sophisticated prayer facilities	/	
5.	The room was cleaned and calm.	/	
6.	Dress modesty	/	
7.	Muslim prayer room	/	
8.	Nurses are flexible and willing to provide care to patients.		

Source: Aliman et al. (2016); Rahman et al. (2017), Meesala and Paul (2018)

The service industry fights to enhance service and operations quality efficiency and effectiveness. Meanwhile, at the same time, service providers, mainly for the Muslim-friendly hospital, must achieve patient satisfaction and loyalty. Customer loyalty can be achieved by comparing the current services offered to the expected benefits. Service quality is viewed as a critical strategy for survival and success in this competitive climate. Service quality is perceived as crucial, making it critical in the provision of healthcare. Fulfilling client expectations is crucial to maintaining care and improving health results. This subjective nature of service quality is referred to as perceived quality in the marketing sector which pertains to a

consumer's general perceptions of a product's excellence or superiority. Service quality can accomplish customer demands and delivery consistency to keep pace with customer expectations. Kotler, P., & Armstrong (2010) pointed out that the service quality can describe a performance that one person can give to another. This performance could be an intangible act and not lead to the ownership of objects and against anyone.

Based on the review of past literature, minimal empirical studies were undertaken to study the factors affecting patient loyalty to get service treatment at the Islamic medical care center (Rahman et al., 2018). In developing nations, some of the researchers used the qualitative approaches of the *halal* concept customer awareness as well as the impression of Muslim-friendly medical tourism. However, current literature in developing countries does not discuss this topic, and studies on the correlation between patient loyalty and service quality are minimal. As a result, from a Malaysian viewpoint, this study will provide insight into the correlation between patient loyalty and service quality at Muslim-friendly hospitals. Therefore, this research employed Parasuraman's SERVQUAL model to measure patient loyalty for Muslim friendly hospital in Malaysia.

Review of literature

Table 2 shows an examination of the literature on SERVQUAL in various sectors. SERVQUAL was employed to determine patients' perceptions and expectations of service quality. Meesala and Paul (2018) have proposed measures to improve medical care service quality. The measures include providing support facilities for hospital equipment, improving administration, establishing standards, and providing training to health care professionals.

Table 2 Literature on SERVQUAL in various sectors

Sectors	Literature
Banking	Kashif et al., (2016); Jun and Palacios (2016); Nisha (2016), Ali and Raza, (2017); Baber (2019)
Education	Rezaei et al., (2018); Gilavand and Maraghi (2018)
Tourism	Chaturvedi (2017); Wu et al., (2018); Shafiq et al., (2019); Heydari and Lai (2019)
Healthcare	Fatima et al. (2017); Tripathi and Siddiqui (2017); Anabila et al. (2019)

In general, each medical practitioner has their own method of delivering services, which contributes to the wide range of service quality in healthcare. Healthcare services vary from formerly studied services, including dry cleaning, restaurant, and retail banking. Healthcare is a highly engaged industry with a deep commitment between the patient and the medical provider. Therefore, it is essential to research the SQ in health care. Besides, today's consumers understand alternative options that are being provided and increasing service standards as well as business performance. In an era of globalization, the quality control components, quality service, and medical treatment effectiveness have become crucial. SERVQUAL scales were

commonly used in healthcare research to assess the service quality perception by clients in various service categories, for instance, patient satisfaction and primary care hospitals. However, its use in medical care has generated varied results, which indicate that further enhancement is required. The research on the influence of patient loyalty and service quality are listed in Table 3.

Table 3 Area of study

Primary construct for service quality/Authors	Tangible	Empathy	Assurance	Reliability	Responsiveness	Area of study
Ahmed et al. (2017)	x	x	x	x	x	Interview with 27 respondents in Malaysia. All variables display a positive effect on patient loyalty.
Tripathi and Siddiqui (2017)	x	x	x	x	x	Survey questionnaire from 380 respondents in India. All variables show a significant relationship with patient loyalty.
Meesala and Paul (2018)	x	x	x	x	x	Data were collected from 180 respondents by survey questionnaires in Hyderabad, India. All variables display a positive effect on patient loyalty.
Rahman et al. (2018)	x	x	x	x	x	224 Muslim medical visitors who had to undergo treatment at Shariah-compliant hospitals were surveyed. All variables display a substantial relationship with patient loyalty.
Swain (2019)	x	x	x	x	x	The respondents include 340 patients from six medical college hospitals in Odisha, India.
Shafiq et al. (2017)	x	x	x	x	x	Three hundred forty valid questionnaires were managed to both outpatients and inpatients in Lahore, Pakistan.

Primary construct for service quality/Authors	Tangible	Empathy	Assurance	Reliability	Responsiveness	Area of study
Al-Mhasnah et al. (2018)	x	x	x	x	x	The research uses data from 350 questionnaires given to admitted patients at Jordan's Al Hussein Military Hospital.
Al-Neyadi et al. (2018)	x	x	x	x	x	The research included 127 patients admitted during the past six months before the start of the UAE Hospital inquiry.
Al-Neyadi et al. (2018)	x	x	x	x	x	Data were collected from 1029 outpatients who had received medical care in Zonguldak/Turkey. All variables show a significant relationship with patient loyalty.

Patients in developing countries tend to rely heavily on physician treatment recommendations. A study conducted by Meesala, A. & Paul, (2018), applied the SERVQUAL model and dimensions in their research in Hyderabad, India. Based on their findings, service quality is important for business sustainability. Meanwhile, based on Tripathi, S.N. & Siddiqui, (2017) research at private healthcare systems in Islamabad, Pakistan, they found that the quality of healthcare services was determined by five factors: safety responsiveness, privacy, connectivity, customer-friendly environment, and physical environment.

The SERVQUAL model is a service quality assessment tool. A SERVQUAL method uses various services sectors such as hospitals, construction services, travel, education, hotels, and dentistry. Parasuraman et al., (1988) established the commonly employed SERVQUAL's scale, describing service quality as a judgment or measurement of supremacy in operation. This scale, in general, is based on the perceived difference between the rate achieved and the quality expected, and it has been commonly used to explain the consumer's perception of quality. SERVQUAL models extended to the five-dimensional structure, including tangible, empathy, assurance, reliability, and responsiveness.

Methods

The variables of patient satisfaction and their influence on medical loyalty intention in Muslim-friendly private hospitals in Malaysia were explored in this investigation. Since the purpose of this investigation is to examine descriptive studies and hypotheses, a survey technique was selected in this investigation. The survey questionnaire was randomly distributed to patients (consumers) at Kumpulan Perubatan Johor (KPJ). KPJ, a Muslim-friendly private hospital in Malaysia and the largest Bumiputera private healthcare group in the

country, offers a wide range of promotive, preventive, and curative procedures with modern and sophisticated medical devices. 280 survey questionnaires were distributed and 250 returned surveys were gathered and statistically evaluated using multiple regression analysis. All constructs in this investigation were gauged utilizing the format of a 5-point Likert scale extending from (1 = strongly disagree to 5 = strongly agree). This construct might produce a complete evaluation that is also recognized as essential to obtain an adequate assessment of complex constructs. Table 4 presents the total number of each construct item.

Table 4 Total number of each construct item

	Constructs	No of items	Sources
SERVICE QUALITY	Tangible	6	Rahman et al. (2017); Meesala and Paul (2018); Umath et al. (2015)
	Empathy	6	Rahman et al. (2017); Meesala and Paul (2018); Umath et al. (2015)
	Assurance	6	Rahman et al. (2017); Meesala and Paul (2018); Umath et al. (2015)
	Reliable	6	Rahman et al. (2017); Meesala and Paul (2018); Umath et al. (2015)
	Responsiveness	7	Rahman et al. (2017); Meesala and Paul (2018); Umath et al. (2015)
	Patient Loyalty	6	Rahman et al. (2017); Meesala and Paul (2018); Umath et al. (2015)
	Total	37 number of items	

The items were graded on a Likert scale of 1 (strongly disagreeable) to 5 (strongly agreed). A total of 37 items regarding the service standard in Islamic medical care were posed by the respondents. Figure 1 depicts the conceptual framework that was applied in this investigation:

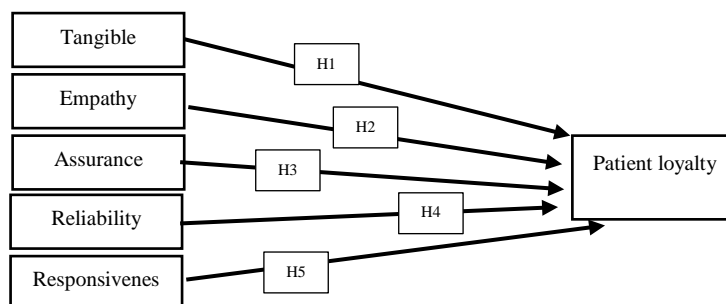


Figure 1 Conceptual framework

According to Zeithaml et al. (2018), tangible features (TF) comprise physical offices, gear, workforce, and correspondence material, involving the most vital service quality parts. It utilizes an administration organization's physical encompassing, incorporating the outside and inside plan and surrounding conditions (Wakefield & Blodgett, 1996). Environment quality is described as how tangible features of the service location can influence how the overall service quality is perceived (Hongsanun & Insuk, 2020).

H1: *There is a significant relationship between tangible and patient loyalty.*

Empathy is an instrument for successful interactions between humans. It is a critical element of helpful and compassionate connections, and it is necessary for service (Bove, 2019). The healthcare sector represents an integral component of the empathy literature. It is not unexpected, considering that empathy is vital for skilled helpers and caregivers, such as nurses, counselors, therapists, and physicians when dealing with nervous, pain, and unsure clients. A study by Windahl (2017) proposed that the significance of empathy could broaden further than consumer experiences to enhance service product design thinking, direct ethical decision-making, and provide protection for brand reputation.

H2: *There is a significant relationship between empathy and patient loyalty.*

Jaswal and Walunj (2017) agreed assurance is the employee's wisdom, courtesy, faith and confidence level. Some studies have shown that most physicians conscious of *halal* medicines recognize that medical professionals and pharmacists must take the initiative and not leave the issue to their patients. However, it is not an easy task to persuade Muslim experts to finish the practice of Muslim values. For example, clinics offering *halal* medicine in Islamic medical ethics can instill trust and faith in Muslim patients' health care suppliers. Furthermore, a study by Wilson (2014), Islamic Sharia has approved *halal* food and drink. Furthermore, it has also permitted all issues relating to Muslims' daily routines, such as medical facilities such as *halal* nursing and the supply of *halal* ingredient medications.

H3: *There is a significant relationship between assurance and patient loyalty.*

One of the service quality items is reliability, which is the skill to perform the promised services. Islam et al., (2016) defined reliability as offering the advertised service efficiently and effectively in compliance with the customers' needs. For example, hospital practices to enhance nurses' ethical climate improve patients' experiences receiving suitable Islamic medical treatments and considered perfect therapies. Islamic facilities are discovered to be an element that affects the quality of service that influences patients' satisfaction. Furthermore, Muslim-friendly hospitals recognize the *halal* label for medicine and food in the Islamic practice area (Abdelkader, 2015). Such initiatives could enable healthcare workers to fulfill their responsibilities respectably, contributing to enhanced service quality.

H4: *There is a significant relationship between reliability and patient loyalty.*

According to Kansra and Jha (2016), responsiveness is the desire to promote and assist clients by providing rapid customer service. In the healthcare industry, doctors have generally reacted to influencing organizational cultures or settings to encourage virtuous and ethical professionalism in the friendly connection between patient and physician. For instance, doctors ask Muslim patients for clarification when uncertain about Islam protocol. As a result, physicians, nurses, and hospitals must be aware of certain *halal* practices in order to be equipped for the patient's perception. In Muslim-friendly hospitals, medical personnel think it is their moral responsibility to inform patients about non-*Halal* ingredients; for instance, gelatin in capsules and alcohol in syrups/elixirs. Behdioğlu et al., (2017) explained that responsiveness would apply to the medical staff's ability to support patients anytime they need it.

H5: *There is a significant relationship between responsiveness and patient loyalty.*

Findings

Demographic data

A total of 118 respondents were from the female group, which was equal to 47.2% of the respondents. In contrast, 132 respondents were from the male group, which contributed to 52.8% of the respondents, as in Table 3. Based on the results, the largest age group was the younger group, aged 18 to 25 years old, where 145 respondents were in this group, contributing to 58% of the overall respondents. On the other hand, 24 respondents were aged 42 to 50 years old, equal to 9.6% of the respondents. Finally, 18 respondents aged 34 to 41 represented 7.2% of the overall respondents. Therefore, the higher age group that responds to the survey is 18 to 25 years old, with 65 female respondents and 80 male respondents. Finally, respondents between the ages of 34 and 41 make up the lower age group who respond to the survey. It listed three women and 15 men. The findings revealed that the respondents aged 18 to 25 years old have the most significant impact of seeking Islamic medical treatment for patient loyalty in a Muslim-friendly hospital.

Table 5 Cross-tabulation of gender and age

Age		18-25	26-33	34-41	42-50	> 51	Total
Gender	F	65	14	3	11	25	118
	M	80	18	15	13	6	132
Total		145	32	18	24	31	250

Reliability test

Each item was assigned a different alpha value depending on the analysis of the results. Thus, the alpha values for concrete (=0.970), empathy (=0.955), assurance (=0.959), reliable (=0.963), responsiveness (=0.958), and patient loyalty (=0.981) are shown in Table 6.

Table 6 Each variable's reliability analysis

Variables	Number of items	Cronbach's alpha
Tangible (T)	6	0.970
Empathy (E)	6	0.955
Assurance (A)	6	0.959
Reliable (R)	6	0.963
Responsiveness (P)	7	0.958
Patient Loyalty (PL.)	6	0.981

Relationship between service quality and patient loyalty

Regression analysis refers to a group of statistical methods for estimating and characterizing the value of a dependent variable depending on the values of one or more independent variables. Regression models with one dependent variable and two or more linearly associated independent variables are known as multiple linear regressions. Relying on the relevance of a couple of independent variables, regression analysis creates an equation that expresses the ideal estimate for a dependent variable's value. This research will investigate the link between the dependent variable (patient loyalty) and the independent variables (responsiveness, reliable, assurance, empathy, and tangible).

Table 7 Model summary of multiple regression analysis

Model	R	R Square	Adjusted R Square	Std. error of the Estimate
1	0.659 ^a	0.434	0.425	0.58380

Remark: a. Predictors: (Constant), Assurance, Empathy, Tangible, Reliable, and Responsiveness

Patient loyalty and the independent variables of responsiveness, reliable, assurance, empathy, and tangible are depicted in Table 7. In the comprehensive description of the findings, the positive number of the R-value was disclosed. A multiple regression coefficients (R) value of 0.659 signifies a high level of correlation. As a result, the R-value is between 0.71 to 1.00, indicating a positive and good association. R squared has a value of 0.434. It signifies that the independent variable (tangible, empathy, assurance, reliability, and responsiveness) affects 43.4% of patient loyalty (dependent variable). In comparison, the remaining (100% - 43.4% = 56.6%) is affected by other variables or causes not addressed in this analysis.

Table 8 Regression analysis of ANOVA

	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	82.399	5	16.840	48.354	0.000 ^b
	Residual	107.357	315	0.341		
	Total	189.757	320			

Remark:

a. Dependent variable: Patient Loyalty

b. Predictors: (Constant), Tangible, Empathy, Assurance, Reliable, and Responsiveness

The ANOVA model in Table 8 illustrates the importance of the independent variable to the dependent variable. The p-value (Sig 0.000) is lesser than the alpha value of 0.05, suggesting that the p-value is smaller.

Table 9 Regression analysis on coefficients

	Model	Unstandardized coefficients		Standardized coefficients	t	Sig.
		β	Std. Error	Beta		
1	(Constant)	1.179	0.177		6.666	0.000
	Tangible	0.315	0.51	0.343	6.193	0.000
	Empathy	0.208	0.046	0.248	4.499	0.000
	Assurance	0.052	0.056	0.060	0.927	0.355
	Reliable	0.018	0.050	0.023	0.368	0.713
	Responsiveness	0.131	0.058	0.145	2.250	0.025

Remark: a. Dependent variable: Patient Loyalty

Beta values, which represent individual independent variables, have an influence on dependent variables, as presented in Table 9. All independent variables were found to have values of $\beta_1=0.315$, $\beta_2=0.208$, $\beta_3=-0.052$, $\beta_4=0.018$, as well as $\beta_5=0.131$, accordingly. However, the component with the greatest influence was tangible ($\beta = 0.315$, $t=6.193$, $p<.005$), which had the broadest standardized Beta (β) and t values with a 31.5% variance. The following item, empathy ($\beta = 0.208$, $t=4.499$, $p<.005$), was the second-largest predictor of patient loyalty, with a 20.8% variation. Responsiveness ($\beta = 0.131$, $t=2.250$, $p<.005$) is the third most important predictor, with a variation of 13.1%. Having a variation of 0.05%, assurance ($\beta = 0.052$, $t=0.927$, $p>.005$) is the fourth most powerful predictor. With a fluctuation of 1.8%, reliable had the poorest explanatory power ($\beta = 0.018$, $t=0.368$, $p>.005$). The results show that the independent variable, tangible, empathy, and responsiveness, had a substantial impact on the prediction model.

The overall model is patient loyalty = 1.178 + 0.315 (tangible) + 0.208 (empathy) + 0.052 (assurance)

Discussion

The findings demonstrate that the tangible component has a positive association with patients' loyalty to Islamic medical treatment in Muslim-friendly hospitals. The significant value from the Multiple Linear Regression Analysis is 0.000, <0.05 . When Muslim patients seek medical attention in hospitals, this is a crucial factor to consider. This element earned a good mean score (value of 4.09) among the six items evaluating the quality of Muslim-friendly medical services when measured quantitatively. In general, hospitals that provide good healthcare services and follow Islamic medical practices attract to more Muslim patients. According to Zeithaml et al. (2018) tangible features (TF) comprise physical offices, gear, workforce, and correspondence material, which involve the absolute most vital parts of service quality. Kansra and Jha (2016) mentioned that tangible can relate to medical services' physical and human resources. For instance, one of the practices taken in these "Muslim-friendly" hospitals is a specific necessity, including offering halal food and drink and offering prayer rooms for patients, visitors, and employees alike. Furthermore, Muslims prefer to care for same sex during services delivery.

The findings reveal a favorable connection between patients' loyalty and empathy to Islamic medical treatment in Muslim-friendly hospitals. The significant value from the Multiple Linear Regression Analysis is 0.000, <0.05 . The findings were consistent with Jaswal, A.R. & Walunj (2017), which found that effective healthcare service providers focus on the investigation. It was discovered that service providers' ability to use empathy efficiently in their expected work improves patient loyalty. An Islamic medical practice that delivers excellent treatment will improve patient loyalty such as courtesy providing their service, willingness to support, and the desire to address the patient's issue. The patient evaluates medical assistance based on the hospital's overall quality. The patient would stay loyal to the hospital when the Islamic medical services' overall quality exceeds their expectation. It is aligned with Ismai et al. (2017) findings, which show a favorable correlation between patient loyalty and empathy.

The findings suggest that the assurance factor has no impact on patients' loyalty to Islamic medical treatment in a Muslim-friendly hospital. The Multiple Linear Regression Analysis yielded relevant values of 0.355 and >0.05 . This research provides consistence results from Mohebifar et al. (2016) findings. Nevertheless, in their study, assurance is the least relevant factor in comparison to the other aspects listed. A study by Wilson (2014), Islamic Sharia has not only granted approval for halal food and drink but has also permitted all issues relating to the daily routines of a Muslim, such as medical facilities for example halal practices, and the supply of halal ingredient medications. This result reveals that patients at KPJ Hospital are not concern about the medical staff religious and level of Islamic knowledge since the majority of respondents are from young generation. Therefore, patients accept the medical practices and services delivered to them.

The result shows no significant relationship between reliability factors and patients' loyalty to Islamic medical treatment in the Muslim-friendly hospital. The Multiple Linear Regression Analysis yielded significant values of 0.713, >0.05 . Muslim-friendly hospitals

usually promote physicians with rigorous adherence to Islamic values to practice Islamic medical care delivery. According to Ali and Raza (2017) hospitals need an essential strategy to ensure they have qualified Muslim physicians in Islamic medical care. However, in Malaysia, healthcare services face some problems in Muslim-friendly hospital medical treatment principles. In Malaysia, a multi-cultural religion (distinct race) individuals and various medical personnel religious backgrounds provide patients services. Thus, reliability is not important factors for this study in the context of country setting and expertise of doctors and staffs in Malaysia.

The findings reveal a link between patients' loyalty and responsiveness factors to Islamic medical treatment in the hospital. The significant value from the Multiple Linear Regression Analysis is 0.25, <0.05 . When measured quantitatively, this element earned a strong mean score (value of 3.95) among the six items measuring the quality of Muslim-friendly medical services. It has been proven that there is a substantial correlation between patient loyalty and reliability. The privacy of Muslim patients and modesty must be preserved. Ideally, it is safer if a clinician and nurse of the same gender care for them. It is quite relevant if the patient needs obstetric or gynecology treatment. If gender-specific treatment is unlikely, a female team member or patient relative should often be available (Behdioğlu et al., 2017). When a male provider treats a woman, it is of paramount significance for the provider to clarify to the female patient the medical test steps and wear clothes as minimal time as practicable if it is appropriate to remove them. In a range of situations, a female patient may avoid shaking hands or making eye contact with a male healthcare provider. It cannot be perceived as a loss of faith or a symbol of rejection, as it displays modesty in Muslims.

Conclusions

With the increasing demand for *halal* tourism and increased awareness among Muslim patients, Islamic medical services in hospitals are particularly prone to reveal a forthcoming plan to reuse private hospital benefits. Aiming to assess SERVQUAL's validity in Muslim-friendly hospitals, the current study was conducted. The latest study has added to the current literature by highlighting the validity of SERVQUAL in Muslim-friendly hospitals. Previously, studies had either identified the critical SERVQUAL dimensions or the gap in service quality. A validated tool for measuring service quality in Muslim-friendly hospitals was designed in the present research. This investigation contributes to our knowledge of service quality and patient satisfaction. Malaysia has conducted prior empirical research in the travel and tourism industries, consumer goods, higher education, and banking. Several studies have been performed in conventional hospitals, but none in Islamic hospitals. As a result, this investigation adds to the context of information by providing insight into the patient satisfaction and standard of service in a Muslim-friendly hospital in Malaysia.

This research offers several guidelines, essential to be highlighted by managerial level to increase their service quality en route to patient loyalty and increase business sustainability because of different value propositions and business models to be pursued in the halal industry. With the everlasting Islamic practices in medical services and the global competition, the

healthcare industry is forced to improve its Islamic medical services to reap maximum benefits. This research is necessary and provides insight into managerial implications. The “tangibles” components must be prioritized by healthcare service providers, who must ensure that the physical environment and ambient circumstances of hospitals are attractive to the eye, as well as that medical equipment is updated. As per this paper, Islamic medical practices that must be implemented include the installation of advanced prayer facilities, Shariah-compliant restrooms, and an Islamic dress code by workers are among the Islamic medical practices that should be in place. They could also demonstrate “empathy” by treating patients as their top priority and often working quickly to show they truly care for them. Management should prioritize improving Islamic medical practices and hiring excellent medical staff who are familiar with Islamic values, concepts, and procedures to respect patients’ modesty and religious beliefs as well as their privacy.

The research has established some limitations, and they must be considered when concentrating on this study area. This study’s regulation is that scholars are finding it difficult to do investigation owing to the global spread of the COVID-19 outbreak, which prompted Malaysia to take action by holding a movement control order which has an impact on researchers. Researchers find it difficult to determine the exact respondents who seek treatment in Malaysian Muslim-friendly hospitals. It indirectly affects the results of the researcher’s study. Considering the given conditions, it is challenging for the scholar to perform this investigation since getting respondents takes a while. Thus, it is tough for scholars to draw appropriate findings while researching service quality to seek treatment in Malaysia Muslim-friendly hospitals. Future studies could involve a greater sample size and more representative samples, including non-Islamic respondents, who may have different experiences compared to Muslim respondents, Islamic medical procedures, and results. It needs to test whether there are differences in satisfaction and loyalty of non-Islamic and Islamic patients from Muslim-friendly hospitals. Finally, future research may include the number of respondents not seeking Islamic medical practice.

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