

# The Halal Healthcare Experience: Challenges and Opportunities in Medical Tourism

Songsin Teerakunpisut

*Southern MICE Industry Development Research Center,  
Faculty of Management Sciences, Prince of Songkla University, E-mail: [songsin.t@psu.ac.th](mailto:songsin.t@psu.ac.th)*

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## ABSTRACT

This study identifies a critical gap in the provision of culturally sensitive healthcare for Muslim medical tourists, shedding light on the complexities they face in navigating non-Muslim hospital settings. Through the lens of positioning theory, the research demonstrates how Muslim patients and their families actively negotiate their cultural identities, rights, and responsibilities while seeking care in Thailand's healthcare system. The findings highlight the pivotal influence of Islamic practices, particularly Shari'a law and halal principles, in shaping the cultural identities of Muslim medical tourists. At the same time, the study unveils significant barriers, including the lack of facilities for ablution and the absence of halal food options, which hinder their ability to fully adhere to religious observances. These challenges underscore the urgent need for healthcare providers to prioritize cultural competence and adopt inclusive, Muslim-friendly practices to enhance patient satisfaction. By contributing to the expanding body of literature on medical tourism, intercultural responsibility, and healthcare inclusivity, this study calls for immediate action in integrating Muslim-friendly services to foster a more inclusive and patient-centered healthcare system. Future research should focus on the perspectives of healthcare providers and assess the impact of cultural competence training and Muslim-friendly services on the quality of care in global medical tourism.

## 1. Introduction

As global mobility accelerates, medical tourism has emerged as a critical area where healthcare systems must address the complexities of intercultural communication and responsibility. While substantial research has explored cultural exchange and communication competence within healthcare, a significant gap remains in understanding how intercultural responsibility is applied, particularly in the context of Muslim medical tourists in non-Muslim healthcare environments. Despite advances in intercultural competence frameworks (Arasaratnam, 2021), which emphasize overcoming language barriers and adapting to cultural perspectives, little attention has been paid to how both patients and healthcare providers navigate the moral and ethical responsibilities in these exchanges. The intersection of intercultural competence and responsibility is not just academic—it is essential for improving the healthcare experiences of marginalized populations facing cultural and religious barriers. As medical tourism grows (Smith & Puczko, 2020), healthcare systems must adapt to ensure inclusivity and equitable care for patients seeking treatment across borders. This requires a deeper understanding of intercultural responsibility, shaping both patient-provider interactions and patients' cultural identities, helping them navigate challenges in environments that may not fully accommodate their religious needs.

The healthcare sector, increasingly shaped by global mobility and technological innovation, is embedded within a broader social context marked by rising ethnocentrism,

geopolitical instability, and growing global health inequalities (Connell, 2022; Huffman, 2021). These challenges highlight the urgent need for healthcare systems to engage meaningfully with diverse cultural and political backgrounds—not only as a professional necessity but as a moral imperative. Research on global health equity stresses that fostering inclusivity is critical to improving health outcomes and addressing disparities affecting vulnerable populations (Ravindran et al., 2022). The ability to bridge cultural divides—transforming differences into strengths rather than barriers—can create healthcare environments that foster mutual understanding, empathy, and respect. In this context, intercultural communication competence (Arasaratnam, 2021) has become a fundamental skill for medical professionals. This competency is not only about overcoming language barriers but also about embracing an ethnorelative perspective, requiring healthcare providers to adapt their practices to meet patients where they are culturally and emotionally (Bennett, 2022). Ultimately, the healthcare sector has an unprecedented opportunity to leverage cultural exchange for growth, creating a more inclusive and effective healthcare system.

The significance of intercultural communication in healthcare is becoming ever more apparent, with emerging research shedding light on the nuanced roles that culture and language play in shaping patient-provider interactions. Studies highlight how medical staff and patients engage in dynamic forms of cultural exchange that extend beyond mere language barriers. For instance, cultural nuances are frequently utilized as discursive resources to accomplish specific social actions (Islam and Mercer-Mapstone, 2021). In parallel, new frameworks have been developed to design services and amenities that cater to the unique needs of medical tourists from various countries (Barton and Hartwig, 2017). The growth in international medical tourism is indicative of a rising awareness of these challenges and opportunities, as healthcare systems adapt to an increasingly diverse global clientele.

However, this surge in mobility also raises a critical need for a deeper understanding of intercultural communication and competence in healthcare contexts. As medical professionals, patients, and their families cross international borders, they encounter not only physical distance but also cultural gaps that can deeply influence their interactions and experiences. Intercultural scholars and educators have responded by emphasizing the importance of cultivating a set of competencies, qualities, and perspectives essential for meaningful cultural exchanges. These include embracing post-structural views of culture (Sharma, 2020) and engaging in translanguaging practices—where individuals draw on multiple linguistic resources to communicate effectively across cultural boundaries (Aleksić and Bebić-Crestany, 2023).

Despite the growing body of research on medical tourism and intercultural communication, a critical gap remains in understanding how cultural responsibility shapes healthcare experiences for Muslim medical tourists in non-Muslim hospitals. This study directly addresses that gap by exploring how Muslim patients and their families navigate intercultural interactions and responsibilities in non-Muslim healthcare settings in Thailand. By examining the concept of intercultural responsibility, this research reveals how these interactions influence both patients' healthcare experiences and their cultural identities in a globalized healthcare context. While much has been done on intercultural competence, less attention has been paid to how patients, healthcare providers, and families apply and understand responsibility in intercultural encounters. This study will explore how intercultural responsibility informs these practices, helping patients navigate both cultural and institutional complexities, ultimately contributing to a more nuanced understanding of

intercultural communication in medical tourism and providing valuable insights into how healthcare systems can better serve diverse international populations.

## **2. Literature Review**

### **Medical Tourism Industry**

The medical tourism industry has seen exponential growth in the 21st century, driven by a combination of globalization, technological advancements in healthcare, and escalating healthcare costs in developed countries. Recent studies, such as those by Meara et al. (2023), emphasize how medical tourism intersects with global health systems and economic globalization, framing it as a response to socio-economic pressures rather than merely a healthcare choice. However, this perspective often oversimplifies the multifaceted nature of medical tourism by not fully considering the complex interplay of social, cultural, and institutional factors that influence patient decisions. While the industry's growth is often attributed to the affordability and availability of advanced treatments in destinations like Thailand, India, and Mexico (Tan et al., 2021), research tends to focus primarily on economic incentives, overlooking the significant role of cultural and religious considerations, particularly for non-Western patient populations.

Several studies have acknowledged the increasing mobility of healthcare consumers seeking affordable and specialized treatments (Zhang & Gupta, 2022), but the literature often fails to critically examine how patients navigate cultural differences in healthcare environments. For instance, recent studies by Chen & Jafari (2022) and Lee & Han (2023) explore the expansion of medical tourism and the emergence of “medical hubs” in countries like Thailand, South Korea, and Singapore, emphasizing the logistical and economic advantages of these destinations. However, these studies tend to limit the understanding of the broader patient experience, particularly regarding cultural competence and intercultural responsibility, which are increasingly vital in the context of a diverse international clientele. Furthermore, the role of medical tourism facilitators, as discussed by Arya & Singh (2023), is framed largely from a service provision perspective, without sufficiently addressing how these agencies help mediate the complex cultural and ethical dimensions of patient-provider interactions.

Thailand, a leading destination for medical tourism, offers a prime example of this gap in the literature. The country has built an infrastructure designed to attract international patients, blending high-quality care with a culturally rich environment (Gössling et al., 2020). However, the current body of research often overlooks the challenges faced by international patients, particularly those with specific cultural and religious needs, such as Muslim medical tourists. Recent studies, such as those by Wongkit & Yeesin (2023), highlight Thailand's competitive pricing and patient satisfaction but fail to explore how cultural differences shape patient experiences in these medical settings. Given Thailand's significant role in the medical tourism industry, there is a critical need for more research that engages with how intercultural responsibility and cultural sensitivity are navigated by both patients and healthcare providers in non-Western healthcare systems.

This study aims to address these gaps by focusing specifically on how Muslim medical tourists and their families manage intercultural interactions and responsibilities in Thailand's healthcare system. By critically engaging with the existing literature on medical tourism, this research will shed light on the ways in which intercultural responsibility shapes both the healthcare experiences and cultural identities of Muslim patients. In doing so, it will contribute to a more nuanced understanding of medical tourism by integrating cultural and

ethical considerations, which have often been overlooked in previous studies, and provide valuable insights into how healthcare systems can better serve diverse, international patient populations.

### **Islam and Muslims**

Islam, one of the world's major religions, significantly shapes the lives of over 1.8 billion Muslims globally, influencing cultural practices, societal values, and religious obligations (Nasr, 2020). The religion's core teachings emphasize holistic well-being, combining physical, mental, and spiritual health, which has increasingly shaped the way Muslims approach healthcare and medical treatments (Al-Haddad, 2021). In particular, Islam views health as a blessing from God (Allah), and seeking medical care is regarded as a moral obligation to preserve one's well-being. However, while these religious teachings have been widely acknowledged in medical tourism research, particularly in the context of Muslim patient needs (Khafagy & Hamid, 2021), previous studies often overlook the complexities surrounding how Islamic principles are applied across various healthcare settings, particularly in non-Muslim majority countries like Thailand. For instance, while the role of Islamic healthcare practices in medical tourism has been discussed (Fikri & Hassan, 2020), there is insufficient exploration of how these practices interact with local healthcare norms in diverse settings, potentially leading to conflicts or misunderstandings during intercultural encounters.

The increasing demand for halal healthcare services—treatment and products that adhere to Islamic guidelines—has created a growing niche market in medical tourism (Smith & Puczko, 2020). While studies like those by Yusuf et al. (2021) and Khafagy & Hamid (2021) highlight the rising importance of halal medical tourism, their focus primarily centers on Muslim-majority countries and overlooks the challenges that Muslim patients face when seeking culturally and religiously sensitive care in non-Muslim settings. Moreover, previous studies often emphasize logistical and economic factors of Islamic medical tourism, such as the affordability and quality of care, without sufficiently addressing the cultural and ethical implications of healthcare delivery for Muslim patients, such as the use of halal pharmaceuticals (Hashem & Amjad, 2021). For example, medical destinations like Malaysia, Turkey, and Indonesia have positioned themselves as halal-friendly medical hubs by integrating Islamic values into healthcare offerings (Fikri & Hassan, 2020). Yet, research largely ignores how non-Muslim countries like Thailand, where there is a smaller Muslim population, navigate these complex cultural and religious requirements. In Thailand, while increasing awareness has led to the inclusion of services such as halal food and prayer facilities for Muslim patients (Al-Thani et al., 2022), research has not sufficiently examined how these adjustments align with broader healthcare policies or whether they meet the diverse expectations of Muslim medical tourists.

This study aims to address these gaps by exploring how Muslim medical tourists navigate their healthcare choices in non-Muslim majority settings like Thailand, focusing on the intercultural dynamics and the application of Islamic healthcare principles. By critically engaging with the existing literature, this research will contribute to a deeper understanding of the intersection of religious obligations and healthcare in medical tourism, with an emphasis on how these elements are managed in multicultural healthcare environments. This study will also highlight the limitations of previous research, which has largely neglected the nuanced challenges Muslim patients face in non-Muslim medical tourism destinations. By filling this gap, the research will offer new insights into how healthcare systems, particularly in countries like Thailand, can improve their services to better cater to the religious and

cultural needs of Muslim medical tourists, ensuring that their healthcare experiences are both ethically and culturally responsive.

### **Responsibility in Intercultural Interactions**

Intercultural responsibility in healthcare refers to the ethical obligation to engage with diverse cultural frameworks, respecting and understanding the cultural values and norms of patients from different backgrounds. Ferri (2014) defines this responsibility as the necessity to honor and integrate the ethical standards of different cultures, especially in cross-cultural healthcare contexts. However, while intercultural responsibility is often presented as a moral imperative (Neff et al., 2002), much of the existing literature fails to critically examine its practical implementation, particularly in globalized healthcare environments where cultural diversity is ever-present. While Young and Sercombe (2010) distinguish intercultural responsibility from cultural exchange, emphasizing its role in ensuring ethical engagement, studies often treat the concept as a largely theoretical framework, lacking specific applications in healthcare settings. This oversight is significant, especially when applied to marginalized populations, such as Muslim patients, whose specific cultural and religious needs are often overlooked or insufficiently addressed in mainstream healthcare systems.

Recent studies have emphasized the importance of institutional practices in fostering intercultural responsibility. King et al. (2023) highlight the ethical duty of healthcare providers to involve family members in the care of Muslim patients, reflecting cultural values around family roles. Similarly, Penney (2021) argues for healthcare institutions to embrace inclusivity by adopting policies that reflect the diversity of their clientele, particularly those from minority religious or refugee backgrounds. While these studies provide valuable insights into the importance of cultural inclusivity in medical settings, they often focus on institutional perspectives, leaving underexplored how intercultural responsibility is enacted by patients themselves in real-world healthcare encounters. Moreover, the literature tends to emphasize structural inclusivity at the institutional level without sufficiently examining the gaps in healthcare staff's practical intercultural competence (Gargano, 2022). Gargano's (2022) work points out that while healthcare institutions may recognize the need for intercultural sensitivity, they often fail to implement the appropriate policies to foster such competence within their staff. This creates a critical gap in both the conceptualization and operationalization of intercultural responsibility, especially in medical tourism contexts where patients, such as Muslim medical tourists seeking treatment in non-Muslim countries like Thailand, encounter additional layers of cultural and ethical challenges.

This study aims to address these gaps by focusing on the experiences of Muslim medical tourists in Thailand, specifically examining how they navigate intercultural responsibility in healthcare settings. While previous studies (e.g., King et al., 2023; Penney, 2021) provide useful theoretical insights into the importance of intercultural responsibility, they often overlook the lived experiences of patients and their families in non-Western, multicultural healthcare settings. Furthermore, the study will engage critically with existing literature by exploring how both healthcare institutions and patients can bridge the gap in intercultural competence, which has often been inadequately addressed in the context of medical tourism. By focusing on how Muslim patients manage their healthcare experiences in culturally diverse environments, this research will contribute to a more nuanced understanding of intercultural responsibility in healthcare. It will also provide practical insights into how healthcare providers, particularly in countries like Thailand, can better serve international patients by fostering an inclusive, culturally responsive approach to medical tourism. This study will fill an important gap in the literature by emphasizing the

need for both institutional support and patient empowerment in managing intercultural interactions in healthcare, offering a more comprehensive view of how intercultural responsibility can be effectively implemented in globalized healthcare settings.

### **3. Research method**

This study employs positioning theory as a framework to explore how international medical tourists and their families perceive and navigate cultural sensitivity and responsibility in the context of healthcare. Positioning theory, as articulated by Bamberg (2006), allows researchers to analyze the ways individuals construct their identities and define their rights and responsibilities in relation to others. This approach, aligned with narrative identity theory, emphasizes how participants use stories and discourses to position themselves within the broader social and cultural dynamics they encounter (Elliott, 2020). In this study, positioning theory serves as a lens through which to understand how Muslim medical tourists and their families frame their experiences in Thai hospitals, particularly in a context where cultural diversity and intercultural responsibility are central themes (Tran & Vu, 2017). By examining these self-positions, the research contributes to an ongoing dialogue in medical tourism studies, which increasingly focuses on how patients navigate cultural sensitivity and healthcare responsibility when faced with unfamiliar medical systems (Mair & Jafari, 2021).

The participants for this study were selected through purposive sampling, a non-random method aimed at gathering rich, in-depth data from individuals with specific characteristics or experiences relevant to the research questions. The selection criteria included: (1) participants being Muslim medical tourists who sought healthcare in Thailand, (2) a diversity of nationalities, including those from the U.S., Malaysia, Indonesia, India, the UK, Canada, and Australia, (3) receiving care in Thai hospitals where the majority of staff are non-Muslim, and (4) being accompanied by their families to explore family roles in intercultural healthcare encounters, as these are critical to many Muslim patients' experiences (King et al., 2023). This purposive sampling strategy allows for a focused exploration of how Muslim patients navigate cultural responsibility and how their identities shape their healthcare experiences in a predominantly Buddhist country (Gössling et al., 2020). While this approach provides valuable insights, the relatively small sample size of 126 participants, despite its diversity, may not fully represent the broader spectrum of Muslim medical tourists' experiences, and their individualized backgrounds mean the findings may not be generalizable to all Muslim patients seeking care in Thailand or other non-Muslim healthcare settings. The emphasis on intercultural interactions is increasingly central in global health and medical tourism, with scholars stressing the importance of cultural competence in ensuring equitable, high-quality care for all patients, regardless of their background (Sykes et al., 2020). Although the study included a range of nationalities, it is still based on a specific geographic and cultural context—Thailand—where the healthcare system may differ significantly from other countries. The findings may therefore not be fully transferable to other non-Muslim healthcare settings, limiting the generalizability of the results to broader medical tourism contexts. However, the study's focus on the intercultural interactions between Muslim patients and healthcare providers in a non-Muslim country provides a unique opportunity to explore this issue within a specific setting, which may serve as a case study for similar settings in other parts of the world.

The researcher applied reflective thematic analysis (RTA), as recommended by Braun et al. (2019), to analyze the data, treating subjectivity as a resource to enrich the study's findings rather than detract from its credibility. This inductive approach facilitated a deep,

nuanced exploration of the participants' lived experiences without imposing pre-existing frameworks, focusing on developing a comprehensive understanding of their thoughts and perceptions, particularly concerning intercultural responsibility in healthcare settings. The study aims to shed light on how Muslim medical tourists navigate intercultural challenges in a non-Muslim country, highlighting the importance of inclusive care practices in medical tourism (Betancourt et al., 2016). By centering the participants' voices in the analysis, the research contributes to the growing body of literature on healthcare inclusivity and multicultural responsibility in global healthcare settings (Dressler et al., 2020), offering valuable insights into how Muslim patients engage with cultural sensitivity and responsibility in their healthcare encounters.

Despite the limitations of purposive sampling, which may not allow for generalizability to all international patients in Thailand or other non-Muslim countries, this strategy ensures that the study captures the perspectives of a targeted group of Muslim medical tourists who have directly engaged with intercultural healthcare challenges. This research adds depth to existing literature on intercultural communication in healthcare, a field that has often overlooked Muslim patients' experiences in medical tourism (Gargano, 2022). The use of reflective thematic analysis enables a flexible, nuanced approach to interpreting the data, allowing for a more comprehensive view of how intercultural responsibility shapes healthcare interactions. By focusing on both patient and institutional perspectives, the study offers recommendations for healthcare providers to improve the healthcare experiences of Muslim patients, fostering more inclusive and culturally sensitive care practices.

#### **4. Results**

This section presents the key findings from the analysis of qualitative data collected through interviews with overseas Muslim patients and their families seeking medical care. It specifically explores the similarities and differences in perspectives among the Muslim medical tourists and their families who participated in the study. Participants were asked about their understanding of Islamic principles, with particular attention to their awareness of Muslim requirements and the availability of halal services and facilities in hospitals. This section is organized around central themes related to the participants' perceptions of these issues. It is important to note that the views discussed here do not necessarily represent the experiences or opinions of all international Muslim medical tourists and their families. While the open-ended interview questions aimed to assess awareness of Islamic beliefs and practices, the responses underscore the nuanced and individualized ways in which participants engaged with religious considerations.

#### **Understanding Islam: The Role of Shari'a and Halal in the Lives of Muslim Medical Tourists**

In the study, the understanding and adherence to Islamic practices among Muslim medical tourists emerge as critical aspects of their cultural identity. Participants consistently reflected that Islam offers clear guidelines through Shari'a law and the concept of halal (lawful) practices, which extend beyond religious rituals to encompass daily activities, food, and social conduct. While many participants stated that Islam provides a straightforward and easily accessible framework for living a faithful life, the complexity of these practices often becomes more apparent in non-Muslim settings.

One participant recalled, "As a child, I was fortunate to be surrounded by many remarkable individuals, especially my grandparents... but I never gained a deep

understanding of the intricacies of the holy book” (ISO 109). This suggests that while early religious education can be foundational, it might not always equip individuals with the comprehensive religious knowledge they need for navigating complex situations, such as medical tourism. Similarly, another participant shared, “I learned a great deal from my father, a leading Islamic scholar... He taught me that Islam is the only religion with its own legal system, Shari’a” (INE 41), underscoring how familial teachings and formal education are often vital in fostering religious commitment.

However, a broader theme across the interviews reveals varying levels of commitment to strict Islamic rules. Some participants viewed Islam as a comprehensive way of life, emphasizing not just adherence to legal standards like Shari’a but also social and ethical responsibilities. For example, one participant stated, “A Muslim life should reflect the principles of Islam... It involves more than just adhering to Shari’a law” (ICE 58). This highlights that, for many, cultural and religious identity is intricately woven into their personal interactions and societal contributions.

### **Embracing the Diversity of Islamic Practices in Medical Tourism**

When engaging in medical tourism, Muslim patients must balance their religious needs with the practicalities of being in a foreign hospital, often within a non-Muslim environment. The research highlights various challenges, especially in hospitals that do not cater to the specific needs of Muslim patients. For instance, one participant expressed frustration with the lack of facilities for ablutions before prayer, stating, “Most private hospitals in Thailand offer clean and quiet rooms for prayer but do not provide washrooms to perform a full-body wash” (ICE 73). This comment brings attention to how religious practices, such as the ritual of washing before prayer, can be disrupted in hospital settings that lack culturally appropriate infrastructure.

Moreover, while some Muslim patients are flexible in their adherence to certain Islamic rules—such as the allowance for exceptions when life is at risk—others are highly conscientious about maintaining strict adherence to halal practices, particularly when it comes to food. One participant elaborated, “I refrain from eating pork or drinking alcohol... and I avoid gambling, premarital sex, and other prohibited actions” (INE 32). The degree to which participants are comfortable with accommodations—such as eating non-halal food in non-Muslim hospitals—varies significantly, reflecting a range of religious observance and personal interpretation.

Interestingly, the interviews also reveal how non-Muslim healthcare providers, such as Buddhist medical staff, attempt to accommodate these practices despite their limited understanding of Islam. One participant noted, “I make an effort to assist Muslim patients in meeting their religious needs... some of my colleagues, who are Buddhist, do not always respect these needs, especially when water splashes during their pre-prayer washings” (IWE 84). This highlights the tension between cultural and religious sensitivity and the practical challenges in healthcare environments, particularly in countries where Islam is a minority religion.

### **Constraints on Religious Practices in Medical Tourism**

One of the significant issues identified in the research was the absence of hospitals offering comprehensive Muslim-friendly services. Many Muslim participants shared concerns about the challenges they face in non-Muslim hospitals, particularly regarding food



and medication. For example, one participant mentioned, “We stayed at a hospital where the kitchen was not certified as halal... we had to clean the kitchen using a special Islamic process” (INO 17). This underscores the importance of halal certification in hospitals catering to Muslim patients, as well as the challenges faced by healthcare travelers when hospitals fail to provide adequate services.

Moreover, another participant pointed out the difficulties in ensuring medications meet Islamic dietary requirements. “One of the biggest challenges is managing medications that meet Muslim dietary requirements... specifying alcohol-free solutions is essential” (ISO 110). This comment highlights a critical area of concern for healthcare providers—ensuring that treatment options and medications do not conflict with Islamic laws.

### **Creating a Muslim-Friendly Medical Tourism Experience**

To address these challenges, the research emphasizes the importance of creating hospitals that cater specifically to the needs of Muslim patients. Several participants suggested improvements such as providing prayer rooms, bidet-equipped washrooms for ablution, and halal-certified kitchens. One participant advocated for the training of staff to operate in accordance with Islamic guidelines: “Hospitals should implement Muslim patient-centered care services... this would reassure Muslim patients that their religious needs are being respected” (INE 39). This suggests that the medical tourism industry has an opportunity to capitalize on the growing Muslim market by integrating culturally sensitive services that enhance patient satisfaction and health outcomes.

Additionally, healthcare providers were encouraged to develop cultural competence, understanding that the needs of Muslim patients are not just about food or prayer spaces, but extend to the overall respect of their religious and cultural identity. One participant summarized, “Buddhist clinicians will recognize the importance of aligning services with Islamic principles... this requires knowledge of the disease process as well as sensitivity to the patient’s connection to family and community” (IWE 92). This highlights the importance of a holistic, patient-centered approach that recognizes the intersection of cultural, religious, and medical needs.

The findings from this research provide valuable insights into the diverse religious practices and challenges faced by Muslim medical tourists in non-Muslim hospital settings. They underscore the importance of understanding Islam not only as a set of religious doctrines but also as a cultural framework that shapes every aspect of a patient’s experience, including healthcare. The insights gathered suggest that hospitals catering to Muslim patients should adopt a more proactive approach in accommodating religious practices, from providing halal-certified food and prayer spaces to ensuring culturally competent staff training. Ultimately, integrating Islamic principles into medical tourism not only fosters patient satisfaction but also offers opportunities for the healthcare industry to grow in a more inclusive and culturally sensitive direction.

## **5. Discussion**

The findings from this study align closely with existing theories of intercultural responsibility, particularly those concerning the navigation of cultural and religious differences in healthcare settings. The research underscores the critical role that Islamic beliefs, such as Shari’a law and halal principles, play in shaping the cultural identity and healthcare expectations of Muslim medical tourists. This intersection of religion and

healthcare reflects broader discussions on intercultural responsibility, which emphasize the ethical obligation of healthcare providers to respect and adapt to the diverse cultural and religious needs of patients (Neff et al., 2002). The findings of varying degrees of commitment to Islamic practices among participants are consistent with theories of cultural diversity and adaptation, as articulated by Young and Sercombe (2010), who argue that intercultural responsibility involves navigating both shared and unique cultural elements in ways that promote inclusivity and mutual respect. This variability also highlights the complexity of intercultural interactions, where individuals may adopt flexible positions based on their personal, familial, and religious circumstances.

The research also identifies challenges that Muslim medical tourists face in non-Muslim hospitals, particularly concerning the availability of facilities and services that accommodate religious practices. The lack of culturally appropriate infrastructure, such as prayer rooms and ablution facilities, reflects the need for healthcare institutions to move beyond merely understanding cultural differences to actively engaging with them in a way that meets patients' practical and spiritual needs. This finding aligns with Teerakunpisut's (2020) argument that cultural competence in healthcare settings is not just about recognizing religious diversity but about responding to it in tangible ways that reflect respect and inclusivity. The study's findings, which point to discomfort resulting from inadequate infrastructure, underscore the need for hospitals to adopt a more proactive, culturally sensitive approach. In particular, the diverse adherence to Islamic practices observed in the study emphasizes the need for healthcare providers to be prepared for a spectrum of religious observance, as noted by Ahmed and Choi (2020) and Teerakunpisut (2018). This complexity in religious engagement challenges the simplistic application of one-size-fits-all solutions and calls for flexibility and a deeper understanding of Muslim patients' needs.

Unexpectedly, the study revealed that while some participants emphasized the social and ethical dimensions of Islamic practice more than strict religious observance, their needs for cultural sensitivity and religious accommodation remained just as critical. This finding highlights an important nuance in intercultural responsibility theories: cultural competence is not just about adhering to rigid norms but also about being sensitive to the lived realities and varying degrees of adherence to cultural practices within diverse communities (Gargano, 2022). The study's results also reveal a tension between Muslim patients' religious needs and the limited cultural competence of healthcare providers, which, as Teerakunpisut (2019) notes, is particularly pressing in non-Muslim countries with less established frameworks for addressing such needs. This tension calls for a fundamental shift in how healthcare systems approach intercultural responsibility, from merely fulfilling patient requirements to fostering a deeper, more empathetic understanding of their cultural and religious identities.

The significance of this research lies in its potential to guide healthcare providers in adapting their practices and attitudes to serve a growing and diverse international patient population. By promoting a more culturally sensitive approach, hospitals can not only improve the healthcare experience for Muslim patients but also tap into an expanding market in medical tourism. As Teerakunpisut (2020) and Le (2021) suggest, integrating Islamic principles into medical tourism should not be viewed as a mere compliance issue but as a strategic opportunity to build trust, improve patient outcomes, and strengthen global competitiveness in the healthcare industry. By positioning intercultural responsibility as both a moral obligation and a strategic advantage, the study contributes to the ongoing dialogue on inclusive healthcare practices in an increasingly globalized world.

## 6. Limitations and Future Research

While this study provides valuable insights into the experiences of Muslim medical tourists in non-Muslim hospital settings, there are several limitations that should be considered. First, the sample size and demographic scope of the participants may limit the generalizability of the findings. The study primarily focuses on Muslim medical tourists from a specific geographic region, and their experiences may differ significantly from those of Muslims from other countries or cultural backgrounds. Additionally, the research predominantly captures the perspectives of patients, with less emphasis on the experiences of healthcare providers and hospital staff, who play a key role in shaping the cultural competency of healthcare environments. Further research is needed that includes a wider range of participants, including healthcare professionals, to gain a more comprehensive understanding of the challenges and opportunities in providing culturally sensitive care for Muslim medical tourists.

Future research should also explore the impact of different healthcare models on Muslim medical tourism, particularly in regions where Islamic cultural practices are either more or less prevalent. Studies could investigate how healthcare systems in predominantly Muslim countries contrast with those in non-Muslim regions, and how this influences the experiences of Muslim patients and their families. Furthermore, there is a need for research that examines the effectiveness of interventions aimed at improving cultural competence among healthcare providers, such as training programs or collaborative frameworks between healthcare facilities and religious institutions. Given the growing significance of the Muslim medical tourism market, future studies could also explore the potential economic benefits for hospitals that adopt Muslim-friendly services and how these practices could contribute to a more inclusive and ethical medical tourism industry.

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