

Determinants of Patient Loyalty: A Preliminary Study on Muslim Friendly Hospital in Malaysia

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Article Info

Volume 82

Page Number: 12509 - 12516

Publication Issue:

January-February 2020

Abstract

The purpose of the research is to determine the patient loyalty in the Muslim friendly hospitals using the SERVQUAL model in Malaysia. Hospitals around the world seem to slowly concentrate on their service quality policies. With a growing competition service quality plays a critical part in Malaysian Muslim friendly hospital. Nowadays, patients' loyalty is one of the very important quality aspects in healthcare sectors. Self-administered questionnaire was used to evaluate the loyalty scale of the patients in which patient loyalty was evaluated on the scale of five aspects such as tangible, empathy, assurance, reliability and responsiveness. The study is based on survey approaches for the preliminary pilot test of 100 respondents collected in selected Muslim friendly hospital in Malaysia. Data were analyzed through descriptive statistics and reliability analyzes using SPSS software. The research findings indicate that all aspects of the SERVQUAL model is strongly related to patient loyalty. Therefore, all the service quality dimension is important to increase customer satisfaction and loyalty. The study enlightens the managerial implications and future directions.

Article History

Article Received: 18 May 2019

Revised: 14 July 2019

Accepted: 22 December 2019

Publication: 24 February 2020

Keywords: Empathy, Responsiveness, Tangibility, Reliability and Assurance, Patient Satisfaction

I. Introduction

In 2016, Mastercard and Cresentrating estimated in theGlobalMuslimTravelIndex2017that in there were 121 million Muslim international travelers visit to Malaysia. This is shown to riseto156millionby2020, where Muslim travelers travel expenses are anticipated to reach 220 billion US dollars. It is also stated that the total Muslim travel expenditure will reach 300 billion US dollar by 2026. This trend in tourism is here to remain and will only grow faster and better when just going by the exponential figures(Al-Shami et al., 2019). Unfortunately, the word has been used very loosely throughout the tourism industry with such enormous potential. The industry's value was RM 36.9 billion of gross national income (GNI) in 2009 and is anticipated to grow greater. Malaysia targeted to reach the achievement of 38:168 that is tourists' arrivalsof38millionandRM168 billion

receipts in year 2020 (Amiret. al.,2017). In 2010, number of foreign visitors in Malaysia amounted to 24.6 million RM56.5 billion, compared with just 5.50 million RM8.6 billion in 1998. (Razalli, et. Al., 2016).

There is a need to realize market dynamics and regulations and awareness of people around the world in order to gain competitive advantages in those countries in order to deliver services worldwide. Nowadays, the healthcare industry is enforcing quality management policies and has earned global success. According to World Health Organization (2018), hospital plays an important role in healthcare industry. Hospitals improve and expand the effectiveness of the health care system by continuously offering services for intense and complicated circumstances. Hospitals focus on scarce assets within organized referral network to respond efficiently to the needs of population

health. Quality is known as the key factor of performance, achieving high profit, cost-effective tool and continuing to survive in the challenging environment that prevails in the service industry.

Muslim friendly hospital is a new services market found in the healthcare industry. Islamic medical care or Muslim friendly hospital can be found in countries such as Malaysia and Indonesia where Muslim resident are the main population. A lot of research study about the convenience hospital in tourism Neupane et al., 2017). Currently, not much research has examined Muslim friendly hospital (Rahman, Zailani, & Musa, 2016), specifically the influence factor on patient loyalty. Based on the International Journal of Tourism Management in 2016, the awareness towards Islamic medical care increasingly attract the tourist patient and fulfill their needs and demands (Zailani et al., 205).

Service quality is now one of the main attributes in the service industries for increasing relationships with customers and generating profits on the industry. Each association has attempted to acquire competitive advantage to be a main driver on the industry. The phenomenon of globalization and marketing is rising day after day, thus shifting customer expectations and anticipating high-quality products and services that create a challenging environment between different sectors. In the views of Datta, K. S., & Vardhan, J. (2017), many researchers are studying SERVQUAL Model, a service quality tool created by Parasuraman, Zeithaml, and Berry (1988) in certain sectors or regions to evaluate the customers' satisfaction. It is widely used by different sector such as Islamic financial services (Ali and Raza, 2017), travel and tourism (Qolipour et al., 2018), retail management (Hisam et al., 2016), mobile phone (Lai and Nguyen, 2017), and eco tourism (Ban, J. and Ramsaran, R.R., 2017) are included. Although there are many academic researches about SERVQUAL Model, but there are not much academic attention on measuring patients loyalty in the healthcare

industry especially in the Muslim friendly private hospital using SERVQUAL Model.

The objective of this study is to investigate the services and patient loyalty offered in Muslim friendly hospitals relating to Islamic medical care practices. Based on the service in Muslim friendly hospital, 'SERVQUAL' tool is used to determine the patient's perception. There are five aspects in SERVQUAL dimension, which are tangible, empathy, assurance, responsiveness and reliability were evaluated in Muslim friendly hospital. To find difference, only respondents who had the perception about service quality of both hospitals; public as well as private were integrated in the study. Inter-item reliability was found to find out consistency of items.

II. Review of Literature

In this competitive era, where demand and technology advancement are very critical for the companies responsible, companies are currently providing a service to their current services or products (Nazir et al., 2016). Firms play a significant role in the growth of a country's national economy, because the more successful organizations a country house is more likely to make economic growth (Javed et al., 2018). Thus, in developing country like Malaysia where healthcare sector ranked top medical included world-class healthcare, affordable treatment cost and friendly service. Both the service quality and the loyalty of customers have great importance in medical sector, as this is vital for their management decisions. Nevertheless, in order to adapt the practice of Islamic medical care in hospitals effectively, the management needs to acknowledge the essence of the practice of Islamic medical care and the means and methods of how to apply it as necessary. The loyalty of patients helps manage the hospitals in terms of Islamic medical care practices.

Medical industry is an economic system that collects and integrates industries. A study by Lupo, T., (2016) it includes healing technology likes those of medical equipment, medicines

manufacturers and medical insurance companies. The sector offers products and services to cure, protect and appropriate care for patients. It also includes providers of educational and curative administrations including medical experts, caregivers, medical facilities as well as other organizations conducting charitable medical care operations.

Hospital performs a significant role in the medical sector (World Health Organization, 2018). Muslim-friendly hospital is a concept that indicates the availability of infrastructure and services for Muslim needs specifically. Muslims have a particular desire to fulfill their religious obligation (ibadah). It can enhance and improve the health care system's efficiency by continually providing services for serious and complex conditions. Rahman and Zailani (2016) explored the factors that determine the purpose of Muslim visitors to return to the Islamic-friendly hospital. They found that to encourage and enhance a productive destination for Islamic medical tourism, medical professionals and investors should offer Islamic medical staff along with knowledge, good infrastructures and facilities.

Muslim friendly hospital does not have to compromise on its criteria when it comes to practicing Muslims, but will be satisfied with the choices. Jais et al., (2017) described in his study Malaysia has the capacity and potential to be a major market for health tourism, nesting in the Muslim-friendly parts with adequate capacity, resources and infrastructure. The introduction of Muslim-friendly practices has typically been implemented superficially in hospitals such as having space for prayers and encouraging patients to conduct their ibadah.

Zailani et al., (2016) identified based on the paradigm of expectation and disconfirmation, The factors that influence Muslim medical tourists ' satisfaction and the importance of their actions influence their medical knowledge. The outcome of this research showed that the Islamic medical procedures of medical providers had a strong impact on patient perceptions and satisfaction with

the medical services; while nurses ' Islamic medical practices seemed to have no significant impact. Hence the Islamic hospital medical practices the procedures that had an indirect effect on Muslim tourist satisfaction by behaviour.

Rahman et al., (2016) argued the process and its opportunities and obstacles for promoting Muslim-friendly medical tourism market. However, no matter how the segment grows and develops, there are no specific requirements for this concept or a created-up model for Shari'ah-compliant treatment centers. The result shows that the expectations of Muslim tourists play a significant role in Malaysia's travel aim for Muslim-friendly treatment.

In the service sector, Islamic medical practice is increasingly growing, since it is a currently high-growing market appealing for the different sector of international Muslim community. Muslim friendly hospital offers qualified Muslim doctors with expertise, principles and expert knowledge of Islamic medical practice, while Muslim patients often demand Islamic medical care to have a good medical environment and Muslim hospitality.

III. Methodology

i) Survey Instrument and Collection Method

After validating a rich stream of literature, this research presumed a specific scale to measure constructs drawn in the theoretical framework. To ensure the data is relevant in this research, the questions were expressed clearly and designed in closed-ended questions through questionnaire distribution. The questionnaire survey included 48 questions is divided into section A, section B and section C. Section A will focus on the personal information the respondents. Section B will concern the perceptions of the customers toward the Muslim friendly hospital through the five dimensions in the SERVQUAL model. The section C of the questionnaire asked about the overall service quality provided by the Muslim friendly hospital, whether the respondents are satisfied and

intended to revisit Muslim friendly hospital with the service quality given in terms of the five dimensions of the SERVQUAL model which are tangibility, empathy, assurance, reliability and responsiveness. Table 1 describes the configuration of the research investigative instrument.

Table 1. Survey Instruments

Section	Category	No. of Items
A	Demographic	6
B	Service Quality:	
	1. Tangible	6
	2. Empathy	6
	3. Assurance	6
	4. Reliability	6
5. Responsiveness	7	
C	Patient Satisfaction	6
	Patient Loyalty	6
	Total	48

Section A consists of six questions regarding demographic profile and the items asked gender, range of age, ethnicity, employment status, frequency of visiting doctor and rating for service quality in Muslim friendly hospital. In section B, the questions included 31 questions were developed to understand the drive for the Muslim friendly hospital to implement service quality. These questions are based on the service quality literature. Section C has 12 questions, which comprised of service quality that influenced on patient satisfaction and loyalty in Muslim friendly hospital. Respondents were asked to rate all these 48 items based on a five-point Likert scale ranging from 1 = strongly disagree to 5 = Strongly Agree. Likert data is considerably reliable if the scale points are higher than 5 and lower than 7 (Roslow et al., 1934).

IV. Data Findings and Analysis

i) Descriptive Analysis

The findings of the descriptive analysis were shown in table 2. Regarding to the result,

assurance reports the highest mean 4.51 with the item “Hospital provides halal food and beverages for Muslims” and this showed that how medical staff have the skill to convince the patient with their skills and knowledgeable about Islamic medical care practices. Followed by this are reliability “I am receiving good Islamic healthcare in this hospital” and tangible “The room and toilet cleaned”. The lowest of all five independent variables found was responsiveness as it was only reported as shown in table 2 at 4.07.

Table 2. Descriptive Analysis

No	Item	Mean	Standard Deviation
Tangible			
T1	Separation of male and female ward.	4.39	0.863
T2	The room and toilet cleaned.	4.41	0.780
T3	Islamic dressing code by staff.	4.11	0.886
T4	Hospital provides sophisticated prayer infrastructures (e.g., prayer room, signage, ablution facilities).	4.37	0.774
T5	Hospital provides a same gender health care worker when possible.	4.14	0.766
T6	Hospital provides a quiet environment during prayer for Muslim patients.	4.26	0.812
Empathy			
E1	Physician respect modesty and religious beliefs.	4.18	0.809
E2	Medical staff sensitive with other people’s feeling.	4.03	0.881
E3	The nurse is very sympathetic towards Muslim patients.	4.07	0.868
E4	Nurses try to provide Muslim patients’ privacy.	4.15	0.821

E5	Nurse is flexible and willing to provide care to patients.	4.22	0.746
E6	Nurse tolerates with patients.	4.23	0.777
Assurance			
A1	Doctor informs a muslim patient/patient family regarding the use of vaccines that are porcine in origin.	4.07	0.987
A2	Doctor imposes their own religious/cultural values and practices in handling the body of deceased.	4.17	0.842
A3	Doctor prefers using halal medicines in their practice.	4.16	0.929
A4	Medical team is knowledgeable about Islamic principles in medical care.	4.16	0.849
A5	Medical team is aware of potential haram risks in medical care.	4.22	0.883
A6	Hospital provides halal food and beverages for Muslims.	4.51	0.718
Reliability			
R1	I am receiving good Islamic healthcare in this hospital.	4.38	0.722
R2	I am receiving Islamic medical care is perfect.	4.21	0.729
4R3	Staffs are practicing Islam.	4.14	0.817
R4	The quality provided meets for peace of mind.	4.13	0.800
R5	Recognize the halal label for medicine.	4.13	0.928
R6	Recognize the halal label for food.	4.29	0.856
Responsiveness			
P1	Doctor seeks clarification from Muslim patients when they are unsure about	4.05	0.903

	Islam protocols.		
P2	Doctor feels a moral obligation to disclose the exact source of non-halal ingredients to the patient (e.g., alcohol in syrups/elixirs and gelatine in capsules).	4.11	0.863
P3	A male doctor should attend to a female Muslim patient only if there is no female doctor available or in the case of emergency.	4.11	0.875
P4	A male doctor always examines a female patient in the presence of another female.	4.12	0.913
P5	Medical team allows them to pray and read the Quran.	4.37	0.812
P6	Where choice exists, medicines containing non-halal derivate should not be used.	4.16	0.788
P7	Provides operation theatre garments that are decent and cover Aurat.	4.12	0.808

No	Item	Mean	Standard Deviation
Patient Satisfaction			
PS1	I am satisfied with the Islamic healthcare practices in this hospital.	2.17	0.985
PS2	I am satisfied because the medical team of this hospital is consistently courteous and respectful to me.	2.15	0.968
PS3	I am satisfied with the explanation of the treatment result.	2.09	0.911
PS4	I am satisfied with the Ibadah infrastructures (e.g., prayer room,	2.04	0.898

	signage, ablution facilities) of this hospital.		
PS5	I am satisfied with the quality and variety of halal food in this hospital.	1.95	0.869
PS6	I am satisfied with the medical teams' behaviour in this hospital.	2.11	0.931
Patient Loyalty			
PL1	I intend to revisit this hospital because of ease of accessibility to treatment.	2.04	0.887
PL2	I intend to revisit this hospital because of the precise and clear explanation of my treatment result.	2.10	0.859
PL3	I intend to revisit this hospital because healthcare professionals are consistently courteous to me.	2.08	0.861
PL4	I intend to revisit this hospital for its Islamic medical care practice.	2.12	0.913
PL5	I will prefer to use the services of this hospital because I am satisfied and acquainted with the hospital.	2.04	0.864
PL6	I recommend this hospital to others.	2.04	0.875

ii) Reliability Analysis

Because the research survey was provided directly to patients, the return rate is 100.0 percent. The reliability test then was carried out to check the validity of the survey items. In this analysis Cronbach's Alpha is used to calculate the average correlation in all variables of each item. The value involved in alpha coefficient is in between 0 and

1. The value of 0.5 and above is considered acceptable measure to prove the reliability of all instruments (Awang, 2012). This importance of reliability motivated us to move on in our study and to produce further results to prove hypothesis.

Table 3. Reliability Analysis

No	Constructs	Mean	Standard Deviation	Cronbach's Alpha
1.	Tangible	25.68	3.939	0.892
2.	Empathy	24.88	4.125	0.917
3.	Assurance	25.29	4.319	0.906
4.	Reliability	25.28	4.274	0.940
5.	Responsiveness	29.04	4.623	0.889
6.	Patient Satisfaction	12.51	5.082	0.960
7.	Patient Loyalty	12.42	4.862	0.966

Table 4. Frequency Analysis

Characteristics	Item	Frequency	Percentage (%)
Gender	Male	31	31.0
	Female	69	69.0
Age	Less than 17	0	0
	18 – 25 years old	65	65.0
	26 – 33 years old	12	12.0
	34 – 41 years old	8	8.0
	42 – 50 years old	13	13.0
	51 years old and above	2	2.0
Ethnicity	Malay	94	94.0
	Chinese	2	2.0
	Indian	1	1.0
	Others	3	3.0
Employment Status	Self-employment	10	10.0
	Wage-employment	40	40.0

	nt		
	Students	48	48.0
	Others	2	2.0
Frequency of visiting doctor	1-2 times per year	66	66.0
	3-4 times per year	20	20.0
	5-6 times per year	6	6.0
	More than 6 times per year	8	8.0
Rating of service quality	Excellent	19	19.0
	Very Good	55	55.0
	Good	0	0
	Fair	24	24.0
	Poor	2	2.0

V. Conclusion

In the service sector, it is found Islamic medical practices is primarily rising and becomes potential rapidly growing to meet needs and demand to the International Muslim community. The assessment of the service quality in Muslim friendly hospital is crucial to the integration and purposeful mandatory incorporation into the growing industry for Islamic medical services. The main objective of this study is to investigate the antecedents of service quality that impact on patient satisfaction and loyalty in selected Muslim friendly hospital. On the basis of that preliminary study, 60 Muslim friendly hospital respondents were surveyed. As stated by Saunder et al., (2016) all variables constructed are more than 0.70 significant. The outcome of this research is pilot test based on the results. The finding of this research is fruitful as it will be enable to provides an insight of antecedents for patient satisfaction in route to gauge patient loyalty. Eventhough there is a rich stream of literature which discusses the determinants of service quality, however this research sheds doubt on the leading new empirical findings on the area of Muslim friendly private hospital. Malaysia is actively supporting quality Islamic medical care facilities to draw local and potential international Muslim patients searching for quality services in Islamic medical care. As

Malaysia has multi-race and religious, the future findings are seen to be beneficial under the umbrella of Islamic medical practices as it will also contribute towards validating the measurement of SERVQUAL model from developing countries perspective.

VI. Acknowledgement

A research grant from the Centre for Research and Innovation Management (CRIM), Universiti Teknikal Malaysia Melaka (UTeM) funded this paper. The Project Number is PJP/2019/FPTT (1D)/S01687.

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