

A Survey to the Implementation of Islamic Standards in the Hospitals of Iran for Attraction of Muslim Medical Tourists

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Abstract

Introduction: This is a survey to the implementation of Islamic standards in the hospitals of Iran for attraction of medical Muslim tourists.

Method: This is a cross-sectional study which was conducted in 2013 within a number of hospitals throughout Iran. The data was collected by the check lists of Islamic standards and subsequently was analyzed using SPSS software in terms of descriptive statistic measures like average and standard deviation.

Results: Implementation of Islamic standards in the sample hospitals throughout Iran got acceptable average of 88.25; considering the “J” and “O” hospitals with 91% implementation outdid other centers, while “D” and “M” hospitals met with the least success.

Conclusion: globalization approach in medical tourism and outsourcing due to this, reforms health world, including policies and procedures. Islamic Republic of IRAN belong to the Islamic world manage a system with at least eight key functional by three Islamic axes. Accrediting organization schedule consume many time and make waiting period for licensing. It emphasize to establish to implementation Islamic Hospital Accreditation IHA by Organization of Islamic Cooperation (OIC).

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Introduction

Medical Tourism as a branch of Health Tourism hints at an instantly developing industry inside it patients travel beyond their national borders to receive medical services. Izadi M and al[1] It's one of the most thriving and profitable industries throughout the world in the advent of the third millennium which provides substantial exchange income for the countries.[2] This industry annually earns governments billions of dollars.[3] For instance, Medical tourism in Asia had expected to be worth US\$4 billion by 2012.[4]

Since past necessity for accreditation through inspection, quality control, quality assurance and evaluation was strongly felt. Nowadays it is regarded as significant as before. We can anticipate through implementation of an appropriate accrediting system within the health service provider

centers, to provide many beneficiaries with their pursuits.[5]

Protocols of pain control and relief, clinical approaches and standards of supervision differ from one place to another and execution of such terms focus more on patient's body and identity rather than disease.[6]

A multitude of accrediting systems prevalent among hospitals of Islamic countries are set and run separate from religious and cultural values, while in our holy Quran alongside Sunnah and Hadith.[7] There are countless guidelines for human life of material or spiritual. A host of people maintain that humankind could attain highest level of excellence through faith in Monotheism and submission to revelatory teachings.[8]

Nowadays, in most developing countries which are largely administered by Islamic countries,



hospital standardization is being attached much importance. Furthermore, these countries annually expend substantial sums to issue necessary licenses alongside regular updating fees.[9]

By Islamic approach in hospital accreditation, therapists first bear revelatory teachings in mind as a basis for their treatment then concentrate on human problems.[10] The occident has always disregarded that doctrinal priority which forms a basis for the process of treatment except for a small portion.[11] If we plan to employ systems and models originating from a secular foundation, it is more logical to accustom them to the Islamic rules.[12]

Today, definitions of health give a lot of thought to mental health and human spirit which are mainly improved via monotheism and deep thinking on the origin of creation.[13]

This study aims to customize the hospital standards on a number of hospitals throughout Islamic Republic of Iran thereby creating an Islamic accreditation system.

Methods

The article has a descriptive design and was conducted in 2013 to examine Islamic standards on a number of hospitals across Islamic Republic of Iran thereby attracting medical tourists from member countries of OIC.

Statistical universe comprised 16 hospitals selected by Ministry of Health from 6 states, namely Tehran, Esfahan, Shiraz, Yazd, Mashhad and Ta-

briz. Sample hospitals were chosen in terms of official evaluations together with involvement in medical tourism.

The checklists for data gathering consisted of 2 sections. The first comprised inquiries on general features of the hospital and the second was made up of 8 categories of standards, including engineering and construction of medical centers, general staff, specialized staff, gynecology, committees, nutrition, reception, patient's evaluation. Afterwards, implementation of each standard was measured through the scales of zero (not reached), 1 (reached partly), and 2 (reached completely). The checklists of standards were approved by masters of science, jurisprudence and humanities. Researchers obtained required permission from Ministry of Health; subsequently, devices of interview and observation were utilized to fill out the check lists of standards. The collected data was analyzed by the software of SPSS ver. 16. The researchers drew on descriptive statistics during analysis to elucidate scores of hospitals.

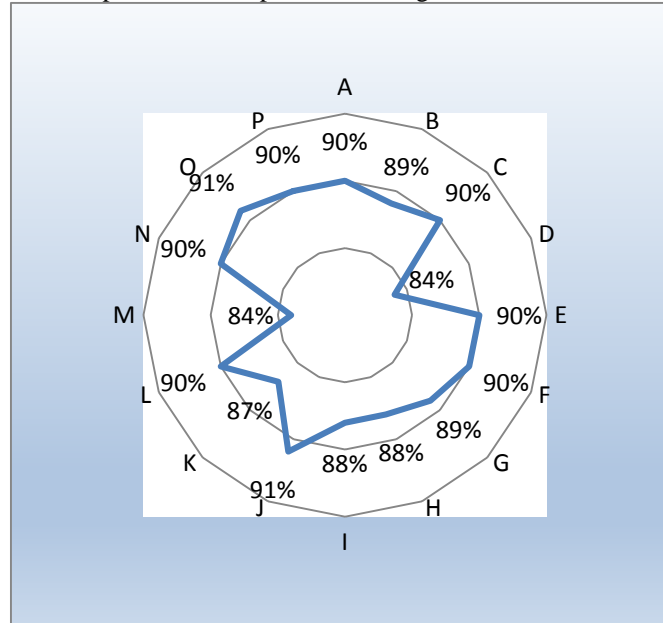
Results

According to the table 1, implementation of Islamic standards by the hospitals was highly successful.

According to the following diagram, "J" and "O" hospitals surpassed others in implementation of Islamic standards. On the other hand, "D" and "M" hospitals reached the Islamic standards to the lowest degree.

Table 1. Average and standard deviation of the implementation of Islamic standards in the sample hospitals

Hospital	Total score	Percent	Average	Std. dev.
A	107	90	1.75	50.0
B	106	89	1.73	54.0
C	107	90	1.91	33.0
D	100	84	1.63	60.0
E	107	90	1.75	53.0
F	107	90	1.73	50.0
G	106	89	1.72	54.0
H	105	88	1.72	55.0
I	105	88	1.77	58.0
J	108	91	1.68	46.0
K	103	87	1.75	59.0
L	107	90	1.63	50.0
M	100	84	1.63	63.0
N	107	90	1.75	50.0
O	108	91	1.77	52.0
P	107	90	75.1	50.0

Figure 1. Comparison of Hospitals according the new accreditation system

Discussion

In the age of globalization, patients look for appropriate health services all round the world; As a result, medical tourism has remarkably developed.[14] Everywhere in developing Countries, Financiers have been founding 5 star hospitals aimed for medical tourist attraction which possess specialized staff having been trained at advanced academies. Most importantly, these hospitals have always been seeking international accreditation to ensure high quality of their services along with competitive prices.[15]

Islamic resources have remained free from any alteration along hundreds of years and this is steadiness necessary to devise a new system of accreditation and assessment.[16]

Existing systems as attempts to found a basis for accreditation surely assist in creating new ones. [17, 18] Actually, deficiency and inconsistency identified in them along with loss of competition arouse hospitals all through the world to incline towards new methods which could be derived from Islamic teachings.[19]

Islam comprehensively defines human nature and provides them with well-rounded instructions which satisfy their worldly and afterworld essentials.[20]

Accordingly, through faith in revelatory teachings and relying on plenty of Hadiths we can arrive at a thorough and stable accrediting system.

All things considered, the characteristics of a

medical center extracted from Islamic sources are classified as follows:

- A. Location
- B. Construction
- C. Wards and units

As the health care standards and their execution are clearly known and definite worldwide, international confirmation and assurance for the quality of medical tourist services and drugs are of great importance.[21] Lack of standards or wrong use of them will lead to fall in quality of services and rise in costs which ultimately cause the hospital to descend within international ranking.[22]

Considering Rana's findings, accrediting systems considerably increase patients' satisfaction from medical services and at the same time nursing staff feel more enthusiastic to take part in offering medical services. Additionally, as patient's information is always available, medical slips largely drop off. Other advantages are cut in waiting time for paying the charges and purchasing medicine from drugstore. Accrediting systems also provide conditions that patient's rights are fully complied.

Conclusion

Medical tourism is growing not only due to globalization, healthcare outsourcings and the Information technology products but also due to the health globalization reforms in trade of goods and services, including the various supportive policies

which are implemented since 2003 to develop medical tourism industry in Islamic Republic of IRAN as a 'Global Health Destination' to Islamic world. To sum up there are eight key functional by three Islamic axes. On the other hand with implementation of Islamic Hospital Accreditation (IHA) we have no waiting period for Joint Commission International JCI and International Organization for Standardization (ISO) licensing. Accredited quality of medical care and medical infrastructure in hospital including functional and structural aspects would be facilitated. Therefore it is emphasize to establish and confirm with the Organization of Islamic Cooperation (OIC) the legal implications resulting from medical treatment, globally portable health insurance for health tourist, accreditation by Islamic Hospital Accreditation (IHA) and International Trent for Islamic hospital accreditation.

References

1. Izadi M, al e. Situation of health tourism in Iran; opportunity or threat. *J of Mil Med*. 2012;14(2):69-75.
2. Turner L. Canada's turbulent medical tourism industry. *CAN FAM PHYSICIAN*. 2012;58(4):371-3.
3. Jabbari A, et al. The Marketing Mix and Development of Medical Tourism in Shiraz. *Materia socio-medica*. *Materia socio-medica*. 2013;25(1):32.
4. Medhekar A, Australia Q. Indian Government Policy to Support Trade in Medical Tourism Srevicees. in *Message From the Conference Program Chair* 2013.
5. Hamza A, et al. Cost Effectiveness of Adopted Quality Requirements in Hospital Laboratories. *IRAN J PUBLIC HEALTH*. 2013;42(6):552.
6. Bistre S, Strauss Y. Mexican Perspectives on Adverse Events in Healthcare and Pain Management. *J Pain and Palliative Care Pharmacotherapy*. 2013;27(4):378-88.
7. Ayoubian A, et al. Evaluation of Standards in Intensive Care Units in Isfahan Hospitals, Iran. 2013;14(4):295-301.
8. Jaafariipooyan E, editor *Contextual Approach to the Performance Analysis of Iran's National Accreditation Programme for Healthcare Organisations*, in *School of Management*2011; UNIVERSITY OF SOUTHAMPTON UK,.
9. Kronfol N. Historical development of health systems in the Arab countries: a review. *EMHJ*. 2012;18(11):1151-6.
10. Darwazeh D. *Medical Tourism: Establishing a Sustainable Medical Facility*. 2011.
11. Jagyasi P. *Dr Prem's Guidebook: Medical Tourism*. *Dr Prem*. 2011:286-318.
12. Silbermann M, et al. Palliative cancer care in Middle Eastern countries: accomplishments and challenges. *Ann Onc*. 2012;23(Suppl 3):15-28.
13. Mobaraki A.H, Söderfeldt B. Gender inequity in Saudi Arabia and its role in public health. *EMHJ*. 2010;16(1).
14. Garg R. All is Not Well" with Medical Tourism. *INDIAN J COMMUNITY MED: OFFICIAL PUBL INDIAN A PREVENTIVE SOC MED*. 2013;13(8):59.
15. Caron S.M. It's Been a Long Road to Acceptance: Midwives in Rhode Island, 19702000. *NURS HIST REV*. 2014;22(1):61-94.
16. Hameed S.A. Toward software engineering principles based on Islamic ethical values, in *Computer and Communication Engineering*. I CONF 2008.
17. Frith L. The NHS and market forces in healthcare: the need for organisational ethics. *J MED ETHICS*. 2013;39(1):17-21.
18. YEH D.-Y, CHENG C.-H. Performance Management of Taiwan'S National Hospital. *INT J INF TECH DECIS*. 2013: 1-27.
19. Saif N.I, Hashim T.N. Physicians' Interest Measurement towards Islamic Document for Medicine and Health Ethics in Jordanian Public Hospitals. *EUR J BUS MAN*. 2013;5(11):127-37.
20. CUTLER D.L, EVERETT A. *INTERDISCIPLINARY MENTAL HEALTH CONSULTATION*. *Modern Community Mental Health: An Interdisciplinary Approach*2013. p. 200.
21. Babaei C, et.al. Evaluarea satisfacției pacienților cu privire la serviciile medicale și prestația medicilor– studiu pilot. *Transylvanian Review of Administrative Sciences*. 2007;20:5-15.
22. Jabbari A, et al. Medical tourism in Shiraz. *INT J HEALTH SYM DISASTER MANAGE*. 2013;1(1):43.