

Halal Medical Tourism and Its Applicability in Türkiye*

Ayşe İspirli Turan**
Ramazan Erdem

Abstract: The halal sector has become an important component of the Islamic economy, and ensuring its sustainable development is increasingly important. Halal medical tourism refers to healthcare services tailored to Islamic principles, catering to Muslim patients during travel, treatment, and recovery. Muslim-friendly hospitals integrate healthcare, hospitality, and spiritual support, aligning with Islamic values. This study aims to develop a conceptual framework for halal medical tourism and evaluate its relevance in Türkiye, examining hospital structures, benefits, challenges, stakeholder roles, and potential government initiatives. Using a qualitative, phenomenological approach, data were gathered through in-depth interviews with 22 participants selected via maximum variation and snowball sampling. Thematic coding analysis revealed six main themes and 28 sub-themes. Key findings highlight the necessity for an accreditation system and legal integration of halal principles. Türkiye's status as a Muslim-majority country and its strategic location are identified as strengths, while declining visibility of Islamic lifestyles in society poses challenges to its positioning as a halal medical tourism hub. This pioneering study offers a comprehensive analysis of halal medical tourism in Türkiye, reflecting perspectives from diverse stakeholders. The findings provide critical insights for policymakers, healthcare providers, and researchers, emphasizing the importance of structured frameworks, accreditation, and cohesive policies to enhance Türkiye's potential as a global leader in halal medical tourism.

Keywords: Medical tourism, halal medical tourism, Islamic economy, Muslim-friendly hospital, Türkiye

* This article was derived from the doctoral dissertation entitled "A Study on the Applicability of Halal Medical Tourism in Türkiye."

** Corresponding Author

@ Asst. Prof., Samsun University, ayse.ispirli@samsun.edu.tr, 0000-0002-1397-0730
Prof. Dr., Süleyman Demirel University, raerdem@yahoo.com, 0000-0001-6951-3814

➡ Turan, İ. A. & Erdem, R. (2026). Halal Medical Tourism and Its Applicability in Türkiye. Turkish Journal of Islamic Economics, 13(2), 45-83.



Introduction

Medical tourism is a rapidly growing and increasingly competitive sector within the global healthcare market. Previous research has shown that medical tourists' decisions are not determined solely by cost factors or clinical outcomes; rather, these decisions are shaped by the influence of multidimensional factors related to their healthcare experiences (Hanefeld et al., 2014). More recent findings indicate that patient satisfaction in medical tourism is influenced by factors such as service quality, quality of treatment, cost attractiveness, and destination image (Toni et al., 2024). Consequently, the increasing diversity of patient expectations has encouraged healthcare destinations to develop more specialized service models that place patient needs and demands at the center of care.

As patient expectations continue to diversify, decisions regarding health care are increasingly influenced by factors beyond clinical outcomes and treatment costs. Patient-centered healthcare approaches emphasize incorporating patients' expectations, beliefs, and preferences into the care process (Swenson et al., 2004). Similarly, cultural competence has been recognized as a key strategy for improving the quality of healthcare and addressing the diverse needs of patient groups (Betancourt et al., 2003). In this context, healthcare institutions are expected to provide services that are sensitive to patients' cultural and individual values. Among these values, religious beliefs can influence and guide patients' expectations and preferences, particularly for those seeking international healthcare services. Therefore, addressing religious needs has become an important component of patient-centered and culturally sensitive healthcare.

Religious beliefs and spiritual values are increasingly recognized as important factors influencing patients' experiences and expectations regarding healthcare. Previous research has shown that spirituality and religiosity can affect healthcare preferences, coping behaviors, decision-making processes, and health outcomes (Puchalski, 2001; Litalien et al., 2022). Accordingly, healthcare experiences are shaped not only by clinical factors but also by individuals' cultural, religious, and spiritual identities. As healthcare systems increasingly adopt patient-centered approaches, there is growing interest in addressing patients' religious and spiritual needs in the delivery of healthcare services. Consistent with this view, a study conducted by Abdulbaseer et al. (2025) found that among the most important religious needs of Muslim patients regarding healthcare services were halal food, opportunities for worship, and medications that do not contain pork or alcohol.

The increasing emphasis on the religious and spiritual needs of Muslim patients has contributed to the development and shaping of specialized healthcare models that meet these needs. In this context, the concept of Muslim-friendly hospitals has also begun to receive increasing attention. According to Jamaludin et al. (2019), Muslim-friendly hospital services are compatible with Sharia principles and encompass the physical, emotional, and spiritual needs of Muslim patients. The authors also emphasized that the implementation of Muslim-friendly hospital services should extend from the preparation of medications to the provision of medical treatment and adequate infrastructure. Similarly, another study by Rahman and Zailani (2016) reported that the behavior of healthcare providers, Sharia-compliant practices, health ethics, and safety and security elements have a positive impact on patient attitudes and satisfaction. This approach shows that Muslim-friendly healthcare services are not limited to meeting religious sensitivities; they also include the systematic integration of service quality, patient satisfaction, and healthcare delivery processes.

As a natural consequence of the healthcare approaches discussed in previous sections, the concept of halal medical tourism has emerged, integrating healthcare delivery with services consistent with Islamic values and expectations. Within this framework, Muslim patients may request services that comply with Islamic principles at various stages of the healthcare process—including food and beverage services, accommodations, staff selection, medical treatments, and the use of medications and medical equipment. Rahman et al. (2017) noted that the growth of the global Muslim population and the increasing preference for Islamic healthcare services present significant potential for the development of the halal medical tourism market. The authors also demonstrated that the perceptions of Muslim tourists play a critical role in shaping their intentions to travel for Muslim-friendly healthcare services.

Despite growing interest in halal medical tourism and Muslim-friendly healthcare services, the existing literature is limited in several respects. Previous studies have primarily focused on conceptual discussions, patient expectations, dimensions of service quality, and consumer behavioral intentions, with a significant portion of the evidence originating from Malaysia and other Southeast Asian countries. Furthermore, most existing studies have adopted quantitative research designs and have examined the topic largely from the perspective of patients or consumers. Consequently, there is limited evidence on how different stakeholders in the healthcare ecosystem perceive the feasibility, opportunities, requirements, and potential challenges of halal medical tourism. In particular, there are few studies

addressing the feasibility of halal medical tourism within the Turkish healthcare system. Given Türkiye's growing position in the international health tourism market and its unique sociocultural context, a deeper understanding of stakeholder perspectives is necessary. Therefore, this study aims to contribute to the literature by investigating the feasibility of halal medical tourism in Türkiye through a qualitative approach that incorporates the views of stakeholders from different sectors and professional backgrounds.

This study examines the feasibility of halal medical tourism and Muslim-friendly hospital structures in Türkiye. The research evaluates the current state of halal medical tourism in Türkiye, addresses potential opportunities and challenges for its implementation, and examines the views of stakeholders operating in different sectors. Using a qualitative approach, this study brings together the perspectives of stakeholders from healthcare, tourism, academia, public institutions, and other relevant fields, aiming to provide a comprehensive assessment of the requirements, feasibility, and future development potential of halal medical tourism in the Turkish context. This study is expected to contribute to the limited literature on halal medical tourism in Türkiye by bringing together the perspectives of various stakeholder groups and providing practical information to policymakers, healthcare administrators, and tourism stakeholders involved in developing Muslim-friendly healthcare services.

Literature Review

Halal Medical Tourism

The term “halal” is of Arabic origin and translates to “permissible” in English (Erdem, 1997). In recent years, the halal industry has experienced rapid growth in both Muslim and non-Muslim countries, creating new market opportunities across various sectors (Al-Banna & Jannah, 2023). This expansion has contributed to the development of halal-focused products and services in diverse fields, including tourism and healthcare.

The halal industry extends beyond food products to encompass a wide range of sectors, including tourism, finance, pharmaceuticals, cosmetics, logistics, and healthcare services (Helal Akreditasyon Kurumu [Halal Accreditation Agency], 2019). The expansion of the halal industry has also contributed to the emergence of halal tourism as a specific segment of the tourism sector. Halal tourism refers to

tourism products and services designed to meet the religious and cultural needs of Muslim travelers and to remain in accordance with Islamic principles (Pamukçu & Sarıışık, 2017). With the growing demand for halal-focused services, this concept has expanded beyond accommodation and food services to include various travel-related experiences. This development has created opportunities for integrating healthcare services with the principles of halal tourism and has contributed to the emergence of halal medical tourism.

Halal medical tourism encompasses the provision of health services that adhere to a framework of halal-haram sensitivity, encompassing every aspect of the process, from travel arrangements and accommodation to pharmaceuticals, medical supplies, and food services provided during treatment. Accordingly, halal medical tourism seeks to ensure that healthcare services are delivered in accordance with the religious beliefs, values, and expectations of Muslim patients. Hospitals that provide these services in accordance with Islamic sensitivities and patients' religious beliefs are referred to as Muslim-friendly hospitals (Jamaludin et al., 2019).

Muslim-Friendly Hospitals

Muslim-friendly hospitals have emerged as healthcare institutions that aim to align healthcare delivery with the religious beliefs and expectations of Muslim patients. A study by Aulia et al. (2025) states that Sharia hospitals aim to provide holistic care that integrates physical, spiritual, and ethical well-being in accordance with Islamic values. The researchers also emphasized the importance of these hospitals offering prayer facilities and spiritual guidance services for Muslim patients, and the need for healthcare services to be provided in a manner consistent with religious principles. Recent research indicates that Muslim-friendly hospitals should be considered not merely as institutions catering to religious sensitivities, but as holistic healthcare systems encompassing organizational, clinical, and environmental elements. Zailani et al. (2016) reported that the availability of Islamic infrastructure, such as prayer facilities, copies of the Quran, and gender-appropriate healthcare services, plays a significant role in shaping the satisfaction of Muslim patients with healthcare services. A study by Harun et al. (2024), which systematically reviewed 239 studies, identified eight key dimensions of Muslim-friendly hospital practices: Sharia-compliant prescription and treatment practices, Islamic infrastructure, Islamic medical practices, compassion and support, Islamic healthcare competencies, a suitable Islamic environment, reasonable and accessible services, and an Islamic work culture. These findings demonstrate that Muslim-friendly hospitals constitu-

te a comprehensive healthcare model that integrates religious sensitivities with the quality of healthcare services, patient satisfaction, and service delivery processes. In light of the literature review above, it is evident that implementing Muslim-friendly hospital services requires providing prayer facilities, spiritual support services, access to halal-certified medicines and products, and healthcare delivery that respects patient privacy and gender-specific preferences. Furthermore, to ensure harmony between healthcare delivery and patients' religious expectations, organizational and managerial processes are expected to be structured and implemented in accordance with Islamic principles.

Methodology

Research Model

This study adopts a qualitative research method, which is suitable for understanding social phenomena. Qualitative research is one of the research methods that explains the causes and consequences or details of social events and phenomena. The aim of the research is to help understand the social and cultural contexts in which individuals live. It represents the systematic analysis of a specific problem or set of problems (Baltacı, 2017).

In this study, the research design was based on the principles of phenomenology. The overarching objective of the phenomenological approach is to gain a comprehensive understanding, illuminate and define a specific phenomenon. The objective is to ascertain the essence of how the participants perceive the phenomenon under study, based on their lived experiences related to it (Yüksel & Yıldırım, 2015). 3. Phenomenology is a theoretical perspective that advocates for the direct examination of experience and assumes that behaviour is determined by the phenomenon of experience. This perspective constitutes the center of phenomenological studies (Qutoshi, 2018).

Phenomenological research aims to understand and reveal the essence of a particular phenomenon through the experiences and perceptions of individuals who have directly experienced that phenomenon (Baş & Akturan, 2008; Yalçın, 2022). Accordingly, a phenomenological research design was deemed appropriate for this study, which aims to examine stakeholders' perceptions, experiences, and interpretations regarding the feasibility of halal medical tourism and Muslim-friendly hospitals in Türkiye.

Participants

When selecting participants for the study, care was taken to choose individuals with theoretical knowledge and industry experience in halal medical tourism, whose views on the subject were considered important in light of the study's objectives. A maximum variation sampling approach was adopted to reflect the views of different stakeholder groups and to obtain a broad perspective on the subject. Accordingly, four main stakeholder groups were identified: (1) policy makers and representatives of public authorities, (2) representatives of civil society organizations, (3) academics and field experts, and (4) representatives of healthcare providers in the public and private sectors, as well as health tourism agencies.

The snowball sampling method was used to reach participants with knowledge and experience regarding the research topic. As a result of this process, interviews were conducted with a total of 22 participants. The data collection process continued until data saturation was reached. Following the twenty-second interview, it was determined that data saturation had been reached because no new themes or codes emerged and the data began to repeat itself.

To protect participants' confidentiality, their real names were not used; instead, the researcher assigned a code or pseudonym to each participant. The demographic and professional characteristics of the participants are presented in Table 1.

Table 1

Demographic and professional characteristics of the participants

No	Participant Code	Gender	Stakeholder Group	Position/Role	Interview Method
1	Participant 1	Male	Academia	Academic	Zoom Platform
2	Participant 2	Male	Health Tourism Association/ Foundation	President	Telephone Interview
3	Participant 3	Female	Health Tourism Sector	Intermediary Institution Manager	Participant's Office
4	Participant 4	Male	Academia	Academic	Zoom Platform
5	Participant 5	Female	Public Institution	Public Institution Representative	Telephone Interview
6	Participant 6	Male	Public Institution	Public Institution Representative	Zoom Platform

No	Participant Code	Gender	Stakeholder Group	Position/Role	Interview Method
7	Participant 7	Male	Public Institution	Public Institution Representative	Telephone Interview
8	Participant 8	Male	Healthcare Sector	Chief Physician (Public Hospital)	Zoom Platform
9	Participant 9	Male	Health Tourism Sector	Contracted Institutions Specialist	Telephone Interview
10	Participant 10	Female	Academia	Academic	Zoom Platform
11	Participant 11	Female	Tourism Sector	Halal Concept Hotel Manager	Telephone Interview
12	Participant 12	Male	Halal Certification Organization	Organization Representative	Zoom Platform
13	Participant 13	Male	Halal Sector Association/Foundation/Union	President	Zoom Platform
14	Participant 14	Male	Health Tourism Association/Foundation	President	Zoom Platform
15	Participant 15	Male	Healthcare Sector	Chief Physician (Public Hospital)	Telephone Interview
16	Participant 16	Male	Halal Sector Association/Foundation/Union	President	Telephone Interview
17	Participant 17	Male	Halal Certification Organization	President	Zoom Platform
18	Participant 18	Male	Academia	Academic with Sector Experience	Zoom Platform
19	Participant 19	Male	Healthcare Sector	Hospital Manager	Telephone Interview
20	Participant 20	Male	Healthcare Sector	Chief Physician (Private Hospital)	Participant's Office
21	Participant 21	Male	Healthcare Sector	Complementary and Alternative Medicine Physician	Participant's Office
22	Participant 22	Male	Halal Certification Organization	Organization Representative	Telephone Interview

Data Collection Procedure

Ethical approval for the study was obtained from the Nevşehir Hacı Bektaş Veli University Non-Interventional Clinical Research Ethics Committee (Decision No: 217; 14 June 2021). Participation in the study was voluntary, and all participants were informed about the purpose and scope of the research prior to the interviews. Informed consent was obtained from all participants, and confidentiality was ensured throughout the research process.

Prior to the main data collection process, the interview questions were reviewed by two academics with experience in qualitative research. Subsequently, two pilot interviews were conducted to assess the clarity, appropriateness, and comprehensibility of the questions. Based on the feedback received from the pilot interviews, the interview form was revised and finalized prior to the main study.

The data were collected through semi-structured interviews between July 1, 2021, and September 1, 2021. Participants were located in various provinces of Türkiye, including Ankara, Nevşehir, İstanbul, Afyonkarahisar, Antalya, and Isparta. Interviews with participants located in the same province as the researchers were conducted face-to-face, while remote interviews with participants in other provinces were conducted via telephone and the Zoom platform. All interviews were audio-recorded with the participants' consent and transcribed for analysis. The total duration of the interviews was 856 minutes, with an average interview duration of approximately 39 minutes.

Interview questions

The primary objective of this research was to address the following questions:

1. What does halal medical tourism signify to you and what associations does it evoke?
2. For halal medical tourism to be operational in a country, it is necessary to consider the design of hospitals, often referred to as halal hospitals or Muslim-friendly hospitals in the literature. In addition, it is important to determine the services that should be provided by these hospitals.
3. Please describe the strengths and advantages that you believe Türkiye possesses in the field of halal medical tourism.
4. What are the shortcomings of Türkiye in the field of halal medical tourism?

5. It is also necessary to identify the stakeholders and their respective roles in the implementation of halal medical tourism in Türkiye.
6. It would be beneficial to ascertain how Türkiye might capitalize on the potential of halal medical tourism in the future. What measures should the government implement in this regard? Please provide your suggestions.

Analysis

The process of analysis can be defined as the transformation of data collected by the researcher into information. At this juncture, an effort is made to discern not only the explicit content of the statements made but also the implicit meanings that underlie them (Baş & Akturan, 2017).

The researcher is responsible for transcribing the interviews either during or after the data collection phase. Following transcription, the responses are classified and interpreted according to the research format (Böke, 2011). In the coding phase, the options offered by each question in the question series are recorded in numerical order. This allows the collective positioning of each question option under a specific category to be demonstrated (Güven, 1996). The data collected in this study were analyzed according to Braun and Clarke's (2006) six-stage thematic analysis method. The analysis process was carried out by adopting a general approach, and themes were created based on the participants' statements. The workflow consisted of stages including: repeatedly reading and becoming familiar with the data, preparing initial codes, developing themes from similar codes, reviewing and restructuring the themes, defining and naming the themes, and reporting the results. Throughout the analysis process, the researchers sought to minimize subjective bias through repeated review of the data, collaborative coding, and expert evaluation.

Following the transcription of the interviews, the coding process was carried out by the researchers. First, all interview transcripts were read repeatedly to gain a thorough understanding of the data. The coding strategy was planned with the input of two academics experienced in qualitative research. After the initial coding process was completed, a one-week break was taken, following which the interview transcripts were reviewed again and the second phase of coding was carried out. During this process, new codes were added, and adjustments were made to some existing codes. The codes were then reviewed by the researchers, and a consensus was reached on the coding structure. Subsequently, the codes were grouped

under themes and subthemes. To enhance the reliability and consistency of the findings, the codes, theme-code relationships, and the resulting thematic structure were evaluated by an expert committee consisting of a professor with experience in qualitative research, two research assistants, three lecturers, and two doctoral students. Based on feedback from three separate evaluation meetings, the necessary adjustments were made, and the thematic analysis process was completed. These procedures were implemented to enhance the credibility and methodological rigor of the qualitative findings.

Findings

This section presents the findings and interpretations of the interviews on the applicability of halal medical tourism in Türkiye. The data obtained through the application of six basic questions was subjected to coding and analysis, resulting in the emergence of six principal themes. These are illustrated in the concept map below. The following themes were identified: “Halal medical tourism”, “Muslim-friendly hospital model”, “Türkiye’s advantages in halal medical tourism”, “Türkiye’s disadvantages in halal medical tourism”, “stakeholders in halal medical tourism” and “duties of the state in halal medical tourism”. This section will present a summary of each main theme, illustrated with theme-subtheme maps and participant opinions within the aforementioned framework.

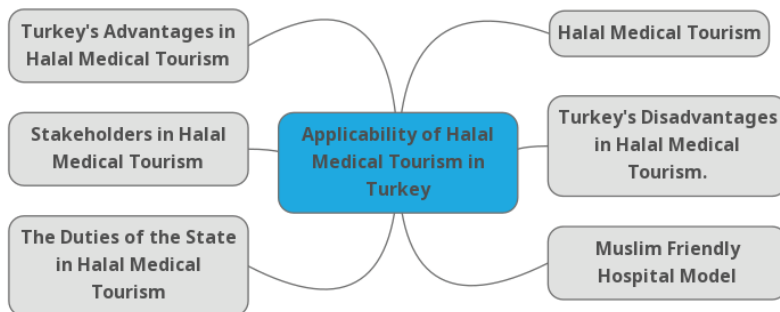


Figure 1: Concept Map on the Applicability of Halal Medical Tourism in Türkiye

Findings on Halal Medical Tourism

In the research, the participants were first asked to describe what the term “halal medical tourism” evoked in their minds. Their answers were grouped under the main themes of “health services”, “medical tourism” and “compliance with Islamic rules”. The concept map is presented in Figure 2.

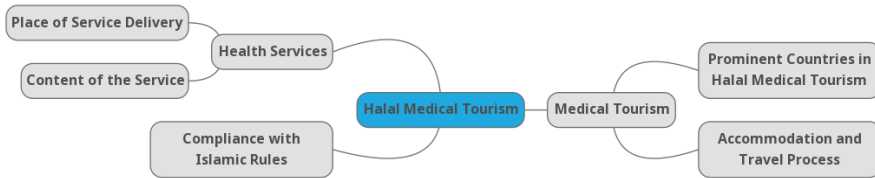


Figure 2: Concept Map of Halal Medical Tourism

Participants defined the concept of halal medical tourism through three fundamental, interrelated dimensions: healthcare services, medical tourism, and compliance with Islamic principles. Participants generally perceived halal medical tourism as a holistic and inclusive healthcare model that is not limited solely to medical treatment services; it encompasses the entire healthcare experience, from the patient’s travel to the treatment process, planned and conducted in accordance with Islamic values.

Participants emphasized that this holistic approach requires healthcare services to be delivered in accordance with Islamic principles, while the travel process and supporting services should likewise be planned and implemented in line with these principles. Participants’ statements on the subject are as follows:

“...so here we have a situation of participating in a trip to receive health care. And here, at the same time, this travel and the entire process must be under Islamic orders and prohibitions. This is what I understand from halal health tourism in general terms. But of course, if we go into detail, there is a medical dimension to this business. In other words, there is the treatment process, and what we should understand by compliance with Islamic commandments and prohibitions should be determined.” (Participant 10, Academician).

“When I think of halal medical tourism, I think of halal tourism; a type of health service that is a sub-branch of tourism provided for Muslims. When I go to a treatment center, I think of an environment that will meet my needs as a Muslim during treatment.” (Participant 22, Halal Certification Body Expert)

...from the toilet, the sink, the location of the complete room, the medical materials used, including suture materials and animal-derived surgical products... all of these should comply with halal principles.” (Participant 14)

Some participants stated that halal medical tourism is not limited only to healthcare services; support services such as ethical healthcare delivery, financial transactions, and administrative processes should also be conducted within the framework of Islamic principles. Participants’ views on the subject are presented below:

“...you may be expressing that you are doing this job in accordance with halal slaughter and cooking methods in the food you serve in the hospital. But apart from that, I believe that the main purpose of health services is to help people regain their health, to cure their illnesses, and that you are providing ethical and proper health services.” (Participant 19, Hospital Manager)

“...the halal side on food, the halal side on financing, on the money cycle, the halal side on payments, on the structuring of payments... You make payments in installments, for example in halal health tourism. As soon as you add a maturity difference, it is already over. Or if you foresee payment from money that is not ready, from money whose future earnings are not clear, that also raises a question mark.” (Participant 7, Public Institution Representative).

In addition, some participants stated that the scope of halal medical tourism should not be limited to healthcare services but should also include commercial processes and the use of Islamic financial resources. The statement of participant 10 regarding the issue is as follows:

“...let me tell you more than that, there is a very comprehensive process even in all the commercial stages of this business, up to the availability of Islamic financial resources. Of course, how much this can be realized is another question mark. This is a very big question mark. That’s why I personally find it right to call the tourism part halal because tourism is a part related to people. From a material point of view, it is a process that emerges with human behavior.” (Participant 10, Academician)

In addition, Participant 2 referred to international examples and emphasized that halal medical tourism is supported not only by healthcare services but also by various tourism-related support services. The participant’s statement is presented below:

“Halal health tourism is, of course, very widely used especially in the Far East, in countries such as India, Thailand and Malaysia. They have even developed a concept called Islamic tourism. Thailand, Singapore, and Malaysia are the market leaders in this field. Apart from medical services, it may be perceived as Islam-friendly services in support services.” (Participant 2, President of the Association)

As can be understood from the participants’ statements, the initial associations regarding halal medical tourism are focused on the conduct of healthcare services, support services, financial processes, and administrative practices in accordance with Islamic principles at all stages of the treatment process. However, it was emphasized that the environments in which these services are provided and all services utilized by the tourist from the beginning to the end of their trip must also comply with Islamic principles.

Findings on Muslim-Friendly Hospital Model

The second question of the study was concerned with the characteristics of a Muslim-friendly hospital and the services that should be available in such an institution. The objective of this question was to ascertain the participants’ perceptions of a Muslim-friendly hospital, including their ideas on the qualities and methods of service delivery in all aspects. Following the participants’ perspectives on the Muslim-friendly hospital model, three overarching themes were identified. The aforementioned meta-themes were subsequently designated as follows: ‘Design of the Hospital’, ‘Design of Health Services’, and ‘Characteristics of Health Personnel’. The meta-themes, themes, and categories that are pertinent to the question are illustrated in the concept map below.

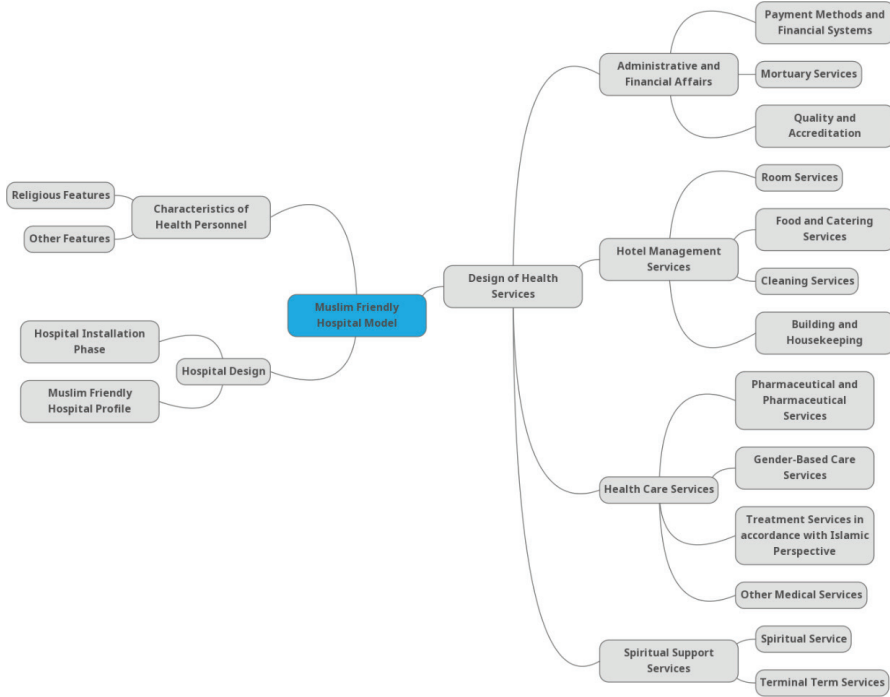


Figure 3: Concept Map of the Muslim-Friendly Hospital Model

Participants defined the Muslim-friendly hospital model through three interrelated fundamental dimensions: hospital design, healthcare delivery, and healthcare personnel characteristics. In general, participants considered a Muslim-friendly hospital as a healthcare institution where clinical care is integrated with religious, cultural, and ethical sensitivities, all healthcare processes are conducted in accordance with Islamic principles, and these services are provided by healthcare personnel who share these same sensitivities and principles.

Participants emphasized that the physical structure of a Muslim-friendly hospital model should be designed to meet patients' religious needs. This includes protecting privacy, providing prayer rooms to accommodate worship needs, and arranging the hospital environment in accordance with Islamic values. The participants' views on this matter are presented below:

"The provision of appropriate treatment following religious rules, traditions, customs, and the observance of privacy principles in the delivery of physical therapy services." (Participant 15, Chief Physician of Public Hospital)

"It is essential that the rooms are conducive to privacy and that the environment is conducive to worship." It is recommended that worship tools be kept in rooms by religious beliefs, such as the Quran, etc., and that patient privacy be respected. It is recommended that patients be hospitalized in single rooms to ensure privacy. (Participant 2, President of the Association)

Participants also stated that healthcare services in Muslim-friendly hospitals should not be limited to clinical treatment; spiritual support services, the use of halal-certified food and medicine, protection of privacy, and care practices in accordance with Islamic principles should be an integral part of healthcare. Participants' views on this matter are presented below:

"A male servant is dispatched to the woman." A female servant is dispatched to a male individual. Such practices are erroneous. It is also imperative that the entrances to the rooms adhere to the tenets of Islamic law. How treatments are administered, including the selection of appropriate treatments, must be conducted following halal principles. This entails ensuring that the refrigerator and all products within it are certified as halal, having undergone the requisite halal certification process. (Participant 17, President of the Halal Certification Organisation)

"It is of the utmost importance to ensure that only halal food is provided." "All food products must be accompanied by a halal certificate or logo." (Participant 18, Academician)

"...as a specialist physician, he tells my patients that among these thousands of medicines, the number of medicines that do not contain haram or suspicious substances does not exceed 50. Unfortunately, many things are used in the medicines currently used in the market, including gelatin, alcohol, cysteine, pig hair, and human hair. Suspicious and haram substances are used in medicines." (Participant 12, Halal Certification Organization Manager)

Participant 1 and Participant 10 shared similar views regarding the financial structure of Muslim-friendly hospitals. Both participants emphasized that payment systems and financial transactions should be regulated in accordance with Islamic principles and that interest-based practices should be avoided. The participants' views on this subject are presented below:

"...fine-tuned analyses should be made, field research should be conducted, and separate payment and service delivery packages should be created for each of them. In the case of halal hospitals and halal health tourism, interest should be eliminated in payment models and when payments are divided into installments, interest should be entirely removed." (Participant 1, Academician)

“If a hospital utilizes a point-of-sale (POS) device, it would be inaccurate to designate that hospital as halal. Furthermore, the use of a point-of-sale (POS) device, credit card, or debit card, or the inability to operate in cash, raises significant concerns about the compliance of the service with Islamic principles. The involvement of money and interest, as well as the banking system, raises significant concerns about compliance with Islamic principles. “Even if it is a participation bank, even if it is a conventional bank, there is still a question mark in the case of interest-free banking services.” (Participant 10, Academician)

Participants 21 and 16 shared similar views on the need for spiritual support services to be an integral part of healthcare in Muslim-friendly hospitals. Both participants emphasized the importance of supporting patients’ worship needs, providing spiritual guidance services, and implementing religiously sensitive practices in terminal care. The participants’ views on this topic are presented below:

“Currently, treatment can be provided through medication or spiritual support. If the patient is a Muslim and wishes to perform their religious obligations, it is essential to facilitate this. Such an environment is provided by a Muslim-friendly hospital. The religious officer provides guidance and assistance... The patient needs to believe in the treatment process.” (Participant 21, Complementary Medicine Physician)

“In a hospital room, it is our responsibility to provide spiritual support to patients nearing the end of their lives... This may include reading the Qur’an and helping patients leave this world with faith. Such care should be provided in a Muslim-friendly hospital.” (Participant 16, President of the Halal Sector Association)

Participants shared similar views regarding the qualifications of medical personnel who will work in Muslim-friendly hospitals. Participants 21 and 4 emphasized that healthcare personnel should receive the necessary training, possess the required competencies, and have the knowledge and skills to provide healthcare services in accordance with Islamic principles. The participants’ views on the subject are presented below:

“There is a Vocational Qualifications Authority, and our organization has a similar function.” Before the commencement of employment by these hospitals, which are oriented towards the Muslim population, it would be advisable to establish a standardized procedure. This would entail the issuance of a certificate attesting to the holder’s suitability for the role of a Muslim-friendly hospital employee. In other words, a certificate for those employed in a Muslim-friendly hospital. (Participant 4, Academician)

“In 2014, the Ministry of Health provided training and authorization to physicians and other healthcare personnel. Today, there are healthcare professionals in hospitals who perform practices such as cupping therapy, leech therapy, and acupuncture. However, it is observed that many physicians do not have sufficient knowledge about these practices and are unwilling to adopt them. These services should be offered within the scope of halal medical tourism.” (Participant 21, Complementary Medicine Physician)

When the participants’ opinions are considered together, it is seen that the Muslim-friendly hospital model is not limited only to hospital design; it is considered a holistic healthcare model encompassing the delivery of healthcare services, financial processes, spiritual support services, and the qualifications of healthcare personnel. In this context, the protection of privacy, the use of halal-certified food, medicines, and medical products, the adoption of financial practices in accordance with Islamic principles, the provision of spiritual support services, and the employment of qualified healthcare personnel trained in this regard have emerged as the fundamental components of the Muslim-friendly hospital model.

Findings on Türkiye’s Competitive Advantages in the Halal Medical Tourism Sector

As the third research question, participants were asked to identify Türkiye’s competitive advantages in the halal medical tourism sector. They were also asked to suggest the most advantageous aspects of Türkiye that could provide a competitive advantage over its competitors in the sector if Türkiye were to enter the halal medical tourism sector, taking into account all its opportunities and current situation. The responses received from the participants were analyzed to identify seven main themes. The aforementioned themes can be classified as follows: geographical advantages, quality advantages, price advantages, advantages in the tourism sector, current image, market advantages, and transportation options. The aforementioned themes are illustrated in Figure 4.

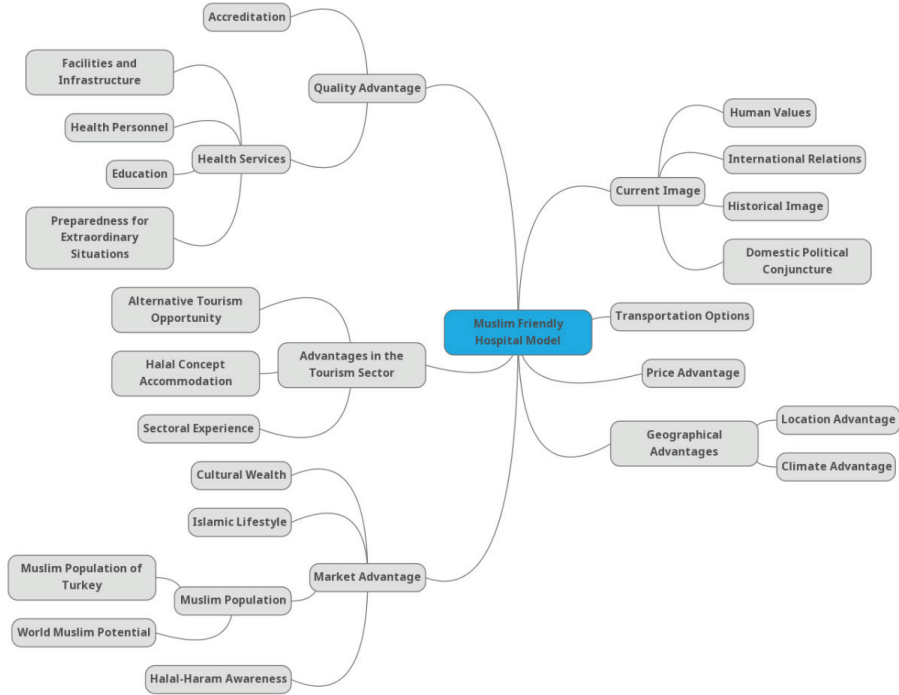


Figure 4: Concept Map of Türkiye's Advantages in Halal Medical Tourism

Participants evaluated Türkiye's competitive advantages in the halal medical tourism sector based on seven interrelated key dimensions: geographical location, quality of healthcare services, price advantage, tourism potential, existing international image, market opportunities, and transportation facilities. Overall, participants considered Türkiye's strategic geographical location, strong healthcare infrastructure, cultural and religious proximity to Muslim countries, and affordable healthcare services as key competitive advantages in the halal medical tourism market.

Participants stated that Türkiye's strategic geographical location and its shared cultural history and religious affinity with Muslim countries are among its most important competitive advantages for halal medical tourism. Türkiye's location at the intersection of three continents, its easy access to countries with large Muslim populations, and its shared cultural values were considered significant advantages. The participants' views on the subject are presented below:

“This constitutes one of our most significant advantages. Our location is strategically positioned, facilitating convenient accessibility via air, land, and sea. Even the farthest destinations can be reached within approximately four to five hours.” (Participant 13, President of the Halal Sector Association)

“Our country’s extensive cultural geography is a significant asset. Türkiye’s strategic location at the crossroads of three continents and within the heart of Islamic geography makes it a unique and advantageous position. Even in non-Muslim countries in Europe, there are notable Turkish populations, and the region is home to numerous Muslims, regardless of their country of origin. (Participant 6, Representative of Public Institution)

“Türkiye may have an advantage because it can build on its Islamic heritage. Our cultural and religious proximity to Muslim countries is a significant advantage. We share the same belief system, and Türkiye is a country that can be accessed with relative ease and confidence.” (Participant 2, President of the Association)

Participants also stated that Türkiye’s advanced healthcare infrastructure, qualified healthcare personnel, and low-cost healthcare services provide a significant competitive advantage in the international market. In particular, technologically advanced hospitals, specialized healthcare organizations, and affordable healthcare services were highlighted as Türkiye’s outstanding strengths. Participants’ views on the subject are presented below.

“...our hospitals, especially our newly opened hospitals, city hospitals, are technologically very advanced. Plus, we are ahead of most countries in what we call branching, such as branch hospitals, physiotherapy hospitals, hospitals specialized only in aesthetic or plastic surgery, eye hospitals...” (Participant 15, Chief Physician of Public Hospital)

“...in both public and private sector, it is the best example that rivals many developed countries in the world and is even better when we add economic advantages. While many countries, many developed countries, pay for vaccination, in our country it is done free of charge. If necessary, they go to his house, to his feet. In other words, we have many advantages in terms of the importance attached to health.” (Participant 14, President of the Association)

“Türkiye boasts the most advanced quality infrastructure in the Muslim world, particularly in terms of its advanced medical technology and highly trained medical professionals.” The certification bodies in question are robust and well-established. Furthermore, following the certification of these activities by the Halal Accreditation Agency, the resulting accreditation will be perceived as a reliable indicator of quality, thus conferring an additional competitive advantage. (Participant 6, Public Institution Representative)

Participants emphasized that Türkiye's natural beauty and wide range of tourism options, when considered alongside healthcare services, create a significant advantage for halal medical tourism. It was noted that alternative tourism opportunities offered to tourists after treatment could enhance Türkiye's competitiveness compared to rival countries. An example participant opinion is presented below:

"One notable preference among Arab patients is camping. They visit camps and desire to see greenery, which Türkiye has in abundance. (Participant 3, Intermediary Institution Manager)

Participants stated that Türkiye's positive image among Islamic countries, its historical and cultural heritage, and its perception as a trustworthy country by Muslim communities provide a significant competitive advantage in halal medical tourism. Furthermore, Türkiye's familiarity with Islamic lifestyle and culture, and its ability to better meet the expectations of Muslim patients, were also highlighted as important advantages by the participants. Opinions on this subject are presented below:

"Furthermore, in terms of our relations with other countries, our communication with numerous Muslim countries is quite favorable. The potential for significant cultural exchange is a notable advantage. The fact that they observe our country, possess a wealth of information about it, and engage with our culture is a positive aspect that should be acknowledged." (Participant 5, Public Institution Representative)

"Türkiye is currently perceived by all Muslims as a country in a position to take the initiative, and we should follow its lead. During one of our visits abroad, a representative of a halal certification organization told us, 'We are awaiting the resurgence of Türkiye; it will rise again there.'" (Participant 17, President of Halal Certification Organization)

"Concerning the provision of services following Islamic principles, Türkiye enjoys a competitive advantage. Türkiye has the advantage of being able to draw on the halal haram logic and culture of European countries, whereas other European countries that compete with us lack this understanding of Muslim life. "We are in a position to facilitate the construction of a cultural bridge with relative ease." (Participant 1, Academician)

When the participants' opinions are evaluated generally, it is seen that Türkiye's competitive advantage in the field of halal medical tourism is not limited solely to the quality of healthcare services, but also includes its strategic geographical location, cultural and religious proximity to Muslim countries, developed healthcare infrastructure, affordable healthcare services, rich tourism potential, positive international image, and transportation facilities. When considered together, these

factors stand out as key elements that can increase the country's competitiveness in the halal medical tourism market.

Findings on Türkiye's Disadvantages in the Halal Medical Tourism Sector

As the fourth question of the research, participants were asked to identify Türkiye's disadvantages in the context of halal medical tourism. This allowed for the determination of Türkiye's current deficiencies, weaknesses, and areas requiring development if it is to successfully enter the halal medical tourism sector, given its current situation and opportunities. In accordance with the responses provided by the participants, the identified shortcomings of Türkiye in the field of halal medical tourism can be classified under five principal categories. These themes are designated as follows: Changing Lifestyles and Social Reactions; Disadvantages from Health Services; Disadvantages from Government Policies; Health Tourism Sector and Market Risks. The aforementioned themes are illustrated in the concept map in Figure 5.



Figure 5: Concept Map of Türkiye's Disadvantages in Halal Medical Tourism

Participants examined the disadvantages of halal medical tourism in Türkiye through the lens of changing lifestyles, societal attitudes, problems related to healthcare services, public policies and laws, as well as risks within the health tourism sector. Overall, participants identified a lack of awareness in society, structural problems within the healthcare system, inadequate legal regulations, and infrastructure issues in the sector as the main disadvantages of halal medical tourism in Türkiye.

Participants stated that halal medical tourism practices in Türkiye may face various challenges related to societal perception and lifestyle. In particular, they emphasized that the concept of a “halal hospital” could be misinterpreted by society, that halal-haram debates could create new areas of contention, and that Türkiye’s lifestyle, as portrayed in international media, could lead to negative perceptions in target markets. The participants’ views on the subject are presented below:

One potential disadvantage is that the public may initially feel alienated from these hospitals, leading to the perception that other hospitals are not halal. “Ultimately, it is a matter of preference. There is a demand for it, and it is necessary to explain well that people from abroad will prefer it and come to Türkiye for this.” (Participant 22, Halal Certification Organisation Expert)

“One significant challenge is the bureaucratic process.” Furthermore, this is a matter of perception. It should be noted that this perception is not merely a social construct. Once a product or service is designated as halal, there is an inherent tendency in Türkiye to associate it with religious and cultural norms. (Participant 10, Academician)

“Additionally, there is a perception that Turkish society is still significantly influenced by Islamic traditions, which was not fully apparent to me before my overseas experience. The prevailing influence has been that of the Turkish television series. A review of these television series reveals a curious and disparate world, one that is strikingly dissimilar from the reality of Türkiye. The content consistently depicts a luxurious and continuous iteration of Western life. From an external perspective, one might suggest that while Türkiye is a prominent Islamic nation, its portrayal in popular media, particularly in TV series, does not align with the values and practices of Islam. These series often depict a lifestyle that is not in accordance with Islamic teachings, and therefore, may not be considered suitable for those who adhere to Islamic principles. (Participant 18, Academician)

“Another area of business that has been influenced by this phenomenon is halal health tourism, which falls under the broader category of health tourism. It seems reasonable to posit that the obstacles currently faced by halal tourism will be encountered here

as well. Consequently, the question of whether the practices of others are permissible (halal) may be a source of contention. (Participant 6, Public Institution Representative)

Participants also stated that some structural problems stemming from the healthcare system could negatively impact Türkiye's competitiveness against its rivals. In particular, the shortage of healthcare personnel knowledgeable in Islamic principles, potential resistance to change among personnel, and difficulties encountered in the production of halal-certified medicines were considered significant disadvantages. Examples of participants' opinions on this subject are presented below:

"A certain number of health personnel may object." Such individuals may assert that they had no obligation to engage in this activity. Some may argue that they were not obliged to participate in such training. It is therefore challenging to implement this in a public hospital setting. "It would be beneficial to direct more attention towards private hospitals." (Participant 18, Academician)

"Unfortunately, there is a dearth of physicians in Türkiye, particularly in the healthcare sector, who are inclined to engage with the issues you have raised, such as halal health." "This is the reason I requested this meeting, particularly following my colleague's suggestion." (Participant 21, Complementary Medicine Physician)

"The most crucial aspect of hospital practice is the utilization of pharmaceuticals. The question of whether a given medicine is halal or not is a distinct issue. A review of current data indicates that there are four gelatin production facilities in Türkiye. The factory capacities in Türkiye are sufficient in this regard; however, there are some difficulties in sourcing raw materials. (Participant 6, Public Institution Representative)

Participant 12 (Halal Certification Organisation Manager) emphasized that one of the most significant disadvantages for the development of halal medical tourism in Türkiye is the inadequacy of the existing legal infrastructure. They specifically stated that there are no specific legal regulations and standards regarding halal principles in healthcare services. The participant expressed this opinion with the following statement:

"The primary issue in Türkiye is that there is no mention of this in the Constitution." There is no legislation in our laws on this matter, nor is there any legislation concerning halal food. All food legislation and other regulations are based on European Union standards. A structure has been translated and adapted from the original. In other words, there are no criteria determined according to halal and haram criteria to meet the needs of the majority of the population, who adhere to the Islamic faith."

When the participants' opinions are examined together, it is understood that Türkiye's weaknesses in halal medical tourism mainly stem from a lack of awareness and understanding in society, structural problems in the healthcare system, and inadequacies in the existing legal and institutional infrastructure. The lack of information about halal medical tourism in society, the insufficient number of qualified healthcare professionals, the absence of legal regulations and standards regarding halal principles, and the fact that competing countries have more advanced systems in this field have been identified as the most important weaknesses that could affect Türkiye's competitiveness in halal medical tourism.

Findings on Stakeholders and Their Responsibilities in the Halal Medical Tourism Sector

As the fifth question of the research, participants were asked to identify the potential stakeholders in the sector and their respective duties in the event of Türkiye's entry into the halal medical tourism sector. This question pertains to the identification of stakeholders and their associated duties within the context of halal medical tourism. In accordance with the responses provided by the participants, the stakeholders of the halal medical tourism sector were classified into five principal categories: public institutions, the private sector, independent accreditation organizations, third-sector organizations and other stakeholders. The stakeholder institutions and organisations that were grouped together according to the opinions of the participants into five main themes are presented in the figure below.

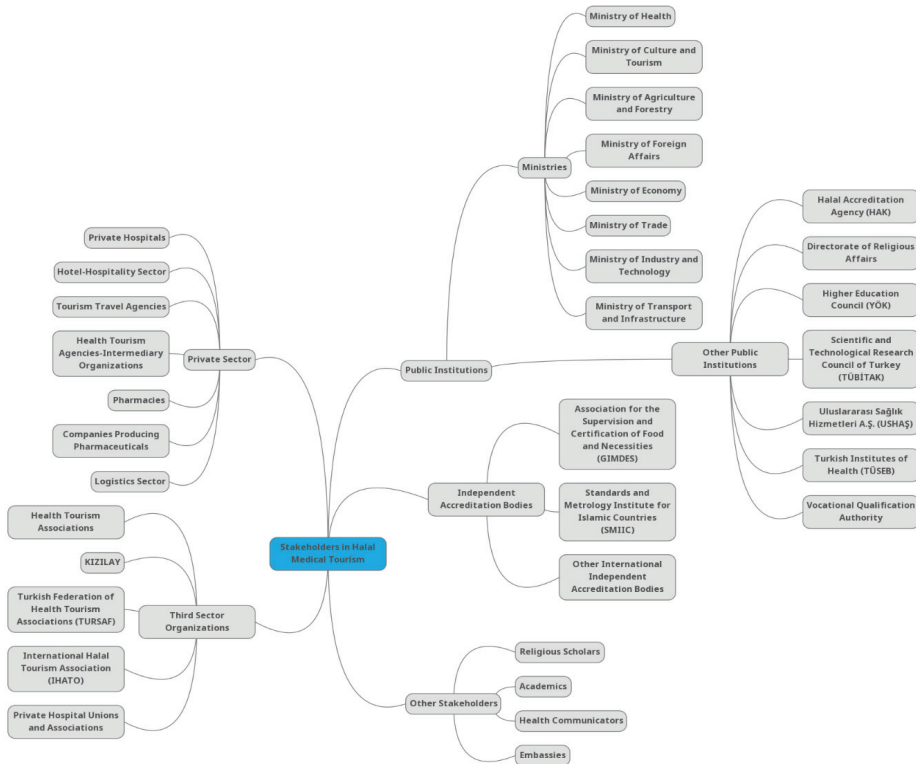


Figure 6: Concept Map of Stakeholders in Halal Medical Tourism

Participants examined the stakeholders who should be involved in the field of halal medical tourism under five interconnected categories: government institutions, the private sector, independent accreditation bodies, civil society organizations, and other relevant groups. Overall, participants emphasized the importance of harmonious collaboration between the public sector, private sector, and civil society organizations for the sustainable advancement of halal medical tourism; they highlighted the need for all stakeholders to share responsibility in accreditation, service delivery, auditing, and strategy development processes.

Participants stated that public institutions should play an active role in establishing international collaborations, developing reliable accreditation systems, and training qualified personnel in the process of building the necessary institutional infrastructure for halal medical tourism. In this context, it was stated that public institutions undertake important tasks in strengthening the legal, institutional, educational, and strategic structure of the sector. Participants' thoughts on this matter are presented below:

“This issue could be formally raised in discussions between governments. Protocols could be drawn up, and mutually beneficial collaborations could be established.” (Participant 12, Halal Certification Organisation Manager)

“This trust needs to be established at the institutional level through an accreditation system. Therefore, the institutions responsible for the accreditation process are of great importance to the sector. Furthermore, it is essential to first establish a qualified human resource infrastructure in this field. In this regard, training researchers and providing the necessary support are of great importance.” (Participant 10, Academician)

Participants also indicated that the private sector should play significant roles in service delivery and international promotion in the development of the halal medical tourism sector. It was specifically stated that private healthcare institutions should create service models for halal medical tourism and that intermediary institutions should support international patient referral and promotional activities. The participants’ opinions on this matter are presented below:

“Initially, it might be more appropriate to implement the practice in private hospitals. Private hospitals could provide services by allocating specific wards or floors for these patients.” (Participant 2, President of the Association)

“Intermediary institutions play a significant role in bringing patients from abroad and promoting hospitals internationally. The most effective promotion in health tourism is a satisfied patient.” (Participant 5, Public Institution Representative)

When the participants’ opinions are examined collectively, it is understood that effective cooperation among all stakeholders is essential for the successful and sustainable advancement of the halal medical tourism sector in Türkiye.

Findings on the Duties of the State in Halal Medical Tourism

In the sixth and final question of the research, participants were asked to identify the duties of the state for Türkiye to be more visible in the international arena in the halal medical tourism sector and to create a solid infrastructure for the sector within the country. In alignment with the responses provided by the participants, five primary categories of state responsibilities emerged. These are designated as “Promotional Activities, Target Market-Oriented Activities, Perception Management, Strategy Development, and Inspection and Sanctioning”. The aforementioned themes are illustrated in Figure 7. In response to this question, participants provided the names of organizations that could potentially be considered stakehol-

ders, which were then categorized according to the figure. In light of the above, it was proposed that stakeholders from specific sectors should be included in the process. In the context of halal medical tourism and the structuring of Muslim-friendly hospitals, the involvement of several key stakeholders was highlighted. These included independent accreditation bodies at the point of certification and accreditation, agencies, hospitals and accommodation sector stakeholders at the point of service provision before and after treatment, experts, religious scholars, and opinion leaders who will be decisive at the Islamic point, and public institutions for all kinds of and legal procedures.

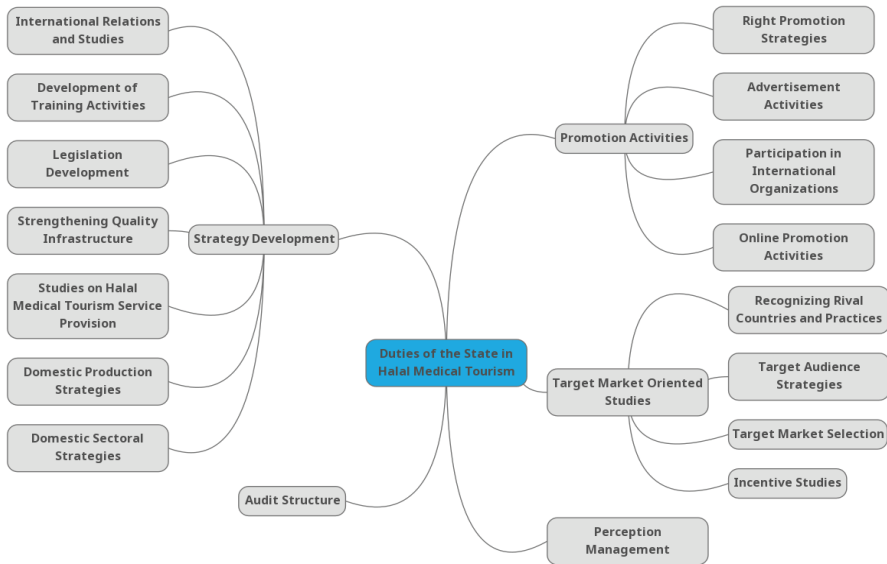


Figure 7: Concept Map on the Duties of the State in Halal Medical Tourism

Participants examined the state's responsibilities in the field of halal medical tourism through five interconnected main dimensions: promotional activities, target market-focused practices, perception management, strategy development, and supervision and standardization. In general, participants stated that the state should not only assume a regulatory role but also conduct international promotional activities, develop sectoral strategies, prepare the necessary legal and institutional infrastructure, and ensure coordination among all stakeholders.

Participants stated that the state's responsibility to organize and conduct national and international promotional activities in the field of halal medical tourism

constitutes one of the most important responsibilities. In particular, they emphasized that preparing promotional plans for specific markets and carrying out promotional activities under public coordination would increase the sector's visibility. Participants' thoughts on this matter are shared below:

"One of the things that should happen is public-private collaboration, especially in terms of promotion. A comprehensive approach is necessary, but these activities should be carried out under public oversight. Otherwise, actions contrary to the country's interests and the formation of misleading perceptions may occur. Therefore, public authorities must be involved at every stage." (Participant 7, Public Institution Representative)

"Ultimately, it is the responsibility of the country leaders to oversee these matters. The Hajj period represents a significant opportunity for promotional activities. In other words, the Presidency, the Ministry of Health and the Ministry of Foreign Affairs all have a role to play in this process. Firstly, the necessary infrastructure will be put in place to facilitate future explanations. This is also a potential avenue for consideration. The target audience is two billion Muslims, and it will be achieved. (Participant 21, Complementary Medicine Physician)

"Naturally, all of this is no longer feasible during the pandemic period. However, as you are aware, the majority of activities in our modern world have now been digitized." The advent of digital technology has transformed advertising, trade fairs, and negotiations. "Here, academics and consultants can be interviewed, under the leadership of the Ministry of Health or the leadership of the Halal Accreditation Agency. It may also be possible to conduct digital marketing." (Participant 13, President of the Halal Sector Association)

Participants highlighted that the government needs to pinpoint key target markets and create strategies tailored for halal medical tourism. They mentioned that marketing efforts and healthcare facilities should align with what Muslim patients from those countries expect and require. The perspective of the participants on this issue is outlined below:

"It is proposed that Muslim-friendly health tourism, or halal health tourism, should be a standalone promotion strategy under health tourism promotion strategies. It is essential to identify target markets, adapt and prepare the infrastructure in Turkish hospitals accordingly, and demonstrate that the necessary resources are in place to serve Muslim patients in these areas abroad." (Participant 10, Academician)

Participants stated that the government should play an active role in developing trust and quality standards related to halal health tourism. In this context,

it was expressed that halal certification is a factor of trust that demonstrates not only religious compliance but also quality and hygiene standards. The participants' opinions on this matter are presented below:

"Obtaining halal certification provides an additional benefit. A halal-certified product signifies not only compliance with Islamic principles but also compliance with health and hygiene standards. In this way, halal medical tourism also creates a perception of quality." (Participant 22, Halal Certification Organisation Expert)

"Moreover, the Muslim community in general holds Türkiye in high regard. Türkiye has a reputation for speaking out on behalf of Muslim communities in trouble, which contributes to its status as a respected country and society. Consequently, this constitutes a significant advantage. It is therefore evident that diplomacy is of great importance. "Diplomas are an indispensable tool for reviving halal tourism." (Participant 18, Academician)

Participants stated that in order to establish a sustainable structure in the halal medical tourism sector, the government needs to regulate laws, define national criteria, and improve accreditation processes. Participants' opinions on this matter are presented below.

"It is imperative that we address this matter collectively, as individuals and as a society." "It would be beneficial to define the concepts of halal and haram in our constitution." (Participant 17, President of the Halal Certification Organisation)

"It would be beneficial to implement a set of criteria to ensure that services are provided following Islamic values." The question thus arises as to what the criteria for services other than medical services, surgery and other services should be. (Participant 2, President of the Association)

"Primarily, legislation must be enacted, a legal framework must be established, and accreditation criteria must be defined." "If this is not to be achieved within the SMIIC, then it must be within the HAK. At the very least, Türkiye should have its own accreditation conditions." (Participant 10, Academician)

Participants emphasized that the government should encourage domestic production to ensure the sustainability of halal health tourism, and especially strengthen the research and production infrastructure for halal medical products. Participants' opinions on this matter are presented below:

"At present, Türkiye is largely self-sufficient in gelatin." As a consequence, the question of the halality of gelatin is no longer a topic of discussion in Türkiye. Consequently, in

the context of medicine and hospitals, the paramount concern is the capacity to produce the requisite medications independently. The ability to produce it from halal materials is of the utmost importance, and it would appear that this will take some time. (Participant 6, Public Institution Representative)

“The Messenger of Allah, may Allah bless him and grant him peace, did not prohibit the treatment of any disease.” It is not advisable to seek refuge in the ostensible necessities. Halal alternatives must be produced, researched, and identified. This awareness must be established. This applies to all three parties involved: the patient, the physician and the pharmacist. “It is, however, a relatively straightforward and inexpensive process.” (Participant 12, Halal Certification Organization Manager)

Considering the participants’ opinions as a whole, it is clear that the state’s role in halal medical tourism is not limited solely to creating regulatory policies. Conducting international promotional activities, establishing appropriate legal and institutional infrastructure, developing standards, encouraging domestic production, and ensuring effective coordination among stakeholders stand out as important public responsibilities for the sustainable growth of the sector.

Discussion

The findings of the present study indicate that participants saw halal medical travel as an all-encompassing system that goes beyond medical care. Participants stressed that treatment services, lodging, transportation, food services, financial transactions, and other Islamically compliant activities should all be included in halal medical tourism. This result is in line with Tosun and Mısırlıoğlu’s (2022) description of Islamic medical tourism as a multifaceted system that combines healthcare services with tourist-related and religiously sensitive activities. In a similar vein, Rahman et al. (2023) stressed that halal healthcare services ought to go beyond medical care and incorporate Shariah-compliant amenities and services like halal cuisine, places of worship, settings that are suitable for Muslims, and other features that cater to their religious requirements. This finding is also supported by Battour and Ismail (2016), who argue that halal tourism encompasses not just a single tourism activity, but all tourism-related products and services designed in accordance with Islamic principles. The results indicate that a comprehensive strategy encompassing healthcare organizations, travel agencies, lodging providers, and certification organizations is necessary for the growth of halal medical tourism in Türkiye.

According to the study’s findings, Muslim-friendly hospitals are seen by participants as medical facilities that combine clinical care with cultural and religious

concerns. The significance of privacy-focused hospital settings, places of worship, halal-certified food and medical supplies, services that promote spiritual well-being, and medical staff that are considerate of Islamic principles was underscored by the participants. This result is in line with Rahman et al. (2021), who stressed that hospitals that are welcoming to Muslims should offer places of worship, halal food services, and medical settings that meet the patients' religious requirements. According to Mursid et al. (2026), the Sharia Hospital Standards Version 1441 also covers end-of-life support, spiritual care and guidance, assurance of halal medicines, gender-appropriate healthcare services, protection of patient privacy (aw-rah), and Sharia-compliant financial management. Similarly, Harun et al. (2024) stressed that Muslim-friendly hospitals should offer patients and their families spiritual counseling, help with prayer, mental health support, end-of-life care, and spiritual support in addition to clinical care. In a similar vein, Hossain et al. (2025) stressed the significance of prayer spaces, distinct treatment areas for male and female patients, privacy protection, and emotional support that honors patients' religious needs in Islamic-friendly hospitals. Together, these findings strongly align with participant expectations about the features of hospitals that are welcoming to Muslims. Participants stated that healthcare personnel working in Muslim-friendly hospitals should be well-versed in Islamic principles, sensitive to patients' religious needs, and capable of providing gender-appropriate care. Similarly, Harun et al. (2024) stressed that in order to provide socially and religiously competent treatment, medical professionals should be informed about Islamic medical practices and, whenever feasible, accommodate patients' religious demands. The authors also emphasized the importance of providing gender-appropriate treatment and care, highlighting the need for healthcare personnel who possess the knowledge and cultural sensitivity required to deliver Muslim-friendly healthcare services. Overall, these findings highlight the importance of halal-compliant facilities and culturally sensitive healthcare services in Muslim-friendly hospitals.

The results indicate that Türkiye has significant competitive advantages in the halal medical tourism industry due to its advantageous location, high-quality healthcare, affordable prices, transportation opportunities, tourism potential, and cultural proximity to Muslim communities. Furthermore, Türkiye's favorable reputation in Muslim communities might increase its appeal as a halal medical tourism destination. In addition, participants also highlighted Türkiye's long-standing cultural ties to Muslim communities and its historical ties to Islamic societies as significant sources of appeal and confidence. These findings are consistent with Toni et al. (2024), who identified service quality, treatment quality, cost attractiveness,

and destination image as key determinants of medical tourism preferences. The advantages highlighted by the participants, including healthcare quality, affordability, accessibility, tourism opportunities, and a positive image, largely reflect these determinants. Another study by Sudigdo and Khalifa (2020) also stated that a positive halal destination image significantly increases the attractiveness of a destination by providing Muslim tourists with confidence that their religious and cultural needs will be met. Supporting this finding, Khakwani et al. (2026) reported that halal tourism motivation and halal destination image positively influence visit intentions. The authors emphasized that Muslim visitors are motivated not only by religious obligations but also by the overall experience offered by destinations that align with their values. They further suggested that destinations recognized for their commitment to halal principles can leverage this image to build stronger connections with Muslim tourists and enhance tourist loyalty. These results support the idea that Türkiye's favorable reputation and close cultural ties to Muslim communities could increase its appeal in the halal medical tourism market.

Participants noted a number of obstacles that could impede the growth of halal medical tourism in Türkiye, such as institutional impediments, legislative shortcomings, social perceptions, and low awareness among medical professionals. Similarly, Widiasih et al. (2021) reported that the implementation of healthcare services based on Islamic principles can be hampered by obstacles stemming from healthcare professionals, administrators, and hospital management systems. Researchers also emphasized that these obstacles can be overcome with a collaborative approach. This finding is consistent with the results of the current study and points to personnel and institutional barriers to the development of halal medical tourism. Similarly, Fauzi and Battour (2024) highlighted that the lack of universally accepted halal certification standards among different accreditation bodies is a significant problem that makes it difficult to build trust between service providers and consumers. This finding supports the participants' views on legislative deficiencies, insufficient standardization, and institutional uncertainties in the development process of halal medical tourism. Furthermore, Abbasian (2021) stated that full-fledged halal tourism practices may be perceived as incompatible with existing cultural values, lifestyles, and social norms in some societies, making social acceptance difficult and negatively impacting cultural interaction. This finding supports participants' concerns regarding societal reactions, cultural sensitivities, and potential controversies surrounding halal medical tourism practices.

According to the findings of this study, it has been revealed that for halal medical tourism to be implemented on a sound basis, different stakeholders, primarily public institutions, private sector organizations, accreditation bodies, and civil society organizations, need to be involved in the process in a coordinated and collaborative manner. Similarly, Yuniningsih et al. (2024) also support the findings of this study, stating that a pentahelix collaboration model involving the public sector, private sector, academia, society, and media is necessary for the development of halal tourism. Naserirad et al. (2023) emphasized that hospital administrators, healthcare professionals, and the healthcare system have the primary responsibility in meeting the expectations of Muslim medical tourists, and that a standardized halal certification system is necessary to ensure this process. This finding supports the inclusion of hospitals and accreditation bodies as key stakeholders in our study. The findings emphasize the necessity of coordinated stakeholder participation for the successful development of halal medical tourism, and are consistent with the results of this study.

The research findings show that the state should not only act as a regulator but also as a guide and coordinator. Participants considered the establishment of legal infrastructure, the development of standards, the conduct of promotional activities, the identification of target markets, the strengthening of training and inspection mechanisms, and the support of public-private sector cooperation as fundamental responsibilities of the state. Based on this point, a study by Naserirad et al. (2023) emphasized that, in order to develop halal-friendly healthcare services, authorized public institutions should not only conduct certification processes but also provide information, guidance, and consultancy support to other organizations. Another study by Ghazani et al. (2024) stated that the government plays a fundamental role in supporting halal tourism through policy development and various initiatives. The researchers also emphasized the need to strengthen public-private sector cooperation, increase training activities for sector stakeholders, and effectively conduct international promotional activities to create a sustainable halal tourism structure. All of these findings support the views expressed by the participants in our study regarding the leading role of the state in establishing the legal, institutional, and organizational infrastructure, and the results are consistent. These findings demonstrate that halal medical tourism should be evaluated as a multi-stakeholder healthcare model within patient-centered care and cultural competency frameworks.

Conclusion and Recommendations

This qualitative study identified critical findings regarding the potential implementation of halal medical tourism in Türkiye, including its advantages and disadvantages, the responsibilities of stakeholders and the state, and the essential characteristics of a Muslim-friendly hospital model.

This study contributes to the limited literature on halal medical tourism by providing a comprehensive qualitative evaluation of its applicability and the role of Muslim-friendly hospitals in Türkiye. The research presents a significant dataset by revealing Türkiye's strengths and weaknesses in the field of halal medical tourism, the roles of sector stakeholders and public institutions in the process, the key characteristics of healthcare institutions that will provide services within this scope, and perceptions of the process, directly based on the views of sector stakeholders. Additionally, the study provides a holistic framework that can guide future implementation and policy development efforts by identifying key stakeholders, institutional responsibilities, and policy priorities for the implementation of halal medical tourism in Türkiye.

The successful implementation of halal medical tourism requires strong stakeholder collaboration and the establishment of an appropriate legal and institutional infrastructure. It is not a service area that only the public can provide alone, cooperation with the private sector is important. All stakeholders mentioned in the study have important responsibilities. Current halal medical tourism and Muslim-friendly hospital practices should be examined and the service should be well explained to the public. In this regard, public support is also important. In order to prevent some negative reactions in Türkiye regarding religious issues, halal medical tourism needs to be explained in the best way possible and it should be stated well that this service is a matter of choice. Based on the findings of this study, the following recommendations are proposed:

The fact that halal medical tourism and Muslim-friendly hospital structures are not mandatory but optional service areas should be announced by the public authority through short films, promotional videos and social media channels.

It should be ensured that the hospital model suitable for halal medical tourism has a clear terminology and the concept of "Muslim-friendly hospital" should be defined within this framework.

In order for halal medical tourism to be implemented in the country, a Muslim-friendly hospital infrastructure should be established, and standard and accreditation processes should be carried out in cooperation with the private sector under the leadership of the public authority.

Support should be received from TÜSKA for the accreditation of halal medical tourism, and HAK and TSE should be included in the process and studies should be carried out together with these institutions.

The fact that the concept of “halal” is not clearly included in the current legal framework is a significant deficiency in terms of the health, chemistry, pharmaceutical and food sectors. Therefore, the legal equivalents of the concepts of halal and haram should be defined.

In order to ensure the reliability of halal services in the eyes of health tourists, halal certification and accreditation processes should be implemented, cooperation should be made with SMIIC, TSE, HAK and the Presidency of Religious Affairs in these processes, and halal standards should be determined and inspected in line with the opinions of fiqh experts.

In addition to its practical implications, this study also serves as a guide for future research. Future studies could more comprehensively examine the feasibility of halal medical tourism from the perspectives of Muslim medical tourists, hospital administrators, and healthcare professionals. Furthermore, quantitative and comparative research conducted in different countries could contribute to testing the findings presented in this study within different contexts and to enhancing the body of knowledge on the subject.

Reference

- Abbasian, S. (2021). Good idea but not here! A pilot study of Swedish tourism stakeholders' perceptions of halal tourism. *Sustainability*, 13(5), 1–17. doi:10.3390/su13052646
- Abdulbaseer, U., Piracha, N., Hamouda, M., Farajallah, I., Abdul-Majid, S., Abdelwahab, S., ... Padela, A. I. (2025). Muslim patients' religious & spiritual resource needs in US hospitals: Findings from a national survey. *Journal of General Internal Medicine*, 40(2), 376–384.
- Al-Banna, H., & Jannah, S. M. (2023). The push, pull, and mooring effects toward switching intention to halal cosmetic products. *Journal of Islamic Marketing*, 14(9), 2149–2166. doi:10.1108/JIMA-12-2021-0392
- Aulia, M., Srimayarti, B. N., Aini, R., Yudhanto, S. B., & Hariani, M. (2025). Analysis of sharia hospital services: Systematic literature review. *JMMR (Jurnal Medicoeticolegal dan Manajemen Rumah Sakit)*, 14(1), 119–133.

- Baltacı, A. (2017). Nitel veri analizinde Miles-Huberman modeli. *Ahi Evran Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 3(1), 1–15.
- Baş, T., & Akturan, U. (2008). *Nitel araştırma yöntemleri: NVivo 7.0 ile nitel veri analizi*. Ankara: Seçkin Yayıncılık.
- Baş, T., & Akturan, U. (2017). *Nitel araştırma yöntemleri: NVivo ile nitel veri analizi, örnekleme, analiz, yorum* (3. bs.). Ankara: Seçkin Yayıncılık.
- Battour, M., & Ismail, M. N. (2016). Halal tourism: Concepts, practises, challenges and future. *Tourism Management Perspectives*, 19, 150–154. doi:10.1016/j.tmp.2015.12.008
- Betancourt, J. R., Green, A. R., Carrillo, J. E., & Ananeh-Firempong, O. (2003). Cultural competence and health care disparities: Key perspectives and trends. *Health Affairs*, 22(2), 293–302. doi:10.1377/hlthaff.22.2.293
- Böke, K. (Ed.). (2011). *Sosyal bilimlerde araştırma yöntemleri* (3. Baskı). Ankara, Turkey: Alfa Yayınları.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Erdem, M. (1997). İlahi dinlerin kutsal kitaplarında helal ve haram anlayışı üzerine bir araştırma. *Ankara Üniversitesi İlahiyat Fakültesi Dergisi*, 37(1), 151–173.
- Fauzi, M. A., & Battour, M. (2024). Halal and Islamic tourism: Science mapping of present and future trends. *Tourism Review*. Advance online publication. doi:10.1108/TR-08-2023-0533
- Ghozani, S., Muslih, M., & Adinugraha, H. H. (2024). Analysis of the role of government and private sector in halal tourism development: Case studies in Indonesia and Hong Kong. *Sah-miyya: Jurnal Ekonomi dan Bisnis*, 373–383.
- Güven, S. (1996). *Toplum biliminde araştırma yöntemleri*. Konya, Turkey: Ezgi Kitabevi Yayınları.
- Hanefeld, J., Smith, R., Horsfall, D., & Lunt, N. (2014). What do we know about medical tourism? A review of the literature with discussion of its implications for the UK National Health Service as an example of a public health care system. *Journal of Travel Medicine*, 21(6), 410–417. doi:10.1111/jtm.12147
- Harun, S., Ahmad, I., Shafie, S., Choirisa, S. F., & Rizkalla, N. (2024). Developing Muslim-friendly hospital practices: Understanding the key drivers. *Journal of Islamic Marketing*, 15(11), 3137–3155.
- Halal Akreditasyon Kurumu. (2019). *İslâm Ülkeleri Standardlar ve Metroloji Enstitüsü (SMIIC) [Standards and Metrology Institute for Islamic Countries]*. Retrieved December 15, 2019, from <https://www.hak.gov.tr/dis-iliskiler/uluslararasi-kuruluslar/islam-ulkeleri-standardlar-ve-metroloji-enstitusu-smiic>
- Hossain, M. A., Rahman, M. K., Abdullah, Z., Ahmed, S., Bhuiyan, M. A., & Issa Gazi, M. A. (2025). Determinants of patients' perceived halal health-care services and its impact on word-of-mouth communication. *Journal of Islamic Marketing*, 16(10), 3013–3044.

- Jamaludin, M. A., Kartika, B., Ramli, M. A., & Hamzah, M. H. (2019). Muslim-friendly hospital services framework. *Halal Journal*, 3(3), 11–24.
- Khakwani, H. K., Hassaan, M., & Naheed, K. (2026). “Helal turizm” dinamiklerine ilişkin bir araştırma: Müslüman hacıların Mekke ve Medine’ye ziyaret niyetlerini etkileyen faktörler. *Turizm Gelecekleri Dergisi*, 1–22.
- Litalien, M., Atari, D. O., & Obasi, I. (2022). The influence of religiosity and spirituality on health in Canada: A systematic literature review. *Journal of Religion and Health*, 61(1), 373–414. doi:10.1007/s10943-020-01148-8
- Mursid, F., Arifin, T., Ridwan, A. H., Rosidin, U., Na’im, F. A., & Annas, M. (2026). Legal construction of sharia hospital certification: Juridical dynamics and complexity. *Nurani: Jurnal Kajian Syari’ah dan Masyarakat*, 26(1), 72–90.
- Naserirad, M., Tavakol, M., Abbasi, M., Jannat, B., Sadeghi, N., & Bahemmat, Z. (2023). Predictors of international Muslim medical tourists’ expectations on halal-friendly healthcare services: A hospital-based study. *Health Services Management Research*, 36(4), 230–239.
- Pamukçu, H., & Sarıuşık, M. (2017). Helal turizm kavramı ve gelişimi üzerine genel bir değerlendirme. *Uluslararası İktisadi ve İdari Bilimler Dergisi*, 3(1), 82–98.
- Puchalski, C. M. (2001). The role of spirituality in health care. *Proceedings (Baylor University Medical Center)*, 14(4), 352–357. doi:10.1080/08998280.2001.11927788
- Qutoshi, S. B. (2018). Phenomenology: A philosophy and method of inquiry. *Journal of Education and Educational Development*, 5, 215–222.
- Rahman, M. K., & Zailani, S. (2016). Understanding Muslim medical tourists’ perception towards Islamic friendly hospital. *Journal of Investment and Management*, 5(6), 206–213.
- Rahman, M. K., Sarker, M., & Hassan, A. (2021). Medical tourism: The Islamic perspective. In *Tourism products and services in Bangladesh: Concept analysis and development suggestions* (pp. 87–99). Location not specified in original source.
- Rahman, M. K., Zailani, S., & Musa, G. (2017). Tapping into the emerging Muslim-friendly medical tourism market: Evidence from Malaysia. *Journal of Islamic Marketing*, 8(4), 514–532.
- Rahman, M. K., Zainol, N. R., Nawi, N. C., Patwary, A. K., Zulkifli, W. F. W., & Haque, M. M. (2023). Halal healthcare services: Patients’ satisfaction and word of mouth lesson from Islamic-friendly hospitals. *Sustainability*, 15(2), 1493.
- Sudigdo, A., & Khalifa, G. (2020). The impact of Islamic destination attributes on Saudi Arabians’ decision to visit Jakarta: Tourism destination image as a mediating variable. *DOAJ (Directory of Open Access Journals)*, 8(3). doi:10.21427/4raj-ky56
- Swenson, S. L., Buell, S., Zettler, P., White, M., Ruston, D. C., & Lo, B. (2004). Patient-centered communication: Do patients really prefer it? *Journal of General Internal Medicine*, 19(11), 1069–1079.

- Toni, M., Jithina, K. K., & Thomas, K. V. (2024). Antecedents of patient satisfaction in the medical tourism sector: A review. *Journal of Hospitality and Tourism Insights*, 7(4), 2273–2286. doi:10.1108/JHTI-08-2022-0351
- Tosun, N., & Mısırlıoğlu, A. (2022). Medikal turizmde rekabet stratejileri: İslami medikal turizm. *Turkish Journal of Marketing*, 7(1), 31–49.
- Widiasih, R., Hermayanti, Y., Maryati, I., & Solehati, T. (2021). Healthcare tourism: Nurses' perspectives. *Malaysian Journal of Halal Research*, 4(1), 1–5.
- Yalçın, İ. (2022). Phenomenology design in qualitative research. In İ. Yalçın (Ed.), *Qualitative research methods in social sciences* (pp. 210–230). Ankara, Turkey: Pegem Akademi.
- Yuniningsih, T., Dwimawanti, I. H., & Hanura, M. (2024). Collaboration model in the development of halal tourism in Indonesia: Case study in Batam City, Riau Islands Province. *KnE Social Sciences*, 276–295.
- Yüksel, P., & Yıldırım, S. (2015). Theoretical frameworks, methods, and procedures for conducting phenomenological studies in educational settings. *Turkish Online Journal of Qualitative Inquiry*, 6(1), 1–20.
- Zailani, S., Ali, S. M., Iranmanesh, M., Moghavvemi, S., & Musa, G. (2016). Predicting Muslim medical tourists' satisfaction with Malaysian Islamic friendly hospitals. *Tourism Management*, 57, 159–167.