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## A Service Development Model for Public Hospitals in Thailand Characterized by Muslim Practices

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### ABSTRACT

*Public hospitals are important agencies in the provision of public services. Upon considering the diversity of the people and the ability to provide appropriate services, human security can be realized. This research aims to study the development model of services among public hospitals attributed to Muslim practices. It is developed as qualitative research relatively collecting data through the optimization of in-depth interviews, document revision, and observation. The data is analyzed by applying the method of thematic analysis and content analysis. As for the result, it depicts that the model hospital has performed the service development of public hospitals attributed to Muslim practices, covering four key aspects. In terms of religious practices, the hospital offers relevant services to newborns, Muslim youth, prayer venue establishment, the provision during the fasting month, and terminal patients. When it comes to the provision of Halal food, a specific department is set up together with the preparation of responsible personnel. In parallel, the environment and venue for Halal food preparation are in control. The control also implies Halal process in raw material selection, logistics, production, and delivery process in addition to canteen service. In terms of patient gowns, the hospital prepares patients with the hospital gowns and grants permission to wear the hijab during a hospital stay. In relation to patient contacts, some guidelines are put in place to guide physicians when treating patients of the opposite gender.*

**Keywords:** *Model, Muslim Practices, Public Hospital, Public Service.*

The public service is an important role the government agencies are held responsible for. The current trend of government services is seen to focus on the provision of services to meet the needs of the

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people as the service users. Strategically, Thailand has announced the execution of a 20-year master plan under the National Strategy for 2018 to 2037 as a development framework aimed to realize national progress. Among many key strategies, a focus on developing and balancing the public service system is highlighted to enable the people to become the center, where people's needs are well-responded and satisfied in compliance with the international standards (National Strategy 2018-2037, 2019). Since Thailand is driven by the diversity of religions and cultures, it is challenging for government agencies to provide services to meet the needs of the people, particularly in the provision of healthcare services to Muslim service users. Thus, it is necessary for the agencies to equip with knowledge and understanding of their beliefs and faith (Rassool 2015) while comprehending the context of the people with diversity. In Islam, religious practices and religious principles are connected in life, and they cannot be separated in all circumstances. Practicing Muslims, regardless of whatever region or continent they are in the world, must live by the Islamic principles from birth to death. Within the context of Thailand, Muslim mothers visit hospitals for maternity care. Sick Muslims also visit healthcare centers to obtain healthcare facilities Totong, Wongsangiem & Wongsangiem 2018). A majority of them coming from low-income families or grassroots community classes mainly and most likely visits public hospitals for the services.

A relevant study in the United States has been performed to analyze the healthcare services in relation to Muslim practices (Hamdan 2007; Padela, Gunter, Killawi & Heisler 2012; Yosef & Raheem 2008). The study becomes a focus due to the increase of Muslim population in the country resulted from migration, and conversion to Islam among Americans (Hamdan 2007; Rassool 2015; Yosef & Raheem 2008). In Thailand, some studies on healthcare services relative to Muslim practices can be found (Hayeedaramae 2011; Lillahkul & Supanakul 2018; Phaitrakoon & Chulakarn 2016; Totong et al. 2018). However, there is a lack of research studies on model development for government hospital services based on Muslim practices. The management of the health service system according to the Muslim lifestyle is a form of offering healthcare services consistent with the lifestyle of the Muslim community at all stages from birth to death. If public hospitals are important agencies in the provision of public services and account for the diversity of multiculturalism, it is, therefore, a great opportunity, which human security can truly be realized. Significantly, human security is an ultimate goal in human development and national development enabling people to lead a happy life. For that reason, how people are responded to basic needs, such as receiving services from the government, can be regarded as a necessary need, and that will allow people to live in a society with dignity, as well as to obtain equal opportunities developing their full potential (Ministry of Social Development and Human Security 2020).

Upon reviewing relevant literature, considerations and issues have been articulated in relation to the provision of healthcare services to Muslims. They are also analyzed to design a framework for this research, and group into four core components: religious practices, halal food provision, patient gowns, and patient contacts. The discussion is organized and illustrated in Table 1.

**Table 1: The Key Components of the Healthcare Service Provision Attributed to Muslim Practices**

Core Component	Discussion	Sources
Religious Practices	A quiet and clean venue for prayers together with facilities is provided; ablution area, and <i>Azan</i> and <i>Iqamat</i> area (Islamic prayer calls) for call-making whispered to the newborn baby after birth.	(Chulalongkorn Hospital 2020; Graham, Bradshaw & Trew, 2010; Hamdan 2007; Ott et al., 2003; Padela, Gunter, Killawi & Heisler, 2012; Totong et al., 2018)
Halal Food Provision	Halal food is prepared for the patients. Food stores for Halal food are also set up to ease relatives of patients. Home-arrangement food is allowed if Halal food is unavailable at the hospitals.	(Attum et al. 2019; Muhhees 2006; Padela, Gunter, Killawi & Heisler, 2012; Ott et al., 2003; Rassool, 2015;)
Patient Gowns	Patient gowns covering the whole body are made available according to religious rules. Service users are promoted to maintain their own identity in dressing, such as women can wear a veil covering their head while receiving the treatment.	(Graham, Bradshaw & Trew, 2010; Ott et al. 2003; Queensland Health 2010; Mohammed 2013; Scunthorpe Central Mosque 2017)
Patient Contacts	The proper practice adheres in relation to different genders. The same gender interaction is promoted. Also, a spouse, a family member, or a third party is allowed to accompany the patients while receiving treatment.	(Attum et al. 2019; Graham, Bradshaw & Trew 2010; Padela, Gunter, Killawi & Heisler 2012; Queensland Health 2010; Scunthorpe Central Mosque 2017)

Source: Self-development from relevant materials and research studies.

Satun Hospital, Muang District, Satun Province, is a public hospital located in the center of cultural diversity. It operates well consistent with the social context; successfully carrying out services in line with the way of life of the Muslims (Panglesen 2020). Simply put, the hospital facilitates all the religious processes of the patients and their relatives; providing a clean room for parents to make the call of *azan* and *iqamat* on the ear of a newborn as prescribed by Islamic law. In the event that the parents are unable to do so, the hospital has prepared personnel to perform on their behalf. The preparation is supported by the Muslim Club, whose members are Muslim hospital personnel. The hospital also helps in the disposal of the placenta of the newborn according to Islamic principles. The principle details that the placenta must be buried in accordance with the religious procedure after birth. This offer gives parents options to dispose of by themselves or the hospital, where all religious principles are fully observed. In addition, the hospital has established a group circumcision program offering a service of the surgical removal of the foreskin from the penis for children at the age of 6 to 10 years old. This program is to encourage Muslims to practice Islamic principles of personal hygiene. The program is organized annually during the school holidays to provide opportunities for eligible children to receive the service free of charge. In terms of worship venue, Satun Hospital has a prayer hall for patients and their relatives to perform their religious activities with necessary facilities. Especially during Ramadan, where Muslims are obliged to observe fasting,

the hospital has adjusted the timetable for medication in order to avoid any uncomfortable circumstances for the patient upon the strict consideration and guidelines in medical treatment by all concerned parties, including doctors, pharmacists, and nurses. In the case of terminal patients, the hospital has prepared prayers books to ease the relatives and patients to read. When a patient dies in severe condition, the hospital offers white cloths and cremation robes to relatives to use during religious rituals.

When it comes to halal food operation, Satun Hospital has been recognized and certified with halal standards since 2007 under the guidance of the Office of the Islamic Committee of Satun Province. The hospital later obtains Hal-Q standard recognized by the Halal Institute of Chulalongkorn University, which is considered as the highest halal certification in the country. In compliance with the Hal-Q standard, the hospital has early prepared by improving the infrastructure up to the standard in serving halal food production. The improvement lies within the development of a standard kitchen and the management of the raw material logistic system. In addition, the hospital has adopted the Islamic principle of cleanliness in relation to washing containers used by all types of patients in order to increase a confidence level among the service users. As part of facilitating patients' relatives, the hospital also prepares food stores at the cafeteria. All the stores have been certified as halal food distributors. In terms of patient gowns, Satun Hospital encourages patients to maintain their identity by allowing female patients to wear a veil during their treatment or convalescence at wards. As for the patient contacts, the hospital emphasizes the importance of providing services attended by doctors of the same gender to the patients. The hospital requires a female doctor for a pelvic examination and the process of labor and delivery. Due to the limited number of physicians, the hospital allows a male doctor to perform the tasks and permits patients' direct next of kin, including a spouse or a parent, to enter the examination or delivery room and position at the designated area wearing sterile gowns in case of delivery. As for the general examination, the relatives are allowed to present during the job while observing general medical standards (Panglesen 2020).

This research is built upon the key objective of investigating a model of service development of the public hospitals in relation to Muslim practices within a case study of Satun Hospital. The research is designed as a qualitative study comprehensively examining four major components of healthcare services attributed to Muslim practices: 1) religious practices, 2) halal food provision, 3) patient gowns, and 4) patient contacts. The results of the research explain the operation of services development in public hospitals based on Muslim practices, which later contributes in modeling the development of the services for other government hospitals, and those hospitals in a multicultural society in particular.

### **Methodology**

Since the research has adopted a qualitative research method, information from those with in-depth experiences and potential is required to extract and exchange in order to answer questions asked in the research as Atieno (2009), and Mathie & Camozzi (2005) agreed that the method of qualitative research is effective for tasks that require in-depth answers. In selecting the study area, the research has decided to study Satun Hospital located in Mueang District of Satun Province. This is because this hospital is seen to successfully carry out services in line with Muslim practices ranging from birth to death while appropriating the social context in the area (Panglesen 2020). Thus, this case study is put on for investigation as many lessons can be possibly learned to model the service development of

hospitals according to Muslim practices. As for validating this research project, the Human Research Ethics Committee under the Center for Social and Behavioral Sciences Institution Review Board of Prince of Songkla University has granted approval for project embarkment on June 18, 2020, with Certificate Code of PSU IRB 2020-PSU-L-004.

In addition, this research deployed a small number of key informants to extract in-depth information, because this small number offers better chances when delving into the issues than a large number of contributors (O' Leary 2014). This reason becomes a consideration to choose a relevant group of key informants together with the application of the purposive sampling method. Thus, only those with direct relation to the services of public hospitals based on Muslim practices and can be classified into three groups totaling 15 people. The first group includes two hospital executives, consisting of the hospital director, and the deputy director in nursing. They were selected due to their leadership role in hospital management. A key consideration of this selection lies within the roles and duties held in formulating and driving the hospital's development policy, as well as enforcing guidelines or policies within the organization. In fact, they are more knowledgeable of situations and better understand hospital services management as part of their leadership role in the organization. The second group involves three directly relevant personnel; a member of the service system development and healthcare support division, the head of the Nutrition Division, and a general manager of the administration department. They were selected due to their direct role and responsibility in developing hospital services according to Muslim practices. Simultaneously, they were confirmed to fulfill their eligibility condition on sample selection by the hospital director and other stakeholders before the interview appointment was made. Another key consideration for their selection is their quality of being insiders; they are policy implementors, or policy-to-action enforcers with adequate information. This selection is consistent with the principle of purposive sampling, where such people are crucial to provide information and help answer the in-depth research questions (Emmel 2013; Patton 1990). The last group revolves around Muslims users of Satun Hospital totaling ten people. Inquiries about the services provided by Satun Hospital whether it is responsive to the needs of the service users were made for the users to respond. The selection criteria of this group are those practicing Muslims aged 18 years or above and have experience with Satun Hospital more than three times. A key consideration of choosing these users was their direct contact with the hospital in terms of services, as well as the need for awareness of the development of the services based on Muslim practices. They were also considered a direct stakeholder from whether the hospital develops services or otherwise. In fact, they were a verifier of the output obtained from the previous two groups to prevent bias Information as they provided comprehensive information help answer the research questions.

As for this specific research, it applied three core methods of data collection as per the discussion below.

1. *In-depth Interviews*: It is done through a structured interview form verified by three 3 experts. There are two sets of interview forms, consisting of interview forms for executives and relevant personnel, and interview forms for service users. As for the earlier form, it is constituted with two sections: general information inquiry and subject investigation about the operation of the development of the services according to Muslim practices. The investigation covers four important elements: religious practices, Halal food provision, patient gowns, and patient contacts. As for the latter form, it is built upon

- the same two sections with four components, but the investigation is specifically conducted by interviews.
2. *Document Reviews*: Various key issues were determined to explore and retrieve information from different resources: policies, directives, project proposals, operation manuals, brochures, or other documents related to the implementation of the development of the services based on Muslim practices. This stage is carried out in order to investigate policies, guidelines, details of activities, projects, action plans, and operational outcomes.
  3. *Observation*: Services and their environment are relatively observed and recorded in the logbook designed by the research.

This research project has conducted data collection between October and December 2020 by the submission of a request for data collection at the hospital area. Whereas the research objectives were clearly explained to the hospital director for better understating of the project. In fact, all data and credentials retrieved during the collection period were granted with permission for use for further research analysis. Also, early notice of appointments with the executives and personal of the hospital was sent out with the date, time, and place of the interview.

During the interview process, the research strongly adheres to the principle of human research ethics by sending an invitation of participation in the research. If the interviewees are willing to participate in this research, they may read the terms and conditions of the research, and sign the reply form to confirm their participation. The outputs generated from the interviews were analyzed by using thematic analysis while data obtained from document revision and observation were processed by deploying content analysis. The entire retrieved information was later categorized and summarized according to the established objectives.

## **Findings and Discussion**

The research findings are presented in two sections, consisting of general information of the key informants and information of public hospital services based on Muslim practices. The details are discussed as follows.

### **Background Information of Key Informants**

The key informants compose of executives and operational staff, who are seen to involve in the development of government hospital services. Most of them are practicing Muslim women aged between 43 to 59 years old holding a bachelor's degree, and a master's degree for some respondents. As for the public users, most of them are practicing Muslim women aged between 19 to 65 years old with marital status. Most of them finished only primary school with a monthly income between 6,000 to 12,000 baht. Most of the respondents visiting the hospital are because of different circumstances; looking after the sick, visiting relatives, and attending family members for treatment. Only one respondent comes to the hospital for his own treatment. Interestingly, most of them have visited and received hospital services more than three times.

## Model for Services Development of Public Hospitals Attributed to Muslim Practices

The results of the interviews from all the sample groups pertaining to the development of the services of public hospitals according to Muslim practices together with the data collected through document revision and contextual observation are discussed under four components, namely religious practices, Halal food provision, patient gowns, and patient contacts.

### Religious Practices

The key findings concerning the implementation of the development of the services of public hospitals in relation to Muslim rituals, including services related to newborns, services related to Muslim youth, allocation of prayer venue, services during the fasting month, and procedures with terminal patients, are explained below:

1. *Services related to newborns*: the responses from executives and staff are consistent with the data obtained from the public users. Upon articulating the observation, Satun Hospital is found to prepare a room for the recitation of the *Adhan* and *Iqamat* (prayer calls) nearby the delivery room. In addition, staff from the Muslim club are asked to standby ready to perform the task if parents are unable to do so. This finding is in line with the recommendation of Ott et al. (2003) and Gatrad & Sheikh (2001), depicting the necessity of providing a place for Muslims to perform the calls. Parents become happy if they have the opportunity to perform the task as soon as a baby is born. The *azan* is made on the right ear of a newborn baby and *Iqamat* is on the other side. This procedure deems important because it ignites the Islam engraving onto a baby's heart when the call is first heard. This ignition will remind the baby to stay in the cause of Islam when growing up. The finding also reveals that Satun Hospital provides a service of burying a newborn's placenta for Muslim infants. However, parents are asked to notify their intention whether the placenta is to be managed by themselves or the hospital. As for non-Muslim infants, the placenta is buried based on the hospital arrangement and procedure. This finding is in accordance with the Islamic guideline in placenta management, where it must be cleaned and buried because of its proportion to the human body (Gatrad & Sheikh 2001).
2. *The services associated with Muslim youth*: the information from different sources mutually illustrates that the hospital organizes a group circumcision program aimed at providing a free circumcision service for Muslim youths in accordance with Islamic principles and personal hygiene. The target group of this program is 50 young male underprivileged Muslims. It is annually organized during the semester break, roughly in April. The program possesses a working group with proper preparatory meetings, advertisement, venue arrangement, the preparation of equipment, medicines, food, and snacks for participants, as well as the operational coordination. This program is run by the Service Plan committee of the hospital in order to promote multiculturalism in society. This program has been jointly cooperated in sponsorships by Satun Provincial Public Health Office, Satun Provincial Islamic Committee Office, local government organizations both the municipality and Satun Provincial Administrative Organization. In addition, religious leaders from various communities have also helped to promote the program. Undoubtedly, this program has been held for 7 consecutive years and received good feedback

from the public. The following statement exemplifies how satisfied the people are with the program.

“ This group circumcision project is a good project aimed to help parents; greatly reducing the burden of expenses, and most importantly, the children are safely performed in relation to the circumcision.”

The results of this study confirm that the hospital has the circumcision for youth consistent with Islamic principles in promoting personal hygiene through the surgical removal of the foreskin from a male penis, as per the explanation of Gatrad and Sheikh (2001) about the need for circumcision. When Muslim children reach the age in which a prayer is obliged to perform, cleanliness must be ensured under all circumstances. If the foreskin is not circumcised when urinating, urine droplets might stain on the clothes, making the prayer invalid due to this uncleanness. In fact, this circumcision has been medically proven for many benefits; the circumcision of the foreskin reduces the risk of various diseases, such as penile cancer, syphilis, and AIDS (World Health Organization 2007).

3. *Prayer venue arrangement*, the interviews with executives, officials, the public, as well as self-observation on the prayer site confirm that Satun Hospital has made an intensive effort in providing people or visitors with an appropriate prayer hall; proportionally allocating for men and women, within the supervision and administration of the premise infrastructure division. Within the administration realm, maids or housekeepers are made available to look after the area while necessary amenities, such as sets of religious dresses, prayer mats, the holy book Quran, ablution facilities, and ceiling fans, are provided. However, it can be noted that a resting area in the immediate vicinity has not been available, and this facility deems necessary for visitors to use during their resting. The following statement is claimed by one of the service users and explains that:

“There is no place to relax nearby the prayer hall. If one feels exhausted after the patient care, he may choose to sit and rest in this prayer room instead.”

Furthermore, the hospital is also found to organize a prayer site inside the building of the medical ward. However, due to the overwhelming effect of the COVID-19 situation, the site has been transformed into an additional medical ward in order to accommodate an increasing number of patients. This claim is aligned with the interview of the hospital administrator, exhibiting that:

“During the outbreak of COVID-19, we need to adjust the prayer site in the building, availing itself as medical wards to accommodate the patients. Relatives, who are unable to pray at the prayer hall, can perform the prayers at the bedside of the patients.”

The above statement is also consistent with the hospital users, saying that:

“The patient's relatives may choose to perform the prayers at the patient's bedside if they do not wish to go to the prayer hall.”



The findings indicating the importance of prayers sites of Satun Hospital have been confirmed by Ott et al. (2003), illustrating that health care providers must provide prayer sites in sufficient proportion while maintaining quietness and furnishing with necessary facilities. The same argument is also made by Ardruga (2016) stating that prayer rooms should be equipped with all the necessary amenities. In fact, Chulalongkorn Hospital (2020) emphasizes the necessity of the place of worship, because it is the center of the mind of a person, where motivations are sourced to empower patients and their relatives. The patients and relatives are centered with a mental standing to improve mental health, and this factor becomes vital to drive good physical health of the patients. Whereas Sheikh (1997) adds that the provision of quiet prayer facilities relatively indicates the hospital's effort in promoting the cultural diversity of people in society.

4. *Services during the fasting month (Ramadan services):* this study has demonstrated that Satun Hospital has made an adjustment on the dispense of medicines in line with the daily meal distribution, while proper medication and practice are instructed to patients during the fasting period. This effort is made through collaboration across the working teams; from doctors, pharmacists, and nurses to the Provincial Islamic Committee, cooperatively working to seek the best solutions to the patients. Such findings are consistent with the study of Abolaban and Al-Moujahed (2017), indicating that the effort of caring for patients during fasting attended by physicians together with a treatment plan discussed across the specialist's teams in determining treatment process and conditions, which can invalidate the fasting, plays an essential role in securing patients' confidence to observe religious fasting based on the religious principles. Satun Hospital is also found to go the extra mile in providing food and beverage for fast-breaking (iftar) by setting up a service point for the Iftar to facilitate the visitors. The service is also sponsored by the public by donating food and beverage. As per the statement given by the hospital staff, it can be understood as follows:

“During Ramadan, we will provide food and water service points for the sick at a visible area for the convenience of service users. There will be herbal juice, dates, and other food jointly contributed by public donors.”

The above finding is found to align with Islamic values; those who share meals with those who fast with firm belief shall be rewarded (Elias, 2013).

5. *Terminal patients:* Satun Hospital allows their relatives to recite the Holy Quran or various prayers, as well as teach them to take their vows when needed. In some cases, the relatives can ask help from the hospital's Muslim club team to recite the Book on their behalf as what has been exemplified by the hospital users.

“My mother already passed away. During her last breath, the relatives recited her the Yaseen chapter and taught her the vows as part of prayers for heaven.”

Additionally, hospital staff also elaborates that:

“There have been cases when patients' relatives asked nurses to call upon Muslim officials to help recite the Quran and prayers to the patient. This was because no relatives could do so. The fact that

we have staffs to help recite the Qur'an and prayers can indeed make relatives and sick people feel more comfortable."

The above outcome is projected in consistence with Nilmanat et al. (2016), examining the terminal care among Muslim communities in southern Thailand. Their study shows that relatives of the patients wished to enhance spiritual happiness for their families; remembering and recalling God every minute by reciting the Yasin chapter in order to help end the patient's life peacefully without suffering. Besides, the findings of this work support that Satun Hospital donates white cloth and silk cloth to the relatives to cover the deceased body. This donation applies to all deceased families regardless of their religions. Such a finding contradicts the study of Nilmanat et al. (2016), claiming that studied hospitals do not have a proper post-service mechanism. However, the noble service provided by Satun Hospital to help calm the patient's relatives can be an example of which other hospitals should adopt.

### **Halal Food Provision**

The entire process of operation in Halal food provision as part of hospital services development attributed to Muslim practices consists of various components: establishing a responsible organization for Halal food management, training person-in-charge of Halal food division, managing conducive environment for Halal food preparation, selection process and raw materials transportation for Halal cooking, Halal processing, and its delivery, and hospital canteen services. The following discussion is made to describe the above components, and it is detailed as follows.

*1. The establishment of the responsible organization in managing Halal food:* The interviews with executives and hospital staff posit that the operation of Halal food at Satun Hospital is made under the supervision of the Deputy Medical Director led by the head of the nutrition in charge of operational details while other 17 working team members from the Nutrition division are to support the operation. Among various members of the group, at least one Muslim staff in purchasing function is required in order to fulfill the Halal Food Standard. However, other functions may not necessarily be performed by Muslims, but they are expected to possess knowledge about halal food.

In addition, the hospital has appointed a working group for Halal food affairs at Satun Hospital to drive halal food operations and participate in the monitoring process in order to ensure that the Halal management system remains effective in accordance with the requirements and other relevant concerns. This effort is made through the integration with the Safe Food Hospital Project and Satun Sodium Free Hospital Project, which are part of the government policies under the Ministry of Health. The Halal Food Working Group is established based on the appointment of various departments in the hospital comprising three core divisions. The first component is composed of supervisors, and they are authorized to reach approval. This group includes the hospital director and heads of relevant departments. The second component lies upon the working group, dealing with those people who practically do the work, including medical technologists, pharmacists, and supplies administrators. The last component falls upon religious scholars representing the Islamic Committee of Satun Province. According to this study, the result shows that the hospital has structured responsible working units to oversee the operation of halal food in two groups: working group and the daily unit, which is the nutrition division with at least one Muslim staff working in the purchasing department. The above result is found consistent with the Halal Food Production Guideline specified by The Halal Standard Institute of Thailand (2015), requiring the presence of Muslim staff possessing

knowledge on Halal principles for the Halal food production, and purchasing function in particular. *Under the appointment of the Halal Food Working Group of the hospital to drive the Halal food operation*, it is proven to align with the study of Muhammad Adib Samsudin et al. (2015), suggesting that the Committee on Hospital Operations attributed to Muslim practices in Malaysia should play a role in advising and driving the implementation of Shari'ah principles in which Muslim scholars with particular knowledge of Islamic law and medical experts sit in the committee board.

*2. Preparing personnel for Halal food service:* this study posits that Satun Hospital has put a proper recruitment process in place. In the selection process, there is no restriction on religions, but basic knowledge about halal food is to be tested. However, a sole exception goes with the purchasing department, where at least one Muslim must be employed. Once new people are recruited, they must undergo a pre-operation orientation by nutritionists in order to allow them to understand Halal principles properly before working. In addition, workshops on food hygiene and halal food are held annually to revive and empower them with knowledge. This yearly effort is conducted with the cooperation between Satun Hospital, Satun Provincial Public Health Office, and Satun Islamic Committee Office. The key target group of these workshops is those personnel under the Nutrition division of Satun Hospital and staff from community hospitals (district hospitals), including the vendors of the cafeteria at Satun Hospital. Furthermore, the hospital sets a work schedule to delegate on monthly operations, where every morning each shift takes turn together with the reporting of issues and obstacles detected in the operation, and the joint action of seeking solutions in a timely manner. Besides, there is also a monthly meeting of the Nutrition division to monitor and review their operations, addressing problems and obstacles and correcting them accordingly. The result of this research on the matter of training personnel in terms of halal food is also shown in consistence with the study by Shaharom Md Shariff and Abdul Rashid Abdul Rahman (2016), illustrating that private hospitals in Malaysia provide Islamic services, personnel training to comprehend important principles before starting to work. Their study further suggests that equal opportunities for personnel training must be promoted to increase their working potential while working in the organization.

*3. Environmental management for the Halal food setting,* the outcome from the interviews with executives and hospital personnel, including the observation, portrays that Satun Hospital did not have a proper setting for the Halal kitchen in the early stage of operation. However, certain hygiene practices, such as cleaning the kitchen and utensils, are in line with Islamic principles as per the following statement:

At the beginning of the Halal cooking operation, we have not developed a proper Halal setting; Halal kitchen was easily made without strict restriction, and it was practically cleaned up according to Islamic principles. Because embarking on Halal kitchen, the pork is never made to be part of the cooking process, yet the cleanliness based on Islamic law must be observed.”

Through the analysis of this research, the result proves that the hospital has made improvements in Halal food setting upon the participation of the upgrading program from Halal to Hal-Q standard, which sets to be a higher standard established by the Halal Science Center of Chulalongkorn University. The new standard is integrated with Islamic principles and science. This participation selects only those hospitals with standard Halal food certification in order to upgrade them with

higher Hal-Q standards. Therefore, it becomes the reason why the building is restructured and renovated. In this restructuring process, the Halal Science Center jointly designs and plans the structure of the cooking facility, route of raw materials, and distribution of the food serving to the wards as a one-way route. The process also deals with the separation of storage for various ingredients, such as meat storage, vegetable storage, fruit storage, and cooking room to prevent any possible contaminations. To those employees working in different storages must change their clothes if they are to enter the cooking room. As for the present, Satun Hospital is found with the invalid Hal-Q standard as its renewal does not take place. This is because such a standard requires complex documentation to process; a daily record must be processed and kept. However, the hospital does not have sufficient staff to accommodate this need due to the limited number of personnel in the Nutrition division. Therefore, any documents for Hal-Q assessment are not made available, the Halal standard remains put in practice. In fact, the Hal-Q standard keeps continuing to comply with its established procedures as per information retrieved from the interviews.

“Although we have not renewed Hal-Q, we are still maintaining the level of performance in this line of work. We just lack paperwork. Since we already have a lot of daily-routine full-time works, we cannot prepare the documents in time. In fact, we do not want to make any information, because we assume that we have already met halal standards and attempted to maintain the Hal-Q standard that has already been set up suitable for the context of our hospital.”

*4. Process of selecting and transporting raw materials for halal cooking:* This research shows that the Nutrition division of Satun Hospital has designed a Halal Manual and a list of raw materials sent to Satun Provincial Islamic Council Office for inspection before purchasing them. In fact, regular visits from the Office are often made to ensure that the purchasing department supplies the right materials as specified. Moreover, the hospital regularly updates the list of raw materials and informs the Office. The interview draws the necessity of preparing the list of raw materials for halal cooking as per the following statement:

“A list of raw materials is extremely vital. If any hospitals wish to prepare Halal food, it is suggested that the raw material directory is to be made. This practice is primarily the principle of Hal-Q standard we adopt as it helps us better understand in purchasing raw materials.”

In addition, there is a shift among the staff to work on purchasing raw materials. The hospital also places importance on the purchase process of raw materials; only fresh food is purchased on a daily basis, and inquiries are made from the cooperative shops about the source of raw materials for confidence improvement purposes. This emphasis is realized together with the strong concern on the transportation of raw materials, where contamination of non-halal raw materials is not allowed. This restriction is relatively found to comply with the ASEAN Halal Standards in which the transport of Halal food must be free from any contaminations while the transportation of halal and non-halal food is strictly separated from one another (Institute of Food Research and Product Development, 2021).

*5. Processing cooking and serving of food,* the interviews have drawn the result, indicating that food is estimated for each patient during the process of food production. Before entering the kitchen area, all the staff must wash their hands with clay soap. The raw materials are washed requiring the final

rinsing with running water before cooking them, and this practice is in accordance with the guideline for the production of Halal food prescribed by the Halal Standard of Thailand (2015), specifying such requirement before the cooking is made. In addition, Halal stickers (labels) are made with the patient's name, type of food, building/bed, attached to the patient's food container for confidence realization. This assurance is seen to be consistent with the result of the interviews.

"The patient's name is printed and a halal symbol is attached to the food container. This small effort makes both relatives and patients become more confident to consume it."

Upon further analysis, the findings demonstrate that a group of staff is set ready for food distribution delivery to different wards. Based on the interviews with the officials, publicity is also made through the Islamic Committee involvement by asking the religious leaders to inform and create awareness among the public of which the hospital serves Halal food to the patients. This advertisement aims to increase the confidence of the people. In fact, this entire process is consistently audited by the Provincial Islamic Committee. The results of the study posit that Satun Hospital has a Halal sticker labeled on the patient's food container to build confidence among the patients when consuming it. This labeling is also in line with the finding of Samori, Ishak, and Kassan (2014), and Shafie and Othman (2006), exhibiting the importance of Halal in building consumers' confidence. Surprisingly, Alpers (2019) has indicated some issues generated from the study, where the patients suffer from malnutrition, improperly nourished, due to their lack of confidence in the food served by hospitals. Simply put, patients with high confidence in the food provided by the hospitals will result in the proper consumption, right treatment for the disease, and attainment of complete nutrition.

6. *Hospital canteen services*, the results drawn from the interviews show that Satun Hospital offers a cafeteria within the hospital premises distributing food to the public and hospital personnel. Based on the analysis, it exhibits that hospital's cafeteria is supervised by the Nutrition division with the appointment of the cooperative committee among the hospital personnel from many departments served to control the quality of the canteen. The available stores in the hospital canteen are processed through various selection measures and assessments considering all aspects: be it price, taste, raw materials, and cleanliness. Upon the interviews with the hospital users and self-observation, all the stores are certified Halal with reasonable selling prices and good tastes. In fact, there are a variety of food options to choose from in the stores adhering to cleanliness and compliance with Islamic principles as per the statement given by the hospital users.

"We are 100 percent confident with the cafeteria here because only halal food is available. We are comfortable with it, and the food is sold at a reasonable price; 2 dishes are priced at 30 baht. The food is delicious, and there are many options to choose from the menus, yet they are clean and religiously complaint."

As per hospital staff, they constantly emphasize that:

"Halal food is clean and safe, and it is consumable by everyone."

This research has also found that seating arrangements for meals are properly incorporated with social distancing during the COVID-19 epidemic. This finding is profoundly in line with Tenri Hospital (2021), stating that food quality and hygiene are the fundamental components of hospital cafeteria

services. When it comes to the hospital's provision of Halal stores offering to the public, it is found consistent with the practices of Queen Elizabeth Hospital in London, where all the plates of food are Halal and Shariah-compliant (Deacon, 2017).

### **Patient Gowns**

Another key concern pertaining to the development of hospital services according to Muslim practices is patients' attire or gowns. The patients are found to equip with hospital gowns upon admission. To those patients who are Muslim women, they are allowed to wear the hijab or veil while receiving treatment at the hospital. Based on this research, it posits that the hospital is fully prepared to provide hospital gowns to the patients prescribed by the hospital standard and policy in order to facilitate the treatment. The gowns come with short sleeve shirts in a large yet loose size. The sarong is made with a suitable length. The above gowns are seen to align with the study of Mohammed (2013) in which Muslim women's dress must be loose. However, some hospital users demand long-sleeved shirts for Muslims, because they feel more comfortable wearing shirts with long sleeves. This demand can be observed from the following interviews.

“The hospital has provided clothes with short sleeves, not reaching the wrists per ascribed to Islamic principles. However, due to the bigger size of the cloths, the sleeves become slightly long reaching the elbow. Personally, the clothes are considered usable, but it will be best to have them with longer sleeves. Our women will be able to wear them more comfortably.”

The above demand is also supported by the work of Mohammed (2013), where Muslim women patients tend to feel more comfortable wearing long gowns covering their body as required by their religion. In contrast, they tend to feel hesitant and uncomfortable if they were to wear short gowns in the wards because they are worried if other people would see their bodies instead. According to the interviews with the hospital executives, it is noted that the hospital may extend its effort to administer long-sleeved shirts in the near future to accommodate the need of Muslim women. However, a survey on the need for such a service must be carried out in the first place in order to validate the presence of the demand. Additionally, Satun Hospital allows Muslim women patients to wear a hijab or veil during their stay at the hospital. As per the interviews with the hospital users, they can be understood as follows:

“The hospital allows patients to wear the hijab. Most of our Muslim women patients wear it. It is not provided by the hospital, but it is a personal belonging already available to cover the head all the time.”

This permission of wearing hijab given to Muslim women patients is also found to align with the practice of Scunthorpe Central Mosque (2017), suggesting that healthcare service providers should provide Muslim women with specific uniforms enabling them to cover their body as per guided by the religious principles. However, if the providers are unable to facilitate this service, they should allow the patients to prepare ones for themselves.

### **Patient Contacts**

The development of hospital services in accordance with Muslim practices is also found to revolve around patient contacts. This interaction refers to the practice of treating patients attended by physicians, who are of opposite sex. Based on this research outcome, the hospital allows another person or next of kin to present together with the patients in case of Muslim women patients attended by Male doctors. This practice is found no interference upon treating the patients. If the patients wish to switch their attending doctors to be of the same gender, they may write a request to the hospital for consideration. However, the hospital will review the request by mainly assessing its necessity, symptoms, and condition, relatively. It is also significant to note that the hospital allows a spouse to enter the delivery room during the laboring. However, he will be asked to stay in the waiting room before the delivery takes place because it is to enable medical staff to work comfortably. As per the following statement, the hospital user explains that:

“The nurses allowed my husband to enter the delivery room to support me. When it was close to the time to deliver a baby, he was asked to stay in the waiting room to allow the doctors and nurses to work comfortably.”

The above finding is shown to comply with the study of Auttum et al. (2019), and Queensland Health (2010), where the hospitals are suggested to allow spouses, relatives, or family members present during the treatment when offering services to Muslim patients. According to the result of the interviews with hospital staff, most patients receiving the treatment understand the principle of Islam when it comes to necessity. When it is necessary, it is acceptable for patients to obtain the treatment attended by a doctor of different sex. This complexity is simplified by the below statement:

“Most hospital users understand their religious principle that if there is a need for treatment with a doctor of the opposite sex, it can be done so, and it is religiously allowed.”

This finding is relatively consistent with some researchers claiming that Islam permits opposite-sex doctors or medical providers to interact with patients for medical purposes only (Auttum et al. 2019; Queensland Health 2010).

To conclude, this research reveals the important concerns the model hospital of this research has developed attributed to Muslim practices in terms of hospital services. The concerns cover four key elements. Firstly, the religious practices are vital and highlight on: (1) service for newborns with the preparation of a room to perform the calls (*azan* and *iqamat*), and a placenta burial service for Muslim infants; (2) a circumcision service for Muslim male youth; (3) an arrangement of prayer venue with regular cleaning and necessary amenities, including preparation of a prayer site inside the wards; (4) services during the fasting month by adjusting the schedule of medicines dispense, advising patients about medication and favorable behavior together with the provision of food and water for iftar, and; (5) procedures for terminal patients by allowing the patient's relatives to recite the Quran or prayers while reminding them with the religious vows, and donating clothes and cremation robes for a burial ceremony. As part of this study's contribution, the hospital is advised to arrange a resting area for relatives to relax in the prayer site.

Secondly, halal food provision is shown significant, and it focuses on: (1) establishing a responsible agency for direct halal food management through an appointment of a working committee to drive halal food operation; (2) deploying personnel through the strict selection of working personnel, the orientation of new personnel to understand properly halal food nature,

workshops to revive worker's understanding, addressing operational problems and seeking mutual solutions, including monthly meetings for operational monitoring; (3) organizing proper environment for Halal food preparation by cleaning the kitchen and washing utensils according to Islamic principles, and restructuring the cooking facility; (4) selecting raw materials and ensuring safe transportation through the preparation and regular revision of the list of raw materials with an inspection of the Provincial Islamic Committee Office and an appointment of staff to purchase daily fresh materials and transport them in a free contamination of non-halal raw materials; (5) processing food and delivery by estimating adequate food amount for the patient, washing hands with clay soap before entering the kitchen, rinsing the raw materials with the last-flowing water, labeling Halal on patients' food containers, assigning food delivery staff to the wards, and building public confidence together with the operational inspection by the Provincial Islamic Committee, and; (6) providing a hospital canteen service by presenting a cafeteria within the hospital under the supervision of the nutrition division together with the board appointment responsible for quality control, and stores selection. During the outbreak of the COVID-19 pandemic, a meal seating arrangement incorporating a social distancing is observed. This research also indicates that the operation of halal food provision requires cooperation from all levels: management, operation, external agencies, and the public. In addition to this realization, this research suggests that the executives must support the entire process and strive for success in driving this operation.

In addition, the patient gowns play a vital role in hospital services development, and they pay attention to: (1) the preparation of the patient's clothing, and; (2) the permission of wearing the hijab while recovery. The findings of this research reveal that the hospital did not provide long-sleeved shirts for Muslim women patients. Thus, hospitals should explore the needs of their users and offer long-sleeved shirts to satisfy their needs, which deems to be the simplest solution in the development of Muslim-related services. Lastly, patient contacts are believed to affect the development process. There are guidelines for the patient treatment of different sex with attending physicians; the nurses are asked to accompany the patients during a medical examination, the patients may notify the hospital for attending doctors of the same sex as the patient upon considering the needs. In case of childbirth, a husband is allowed to enter the delivery room but leave immediately before the delivery in order to enable medical staff to work comfortably.

The development of public hospital services based on Muslim practices, in addition to the consideration of the above concerns, should urge hospitals to appreciate multiculturalism. Various services for different religions must be simultaneously developed by accounting for community readiness and emphasizing communication to promote the development of public hospital services attributed to Muslim practices.

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