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Finnish Medical Tourism: a customer-ordinated service guideline that is culturally complies to the Saudi Arabian medical tourists

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Purpose:
The purpose of the study is to shed a light on the concept of medical tourism as service and to establish a customer-oriented services guideline that culturally incorporate both Saudi Arabian healthcare demands and Finnish healthcare providers perspectives.

Aim:
The aim of the study is to propose to the Finnish medical tourism providers a customer-ordinated service guideline that is culturally complies to the medical tourists from Kingdom of Saudi Arabia.

Method:
Qualitative content analysis was used to analyse study data. Descriptive literature review of 15 academic articles was conducted for data collected. Inclusion and exclusion criteria were set for study research. Inductive approach of content analysis method was done at a manifest level of analysis. Trustworthiness was evaluated to ensure high quality of analysis and result.

Results:
The study findings purposed Four main categories of guidelines that complies to Saudi Arabia medical tourists demands. Religion -related guideline such as Halal practices and Muslim friendly medical tourism supply chain. Customer- oriented services guidelines such the role of medical tourism coordinator. Finally, cultural competence guideline and ethical and legal-related guidelines.

Conclusion:
Medical tourism is the next huge market globally. Finnish healthcare providers need to grasp on the opportunities and invade this market by adapting to smart and international mind set. Finnish healthcare providers need to be culturally competence to obtain customer-oriented services. Also, in-depth understanding of the market needs and customer demands are crucial. This study has offered set of guidelines that can be implications for any company seeking global competition as medical tourism destination

Keywords	Medical tourism, cultural competency, customer-oriented service, Islamic, Finnish healthcare, Saudi Arabia tourists, and Guideline

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1 Introduction

In recent years, medical tourism has become one of the most promising and rapidly growing industries worldwide. It's recognized as a global phenomenon whereby clients travel across borders seeking for medical care, while they are derived by low cost and high quality of health care services provided by various destinations (Hopkins et al., 2010: 185-198).

In the world of business, medical tourism is considered very profitable and increasingly competitive market (Fottler et al.,2014, pp. 49-63). It is a high-profile business that stimulates many countries to enhance their national economies. Governments around the globe are motivated to show off their health care services and to promote their medical expertise to tap into the potential economic gains associated with this emerging sector (Connell, 2013, pp. 115-130).

Nowadays, Finland is one of these countries that invading the medical tourism runway strongly as outlined by (Konu, 2010). It has shown great potentials to be an attractive destination for medical tourism. By presenting an outstanding number of recognized doctors, scientists and healthcare facilities that has globally acknowledged reputation (Konu, 2010).

However, acquiring a market entry to attract customers from certain regions in the world such as the Arabian Gulf states (GCC) especially Kingdom of Saudi Arabia remain very competitive and challenging (Saaty & Syed, 2012). For instant, the Saudi citizens show complex trends when obtaining health care services internationally, these trends determine their choice of the service destination, the quality of service providers and as well as the customer satisfaction level. Cultural diversity is one of the main challenges that faces Arabian Gulf clients seeking medical tourism across-borders. These clients are known to bring their beliefs, cultural backgrounds, native languages, and their health-related practices to the medical tourism destinations (Saaty & Syed, 2012).

Therefore, it is crucial for any medical tourism facilitator plans to develop a customer-oriented services, to establish culturally competent communication skills. Also, to gain a clear idea about the targeted market, the market needs and the business barriers within

the market. Consequently, this will optimize their quality of care provided and efficiently improves the business criteria to develop sustainable medical destination.

1.1 Business challenge

In medical tourism, international healthcare seekers experience various touch points during their service journey to targeted destination. Expected outcomes from each touch point interaction are determined by the fact of how customers service demand, and facilitator service supply is perfectly matched (Sarantopoulos; Vicky & Geitona, 2014, pp. 370-377).

In this study, the main business challenge is the lack of the demand and supply perfect match among the Saudi Arabian clients seeking health care services cross-border and the Finnish medical tourism destination. In simple words, Saudi Arabian customers demand, a customer-oriented health care services when they are obtaining health care and treatments from Finnish medical tourism providers. Services and products need be tailor made and culturally oriented to comply the Saudi customers' demands.

From the demand perspective and according to Saudi Economic Survey; Jeddah (2011) the Saudi Arabian clients have their own inquiries when it comes to cross border health services. Their perspectives are based on their satisfaction at every and each stage of healthcare experiences and whether the journey of seeking medical treatment has been successful or not. Therefore, generally healthcare seekers in a world are driven by the quality as most common drive then cost as second most important. In case of the Saudi Arabian client’s cost may not be an issue for most of the clients as Saudi Arabian national health care system is established to provide as free health coverage for all expenses and treatments to all Saudi citizens locally inside the Kingdom and abroad Saudi Economic (Survey; Jeddah 2011).

Thus, destination brand and reputation are the main factor that determines the clients choose of service provider and medical tourism destination. Saudi Arabian clients are

known to show a high level of satisfaction when are treated in high profile destinations for instant Germany (Sarantopoulos; Vicky & Geitona, 2014, pp. 370-377). In 2010 and according to data released by the International's World Travel Monitor, (2010), Germany was the top destination for inbound medical tourism that attacked Arabian Gulf citizens. The abundant natural scenery diversified of culture and other shopping opportunity are the main features of attraction in Germany. On the other hand, Konu, (2010) stated that Finnish health care providers as suppliers do vary in their perspectives according to how advance the facilitators are established within the medical tourism market (Konu, 2010, pp. 41-51). Despite, the fact that Finland has high quality health care services is undeniable, also being at top five countries that are satisfied with their health services worldwide (Vartianen, 2010, pp. 123-136). However, Finland is not a popular destination for medical tourism and the number of their inbound medical tourists are considerably low. The main reason for this failure is that Finland has been focusing on its domestic healthcare consumption and was not opened for international opportunities offered by cross borders medical tourism seekers for years. In addition, competing against very competitive market of medical tourism globally and within the European region is one huge obstacle (Vartianen, 2010, pp. 123-136).

Yet, digitalization, globalization, and era of enhanced technologies has encouraged Finnish authorities to strongly invade the medical tourism market and show off their expertise and know-how technologies at various levels as highlighted by (Estopace, 2016). Presenting recognized health care services, robot technologies, advanced cancer therapies, pharmacologist industries and furthermore. In contrast, service sector is becoming internationally acknowledged. Especially in medical tourism where healthcare services its self is the main product. According to studies of Samuel el at., (2010) defined Service process in general as" one where the main contribution is welfare to others and provides am intangible commodity". Therefore, need for customer services guidelines that well suited to consign the complexity of the healthcare services characteristics is persisting demand for many countries. Not only have the services its self, also the quality of the service provided had great impact on the profitability of healthcare businesses indeed medical tourism sector. Thus, the quality of care should be perfect, and tailor made to the demand of the customers (Samuel el at., 2010).

1.2 Aim and objective of the study

In this thesis project, the business challenge outline is designed to shed a light on the concept of medical tourism as service and to establish a customer-oriented services guideline that culturally incorporate both Saudi Arabian healthcare demands and Finnish healthcare providers perspectives. Therefore, the author has stated one main objective for this project as follow:

- To propose to the Finnish medical tourism providers a customer-ordinated service guideline that is culturally complies to the medical tourists from Kingdom of Saudi Arabia.

2 Theoretical Framework

A theoretical framework is defined as type of manuscript that relates concepts, empirical research and relevant theories to enhance and systematize knowledge and data about related concepts or issue (Plakhotnik, 2009, p. 128). Therefore, in this thesis the author is adapting to two main concepts to support the theoretical framework. One is customer-orientation service model and other is cultural competency, both concepts will be studied within the healthcare context to facilitate medical tourism for international clients. According to Lee, Lee and Kang, (2012) in healthcare business the term of "customer" mainly refers to patients, who are seeking solutions for their healthcare crisis, family members and potential customers or internally refers for example to employees and employer. Also, these customers are basically interested in the benefit of a product or service that are provided by healthcare suppliers. Whereas, the terms of service are defined as phenomenon due to its complexity in healthcare context (Lee, Lee & Kang, 2012). One of the most acknowledged definition of service are as follows:

"A service is a process consisting of a series of more or less intangible activities that normally, but not necessarily always, take place in interaction between the customer and service employed and/or physical resources or goods and/or systems of service provider, which are provided as solution to customer problem".
(Grönroos, 2000)

Thus, it is globally agreed that in healthcare industry, service providers and medical professional constantly face huge challenges in understanding and attending the requirements, needs, and expectation of their clients (Al Rashdi, 2011, pp. 301-302). Failure in facing these challenges may lead to poor quality of care, decreased patient satisfaction, and mainly increased medical expenses (Al Rashdi, 2011, pp. 301-302)

2.1 Customer- oriented service model

Study of Johnson, (1998) has illustrated that for global organizations to be successful, it needs to crystal clear define their business goals, mission and vision i.e. focusing on their customers and what products or services do they provide is crucial to enhance and

grow their business. Therefore, companies need to develop their customer orientation services. By balancing between customer benefits, needs and expectations and the company product or service provided. Also, planning their offers and communication methods very well, else failing in that will allow competitors to fulfill the gap in the service (Johnson, 1998). The three important goals to achieve customer orientation are attaining customer information, disseminating customer information then finally the implementation (Johnson, 1998). The first step of attaining customer information is vital, and it helps companies to understand the needs and value of their customer. Also, it emphasizes the need to make changes and consistently re-evaluate the inner business process within each company, to create client centric structure that is subdued to realize company objectives of understanding and retaining of most valuable customers (Latyshova, Syaglova & Oyner, 2015).

The second step is disseminating customer information by sharing it with different parties. This step consider very crucial, proper communication internally and externally helps organization and businesses to effectively and efficiently perform better customer services (Johnson, 1998). In addition, it improves organization benchmarking and establishment of right ideology of workforce and business resources. Customer-oriented approach is structured to right products, right services and right business process. Most importantly right staff-professional who are trained and motivated to target customers to be clients for life (Latyshova, Syaglova & Oyner, 2015).

The third step is to implement the above-mentioned steps of attaining information and properly disseminate it. Organization that successfully implement this chain of experience can satisfy own client easily. Furthermore, every single touch point throughout the chain of experience is valuable for the customer as well as to the organization. Therefore, these three main goals of attaining customer information, dissemination of customer information and implementation all are made to simply the understating of the general concept of customer orientation. It is important for any business manager needs to establish customer-oriented process to follow a concrete step and defined strategies. According to Johnson, (1998) study outlined four phases of customer orientation process (figure 1) that successfully lead any organization to focus on their performance and monitor their customer satisfaction. The success in one step is dependent on the previous step or action, thus all four phases of customer orientation are interrelated to each other (Johnson, 1998).

Customer strategy and focus

In this phase all strategies and decisions are made with centered focus to the customer demand (Johnson, 1998). By understanding customer value, needs and demands, organization can distinguish their proper services, operations and human resources. The main reason why organization should pass this phase is either to develop a customer focus or to maintain company growth. Some organizations that has no clear focus on their customer and are not well oriented to the needs of their customer fail in retaining own customers for long. Thus, measuring and managing customer satisfaction are important steps that leads to market segmentation and customer orientation services (Johnson, 1998).

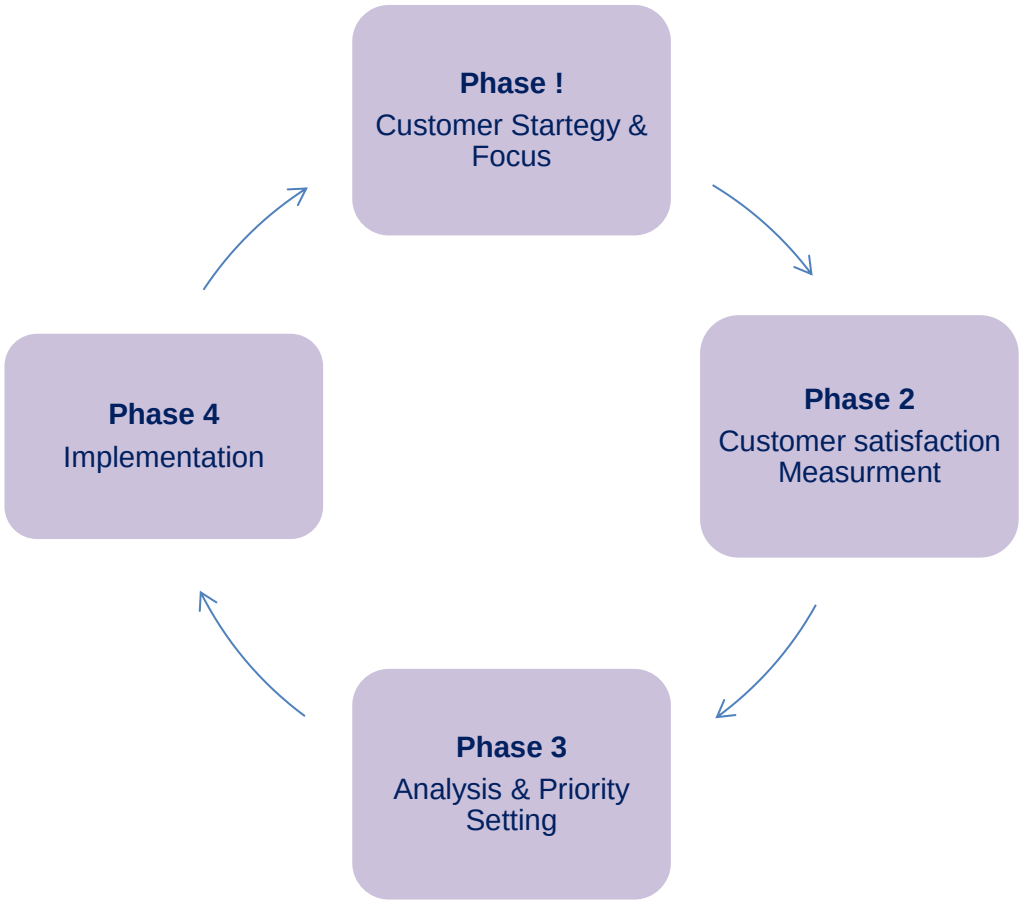


Figure 1: Four Phases of Customer Orientation process (Johnson, 1998)

Customer Satisfaction measurement

According to (Johnson, 1998) for businesses to satisfy a customer it means that their product or service must fulfill the needs and expectations of the consumer. Thus, satisfaction is the customer's fulfillment response towards a service or product. Therefore, it is necessary for any organization or businesses in general to improve their quality of services or quality of products to satisfy their customer. Internal quality has always to meet the external expectations then only a positive response of consumer is interpreting by re-purchase of products or re-order for services. High quality service that has a positive effect on the customers experience forms a positive image and value for the company. As illustrated by (Johnson, 1998) customer satisfaction model (figure 2) starts from the internal product, service and maintenance, to perceived quality, value and expectation of the customer, then these steps generate customer satisfaction that lead to customer loyalty and complaint behavior within the business context. When service and product quality meet the perceived quality expectation of the customer this increases the positive feedback and decreases the informal complaint by the customer to retailers or wholesalers.

Figure 2: A customer satisfaction model (Johnson, 1998)

Customer satisfaction model consider very important tool for any organization in their day to day management. It useful to evaluate company's production, services, competitor's performance and internal performance of the company employee. The model can assess to study the impact of customers feedback, complaints, word of mouth, customer retention and satisfaction. Eventually, this enhances the customer's loyalty that encourages them to come back and purchase that same product or service from that same company even at higher price (Johnson, 1998). In the global changing markets, customer satisfaction is often crucial

to make different divisions for various products, services and to standardize the orientation system. Business need to adapt to flexible measuring systems of satisfaction to be able to cope with different market segmentation and schemes (Johnson, 1998).

Johnson, (1998) study has suggested the five-point scale to measure satisfaction index. The scale where 1=very dissatisfied and 5= very satisfied provide the customers with range of choices to evaluate the service or the product on previous scale measurement. In some cases, the Ten-point scale is much better to maintain accuracy measures for certain business profile such health care services (Johnson, 1998). For majority of consumers, satisfaction measures most likely help them to choose from multiple benchmarks for assess their consumption experience and to compare between the received quality of service and the expected or predicted service quality. Company then should fill in the gap between both the received and the expected services to maintain customer loyalty. Also, the need to establish internal and external measurements to improve quality and satisfaction is indeed part of any company mission and visions (Johnson, 1998).

Analysis and priority setting

This third phase is very critical to the process of customer satisfaction. At this phase companies start transforming the data collected into managerial and strategic decisions. Two main types of data collected in phase 2 are combined to form two main strategic matrix measures, one is the impact of various satisfaction drives and the performance. In the matrix, cases rang from low to high impact and from strong to weak performance. In cases where impact is low, and performance is strong, customer is looking for more benefits than what they are receiving currently. Therefore, companies need to improve customer benefits by maintaining or reducing investment or altering target market. In cases such high impact and weak performance, companies are competitive vulnerable and need to improve their performance to retain customers. In cases where high impact and strong performance, the company needs to maintain itself and keep performance up competitive advantage. In cases where impact is low, and performance is weak is waste of resources and investing in this area is unadvisable (Johnson, 1998).

Implementation

Finally, in this phase all above mentioned priorities that been set in phase three are accomplished. All services and products that were set to target their specific market segment. When this phases in done, company must continuedly evaluate their customer satisfaction measurement system and consistently updated it with new priorities to implemented (Johnson, 1998).

Quality of service in healthcare

At this point it is important to look at the quality of healthcare services. In healthcare industry, it hard to discuss customer services and not to shed light on the quality of service that is the core of any customer-oriented services. Service quality is mainly referred to “Identification and the satisfaction of customer’s needs, requirements and expectations (Rashid and Jusoff, 2009). Also, in the medical tourism business it means “providing patients with appropriate service in a technically competent manner, with good communication, shared decision making and cultural sensitivity” (Mosadeghrad, 2014).
Therefore, Mosadeghrad study has highlighted the three main influencing factor that affect the quality of healthcare services as patients related factors, provider related factors, and environment factors. Patient related factors are patient socio-demographic variables and socio-cultural variables; patient cooperation, and type of patients’ illness. Provider related factors are provider socio-demographic variable; provider competency, and provider motivation and satisfaction. Environment factors are healthcare system resources and facilities, leadership and management, and collaboration and partnership development (Mosadeghrad, 2014).

2.2 Cultural competancy

In today business, the concept of culture competence has become a priority because of the rapid changing of world demographics and dynamic growing of the global economics (De Mooij, 2011). In this chapter the concept of culture competence will be studied further as second theoretical concept for this paper. Nowadays, culture is part of our everyday life, it is based on the ambience we are living and growing in. Culture is hard to define, and it needs to be learned to distinguish the similarities and differences between cultures (De Mooij, 2011).

According to (Jandt, 2016) the main regulators and identifiers of human life are the following aspects religion, race, class, gender, civilization, and nation. Theses aspects determine the people norms and values. Also, it guides people in to how to act and react towards different situations and circumstances.

2.2.1 Purnell Model for Cultural competence

Purnell model is one of the best models that covered the concept of culture competence within the healthcare context (Purnell, 2009). Purnell model has provided a foundation for understanding the different attributes of various culture, allowing healthcare professionals to competently view patients' attributes, such as experiences, provocations, and notion about healthcare and illness (Albougami; Pounds and Alotaibi, 2016). The Purnell model is presented in parallel circles like diagram that has four circles. Outer circle presents the global society, then comes the community as second circle then toward inner circles comes the family, at last followed by the most inner circle that represent the person or individual (Purnell, 2012). In this model Purnell has illustrated cultural competence in twelve main domains. The domains are overview or heritage, communication, family roles, organization, workforce issues, bio-cultural ecology, high-risk behavior, nutrition, pregnancy, death rituals, spiritualty, healthcare practices and finally healthcare professionals (Purnell, 2009).

First, overview and heritages also referred as inhabited localities and topography. This domain consists of concepts related to the person's country of origin, economics and politics background, reason for immigration, current residence and educational value (Purnell, 2009). Second, communication is very important domain in the cultural competence practices, it consists of verbal and non-verbal communications. Main verbal communication concepts are the dominant language and dialects, also paralanguages variations such as voice volume, reflection, tone, intonation and the desire to share own feeling and thoughts. Other form of the communication is the non-verbal such as body language, facial expressions, eye contact, spatial distancing, greeting manner, and call other name and the use of names (Purnell, 2009).

Third, family roles and organization are another important domain, it includes the head of the household and gender roles distribution. It illustrates how family members share

responsibility and the gender roles, the priorities, also includes concepts related to the family understanding of sexual orientation, single parenting, childless marriages, divorce, and the development of children as well as extended families (Purnell, 2009). Fourth, workforce issues domain explains concepts such as autonomy, gender roles, assimilation acculturation, ethnic background and communication also the healthcare believes and practices from the country of origin (Purnell, 2009). Fifth, biocultural ecology refers to different aspects in people lives such as variation in ethnic and racial origin, skin color and general appearance, also hereditary, genetic, metabolic disease and disorders (Purnell, 2009).

Sixth, high-risk behaviors domain includes people unhealthy and risky behaviors such as drinking alcohol, using drugs consumption, adapting unhealthy life style like eating high calories and lack of physical activities. Also, ignoring safety measures such helmets, seatbelts and engaging in unprotected sexual practices (Purnell, 2009). Seventh, nutrition is important domain that explain the how food and food substances are utilized in the health practices during illness. Also, people rituals about food and food choice. Food consumption to satisfy hunger and nutritional disorders (Purnell, 2009). Eighth, pregnancy and childbearing practices in this domain the cultural taboo related to child birth and pregnancy is included. Also, the people practice toward sanction and unsanctioned method for birth control (Purnell, 2009). Ninth, death rituals include bereavement behaviors and burial practices towards death. It discusses how people culturally view death, their rituals and how to prepare for death (Purnell, 2009).

Tenth, spirituality refers to spiritual and religious believes among people. Also, their use of prayers as source of strength and to give meaning to their lives (Purnell, 2009). Eleventh, Healthcare practices has various focuses such as the self-medicating practices, views toward healthiness and sickness. Own perspective of chronic illnesses, rehabilitation, organ transplantation also, biomedical and religious medicating. Additionally, one's value to pain, prevention of diseases and barriers of seeking healthcare services (Purnell, 2009). Twelfth, Healthcare practitioners' concepts discusses the gender differential in healthcare and its significance in certain cultural. Additionally, the status use, and perceptions of traditional magic treatment and the western biomedical healthcare services (Purnell, 2009).

3 Exiting knowledge

3.1 Medical tourism definitions & global industry

This chapter deliberates the status of medical tourism demand perspective as case of Kingdom of Saudi Arabia and supplier's perspective from the Finnish medical tourism market. Therefore, the author is looking to general status of both contexts to propose a general guideline that compile international medical tourism seeker from Arabian Gulf states especially Kingdom of Saudi Arabia.

Medical tourism is known as a rapidly emerging manifestation of global commercialization of health care services (Hopkins et al., 2010). Over the last decades or so the definition of what is medical tourism? was a subject of vivid academic discussion and debates, including 'organised travel' and 'international movement of patients' (Carrera & Bridges, 2006) and (Bookman & Bookman, 2007). Among the variety of definitions available, medical tourism is also defined to be sub-tourism form of the general concept of health tourism. According to the study of (Smith & Puczko 2015) health tourism defined as follow:

"*those forms of tourism which are centrally focused on physical health, but which also improve mental and spiritual well -being and increase the capacity of individuals to satisfy own needs and function better in their environment and society".*

Health tourism is presented in three forms as medical tourism, wellness tourism, and spa tourism. Another study of (Lunt and Carrera, 2010) has extended the definition of medical tourism to consideration of the distinction between public coverage and out -of- pocket payments. Relatively such definition applies to many medical tourists from the Gulf States including Saudi Arabia. In this case and due to variety of concepts and definitions, this thesis project adapts to the (Connell, 2013) definition of medical tourism as "the phenomenon of people travelling from their usual country of residence to another country with the expressed purpose of accessing medical treatment".

This project will study thoroughly the nature of this phenomenon and its impact on both demand and supply perspectives of the health care services. The industrial nature of medical tourism business is undeniable. The emerging industry is expedited by a growing range of internet-based brokerages, linking patients to facilities. Also, interactive web-

sites enable customers to schedule services, contact their surgeons or alternative specialists, book transportation and accommodation, and organize for tourer excursions. High quality care for cost savings provided in low- and middle-income countries is the primary focus of those sites, all in favor to link patients to the best destinations. Report of (Global Health and Wellness Tourism, 2018) has shown 12% annual growth and heavy investment in hotels groups that includes 100 countries profile and attitudes to promoting own health and wellness strategies.

Lunt and Carrera study outlined many Asian countries embraced this new health-care business and offered appreciable value advantages (Lunt and Carrera, 2010). Furthermore, several Latin American countries sharply promote surgical, cosmetic, and generative services to huge English-speaking and presumptively American customers. Medical touristy brokerages enhance the high quality of care, often noting the western licensing and advancing of medical facilities, and their international certification by the Joint Commission on certification for Healthcare Organizations through its affiliate. As other studies such (Carrera & Bridges, 2006) and (Bookman & Bookman, 2007) stated that Joint Commission International (JCI) has licensed as many as 123 medical facilities and organizations across Asia, Europe, the Middle East, the Caribbean, and South America. Majority of those health service providers gained certification in late 2005 and 2006, reflecting the growing quality of medical tourism industry.

Furthermore, (Smith & Puczko, 2015) study outlined that variety of international medical facilities found partners in Western medical teaching facilities and hospitals with prestigious and acquainted names to signal quality to prospective customers. Harvard Medical International and Mayo Clinic partnered with Dubai Healthcare City. In contrast, Wockhardt Group a medical facility, one amongst the foremost distinguished chains of healthcare facilities in Asian countries partnered with Harvard Medical International. Wockhardt's main competitor in India is the Apollo Group of hospitals, which partnered with Johns Hopkins drugs International (Smith & Puczko, 2015).

Globally, according to Medical Tourism Index (MTI) reports released in (2016) highlighted the one of the main growing factors of medical industry is launching 340 new international airports over the next ten years. Thus, the medical tourism business market may soar to astronomical USD 3 trillion by 2025. Also, the reports distinguished the highest 41 destinations for those seeking value-added services and top quality of healthcare across the world. As United States leads in terms of market share of healthcare travel

disbursement, however Asia's Kingdom of Thailand, Singapore and South Korea still thrive. Experts also, expect China to overtake the North American country spot within coming decade. Of course, thanks to the population's demand for higher quality of care provided by low cost. Demands that may shape the global drives of medical tourism (Medical Tourism Index, 2016).

3.2 Kingdom of Saudi Arabia medical tourism: the demand perspective

In this section, the Saudi Arabia medical tourism profile is discussed to highlight the demand factors and related perspective for medical tourism.

The Kingdom of Saudi Arabia ranks 41st most populous countries globally and it is the largest and one of the richest countries within the Middle Eastern region (WHO Health Profile, 2015). It is considered the largest healthcare market in the GCC Saaty & Syed, (2012). According to (Almalki; Fitzgerald and Clark, 2011) overview study Saudi Arabia accounted for more than half (52.3%) of the region market and about US$ 24.7 billion in year 2011. However, Saudi kingdom still lags the rest of GCC countries in term of per capita spending reported as (US$ 758 in 2011). Therefore, Saudi government is actively playing a significate role in the provision of health care sector.

Important factors such high density of population and richness with oil resources has shaped the healthcare market of the Saudi Arabian Kingdom. Utilizing national's revenues from oil prices has aid in the development of both public and private healthcare sectors. Huge investment has been placed to cover demand for hospital services, medical equipment, supplies, healthcare professionals and demand for pharmaceutical products. Also, Saudi has invested strongly in the biotechnology research infrastructure such Jeddah Bio City as business venture (Almalki; Fitzgerald and Clark, 2011). However, Saudi healthcare sector is still in the initial stages of development. It is facing continues rapid expanding of population and the urbanization, and the millions of new consumers that been added to already existing medical cities as well as the new economic cities (Albejaidi, 2010).

Despite the development of the Saudi Arabian healthcare services at all levels, there are still several issues that pose challenges to their healthcare system. One of the major issues is shortage of Saudi health professional and the need for experts to operate on the well-advanced equipment and technologies that are available in most of the Saudi

hospital. Also increasing population and aging, its estimated that total population aged 60 and above will reach 2.5 million by 2020 causing limited financial re-sources and increase demand from free services (Albejaidi, 2010). In addition, the lack of a national crisis management, and underutilization of the potential of electronic health strategies. All these persisting challenges have made demand for outbound medical tourism a primary option for huge number of the Saudi citizens (Almalki; Fitzgerald and Clark, 2011). Consequently, to deal with this persisting obstacle, the Saudi national transformation program, called the vision of 2020 illustrate interventions for health system enhancement, health security, health promotion and disease control (Yusuf, 2014). The program aims to improve international partnerships, promotion and management of the health workforce. It also, helps prioritizing the growth of private sector with a focus on better regulation through empowering health in all policies and greater intersectional collaboration.

One of the most essential Saudi key financer and government healthcare provider is the Ministry of Health (MOH). Ministry of health manages total of 244 hospital with 33.277 beds and 2.037 primary healthcare centers. Whereas private healthcare sector contributes around 11.833 beds distributed among 125 hospital that operates in the main cities and large towns (Albejaidi, 2010). This contribution reflect on the influence private sector has on the Saudi consumers, it has opened the door to experience international services and expertise. One of the key players in Saudi private sector is the Saudi German Hospitals Group. Well known and huge medical group that has excellent reputation within the Saudi healthcare sector. Privatization has boosted the motives for medical tourism and demand by creating tremendous opportunities for foreign healthcare companies to participate in the largest healthcare market in the Middle East (Yusuf, 2014) and (Almalki; Fitzgerald and Clark, 2011).

Motives for outbound medical tourism

Broadly, for most individuals requiring healthcare services, the main drives of medical travel are influenced and shaped by the complex interaction’s myriad of medical, economic, socail and political forces (Gan and Frederick, 2013). Nevertheless, the factors why clients choose to cross-borders and travel thousands of miles seeking healthcare services are illustrated as following: Firstly, according to (Crooks et al., 2010) affordability of care considered the main driver in the medical tourism industry, particularly for patients from the United States and serval industrialized nations that do not have national health

system that may cover bulk of their healthcare services. Furthermore, many of the desirable procedures such as cosmetics surgeries, dental and gender reassignment procedures are also not covered by national insurances (Crooks et al., 2010). Therefore, patients around the world choose to undergo major surgery and procedures in hospitals or regions where the cost is financially a reasonable for them. In contrast many patients feel forced to accept uncertainties concerning quality of care and accommodations, as well as the inconvenience of travel, to obtain services at costs they may comfortably afford (Crooks et al., 2010).

Another study of (Johnston et al., 2010) outlined that for instants, Americans clients seeking hip replacement surgery can save up to 75%, if they choose to undergo treatment in either India or Costa Rica. Similarly, (Saudi Economic Survey, Jeddah,2011) stated that medical tourists from the Kingdom of Saudi Arabia have no issues with affordability of care, as their health system is made to assess and cover all their healthcare expenses and treatment whether inside the kingdom or aboard wherever the service is provided. Secondly, timeliness of Care, in most of the industrial countries where healthcare system controls access to services, patients desire to get punctuality of treatment and to avoid circumventing delays associated with prolong waiting is the primary motivation for most of the cross-borders medical tourists (Gan and Frederick, 2013) and (Gan and Frederick, 2015).

Prolong waiting for health care services may cost further burden on the patient's especially in chronic cases such coronary bypass and hip or knee replacement. In most cases affordability is not problem when comes to life saving procedure, but timing and scheduling is main concern for most patients especially when treatments are not available widely. This concept of time saving, and time control is main concern for majority of the Saudi Arabian medical tourists (Almalki; Fitzgerald and Clark, 2011). Affordability of financial support drive most of the cases to seek for early and first available medical assistance internationally and without any delay (Gan and Frederick, 2013) and (Gan and Frederick, 2015); C. Thirdly, availability of Care as explained by in the recent years and due to the advanced technologies and digitalization, the availability of health care services and treatment become main drive to medical tourists and service seekers. Several destinations became known for their expertise in treating certain diseases and illnesses. Also, the availability of human resources, legal regulatory, ethical permit and the infrastructure in these countries has made it popular for specific medical procedure such as organ donation in some Asian countries and gender transformation in Latina America

(Johnston et al., 2010). In case of Saudi Arabia, healthcare services are affordable and highly developed, but the lack of expert human resources and un availability of certain treatment such as advanced cancer treatment and organ transplant inside the Kingdom drives patients to cross-borders seeking most effective and advanced services abroad (Almalki; Fitzgerald and Clark, 2011).

Finally, patient Preference for Specific Providers: this drive is based on two cases Firstly, the destination reputation as being “the best “provider. In most cases patient and family have the resources to pursue their health care preferences (Reddy, 2017). Facility reputation, availability of care and timeliness of care drive patients to approach certain destinations. Hospital and healthcare facilities that are globally acknowledged and internationally certified are most likely to be listed as preferred destination. Secondly, in some other cases destination choice is based on healthcare referral coordination and cooperation between hospital and healthcare facilities (Reddy, 2017). For instant, Saudi Arabian Health System has connection with specific German high-end healthcare providers “Premium Healthcare”. This high- end providers facilitate advanced healthcare services for Saudi medical tourists, tailor made to their health need and personal performances (Reddy, 2017). Thirdly, personal preferences are based on previous experiences and existing relationships to certain healthcare facilities or specific doctors or in other cases patient’s preferences to certain geographic destinations such as Thailand, United Kingdom and Germany are the geographically preferential destinations for most Saudi citizens (Almalki; Fitzgerald and Clark, 2011).

Common destination for medical tourism

According to (Saaty & Syed, 2012) the European Tourism Council (ETC) statistics report, since 2009 Saudi Arabian ranked top listed for outbound tourism in the GCC community. The statistics are impacted by the number of arrivals, overnights and length of stay in the desired destination. More than seven million Saudis outbound arrivals visited various destination around the globe in 2010 (Saaty & Syed, 2012). Their most common European destination is Germany, United Kingdom, Austria, Switzerland and Italy. To the Far East, countries such as Thailand and Malaysia are most visited Asian destination. Furthermore, ETC reports highlighted that outbound tourism from Middle East countries including Saudi Arabia, UAE, and Kuwait are significate areas for growth to reach 10 Billion pounds by 2020. The factors for this remarkable growth are the growing population, rising

middle class income within society and higher spending makes country such Saudi Arabia a lucrative region for outbound tourism (Almalki; Fitzgerald and Clark, 2011).

In contrast, the Saudi lucrative region is also growing market for outbound medical tourism. Its known to be an important source market for medical tourism seeker towards Germany (Albejaidi, 2010). As Germany offers more the 2,000 hospitals with over half million beds, recognized for end-service that is high quality treatment and healthcare. In addition, to end- service quality, other factor that attracts Saudi Arabian cross boarders is the partnership with the Lufthansa airlines (Kreft et al., 2016). The airline has developed a global healthcare Mobility program that simplify the travel process and cater to the needs of international medical tourists with comfort, flexibility and affordability. Also, its claims to be the only airline that contain medical facility which can be installed onboard. Lufthansa airlines offers a Patient Transport compartment (PTC), it has air ambulance that makes no stopover flights, with trained medical personals (Kreft et al., 2016). Despite, preference of Germany as medical outbound destination, there are many other common destinations especially in Europe such as Turkey, Romania and Bulgaria. As destination preference determine the purpose of medical tourism. Destination profile and reputation determine what medical service Saudi healthcare seekers would obtain. The most common medical treatment is cancer treatments, orthopedic surgeries, rehabilitations services mainly obtain from Germany and cosmetic surgeries such hair transplantation which commonly done in Turkey (Albejaidi, 2010). To conclude, Saudi Arabia outbound medical tourism has various dimensions that shaped consumer motives and preferences for healthcare services cross borders. Destination profile and perspective are important concepts, in this study Finnish healthcare and medical tourism provider's characteristics will be discusses here after to merge with the Saudi Arabian medical tourism demands.

3.3 Finland: as potential medical tourism destination

In this section the Finnish context is studied to grasp on the strengths, weaknesses, threats and potentials for maintaining Finnish as medical tourism destination

Advantages of Finland healthcare service

Finland is a relatively small country that has global scale. Its known to be a model country of equal, efficient and top-quality healthcare system (Björnberg, 2015).

It's also has homogeneity public healthcare that operates according to the national care guidelines and practices. Finnish healthcare system is based on close collaboration between academic research and highly educated medical and healthcare professionals. It has created a foundation for evidence-based, individualized, and multidisciplinary healthcare for all. According to (Björnberg, 2015) in year 2014, Finnish health care system has ranked fourth among the Thirty -five European countries in the performance evaluation and services conducted by the health Consumer Powerhouse.

In just one short century, Finland has reinvented itself and its healthcare system to be state-of-the- art among OECD countries. It adapts to the scope of accessibility and quality of health care. It is one of society most crucial goals that cannot afford to leave anyone behind. The Five million Finnish population are provided with world-class healthcare that is comprehensive, high-quality and ranging from primary to specialized medical care and from newborns to elderly services. The government total healthcare spending has counted euro 2.1 billion or 9.1% of GDP and around 3,229 euro per capita in year 2012. Despite the low expenditure on medical institution in comparison to other OECD countries, this did not affect the Finnish citizen level of health. Therfore, the cancer mortality rate was remarkably low due to the advanced and modern technologies and expertise. Furthermore, Finland has frequently surpassed the average criteria of OECD countries by the number of doctored per 1000 population to a bit higher that the average in other countries (Björnberg, 2015).

For majority of global medical tourism seekers, the numerous strengths and advantages of Finnish healthcare system are influential factors that drive them to obtain services from such destination. The most concrete advantages of the Finnish health care sector are as follow:

Advanced health technology

According to (Finland health, 2018) Finnish long-term national strategies that support actions and growth of Finnish health sector are improving. Technology industry exports is the largest export sector in Finland. It represents wide industry sector from imaging equipment, monitoring and diagnostics to services. Genetic testing, genomics, bio-it and education are the newest area of the Finnish health technology. Finnish companies are building an advanced ecosystem for cooperation that encourages small scale companies and startups to test their product and market it. The total value for this developing sector

is euro 2.22 billion in 2016 (Finland health, 2018). In addition. Finland has adapted to new technologies, such as Internet of Things, Artificial Intelligence, robotics and Virtual reality. Furthermore, is upraising of health technology relay on the well-structured healthcare facilities that has hospitals with testbeds, high level research, solid research infrastructure such biobanks and finally the advanced and globally acknowledged innovations action plans (Finland health, 2018).

In medical tourism industry, Finnish health technology has leading role in attracting international service seekers. For instant, in case study of HYSKin Company, the international patient's service center of Helsinki University Hospital has become global trends by launching new cancer treat that is based on Boron Neutron capture Therapy (BNT). This new technology using noninvasive and non-radioactive isotope boron-10 within hospital setting to treat cancer of neck and head. Therfore, such advanced technologies enhanced Finnish destination reputation and profile among medical tourists and cross borders (Finland health, 2018).

Quality of healthcare facilities

One of the main medical tourism motivations is the quality of the health care services provided by various destination. Finland and for decades have been known for its high quality and state-of-art healthcare facilities (Ministry of Social Affairs and Health Finland, 2014). Most of the Finnish clinics and hospitals are publicly funded facilities with only 3%-4% private medical facilities. Finland public health sector consists of five university hospitals, district hospitals, sixteen central hospitals and clinics since, 2013 public healthcare was permitted to form commercial structure aimed at cross-borders customers (Ministry of Social Affairs and Health Finland, 2014). Therefore, all the advanced and high-quality services provided by expert professionals are now available for all international customer around the world. Also, the Ministry of social Affairs and Health has imposed that hospitals facilities to conform the high standards and quality.

All Finnish healthcare facilities are inspected and monitored strictly to be comparable to the level of European healthcare clinics. In addition, Finnish health centers are known by their short rehabilitation periods (Ministry of Social Affairs and Health Finland, 2014). As rehabilitation is the process of regaining and recovering person's physical or mental wellbeing. For decades Finland is known for its outstanding ecology and clean environment that help many health care seekers worldwide to rapidly recover and to engage in

activities such as hiking, fishing and utilize the unique Finnish spa and sauna facilities (Ministry of Social Affairs and Health Finland, 2014). According to Clinic Finland, providing top quality services combined with advanced technologies Finnish companies were able to develop rehabilitation- based solution for stroke patients that help called “The Glider “such solutions are example of Finnish know-how health technology (Ministry of Social Affairs and Health Finland, 2014).

High transparency

For any medical tourism providers to achieve high standard and top-quality service, it had to have high standard of transparency (Bjömberg, 2015). Finland has ranked 3/180 and scored 85/100 the Corruption Perception Index 2017. Therefore, high transparency performance has reflected on health care system. Finnish hospital and healthcare facilities are monitored for its transparency, especially when it comes to cost and payment of health expenses. Patient has the right to know and be inform about total cost service prior to treatment, without adding hidden extra expenditures. The high transparency advantages are very important factors that attract international medical tourist customers. It increases trust and reliability, also provides a clear estimation for medical tourism destination expenses and service cost (Bjömberg, 2015).

Disadvantages of Finland healthcare

Nevertheless, Finnish healthcare is not perfect. High prices of medical services, the lack of proper international marketing and lack of cultural diversity in healthcare sector are the main factors (Bjömberg, 2015). Medical tourism seekers face a huge obstacle obtaining health care service from Finnish facilities due to high cost, languge barriers and cultural barriers. Despite the quality product and advanced technology, customer still complain from the expensive services in comparison to many other European countries such as Germany and globally such as Turkey and South Korea (Bjömberg, 2015); (Finland health, 2018).

4 Methods and Materials

This chapter is considered the bulk of the thesis project (Hsieh and Shannon, 2005). In methodology section the author presents the research process by identifying the research problem then precisely illustrate how the data was collected, analyzed and finally interpret the results to answer research inquiries and questions. According to (Hsieh and Shannon, 2005) the goal of this section is providing a knowledge about the strength and weakness of previous researches and studies and to fill in the knowledge gap for further development.

4.1 Research Approach and Design

At this point, the four stages of research method are described, First, starts with research approach and design, then data collection, later data analysis and followed by trustworthiness as final part (Figure 4).

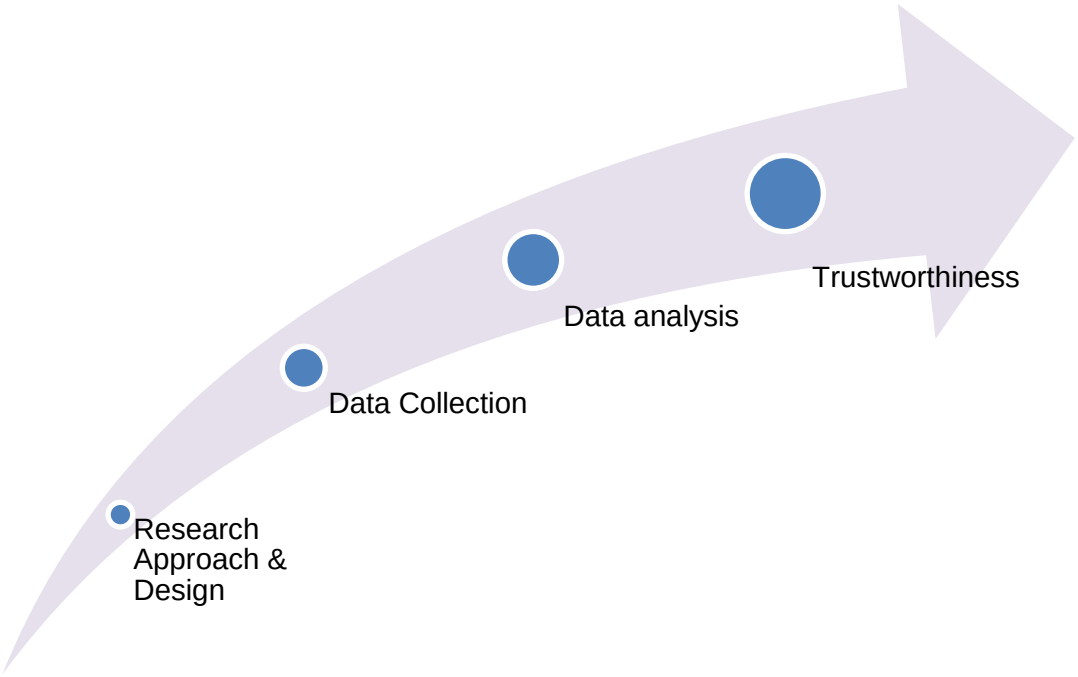


Figure 3: Four stages of Thesis Methodology

According to (Broomfield, 2015) qualitative research methods a literature review has become more common in health sciences and related fields. It is an essential section of

research studies. Often it is used as chapter of the thesis study that mainly referred to applying non-statistical methods of analysis to understand and examine the subjective human experience. This type of research methods is suitable for healthcare researches that focus on patients and health care professional's development.

In addition, one of the main concepts of this study is to study the medical tourism and international healthcare seekers. Both demand perspective as Kingdom of Saudi Arabia and supplier perspective of Finnish medical tourism profile were highlighted in this study background section. Further data is obtained through the qualitative research method of Literature review. Thus, literature review is not only list of previous research findings as many may argue, but it can be also a major method for the entire study (Broomfield, 2015). For that reason, an effective literature review in qualitative research is defined as "

A review of prior, relevant literature is an essential feature of any academic project. An effective review creates a firm foundation for advancing knowledge. It facilitates theory development. Closes areas where a plethora of research exists, and uncovers areas where research is needed" (Webster and Watson, 2002).

This academic approach of literature review helped the author to achieve a concept focus process that will be evaluated with high quality assessment throughout the entire process. Thus, concepts within the research determine the study framework and how to proceed the review. Well-structured review requires thorough search to identify relevant issues, then to combine the evidence of various primary studies, to finally evaluate and incorporation of these primary studies to be well analyzed for interpretation of results and findings (Vishnevsky and Beanland, 2004) and (Broomfield, 2015).

4.2 Data Search and Collection

In this stage data search and collection were done following an organized process. The process started in October 2018. All academic databases were accessed through Metropolia University of applied science data search are PubMed, ProQuest, CINAHL Complete, and Taylor & Francis to ensure reliable data search. References were reviewed with careful consideration to provide evidence-based knowledge and to answer thesis objective. Data search process took several steps started by distinguishing the study including and excluding criteria (Table 1).

Table 1: Inclusion and exclusion criteria

Inclusion criteria	**Exclusion criteria**
• References in English languge • References dated from 2012-2018. • References with full-text and free access. • Peer reviewed references from data bases and relevant to re-search topic.	• Non- English languge references. • References dated before 2012. • References without full-text access and non-free of charge references. • Non-peer reviewed, non-relevant and biased references.

Study ***Inclusion criteria*** were the references that are directly related to the research topic and inquires. All references were full-text review, peer reviewed, free access with no charges or fee on it. Only references written in English languge were considered and those written from 2012 to 2018 to ensure that thesis results and findings are updated, and recent knowledge is provided. ***Exclusion criteria*** were those references dated be-fore 2012, non-English languge, non-peer reviewed references and references with no full-text access and those with charge or fees. Also, non-relative references that has no value to the thesis project were excluded.

Data search process started by accessing the following academic databases (PubMed, ProQuest, CINAHL Complete and ResearchGate. Key words used in data search were (medical tourism, medical tourism and Islamic, medical tourism and multicultural). Then followed by using search words and tracking search hits to remove duplicated references after applying inclusion and exclusion criteria from different data bases to ensure cred-itably. Followed by reading through the potential references and selecting most relevant articles and publication. Search process generated a number of search hits, then with

use of the search key words combination, author was able to identify the relevant references (Table 2). Finally, 15 references were selected to be reviewed following qualitative content analysis to answer research objective.

Table 2: Search process and key words

Databases	Search key words combination	No. of Hits	Inclusion/ Exclusion	Relevant references	Selected references
PubMed	Medical tourim	1965	127	8	2
ProQuest	Medical Tourism and Islamic	18,070	338	25	4
	Medical tourism and multicultural	9,891	177	12	3
CINAHL Complete	Medical tourism	512	113	27	5
Researchgate	Medical Tourism and Islamic	-	11	5	1
Total Articles					15

4.3 Data analysis

In this thesis project, the result and finding are analysis following research method of qualitative content analysis. According to (Vaismoradi et al., 2013) qualitative content analysis is defined as “a general term for a number of different strategies used to analyze a text”. It is a subjective interpretation method that uses systematic coding and categorizing of large amount of textual data, by examining the relationship between the words

within the text for its pattern, trends, its frequency, structure and its discourse of communication. Such objective and systematical analysis is well suited to study important, sensitive and multidimensional phenomena of healthcare related issues. Therefore, author main purpose of using qualitative descriptive analysis method is to provide knowledge, insights and best practical guideline for healthcare professional and medical tourism service providers. In contrast, content analysis like any other methodological approaches has its own critics in quantitative field such as being simple in nature, too extensive labor work when it's done manually, and not sufficient method that does not have the complex statistical analysis (Elo and Kyngäs, 2008).

Therefore, in this point it is crucial for the author to justify her selection of qualitative content analysis method to add value and creditability to the thesis project. The few main advantages for this method are its context sensitivity, being inexpensive, suitable for large data analysis, un-barricade research technique, and being expedient for healthcare researches by interpreting texts for wide range of purposes (Elo and Kyngäs, 2008).

In this thesis project, author is using inductive analysis approach. It is known generally as descriptive understanding of the contextual use of data content (Hsieh and Shannon, 2005). It starts at the manifest level of content analysis by counting frequency of particular keywords, trends, patterns in the text (Hsieh and Shannon, 2005). Also, manifest level of analysis deals with the visible, obvious components of the text that reports what the text says (Granheim and Lundman, 2004). The inductive content analysis is fundamental step for study author to clarify how study is conducted. Here author explores the data through inductive reasoning to analysis it "bottom up". This approach is used to build data understating from specific data, trends, knowledge to up ending with general conclusion, guidelines or theories (Broomfield, 2015).

In reflection to the above descriptions and methodologies, the preparation phase, process starts by collecting relevant data and reading it thoroughly several times to ensure all necessary data is highlighted and marked. In organization phase data is categorized in to main categories then sub-categories base on the relation between results and findings. Then finally data description and reporting are carried out following ethical and academic approaches. Followed by final discussion and conclusions.

4.4 Trustworthiness

In this study, research topic was chosen base on the author's personal interest and in reflection to her healthcare working experience within Arabian Gulf states. This qualitative content analysis study has three main phase's preparation phase, organization phase and then reporting phase. Trustworthiness is examined in all of the phases. Author presented trustworthiness in preparation phase by demonstrating elements of trustworthiness during data collection methods, sampling strategy, and selection of a suitable units of analysis. The element of credibility of content analysis was ensured by selecting the most appraise method of data collection.

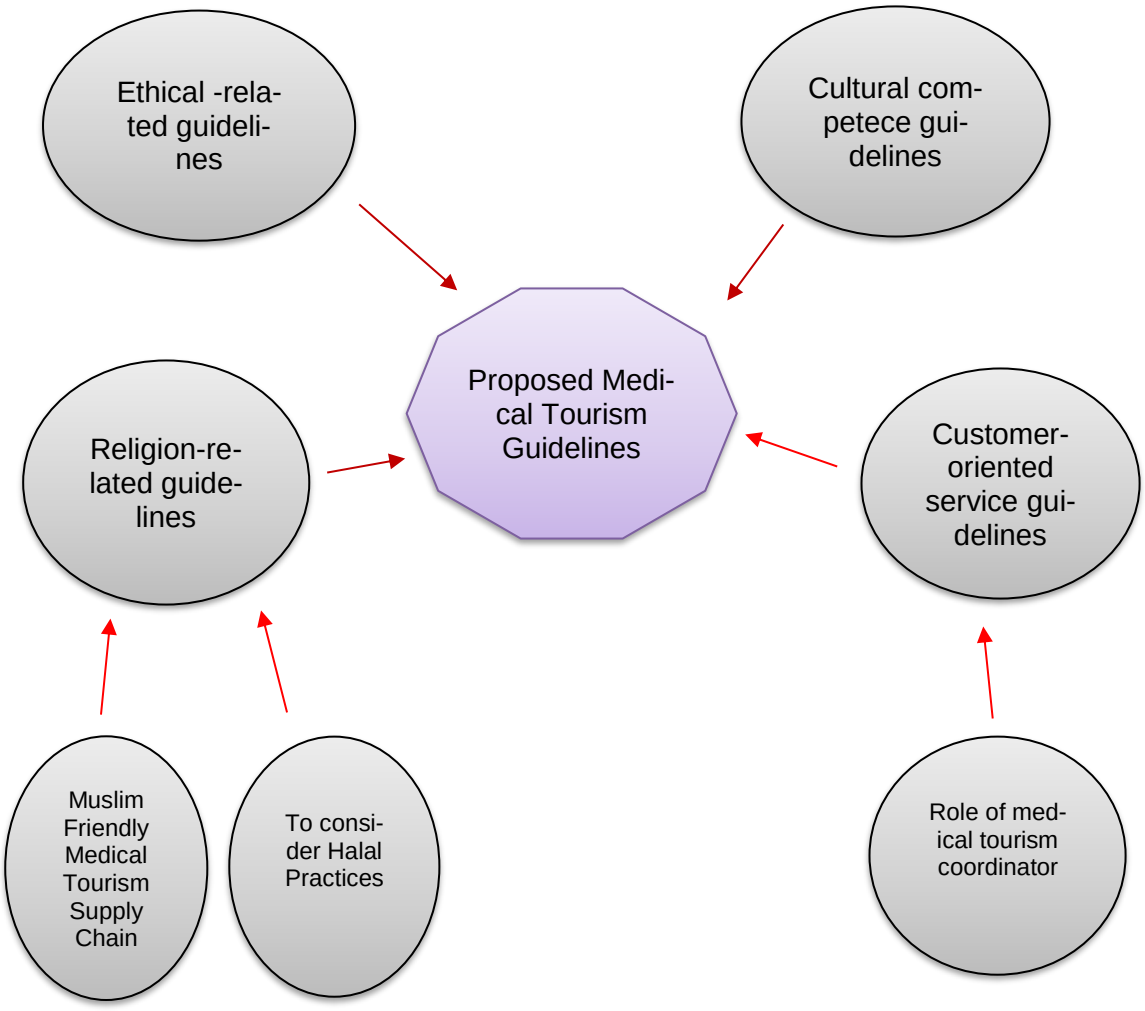
In this qualitative study, author used purposive method that is suitable for qualitative researches where the objective is to get best knowledge. Second element is dependability that refers to the stability of data over time, also it shows the principle and criteria used to select units of analysis.

Here, in this study the process of data section is illustrated in detail in the above section 4.2 (Table 2) this would also ensure transferability of the results to other contexts and the ability to reduplicate the study and get similar results (Elo et al., 2014). Then the next phase is organization phase, where author present explanation of how the research concepts or categories are created also, to which extend confirmability of findings is ensured. In addition, (Elo et al., 2014) study suggests that to enhance research trustworthiness, there should be some degree of text interpretation approaches, where researcher need to decide at which level of content analysis latent or manifest the study analysis is conducted. In this study research author adapted to manifest content analysis to collect the most direct and available knowledge. Finally comes the reporting phase, here trustworthiness is presented in form of transferability, conformability and credibility of finding (Elo et al., 2014). Author here ensure careful and systematic reporting of findings with more attention paid to the quality of reporting process.

5 Findings

In this chapter findings from the literatures review is presented**. I**nductive content analysis was performed to the selected 15 units of analysis (articles). Results are illustrating in to four main categories of guidelines and sub-categories (figure 4).

Figure 4: Findings categories and sub-categories



5.1 Religion -related guidelines

The findings of serval study have supported the concept of religion related factors in the medical tourism. Especially when healthcare seekers are Arabic/ Muslim. According to (Mohezar, Moghavvemi, Zailani, 2015) study Muslim medical tourists are a fast-growing population and their purchasing power is increasing which as well create a need for medical tourism industry to consider this market. The study suggests the need for medial tourism providers to explore Islamic trait and features that could help companies to design products and service tailored to specific markets needs such as the Islamic market as well as the Middle Eastern markets. The studies focus on the effect of trust and religious commitment have on Muslim client's attitude and satisfaction at medical tourist destination. Also, it supports the idea of having greater knowledge about Muslim medical tourism segments is highly useful especially for the healthcare providers and medical tourism destinations as religion occupies crucial role in the health and medical practices of Muslim patients (Iranmaesh et al., 2018). Furthermore, it has been generally argued that in medical tourism, retaining loyal customer is more difficult than obtaining new one. Therefore, in the context of Muslim medical tourists the factor of trust in their healthcare providers regarding the considering of religious beliefs in their treatment, could be way influential and fundamental than the professional skills. Thus, trust was found to be a central determined of Muslim medical attitudes towards hospital experience in particular or in the medical tourism journey as whole (Mohezar, Moghavvemi, Zailani, 2015); (Mataoui and Sheldon, 2016); (Nurdiansyah, 2018) and (Iranmaesh et al., 2018).

5.1.1 To consider Halal practices

Study of (Nurdiansyah, 2018) illustrates the growing effect of halal tourism worldwide. Another study of (Iranmaesh et al., 2018) highlighted the important of up emerging Islamic medical tourism of Halal practices. This sub-category of medical tourist that is unique and tailor made for Muslim clients is becoming very much successful in India, Iran, Thailand and Turkey. The study suggests the prediction from Economic Watch that by 2020 Muslim tourism is expected to USD 192 X10 globally. It also states that Muslim tourists are becoming more sensitive toward consuming and adhering to Halal options for their healthcare services. Also, the very relevant and interesting study of (Arefi et al., 2017) suggests that using halal brand in the medical tourism services that suited Arabic and Muslim customers has positive effect in general. The study discusses the case of

Irani hospital hotel as the new concept of hospital hotel that provide for the patients and their family opportunity to stay alongside during their treatment.

In addition, study mentioned many themes of action for long-term materials such as extensive cooperation with insurance company's coherent management at the macro level of the organization, strengthening scientific and medical capabilities, and providing proper transfer of hospital. For the long-term spirituals, study suggested that funding by benefactors and charities using the capacity of consulting religious organizations, constructing buildings with Islamic architecture, also obtaining a Halal Certificate Services are beneficial. For short-term material, the availability of Male staff for male patients, separate rooms for women, timely cleaning places, halal food suppliers, and the observing of Islamic dress code for the patients. In the case of short-term spiritual, the study emphasizes the availability of prayer room, availability of Qibla locator installation of religious icons and considering putting the prayer veil in rooms (Arefi et al., 2017).

Similarly, various studies highlighted the importance of Islamic cultural awareness, privacy and modesty during the care of Muslim customers. Such minimizing physical contact with opposite gender, most cases male and female may not shake hand or may minimize eye contact with opposite gender as sign of modesty. The availability of dietary needs, Muslim patients do not eat pork or pork byproducts such gelatin or fat, also do not consume alcohol or alcohol-based products. They eat and drink halal food according to Islamic rites. Furthermore, during spiritual practices, healthcare providers should avoid interruption of prayers. Therefore, most of the studies identifies the stronger effect of Muslim patient's religious and cultural values in their own healing process during their medical tourism journey. Studies purpose a new innovated fact to improve medical tourism providers policies, performance and their quality of services that suits and attracts Muslim medical tourism broad needs regionally and globally (Arefi et al., 2017); (Mataoui and Sheldon, 2016) and Nurdiansyah, (2018).

5.1.2 To adapt to Muslim friendly medical tourism supply chain

This study of (Khalil Rahman and Zailani, 2017) focuses on the managerial aspect of the Muslim friendly medical tourism supply chain practices. It discusses the service supply chain in medical tourism and the relationship between suppliers and demanders. It suggests that practicing and implementing a Muslim friendly medical tourism service supply chain is crucial in today market to attract Arabs / Muslin medical tourism tourist. The

reasons are that Muslim patients are in demand on the choice of halal practice of medical treatment and halal food consumption that are very fundamental and religiously valued for them. The study shows reliable evidence that the effectiveness of the Muslim friendly medical tourism supply chain practice has positive effect on the Muslim Friendly Medical Tourism Supply Chain and it also has a significant and positive impact on the medical tourism provider's performance as whole. The study suggests that the need for good and ethical collaboration is essential in Muslim friendly medical tourism supply chain performance due to the complexity of the industry and involvement of several stakeholders and players (Khalil Rahman and Zailani, 2017).

According to (Mohezar, Moghavvemi, Zailani, 2015) organizational financial and non-financial performance has significate relation with Muslim Friendly Medical Tourism Supply Chain productivity and collaboration and organization need to have a clear business strategy to gain profits. In addition, consumers and medical tourism providers has significate relationship as improving an amicable communication with consumer is essential to enhance the Public Relationship Management, which led to improve satisfaction. Also, paying attention to the socio-demographics characteristics of Islamic medical tourism supply chain such as the context and human resources such physicians nurses, as well as stakeholders, tourism agencies and hotels is considered to crucial factor medical tourism management (Mohezar, Moghavvemi, Zailani, 2015).

Similarly, the concept of Islamic friendly hospital and the need to recognize the diversity in medical tourism services is highlighted by (Khalil Rahman and Zailani,(2017). Principles such Muslim social system, sociocultural sensitivities and Islamic value are introduced by increasing trends towards halal culture and products demonstration. By forming great perception toward the healthcare providers, the study suggests that healthcare services do not only require a good hospital atmosphere and well-trained professionals, but it also need to employ competent and certified medical personnel who are culturally competent and understand Islam as way of life in order to incorporate the Islamic elements in their work. Also, that healthcare providers need to make some changes in hospital operations and the delivery on care to create a greater opportunity in term of the practical contribution, understanding the effect of trust, religiosity and socio-demographics of Muslim medical tourism. It is important to articulate and understand how-to tailor-made service to meet the needs of this segment of medical tourist that is the second largest religious group in the world. Arabs medical tourists commonly believe that people act guided by god, so they trust in their word. Therefore, always medical

tourism destination has to provides the exactly service they offered at the exact value and best quality. In terms of tourism affairs, provide the service you promise (Monroy, 2014).

One more study that focuses on the importance of online promotional materials is (Jun, 2016), it suggests that online promotion is the primary source of medical tourism information encountered by any customer. Four categories were identified to be indicator for how medical tourism industry heavily promote healthcare operations, categories such focused services, images, benefits and credibility. Focused service is related to the concept of type of major service being provided to foreign patients. Therefore, when companies promoting services top level service such as cancer treatment that should be highlighted on online brochures and marketing tools. In this study it emphasizes the active engage of medical tourism providers in promoting in how they frame their services, benefits, and creditability that may influence the destination choice as well as medical tourist believes, attuites, their risk perceptions, intentions and behaviours. It also, identify the framing differences among medical tourism providers in the informational promotion sources. and what messages they provide on the Internet (Jun, 2016).

5.2 Customer- oriented services guidelines

Highlighted by (Hee, 2014) this study highlights the concept of customer-oriented behaviours that operationally defined as to which extend healthcare professional understand the patients need, desire and are able to assist them to solve their problem. The concept is identified as part of the customer- oriented behaviours items. Such study and similar ones are very useful for healthcare company managers to measures and identify the level of customer oriented ae the nurses and healthcare provides within the healthcare facilities. According to (Hee, 2014) study the scale and evaluation of healthcare services validity and reliability would enhance the hospital customer-oriented performance remunerative and attract more customer to hospital or the healthcare facility in general. This definitely, boost the medical tourism confidence of healthcare seeker in their selection of any destination as their own preferred one.

5.2.1 Medical Tourism Coordinator

According of (Mohezar, Moghavvemi, Zailani, 2015) stated that effectiveness of in-house training of healthcare professionals (coordinators) with appropriate skills, characters and

who are devotions towards Islamic value. At the managerial level the study suggest that managers need to establish a religious officer role who visits the Muslim medical tourist on regular basis to facilitate them performing worship, this role would incearse instilling trust and developing a constructive attitude that lead to optimum satisfaction amongst Muslim medical tourists. According to the case study of medical tourism in Korea (Seo and Park, 2018) study has suggested that the importance of on-the -job training in tourism related education has begun to be a central factor. It has raised awareness of the customer-centered education in the training international medical tourism coordinators. First, the need to establish a systemic support by providing training and education for the medical tourism companies and their employee to resolve the gab in supply-demand mismatch between medical tourism professionals and their international customers. Secondly, the establishing of what called International Medical Tourism Coordination License that is necessary to strengthen the competitive medical tourism institution and the supply and demand of professional manpower through the enhancement of national qualification and examination system (Seo and Park, 2018); (Hee, 2014) and (Mohezar, Moghavvemi, Zailani, 2015).

5.3 Cultural competence guidelines

Bulk of studies (Wall, 2013); (Kreft et al., 2016); (Apostu, 2015); (Rokni, AVCI and Park 2017) emphasized that global healthcare business is changing in rapid way and organizational ways of behaving has changed too. Organizational cultures started to inspire one another in an intensive way keeping valued cultural in placed. Many of the multicultural corporations, NGOs, people and various number of the society and cultural groups that travel beyond the national boundaries have become a significant changing factor in reshaping the global healthcare business culture.

In today business it is rare to be successful and work only with people from single culture. The study suggests that cross-cultural communication is not only how to manage cultural diversities, but rather how diversities can be used to enhance productivity, profitability and how to solve existing problems (Wall, 2013). The study identified several factors that shaped cross-cultural management of healthcare organizations in the case study of Thai healthcare and medical tourism organizations. Main factors that affect hospital choose are the services quality and how comfortable is the service environment. Next is the quality of treatment and hospital reputation and how cross- culturally are the hospital

physicians and staff. Also, organizational global competitivity and the ability to communicate effectively with own customers is another important factor. It affects patients' comfort, confidence, sensitivity, accuracy, respect and awareness (Wall, 2013) and (Apostu, 2015). Therefore, study emphasized that to better communicate with international medical tourists seeking healthcare services, organizations has to have clear cross- cultural visons and an international mind set. Furthermore, organization need to see things from different cultural points, to compete globally, to understand professional behavior and its underlying consequences to be able to adjust its own organizational standards and values to meet cultural differences, without brining communications and business to jeopardy (Wall, 2013).

Finally, this study has highlighted the important of the human element as primary considerations in the success of any healthcare organization that desire to expand on an international scale or planes to compete globally. Cultural orientation can be obtained from the international medical tourists them self, by interpreting diversities in cross-cultural management among individuals within cultures. These interpretations are used to draw measures for universal effects of cross-cultural management and to enhance services (Wall, 2013).

The (Kreift et al., 2016) is very interested study that suggested the four dimensions of Country of Origin (COO) has great effect on the customer attitude and purchasing behaviours. These dimensions are innovativeness such using 1) advanced technical and modern technologies, 2) design and it refers to the country appearance, style and cultural variety and the wide range of attractiveness, 3) prestige it is understood as exclusiveness, brand reputation, and the general status of country itself. 4) Workmanship and it means the durability, reliability craft and quality of the workmanship. The study discusses the effect of COO which analogically defined as destination image on the medical tourists seeking health care from three different country, the sample country reviewed in this study was Poland, Lithuania and Germany. The study results highlighted that customer's readiness for purchase of medical tourism services differs depending on the destination Image or COO as in this study sample Germany has significate influence on the readiness for purchase of medical services than Poland and Lithuania. It depends on the country were the service is coming from (Kreift et al., 2016).

In (Rokni, AVCI and Park, 2017) this study discusses the efficient factors that potentially lead to barriers of developing medical tourism in general and in the case study of South

Korea. Study suggests that in order to develop an enhanced industry of medical tourism it is important to identify and overcome industry main obstacles, firstly languge barrier, it refers to the availability of English language services in general and specializing international patients language services that is suitable for each patients , secondly communication skills barrier that implies on the effectiveness and appropriate cultural competence among health care practitioners to avoid any cultural clash and to offer tailor made medical tourism services , promotion barrier such as lack of a specific overseas marketing strategies that means lack of unique brand name, expertise barrier like having specialist in working with international patients who has special training, and lastly country policy making and government regulations (Rokni, AVCI and Park, 2017). The effective role of government in making centralizing policy and reconfiguring action regulation is more apparent in comprehensive policy making. Also, authorities need to either provide the valid information on global market or assign the budget for research and development projects. The study has cited that the chief obstacle is providing communication skills from patients own cultural perspective. This can be managed by free training for health care professionals' other countries have included medial tourism in their national tourism marketing strategies (Rokni, AVCI and Park, 2017).

Other studies of (Renata et al., 2015) and (Apostu, 2015) emphasizes the importance of overcoming the cultural and linguistically diversity among the healthcare professional and medial tourists' seekers**.** It suggests healthcare providers1) to explore new approaches of the nature of languge barriers in healthcare communication 2) to address specific aspects of languages barriers in the healthcare communication such languge training program for clinical and professionals 3) to articulate a future agenda for theoretical, empirical and applied practices to overcome language barriers in healthcare services (Rokni, AVCI and Park, 2017).

Furthermore, the importunate of multiculturalism among health care professionals and the need to avoid stereotyping and prejudice against patients and customers was highlighted by (Hicking, 2012). The study also suggests that recognition of the socail and psycho-historiography importance of ethnicity and cultural mix and foreign societies demanded a professional to be culturally competent. it helps avoid ethnical stereotype and misdiagnoses due wrong labeling and prejudicing to certain nation or ethnic group, it also, suggest ethnical matching between the healthcare and patients enhances their communication and interaction that eventually improves the healthcare services. This study focuses in depth on the creation and safe psychotherapy (Hicking, 2012).

Culturally Arabic nation believes in the idea of personalized services discussed by (Monroy, 2014), therefore study suggest that it is important to create for them a holistic experience that fulfil their specific expectations. Arabic customers consider the family as basic socail units, thus medical tourism destination has to focus on how to involve family members with their services such providing attending rooms, special room or provide area for female family members (Iranmanesh, Moghavvemi, Zailani and Hyun, 2018); (Monroy, 2014). Also, Arabic people in general are known for being effusive, they enjoy showing their “hospitality”. Thus, medical tourism destination has to emphasize this as strength to be shared with them (Monroy, 2014).

5.4 Ethical and legal-related guidelines

One stands out study of (Wahed, 2015) has discussed thoroughly the need to consider the legal and ethical issues in medical tourism. According to the study, it is very important in the case of Muslim patients and weather the medical procedure is legal and ethical in-home country of medical tourism seeker. Several ethical and legal issues were highlighted in this study that might affect medical tourism industry and its further development. The study suggests that there are three types of medial tourism procedures according to their legality such as that are legal in both home and in the destination such lip replacements, then service that are illegal in the home countries but legal in the destination such assisted reproductive treatment (ARTs) and then services that are illegal in both home countries and in the destination such organ sale. Therefore, solutions and alternative must be introduced to medial tourism seekers that are legal and ethical at the same time maintain high quality of care. Openness and global communication between healthcares providers at the level of policy makers and higher authorizes are very useful and effective. Also, developing uniform regulatory framework and uniform accreditation system that is responsible to determine quality of care and safety all times (Wahed, 2015

6 Discussion

In this chapter findings analysis from Literature review are discussed. The results are elaborated in favor to the study main objective.

Generally, the study process begun in January 2018 by choosing research topic to be "Finland as potential medical tourism destination for Saudi Arabian international healthcare seekers". The author has personal interest in the topic due to her healthcare experience background in Arabian Gulf State and long working years as critical care nurse. On the other hand, author shows interest on the concept of medical tourism as business context that combined both health related issues and business values that well suited for this study and the master's degree learning objectives in general. However, the lack of case company was major obstacle during study process. The study author has failed repeatedly to get commission from serval Finnish healthcare providers to reflect project finding on their current state analysis and to propose improved customer oriented-services guideline. In March 2018, study author and thesis supervisor agreed upon choosing qualitative research method a literature review as study method. Research process carried out thoroughly. Findings were reviewed to answer the research objective.

In the medical tourism business, acquiring new market entry to attract customer from various cultural background is very competitive and challenging (Saaty & Syed, 2012). Study findings suggested Four main guidelines categories as study objective to propose culturally and customer-oriented services implications for medical tourism companies. The study focus is directed to general case of Finnish medical tourism providers, as Finnish healthcare authorities is showing great potentials in medical tourism market by presenting their healthcare expertise and know-how technologies Konu, (2010). On the other hand, Saudi Arabian healthcare seekers are showing huge demand to culturally comply services that has high quality of care. In order to match both demand and suppliers' perspectives, findings propose theses main guidelines.

Firstly, religious-related guidelines and implications are considered most influential findings. Saudi Arabian Kingdom is not only one of the largest Muslim population countries, it also contains the Muslim holiest and religious Mosques and places. Studies such (Mohezar, Moghavvemi, Zailani, 2015); (Mataoui and Sheldon, 2016); (Nurdiansyah,

2018) and (Iranmaesh et al., 2018) all highlighted the need for medical tourism providers to explore Islamic trait and features that could help it to do better design and tailor-made services that suitable for Muslim in general and suitable for the Saudi Customers as well. Also, studies show that trust plays major role in the Muslim patient's medical attitude and satisfaction, it is found that they trust more their healthcare professionals regarding considering of religious beliefs in the treatment, rather than their professional skills.

This idea leads us to the concept of halal practices in medical tourism. This fast-growing global concept has shown huge success in many courtiers and it attracted millions of people around the world for its positive impact. Halal practices themes of action were mentioned in the study to illustrate for Finnish healthcare provides the appropriate approaches when dealing with Arabic/Muslim customers. Detailed guidelines and implication such as maintaining Islamic cultural awareness and modesty during contact with customers, availability of male staff for male patient, availability of Halal food supply, also, availability of separate room for family and female patients were among the recommendations. In addition, studies mentioned the need for paying attention to the Muslim friendly medical tourism supply chain aspects. For instant, socio-demographics characteristics, human resources, stakeholders, tourist agencies and hotels suitability. Finnish providers need to evaluate all these aspects and in-corroborate them with their general polices and strategies. In order to improve internal performance and enhance customer satisfaction. Secondly, comes the cultural competence related findings that supported the fact of there is no business in the world that deals or depend only on one single culture. Cross-cultural communication has proven that it is the best way to manage diversity in any business environment. Also, findings shown that Arabic customer are very sensitive and culturally complex.

Therefore, it is strategically important for any Finnish medical tourism provider to adapt to international mind set and reorganize their internal mission and vision in way to compile service to Arabic/ Muslim customers. Thirdly Findings covered the customer-oriented service guidelines that encourage medial tourism suppliers to retailor their service according to market need and expectations. All through proper communication, smart allocation of human resources and adapting to the role of internal medical tourism coordinator. This role is significate to any company plans to expand their business toward the Arabian/Muslim market such Kingdom of Saudi. Significance of coordinators role lays on their abilities to culturally communicate with the Arabic medical tourist appropriately and efficiently. This would enhance destination's brand promotion and upsurges customer

satisfaction. Findings also, empower the concept of multiculturalism among healthcare professionals and services in general. It is proven that multiculturalism helps in minimizing cultural clash, stereotyping and prejudges against patients/customers (Hicking, 2012).

At this point of the research process, it crucial to ensure results validity and reliably by reflecting it on the study theoretical frame works. Majority of the results were combatable with research theoretical framework such cultural competency for Purnell, (2009). Most of Purnell domains for cultural competency were presented in study findings. Several references have mentioned these domains and their effect on the medical tourism industry. Healthcare practices and professionals' effect, communication, spirituality and heritages and backgrounds all are robust domains that been discussed in-depth at the thesis results. As critique, some domains were not shown directly in the result, but were highlighted indirectly such the bio-cultural ecology and death rituals that were presented within customers healthcare practices. Another frame was the Johnson, (1998) for customer- oriented service model, this frame is presented strongly through Four major phases the companies need to adapt for business segmentation and customer orientation services. It stated the business perspective of medical tourism providers. Studies (Seo and Park, 2018); (Hee, 2014) and (Mohezar, Moghavvemi, Zailani, 2015) emphasized the concept of loyalty and company performance. Hence, it's important for Finnish healthcare providers to fill in the gap between both their service and customer expectation to maintain loyalty.

Ethical and legal implications are backbone for any healthcare related interventions. Customer's legal and ethical standards should be considered to avoid harm or illegality during medical tourism journey. Finnish healthcare authorities should review the legal ground for any healthcare services that are provided to international patients especially those from Saudi Arabia for their religious and cultural diversity aspects.

6.1 Research Limitations and ethical consideration

For any applied research project there are always research obstacles and limitations. In this thesis project author failed to get real case study to investigate. Real cases give to any research higher degree of reality and credibility. In this research it would be more beneficial if real customers were interviewed for their medical tourism demands, real Saudi Arabian patients would give in-depth understanding for what are their needs as

international healthcare seekers. Also, real case company would provide a SWOT analysis for medical tourism company perspective. Internal analysis and evaluation for real case company can produce focus implications and interventions that are suitable for that specific case. Another limitation would be the lack Saudi Arabian related articles and references that concentrate on the Saudi out-bound medical tourism. Few studies were done in Arabic/Muslim medical tourism and much fewer were done to study Saudi Arabian perspective.

This thesis project is a theoretical study that needs no ethical approval. However, “there is no research study that free of ethical issue” stated Ignacio and Taylor, (2013). Therefore, for any ethical literature review, there are certain responsibilities and principles author has to consider during the research process. The two main principles are beneficence (to do well) and maleficence (to avoid harm). Theses principle were met by conducting and reporting data in transparent manner. Academic writing guidelines such trustworthiness, rigor and quality were considered. All literatures were examined for their relevant to answer research objective, also redundant publications were extracted. Plagiarism was avoided by proper referencing and by avoiding fabrication of data or results Wager and Wiffen, (2011).

In this study, the author has no conflicts of interest. No funding resources were used to attain this study. Research integrity was maintained by proper analyzing and reporting of evidence-based findings that is not prejudiced by author personal interests or her healthcare-related background. Due recognition was constantly given to other authors work and achievements to ensure that they are accredited and respected. Also, all ethical recommendation was followed as given by the Finnish National Board on Research Integrity (TENK, 2012).

Finally, this study is performed as part of the author Master studies in Metropolia University of Applied Sciences. Therefore, all data and figures used were referenced and all copy right were reserved, also the nursing code of ethics principles were maintained such respecting human dignity, ethnicity, religion and gender. Ethical issues (Including misconduct, plagiarism, informed consent, double publication, data fabrication, falsification, redundancy, and submission all have been completely caution observed by the author.

6.2 Conclusion

Generally, study concluded practical implications that would enhance the Finnish healthcare provider's performance and competitiveness to achieve better understanding to complexity of Saud Arabian customers and their healthcare requirements. Main findings highlighted the role of medical tourism coordinator and the effect it has on the business especially when he/she is an internal loyal employee. Also, the major effect that religious beliefs has on Arabic/Muslim patients and how it reflected on their healthcare practices and their choice for medical tourism destination.

This research study is done to study medical tourism concept among Finnish healthcare providers and Kingdom of Saudi Arabia as demander. Finnish healthcare system has shown great potential for medical tourism competitiveness by presenting advanced technologies and high quality of services. On the other hand, Saudi Kingdom out-bound tourism shown high rate of complexity due to cultural diversity, religious and ethical demands. Methodology, four main categories were formed with cub-categories. Results were illustrated and discussed to form serial of guidelines and implications that answers the thesis objective and to purpose a guideline that culturally complies the medial tourism needs for Saudi Arabian healthcare seeks was the study main objective.

Furthermore, Finnish healthcare providers need to grasp on these opportunities and invade this market strongly. Market entry to Middle East region needs smart and international mind set. Companies should be culturally competence to obtain customer-oriented services. Market research for that region in general and to the Kingdom of Saudi Arabia is needed. In-depth understanding of the market needs and customer demands are crucial.

This study has offered set of implications that can be a guideline for any company seeking global competition. Saudi Arabia as part of the Arabic and Muslim world is small sample to study, however findings can be applied successfully too many similar countries that share the same cultural and religious background. Study also, encourages the role of medical tourism coordinator, companies need to hire internal employee who are loyal

to the business and at the same time act as international mediator to efficiently and appropriate communicate with targeted customers.

This descriptive literature review can be foundation for further researches in this particular concept of medical tourism and to specific population of Saudi Kingdom. Also, both demand and supplier perspective need to be search and studied further to create better services that would enhance Finnish reputation as medical tourism destination

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