

Harmonizing Faith and Care: Analyzing Inpatient Satisfaction in Islamic Healthcare at Unimus Hospital, Indonesia

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ABSTRACT

Islamic hospitals aim to integrate religious values with healthcare delivery, ensuring services align with both medical standards and Shariah principles. The study analyzes the impact of Islamic service dimensions on inpatient satisfaction at Unimus Hospital, focusing on compliance, reliability, responsiveness, assurance, empathy, and tangibles, using SERVQUAL, CARTER, and PAKSERV models. A mixed-method approach with a sequential explanatory design was applied, integrating quantitative and qualitative research. The quantitative phase involved a cross-sectional survey of 94 inpatients, selected through total sampling, using a structured questionnaire validated through instrument testing, including Pearson correlation for validity and Cronbach's alpha (≥ 0.6) for reliability. The qualitative phase employed purposive sampling, engaging six key informants through semi-structured interviews to explore patient experiences and service challenges. Data analysis included descriptive statistics for quantitative findings, while Miles and Huberman's interactive model was applied for qualitative data. Methodological and data triangulation ensured validity by integrating multiple data sources and analytical methods. Findings indicated that 88.5% of patients reported high satisfaction, yet 1.06% expressed dissatisfaction regarding compliance, reliability, and responsiveness, citing delays in medical services, inconsistencies in religious support, and limited implementation of Shariah-based healthcare protocols. Strengthening staff training, religious service consistency, and hospital infrastructure could enhance patient trust and satisfaction. The study contributes empirical insights for Islamic healthcare management, supporting policy refinement and service improvements in faith-based hospitals.

Kata kunci:

Kepuasan pasien;
Layanan islami;
Kepatuhan;
Manajemen
kesehatan;
Rumah Sakit Unimus

Rumah sakit Islam bertujuan untuk mengintegrasikan nilai-nilai agama dengan pemberian layanan kesehatan, memastikan layanan selaras dengan standar medis dan prinsip Syariah. Studi ini menganalisis dampak dimensi pelayanan Islam terhadap kepuasan rawat inap di RS Unimus, dengan fokus pada kepatuhan, keandalan, daya tanggap, kepastian, empati, dan tangibles, menggunakan model SERVQUAL, CARTER, dan PAKSERV. Pendekatan metode campuran dengan desain penjelasan sekuensial diterapkan, mengintegrasikan penelitian kuantitatif dan kualitatif. Fase kuantitatif melibatkan survei cross-sectional terhadap 94 pasien rawat inap, dipilih melalui pengambilan sampel total, menggunakan kuesioner terstruktur yang divalidasi melalui pengujian instrumen, termasuk korelasi Pearson untuk validitas dan alfa Cronbach ($\geq 0,6$) untuk keandalan. Fase kualitatif menggunakan pengambilan sampel purposive, melibatkan enam informan kunci melalui wawancara semi-terstruktur untuk mengeksplorasi pengalaman pasien dan tantangan layanan. Analisis data mencakup statistik deskriptif untuk temuan kuantitatif, sementara model interaktif Miles dan Huberman diterapkan untuk data kualitatif. Metodologis dan triangulasi data memastikan validitas dengan mengintegrasikan beberapa sumber data dan metode analitis. Temuan menunjukkan bahwa 88,5% pasien melaporkan kepuasan tinggi, namun 1,06% menyatakan ketidakpuasan terkait kepatuhan, keandalan, dan daya tanggap, dengan alasan keterlambatan layanan medis, inkonsistensi dalam dukungan agama, dan terbatasnya penerapan protokol kesehatan berbasis Syariah. Memperkuat pelatihan staf, konsistensi layanan keagamaan, dan infrastruktur rumah sakit dapat meningkatkan kepercayaan dan kepuasan pasien. Studi ini memberikan wawasan empiris untuk manajemen kesehatan Islam, mendukung penyempurnaan kebijakan dan peningkatan layanan di rumah sakit berbasis agama.

INTRODUCTION

Hospitals are institutions where healthcare services are being rendered in the form of inpatients, outpatients, and emergency services. An Islamic hospital is where the healthcare services rendered in the hospital are in accordance with the Shariah principles or Islamic teachings (Guarducci et al., 2023; Irfan & Baig, 2023; Khraim, 2023). Islamic amenities are found to be a component that impacts service quality (Jonkisz et al., 2023; M. K. Rahman et al., 2023), which influences patients' satisfaction. The physical facilities incorporating cleanliness and equipment in great working conditions may likewise influence patients' satisfaction and loyalty intention for medical treatment (Fekadu et al., 2022; Han et al., 2022). (Ding et al., 2024; Kalpanapriya & Bhavana, 2025; A. Rahman et al., 2024) stated that Islamic amenities or facilities serve as useful components since they result in job satisfaction among medical specialists and influence patients' satisfaction. Patient satisfaction is a fundamental measure of service quality in healthcare settings, reflecting whether the care provided meets or surpasses patient expectations. Dissatisfaction, on the other hand, arises when patient expectations are not met (M. K. Rahman et al., 2023). In hospitals, patient satisfaction is commonly used to assess the effectiveness of service delivery, as satisfied patients are more likely to exhibit loyalty, follow medical advice, and adhere to prescribed treatment plans (Irasanti et al., 2022). Key dimensions influencing patient satisfaction include reliability, responsiveness, assurance, empathy, and the tangible aspects of service, such as the physical environment (Oktaviani & Dewanto, 2022). These dimensions encompass the hospital's ability to fulfill service promises, respond swiftly to patient needs, and ensure high-quality care through the competence and demeanor of healthcare staff (Jonkisz et al., 2023).

In addition, patient happiness also depends on product quality. Religion is recognized as an important component that influences patient perceptions of service quality and product selection (Victor & Paulo, 2023). Muslim patients require goods or services that comply with Islamic principles (Servetkienė et al., 2023). Islamic religious beliefs play an important role in the decision-making process of Muslim patients when choosing goods and services. Halal services are also taken into account by the Muslim community in accordance with Islamic principles (Jonkisz et al., 2023; Rizkina et al., 2024). This suggests that Islamic principles have emerged as a significant complementary element that can enhance value creation in relation to Muslim patient delight (Saulitis, 2024). Moreover, patient happiness is essential for the long-term survival of the company. Islamic principles feed into service standards to ensure optimal patient satisfaction (Santric-Milicevic et al., 2024).

Service quality is a key determinant of success in healthcare settings, directly impacting patient satisfaction, trust, and retention (Romero Pareja et al., 2024). Islamic hospitals must uphold high standards of medical care while adhering to fundamental Islamic principles, including justice, piety, and ethical behavior. These principles significantly influence institutional reputation, particularly within the Muslim community (M. K. Rahman et al., 2023).

The baseline standards of care integrate internationally recognized healthcare regulations with Islamic values. A *Shariah Supervisory Board* oversees the hospital operations to ensure compliance with Islamic principles. Institutional policies and operational frameworks incorporate *Shariah*-based regulations alongside national healthcare laws. The vision and mission explicitly reflect Islamic objectives and ethical medical practices. Ethical and religious

considerations in medical services include the implementation of Shariah contracts (*aqad*) in agreements with staff, patients, logistics suppliers, and financial institutions. The hospital enforces strict adherence to *halal* dietary guidelines in patient nutrition and maintains patient privacy by ensuring proper coverage of *aurat* and preventing *ikhtilath* (unnecessary interaction between non-mahram men and women). Infection control and sanitation protocols align with *taharah* (cleanliness) principles, and spiritual guidance remains available for patients, particularly those with terminal illnesses.

Islamic hospitals in Indonesia operate under *Shariah* law, which regulates various aspects of healthcare practices, including adherence to *halal* and *haram* guidelines, *muamalat* (ethical business transactions), and the broader Islamic concept of quality (Ratnawati & Kholis, 2019). The implementation of *Shariah*-compliant healthcare integrates Islamic principles with national health regulations to ensure ethical medical practices while maintaining compliance with government policies. The *Shariah Supervisory Board* oversees the hospital operations to ensure alignment with Islamic jurisprudence. Medical services prioritize *halal* care, ethical procurement of pharmaceutical products, and financial management based on Islamic principles. Institutional financial mechanisms include *zakat* (mandatory almsgiving) and *waqf* (Islamic endowments) to support underprivileged patients. These hospitals prioritize the integration of Islamic values such as excellence, piety, and accountability in their healthcare services, with these principles being reflected in standardized operational protocols and daily activities (Navarro et al., 2024; Perdana et al., 2023).

To measure service quality, there are five SERVQUAL dimensions: tangibles (appearance of physical facilities, equipment, staff, and communication materials), reliability (ability to provide services reliably and accurately), responsiveness (readiness to help customers and provide fast service), assurance (knowledge and friendliness of staff that builds trust), and empathy (attention to customers) (Bloeser et al., 2023; Cristina et al., 2024; Guarducci et al., 2023). Furthermore, the CARTER model has six dimensions, namely compliance (compliance with Sharia principles), as well as five dimensions that are also in SERVQUAL: assurance, reliability, tangibles, empathy, and responsiveness. PAKSERV was further developed from SERVQUAL to measure service quality in non-Western cultures, particularly those similar to Pakistani culture. This model takes three dimensions from SERVQUAL (tangibles, reliability, assurance) and adds sincerity, formality, and personalization (Gálvez et al., 2024; Mukiga et al., 2024; Souza et al., 2024).

To assess service quality, this study adopted a combination of service quality dimensions from established models, including SERVQUAL, CARTER, and PAKSERV, which encompass compliance, reliability, responsiveness, assurance, empathy, and tangibles (Victor & Paulo, 2023). Additionally, for Muslim patients, Islamic principles play a significant role in shaping their perceptions of service and product quality. Services that align with Islamic teachings, such as those offering *halal* options, are particularly influential in the decision-making process of Muslim consumers (Romero Pareja et al., 2024). Consequently, understanding the specific needs and preferences of Muslim patients, especially in the healthcare setting, represents an important area of research (Han et al., 2022; Ding et al., 2024).

This study explores how Islamic service dimensions impact inpatient satisfaction at Unimus Hospital, which is dedicated to delivering Islamic, professional, and progressive healthcare. Unimus Hospital has started operations in January 2024 and has served 175

inpatients. The research examines how factors like compliance, tangibles, reliability, responsiveness, assurance, and empathy, which are key elements of Islamic service, affect patient satisfaction by focusing on these dimensions. Compliance is related to the obedience of business practitioners to the rules or laws that have been established by Allah SWT, which can also be called Sharia. Sharia principles are guidelines and rules made by Allah for humankind. Reliability is the ability to provide the promised service accurately. Tangible is a term that refers to physical facilities, such as buildings, comfortable spaces, and other infrastructure. Physical facility services should prioritize customer comfort rather than showing luxury. Responsiveness means that employees are willing to serve customers quickly and precisely. This can be done by serving professionally. If someone can perform tasks according to their abilities and expertise, someone is considered a professional in their job. Providing professional services will generate customer trust. Assurance refers to the knowledge or insight, courtesy, and confidence of the service provider and respect for customers. Assurance will increase trust, a sense of security, and freedom from risk or danger so that it can satisfy customers. Empathy is the willingness of employees to care for and provide individual attention to customers. This willingness is shown through communication, relationships, and attention, and they can also understand the needs and desires of customers. Therefore, the study aims to provide an understanding of how Islamic services at Unimus Hospital will influence the overall satisfaction of inpatients. The goal of this approach is to offer a comprehensive understanding of the impact of Islamic service quality on inpatient satisfaction at Unimus Hospital.

RESEARCH METHOD

A mixed-method approach with a sequential explanatory design was applied in the study, where quantitative data collection preceded qualitative analysis to provide deeper insights into patient experiences. The quantitative phase employed a descriptive cross-sectional survey design, while the qualitative phase adopted a phenomenological approach to explore perspectives on Islamic healthcare services at Unimus Hospital. The research focused on evaluating Islamic healthcare service quality by integrating patient satisfaction dimensions. The study population consisted of inpatients at Unimus Hospital who received medical care under the hospital's Islamic service framework. For the inclusion criteria, respondents had to be adults aged 18 years or older and had been hospitalized for at least 24 hours to ensure adequate exposure to hospital services. Meanwhile, exclusion criteria included pediatric patients and critically ill individuals who could not participate in the study. A total sampling technique was applied in the quantitative phase, selecting 94 inpatients who met the inclusion criteria. The qualitative phase used purposive sampling, involving six key informants, including four inpatients or family members, the head of the inpatient ward, and the medical service manager. The selection of informants ensures that participants with relevant experiences and knowledge contribute to the study.

A structured questionnaire was used to measure six dimensions of Islamic service quality based on the CARTER model, including compliance, reliability, responsiveness, assurance, empathy, and tangibility. The compliance dimension assessed adherence to *Shariah* principles, including halal-certified services and ethical healthcare practices. The reliability dimension evaluated service consistency, while the responsiveness dimension measured the timeliness and attentiveness of healthcare providers. The assurance dimension assessed professionalism and

competence, the empathy dimension reflected personalized care, and the tangibility dimension examined the physical environment and religious facilities. Responses were recorded using a four-point Likert scale, categorized as very satisfied, satisfied, dissatisfied, and very dissatisfied.

The qualitative phase consisted of semi-structured interviews with six key informants to explore patient experiences, service challenges, and areas requiring improvement. Interview questions focused on Islamic service quality, adherence to *Shariah* standards, and recommendations for optimizing healthcare services. Perspectives from inpatients and hospital administrators provided a comprehensive understanding of service implementation. The questionnaire underwent validity and reliability testing before data collection. Content validity was assessed through expert judgment involving Islamic healthcare specialists and hospital administrators. Construct validity was tested using Pearson correlation analysis, with a significance threshold of $p < 0.05$, confirming the validity of 19 out of 30 questions. Reliability testing was conducted using Cronbach's alpha, with a threshold of >0.6 , ensuring internal consistency across all service dimensions.

Quantitative data (primary data) was analyzed using descriptive statistics, summarizing patient satisfaction levels across six service quality dimensions. The distribution of responses was examined to determine prevalent satisfaction trends among inpatients. In addition, qualitative data (primary data) was analyzed using Miles and Huberman's interactive model, involving data reduction, data display, and conclusion drawing (Miles & Huberman, 2024). The thematic analysis identified patterns and themes related to patient satisfaction and service challenges. Findings from qualitative interviews provided explanations for variations in patient satisfaction scores observed in the quantitative analysis. Further, triangulation techniques enhanced the credibility and reliability of the findings. Methodological triangulation was conducted by comparing quantitative survey data with qualitative interview responses to ensure that statistical results align with patient narratives. Data triangulation was also employed by analyzing perspectives from multiple sources, including patients, family members, and hospital staff, providing a holistic understanding of Islamic healthcare service quality. The combination of triangulation methods strengthened the validity of the study by ensuring that multiple sources of evidence support conclusions.

Findings from the quantitative phase provide statistical insights into inpatient satisfaction, while qualitative data (primary data) explain the underlying reasons behind patient perceptions. Compliance with *Shariah* principles emerges as a key determinant of patient trust, influencing overall satisfaction with Islamic hospital services. Reliability and responsiveness were identified as areas requiring improvement, as delays in medical personnel response time and inconsistencies in religious service implementation contribute to dissatisfaction. Tangibility plays a crucial role in shaping patient perceptions, with respondents emphasizing the importance of well-maintained facilities and religious accommodations.

The study offers policy recommendations to improve Islamic hospital management and service quality. Strengthening staff training in Islamic healthcare ethics ensures that healthcare providers consistently uphold *Shariah*-compliant standards. Enhancing hospital infrastructure and expanding religious facilities can improve accessibility and comfort for Muslim patients. Establishing standardized protocols for *Shariah*-compliant service delivery reinforces consistency and reliability in Islamic hospital operations. Evidence from the study contributes to the advancement of faith-based healthcare management and supports the development of

patient-centered Islamic healthcare models. Ethical approval for the study was granted by The Research and Community Engagement Ethical Committee, Medical Faculty and Health, Universitas Muhammadiyah Yogyakarta, with approval number 548/A.4-III/PPs-UMY/V/2024.

RESULTS AND DISCUSSION

Demographic data discusses age, gender, education level, and occupation (Table 1). Respondents who became samples in this study were 94 inpatients at Unimus Hospital. Patients' demography is as follows.

Table 1. The General Characteristics of The Respondents

Category	Subcategory	%
Age (years)	<17	15.00
	17-35	21.00
	36-45	34.04
	46-55	18.00
	56-65	7.00
	>65	5.00
Gender (%)	Male	45.00
	Female	55.00
Education Level (%)	Junior High School	4.00
	Senior High School	10.00
	College	86.17
Occupation (%)	Civil Servant	28.00
	Private Employee	46.00
	Student	23.00
	Others	3.00

Source: (Primary data processed, 2024)

Based on the study results, the majority of respondents were aged 36-45 years (34.04%), suggesting that perceptions of health service quality are not solely influenced by age. In this mature age group, perceptions of service quality tend to be more stable and developed, which can affect how individuals evaluate the services they receive. This finding aligns with the research by (Dida et al., 2021), which indicated that while perceptions of health services may differ across age groups, greater maturity often leads to a higher level of acceptance and satisfaction with the services provided. More hospitalized patients may be aged 36-45 years due to an increase in chronic diseases, better access to healthcare, and psychological conditions that often trigger health problems. These factors make this age group more proactive in seeking medical care.

Hospitalized patients are also more likely to be men as they are more prone to serious illnesses, have less healthy lifestyles, and tend to ignore symptoms until conditions worsen. In addition, higher stress and psychological burden in men also contribute to their healthcare needs. In addition, patients in hospitals are more likely to come from college-educated individuals and well-off private sector workers as they are more health-conscious and have financial access to healthcare. Moreover, time flexibility allows them to undergo treatment without interrupting professional activities.

The results also revealed that most respondents had a tertiary level of education (86.17%), which is linked to more positive perceptions of health service quality. Patients with higher education generally possess better health literacy, enabling them to assess both the medical and spiritual aspects of care, which are crucial in the context of Islamic healthcare. As noted by (Oktaviani & Dewanto, 2022), a solid understanding of Islamic principles—such as patient rights, hygiene, and the fulfillment of spiritual needs in healthcare—plays a significant role in enhancing patient satisfaction.

Compliance

Compliance consists of three questions. The compliance dimensions studied were about hospital service rules that are in accordance with religious principles, for example, saying greetings when meeting patients and saying *basmallah* before each procedure. Medical procedures in hospitals pay attention to the principles of infection control and prevention by using the principle of *taharah* (cleanliness), which ensures sterile equipment and a clean environment. There is clear information from the hospital regarding Islamic services, such as information on halal food, medicines, and service procedures that are in line with Islamic teachings.

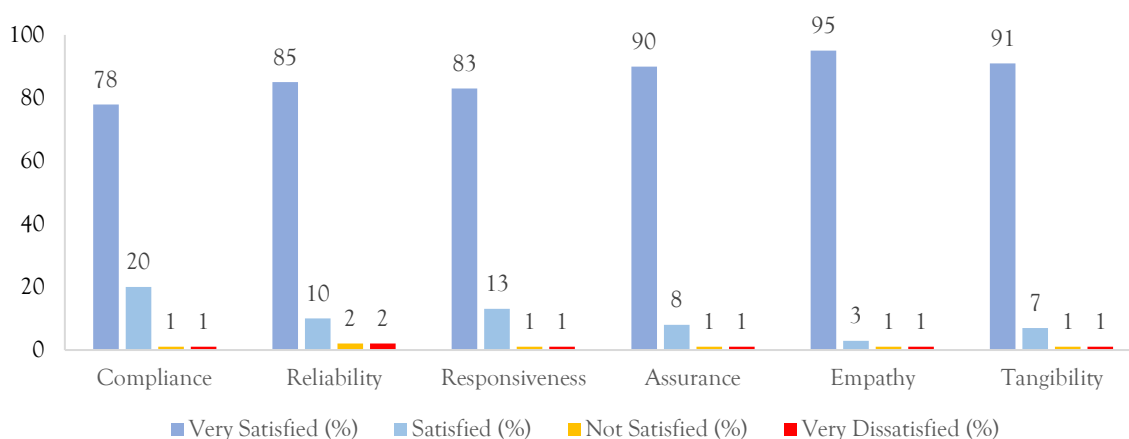


Figure 1. Distribution of Patient Satisfaction Levels Based on Compliance, Reliability, Responsiveness, Assurance, Empathy, and Tangibility Dimensions in Unimus Hospital

Source: (Primary data processed, 2024)

The results showed (Figure 1) that the majority of patients were very satisfied with the compliance dimension implemented in the hospital. This indicates the effective implementation of religious principles in health services, as well as the management of medical procedures in accordance with hygiene and infection control standards. Overall, the results indicate that the majority of patients were very satisfied, reflecting the successful implementation of the compliance dimension in the hospital. This confirms the importance of integrating religious values in healthcare to improve the overall patient experience. This success can serve as a model for other hospitals in their efforts to improve the quality of Sharia-based services. Unimus Hospital employees have been provided with ultimate service training to support good Islamic service.

Patients were also satisfied with Islamic services in hospitals due to adherence to Sharia principles, high hygiene, and clear information regarding halal services. In addition, spiritual support and supporting facilities also enhance patients' comfort, making them feel safer and more satisfied during treatment (Irasanti et al., 2022; M. K. Rahman et al., 2023).

The study results indicated that patient dissatisfaction with the compliance dimension in hospital services is primarily due to delays in doctors' arrival. Patients reported that doctors did not adhere to the scheduled consultation times, reflecting a lack of compliance with service time standards. Additionally, dissatisfaction was observed in nursing services, as patients felt neglected due to the absence of greetings or acknowledgment while waiting in the polyclinic.

Reliability

Reliability consists of three questions. The reliability dimension studied was about Islamic services in hospitals that are reliable, such as consistently serving halal-certified food and ensuring that all medical procedures comply with Sharia values, information regarding Islamic religious practices in hospitals that are easily accessible, such as directions to prayer rooms and loudspeakers in each room to play the adhan so that patients and families can easily access this information. In addition, Islamic spiritual and counseling services in hospitals help in the healing process, such as providing counseling sessions with spiritual guidance to help patients understand the spiritual needs of their patients, as well as helping them in the healing process through prayer and psychological support.

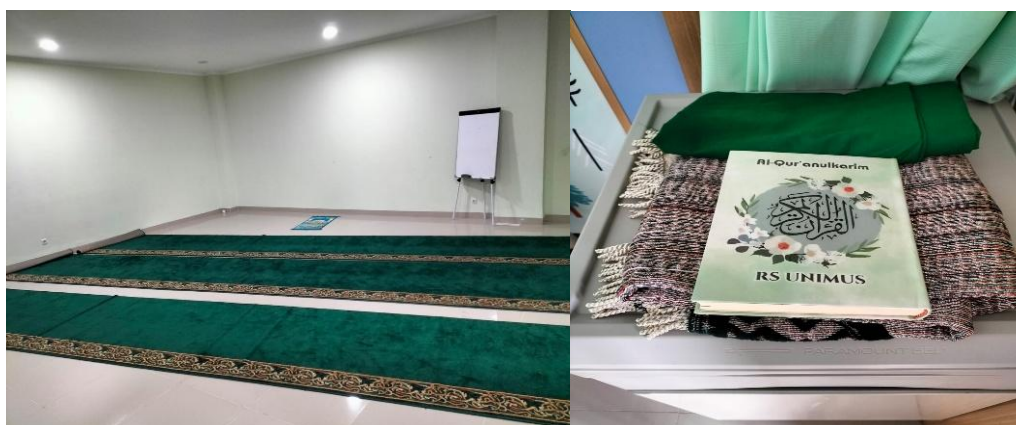


Figure 3. Worship Facilities in Islamic Hospital

Source: Author Documentation

Islamic hospitals are structured to reflect Sharia principles in medical and spiritual services. Figure 3 depicts the prayer room facilities at Unimus Hospital, showing the distinctive integration of religious values into health care. The prayer area is equipped with copies of the Qur'an, *mukena*, prayer mats, and sarongs, which are specially prepared to meet the worship needs of Muslim patients, staff, and visitors. This design supports spiritual obligations while maintaining cleanliness and order. Gender segregation is enforced by allocating separate prayer spaces for men and women, preventing *ikhtilath* (mixing of non-mahram individuals), a principle rooted in Islamic ethics. The nearby ablution facility upholds *taharah* (ritual purity), a prerequisite for prayer in Islam.

Compared to non-Islamic hospitals, the difference is evident. Public hospitals can provide shared or neutral prayer rooms without religious supervision or structured worship guidance. Facilities often lack specialized religious materials, clothing, or proximity to ablution areas, leading to a disconnect between spiritual and medical care. However, Islamic hospitals such as Unimus ensure structured prayer schedules, spiritual counseling, and audible reminders for congregational prayers, aligning hospital routines with Islamic obligations (A. Rahman et al., 2024). The presence of spiritual officers or trained staff to offer counseling reflects a holistic service model that meets emotional and religious needs.

While public hospitals may not consistently provide such services, Islamic hospitals instill spirituality into daily care. Accessibility is also prioritized; prayer areas are designed to accommodate inpatients with limited mobility, increasing comfort and participation in religious activities. The integration of spiritual and medical services contributes to increased patient satisfaction and ethical service delivery. Patients perceive services to be more trustworthy and in line with personal values when supported by clear halal guidelines, religious access, and hygiene standards (A. Rahman et al., 2024). Islamic aesthetics and the ethical environment enhance not only healing outcomes but also emotional well-being and religious fulfillment.

Responsiveness

Responsiveness consists of three questions. The dimensions of responsiveness that were studied were as follows: Officers were responsive when providing services to patients, such as the response of nurses and doctors who were always ready to listen to patient complaints and provide the necessary explanations. Officers could provide solutions to problems or complaints quickly (<10 minutes), such as follow-up from doctors or nurses for emergency cases. Islamic services in hospitals pay sufficient attention to the spiritual needs of patients, such as providing spiritual counseling services that can be accessible by patients at any time, as well as providing prayer schedules and prayer rooms that are easily accessible so that patients can worship comfortably during treatment.

Patients were very satisfied with the responsiveness dimension of hospital services due to several factors. First, staff responded quickly to patient requests and complaints, often in less than 10 minutes. Second, they were effective in handling problems and providing appropriate and quick solutions. Third, attention to patients' spiritual needs, such as providing time for worship and spiritual counseling, exhibited the hospital's understanding of the importance of this aspect in recovery. Finally, good communication between staff and patients bridged good relationships as patients felt listened to and valued, increasing their satisfaction during hospitalization (Jonkisz et al., 2023)

In this case, nursing care is important to patients' safety in hospitals, and the perception of quality nursing healthcare plays a vital role in the success of any treatment (Akik et al., 2024; A. Chavan et al., 2024; Tansitpong, 2024; Tavares et al., 2023; Vainieri et al., 2024). Patients' evaluations of the medical care services offered by the hospitals may refer to the interaction between patients and nurses in which they will look for caring, friendly, helpful, and attentive nurses. These interactions will create a sense of security, safety, and confidence among Muslim patients and lead to higher satisfaction.

On the other hand, the results revealed that patients were highly dissatisfied because nurses and doctors were not prepared to listen to their complaints, often appearing busy or

indifferent. Responses to patient complaints often took more than 10 minutes, even in emergency cases, which should require immediate attention. This happened when the emergency department was busy. In addition, access to spiritual counseling services is also an issue; some patients reported that counseling sessions were not available when they needed them. This is because there were no 24-hour services for spiritual guidance officers.

Assurance

Assurance consists of three questions. First, it is about feeling confident in the expertise and knowledge of medical staff related to medical practice and religion. Doctors and nurses have been trained to understand and apply Sharia principles in medical practice. Hence, patients felt safe and trusted that they were receiving medical care that was in accordance with religious values. Staff facilitated the prevention of *ikhtilath* (mixing between non-mahram men and women), such as providing separate treatment rooms for male and female patients so that patients felt comfortable and maintained their privacy. Staff helped to cover the patient's *'awrah* by providing an extra blanket to cover their *'awrah* during the examination or treatment process so that the patient felt respected and comfortable.

Patients were very satisfied with the assurance dimension of hospital services due to several factors. First, the expertise and knowledge of medical staff who understand medical practices and religious principles provided a sense of security for patients. Second, the prevention of *ikhtilath* through separate facilities for male and female patients creates comfort and maintains privacy. Third, the staff's assistance in covering the patient's *'awrah*, such as providing Sharia-compliant clothing and additional blankets, made the patient feel respected. All these aspects contributed to patients' trust and comfort, increasing their level of satisfaction with the hospital's services.

The assurance dimension, which includes the guarantee that care is provided in accordance with Islamic principles, has also been shown to enhance patient satisfaction. Patients feel more at ease and satisfaction when they are confident that the services provided are not only medically competent but also consistent with their religious values (Brommeyer et al., 2024; Souza et al., 2024; Vainieri et al., 2024). Prevention of *ikhtilath* through gender-segregated facilities is increasingly contributing to comfort and privacy, in line with research highlighting the importance of culturally and religiously sensitive hospital environments in patient satisfaction (Moya et al., 2023; Santric-Milicevic et al., 2024; Servetkienė et al., 2023). In addition, staff assistance in ensuring the closure of the *'awrah*, such as providing Sharia-compliant clothing and additional blankets, strengthens the dignity and respect of patients, supporting findings that emphasize the role of personalized and patient-centered care in improving the hospital experience (S. Chavan et al., 2024; Fekadu et al., 2022; Kanokphanvanich et al., 2023; Servetkienė et al., 2023; Shah et al., 2024).

These combined aspects significantly increase patient trust and satisfaction, as assurance in healthcare goes beyond medical competence to the integration of ethical and religious values in service delivery. The assurance dimension, which guarantees that hospital care is aligned with Islamic principles, is consistently associated with higher patient satisfaction, as patients feel more at ease when confident that the service meets medical and religious expectations. The integration of Islamic values in hospital management has been widely recognized as an important factor in patient trust and a positive healthcare experience, suggesting that satisfaction is shaped not only by clinical quality but also by alignment with personal and

spiritual beliefs (A. Chavan et al., 2024; Gálvez et al., 2024; Mansour & Bick, 2024; Perdana et al., 2023).

Conversely, based on the results of the study, the highly dissatisfied comments from patients were due to the lack of skill and knowledge of medical staff regarding Sharia principles in medical practice. Patients doubted whether nurses truly understood and applied religious values in their care, leading to anxiety about the appropriateness of the care they received. From hospital management, the reason is due to the fact that the majority of nurses are new and sometimes are still not consistent in providing services based on Sharia principles.

Empathy

Empathy consists of three assessment questions. Officers should be empathetic when providing Islamic services to patients. Officers handled complaints, conflicts, or differences of opinion in accordance with Sharia, facilities in the hospital supported the implementation of worship and religious activities of Muslim patients, and hospitals provided sufficient information about available Islamic religious services.

Patients were highly satisfied in the empathy dimension due to the willingness of employees to care for and provide individualized attention. First, the personalized approach adopted by medical staff, such as nurses and doctors, created a close relationship with patients. They took the time to listen to complaints and provide clear explanations so patients felt valued. Second, the emotional support provided by employees means a lot to patients. They understood that healthcare can be anxiety-inducing, so they tried to provide comfort and encouragement. This helped patients feel calmer during the treatment process. Third, hospital staff were responsive to patients' special needs, such as providing meals according to dietary preferences or assisting them with daily activities. These actions showed concern for the patient's overall well-being. Fourth, good communication between employees and patients also plays an important role. Staff used easy-to-understand language and avoided complicated medical terms, making patients feel more involved in their care process. Finally, proactive measures from staff, such as periodically inquiring about the patient's condition or offering additional assistance without being asked, further enhanced patient satisfaction. All these factors contribute to a positive and satisfying treatment experience (Bloeser et al., 2023; Ding et al., 2024; Guarducci et al., 2023; Sallam & Snygg, 2023).

However, from the results of this study, some patients strongly disagreed with the empathy dimension due to the lack of empathy. Regarding inadequate communication, one patient complained that doctors and nurses did not listen to their complaints properly, so explanations regarding medical procedures were unclear, which made patients feel less valued. Meanwhile, concerning staff's inability to relieve anxiety, medical staff often did not provide the necessary emotional support to address patients' anxiety regarding their health condition. This factor contributes to patients' dissatisfaction with healthcare in accordance with Islamic values.

Tangible

Tangible dimensions have three answers from patients as follows. First, satisfaction with the physical facilities that support services, such as providing a quiet and clean hospital environment, helped to increase their comfort during treatment. Second, information regarding Islamic services, such as explaining various services such as prayer times, the location

of prayer rooms, and service procedures according to Sharia, were easily accessible. Third, there were supporting facilities for worship spaces, such as prayer rooms, prayer tools, and the Quran.

Patients were satisfied with the tangible dimension of hospital services for several reasons. First, the cleanliness and tidiness of the facilities created a comfortable and safe atmosphere. Second, the neat and professional appearance of the medical staff increased patient satisfaction with the quality of care. Third, the availability of modern and well-maintained medical equipment provided satisfaction in optimal service. Fourth, supporting facilities such as prayer rooms and accessibility also improved patient comfort. Finally, the comfort of the hospitalization room, including comfortable beds, helped patients feel more relaxed. All these factors contribute to a positive experience during hospitalization (Bloeser et al., 2023; A. Rahman et al., 2024; Sallam & Snygg, 2023; Santric-Milicevic et al., 2024).

Tangible aspects, including the hospital's physical facilities, cleanliness, and the appearance of medical personnel, significantly impacted the patient experience. Clean and comfortable facilities, along with support for patients' spiritual needs, such as the availability of a prayer room, enhanced patients' positive perceptions of the services provided. An Islamic hospital environment not only offers physical comfort but also fosters a sense of security for Muslim patients undergoing treatment.

However, there was one patient who was dissatisfied because the patient complained that there was no access to the mosque for Friday prayers, such as a small prayer room that had not been used for Friday prayers, so the patient's family found it difficult to perform Friday prayers.

Qualitative

The qualitative phase involved six key informants, consisting of four inpatients or family members (main informants - MI), one head of the inpatient ward (key informant - HR), and one medical service manager (supporting informant - MS). The analysis explored patient satisfaction and service challenges through the six dimensions of Islamic healthcare service quality: compliance, reliability, responsiveness, assurance, empathy, and tangibility.

Compliance with Islamic Principles

Compliance refers to adherence to Shariah principles in hospital operations, ensuring that healthcare services align with Islamic ethical and religious standards. Informants acknowledged that Unimus Hospital has made significant efforts to maintain Islamic service compliance, particularly in worship facilities and spiritual guidance. Dedicated prayer rooms equipped with mats, *mukena*, sarongs, and copies of the Qur'an are available for patients, staff, and visitors. However, congregational prayers were limited to *Dhuhr* and *Asr*, while Friday prayers could not be performed within the hospital due to the absence of a mosque. The hospital management has planned for the construction of a mosque, but currently, patients and staff must leave the premises for Friday prayers. Moreover, spiritual guidance was offered upon hospital admission, with officers providing encouragement and religious counseling. However, due to the absence of full-time religious officers (*binroh*), nurses took on this responsibility for subsequent days. This limitation affected the continuity of religious support, which is crucial for maintaining spiritual well-being and patient satisfaction.

Table 2. Compliance with Islamic Principles

Informants	Findings
MI1	Prayer rooms are available with mats, sarongs, mukena, and Qur'an. Congregational prayers are conducted only for Dhuhr and Asr, while Friday prayers cannot be performed within the hospital.
HR	A mushola is available on the 2nd floor with a recorded prayer call and adhan. Congregational prayers are limited due to the absence of full-time prayer officers.
MS	The hospital provides a prayer room with good facilities but lacks full-time binroh officers, limiting structured religious services. A mosque is under construction.

Source: (Primary data processed, 2024)

Reliability of Services

Reliability refers to service consistency and dependability in meeting patient expectations. Informants expressed satisfaction with the hospital's ability to provide Islamic-based care, particularly in gender-sensitive patient placement. The hospital has implemented separate inpatient rooms for male and female patients, ensuring compliance with Islamic ethical standards. However, some informants reported instances where cross-gender medical procedures occurred, especially in emergency cases when same-gender medical staff were unavailable. Patients emphasized the importance of ensuring gender-specific medical care, specifically for procedures like ECG examinations and infusion changes. The hospital used privacy curtains to uphold patient modesty, but additional same-gender medical personnel would improve compliance with Islamic healthcare principles (Kalpanapriya & Bhavana, 2025; Mystakidis et al., 2024; Sifat & Kibria, 2024).

Table 3. Reliability of Services

Informants	Findings
MI1	Placed in a room with male patients. Some medical procedures were performed by opposite-gender nurses due to staff availability.
HR	Patient rooms are separated by gender. Medical procedures are conducted by same-gender staff whenever possible.
MS	Gender-segregated rooms have been implemented, but staffing limitations sometimes lead to cross-gender medical procedures.

Source: (Primary data processed, 2024)

Responsiveness of Healthcare Staff

Responsiveness measures the speed and attentiveness of healthcare providers in addressing patient needs. Informants acknowledged that nurses were highly responsive to patient complaints, providing immediate assistance whenever needed. However, a shortage of duty doctors sometimes delayed medical examinations, particularly during high-demand periods. The hospital followed an SOP requiring complaints to be addressed within 10 minutes, but limited on-duty doctors occasionally prolonged response times. The emergency room often requires doctors to prioritize urgent cases, leading to longer waiting times for inpatient medical attention. These findings suggest a need for additional medical personnel to ensure service efficiency and reduce patient dissatisfaction (Brommeyer et al., 2024; Kaundinya, 2024; Mystakidis et al., 2024; Pithavadian et al., 2024).

Table 4. Responsiveness of Healthcare Staff

Informants	Findings
MI1	Nurses responded promptly to complaints, but duty doctors took time to arrive, causing delays in medical examinations.
HR	SOP states complaints should be addressed within 10 minutes. Limited duty doctors occasionally delay responses.
MS	The hospital prioritizes responsiveness, but a shortage of on-duty doctors sometimes affects service speed.

Source: (Primary data processed, 2024)

Assurance in Service Delivery

Assurance refers to the competence, professionalism, and trustworthiness of healthcare providers. Informants generally perceived the medical and nursing staff as highly competent, particularly in providing Islamic healthcare services. However, due to the absence of a full-time *binroh* officer, the quality of spiritual services varied depending on the availability of trained staff. Informants emphasized that consistent spiritual support is essential, as religious encouragement enhances psychological well-being and healing motivation (Akik et al., 2024; Cristina et al., 2024; Saulitis, 2024; Tansitpong, 2024).

Table 5. Assurance in Service Delivery

Informants	Findings
MI1	Received spiritual guidance upon admission, including religious encouragement and guidance on worship while sick.
HR	Spiritual guidance is provided at admission. If <i>binroh</i> officers are unavailable, nurses take over religious support.
MS	Services include education on religious practices during illness, but limited <i>binroh</i> officers affect consistency.

Source: (Primary data processed, 2024)

Empathy and Patient-Centered Care

Empathy evaluates the level of personalized attention and compassion demonstrated by healthcare providers. Informants reported positive interactions with hospital staff, highlighting nurses' attentiveness and willingness to assist with religious obligations (Herachwati et al., 2024; Irfan & Baig, 2023; Pinera et al., 2025).

Table 6. Empathy and Patient-Centered Care

Informants	Findings
MI1	Nurses provided emotional and religious support, reminding patients to pray and offering prayers for healing.
HR	Spiritual services help patients receive encouragement and maintain religious observance during hospitalization.
MS	Holistic healthcare services address physical and spiritual needs, but the absence of full-time <i>binroh</i> officers remains a limitation.

Source: (Primary data processed, 2024)

Tangibility and Hospital Environment

Tangibility refers to the physical environment, infrastructure, and cleanliness of healthcare facilities (Montesinos et al., 2023; Souza et al., 2024; Vainieri et al., 2024; Victor &



Paulo, 2023). Informants consistently reported high satisfaction with hospital cleanliness, noting that cleaning procedures were performed three times a day.

Table 7. Tangibility and Hospital Environment

Informants	Findings
MI1	The inpatient rooms are well-maintained and cleaned three times a day. Nurses follow strict hygiene protocols.
HR	Hospital SOP requires handwashing before and after patient contact. Gloves are mandatory for all procedures.
MS	The hospital follows strict hygiene and infection control protocols, ensuring a safe and clean environment for patients.

Source: (Primary data processed, 2024)

CONCLUSION

Islamic healthcare services at Unimus Hospital align with patient expectations by integrating Sharia-compliant principles into medical care. Findings demonstrate that compliance, reliability, responsiveness, assurance, empathy, and tangibility contribute significantly to patient satisfaction, reinforcing the importance of faith-based healthcare models. The hospital effectively implements *taharah* (hygiene), religious guidance, and gender-sensitive services, creating a holistic healing environment. However, challenges such as limited full-time religious officers, inconsistent congregational prayer schedules, and occasional cross-gender medical procedures highlight areas for improvement. Responsiveness and hygiene standards received positive evaluations, yet delays in doctor availability and resource constraints impact service efficiency. The study contributes to Islamic healthcare research by providing empirical evidence on service quality dimensions in a faith-based medical setting. Findings emphasize the need for policy enhancements, resource allocation, and staff training to strengthen the integration of Islamic ethics in healthcare. Future developments should focus on expanding religious personnel, optimizing gender-specific staffing, and improving hospital infrastructure to enhance both spiritual and medical service delivery. Research outcomes provide a framework for improving Islamic hospital management, ensuring patient-centered and ethically guided healthcare services remain a priority in faith-based medical institutions.

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