

Analysis of Sharia Hospital Services: Systematic Literature Review

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ABSTRACT

Indonesia, the country with the largest Muslim population and a strong Islamic influence, is a democratic nation where there is a demand for Sharia-compliant healthcare services. Hospitals adhering to these principles are known as Sharia hospitals. This study aims to analyze healthcare services provided by Sharia hospitals. This research employed a Systematic Review method using the PRISMA approach, collecting 301 articles from four major databases: PubMed, Google Scholar, ScienceDirect, and Springer Link. After screening, 51 duplicate articles were removed, and 204 articles were eliminated for not meeting the selection criteria. At the eligibility stage, 40 articles were deemed irrelevant, leaving six articles for analysis. In Indonesia, Sharia hospitals operate according to DSN-MUI Fatwa No. 107/DSN-MUI/X/2016, which outlines operational guidelines, including service provisions, the use of halal products, and Sharia-compliant financial management. Healthcare services must align with both medical and Sharia standards, emphasizing humanity, transparency, and fairness. Hospitals must provide not only medical care but also spiritual consultations and guidance for worship. Medications and products must be halal-certified, except in emergencies where informed consent is required. Financial management must comply with Sharia principles, avoiding *riba* (usury). Compared to Malaysia, where Sharia principles are also emphasized, Indonesia has stricter regulations and standards for Sharia implementation in hospitals. Sharia hospitals in Indonesia integrate Sharia principles comprehensively, ensuring fair and transparent medical services, the use of certified halal products, and Sharia-compliant financial management, which is in line with DSN-MUI Fatwas and patient spiritual needs.

Indonesia, negara dengan populasi Muslim terbesar dan pengaruh Islam yang kuat, adalah negara demokratis yang memiliki permintaan akan layanan kesehatan yang sesuai dengan prinsip syariah. Rumah sakit yang menerapkan prinsip ini dikenal sebagai rumah sakit syariah. Penelitian ini bertujuan untuk menganalisis layanan kesehatan yang disediakan oleh rumah sakit syariah. Kami melakukan tinjauan literatur sistematis dengan mencari, memilih, mensintesis, dan menginterpretasi data dari literatur relevan terkait layanan kesehatan syariah di berbagai negara. Pencarian dilakukan melalui empat basis data daring: PubMed, Google Scholar, ScienceDirect, dan Springer Link. Seleksi artikel dipandu oleh PRISMA Flow Diagram. Di Indonesia, rumah sakit syariah beroperasi sesuai dengan Fatwa DSN-MUI No. 107/DSN-MUI/X/2016 yang menetapkan pedoman operasional, termasuk penyediaan layanan, penggunaan produk halal, dan pengelolaan keuangan yang sesuai syariah. Layanan kesehatan harus sesuai dengan standar medis dan syariah, dengan menekankan nilai kemanusiaan, transparansi, dan keadilan. Rumah sakit tidak hanya wajib memberikan perawatan medis, tetapi juga konsultasi spiritual dan panduan ibadah. Obat-obatan dan produk yang digunakan harus bersertifikat halal, kecuali dalam kondisi darurat dengan persetujuan pasien. Pengelolaan keuangan harus mematuhi prinsip syariah, menghindari riba (bunga). Dibandingkan dengan Malaysia, yang juga menekankan prinsip syariah, Indonesia memiliki regulasi dan standar yang lebih ketat untuk implementasi syariah di rumah sakit. Rumah sakit syariah di Indonesia mengintegrasikan prinsip syariah secara menyeluruh, memastikan layanan medis yang adil dan transparan, penggunaan produk bersertifikat halal, serta pengelolaan keuangan yang sesuai dengan syariah, sesuai dengan fatwa DSN-MUI dan kebutuhan spiritual pasien.

INTRODUCTION

The development of healthcare is a national effort involving all sectors, aiming to enhance public awareness, willingness, and capability to adopt a healthy lifestyle (Buse et al., 2017). This initiative seeks to improve public health as a foundation for fostering human resources that are both socially and economically productive. To achieve this, healthcare facilities such as hospitals play a vital role. As public healthcare providers, hospitals must address the crucial challenge of ensuring their services meet patient expectations. Therefore, maintaining patient trust is essential, and this can be achieved through continuous quality improvement (Gopalakrishnan & Ganeshkumar, 2013). Quality healthcare services not only cover general medical treatment but also include emergency care, disaster response, community healthcare needs, and adherence to professional standards and ethics (Rachmat, 2021).

Indonesia, the country with the largest Muslim population, is a democratic nation that upholds strong Islamic values, even though its legal and constitutional framework is not based on Islamic law (Kersten, 2016). Over the past decade, there has been increasing global awareness, particularly in Indonesia, regarding the integration of Islamic values into various aspects of life. This shift has led many Muslims to recognize the importance of following Sharia principles. With demographic changes and rising purchasing power, Muslim consumers are demanding more products and services that incorporate Islamic values as an additional benefit (Yuswohadi, 2014). One of these growing demands is for Sharia-compliant healthcare services.

Sharia hospitals are those that follow Sharia laws. The Indonesian Islamic Healthcare Providers Association (MUKISI, 2017) claims that these hospitals have an approved Sharia implementation from the National Sharia Council of Indonesian Ulema Council (DSN-MUI). In its attempt to provide Islamic healthcare services within Sharia guidelines, MUKISI worked with the Indonesian Ulema Council to formulate Sharia standards specific to Islamic hospitals. Consequently, in 2016, the DSN-MUI approved Fatwa No. 107/DSN-MUI/X/2016, which defines the operational procedures for Sharia hospitals (MUI, 2017).

Sharia standards prioritize the use of halal products, an Islamic-friendly environment, and healthcare services that comply with Sharia principles. Hospitals must ensure that all medications and food provided are halal and *thoyyib* (pure and wholesome), while financial transactions and hospital management must adhere to Islamic financial regulations. The main goal of Sharia is to protect individuals from harm, injustice, confusion, and unethical practices (Natadipurba, 2015). Many Muslims prefer consuming halal products and engaging in activities that align with Sharia to avoid sin and lead a more spiritually fulfilling life.

Although many hospitals in Indonesia incorporate Islamic values into their services, there is still no standardized healthcare service and management model that fully complies with Islamic law (Syafaat et al., 2023). As a rule of thumb, even though Sharia-compliant services are a budding industry with plenty of room for growth, Sharia-based hospitals still lack consistent frameworks. Therefore, this study seeks to perform a systematic literature review on the implementation of healthcare services in Sharia hospitals in Indonesia.

This study presents a novel contribution, as research on Sharia-based healthcare services in Indonesia remains limited. It provides a comprehensive overview of the service standards implemented in Sharia hospitals, highlighting their adherence to Islamic principles in medical services and management. By identifying the application of Sharia principles in healthcare

services, this study serves as a valuable reference for policy development, quality improvement, and the expansion of Sharia-compliant hospitals in Indonesia.

RESEARCH METHOD

This study conducted a systematic literature review by finding, selecting, synthesizing, and analyzing the available literature on the provision of health services in Sharia hospitals in various countries (Maharani, 2021). The search for literature was carried out in four online databases, namely PubMed, Google Scholar, ScienceDirect, and Springer Link. The literature for the review was obtained using the PRISMA Flow Diagram processes (Methley et al., 2014).

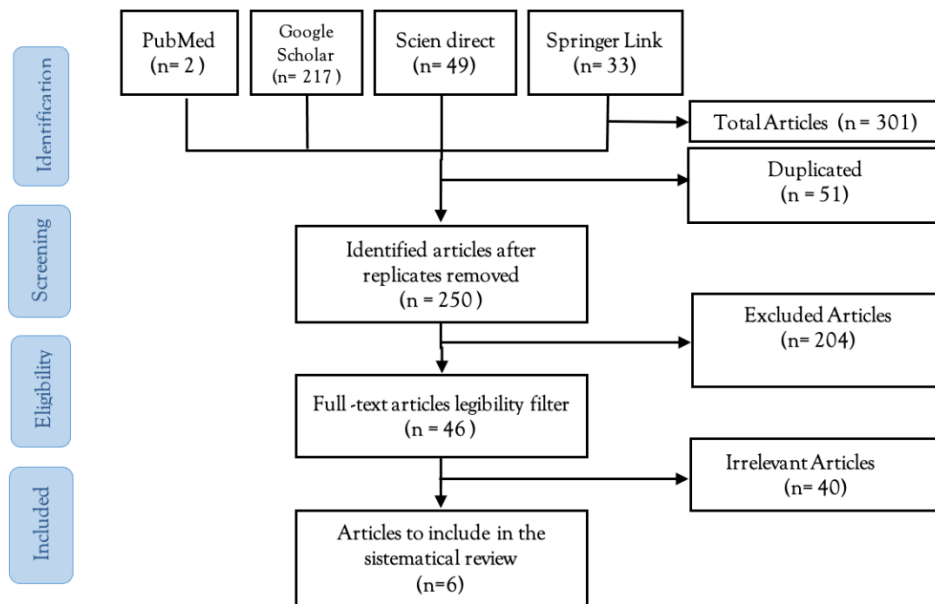


Figure 1. Flow Diagram PRISMA

Source: (Moher et al., 2009)

The article selection method for this systematic review following the PRISMA diagram was conducted in several stages. The first stage was identification, in which articles were collected from multiple databases, including PubMed (2 articles), Google Scholar (217 articles), ScienceDirect (49 articles), and Springer Link (33 articles), resulting in a total of 301 articles. Next, the screening stage was carried out by removing 51 duplicate articles, leaving 250 articles. Among these, 204 articles were eliminated for not meeting the predefined selection criteria.

The inclusion criteria in this study covered several essential aspects to ensure the relevance and quality of the literature used. The selected articles had to be available in full-text format and freely accessible. Additionally, the articles had to be written in English or Indonesian and published between 2019 and 2023. Article searches were conducted through four online databases: PubMed, Google Scholar, ScienceDirect, and Springer Link. The articles included in this study had to belong to the Medicine and Public Health discipline and be original research articles.

Exclusion criteria were also applied to eliminate articles that did not meet the expected quality standards. Articles that, despite meeting the inclusion criteria, had restricted access or

insufficient research findings that led to incomplete data were excluded from the analysis. Additionally, articles that were not original research, such as review articles and books, were also excluded from this study.

At the eligibility stage, the remaining 46 articles were further examined based on full-text readability. From this process, 40 articles were deemed irrelevant and excluded from the analysis. Finally, in the last stage, six articles that met the selection criteria were included in the systematic review. This method follows the PRISMA principles to ensure that only the most relevant and high-quality articles are used in the systematic review (Khan et al., 2003).

RESULTS AND DISCUSSION

The six selected articles, which met the criteria for analysis, originated from Indonesia. The studies employed various research designs, including a qualitative phenomenological approach, qualitative document review, quantitative analysis using descriptive and inferential statistics, quantitative studies, a quantitative cross-sectional approach, a qualitative case study with semi-structured interviews, and a mixed-method approach combining qualitative and quantitative techniques. The articles were published between 2019 and 2022. Table 1 below presents the findings from the reviewed studies.

Table 1. Article Review

No	Author	Title	Year of Publication	Country	Study Design	Health Service Standards	Implementation
1.	Andrianto, Tri Ratnawati, Nekky Rahmiyati	Shariah Hospital Social Responsibility: Maqashid Syariah at Muhammadiyah Hospital (Tri Ratnawati, 2021)	2021	Indonesia	Qualitative with a Phenomenological Perspective	The Concept of Measuring the Social Responsibility of Hospitals through Maqasid Syariah at Muhammadiyah Hospital: 1. Protection of Religion Weighting Categories: 1.1. Availability of religious facilities 1.2. Spiritual guidance programs 1.3. Religious education initiatives 1.4. Assurance of halal products 1.5. Emphasis on moral and spiritual values 2. Protection of Life 2.1. Disaster response and relief efforts 2.2. Assistance for victims 2.3. Ensuring employees' health and well-being 2.4. Blood donation programs 2.5. Activities promoting social harmony 2.6. Environmental maintenance around the hospital 3. Protection of Reason 3.1. Employee education through training and development 3.2. Free medical treatment for the underprivileged	Muhammadiyah Hospital is an institution that integrates Sharia values towards the achievement of the hospital's as well as the community's well-being. The Maqasid Syariah approach to Sharia-compliant business operations also includes religion, life, intellect, lineage, and property.



						<p>3.3. Building laboratories for medical equipment development</p> <p>3.4. Support for community facilities and infrastructure</p> <p>4. Protection of Lineage</p> <p>4.1. Efforts to reduce child mortality rates</p> <p>4.2. Enhancement of maternal and child healthcare</p> <p>4.3. Ensuring workplace safety</p> <p>4.4. Implementation of pension fund programs</p> <p>5. Protection of Property</p> <p>5.1. Welfare assistance for the poor</p> <p>5.2. Providing health subsidies for treatment and services for the poor</p> <p>5.3. Compensating employees</p> <p>5.4. Providing housing facilities for workers</p>	
2.	Fitri Yuli Mardiyati, Dumilah Ayuningtyas	Analysis of Implementation Standards of Sharia Minimum Services in The Hospital (Case Study at Sari Asih Sangiang Hospital 2018) (Mardiyati & Ayuningtyas, 2021)	2021	Indonesia	Qualitative Approach through Document Analysis	<p>There are 8 (eight) indicators of Sharia Hospital Minimum Service Standards (SPM):</p> <ol style="list-style-type: none"> 1. Reciting Basmalah before administering medication and performing medical procedures. 2. Mandating patients to wear the hijab. 3. Requiring patients to undergo fiqh training. 4. Offering Islamic education through pamphlets or spiritual books. 5. Ensuring gender-based matching between operator and patient for EKG procedures. 6. Providing privacy (hijab) for breastfeeding mothers. 7. Requiring hijab use in the operating room. 8. Scheduling elective surgeries to avoid conflicts with prayer times. 	<p>The Sharia standards at Sari Asih Sangiang Hospital are established based on policies and quality guidelines from DSN-MUI. According to the evaluation results, the implementation of Sharia Minimum Service Standards (SPM) at RSSA Sangiang in 2018 successfully met the target for optimal service. Each Sharia SPM indicator is expected to achieve 100% compliance in the evaluation, except for the mandatory fiqh training for patients and the non-restriction of elective surgeries during prayer times, which are only required to reach 80%. The main challenge in meeting these targets is the inconsistency in documentation.</p>

3.	Muh. Nadratuza man, Muhammad Taufiki, Laila Yumna	Management Evaluation and Sharia Certified Hospitals Compliance (Case Study of Sari Asih Ciledug Hospitals) (Nadratuza man et al., 2021)	2021	Indonesia	Quantitative Analysis with Descriptive and Inferential Statistics	<p>Classification of Sharia Standards and Assessment Instruments for Hospitals Version 114:</p> <ol style="list-style-type: none"> 1. Service Category <ol style="list-style-type: none"> 1.1. Sharia Standards for Hospital Access and Continuity of Services 1.2. Sharia Standards for Patient Assessment 1.3. Sharia Standards for Patient Care Services 1.4. Sharia Standards for Sharia-Based Services 1.5. Sharia Standards for Spiritual Guidance and Services 1.6. Sharia Standards for Communication and Education 2. Management Category <ol style="list-style-type: none"> 2.1. Sharia Standards for Organizational Management 2.2. Sharia Standards for Quality Management 2.3. Sharia Standards for Human Resource Management 2.4. Sharia Standards for Facility Management 2.5. Sharia Standards for Marketing Management 2.6. Sharia Standards for Accounting and Financial Management 	The operational management of Sari Asih Ciledug Hospital has adhered to Sharia compliance standards, following the mandatory Sharia quality indicators and the minimum service standard guidelines for Sharia hospitals, achieving a compliance rate of 87.5%.
4.	Muhammad Maksum, Afidah Wahyuni, Ade Rina Farida, Latifatul Hasanah, Sahlul Fuad	Sharia Service as An Added Value: Response to Sharia Standard in Hospital Service (Maksum et al., 2022)	2022	Indonesia	Quantitative	<p>The Indonesian Islamic Health Institution (MUKISI) and the National Sharia Council (DSN) of the Indonesian Ulema Council (MUI) have established a fatwa as a guideline for Sharia implementation. This standard is outlined in Fatwa Number NO:107/DSN-MUIIX/2016 on Guidelines for Hospital Management According to Sharia Principles. The Sharia Hospital Standards, based on Sharia objectives, are categorized into management standards and service standards. The assessed aspects include:</p> <ol style="list-style-type: none"> 1. Response to Critical Illness Care: <ol style="list-style-type: none"> 1.1. Spiritual support for patients with HD, HIV, advanced-stage cancer, and TB 1.2. Healthcare providers give patients intensive consultation schedules 1.3. Healthcare providers 	The implementation of Sharia standards at Zaenal Abidin Aceh Regional Hospital, Sultan Agung Semarang Hospital, and Bandung Islamic Hospital has been positively received by the majority of respondents. These standards have provided added value to the services offered at these hospitals.



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- offer motivation and encouragement to patients, urging them to continue striving and praying to Allah SWT for recovery
- 1.4. Healthcare providers guide patients to remain patient and sincere in facing trials
 - 1.5. Healthcare providers recommend increasing dhikr (remembrance of Allah) and prayers
 - 1.6. Examination notifications and care plans are effectively communicated to patients and their families
2. Anesthesia and Surgery Services:
 - 2.1. The hospital applies anesthesia and surgical procedures in accordance with Sharia rules
 - 2.2. Healthcare providers provide information about halal products and anesthetics to patients undergoing surgery
 - 2.3. Healthcare providers recite Bismillah (In the name of Allah) before injecting patients and recite Alhamdulillah (Praise be to Allah) after completing the procedure.
 - 2.4. Healthcare providers invite patients to pray before the surgery
 - 2.5. Sharia hospitals schedule surgeries to be conducted after prayer times, except in emergencies
 - 2.6. Catheter insertion is performed by healthcare providers according to the patient's gender
 3. Sharia Ruqyah Services:
 - 3.1. The hospital provides Sharia-compliant ruqyah services based on case assessments.
 - 3.2. The hospital establishes standard operating procedures (SOPs) for Sharia ruqyah services.
 - 3.3. The hospital administers ruqyah services to patients who are identified as needing them.
 - 3.4. The hospital offers ruqyah services upon
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						request from the patient or their family.	
						4. Transportation Services:	
						4.1. Transportation services (Ambulance), Audio-Video	
						4.2. Lifting patients while reciting Bismillah	
						4.3. Availability of audio-video equipment in the ambulance	
						4.4. Prayer instructions for patients	
						4.5. Assistance from healthcare providers in reciting good phrases (<i>kalimat tayyibah</i>) for critically ill patients	
5.	Wahyu Sulistiadi, Sri Rahayu, Meita Veruswati, And Al Asyary	Health Personnel Improvement in The Implementation of Shariah's Ethical Code of Conduct in Tangerang Hospital, Indonesia (Sulistiadi et al., 2022)	2022	Indonesia	Quantitative Analysis with a Cross-Sectional Approach	A Sharia hospital provides healthcare services in accordance with Sharia ethical codes, which include: a. General obligations b. Obligations to the community and environment c. Obligations to patients d. Responsibilities to leaders, staff, and employees e. Obligations to stakeholders Healthcare provider performance is assessed based on the following: a. Quality b. Quantity c. Timeliness	The implementation of Sharia hospital ethical codes, both explicitly and implicitly, significantly influences the performance and well-being of healthcare providers, as evidenced by a t-value of 4.31, which exceeds the critical t-value of 1.960.
6.	Hasnah Rimiyati, Susanto	Sharia Hospital Management in Terms of Religion Surveillance Aspect in Yogyakarta (Rimiyati & Susanto, 2021)	2020	Indonesia	Qualitative and Quantitative Approaches	Sharia Management Standards, consisting of: a. Sharia Management Organization Standards (SSMO) b. Sharia Marketing Management Standards (SSMP) c. Sharia Facility Management Standards (SSMF) d. Sharia Quality Management Standards (SSMM) Sharia Service Standards, consisting of: a. Sharia Standards for Access and Continuity of Service (SSAPK) b. Sharia Standards for Patient Assessment (SSAP) c. Sharia Patient Service Standards (SSPP) d. Sharia Medical Service Standards (SSPO) e. Sharia Spiritual Service and Guidance Standards	Assessment Results for Sharia Management Standards: 1. The score for Sharia Management Organization Standards (SSMO) is fully achieved. 2. The score for Sharia Marketing Management Standards (SSMP) is partially achieved. 3. The score for the Sharia Standard for Facility Management (SSMF) is partially achieved.

(SSPBK)	4.	The score for Sharia Quality Management Standards (SSMM) is partially met.
f. Sharia Patient and Family Education Standards (SSPPK)		Assessment of Sharia Service Standards reveals:
	1.	The score for Sharia Standards for Access and Continuity of Service (SSAPK) is fully achieved.
	2.	The score for Sharia Patient Assessment Standards (SSAP) is fully realized.
	3.	The score for Sharia Patient Service Standards (SSPP) is fully achieved.
	4.	The score for Sharia Medical Service Standards (SSPO) is partially achieved.
	5.	The score for Sharia Spiritual Service and Guidance Standards (SSPBK) is fully met.
	6.	The score for Sharia Standards for Spiritual Service (SSPPK) is fully achieved.

A hospital is an institution that provides extensive health services to the public, including inpatient and outpatient care as well as emergency treatment services (Peraturan Pemerintah, 2021). In Indonesia, Sharia hospitals are run according to the rules set forth in the Fatwa of the National Sharia Council (DSN-MUI) No. 107/DSN-MUI/X/2016 concerning hospital management within the parameters of Sharia Law. One of the basic conditions for the

certification of Sharia hospitals is the formulation of Minimum Service Standards and Mandatory Quality Indicators (Dewan Syariah Nasional MUI, 2019).

According to MUKISI, a Sharia hospital operates in accordance with *Maqashid al-Shariah al-Islamiyah*, a principle that seeks to safeguard human welfare and prevent harm. This aligns with the broader *maqashid shariah* framework, which aims to protect public well-being, promote righteousness, and prevent wrongdoing (Sa'adah, 2022). Several specific provisions govern the implementation of Sharia hospital services in Indonesia:

Provisions Related to Services

The following are the service-related provisions in the operation of a Sharia hospital:

- 1) Every person or entity that has an interest in the workings of the hospital should aim to achieve their rights and obligations to the best of their efforts.
- 2) The institution is expected to render services as outlined in Clinical Practice Guidelines (PPK), clinical pathways, and/or service standards peculiar to the institution.
- 3) The institution should always put humanity first when responding to the healthcare needs of patients, regardless of their race, ethnic group, or religion.
- 4) The institution shall always seek to be as honest, courteous, and kind as possible while making attempts to deliver services that are clear and of good quality.
- 5) The institution shall always seek to be fair and just in terms of the charges that are levied on the patients.
- 6) The hospital is expected to cater to the patient's recovery needs through the provision of religious and spiritual consultations as appropriate.
- 7) All patients and their representatives should comply with the standing rules and orders of the hospital or institution.
- 8) The hospital, patients, and their representatives should practice good ethics and decorum at all times.
- 9) The institution is to avoid all acts in which they can be accused of being guilty of sins such as corruption, bribery, oppression, and any acts contrary to Shariah.
- 10) The institution is to have a Sharia Supervisory Board.
- 11) As for the hospital, an appropriate set of rules or ethical principles should be established which allow for the determination of the limits of contemporary medical practice with reference to the fatwas of the Indonesian Ulema Council (*al-masa'il al-fiqhiyah al-awaqi'iyah al-thibbiyah*).
- 12) The hospital must have guidelines for mandatory worship practices for Muslim patients (e.g., provisions for purification and prayer for the sick).
- 13) The hospital must have guidelines for hospital cleanliness standards.

The service provisions of a Sharia hospital emphasize adherence to medical standards, prioritization of humanity, and the fair and transparent treatment of patients. Hospitals are required to provide non-discriminatory care in accordance with clinical guidelines while fostering an environment of trust, politeness, and friendliness. Additionally, they must offer spiritual services to support patient recovery and ensure that both patients and their representatives comply with established regulations. In terms of financial management, hospitals are expected to operate with fairness and integrity (Mohamad Amin et al., 2023).

Furthermore, Sharia hospitals must ensure that all services and operations align with Sharia principles, avoiding unethical practices such as bribery and oppression. The Sharia

Supervisory Board is responsible for overseeing service implementation to ensure continued compliance with Islamic guidelines. Hospitals must also provide worship facilities and guidance for Muslim patients. By maintaining cleanliness standards that meet both medical and Sharia requirements, Sharia hospitals aim to deliver holistic care that integrates physical, spiritual, and ethical well-being in accordance with Islamic values.

Provisions Related to the Use of Medicines, Food, Beverages, Cosmetics, and Other Consumable Goods

- a) Within hospitals, medicine, food, beverages, cosmetics, and consumable goods must be halal-certified by the Indonesian Ulema Council (MUI).
- b) If the medicines used are still undergoing MUI certification, the hospital can use items that do not have any haram elements at all.
- c) In case of emergencies involving medicine with haram elements, procedures necessitating informed consent need to be put in place.

The provisions regarding the use of medicines, food, beverages, cosmetics, and other consumables in Sharia hospitals focus on ensuring the halal status of the products used. Hospitals are required to use products that are halal-certified by the Indonesian Ulema Council (MUI). This covers all products categorized as medicines, food, beverages, cosmetics, and other consumables. Halal certification from MUI serves as the primary standard that must be met to ensure that the hospital services comply with Islamic law and provide a sense of security to patients when using these products.

However, in situations where the required medicines are not yet halal-certified by MUI, hospitals may use products that do not contain haram elements. This allows hospitals flexibility in addressing the medical needs of patients while maintaining sharia principles. In an emergency (*dharurat*) situation, where the only available option is a product containing haram elements, informed consent procedures must be followed. This means that hospitals are obliged to fully explain the situation to the patient or their family and obtain their informed consent. The *dharurat* principle in Islam permits the use of haram substances in critical situations, but it must be accompanied by transparency and informed agreement from the concerned parties, in line with Sharia ethics.

Provisions Related to the Placement, Use, and Development of Hospital Funds

- a. Sharia-compliant finance is obliged for hospital operations such as banking, insurance, finance, guarantees, and pensions.
- b. Fund portfolios and other assets must be invested in accordance with the Sharia rules.
- c. Funds shall not be developed through businesses and/or financial activities that are against the principles of Sharia.
- d. Guidelines on the Management of Lembaga Amil Zakat, Zakat, Sadaqah, Infaq, and Waqf should be established (NShC-Indonesian Ulema Council, 2016).

In Islamic hospitals, as it pertains to fund development, allocation, and use, it is specified that all activities are to be conducted by a Sharia-compliant financial institution. The hospitals are supposed to use the services of banks, insurance companies, financing companies, surety companies, and pension funds that operate under Islamic law. This avoids the use of the hospital's financial transactions and investments in interest (*riba*) and other actions that contradict Islamic principles.

While managing the portfolios and assets of a hospital, it is necessary to carry out transactions that deal with funds in a Sharia-compliant way. This ensures that a hospital does

not venture into activities that develop funds or businesses that advance transactions regarded as evil, ranging from interest, gambling, and other unspeakable acts. This type of attitude will help preserve the viability of the hospitals' funds and be congruent with Islamic teachings.

Moreover, Islamic hospitals should have unambiguous policies on the administration of zakat, infaq, sadaqah, and waqf funds. The policies must comply with the requirements of the National Sharia Council-Indonesian Ulema Council (DSN-MUI) so that these funds are managed and spent systematically and efficiently. The aim is not only to maintain the functioning of the hospital but also to provide benefits to the community in line with Islam's charitable objectives.

Sharia principles are integrated into all managerial and service aspects of Islamic hospitals. This includes having Sharia supervisory boards, internal regulations with Sharia compliance, a vision and mission rooted in Islamic values, agreements with employees, patients, and suppliers in alignment with Sharia, and human resource management following Islamic guidelines. Financial management, accounting, and the provision of worship facilities for patients, visitors, and staff must also comply with Sharia principles. Additionally, Islamic hospitals ensure the halal and safe nature of patient treatments and nutrition, maintain patient dignity through gender-appropriate medical services, and apply cleanliness principles to control and prevent infections. Mandatory religious activities for staff and the use of Sharia-compliant conflict management methods are also part of the operational framework (Hayati & Sulistiadi, 2018).

In Indonesia, the use of medicines, food, beverages, cosmetics, and other consumables is regulated by DSN-MUI Fatwa Number 107 of 2016, which mandates that all such products must be halal and certified by the Indonesian Ulema Council. This is supported by hadiths from Prophet Muhammad (PBUH) as found in the writings of Abu Dawud and Imam Nawawi in the book *al-Majmū' Syrahul Muhadzdzab* (Sa'adah, 2022).

In Islamic hospitals, adherence to Sharia principles goes beyond just healthcare services and management; it also includes financial and partnership activities. Hospitals must partner with Sharia-compliant financial institutions for managing funds, investments, and insurance claims. All financial transactions must adhere to Sharia law, avoiding interest, speculative transactions, or activities that contradict Islamic teachings. This highlights that the management of Islamic hospitals emphasizes not only the outcomes of healthcare but also the alignment of operational processes with Islamic values.

Moreover, Islamic hospitals are responsible for ensuring that all products, from medicines to food and cosmetics, meet halal standards as outlined in DSN-MUI Fatwa Number 107 of 2016. The use of non-halal products is only permissible in emergencies and must involve informed consent from the patient. This practice helps Islamic hospitals maintain both medical safety and the trust of Muslim patients by providing care that is consistent with their religious beliefs.

Sharia principles also govern interactions between patients and medical staff in Islamic hospitals. A key concern is the preservation of patient modesty and dignity, particularly during medical procedures. Gender considerations must be respected, ensuring that female patients are attended to by female staff and male patients by male staff to uphold dignity and purity according to Islamic teachings. Additionally, the principle of cleanliness (*taharah*) is emphasized in infection control and prevention to ensure the balance of health and spirituality.

To further embody Islamic values, all employees of Islamic hospitals are expected to engage in religious activities, such as study circles, Islamic discussions, and other community-based religious events. This not only strengthens individual faith but also fosters a cooperative and harmonious work environment. In conflict resolution, a consultative, Sharia-based approach to justice is applied to achieve fair outcomes for all parties involved. Therefore, the management of Islamic hospitals prioritizes not only the physical and medical aspects of care but also spiritual and ethical considerations throughout all its operations.

Comparing the application of Sharia medical frameworks in tourism hospitals in Malaysia and Indonesia exhibits some similarities in commitment to Islamic principles but differences in implementation. In Malaysia, government hospitals tend to provide basic Muslim-friendly facilities such as prayer rooms, Qibla indicators, and prayer time reminders. However, patients' ability to choose doctors based on gender is limited. Meanwhile, in private hospitals, patients have more freedom to choose doctors based on gender preference, and spiritual facilities are more comprehensive, including prayer assistance and prayer records. In both types of hospitals, management focuses on Sharia compliance in medication distribution, worker welfare, and other operations (Alswalmeh & Dali, 2020).

In Indonesia, Sharia medical frameworks are formally regulated through DSN-MUI Fatwa and strict certification standards. Islamic hospitals in Indonesia not only apply medical standards in accordance with Sharia but are also required to provide spiritual consultation and services emphasizing humanitarian, justice, and transparency values. Worship facilities and spiritual guidance are provided in detail, including guidelines for ablution and prayer for patients. Additionally, the use of medicines and halal products is closely monitored, and in emergencies, informed consent is required if non-halal products cannot be avoided.

In financial management, Islamic hospitals in Indonesia are required to collaborate with Sharia financial institutions and ensure that investments and fund management comply with Sharia principles. Furthermore, hospitals must maintain Sharia-compliant interactions, including preserving patient modesty in medical procedures. On the other hand, Malaysia emphasizes flexibility in meeting patient needs in private hospitals, with a greater focus on consumer services. This reflects that while both countries share the goal of maintaining Sharia principles, Indonesia's approach is more structured and strict, whereas Malaysia provides more flexibility, especially in the private sector.

CONCLUSION

In Indonesia, Sharia hospitals ensure that Sharia is in all factions of their operations, including management and medical services. Based on Fatwa DSN-MUI No. 107/DSN-MUI/X/2016, Sharia hospitals must follow Sharia rules, such as implementing standards of health services in accordance with clinical practice guidelines and respecting all parties' rights and obligations. Services in Sharia hospitals focus on and prioritize morality, fairness, and transparency in billing, and they also provide religious services in accordance with the patient's needs. All activities shall be devoid of any immoral acts, bribery, or oppression and shall observe the fatwa of the Indonesian Ulema Council relating to medicine.

As for the product and financial management of the Sharia hospitals, all products used, such as medicines, foods, beverages, and cosmetics, must possess halal certification from the MUI. In dire needs, such as emergencies, any medication containing haram substance is

permissible with full informed consent from the patient or family. Financial management must be held in Sharia financial institutions where investments and transactions do not breach Sharia law. Guidelines for managing zakat, infaq, *sedekah*, and waqf funds are also required to support the hospital's operations in accordance with Islamic ethics.

REFERENCES

- Alswalmeh, A. A. A., & Dali, N. R. S. M. (2020). The Effects of Accounting and Market Indicators Towards Company's Performance: A Conceptual Framework. *Asian Journal of Accounting and Finance*, 2(2), 85–89.
- Buse, K., Tanaka, S., & Hawkes, S. (2017). Healthy people and healthy profits? Elaborating a conceptual framework for governing the commercial determinants of non-communicable diseases and identifying options for reducing risk exposure. *Globalization and Health*, 13(1), 34. <https://doi.org/10.1186/s12992-017-0255-3>
- Dewan Syariah Nasional MUI. (2019). *Pedoman Penyelenggaraan Rumah Sakit Syariah*. <https://ubico.id/wp-content/uploads/2019/02/107-pedoman-penyelenggaraan-rumah-sakit-syariah.pdf>.
- Gopalakrishnan, S., & Ganeshkumar, P. (2013). Systematic reviews and meta-analysis: Understanding the best evidence in primary healthcare. *Journal of Family Medicine and Primary Care*, 2(1), 9. <https://doi.org/10.4103/2249-4863.109934>
- Hayati, M., & Sulistiadi, W. (2018). Rumah Sakit Syariah Strategi Pemasaran Vs Syiar. *Jurnal Administrasi Rumah Sakit (Arsi)*, 5(1), 30–36.
- Kersten, C. (2016). *Islam in Indonesia*. Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780190247775.001.0001>
- Khan, K. S., Kunz, R., Kleijnen, J., & Antes, G. (2003). Five Steps to Conducting a Systematic Review. *Journal of the Royal Society of Medicine*, 96(3), 118–121. <https://doi.org/10.1177/014107680309600304>
- Maksum, M., Wahyuni, A., Farida, A. R., Hasanah, L., & Fuad, S. (2022). Sharia Service as An Added Value: Response to Sharia Standard in Hospital Service. *Samarah*, 6(1), 423–448. <https://doi.org/10.22373/sjhc.v6i1.13418>
- Mardiyati, F. Y., & Ayuningtyas, D. (2021). Analysis of Implementation Standards of Sharia Minimum Services in the Hospital: Case Study at Sari Asih Sangiang Hospital 2018. *Journal of Indonesian Health Policy and Administration*, 6(1), 127–133. <https://doi.org/10.7454/ihpa.v6i1.3145>
- Methley, A. M., Campbell, S., Chew-Graham, C., McNally, R., & Cheraghi-Sohi, S. (2014). PICO, PICOS and SPIDER: a comparison study of specificity and sensitivity in three search tools for qualitative systematic reviews. *BMC Health Services Research*, 14(1), 579. <https://doi.org/10.1186/s12913-014-0579-0>
- Mohamad Amin, N. S., Ramli, N., & Zawawi, M. (2023). HARMONISING INTERNATIONAL LEGAL FRAMEWORKS AND SHARIAH PRINCIPLES IN THE CONTEXT OF MEDICAL TOURISM: AN ANALYSIS. *IUM Law Journal*, 31(2), 65–96. <https://doi.org/10.31436/iiumlj.v31i2.849>
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & PRISMA Group*, t. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Annals of Internal Medicine*, 151(4), 264–269.

- MUI, D. M. (2017). *Standar & Instrumen Sertifikasi Rumah Sakit Syariah*.
- MUKISI. (2017). *Pedoman Standar Pelayanan Minimal Rumah Sakit Syariah Dan Indikator Mutu Wajib Syariah*.
- Nadrattuzaman, M., Taufiki, M., & Yumna, L. (2021). Management Evaluation and Sharia Certified Hospitals Compliance. *Alqalam*, 38(1), 373692.
- Natadipurba, C. (2015). *Ekonomi Islam 101*. BANDUNG: Pt Mobidelta Indonesia.
- Peraturan Pemerintah. (2021). *Nomor 47 Tahun 2021 Penyelenggaraan Bidang Perumhaskitan di Indonesia*.
- Rachmat, R. H. H. (2021). *Filsafat, Pemikiran Dasar Pembangunan Kesehatan*. UGM Press.
- Rimiyati, H., & Susanto. (2021). Sharia Hospital Management in Terms of Religion Surveillance Aspect in Yogyakarta. *Proceedings of the 4th International Conference on Sustainable Innovation 2020-Accounting and Management (ICoSIAMS 2020)*, 176(ICoSIAMS 2020), 277–284. <https://doi.org/10.2991/aer.k.210121.038>
- Sa'adah, H. (2022). Konsep Rumah Sakit Syariah Dalam Transformasi Ekonomi Syariah. *I'thisom: Jurnal Ekonomi Syariah*, 1(2), 152–175.
- Sulistiadi, W., Rahayu, S., Veruswati, M., & Asyary, A. (2022). Health Personnel Improvement in the Implementation of Shariah's Ethical Code of Conduct in Tangerang Hospital, Indonesia. *Journal of Environmental and Public Health*, 2022. <https://doi.org/10.1155/2022/5548840>
- Syafaat, A. K. S., Qaiser Abdul Kareem Hamoode, & Muwahid. (2023). Implementation of Shariah Hospital Management Fatwa and Good Corporate Governance Principles: Another Fact from Shariah Hospital. *Jurnal Hukum Islam*, 21(2), 415–442. https://doi.org/10.28918/jhi_v21i2_08
- Tri Ratnawati, A. (2021). Shariah Hospital Social Responsibility: Maqashid Syariah at Muhammadiyah Hospital. *Journal of Economics, Finance and Management Studies*, 04(07), 1109–1118. <https://doi.org/10.47191/jefms/v4-i7-24>
- Yuswohadi. (2014). *Marketing to the Middle Class Muslim*. Gramedia Pustaka Utama. <https://books.google.co.id/books?id=VnEXogEACAAJ>