

Shariah Hospitals in Indonesia: Bridging Islamic Values and Healthcare Management

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ABSTRACT

This systematic review summarizes evidence related to the implementation of Sharia-compliant hospitals in Indonesia. The researchers conducted a search on Google Scholar, SAGE Journals, and PubMed (2019–2024; English/Bahasa Indonesia) utilizing Boolean and MeSH terms, excluding non-Sharia contexts, general healthcare without Sharia content, and non-empirical materials. Eligible studies consisted of empirical articles that examined Sharia-compliant hospital management, service processes, or patient-reported experiences. Supplementary searches included citation chasing and hand-searching; targeted checks in Scopus and Web of Science revealed no further eligible records. Out of 3,583 records screened, 18 studies fulfilled the inclusion criteria. The review adhered to PRISMA 2020 guidelines, incorporating dual independent screening and quality appraisal suitable for the design. Numerous studies have shown that enhanced Sharia compliance, through certification, halal-compliant pharmacy and nutrition, gender-sensitive services, and organized spiritual support, correlates with increased patient satisfaction and trust. Compliance varied among facilities. System-level constraints comprised restricted availability of halal medicine, inadequate implementation of standard operating procedures, limitations in staffing for gender-sensitive care, and inconsistent oversight. Future research ought to employ comparable measures, quasi-experimental or multicenter designs, and cross-country benchmarks to evaluate the compliance and satisfaction pathway and guide policy development. This synthesis sets a policy and management-ready agenda: standardized compliance metrics and common satisfaction instruments; strengthened halal-medicine supply chains and workforce planning; and transparent, feedback-linked complaint handling to drive continuous improvement.

Kata kunci:

Rumah Sakit Syariah;
Layanan kesehatan
Islam;
Kualitas layanan;
Kepuasan pasien;
Layanan kesehatan
Berbasis agama

Ulasan sistematis ini merangkum bukti terkait implementasi rumah sakit yang sesuai dengan syariah di Indonesia. Kami melakukan pencarian di Google Scholar, SAGE Journals, dan PubMed (2019–2024; Bahasa Inggris/Bahasa Indonesia) menggunakan istilah Boolean dan MeSH, dengan mengesampingkan konteks non-syariah, layanan kesehatan umum tanpa konten syariah, dan materi non-empiris. Studi yang memenuhi syarat terdiri dari artikel empiris yang mengkaji manajemen rumah sakit yang sesuai dengan syariah, proses pelayanan, atau pengalaman pasien yang dilaporkan. Pencarian tambahan meliputi pelacakan kutipan dan pencarian manual; pemeriksaan terfokus di Scopus dan Web of Science tidak menemukan catatan yang memenuhi syarat tambahan. Dari 3.583 catatan yang disaring, 18 studi memenuhi kriteria inklusi. Ulasan ini mengikuti pedoman PRISMA 2020, dengan penyaringan ganda yang independen dan penilaian kualitas yang sesuai dengan desain. Banyak studi menunjukkan bahwa peningkatan kepatuhan Syariah, melalui sertifikasi, apotek dan nutrisi yang sesuai Syariah, layanan sensitif gender, dan dukungan spiritual terorganisir, berkorelasi dengan peningkatan kepuasan dan kepercayaan pasien. Kepatuhan bervariasi antar fasilitas. Batasan sistem meliputi ketersediaan obat halal yang terbatas, implementasi prosedur operasional standar yang tidak memadai, keterbatasan tenaga kerja untuk layanan sensitif gender, dan pengawasan yang tidak konsisten. Penelitian masa depan sebaiknya menggunakan ukuran yang sebanding, desain quasi-eksperimental atau multicenter, dan tolok ukur antar negara untuk mengevaluasi jalur kepatuhan dan kepuasan serta mengarahkan pengembangan kebijakan. Sintesis ini menetapkan agenda kebijakan dan manajemen yang siap: metrik kepatuhan standar dan alat ukur kepuasan yang umum; penguatan rantai pasokan obat halal dan perencanaan tenaga kerja; dan penanganan keluhan yang transparan dan terhubung dengan umpan balik untuk mendorong perbaikan berkelanjutan.

INTRODUCTION

Indonesia hosts a large Muslim majority (≈ 246.6 million; 87%) (Royal Islamic Strategic Studies Centre, 2025). Sharia serves as a comprehensive moral and legal framework that encompasses various aspects of human existence, including religion, worship, social ethics, and interpersonal relationships. Sharia-compliant hospitals have experienced rapid growth; however, discrepancies remain in the data concerning implementation fidelity and patient satisfaction outcomes. These hospitals implement Sharia through integrating gender sensitive services alongside organized spiritual support (Suryani et al., 2023), halal-compliant healthcare and nutrition (Alfarizi & Arifian, 2023), and Islamic medical ethics (Ismail et al., 2024) within conventional care.

Regionally, Malaysia's Islamic-friendly hospital initiatives are well established; however, a 2023 scoping review of 37 studies (2012–2022) shows that day-to-day clinical integration remains fragmented and largely lacks a unified HCP-level framework. It identifies three recurring themes—healthcare professionals' attitudes/character, clinical decision-making (e.g., fasting, end-of-life, organ donation), and holistic spiritual care—and recommends targeted training and supportive organizational culture to avoid uneven implementation (Mahmood et al., 2023). In Saudi Arabia, new national evidence from a 2025 cross-sectional survey ($n = 3,949$) reports strong same-gender physician preferences—notably for intimate examinations (90.8% of women; 72.3% of men), with additional same-gender preferences for general exams—underscoring the value of gender-sensitive workforce planning to enhance comfort, satisfaction, and trust (Alhomayani et al., 2025).

In 2016, the National Sharia Board of the Indonesian Ulama Council (DSN-MUI) issued Fatwa No. 107/DSN-MUI/X/2016 providing operational guidance for Sharia-compliant hospitals; subsequent certification standards and instruments were developed with (MUKISI, 2020) (version 1438/2017). Since then, hospitals have adopted Islamic practices in management, clinical services, administration, and ethics, and by 2022, 72 hospitals had received Sharia certification. Nevertheless, multi-site evaluations report variable compliance with DSN-MUI/MUKISI standards across facilities, contributing to inconsistent service delivery and patient experience (Nadrattuzaman et al., 2021; Mardiyati & Ayuningtyas, 2021) common constraints include limited availability of halal-certified medicines and incomplete pharmacy or nutrition SOP implementation (Ningtyas et al., 2022), alongside challenges in ensuring gender-sensitive care within staffing and infrastructure limits (Suryani et al., 2023; Jamaludin & Saepudin, 2021), and a continuing need for staff education in Islamic medical ethics and Sharia-aligned procedures (Maksum et al., 2023; Mardianingsih et al., 2020; Ismail et al., 2024).

As Indonesia expands Sharia-compliant hospitals under national oversight and certification, decision makers still lack a unified, patient-centered evidence base: findings on implementation fidelity, service quality, and patient-reported outcomes are dispersed across heterogeneous designs and measures, complicating assessment of whether compliance consistently translates into better care and experience (Abdurrokhman & Sulistiadi, 2019; Maharani et al., 2021). This review addresses that gap by synthesizing studies from 2019-2024 and extends prior Indonesian scholarship by (i) diagnosing implementation gaps; (ii) mapping context appropriate solutions; and (iii) structuring alternative options and priorities for decision makers together yielding a policy and management ready evidence map to facilitate

standardized implementation and oversight, strengthen halal medicine supply strategies, promote gender-sensitive staffing, guide staff training in Islamic medical ethics, and set priorities for subsequent research.

RESEARCH METHOD

Study Design

We conducted a systematic review of the literature on Sharia hospitals in Indonesia, aiming to identify how Sharia principles are implemented in hospital management and service delivery, and how they relate to patient satisfaction. To reflect current practice, inclusion was restricted to studies published in the past five years. Searches of relevant academic databases were conducted from 1 February to 1 March 2025 using predefined inclusion and exclusion filters and Boolean keyword combinations, and reporting followed the PRISMA guidelines in Table 1. We limited inclusion to 2019–2024 to capture the post-guidance implementation period after MUKISI standards (from 2016). Scoping indicated that pre-2019 literature was largely pre-implementation rather than empirical implementation with patient-centred outcomes. To ensure completeness, we conducted backward and forward citation chasing, hand-searched key journals, and ran a targeted 2016–2018 scan; no additional eligible empirical studies were found.

Table 1. Inclusion and Exclusion Criteria

Criterion	Inclusion	Exclusion
Study focus	Research on Sharia-compliant hospitals in Indonesia	Studies on non-Sharia hospitals or general healthcare
Scope/content	Sharia principles in hospital management, service delivery, and patient satisfaction	Studies that do not address Sharia principles
Study type	Empirical research, systematic reviews, case studies (peer-reviewed)	Opinion pieces, editorials, non-empirical reports
Language	English or <i>Bahasa Indonesia</i>	Other languages
Publication year	2019–2024	Before 2019
Availability	Full-text accessible	No full text available
Peer review	Published in peer-reviewed journals	Not peer-reviewed
Data quality	Sufficient, accurately recorded data enabling extraction	Incomplete or inaccurate data
Geographic scope	Conducted in Indonesia; multi-country studies included only if Indonesian data are extractable.	Studies without separable Indonesian data; studies conducted entirely outside Indonesia

Source: Page et al., 2021

Data Collection

We searched PubMed, SAGE Journals, and Google Scholar using English and Bahasa Indonesia keywords with Boolean operators (AND, OR, NOT) and, where applicable, MeSH terms to refine retrieval. Keywords in both languages were mapped to MeSH where possible; examples include: “Sharia hospital” OR “Islamic hospital” OR “Sharia-compliant hospital” OR “Islamic healthcare” OR “halal medical practice” OR “Islamic healthcare management” AND “Indonesia.” Our search emphasised implementation-related terms for Sharia hospitals; patient satisfaction was not required as a search term (to preserve recall), but was treated as a primary outcome at eligibility/extraction. We also used backward or forward citation chasing



and hand searching to capture studies where satisfaction was reported only in the full text. Records were de-duplicated and screened against predefined eligibility criteria; included studies investigated the implementation or use of Sharia hospitals in Indonesia. As a sensitivity check, we ran the same strategy in Scopus and Web of Science (last checked 1 March 2025); these searches yielded no unique eligible records beyond duplicates or out-of-scope items.

Data Analysis

Two reviewers independently screened titles and abstracts and assessed full texts against prespecified eligibility criteria; a third reviewer resolved disagreements. We extracted data on study period, year of publication, language, setting, sample size, study design, methods, and indicators of Sharia implementation (e.g., certification/compliance elements) to ensure alignment with the review objectives. The review included diverse designs—qualitative studies, descriptive analyses, mixed-methods, interview studies, case studies, cohort studies, and retrospective analyses—enabling a comprehensive synthesis of implementation practices, challenges, and strategies in Sharia-compliant hospital services. Using the PICOS (Population, Intervention, Comparison, Outcome, and Study Design) paradigm assures a disciplined and comprehensive analysis via article retrieval and synthesis. This framework helped refine the selection process and ensured that the included studies were relevant to the research objectives, as seen in Table 2.

Table 2. PICOS (Population, Intervention, Comparison, Outcome, and Study Design)

Component	Description
Population (P)	Studies focusing on Sharia-compliant hospitals and healthcare institutions in Indonesia.
Intervention (I)	Implementation of Sharia principles in hospital management, service delivery, and patient care.
Comparison (C)	Comparison between Sharia-compliant hospitals and conventional healthcare institutions in terms of service quality, patient satisfaction, and compliance with national healthcare regulations.
Outcome (O)	Primary (compliance with Sharia standards, patient satisfaction), secondary (Service quality), and implementation outcomes.
Study Design (S)	Empirical studies, systematic reviews, case studies, and qualitative research that assess the effectiveness and challenges of Sharia-compliant healthcare services.

Source: Higgins et al., 2023

The results of the article search are shown in Figure 1. The initial search yielded a total of 3,495 results from Google Scholar, 8 from SAGE Journals, and 80 from PubMed. After applying the inclusion and exclusion criteria and reviewing the titles and abstracts, 18 studies were selected from Google Scholar. No relevant studies were identified from PubMed and SAGE Journal.



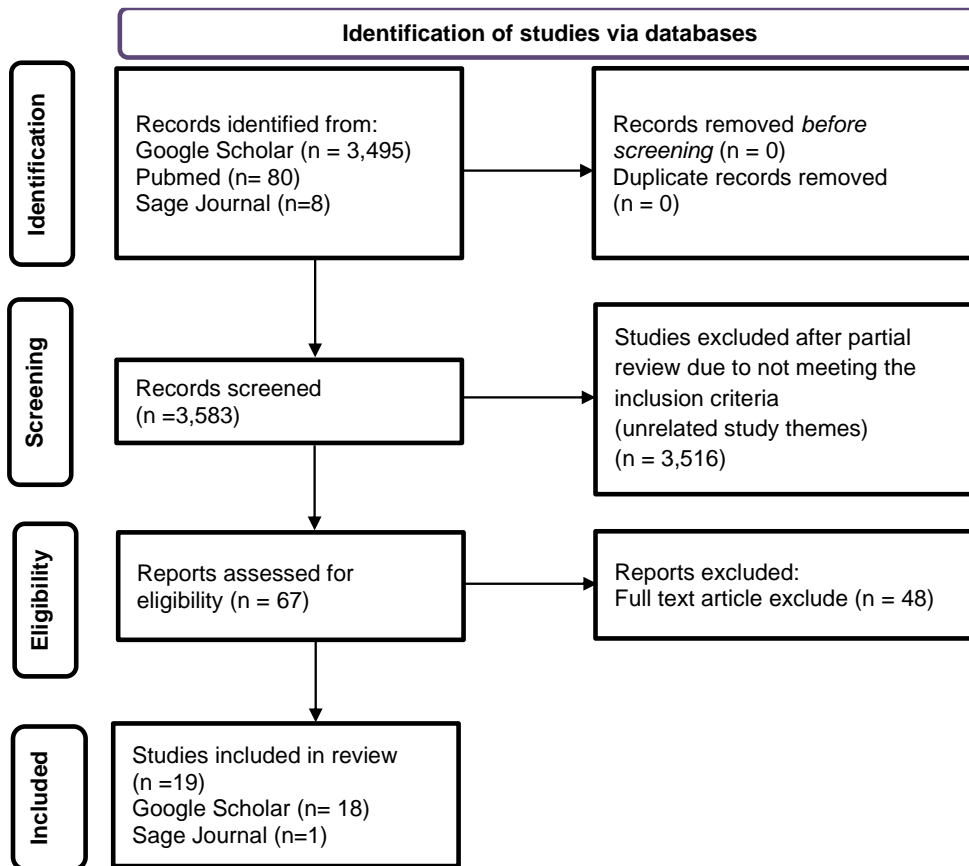


Figure 1. Framework of the Article Search Result

RESULTS AND DISCUSSION

From 2019 to 2024, the study covers a broad spectrum of topics, including patient satisfaction, the application of Sharia values in hospital operations, and the effectiveness of Sharia-compliant services in raising the standard of healthcare. Adoption of Sharia-compliant healthcare services has significantly changed patient trust in organizations according to Islamic values and satisfaction. Alfarizi & Arifian (2023) found that Sharia-compliant service elements, gender-sensitive separation, halal-certified treatments, and religious accommodations were associated with higher patient satisfaction. Ethical procedures, transparency, and conformity with Islamic values make patients enjoy Sharia-compliant hospitals, according to (Maharani et al., 2021), especially in sections of specialist healthcare like oral medicine and dentistry. Patient satisfaction and adherence to Islamic law showed a notable relationship according to (Niam et al., 2023). These results draw attention to the rising need for Sharia-compliant businesses that respect spiritual as well as medical standards. Table 3 displays the results of the literature review on the implementation of Sharia Hospital in Indonesia.

Table 3. Literature Review Result

No	Author/Year	Title	Objective	Methodology	Key Findings
1	Alfarizi & Arifian (2023)	Patient satisfaction with Indonesian sharia hospital services: Halal healthcare tool and implications for loyalty-WoM	To explore the impact of Sharia compliance on patient satisfaction in Islamic hospitals.	A mixed-method approach combines quantitative surveys and qualitative interviews.	Sharia compliance in hospital services positively affects patient satisfaction, particularly in areas such as gender segregation and halal-certified treatments.
2	Ali (2019)	Islamisasi Budaya Pelayanan Rumah Sakit Kunjungan Pasien Di Rumah Sakit Islam Sultan Agung Semarang	To evaluate the role of Sharia certification in improving the quality of healthcare services in Indonesian hospitals.	Quantitative analysis of patient satisfaction surveys in Sharia-certified hospitals.	Sharia certification significantly contributes to higher healthcare quality by ensuring that all aspects of patient care align with Islamic principles.
3	Ats Tsaury & Kholil (2022)	Implementasi Fatwa DSN-MUI NO : 107 / DSN-MUI / X / 2016 Di Rumah Sakit Qolbu Insan Mulia Batang	To assess the implementation of the DSN-MUI Fatwa No: 107/DSN-MUI/X/2016 in a sharia hospital.	Qualitative analysis using the case study method.	The fatwa has significantly influenced the operations of the hospital, ensuring compliance with Sharia principles in every aspect of hospital management and services.
4	Maharani et al. (2021)	Overview of Patient Satisfaction with Sharia Services Hospitals in Indonesia: Literature Review	To assess how Shariah principles are implemented in hospital management and their effect on service delivery.	Case study analysis with qualitative data collection from hospital administrators and staff.	The integration of Shariah principles into hospital management enhances service delivery and patient trust, particularly through ethical practices and transparency in care.
5	Abdurrokhman & Sulistiadi, (2019)	Sharia Service as An Added Value: Response to Sharia Standard in Hospital Service	To assess the community's response to the implementation of Sharia standards in hospitals.	Quantitative research was conducted using questionnaires distributed to 50 patients and families in three hospitals, with additional interviews conducted with hospital management and Sharia supervisory boards.	The majority of respondents had a positive response to Sharia standards, viewing them as adding value to hospital services by enhancing both legal and ethical aspects of healthcare.
6	Maksum et al. (2023)	Sharia Integration in Hospital Service: Implementation of Purity and Ikhtilāf Aspect	To explore the integration of Sharia principles in the provision of hospital services.	Qualitative analysis with interviews and document analysis.	Successful integration of sharia principles leads to improved patient satisfaction and trust in the hospital services.

No	Author/Year	Title	Objective	Methodology	Key Findings
7	Mardiyati & Ayuningtyas (2021)	Analysis of Implementation Standards of Sharia Minimum Services in the Hospital: Case Study at Sari Asih Sangiang Hospital 2018	To analyze Sharia minimum service standards at Sari Asih Sangiang Hospital after receiving Sharia certification.	Qualitative case study using document review, interviews, and analysis of service implementation records.	The hospital successfully implemented Sharia minimum service standards, though challenges in consistent data recording were identified, suggesting a need for enhanced training and documentation processes.
8	Nadrattuzaman et al. (2021)	Management Evaluation and Sharia Certified Hospitals Compliance	To evaluate the compliance of a sharia-certified hospital with sharia principles.	Case study using qualitative analysis.	The hospital's operations align well with Sharia principles, but continuous monitoring and improvement are required to maintain compliance.
9	Niam et al. (2023)	The Patient Satisfaction Level Analysis on the Application of Compliance with Islamic Law Elements in Sultan Agung Islamic Oral and Dental Hospital	To analyze the relationship between the application of compliance with Islamic law elements and patient satisfaction at Sultan Agung Islamic Oral and Dental Hospital.	Analytical observational research (cross-sectional) was conducted using an accidental sampling technique with 133 patients, and the data were analyzed using the Spearman correlation test.	The study found a significant correlation between Islamic law compliance and patient satisfaction, indicating that better compliance results in higher patient satisfaction.
10	Ningtyas et al. (2022)	Halal Medicine Selection Process in Sharia-Certified Hospital	To analyze the implementation of the halal medicine selection process in Nur Hidayah Hospital, Yogyakarta.	Qualitative research using a case study method with interviews, observation, and document analysis.	Sharia principles are implemented in the medicine selection process at Nur Hidayah Hospital, but the availability of halal-labeled medications remains limited. The use of non-halal substances is managed through doctor-patient agreements using Sharia-informed consent.
11	Novriwanda & Herman (2024)	Determinan Preferensi Konsumen Dalam Memilih Rumah Sakit Syariah	To identify religiosity, understanding, and consumer attitudes as indicators in preferences for choosing a Sharia Hospital.	Quantitative analysis using Structural Equation Modeling Partial Least Squares (SEM-PLS) on a sample of 100 respondents.	Consumer understanding of the concept of Sharia and the level of religiosity significantly influence preferences for choosing Sharia Hospitals.
12	Pribadi (2021)	The Establishment of Sharia-Based Class D General	To explore the impact of Islamic moral ethics on patient	Mixed-method approach combining surveys and interviews.	Islamic moral ethics, including honesty, empathy, and trustworthiness,

No	Author/Year	Title	Objective	Methodology	Key Findings
		Hospital in Purwantoro, Wonogiri	satisfaction in Indonesian Sharia hospitals.		significantly improve patient satisfaction in Sharia hospitals.
13	Rahayu et al. (2023)	Impact of Sharia Certification on Nutrition Management at YARSI Hospital	To assess the effects of sharia certification on the management of nutrition services in YARSI Hospital.	Mixed-method research involving quantitative analysis of patient satisfaction surveys and qualitative interviews with staff.	Sharia certification has led to improvements in the selection and preparation of halal food, contributing to higher patient satisfaction and trust in the hospital's nutrition services.
14	Rimiyati & Susanto (2021)	Sharia Hospital Management in Terms of Religion Surveillance Aspect in Yogyakarta	To examine the influence of Islamic work ethics on the job performance of nurses in Sharia hospitals.	A quantitative study was conducted using surveys with 200 nurses across several Sharia hospitals.	Islamic work ethics positively influence nurses' job performance, leading to improved patient care and satisfaction.
15	Suryani et al. (2023)	Application of the sharia childbirth innovation model in Indonesia: Perspective of midwives and staff of the Islamic Service Unit	To explore a sharia-compliant childbirth model in maternity services.	Qualitative study using case study methodology with interviews and observations in selected sharia hospitals.	The sharia childbirth model, which includes guidelines for modesty, gender considerations, and spiritual support during childbirth, has significantly improved patient satisfaction and adherence to Islamic principles during maternity care.
16	Wardaningsih & Junita (2021)	Nurses' experiences in implementing an Islamic care nursing practice in a Sharia-based hospital, Yogyakarta: A phenomenological study	To examine the impact of Islamic work ethics on job satisfaction among healthcare professionals in Sharia hospitals.	Quantitative research using surveys administered to healthcare professionals in multiple Sharia hospitals.	Islamic work ethics are positively correlated with job satisfaction, leading to enhanced performance and a more cohesive work environment in Sharia hospitals.
17	Wardaningsih & Oktariza (2021)	Patients' Perceptions of the Islamic Caring Model of Nurses in Yogyakarta Sharia Hospitals	To determine patient perceptions of the Islamic caring model among nurses in Yogyakarta Sharia hospitals.	A descriptive qualitative method was used, using in-depth interviews with 10 patients from PKU Muhammadiyah Yogyakarta Hospital and Nur Hidayah Bantul Yogyakarta Hospital.	Patients perceived Islamic caring in nurses as including patience, spiritual support, and service based on Islamic Shari'a, leading to overall satisfaction with nursing services.

To demonstrate increases in institutional trust, dietary control, and service quality, an extensive study on how Sharia certification influences hospital operations has been conducted. Certification improves the choice and preparation of halal food, according to (Rahayu et al., 2023), therefore increasing patient trust in following Islamic dietary rules. (Ningtyas et al., 2022) Sharia-certified hospitals uphold ethical healthcare standards but struggle to maintain a reliable supply of halal-labelled medicines. These studies show that, although Sharia certification improves compliance, hospitals must continuously address operational constraints, including limited halal medicine supply, incomplete pharmacy SOPs, shortages of same gender clinical staff, uneven compliance monitoring, and gaps in staff training and infrastructure. Notwithstanding these benefits, Sharia hospitals always face challenges. Although certification offers a legal framework, disparities in service quality come from differential compliance among hospitals, according to (Nadratuzzaman et al., 2021) and (Mardiyati & Ayuningtyas, 2021). Problems with insufficient documentation and assessment procedures restrict our capacity to guarantee that Sharia principles are followed regularly throughout numerous institutions. Maksun et al. (2023), staff members' inadequate awareness of Islamic medical ethics prevents the complete integration of Sharia concepts into hospital operations. The results underscore the need for controlled supervision and methodical training courses to ensure uniformity in Sharia hospital operations.

Halal-certified drugs, gender-segregated facilities, and Islamic staff training programs raise operational expenses and hence compromise the financial viability of Sharia hospitals. Novriwanda & Herman (2024) examined consumer alternatives for Sharia hospitals in spite of the rising demand and found that a significant portion of patrons still value economy. Halal-certified drugs, gender-segregated facilities, and Islamic staff training programs raise operational expenses and hence compromise the financial viability of Sharia institutions. Novriwanda & Herman (2024) looked at customer alternatives for Sharia hospitals in spite of the rising demand and found that a significant portion of them still choose cheap. Examining the Islamic caring model among nurses, (Wardaningsih & Junita, 2021) discovered that adherence to Islamic ethical requirements coincides with a better likelihood of offering compassionate, patient-centered care.

According to this study, sponsoring programs for Islamic-based workers would increase service quality and help to strengthen adherence to Sharia norms. Maintaining gender-segregated facilities, halal-certified drugs, and Islamic staff training programs helps to lower running expenses, therefore compromising the financial viability of Sharia institutions. When evaluating consumer preferences for Sharia hospitals, (Novriwanda & Herman, 2024) found that a significant portion of customers give cost priority even in the face of growing demand. According to the research, the long-term survival of Sharia hospitals and the availability of services to a larger society depend critically on government backing and financial incentives. Lack of funding could make it difficult for hospitals to strike a balance between financial sustainability and religious devotion, therefore compromising their potential to provide high-quality, Sharia-compliant treatment. The effectiveness of patient complaint management mechanisms decides whether Sharia hospitals maintain trust and high standards of quality of services. Adriansyah et al. (2023) showed that hospitals using Root Cause Analysis (RCA) attained improved customer satisfaction and service quality, as it is a methodical approach for addressing patient problems (Rasyid, 2020). Emphasizing the need for Islamic supervision in

the administration of Sharia hospitals, (Rimiyati & Susanto, 2021) underlined that improved governance is linked with higher patient trust and compliance with regulations. The results reveal that a well-organized complaint management system may raise operational efficiency and patient satisfaction.

Furthermore, increasing patient confidence and enjoyment is the creation of fresh Sharia-compliant maternity and general healthcare services. According to Suryani et al. (2023), compliance with modesty, gender-sensitive care, and spiritual direction dramatically enhanced maternity care experiences. More strong patient contacts result, according to Pribadi (2021), when Islamic moral values like honesty, empathy, and trustworthiness find their way into hospitals. This study underlines how important innovation is for healthcare providers to make sure Sharia hospitals satisfy the requirements of their Muslim patients. Future initiatives must emphasize Sharia-compliant healthcare, the enhancement of research, policy development, and international partnership facilitation. Underlining the need for ongoing training programs for healthcare workers in Islamic medical ethics, (Wardaningsih & Oktariza, 2021) sought to improve the service delivery in Sharia hospitals. As observed by Nadratuazzaman et al. (2021), partnerships with foreign Islamic healthcare groups might also help Sharia hospitals build universal best practices and quality standards. Their application is necessary to raise the legitimacy and efficiency of Sharia hospitals all around.

Discussion

The studies from 2019 to 2024 collectively examine how Sharia values in hospitals relate to patient-reported outcomes, especially satisfaction and trust, and how operational features influence service quality across Indonesian facilities. Consistent patterns show that stronger Sharia compliance through certification, halal-compliant pharmacy and nutrition, gender sensitive services, and structured spiritual support is positively associated with higher patient satisfaction and, in several reports, higher trust. These associations are supported by findings that patient visible practices such as halal food and pharmacy, access to prayer and ablution, privacy and modesty safeguards, and the presence of same gender clinicians, especially for intimate examinations, materially shape experience rather than serving as symbolic branding (Alfarizi & Arifian, 2023; Maharani et al., 2021; Niam et al., 2023; Rahayu et al., 2023; Suryani et al., 2023).

International comparisons help explain what works and why. In Malaysia, a scoping review identified three domains of daily integration, namely attitudes and character of health care professionals, value-aware clinical decision making, such as fasting and end-of-life issues, and holistic spiritual care, but also concluded that bedside practice remains fragmented without a unified HCP-level framework and targeted training (Mahmood et al., 2023). Complementing this, a multicentre PLS SEM study in Islamic-friendly hospitals showed that halal attributes and intrinsic or extrinsic hospital values increase satisfaction. Satisfaction in turn drives word of mouth while mediating these effects, outlining a pathway from compliance to experience and onward to advocacy that is relevant for the Indonesian scale-up (Rahman et al., 2021).

Evidence from Saudi Arabia underscores the centrality of gender concordant staffing. A large cross-sectional survey documented strong preferences for same gender physicians, particularly for intimate examinations, which supports staffing and scheduling policies aligned with patient gender preferences to enhance comfort, satisfaction, and trust. These findings are

directly applicable in Indonesia, where staffing and rostering constraints are frequently reported, especially in obstetrics and gynecology and emergency care (Alhomayani et al., 2025; Suryani et al., 2023).

Certification influences daily operations that are visible to patients, such as the selection and preparation of halal food and the clarity of procedures, which in turn reinforces trust in religious compliance. At the same time, certified hospitals report difficulty maintaining reliable supplies of halal-labelled medicines, showing that operational constraints can limit the full expression of certification benefits. Disparities in service quality arise from differential compliance across facilities under a shared normative framework, and gaps in documentation and assessment limit assurance that Sharia principles are applied consistently. Limited awareness of Islamic medical ethics among some staff constrains consistent bedside practice, which underscores the need for strengthened supervision and structured training to support uniformity (Rahayu et al., 2023; Ningtyas et al., 2022; Nadrattuzaman et al., 2021; Mardiyati & Ayuningtyas, 2021; Maksum et al., 2023).

Several implementation elements increase operating costs, including halal-certified medicines, gender segregated spaces, and Islamic competency training. Evidence shows that a substantial share of patients still prioritize affordability when choosing care, which creates a tension between financial sustainability and the expected level of religious accommodation. Building Islamic-based competencies among workers is associated with more compassionate, patient-centered care, but sustained policy support and appropriate financing mechanisms are needed so that quality and access are not compromised (Novriwanda & Herman, 2024; Wardaningsih & Oktariza, 2021). In parallel, hospitals that apply structured complaint management and governance tools report gains in satisfaction and quality. Root Cause Analysis provides a systematic approach to address patient problems, and Islamic-oriented oversight in administration is associated with higher trust and better regulatory compliance. These elements function as enabling systems that convert implementation intent into reliable experience at the point of care (Adriansyah et al., 2023; Rasyid, 2020; Rimiati & Susanto, 2021).

Service line innovation further strengthens experience. In maternity and general services, attention to modesty, gender sensitive care, and spiritual guidance is associated with better experiences, especially for women during intimate care. Emphasizing Islamic moral values such as honesty, empathy, and trustworthiness in daily interactions strengthens relationships and reinforces confidence in Sharia-compliant hospitals (Suryani et al., 2023; Pribadi, 2021). Continuous training in Islamic medical ethics improves service delivery. It supports consistent bedside practice, while collaboration with international Islamic health organizations offers pathways to shared standards and benchmarking of quality and compliance. These collaborations, together with locally grounded training, can help address variability in practice and consolidate gains across facilities (Wardaningsih & Oktariza, 2021; Nadrattuzaman et al., 2021).

Taken together, the evidence converges on four practical priorities. First, standardize compliance metrics that are mapped to DSN MUI and MUKISI and adopt common patient experience instruments to verify patient visible benefits (Maharani et al., 2021; Rahayu et al., 2023). Second, formalize halal medicine formulary governance, vendor qualification, and stock out monitoring to stabilize supply chains (Ningtyas et al., 2022). Third, gender concordant staffing models should be planned where clinical sensitivity and patient preferences are most

salient (Suryani et al., 2023). Fourth, embed unit-level audit and feedback and transparent complaint handling so that learning cycles translate into improvements in experience and trust (Rimiyati & Susanto, 2021). Study quality considerations and simple sensitivity checks suggest cautious confidence in the main conclusion, since the association between stronger compliance and higher satisfaction or trust remains evident when emphasis is placed on studies with clearer exposure measurement anchored in certification or audit and stronger patient experience tools (Maharani et al., 2021; Rahayu et al., 2023; Alfarizi & Arifian, 2023).

Challenges

Sharia hospitals have various challenges that prevent their full implementation, even if their frequency is rising and they help Indonesia's healthcare system. The main challenge is the lack of uniformity in Sharia hospital policies, which leads to differences in compliance across different institutions (Ats Tsauri & Kholil, 2022). Although some hospitals effectively embrace all Sharia values, others struggle with financial limits, insufficient human resources, and structural problems (Maksum et al., 2023). The restricted supply of pharmaceuticals, which are identified as halal and medical supplies, is one of the key difficulties. Maintaining adherence to halal requirements demands a solid supply chain and regulatory control; nonetheless, some hospitals find it difficult to maintain a constant inventory of Sharia-compliant drugs (Ningtyas et al., 2022). Managing patient complaints in Sharia hospitals involves particular challenges as these institutions have to strike a compromise between respecting Islamic beliefs and the maintenance of service quality (Adriansyah et al., 2023).

Particularly in emergency and specialized medical treatments, gender separation restrictions in hospitals create logistical difficulties (Niam et al., 2023). While the upkeep of same-gender healthcare teams is in line with Sharia values, personnel restrictions, medical exigencies, or financial restraints might make it impractical at times. As a result, several hospitals have adopted flexible staffing policies while maintaining moral standards for decency and patient care. Moreover, for many Sharia hospitals, financial viability remains a major issue. Operating expenses are raised by expenditures pertaining to maintaining halal-certified medical supplies, teaching staff members in Islamic values, and following Sharia laws (Novriwanda & Herman, 2024). Several hospitals find it difficult to keep their services available without enough government support, financial incentives, or inventive funding tools like waqf and zakat, therefore guaranteeing affordability for a varied patient population.

Integration of Islamic work values into hospital administration affects staff performance and the quality of services. Compliance with Islamic work principles improves job satisfaction and cooperation, hence improving patient care (Wicaksono et al., 2023; Wardaningsih & Junita, 2021). Still, making sure all medical staff members follow these ethical standards calls for constant training and reinforcement, which may be costly.

CONCLUSION

This review's main finding is that higher Sharia compliance is associated with higher patient satisfaction and trust. Evidence from 2019–2024 indicates that, despite variability in implementation, hospitals with stronger compliance or certification report higher patient-reported satisfaction and trust. Certification is most consistently linked to patient-visible processes (e.g., halal-compliant nutrition, spiritual support, gender-sensitive services), although implementation remains uneven across facilities.

This synthesis is limited by the 2019–2024 window, English and Bahasa Indonesia language restrictions, and reliance on secondary research with heterogeneous designs and measures (many non-comparative and not all reporting both compliance and satisfaction). We mitigated database scope by checking Scopus and Web of Science (no unique eligible records) and citation chasing, but some studies may have been missed. Potential publication bias and context variability across facilities may also affect generalizability. We recommend: (1) Adopt national, DSN-MUI/MUKISI-aligned audit standards and common patient experience instruments; (2) Strengthen halal medicine supply chains through formulary governance, vendor qualification, and stock-out monitoring; (3) Invest in healthcare worker training in Islamic medical ethics and gender-sensitive staffing models; and (4) Pursue international collaboration (e.g., Malaysia/Saudi comparators) for cross-country benchmarking and capacity-building. Future work should include multicentre or quasi-experimental evaluations to test the compliance and satisfaction pathway.

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ABBREVIATIONS

MUKISI: Majelis Upaya Kesehatan Islam Seluruh Indonesia – the Indonesian Islamic Health Efforts Council; *DSN-MUI*: Dewan Syariah Nasional-Majelis Ulama Indonesia – The National Sharia Board of the Indonesian Ulama Council; *MUI*: Majelis Ulama Indonesia – The Indonesian Ulama Council.

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