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**Sharia Service as An Added Value:
Response to Sharia Standard in Hospital Service**

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Abstract: The application of sharia principles in business activities and services adds to standard compliance and some of them are trapped in the legalistic formality aspect rather than improving business ethics. Hospitals, which main business is providing health services, by applying sharia principles may enhance the added value in health services or just a formal aspect. The purpose of this study seeks to reveal the community's response to the application of sharia standards in hospitals. The study used a quantitative research method, through the distribution of questionnaires to 50 patients and their families in three regional public hospitals; Zainoel Abidin Hospital Aceh, Sultan Agung Hospital Semarang, and Bandung Islamic Hospital and interviews with the management and sharia supervisory board of the hospital. This study describes descriptively, with a likert scale approach, to see the response towards the application of sharia standards. The results show that the majority of respondents gave a positive response towards the application of sharia standards. Sharia standards are added value services in sharia hospitals. The results of this study is implicated in the management of sharia compliance in hospitals and the need for regulatory support for the implementation of sharia in hospitals.

Keywords: sharia principles, sharia certification, sharia hospitals, sharia purposes (*maqāṣid al-syarī'ah*)

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Abstrak: Penerapan prinsip syariah dalam kegiatan bisnis dan layanan jasa menambah pemenuhan standar dan sebagiannya justru terjebak pada aspek formalitas legalistic ketimbang meningkatkan etika bisnis. Rumah sakit yang bisnis utamanya memberikan layanan kesehatan dengan menerapkan prinsip syariah apakah akan menjadi nilai tambah layanan atau sekedar aspek formal. Tujuan penelitian ini berupaya mengungkap respon masyarakat terhadap penerapan standar syariah di dalam rumah sakit. Penelitian ini dilakukan dengan pendekatan kuantitatif melalui penyebaran kuisioner terhadap 50 pasien dan keluarga pasien di tiga rumah sakit umum daerah Zaenal Abidin Aceh, Rumah Sakit Sultan Agung Semarang, dan Rumah Sakit Islam Bandung dan wawancara kepada pengelola dan dewan pengawas syariah rumah sakit. Penelitian ini menggambarkan secara deskriptif dengan pendekatan skala liket untuk melihat respon terhadap penerapan standar syariah. Hasilnya menunjukkan mayoritas responden memberikan respon positif terhadap penerapan standar syariah. Standard syariah menjadi nilai tambah layanan di rumah sakit syariah. Hasil penelitian ini berimplikasi pada pengaturan tata kelola pemenuhan syariah (shariah compliance) di rumah sakit dan perlunya dukungan regulasi terhadap penerapan syariah di rumah sakit.

Kata Kunci: prinsip syariah, sertifikasi syariah, rumah sakit syariah, tujuan syariah (*maqāṣid al-syarī`ah*)

Introduction

The application of sharia principles in business activities is growing and expanding into various business fields and services. Initially, it was a financial institution that was earlier and well-established in the application of the sharia principles. The development of shariah financial institutions encourages the establishment of sharia-based businesses and services such as hotels, tourism, hospitals, and the food industry. The application of sharia principles has an impact on the obligation to comply with sharia provisions in business such as the prohibition of usury, the compliance of the parties, and the commitment to carry out the deal.¹

The application of sharia principles in business activities is an effort to harmonize law and ethics. Sharia is more dominantly interpreted as a law that determines halal and haram or whether something is legal. On the other hand, business prioritizes services which are oriented to speed, convenience, and comfort. The two entities seem to be discordant, but in fact they can be harmonized. One of the alignment methods includes a mechanism for implementing sharia purposes (*maqāṣid al-syarī`ah*).² The flexibility of sharia

¹ Sabina Cerimagic, "The Effects of Islamic Law on Business Practices," *Education, Business and Society: Contemporary Middle Eastern Issues* 3, no. 1 (2010): 40–47, <https://doi.org/10.1108/17537981011022805/FULL/HTML>.

² Luqman Zakariyah, "Harmonising Legality with Morality in Islamic Banking and

becomes overt with the *maqāṣid al-syarī'ah* mechanism because the purpose of applying the law (sharia) is basically to create the benefit in five aspects, namely protecting religion (*hifẓ al-dīn*), protecting intellectual (*hifẓ al-'aql*), protecting offspring (*hifẓ al-nasl*), protecting life (*hifẓ al-nafs*), and protecting property (*hifẓ al-māl*).³

The sharia hospital as a health service business entity also applies sharia principles derived from sharia purposes (*maqāṣid al-syarī'ah*). There are 51 standards and 173 elements from the assessment of concretization results of sharia purposes (*maqāṣid al-syarī'ah*). Sharia standards derived from the principle of protecting religion (*hifẓ al-dīn*) consist of 33 standards and 119 elements of assessment, from the principle of preserving the life (*hifẓ al-nafs*) cover 6 standards and 20 elements of judgment, from the purpose of maintaining intellectual (*hifẓ al-'aql*) contain 6 standards and 7 elements. In addition, the purpose of protecting offspring derives 2 standards and 7 elements of assessment and the purpose of maintaining property (*hifẓ al-māl*) has 4 standards and 14 elements of assessment.⁴ The standards and elements formula of the assessment is the result of an agreement between the Islamic Health Institution Network of Indonesia (MUKISI)⁵ and the National Sharia Council (DSN) of the Indonesian Ulema Council (MUI)⁶, the two institutions have formulated a fatwa which is a reference for the implementation of sharia in hospitals. These

Finance: A Quest for Maqasid Al-Shari'ah Paradigm," *Intellectual Discourse* 23 (2015): 355–76.

³ Iffatin Nur, Syahrul Adam, and M. Ngizzul Muttaqien, "Maqāṣid Al-Sharī'at: The Main Reference and Ethical-Spiritual Foundation for the Dynamization Process of Islamic Law," *Ahkam: Jurnal Ilmu Syariah* 20, no. 2 (2020), <https://doi.org/10.15408/ajis.v20i2.18333>.

⁴ Masyhudi, *Introduction to Hospital Management*, in *the Sharia Hospital Certification Assessor Training Module*, (Jakarta: DSN Institute, 2018).

⁵ MUKISI is an organization that organizes and implements Islamic health facilities that are independent and professional and based on Islam, and supports the realization of quality Indonesian human resources (Insan Kamil). Founded October 1, 1994 and more than 500 hospital institutions become members. Its vision is to realize Islamic, quality, professional and global-minded health efforts. MUKISI's management consists of central management and 20 regional administrators. Masyhudi, "Sharia Economic Transformation in Health Services (Hospitals) in Responding to Global Economic Dynamics", paper presented at the National Seminar on the Indonesian Institute of Accountants December 6, 2019.

⁶ The National Sharia Council (DSN) is an institution established by the MUI to deal with issues related to the activities of Islamic financial institutions. DSN was founded in 1998 as a result of the results and recommendations of the Sharia Mutual Funds workshop held in July 1997. The main role of DSN is issuing sharia economic fatwas, recommending sharia supervisory boards (DPS), and certifying sharia. DSN and BI, *MUI National Sharia Council Fatwa Association*, j.1, (Jakarta: DSN and BI, 2006), 420. Muhammad Syaf'i Antonio, *Sharia Banks from Theory to Practice* (Jakarta: Gema Insani Press, 2001), 235. Muhammad Maksum, "Level of leniency in the Fatwa of the National Sharia Council of the Indonesian Ulema Council in Responding to the Growth of Sharia Economic Products," (Jakarta: Dissertation of UIN Syarif Hidayatullah Jakarta, 2013), 66.

standards are stated in fatwa Number NO: 107/DSN-MUIIX/2016 about Guidelines for Hospital Operations According to Sharia Principles.⁷ The sharia standard was validated on October 1, 2016 which is considered as the first notion in Indonesia and even the world. These standards have been transformed into more detailed hospital certification guidelines. This fatwa is proof of the contribution of Indonesian Ulama Council (MUI) in transforming Islamic law to health sector.⁸ The following are detailed assessments of standards and elements based on the standard group.

Table 1
Hospital Sharia Standards Based on Sharia Purposes

Objectives	Management Standard	EA	Service Standard	EA
Protecting Religion (<i>hifz al-din</i>)	Organization Management (OM)	28	Service access and continuity (SAC)	6
	Human Resource Management (HRM)	14	Patient assessment (PA)	3
	Financial Management (FM)	5	Patient services (PS)	19
	Marketing Management (MM)	8	Pharmacy services (PS)	9
	Facility Management (FM)	8	Spiritual service and guidance (SSG)	8
	Quality Management (QM)	7	Patient and family education (PFE)	4
Protecting Life (<i>hifz al-nafs</i>)	Facility Management (FM)	4	Infection prevention and control (IPC)	2
			Spiritual service and guidance (SSG)	10
Protecting Intellectual (<i>hifz al-aql</i>)	Human Resource Management (HRM)	6	Patient assessment (PA)	3
			Patient and family education services (PFES)	8
Protecting Offspring (<i>hifz al-</i>	-	-	Patient service (PS)	7

⁷ “Fatwa Concerning Guidelines for Operating Hospitals Based on Sharia Principles Which Was Ratified 1st October,” Pub. L. No. 107/DSN-MUIIX/2016 (2016).

⁸ La Jamaa, “Fatwas of the Indonesian Council of Ulama and Its Contributions to the Development of Contemporary Islamic Law in Indonesia,” *Indonesian Journal of Islam and Muslim Societies* 8, no. 1 (2018), <https://doi.org/10.18326/ijims.v8i1.29-56>.

<i>nasl</i>)				
Protecting Property (<i>hifz al-māl</i>)	Financial Management (FM)	12	Patient service (PS)	2
Total		92		83

Source: Masyhudi, 2018.

Note: EA (Element of Assesment)

After the ratification of the sharia standard, hospital sharia certification requests keep coming. Sultan Agung Hospital in Semarang is the first private hospital to be certified sharia, in 2017. DSN-MUI data shows the number of hospitals that have received sharia certification as of March 2022 are 28 hospitals.⁹ This number will continue to grow in line with the increasing interest in sharia. Moreover, MUKISI targets to increase the number of sharia hospitals and expand the certification fields to laboratories and pharmacies.¹⁰ To support these certification efforts, certification assessors have been prepared through assessor training. The number of assessors is continuously increased to support the acceleration of hospital sharia certification.¹¹

The application of sharia principles in these business activities is proven to render added value. The halal aspect which is also included in one of the hospital's sharia standards has proven to have an effect on tourist loyalty in tourism.¹² The Islamic environment and services also give a significant effect on the halal travel desire in Aceh.¹³ Islamic and Halal ecosystems are a market for halal tourism in Aceh region. Currently, Islamic banks have also sorted out indicators of sharia purposes (*maqāsid al-syarī`ah*) in determining customers' preferences in choosing housing finance.¹⁴ Support from religious views and

⁹ "Senarai Certified Companies," 2021.

¹⁰ Hasanudin Aco, "Not Only Sharia Hospitals, MUKISI Will Also Provide Sharia Certification for Laboratories and Pharmacies," *Tribunnews*, 2021.

¹¹ Mukisi Admin, "Train Assessors, Mukisi Convinced to Deliver 50 Sharia Certified Hospitals," 2021, accessed July 9, 2021, <https://mukisi.com/886/train-assessor-untuk-lahirkan-50-rs-terserta-syariah-in-2018/>.

¹² D Suhartanto et al., "Tourist Experience in Halal Tourism: What Leads to Loyalty?," *Taylor & Francis* 24, no. 14 (2020): 1976–90, <https://doi.org/10.1080/13683500.2020.1813092>.

¹³ Muhammad Yasir Yusuf et al., "The Determinants of Tourists' Intention to Visit Halal Tourism Destinations in Aceh Province," *Samarah* 5, no. 2 (2021): 892–912, <https://doi.org/10.22373/sjhc.v5i2.9270>.

¹⁴ Hanudin Amin, "Maqasid-Based Consumer Preference Index for Islamic Home Financing," *International Journal of Ethics and Systems* 38, no. 1 (January 12, 2022): 47–67, <https://doi.org/10.1108/IJOES-07-2020-0117/FULL/HTML>.

sharia provisions also affect a person's behavior to pay taxes.¹⁵

However, the application of sharia is discovered to dominate the legal aspects rather than the service or ethical aspects. The current Islamic economy is considered as a failure in responding to the community's economy and in service quality for emphasizing more to the legal dimension than service.¹⁶ This finding causes concern towards sharia hospital services that may fall into legal aspects dominance instead of efforts to improve service quality. In addition, the applied sharia principles were not able to gain support for the implementation of social responsibility due to external factors such as business competition and capitalistic market.¹⁷ Sharia hospitals also face the same condition; business competition and capitalistic hospital market by commencing hospitals as a line of business (incorporated company). On the other hand, Value-Based Banking (VBB) which contains bank ethics, bank responsibility, and social responsibility has not been fully transformed in banking¹⁸ even though banking institutions are under stricter supervision of the financial services authority. The sharia aspect in the hospital does not even have adequate supervision because it is still voluntary since it has not received recognition from the government (Ministry of Health).

To anticipate the case, hospital sharia certification can only be carried out if the hospital has obtained accreditation from the Hospital Accreditation Committee (KARS). Compliance with sharia standards is an additional service from the standards set in the KARS assessment. Thus, Islamic hospitals provide additional services aside from what general hospital services provide. The question is whether the sharia service as an additional service gets a positive response from the patient and the patient's family. This article provides the answer.

The purpose of this study is to find out patients' and patients' families' responses and satisfactions to additional services which become the standard of sharia hospitals. The satisfaction level of patients and their families is then taken into consideration for hospital business to get hospital's sharia certification and fundamental consideration for the government to formulate policies related to

¹⁵ lutfi Hassen Al-Ttaffi, Hijattulah Abdul-Jabbar, And Lutfi Hassen Ali Al-Ttaffi, "Does Religious Perspective Influence Tax Non-Compliance? Evidence From Yemen A Review Of Literature In Management Control System (Mcs), Business Strategy, And Firm's Performance View Project Does Religious Perspective Influence Tax Non-Compliance? Evidence From Yemen," accessed June 21, 2022, <https://doi.org/10.1108/IJOES-04-2020-0062>.

¹⁶ Zulkifli Bin Hasan, "From Legalism to Value-Oriented Islamic Finance Practices," *Humanomics* 32, no. 4 (November 1, 2016): 437–58, <https://doi.org/10.1108/H-07-2016-0051/FULL/HTML>.

¹⁷ Kabir Hassan and Ismail Cebeci, "Integrating the Social Maslaha into Islamic Finance," *Accounting Research Journal* 25, no. 3 (November 23, 2012): 166–84, <https://doi.org/10.1108/10309611211290158/FULL/HTML>.

¹⁸ Akhtar Ali Saeed Mohammed and Fadillah Mansor, "Value- Based Islamic Banking and Reporting in Bahrain," *International Journal of Ethics and Systems* 37, no. 4 (October 11, 2021): 644–63, <https://doi.org/10.1108/IJOES-09-2020-0141/FULL/HTML>.

implementation of sharia in hospitals.

This research is field research with a quantitative approach.¹⁹ Quantitative research is used to discover the community response (patients and their families) to sharia hospital services. The response was obtained from the respondents' answers to the given questionnaire. In addition, to support quantitative data, the study was also equipped with qualitative data sourced from interviews with the hospital's sharia management and supervisory board.

The selection of research respondents was carried out purposively with the help of hospital staff to find willing patients and patients' families. Researchers also randomly selected respondents from patients' guardians who were willing to fill out the questionnaire. The number of respondents is 50 persons and 10 informants namely; 18 respondents and 2 informants from hospital of Sultan Agung Semarang, 19 respondents and 2 informants of Islamic Hospital of Bandung and 13 respondents and 2 informants of Dr. Zainoel Abidin Hospital in Aceh, and also 4 others informants.

Selection of the three hospitals was purposely determined by considering several things. First, the existing hospital classes include Type A for Dr. Zainoel Abidin Hospital, Type B for Sultan Agung Hospital, and Type C for the Bandung Islamic Hospital. Second, hospital ownership and affiliation, namely hospitals owned by the government, foundations, and waqf agencies. Dr. Zainoel Abidin hospital is a hospital managed by the government, Sultan Agung Hospital is a hospital under the auspices of the Waqf Agency, and Bandung Islamic Hospital is a hospital managed by a foundation.

The collected data is processed according to certain categories. Quantitative data will be analyzed descriptively by generating the results as they are. The quantitative data is compiled based on the answers to the statements using a Likert scale (strongly agree, agree, hesitate, disagree, strongly disagree). The data is then interpreted based on certain categories by connecting the collected data.

Complexity of Applying Sharia Standard in Hospital

Research related to community response to certification of sharia hospital has not been widely carried out because of the novelty of the certification program. Preliminary research conducted by several researchers such as Nova Perdana, et al. showed patient satisfaction towards health services at the Meuraxa Regional Public Hospital. His research proves that 55.6% of the services in this hospital are sharia-based and 56.7% of respondents are satisfied with the services.²⁰ Perdana conducted a customer satisfaction survey to 90 patients at the hospital. This initial study became the entry point for other

¹⁹ N Muhadjir, *Qualitative Research Methodology* (Yogyakarta: Rake Sarasin, 2000).

²⁰ Nova Perdana et al., "Implementation of Islamic-Based Health Services on Patient Satisfaction at Meuraxa Hospital," *JUKEMA* 3, no. 1 (n.d.): 190–97.

researchers to investigate whether sharia indicators in service standards were perceived and received well by patients. This study examines to what extent the patients and their families respond to the application of sharia indicators as the elements of assessment in sharia hospital certification.

The implementation of sharia in hospitals actually faces challenges because there are several sharia standards that cannot be satisfied. Sunawi stated, sharia principles have been applied to some aspects such as customer service behavior, cost of treatment, management of patient's data, and hospital environment and other non-medical services. However, the standard of medical treatment (surgery) and pharmacology (dose and type of drug) cannot be fully applied due to following medical rules and the unavailability of halal drugs.²¹ Mahmud Yunus who conducted research at the Islamic hospital in Banjarmasin also confirmed that sharia standards had not been fully met, especially due to the unavailability of a sharia supervisory board.²² The challenge becomes more complex when the hospitals have to comply with several standards, such as the hospitals established by Muhammadiyah. Muhammadiyah Hospital Lamongan is an example of the hospital belonging to a Muhammadiyah community organizer that has received sharia certification from the National Sharia Council (DSN) of the Indonesian Ulema Council (MUI). This hospital must comply with three standards altogether; standards issued by the Hospital Accreditation Committee (KARS), standards and guidelines issued by Muhammadiyah, and sharia standards issued by DSN MUI and MUKISI. As proof, the hospital must pass up two reports to meet the standards of Muhammadiyah and sharia standard of DSN-MUKISI.²³

Other related research, among others, was conducted by Kassim. According to him, the professionalism of doctors is very important in health services. Doctors in the view of Islamic law have responsibilities inherent in their profession. He is responsible for the actions done to the patient. If he has adequate competence and does not violate the provisions of sharia and the health code of ethics, then he cannot be imposed with responsibility.²⁴ This provision

²¹ "The Concept of Islamic Health Services in Hospitals: A Review of Applications in Islamic Hospitals in Surakarta" (University of Muhammadiyah Surakarta, 2012), <http://eprints.ums.ac.id/20804/>.

²² Mahmud Yusuf, "Hospital Operations Based on Sharia Principles: A Study in Banjarmasin Islamic Hospitals," *At-Taradhi: Jurnal Studi Ekonomi* 9, no. 2 (2019): 76, <https://doi.org/10.18592/at-taradhi.v9i2.2516>.

²³ Zustaka Nada Mahmudah and Diska Arliena Hafni, "Implementation of Sharia Hospital Standards in Accounting and Finance at the Hospital. Muhammadiyah Lamongan," *NCAF: Proceeding of National Conference on Accounting & Finance* 4, no. 2019 (2022): 536–42, <https://doi.org/10.20885/ncaf.vol4.art67>.

²⁴ Arab Law, "Medical Negligence in Islamic Law Author (s): Puteri Nemie Jahn Kassim Published by : Brill Stable URL : <https://www.Jstor.Org/Stable/27650564>" 20, no. 4 (2018): 400–410.

of Islamic law is interesting if it is associated with hospital sharia certification, one of the principles of which is compliance with sharia, including in this case the doctor's responsibility. Sharia standards in hospitals derived from sharia purposes (*maqāṣid al-syarī'ah*); guarding religion, preserving life, guarding intellectuals, guarding offspring, and guarding property. Sharia standards preserve life, including in terms of protecting the patient's life, apparently in Ali's research it has no effect on the benefit of the patient. This means that the patient in this case assumes that the protection of the patient's life has not been connected to sharia standards.²⁵

Another research conducted by Deuraseh shows the role of Islamic criminal law in anticipating HIV/AIDS. Provisions related to the prohibition of having sex without marriage are considered to give effect in minimizing the spread of this infectious disease.²⁶ One of the roles of hospitals is to support government programs to reduce the number of people infected by HIV/AIDS.

On the contrary, other research shows that there is an inverse flow of the main functions and purposes of an institution. In the financial sector, for example, there is a transformation of dominance from socio-economic objectives to legal judgments. Islamic finance, which was originally idealized as an alternative to a financial system that is fair and provides welfare, is sometimes distorted by legal standards and measurements that are related to aspects of consent and prohibition according to sharia standards.²⁷ Hospital certification becomes more interesting to be investigated because of its basic business as health services. Whether sharia certification will trap hospitals in the legal aspects related to halal and haram according to sharia standards.

Other research shows the adaptive application of Islamic values. Robert M. Marsh's research related to Islamic values in Muslim countries shows that Muslim communities will adapt Islamic values to local cultural values, especially in non-Muslim countries. Islamic values appear to be exposed in Muslim countries. This research proves the existence of community adaptation to developing values.²⁸ Hospital sharia certification efforts can also be interpreted as a marketing strategy in the midst of hospital business competition. Mala Hayati said that the operation of a hospital based on sharia principles has

²⁵ Iqmi Qaisah Ali et al., "Analysis of the Influence of Maqashid Syariah in Services for Patient Masalah (Study at Sultan Agung Islamic Hospital, Semarang)," 2018.

²⁶ Nurdeen Deuraseh, "Protection Against STDs: An Islamic Criminal Law Approach," *Arab Law Quarterly* 22, no. 1 (February 14, 2008): 88–108, <https://doi.org/10.1163/026805508X286785>.

²⁷ Walid S. Hegazy, "Contemporary Islamic Finance: From Socioeconomic Idealism to Pure Legalism," *Chicago Journal of International Law* 7, no. 2 (2007): 581–603.

²⁸ RM Marsh - Comparative Sociology and undefined 2012, "Muslim Values in Islamic and Non-Islamic Societies," *Brill.Com*, accessed June 22, 2022, https://brill.com/view/journals/coso/11/1/article-p29_2.xml.

similarities with the marketing 3.0 concept which prioritizes aspects of values.²⁹ The adopted sharia standards are religious values that can be an added value for hospital services. This study will examine sharia service standards in addition to hospital service standards that are generally accepted for hospitals in Indonesia. To what extent patients and their families respond to sharia standards as an additional standard.

Certification of Sharia Hospital

There is a difference between an Islamic hospital and a sharia hospital. Islamic hospital is a hospital which in its implementation is based on Islamic law.³⁰ Islamic hospitals are also defined as one form of Islamic business which in the whole process is in accordance with the contract and the principles of *muamalat* (business) in Islam.³¹ This term cannot be verified because in fact there are Islamic hospitals that cooperate with conventional financial institutions and use contracts or agreements that are not in accordance with sharia. The term Islamic hospital refers more to Islamic commitment, the religious background of the hospital owner, or an identity to distinguish it from other hospitals. Islamic hospitals are generally established by Muslims or affiliated with Islamic religious organizations. There are no special requirements that must be met in labelling Islam on a hospital.³²

The term Islamic hospital or sharia hospital is not found in the legislation. The Act that regulates health, namely Act No. 36 of 2009 does not mention the two terms. Act Number 44 of 2009 concerning Hospitals also does not mention the two terms. The Act states that the hospital is a health service institution that provides complete individual health services providing inpatient, outpatient, and emergency services.

Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014 concerning Hospital Classification and Licensing only mentions the types of general hospitals that provide all health services and special hospitals that provide services for certain diseases or for certain age categories. The form of a permanent hospital, mobile, or emergency hospital. The classification of hospitals consists of general hospitals of class A, B, C, D

²⁹ Mala Hayati and Wahyu Sulistiadi, "Sharia Hospital Marketing Strategy Vs Syiar", *Jurnal Administrasi Rumah Sakit* 5, no.1, (2018): 30-35.

³⁰ Mia Putriyana et al., "Analysis of Sharia Hospital Certification Standards According to Musicians About Halal and Food Hygiene Against Services at Al Islam Hospital in Bandung City," *Hukum Ekonomi Syariah*, 2018, 443–49.

³¹ Dumilah Ayuningtyas and Hidayani Fazriah, "Analysis of Market Potential and Attributes of Islamic Hospital Services in Depok," *Kesmas: National Public Health Journal* 3, no. 1 (2008): 16, <https://doi.org/10.21109/kesmas.v3i1.238>.

³² Muhammad Maksum et al., "The Complexity of Sharia and the Implementation of Islamic Ethics in Establishing Sharia Standards for Hospital," no. Icri 2018 (2020): 140–47, <https://doi.org/10.5220/0009919801400147>.

and specialized hospitals of class A, B, C. The terms Islamic hospital and sharia hospital are not regulated. These two terms are also not found in the rules that regulate hospital accreditation.³³ The minimum service standards determined by the government consist of 21 types of services including emergency services, inpatient services, outpatient services, nutrition services, and laundry services. There is no sharia service in the list of 21 services.³⁴

The term sharia or sharia principles in business activities was just regulated in 1998 through Act Number 10 of 1998 about amendments of Act Number 7 of 1992 concerning Banking. The Act states that banks can run their business conventionally and based on sharia principles. Sharia principles are defined as the rules of agreements based on Islamic law between banks and other parties for depositing funds and or financing business activities, or other activities that are declared in accordance with sharia. These sharia principles more closely explain the concept of contract or agreement and are not sufficient to unroll sharia hospitals because hospitals have more service complexity (21 services) while banks undergo savings, financing, and customer services. However, in 2008 the term sharia principles were expanded as stated in Law Number 21 of 2008 concerning Sharia Banking which states that sharia principles are the principles of Islamic law in banking activities based on fatwas issued by institutions that have the authority to determine fatwas in sharia. The sharia principle is wider because it covers contracts and other sharia aspects. However, the law limits the source of sharia principles, that is only from fatwas issued by the Indonesian Ulema Council. It can be concluded that sharia principles are sharia provisions and standards set by the Indonesian Ulema Council through its fatwa. Fatwa is a collective legal opinion. As a legal opinion, fatwa has the opportunity to collide with sharia provisions.³⁵

Based on these, sharia principles in hospitals are also interpreted as sharia provisions and standards issued by the Indonesian Ulema Council. The hospital's sharia standards have been stated in fatwa Number NO: 107/DSN-MUIIX/2016 concerning Guidelines for Hospital Operations Based on Sharia Principles. Thus, a sharia hospital is defined as a hospital that carries out health service activities based on sharia principles set by the Indonesian Ulema Council.

The position of the sharia supervisory board (DPS) in hospitals refers to

³³ "Regulation of the Minister of Health of the Republic of Indonesia Concerning Hospital Accreditation.," Pub. L. No. 34 (2017).

³⁴ "Decree of the Minister of Health of the Republic of Indonesia Concerning Minimum Hospital Service Standards," Pub. L. No. 129/Menkes/SK/II/2008 (2008).

³⁵ FHM Asbi, ... J Sulong - of Academic Research in Business &, and undefined 2018, "The Model of Istinbat by the Shariah Advisory Council of Central Bank of Malaysia," *M.Merogostar.com*, accessed 22th June, 2022, https://m.merogostar.com/papers_submitted/3778/the-model-of-istinbat-by-the-shariah-advisory-council-of-central-bank-of-malaysia.pdf.

the Law for Incorporated Company because the regulations governing health and hospitals do not regulate DPS. Presidential decree of the Republic of Indonesia Number 77 of 2015 concerning Hospital Organization Guidelines does not mention the existence of a DPS structure. The obligation to be in DPS in hospitals refers to Act Number 40 of 2007 concerning Incorporated Companies. Article 109 states that the company can carry out its business activities based on sharia principles. To ensure the implementation of sharia, it is necessary to form a sharia supervisory board (DPS) in the company. Sharia hospitals managed by incorporated companies are required to form a DPS based on this provision. The sharia hospitals managed by the government or the community in forming the DPS are based on the need to ensure and supervise the implementation of sharia principles in hospitals.

Hospitals that will apply the sharia label must go through a certification process. The hospital submitted an application for sharia certification to the National Sharia Council (DSN) of the Indonesian Ulema Council (MUI). Next, the DSN secretariat checks the completeness of requirements and documents. If all requirements are declared complete, DSN will form an assessor team consisting of assessors from DSN and assessors from MUKISI to evaluate documents (desk evaluation) and conduct field assessments. The results of the two assessments serve as the basis for determining compliance with sharia standards. Thereafter, DSN will issue a hospital sharia certificate.³⁶ The sharia certificate is valid for 3 years and can be re-extended.

Positive Response to Sharia Standard Implementation

The researched service included admission procedures, guidance and discharge of patients, critical illness care, coma patient care, and surgery services, sharia *ruqyah* services, worship services, and transportation services. All of these services are based on sharia principles that have been formulated in standards and assessment elements.

In the procedure for receiving, guiding, and discharging patients, nine (9) statements were submitted. The nine statements are then allocated into two groups; service, welcoming, and providing information on sharia aspects and drawing closer to Allah service. The majority of respondents, 215 people (47.8%) stated that they strongly agreed that the nine aspects had been done by sharia hospitals. A total of 121 respondents (26.9%) agreed and 38 respondents (8.4%) stated that they quite agreed. The respondents who disagreed were as many as 1 person (0.2%) and those who stated strongly disagreed were 12 people (2.7%). Respondents who did not answer were 63 people (14%).

Aspects of welcoming services and information related to sharia include

³⁶ Interview with Bukhari Muslim, chairman of Industry, Business, and Sharia Economics of the National Sharia Council (DSN) of the Indonesian Ulema Council (MUI), 20 October 2021.

five statements, namely health greeting patients/visitors by employees, providing information about available sharia facilities by health workers including how to use, and the rules that apply in hospitals, notifying clearly regarding matters that must be complied with in sharia patient care, providing direction on space for patients and families according to their gender/*mahram*, and being friendly and courteous in accordance with religious guidance. To these five aspects, as many as 114 respondents (45.6%) stated that they strongly agreed that the hospital had done it. There were as many as 73 respondents (29%) agreed and 21 respondents (8.4%) stated they quite agreed. The respondents who disagreed were as many as 1 person (0.4%) and strongly disagreed were as many as 7 people (2.8%). Respondents who did not answer were as many as 34 people (13.6%). The other four statements related to drawing closer to Allah include; greetings, *basmalah*, and *hamdalah* during patient examinations by health workers, reminding patients and families to always remember Allah by "praying and reading the Quran", guiding patients and families to pray together, and cultivating hope in Allah. A total of 101 respondents (50.5%) stated that they strongly agree that sharia hospitals carried out these four aspects. A total of 48 respondents (24%) agreed and 17 respondents (8.5%) stated they quite agree. There were as many as 5 respondents (2.5%) who strongly disagreed. There were 29 other respondents (14.5%) who did not give any answers.

Further services include assistance to critically ill patients, coma patients, and the implementation of anaesthesia and surgical procedures. Critical illness care includes assistance to patients suffering from HD, HIV, advanced cancer and TB. In this service, several statements were submitted to the respondents; health workers provide consultation schedules to patients intensively, health workers provide motivation and raising the patient's life spirit to recover by continuing to strive and pray to Allah, health workers guide patients to be patient and sincere in facing trials and tests from Allah, health workers recommend increasing dhikr and praying, and providing proper notification of examinations and treatment plans to patients and families. The majority of respondents strongly agreed with 94 respondents (37.6%) on all these aspects. The respondents who agreed were as many as 71 respondents (28.4%). Those who stated quite agree were 27 respondents (10.8%) so that the total respondents who agreed reached 192 respondents (76.8%). The respondents who strongly disagree were 5 respondents (2%). Respondents who did not answer were as many as 53 respondents (21.2%).

Table 2

Response to Assistance Services for Patients Suffering from Critical Illness

Spiritual assistance for HD, HIV, advanced cancer and TB patients	SA	A	N	D	SD	NA
Health workers provide consultation schedules to patients intensively	12	19	7		1	11
Health workers provide motivation and increase the patient's enthusiasm for life to recover by continuing to strive and pray to Allah	20	14	5		1	10
Health workers guide patients to be patient and sincere in facing trials and tests	20	14	5		1	10
Health workers recommend increasing dhikr and praying	23	11	5		1	10
Examination notices and treatment plans are properly communicated to patients and families	19	13	5		1	12
Total	94	71	27	0	5	53

Note: SA: strongly agree, A: agree, N: quite agree, D: disagree, SD: strongly disagree, NA: no answer

Services for coma patients must also fulfil sharia standards. Spiritual assistance to this type of patient contains seven (7) services that are included in the statement, namely; installing *murattal* tapes in patient's room, health workers whispering to patients to remember Allah, health workers asking families to always accompany and make the patient listen to the holy verses of the Qur'an, health workers reminding families to always pray and rely on Allah, providing person in charge to guide patients who are in the stupor of death, the person in charge guides patients reciting the shahada and others when patient is in the agony of death, and health workers provide moral support to patients and their families to rely on Allah. As a result, respondents stated that they strongly agreed with the installation of *murattal* tapes (14 respondents/28%), agreed (14 respondents/28%), and quite agreed (5 respondents/10%). The respondents who stated strongly disagree was 1 respondent (2%). 16 respondents (32%) did not give an answer. Regarding the statement of health workers whispering to patients to remember Allah, as many as 14 respondents (28%) strongly agreed, 14 respondents (28%) agreed, 6 respondents (12%) quite agreed, 1 respondent (2%) strongly disagreed, and 15 respondents (30%) did not answer. Furthermore, 16 respondents (32%) strongly agreed with the statement of health

workers asking the family to always accompany the patient and listen to the holy verses of the Qur'an. 16 respondents (32%) agreed and 3 respondents (6%) quite agreed. As for those who strongly disagreed, 1 respondent (2%) and 14 respondents (28%) did not give an answer. For statements of health workers reminding families to always pray and rely on Allah, 18 respondents (36%) strongly agreed, 13 respondents (26%) agreed, 4 respondents (8%) quite agreed, 1 respondent (2%) strongly disagreed, and 14 respondents (28%) did not give an answer. Regarding the presence of a person in charge who guides the patient during the stupor of death, 19 respondents (38%) strongly agreed, 11 respondents (22%) agreed, and 5 respondents (10%) quite agreed. The respondents who stated strongly disagreed, 1 respondent (2%) and 14 respondents (28%) did not give an answer. The task of the person in charge is to guide patients reciting the shahada and the name of Allah which was highly validated (strongly agree) by 20 respondents (40%) and agreed by 10 respondents (20%). 3 respondents (6%) stated quite agree. As for 1 respondent (2%) stated strongly disagree and 16 respondents (32%) did not give an answer. The last statement was the moral support from health workers to patients and families to rely on Allah, with 12 respondents strongly agreed (24%), 16 respondents (32%) agreed, and 4 respondents (8%) quite agreed. Those who stated strongly disagree, 1 respondent (2%) and 17 respondents (34%) did not give an answer. Overall, the respondents who strongly agreed, agreed, and quite agreed with spiritual assistance of coma patients were 237 respondents (67.7%). The respondents who strongly disagreed were 7 respondents (2%). The respondents who did not answer were 106 respondents (30.3%).

The implementation of anaesthesia and surgery in sharia hospitals must meet sharia standards as well. In this aspect, there are five sharia standards that must be fulfilled by sharia hospitals, namely health workers providing information about the halal products and the anaesthetic function for patients who will undergo surgery. In this statement as many as 15 respondents (30%) stated strongly agree, 12 respondents (24%) agreed and 6 respondents (12%) quite agreed. As for those who disagreed were 2 respondents (4%) and strongly disagreed, 1 respondent (2%). Respondents who did not answer were 14 respondents (28%). Another standard is that health workers read *Bismillah* before injecting patients and read *Alhamdulillah* after they are finished. To this statement, 18 respondents (36%) strongly agreed, 10 respondents (20%) agreed and 5 respondents (10%) quite agreed. 2 respondents disagreed (4%), 1 respondent (2%) disagreed, while 14 (28%) did not give an answer. Health workers invite patients to pray before performing surgery is also a sharia standard. To this aspect, as many as 19 respondents (38%) stated strongly agree, 12 respondents (24%) stated agree and 3 respondents (6%) stated quite agree. One respondent (2%) strongly disagreed, and 15 respondents (30%) did not give an answer. Sharia hospitals set surgery schedules to be performed after prayer

times except in urgent circumstances. To this statement, as many as 16 respondents (36%) stated strongly agree, 11 respondents (22%) stated agree, and 6 respondents (12%) stated quite agree. One respondent (2%) stated strongly disagree and 16 respondents (36%) did not give an answer. Another sharia standard in this category is the installation of catheters carried out by health workers according to the gender of the patient. To this standard, 17 respondents (34%) stated strongly agree, 11 respondents (22%) stated agree and 4 respondents (8%) stated quite agree. One respondent (2%) disagreed and one respondent (2%) strongly disagreed. The remaining 16 respondents (36%) did not provide an answer. In this category, to all standards, the majority of respondents 165 respondents (66%) agreed with details of 85 respondents (34%) strongly agreed, 56 respondents (22.4%) agreed, and 24 respondents (9.6%) quite agreed. The respondents who disagreed were 5 respondents (2%) and those who strongly disagreed were 5 respondents (2%). The respondents who did not answer were 75 respondents (30%).

Table 3
Performing Anaesthesia and Surgery

The hospital applies anaesthesia and surgery according to sharia rules	SA	A	N	D	SD	NA
Health workers provide information about halal products and anaesthetic functions for patients who will undergo surgery	15	12	6	2	1	14
Health workers read <i>Bismillah</i> before injecting patients and read <i>Alhamdulillah</i> after they are finished	18	10	5	2	1	14
Health workers invite patients to pray before performing surgery	19	12	3		1	15
Sharia hospitals set surgery schedules to be performed after prayer times except in urgent circumstances	16	11	6		1	16
Installation of catheters carried out by health workers according to the gender of the patient	17	11	4	1	1	16
	85	56	$\frac{2}{4}$	5	5	75

Note: SA: strongly agree, A: agree, N: quite agree, D: disagree, SD: strongly disagree, NA: no answer

One of the unique sharia standards that may only be found in sharia hospitals is *ruqyah* service, that is a treatment by means of a spiritual approach

through reciting the Qur'an verses to ward off kinds of diseases that come from evil supernatural beings. *Ruqyah* services in accordance with sharia principles must be provided for patients in need. In this standard there are three indicators, namely the hospital makes standard operating procedures for sharia *ruqyah* services, provides *ruqyah* services to patients who are deemed to need *ruqyah*, and provides *ruqyah* services at the request of the patient/patient's family. Regarding indicators of standard operating procedures for *ruqyah*, 13 respondents (26%) stated strongly agree, 14 respondents (28%) stated agree, and 5 respondents (10%) stated quite agree. As for 1 respondent (2%) stated strongly disagree, the remaining 17 respondents (34%) did not provide an answer. On the indicator of *ruqyah* services for patients, 15 respondents (30%) strongly agreed, 12 respondents (24%) agreed and 4 respondents (8%) quite agreed. A total of 1 respondent (2%) disagreed and 1 respondent (2%) strongly disagreed. The other 17 respondents (34%) did not give an answer. In the standard of providing *ruqyah* services requested by patients, 13 respondents (26%) stated strongly agree, 15 respondents (30%) stated agree, and 4 respondents (8%) stated quite agree. There is one respondent (2%) strongly disagreed. Respondents who did not provide answers were 17 respondents (34%). In total, in this category, 41 respondents (27.3%) strongly agreed, 41 respondents (27.3%) agreed, and 13 respondents (8.7%) quite agreed. The respondents who disagreed were 1 respondent (0.7%) and 3 respondents (2%) strongly disagreed. The respondents who did not answer were 51 respondents (34%).

Table 4
Sharia *Ruqyah* Service

The hospital provides sharia <i>ruqyah</i> services in the assessed cases	SA	A	N	D	S D	NA
Hospital makes standard operating procedures for sharia <i>ruqyah</i> services	13	14	5		1	17
Hospital provides <i>ruqyah</i> services to patients who are deemed to need <i>ruqyah</i>	15	12	4	1	1	17
Hospital provides <i>ruqyah</i> services at the request of the patient/patient's family	13	15	4		1	17
	41	41	13	1	3	51

Note: SA: strongly agree, A: agree, N: quite agree, D: disagree, SD: strongly disagree, NA: no answer

Muslim patients are entitled to worship services provided by sharia hospitals. The standard worship services that must be fulfilled include tayammum, salat, fasting, and zakat services. In this category as many as 100 respondents (33.3%) stated strongly agree, 86 respondents (28.7%) stated agree,

and 15 respondents (5%) stated quite agree. The respondents who strongly disagreed were 6 respondents (2%). A total of 93 respondents (31%) did not provide an answer. Six indicators were made in this worship service standard. First, the hospital guides the procedures for ritual purity either wudu or tayammum for patients who need to do tayammum. In this statement as many as 16 respondents (32%) stated strongly agree, 17 respondents (34%) stated agree, and 1 respondent (2%) stated quite agree. One respondent (2%) stated strongly disagree and 15 respondents (30%) did not give an answer. Second, the hospital reminded the patient about prayer times. To this statement, 15 respondents (30%) stated strongly agree, 16 respondents (32%) stated agree, and 3 respondents (6%) stated quite agree. One respondent (2%) stated strongly disagree, while 15 respondents (30%) did not give answers. Third, the hospital trains patient companions to purify the patient's body. To this statement, 19 respondents (38%) stated strongly agree, 13 respondents (26%) stated agree, and 3 respondents (6%) stated quite agree. 1 respondent (2%) stated strongly disagree and 14 respondents (28%) did not answer. Fourth, the hospital teaches the patient how to pray either by praying sitting or lying down. To this statement, 20 respondents (40%) stated strongly agree, 10 respondents (20%) stated agree and 3 respondents (6%) stated quite agree. 1 respondent (2%) stated strongly disagree and 16 respondents (32%) did not answer. Fifth, the hospital recommends paying zakat if the patient is hospitalized in the month of Ramadan. To this statement, 16 respondents (32%) stated strongly agree, 15 respondents (30%) stated agree, and 2 respondents (2%) stated quite agree. Respondents who strongly disagree were 1 respondent (2%) and 16 respondents (32%) did not provide an answer. Sixth, the hospital provides information about Ramadan fasting for patients. 14 respondents (28%) gave a strongly agreed response, 15 respondents (30%) agreed, and 3 respondents (6%) quite agreed. 1 respondent (2%) strongly disagreed and 17 respondents (34%) did not give any answers.

Another service that must comply with sharia standards is transportation services. The transportation services include ambulances provided by sharia hospitals that must fulfill the predetermined sharia standards. These sharia standards include reading *Bismillah* when lifting patients, availability of audio-video in ambulances, prayer instructions for patients, and assistance from health workers for seriously ill patients to recite good sentences (*tayyibah* sentences). Respondents who agreed with this standard were 117 (58.5%) with details of 47 respondents (23.5%) strongly agreed, 57 respondents (28.5%) agreed, and 13 respondents (6.5%) quite agreed. The respondents who disagreed were 4 respondents (2%) and strongly disagreed 4 respondents (2%). The respondents who did not give an answer were 75 respondents (37.5%). In terms of reciting *Bismillah* when lifting patients, 14 respondents (28%) strongly agreed, 13 respondents (26%) agreed, and 3 respondents (6%) quite agreed. Respondents

who answered disagree were 1 respondent (2%) and 1 respondent (2%) strongly disagreed. 18 respondents (36%) did not answer. To the availability of audio and video in ambulances, 11 respondents (22%) strongly agreed, 14 respondents (28%) agreed, and 4 respondents (8%) quite agreed. A total of 1 respondent (2%) disagreed and 1 respondent (2%) strongly disagreed. A total of 19 respondents (38%) did not provide an answer. For prayer instructions in the ambulance, as many as 12 respondents (24%) strongly agreed, 13 respondents (26%) agreed, and 4 respondents (8%) quite agreed. 1 respondent disagreed and 1 respondent strongly disagreed. A total of 19 respondents (38%) did not provide an answer. Regarding the guidance of health workers for seriously ill patients to recite good sentences, 10 respondents (20%) strongly agreed, 17 respondents (34%) agreed, and 2 respondents (4%) quite agreed. 1 respondent (2%) for each disagreed and strongly disagreed. Meanwhile, 19 respondents (38%) did not provide an answer.

Table 5
Transportation Service

Transportation Service (Ambulance), Audio-Video	S A	A	N	D	S D	NA
Lifting the patient by reciting <i>Bismillah</i>	14	13	3	1	1	18
Availability of audio-video in ambulances	11	14	4	1	1	19
Prayer instructions for patients	12	13	4	1	1	19
Assistance from health workers for seriously ill patients to recite good sentences (<i>tayyibah</i> sentences)	10	17	2	1	1	19
	47	57	13	4	4	75

Note: SA: strongly agree, A: agree, N: quite agree, D: disagree, SD: strongly disagree, NA: no answer

According to the data collected from the respondents, it can be concluded for the response of patients and their families to the additional services provided by sharia hospitals from 7 sharia standards which include; greetings and information services, services to draw closer to Allah, assistance to patients with critical illnesses, assistance to coma patients, anaesthesia and surgery services, sharia *ruqyah* services, and transportation services.

The conclusion shows that sharia standards in hospitals get a positive response from the public. A total of 37% of respondents strongly agreed and 26.8% of respondents agreed. Respondents who gave a positive response with a

category quite agree were as much as 8.4%. In conclusion, as much as 72.2% of respondents gave positive answers to the provided sharia services. The respondents who gave a negative response were 2.6% with details of 0.4% disagreed and 2.2% strongly disagreed. Meanwhile, respondents who did not give any answers were 25.2%. Those who did not answer may not have received the service or were not aware of the service.

Thus, additional services at sharia hospitals are an added value for hospitals. Patients and their families get additional benefits from the implementation of sharia standards in hospitals. The application of sharia in hospitals can be accepted by the public, especially patients and their families.

Sharia Standard as Value Added and Its Implication

Sharia is defined as the basis of religion as stated in the Qur'an surah al-Shura verse 13. Sharia, closely, is interpreted as a law that regulates human relations with Allah and humans with humans or other creatures. Human relations with God are included in the category of worship and human relations with humans or others are classified as *muamalah*.

Sharia as a law or rule of human interaction with others is made to achieve legal purposes (*maqāṣid al-syarī'ah*). The purpose of this law is more abstract and broader, that is to avoid harm (*daf'u al-mafāsid*) and get benefit (*jalb al-maṣālih*). Sharia as law is more formal and the purpose of sharia is an ethical expectation. The purpose of sharia is to be a stimulus of legal flexibility because the existence of law is to achieve its goals. Operationalization of the flexibility of law is by considering the cause of the law (*'illat al-ḥukm*).

In fact, the formality of sharia is sometimes more prominent than the efforts to achieve the purpose of sharia, the value system. In the end, the dimension of Islam is determined by the fulfilment of the conditions and pillars of the agreement, the validity of the procedure, and the presence or absence of haram aspects.³⁷ Implementation of sharia is more marginal, artificial, and legalistic.³⁸ The values of justice, togetherness, responsibility, and empowerment have received less attention. Islamic economists realize that the application of sharia is currently experiencing a reduction by only fulfilling the formal aspects. Therefore, the idea of realizing the purposes of sharia is further strengthened. The *maqāṣid al-syarī'ah* objective index is compiled to be a reference in determining sharia policy in the sharia industry.³⁹ The *maqāṣid al-syarī'ah* encourages the performance of Islam as *raḥmatan lil`alamīn* that cover

³⁷ Zulkifli Bin Hasan, "From Legalism to Value-Oriented Islamic Finance Practices," *Humanomics* 32, no. 4 (2016): 437–58, <https://doi.org/10.1108/H-07-2016-0051>.

³⁸ Jamal Abdul Aziz, "Islamic Banking in Global Economic Context (Critical Studies of Operational System and Performance of Islamic Banking)," *AL-IHKAM: Jurnal Hukum & Pranata Sosial* 12, no. 2 (2018), <https://doi.org/10.19105/al-lhkam.v12i2.1301>.

³⁹ Amin, "Maqasid-Based Consumer Preference Index for Islamic Home Financing."

the interest of God, human being, and environment.⁴⁰

Sharia orientation is no longer just fulfilling aspects of personal benefit through the contract made but directing it to a broader goal of goodness.⁴¹ The sharia industry also needs to consider the wider benefit because in the *fiqh* rules it is stated that if there are two benefits that must be chosen, the greater benefit is chosen. On the other hand, if there are two bad things to choose from, then the least thing is chosen. Law and moral values can support each other to bring greater good. Morals and law have the same general functional purpose; to form patterns of behavior and standards that encourage the existence of a culture and value orientation of a society.⁴² The integration of sharia to hospital standard is expected to be new innovation in hospital services. Sharia compliance must be genuine reflecting sharia principles, solidly following legal provision, and comprehensively reflecting sharia objectives.⁴³

The harmonization of law and morals has been widely carried out by classical scholars in applying the concept of emergency.⁴⁴ A certain law can be set aside for achieving the purposes of sharia. This will often be found in hospitals in taking action against patients. An example that has also been exemplified in classical *fiqh* related to choosing between giving life to a mother or a child in the womb in the case of a disease condition that requires one of them to die. With the rules of *fiqh* and realizing the purposes of sharia, choosing the life of the mother is prioritized because the mother has lived while the baby in the womb has the potential to live or die. Terminating a baby is an act that violates sharia, but because it is to personify the purpose of sharia, which is more important, it is permissible.

Many studies have proven that integration of sharia and ethics in business has a positive impact. Sharia and morals are added values for the business services provided. Public trust in services that implement sharia has increased.⁴⁵ In the internal of a company, the application of sharia values

⁴⁰ Hisam Ahyani, Memet Slamet, and Tobroni, "Building the Values of Rahmatan Lil 'Alamin for Indonesian Economic Development at 4.0 Era from the Perspective of Philosophy and Islamic Economic Law," *AL-IHKAM: Jurnal Hukum & Pranata Sosial* 16, no. 1 (2021), <https://doi.org/10.19105/al-lhkam.v16i1.4550>.

⁴¹ Hassan and Cebeci, "Integrating the Social Maslaha into Islamic Finance."

⁴² Tetiana Pavlova et al., "Ethics and Law in Kant's Views: The Principle of Complementarity," *International Journal of Ethics and Systems* 35, no. 4 (November 4, 2019): 651–64, <https://doi.org/10.1108/IJOES-04-2019-0080/FULL/HTML>.

⁴³ Mohamad Akram Laldin and Hafas Furqani, "Innovation versus Replication: Some Notes on the Approaches in Defining Shariah Compliance in Islamic Finance," *Al-Jami'ah* 54, no. 2 (2016): 249–72, <https://doi.org/10.14421/AJIS.2016.542.249-272>.

⁴⁴ Zakariyah, "Harmonising Legality with Morality in Islamic Banking and Finance: A Quest for Maqasid Al-Shari'ah Paradigm."

⁴⁵ Mouad Sadallah and Hijattulah Abdul-Jabbar, "Business Zakat Compliance in Algeria: An Ethical Perspective," *International Journal of Ethics and Systems* 38, no. 2 (March 17, 2022): 338–55, <https://doi.org/10.1108/IJOES-04-2021-0085/FULL/HTML>.

increases employee loyalty in carrying out their duties. Paying attention to spiritual values can add to the performance value of an organization. Organizations are expected to give more priority to Islamic orientation at work and promote Islamic work ethic (IWE) in the right way.⁴⁶

Therefore, the research data confirms the previous thesis that the application of sharia principles can provide more value for patients and or their families. For the implication, hospitals that have implemented sharia principles are required to create shariah governance in more detail for easy application. Sharia compliance must also be an indicator in achieving performance in sharia hospitals. The results of this study can also be considered for the Government, in this case the Ministry of Health, to pay attention to the application of sharia in hospitals. As is known, this sharia standard is optional and voluntary. In benchmarking to the Islamic Law Compilation (Kompilasi Hukum Islam), this standard that derived from Islamic law can be transformed into legal norm through *taqnīn* process.⁴⁷ The standard become legal binding and provide legal certainty for the hospitals.

Conclusion

The application of sharia principles in sharia hospitals is an added value for hospital services. The added value is the advantages and uniqueness of the services provided in sharia hospitals. In addition, patients and their families respond positively to the implementation of additional sharia services. The majority of them strongly agree and agree with the sharia services provided by sharia hospitals. This respond covers all of area service such as admission procedures, guidance and discharge of patients, critical illness care, coma patient care, and surgery services, sharia *ruqyah* services, worship services, and transportation services. The implementation of sharia standards in hospitals has implications for the need to develop sharia corporate governance which is a reference in assessing the sharia compliance of sharia hospital.

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⁴⁶ Adeel Ahmed, Mohd Anuar Arshad, Arshad Mahmood, and Waseem Barkat, "The Impact of Spiritual Values on Employees Loyalty: The Moderating Role of Islamic Work Ethic", *International Journal of Ethics and Systems* 37, no. 3, (2021): 341-355.

⁴⁷ H. Y. Sonafist et al., "Ibn Al-Muqaffa's Proposal for Taqnīn and Its Synchronization with Islamic Law Codification in Indonesia," *Samarah*, 2020, <https://doi.org/10.22373/sjhc.v4i2.7864>.

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