Type of the Paper (Review)

Narrative Study of Shariah Hospitals in Indonesia: A Review of Islamic Brand Communities Innovation for Health Care

Wahyu Sulistiadi 1,2, Sri Rahayu 2,3, Meita Veruswati 2,3, Al Asyary 2,4,*

1 Department of Health Administration and Policy, Faculty of Public Health, Universitas Indonesia; wahyus@ui.ac.id
2 Center for Educational and Community Services, Faculty of Public Health, Universitas Indonesia (P3M FKM-UI); ayuurindo@gmail.com
3 Department of Public Health Science, Universitas Muhammadiyah Prof. Dr. HAMKA (UHAMKA); meitaveruswati@uhamka.ac.id
4 Department of Environmental Health, Faculty of Public Health, Universitas Indonesia; al.asyary@ui.ac.id
* Correspondence: al.asyary@ui.ac.id; Tel.: +62-21-7863479 (A.A.)

Abstract: The Ministry of Health evaluates hospital management in accordance with the standard of quality of service. The concept of Shariah hospitals offers management services that exceed the standard of quality of hospital care. The study aims to illustrate the concept of Shariah hospitals in Indonesia. We collect related literature from various media via online search with the keywords “Shariah hospitals,” “implementation of Shariah hospitals,” and “application of Shariah hospitals.”

Main findings: The study finds that the Shariah hospitals built by the philosophy of Islam are willing to provide the best health-care services to patients. A code of conduct must be fulfilled by the hospital management in Shariah hospitals: (1) general liability, (2) obligations to society and the environment, (3) obligations to patients, (4) obligations to the leaders, staff, and employees, and (4) relationships with related institutions. The foremost challenges include the improvement of health personnel performance and the quality of services in addition to perceptions that are not inclusive of the system of Shariah hospitals. This implementation should run consistently and with the commitment of all parties. Such insight, in turn, can be counted as an input to an approach to health services, particularly in increasing the performance rates, such as hospital. This study is the first to provide new insight into discussion about shariah hospital by presenting its focuses on Islamic approaches in meeting the quality standards of health services in hospitals so as to obtain more value. However, exclusive principles—Islamization, heterogeneity, and the performance of health workers—challenge the implementation of this hospital system.

Keywords: Shariah; hospital; healthcare; management; Islam

1. Introduction

The existence of hospitals continues to grow from time to time, and even now, the hospital has become a global health necessary [1]. In this way, hospital management are expected to emulate principles containing a summary of the values and norms of the community [2,3]. In line with the development of civilization, that of the order of sociocultural society, and that of the progress of science and technology, especially in the fields of medicine and health, the hospital has evolved into a “socioeconomic unit” [4,5]. Hospitals in Indonesia, in accordance with travel history, typically identify with the entrenchment principle, the Pancasila principle, and the State Act of 1945 as the philosophy of the nation and the Republic of Indonesia [6]. In time, these hospitals face the full challenge of exerting the necessary efforts to maintain the purity of the values of basic hospitalization in Indonesia. This study aims to present the collected literature from various media on the concept of Shariah hospitals in Indonesia.
2. Literature Review

In line with the development of civilization, that of the order of sociocultural society, and that of the progress of science and technology, especially in the fields of medicine and health, the hospital has evolved into an entity that requires an orientation of the various socioeconomist complexities it often encounters [7,8]. In the history of Indonesia, hospital management is based on the principles of Sharia. Such hospitals are known as Shariah hospitals, which have been granted Sharia certification by the Indonesian Ulema Council [9].

The ethical code of Shariah hospitals as well as that of hospitals in general are applied in operational hospitals [9]. For doctors and health workers, ethics means the obligation and responsibility to meet the expectations of the profession and the public. For the leader or the owner of the hospital, ethics should mean the obligation and responsibility specifically for patients and clients against the organization, the personnel, themselves, the profession, the government, and other levels not apparent to the public. The criteria of fair, honest, professional, and respectable practices also apply to other officers in the hospital. The ethical code of a hospital consists of ethical practices that are developed for the hospital as an institution, often almost meeting with ethics of biomedicine. It can also be said that the ethics of an institutional hospital entails the development of the ethics of biomedicine (bioethics) because of new ethical problems or dilemmas, such as the impact or consequence of the rapid progress of science and technology in biomedicine [4].

The Indonesian hospital, as with any government hospital, is in the process of meeting certification as a Shariah hospital to serve the population in the country, of which the majority practice the religion of Islam. Such determination to meet this certification is a challenge for the hospital management, which consists of health personnel from different religions and tribes. All parties should implement the principles of Sharia on all health services so that such services would be optimally accomplished. Hence, the study of the application of the ethical code of Shariah hospitals is important in increasing health personnel performance, which can assist the decision making of the hospital management.

3. Methodology

3.1. Eligibility Criteria

We collect all existing evidence relevant to shariah hospital in Indonesia to identify evidence, all type of literature, including published or unpublished scientific articles or government/institution reports and other related eligible documents for review in Bahasa Indonesia or English. No publication date or publication status restrictions were imposed.

3.2. Evidence Resources

In this review, we search bibliographic sources i.e. MEDLINE, Science Direct, SCOPUS, Wiley Library, and Directory of Open Access Journals (DOAJ). We also search literature not listed in the above bibliographic resources using Indonesian Portal Indexing (IPI), and we examined the recent literature on the current issue and prospects for the shariah hospital in numerous studies.

3.3. Search Strategy

We assembled related literature from various media via online search with the keywords “Shariah hospitals,” “implementation of Shariah hospitals,” and “application of Shariah hospitals.” The researchers defined the keywords based on the research’s question. No years of publication and language restriction will be placed on the search strategy. The team researcher used the keywords to conduct the searching and input the search results into Mendeley library. Subsequently it inputs all meta-data for each article, including the abstract, and discuss it to the meeting.
4. Results and Discussion

4.1. Philosophy of the Shariah hospital

According to the Islamic faith, human life should be beneficial and, as much as possible, do good, as stated in the Qur’an Surah Al-Asyr (verses 1–3). Allah says, “By time, (1) Indeed, mankind is in loss, (2) Except for those who have believed and done righteous deeds and advised each other to truth and advised each other to patience”. Shariah hospitals should provide the best health services, more than the patient expects. The Prophet that the most beloved man of God benefits higher than others, and the most beloved work of God is to make others happy and alleviate hardship [10]. Health care hospitals do so with the appropriate standard of quality of services that can benefit the patient. Similarly, in the Qur’an Surah Ash-Sharh (verses 6–8), Allah says, “Indeed, with hardship [will be] ease. (6) So when you have finished [your duties], then stand up [for worship]. (7) And to your Lord direct [your] longing. (8)”.

Hospitals with Shariah certification carry out their services with reference to the concept of Maqoshid Al-Sharia, namely, the preservation of religion (Hifzh Al-Din), the soul (Hifzh Al-Nafs), the senses (Hifzh Al-`Aql), the descent (Hifzh Al-Nasl), and property (Hifzh Al-Mal) [9]. As commanded by Allah in the Qur’an surah Jaatsiyah, verse 18, “Then We made you on top of a sharia (laws) of matter (religion it). Then follow the Shari`a, and do not follow the desires of lust people do not know.” According to the verse, the implementation of health services should be based on Sharia to ensure the good of the world and the hereafter.

Maqoshid Al-Sharia is the value or spirit contained in Sharia law. Sharia is a set of rules set by Allah for His creatures to be used as a guide in regulating relations with the Creator as well as relations between humans and all of nature [11]. Sharia also refers to all the laws that Allah established for all humans to be believed and carried out for their own benefit, both in this world and the hereafter [12]. According to the word of God in Surah al-Maidah (verse 48), “And We have revealed to you, [O Muhammad], the Book in truth, confirming that which preceded it of the Scripture and as a criterion over it. So judge between them by what Allah has revealed and do not follow their inclinations away from what has come to you of the truth. To each of you We prescribed a law and a method. Had Allah willed, He would have made you one nation [united in religion], but [He intended] to test you in what He has given you; so race to [all that is] good. To Allah is your return all together, and He will [then] inform you concerning that over which you used to differ.”. Thus, the application of Sharia principles in hospital services aims to benefit humans both alive and deceased. The application of Maqoshid Al-Sharia in hospital services implies that Shariah hospitals are responsible for five things: they must protect their patients in terms of their beliefs, protect their patients’ rights from being saved, protect their patients from wasting wealth, protect their patients from the maintenance of common sense, and protect their patients from their offspring [9].

4.2. Code of conduct of Shariah hospitals

In the code of conduct of Shariah hospitals, established by the Indonesian Shariah Hospital Association, Chapter I concerns the obligations of public Shariah hospitals [9]:

Article 1: Shariah hospitals shall comply with the Code of Conduct of hospitals in Indonesia and the Code of Conduct of hospitals in Indonesia as well as the entire regulation legislation on hospitals in Indonesia, as in the Qur’an Surah An-Nisa: 59, “O you who have believed, obey Allah and obey the Messenger and those in authority among you. And if you disagree over anything, refer it to Allah and the Messenger, if you should believe in Allah and the Last Day. That is the best [way] and best in result.”.

Article 2: Shariah hospitals shall strive to apply the values of Siddiq (truth and honesty) and have a vision, mission, and management as well as true and honest services, as in the Qur’an Surah Az-Zumar:33, “And the one who has brought the truth and [they who] believed in it - those are the righteous.”.

Article 3: Shariah hospitals shall strive to apply the values of trust (belief) and to give priority to quality services in a safe and satisfactory manner, congruous with the values of Islam as a result of the practice of the pillars of Islam, as in the Qur’an Surah An-Nisa:58, “Indeed, Allah commands you to
render trusts to whom they are due and when you judge between people to judge with justice. Excellent is that which Allah instructs you. Indeed, Allah is ever Hearing and Seeing.”

Article 4: Shariah hospitals shall strive to apply the values of Fathonah (intelligence). The entire health management and services should follow the progress of hospitalization based on cutting-edge scientific knowledge and document the whole activity as well as maintain/archive all medical and non-medical knowledge, as in the Qur’an Surah Al-Baqoroh: 269, “He gives wisdom to whom He wills, and whoever has been given wisdom has certainly been given much good. And none will remember except those of understanding.”

Article 5: Shariah hospitals shall strive to apply the values of Tabligh (on target and communication), wherein the hospital is responsible for the strategy to carry out the mission and the achievement of the hospital’s vision as well as the implementation of education for patients and families as a means of preaching, as contained in the Qur’an Surah An-Nahl: 125, “Invite to the way of your Lord with wisdom and good instruction, and argue with them in a way that is best. Indeed, your Lord is most knowing of who has strayed from His way, and He is most knowing of who is [rightly] guided.”

Similarly, the results of the study show that the letter An-Nahl 16, paragraph 125, contained three methods of education: wisdom, Mau’idzhah Hasanah, and Jidal. Wisdom is the knowledge owned by a teacher. With tools such as scientific knowledge, he becomes a person entitled to provide religious learning to his children and students. Mau’idzhah Hasanah and Jidal are methods that can best be used according to the situation and educating needs. In the practice of educating adults, the paragraph cited above could be developed further into some of the methods according to the existing situation, conditions, and needs.

4.3. Challenges in the management of Shariah hospitals

Maintaining the quality and safety of health care for all patients through the improvement of health personnel performance is a challenge to all Shariah hospitals, in addition to the principle of exclusivity (only serve Muslims), as perceived by the majority. In fact, this recent challenges on inequities in health and health care can bridge by discussing on this topic between ethicists and health care professionals [13].

The success of health services is not apart from health personnel performance but also requires rules that must be carried out in accordance with standard quality [14]. Health-care quality is highly dependent on the performance of individuals who provide health services [15]. The reverse applies in that health services require the support of hospital management. “Performance management refers to the broad range of trials, policies, dealings, and deliberate interventions to help workers improve their performance.” To determine the level of success that is achieved, the measurement of health personnel performance should consider the following matters [16]:

1. Quality relates to the quality of the product, either in the form of the neatness and accuracy of the work or the level of error of health workers. In other words, the perceptions of health workers regarding the workforce must be in accordance with the established standards and can be accepted with the following measurement indicators:
   a. completion of work at a low level of error;
   b. completion of work while prioritizing hygiene, safety, and reliability; and
   c. completion of work in accordance with the targets and quality of the set.

2. Quantity relates to the amount of work that must be completed or achieved. In other words, the perception of health personnel about the results of health services must be in accordance with their duties, staples, and functions, with the following indicator measurements:
   a. the ability to complete a number of jobs according to the basic tasks and functions;
   b. the ability to complete additional tasks given by the leadership; and
   c. the ability to complete the work as much as possible.

3. Timeliness relates to the amount of work done in accordance with the time planned for health services, with the following measurement indicators:
a. obedience of the discipline of entering, resting, and going home from work;
b. completion of work as soon as possible within the stipulated time; and
c. completion of work that one has to do for another.

The dimensions of service quality according to the World Health Organization can be used as a reference by adjusting the conditions in the hospital [17], as follows:

| Quality Dimension              | Meaning                                                                                                                                                                                                 |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective                     | Health services should be close to the evidence base and successful in increasing individual or community health outcomes based on need. The health services provided should be based on the needs of the patient’s disease diagnosis conditions, both for medical examinations and for medical actions, or other supporting examinations so that quality control is achieved. |
| Efficient                     | The Ministry of Health should maximize resources and avoid wastage. Health services should be given and utilized as optimally as possible to achieve the control of costs.                                       |
| Accessible                    | The Ministry of Health, at the right time, should be geographically accessible and provide within the framework the right skills and resources to fulfill needs. The use of health services must be easy to use for all users and implementers of health services, and the services and actions of medical staff and support should be responsibly justified. |
| Accepted (Patient-centered)   | Health services should consider the choices and aspirations of individual service users and the culture of their community. The availability of services should be tailored to the needs of people (the need and demand of society) so that all the units of service can be used optimally with the purpose of adding value to the health services provider. |
| Equitable                     | The Ministry of Health must not discriminate health personnel based on their personal characteristics, such as gender, race, ethnicity, geographical location, and socioeconomic status.                       |
| Safe                          | Health services should minimize risk and harm. The management and all personnel, health and non-health, should be committed to implementing a culture of safety for patients.                                           |

4.4. Limitation and study forward

Strengths of this study include conduct by a researcher with philosophical experience in shariah hospital and Islamic healthcare service provision, which facilitated the extraction of relevant information from webpages and when communicating with other literatures. Relevant sources of information may have been omitted or inaccurate but this was minimized by the transparent web-based search process, checked by a second researcher in a random sample, and the added stage of checking in person by direct telephone contact. The scoping review was limited to Indonesian websites, thus findings may not reflect international practice or health services. Study results provide a snapshot of information available and current during the study period (July - December 2019), and specific details may have changed over time.

An important implication of this scoping review is to ensure that if shariah hospital’s code of conduct interventions or services are provided, this information needs to be readily available to patients on the hospital. Information should include preferred healthcare methods and referral pathways. While patient with resistant conditions were the researchers focus of this scoping review,
the findings have implications for making services visible to healthcare actors (e.g. patient, health professionals or hospital managers) who may use the philosophy of health services to conduct for better health provision. Further research in this area should consider defining and describing these actors’ perception, to assist with national and international benchmarking for shariah hospital’s models of care.

5. Conclusions

Shariah hospitals have significant opportunities and challenges to improve their management, especially with health personnel from different religions and tribes. All parties should implement the principles of Sharia on all health services. Maintaining the quality and safety of health care for all patients through the improvement of health personnel performance is a challenge to all Shariah hospitals, in addition to the principle of exclusivity (only serve Muslims), as perceived by the majority.

Author Contributions: WS was the reviewer leader, while SR, MV, and AA were responsible for study and review design. Both WS and AA performed the data analysis including to made conceptual contributions, performed the data collection, calculated the study results and prepared the first manuscript. Both SR and MV were all performed co-wrote and involved to the revision of manuscript. All authors approved the final manuscript.

Funding: The APC was funded by Directorate of Research and Development, Universitas Indonesia (Risbang-Ul).

Acknowledgments: The authors acknowledge both the Indonesian Shariah Hospital Association that made the data on this study publicly available. The study conclusions are those of the authors and any views expressed are not necessarily those of the funding agency.

Conflicts of Interest: The authors declare no conflict of interest.

References

1. Memish, Z.A.; Al-Rabeeah, A.A. Public health management of mass gatherings: the Saudi Arabian experience with MERS-CoV. Bull. World Heal. Organ. 2013, 91.
2. Allegranzi, B.; Memish, Z.A.; Donaldson, L.; Pittet, D. Religion and culture: Potential undercurrents influencing hand hygiene promotion in health care. Am. J. Infect. Control 2009, 37, 28–34, doi:https://doi.org/10.1016/j.ajic.2008.01.014.
3. Padela, A.I. Medical ethics in religious traditions: A study of Judaism, Catholicism, and Islam. J. Islam. Med. Assoc. North Am. 2006, 38.
4. Sulistiadi, W.; Nurhidayah, S.; Asyary, A. Evaluating the Management Information System of Integrated Medical Emergency Care in Batang Regency, Indonesia. Int. J. Online Biomed. Eng. 2020, 16, 75–85.
5. Al-Jahdali, H.; Baharoon, S.; AlSayyari, A.; Al-Ahmad, G. Advance medical directives: a proposed new approach and terminology from an Islamic perspective. Med. Heal. Care Philos. 2013, 16, 163–169, doi:10.1007/s11019-012-9382-z.
6. Pemerintah RI Undang-undang No. 44 Tahun 2009 Tentang Rumah Sakit 2009.
7. Ismail, S.A.; Hamid, B.; Sulistiadi, W. Journey to Shariah Hospital: An Indonesian Experience. Int. J. Hum. Heal. Sci. 2018, 2, 55–64.
8. Marina, A.; Wahjono, S.I.; Sya’ban, M. ISLAMIC ACCOUNTING INFORMATION SYSTEM IN HOSPITAL, AN URGENT DESIRE. Humanit. Soc. Sci. Rev. 2019, 7, 555–562.
9. MUKISI Kode Etik Rumah Sakit Syariah 2017.
10. Al-Albani, S. Shohih al-Jami’ al-Shoghir wa Ziyadatuhu; al-Maktab al-Islami: Beirut, 1987;
11. Mahmud, S. Al-Islam ‘Aqidah wa Syari’ah; Daru al-Qalam: Kuwait, 1966;
12. Al-Sayis, A. Nash’ah al-Fiqh wa al-ijtihad wa athwaruhu; Majma’ al-Islamiyah: Cairo, 1970;
13. Benn, C.; Hyder, A.A. Equity and resource allocation in health care: Dialogue between Islam and Christianity. *Med. Heal. Care Philos.* **2002**, 5, 181–189, doi:10.1023/A:1016031001488.

14. Handayani, H. ETIKA LEMBAGA DAN KINERJA PERAWAT RUMAH SAKIT UMUM DENGAN QUALITY OF WORKLIFE SEBAGAI VARIABEL INTERVENING. *Manag. Anal. J.* **2013**, 2.

15. Sattar, H.; Khaliq, L.; Butt, M. Effect of performance management on employees well-being via perceived job control. *Hum. Resour. Res.* **2018**, 2, 18–32.

16. Dharma, A. *Manajemen Supervisi*; Rajawali Pers: Jakarta, 2004;

17. World Health Organization *Quality of care: a process for making strategic choices in health systems*; World Health Organization: Geneva, 2006; ISBN9241563249.

© 2020 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (http://creativecommons.org/licenses/by/4.0/).