



## **Private Islamic Hospital Service Management Strategy Model in Pekanbaru Based on Accreditation with an Analytic Network Process Approach**

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### **Abstract**

*There are many factors that are the burden and responsibility of Islamic Hospital Practitioners, experts and regulators in resolving sharia service and accreditation problems and prioritizing effective solutions for Islamic Hospitals. From problems (1) Sharia services that focus on Customer Oriented, Transparency, Healthy Competition and Justice. (2) Patient problems, namely no sharia consultations, unsatisfactory services received, long queues, lack of services for disabled patients (3) Accreditation problems that focus on low classification and accreditation, poor maintenance, unsophisticated information systems and a poor hospital environment. not properly maintained (4) Ethical problems and Islamic hospital Business Management Concepts trigger problems. Planning for future hospital performance is not fulfilled, experts and employees are less professional, coordination of hospital staff is ineffective and does not have a Sharia Supervisory Board (DPS). This thought is the research problem, how to use the ANP method to find a solution that must be solved in this problem, assisted by Super Decision software. The results of this research are Solution Priorities (1) Sharia services, namely focusing on the main priority of Justice, Customer Oriented (2) Solutions for patients with the same priority, namely Sharia consultations, services received that satisfy patients. (3) Accreditation solutions in the order that the hospital environment is well maintained and goes green, maintenance is improved, quality management is improved (4) Islamic hospital Ethics Solutions and Business Concepts with future planning sequences fulfilled and professional employee experts selected, effective staff coordination and forming a DPS. The strategic priorities being developed are the implementation of superior and complete sharia services.*

**Keywords:** *Sharia service management strategy model; Hospital Islamic Private; and ANP.*

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## 1. Introduction

Sharia Hospital as a service company provides opportunities for all human resources integrated with various scientific disciplines to master knowledge, develop technology, and become a service direction for other institutions so that they can be imitated in the sharia services they provide.

DSN-MUI Fatwa N0 107 of 2016 concerning Guidelines for Organizing Hospitals Based on Sharia Principles provides service guidelines that comply with Sharia. There are 16 points related to hospital services, 3 points related to the use of medicines, food and drinks, cosmetics and consumer goods, and 4 points related to the placement, use and development of hospital funds. The Islamic Hospital Certification Standard is the existence of Minimum Service Standards (SPM) which must be implemented in sharia hospitals. For this reason, guidelines regarding minimum services are needed which contain things that are included in the minimum services for sharia hospitals, procedures for measuring and documenting them so that they can be implemented by all hospitals that will take part in Sharia Hospital Certification.

In Indonesia, in December 2021, the Indonesian Ministry of Health recorded that 3,120 hospitals had been registered. A total of 2,482 or 78.8% of hospitals have been accredited and 638 hospitals or 21.2% have not been accredited. (RI Ministry of Health Hospital Accreditation Standards Book 2022).

Another problem is also a priority that apart from not collaborating with superior Sharia Hospitals to imitate the services that will be implemented in Islamic hospitals in Pekanbaru, Islamic hospitals in Pekanbaru are only oriented towards general services provided by hospitals in general. For example, customer service does not have Islamic standards of greeting, such as smiling, salaam, and saying "Assalamu'alaikum" to patients, is not friendly to the patient's family, the patient's family is not given sufficient rest space when looking after the patient, so that the operation schedule is spaced out with prayer times if they are in a bad condition. non-emergency, separation of rooms by gender and There is also a tendency for Pekanbaru people to choose to seek treatment in neighboring countries.

From the background of the problems described above, the problems that will be discussed in this research are: first, What are the problems faced in improving Islamic services by the management of Islamic private hospitals in Pekanbaru? Second, What is the right solution for improving Islamic management services for Islamic private hospitals in Pekanbaru? Third, What strategies should be implemented by the management of Islamic private hospitals in Pekanbaru to improve Islamic services?

## 2. Literature Review

According to Al-Syāthibī, the general purpose of the Shari'a, at the level of *ḍarūriyyāt* is maintained from two sides, namely: maintenance of *ḍarūriyyāt* is carried out in two ways: first, something that enforces its pillars and establishes its rules, and that is like maintaining it and establishing its rules and is like from maintaining it from the side of its form, and secondly something that prevents damage from occurring on it or in it, and that is like guarding from the side of its non-existence. (Al-Syāthibī t th, 6).

*Ḍarūriyyāt* is maintaining needs that are essential for human life. There are five basic needs, namely: religion (*al-dīn*), soul (*al-nafs*), offspring (*an-nasl*), wealth (*al-māl*) and reason (*al-'aql*). The order of these five dharuriyat is *iftihady not naqly*, meaning that it is compiled based on the ulama's understanding of the texts taken using *istiqra'*. In assembling these five *Ḍarūriyyāt* (some also call it *al-kulliyāt al-khams*), Imam Syāthibī sometimes prioritizes 'aql over nasl, sometimes nasl first then 'aql and sometimes nasl then māl and finally 'aql. However, one thing that needs to be noted is that in whatever arrangement Imam Syāthibī always begins with *dīn* and *nafs* first.

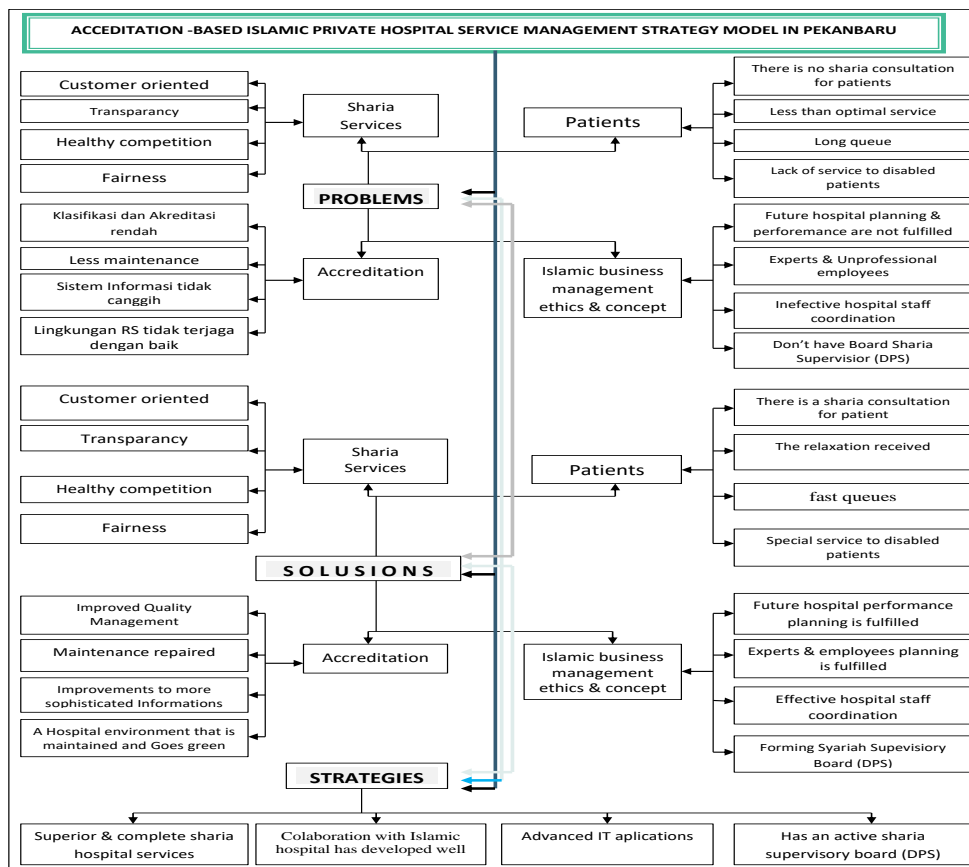
Mu'adil Faizin's research (2018) found that the concept of sharia which is being embodied by the National Sharia Council-Indonesian Ulema Council (DSN-MUI) in this fatwa still uses one point of view of Imam Syatibi's Maqāshid Syarī'ah.

According to the organizational structure of the Governing Body, hospital organizations have a unique characteristic, namely the existence of a relationship between medical staff (group of doctors) and administrators (CEO) or management. The Hospital Governing Body is an organized unit that is responsible for establishing hospital policies and objectives, providing patient care that must be maintained and of high quality by providing planning within the hospital management institution. In basic principle, a hospital governing body is a body that connects hospital formalities with the community. (Satrianegara, 2014). M. Ichwanulhadi (2020) in his view there is support from hospital management to carry out innovation.

### 3. Methodology

ANP is a new approach to the decision-making process that provides a general framework for treating decisions using a network without having to set levels such as the hierarchy used in the Analytical Hierarchy Process (AHP), which is the starting point of ANP (Utami, S. A., Cakyaneu, A., & Wulandari, N. S. 2020). The Analytic Network Process (ANP) method is a method that is able to present the level of importance (priority) of various parties or elements by considering the interrelationships between one object and another (Aspiranti, T., Nu'man, A. H., Nugraha, Y. D., Amaliah, I., & Mafruhah, A. Y. 2021). This method is the development of the AHP method. (Hidayati, 2013).

Based on the stages of the ANP research, this respondent consisted of two stages. First, respondents at the stage of constructing the ANP model construct consist of: Practitioner, Experts and Regulators.



#### 4. Results And Discussion

The author's reason for using ANP is to solve emerging and complex service problems in hospitals and prioritize appropriate solutions. the technique is based where the selected or best alternative is not only the shortest distance but the farthest distance from the negative ideal solution to obtain the optimal solution.

The four criteria that become alternatives are based on empirical studies of managers, directors and experts involved in hospitals, as well as regulators who oversee sharia hospitals, namely: sharia services (A), patients (B), accreditation (C), ethics and the business concept of Islamic private hospitals (D).

#### Goals (Private Hospital Service Management Strategy Islam) on the element "Problem Criteria"

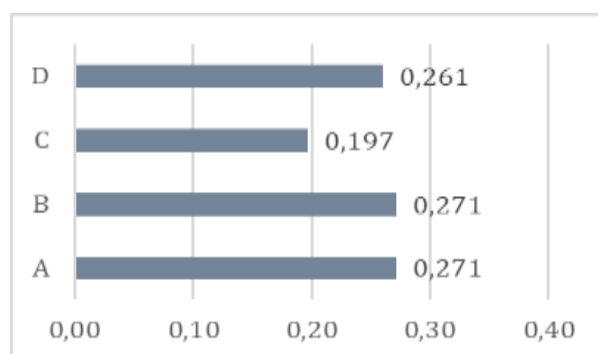


chart 1: Problem criteria

Based on the diagram 1, there are 4 indicators that become the service management strategy for private Islamic hospitals on the element of the problem criteria. The results show that the indicators of sharia services and patients are the main indicators with an *average value* of 0.271 each. As for the *rater agreement*, this criterion is 0.027 ( $w=0.027$ ). That is, in this objective, experts **have different opinions and tend to disagree** in determining alternative strategies from the elements of the problem criteria. This is indicated by a **significant** p-value of 0.02 ( $<0.05$ ).

Furthermore, the criteria for the problem are then broken down into several subs including:

##### a. Sub Criteria for Problems of A to Problems of A

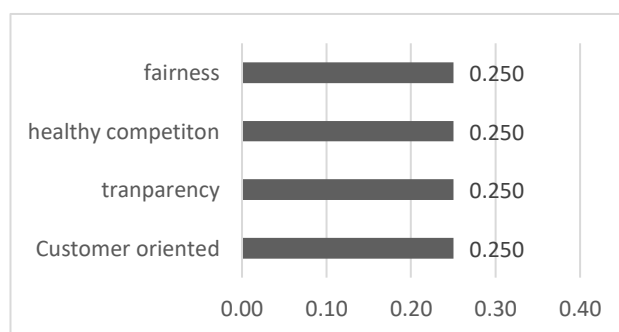


chart 2: criteria for sub issue A

Next are the 4 indicators from the sub criteria for A problems to sharia service problems. The results show that the 4 indicators above are the main indicators with an *average value* of 0.250 each. As for the *rater agreement value*, this criterion is 0 ( $w=0$ ). That is, in this sub-criteria, experts **have different opinions and do not agree** in determining alternative strategies from the elements of the problem criteria. This is indicated by an **insignificant** p-value of 1 ( $> 0.05$ ).

### b. Sub Criteria for B Problems for B Problems

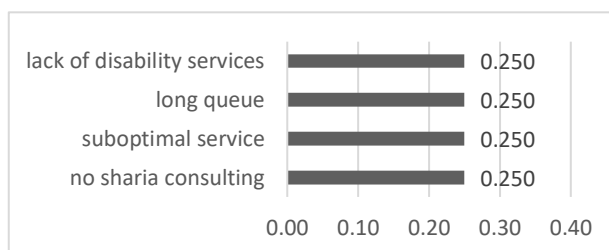


chart 3: B Problem criteria

The bar chart above shows 4 indicators from sub-criteria of B problems to B problems. The results show that the 4 indicators above are the main indicators with an *average value* of 0.250 each. As for the *rater agreement value*, this criterion is 0 ( $w=0$ ). That is, in this sub-criteria, experts **have different opinions and tend to disagree** in determining alternative strategies from the elements of the problem criteria. This is indicated by an **insignificant** p-value of 1 ( $> 0.05$ ).

### c. C Issues Sub Criteria for C Issues

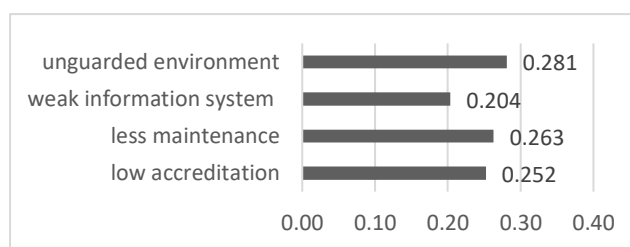
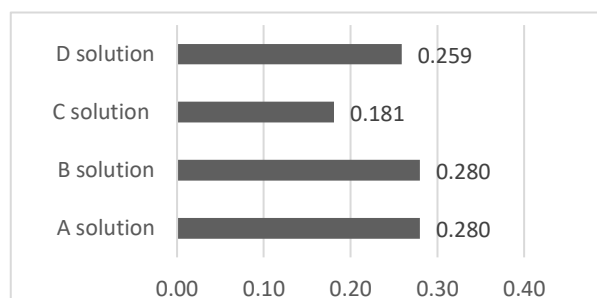


Chart 4: C issues

The bar chart above shows 4 indicators of accreditation sub-criteria on accreditation issues. The results show that environmental indicators are less well maintained as the main indicators with an *average value* of 0.281. As for the *rater agreement*, this criterion is 0.022 ( $w=0.022$ ). That is, in this sub-criteria, experts **have different opinions and tend to disagree** in determining alternative strategies from the elements of the problem criteria. This is indicated by a **significant** p-value of 0.03 ( $< 0.05$ ).

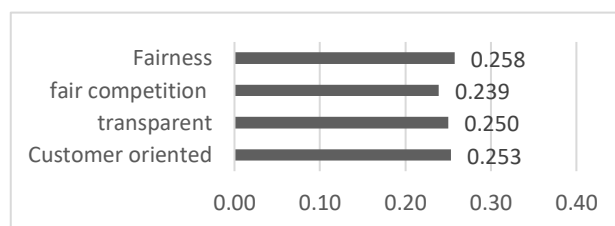
#### d. D Issues Sub criteria for D issues



**Chart 5: D issues**

The last of the problem sub criteria is Islamic hospital ethics. The results show that the *planning indicator* is not fulfilled as the main indicator with an *average value* of 0.289 each. As for the *rater agreement*, this criterion is 0.06 ( $w=0.06$ ). That is, in this sub-criteria, experts **have different opinions and tend to disagree** in determining alternative strategies from the elements of the problem criteria. This is indicated by a **significant** p-value of 0.01 ( $<0.05$ ).

#### Goals (Islamic Private Hospital Service Management Strategy) on the element "Solution Criteria"



**Chart 6: solutions**

Based on the diagram above, there are 4 indicators that become the service management strategy for Islamic private hospitals in the elements of the solution criteria. The results show that the indicators for sharia service solutions and patient solutions are the main indicators with an *average value* of 0.280 each. As for the *rater agreement value*, this criterion is 0.05 ( $w=0.05$ ). That is, in this objective, experts **have different opinions and tend to disagree** in determining alternative strategies from the elements of the problem criteria. This is indicated by an **insignificant** p-value of 0.52 ( $>0.05$ ).

Furthermore, the solution criteria are then broken down into several subs including:

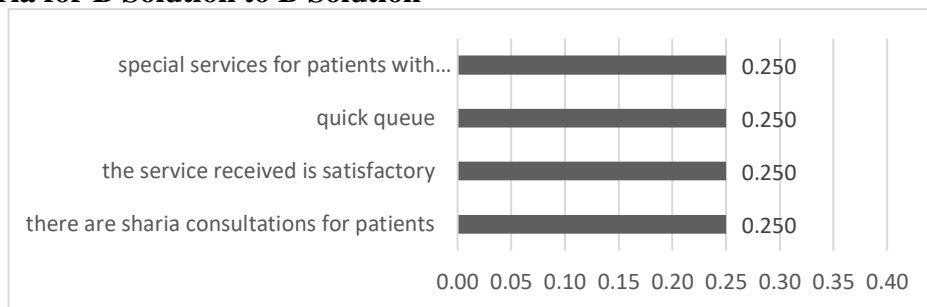
a. **Sub Criteria for A Solutions for A Solutions**



**Chart 7: Sharia Service Solutions (A)**

Next are the 4 indicators from the sub-criteria for sharia service solutions to sharia service solutions. The results show that the fairness indicator is the main indicator with an *average value* of 0.258. As for the *rater agreement*, this criterion is 0.00 ( $w=0.00$ ). That is, in this sub-criteria, experts **have different opinions and tend to disagree** in determining alternative strategies from the elements of the solution criteria. This is indicated by an **insignificant** p-value of 1 ( $> 0.05$ ).

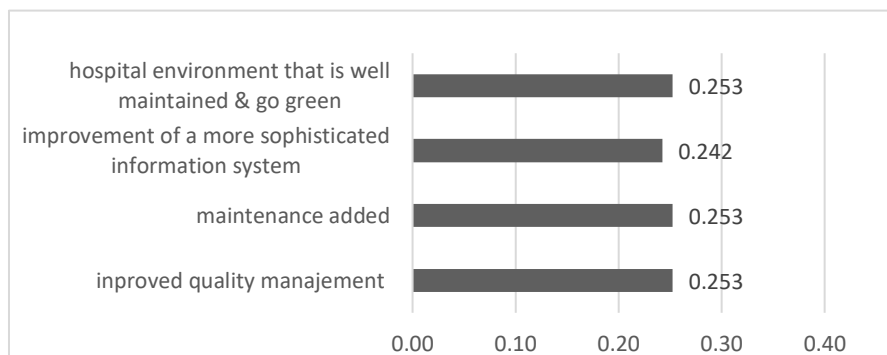
b. **Sub Criteria for B Solution to B Solution**



**chart 8: B solutions**

The bar chart above shows 4 indicators from the sub-criteria for patient solutions to patient solutions. The results show that the 4 indicators above are the main indicators with an *average value* of 0.250 each. As for the *rater agreement value*, this criterion is 0 ( $w=0$ ). That is, in this sub-criteria, experts **have different opinions and tend to disagree** in determining alternative strategies from the elements of the solution criteria. This is indicated by an **insignificant** p-value of 1 ( $> 0.05$ ).

c. **Sub Criteria for C Solutions to C Solutions**



**chart 9: C solutions**

Next are the 4 indicators of the accreditation sub-criteria for accreditation solutions. The results show that 3 indicators, namely the RS classification, are improved, maintenance is added, and the RSI environment is maintained, which are the main indicators with an *average value* of 0.253 each. As for the *rater agreement value*, this criterion is 0 ( $w=0$ ). That is, in this sub-criteria, experts **have different opinions and tend to disagree** in determining alternative strategies from the elements of the solution criteria. This is indicated by an **insignificant** p-value of 1 ( $> 0.05$ ).

#### d. Sub Criteria for D Sub-Criteria to D Solutions

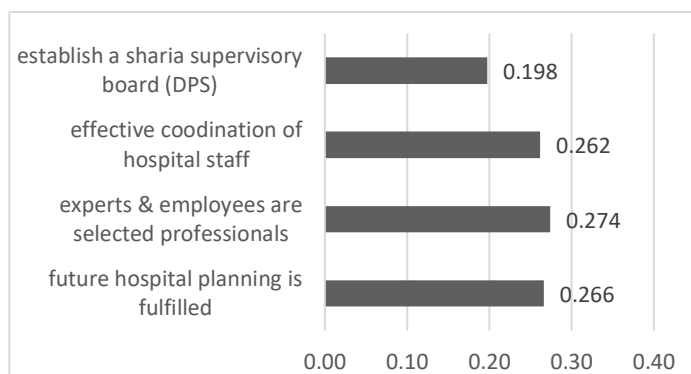


chart 10: D Solutions

The last of the solution sub criteria is Islamic hospital ethics. The results show that the professional employee indicator is the main indicator with an *average value* of 0.274 each. As for the *rater agreement*, this criterion is 0.027 ( $w=0.027$ ). That is, in this sub-criteria, experts **have different opinions and tend to disagree** in determining alternative strategies from the elements of the solution criteria. This is indicated by an **insignificant** p-value of 0.77 ( $> 0.05$ ).

#### Goals (Private Islamic Hospital Service Management Strategy) on the "Strategic Criteria" element

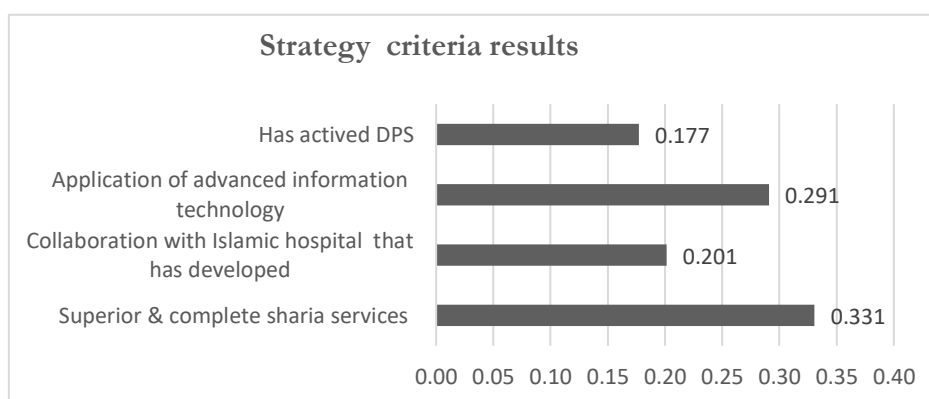


chart 11 : Strategy Criteria

The last is a diagram of the 4 indicators that become the service management strategy for Islamic private hospitals on the elements of the strategy criteria. The results show that the superior sharia service indicator is the main indicator with an *average value* of 0.33. As for the *rater agreement*, this criterion is 0.20 ( $w=0.20$ ). That is, in this objective, experts **have different opinions and tend to**



**disagree** in determining alternative strategies from the elements of the strategy criteria. This is indicated by a **significant p -value** of 0.04 (<0.05).

The *rater agreement* results ( $W = 20\%$ ) indicate low agreement in determining strategic priorities. Figure 4.31 describes the priority strategies according to all respondents:

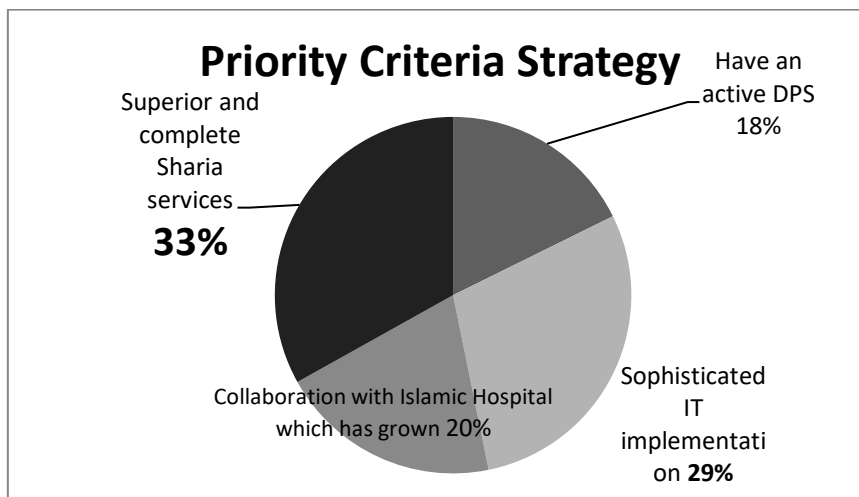


Figure 1: Strategic Priorities

The next step is to summarize the priority values so that *the ranking of* the strategy elements is presented in table 1:

**Table 1 Priority Strategy**

Strategy Priority	Priority Value	Ranking
Superior and plenary sharia services	0.331	1
Collaboration with an Islamic Hospital that has developed well	0.201	3
Sophisticated IT applications	0.291	2
Has an active Sharia Supervisory Board (DPS)	0.177	4

Source: Processed Data Secondary (2023)

The results of this study are in line with research conducted by Ridhwan et al. (2019) shows that service quality has a significant effect on satisfaction and trust, and satisfaction has a significant effect on trust. This research is expected to provide a practical contribution to the management of Islamic hospitals in an effort to increase patient satisfaction.

The same thing is also the same in the research conducted by Sari et al. (2018) . Hospitals with sharia labels have more responsibility in providing health services to patients. This challenge requires health care providers to compete by improving service quality so that patient loyalty is formed.

The results of this study are also in line with Marina et al. (2020) . An important finding from this study is that it is necessary to insert 2 digits into the chart of accounts to identify a transaction that is classified as a halal, doubtful, or unlawful transaction. Proving that in order to improve Islamic Financial Reports in Islamic Hospitals. This study found evidence that the Islamic Accounting Information System is indispensable for Sharia Hospitals. That SIA implemented in hospitals can improve internal control (Marina et al., 2020) .

Or the research conducted by Sfenrianto & Siti Mujitun (2020) needs to design a KMS (*Knowledge Management System*) that uses *Big data* as an *enabler* in the process of creating knowledge for doctors and nurses so that it can then be stored and shared.

In the table it can be determined that the highest priority value is superior and plenary sharia services, followed by the application of sophisticated IT, then cooperation with an Islamic Hospital that has developed well, and the lowest priority is having an active Sharia Supervisory Board.

Collaboration between superior and complete sharia services with the application of sophisticated IT can be an important strategy for the management of sharia services in Islamic hospitals in the city of Pekanbaru.

In line with research conducted by Fernando J (2016) that their Muslim culture perceives positively because they have greater cultural understanding and respect to improve health care.

Likewise with research conducted by Hayati & Sulistiadi (2018) Sharia Hospitals were formed in an effort to integrate sharia values into all aspects of health services, to patient service standards that non-Sharia hospitals do not have. This is at the same time a differentiation of hospital service products by targeting a clear segmentation, even though health services are essentially universal for all elements of society. (Hayati & Sulistiadi, 2018)

Quality service being measured have several indicators namely reliability for example accuracy time service, accuracy time registration counter, precision time inspection doctors and the process of care treatment and length of time inspection doctors and staff nursing. next indicators guarantee for example ability in do action with dexterous proficient medical and nursing, *patient safety* \_ or where are you? moment cared for, safe goods default patient and family, protocol clear health, energy - medics and nurses capable explained effect action medical treatment performed for the patient quick get well. Then appearance physical, form modern facilities and equipment, tidiness power medical and nursing, hygiene, beauty and neatness room nursing, facilities complete care, comfort and facilities room adequate wait.

Furthermore empathy form convenience in management administration, attention power constant medical-ask circumstances and developments patients and visits Doctor, attention nurses and visits officer during maintenance, convenience necessary information, as well convenience pay cost maintenance and costs drugs. responsiveness need held with Good form responsiveness power medical to complaint, friendliness and courtesy power medical, speed officers/ preparedness moment needed patient and family patient and accuracy service food and drink For patient. (Satrianegara, 2014)

## 5. Conclusion

The results of this research show that the highest problem cluster is sharia services and patient problems, followed by ethical problems and Islamic hospital business concepts, all three of which are priority elements in current Islamic hospital problems in the city of Pekanbaru. Managers and Directors as internal parties must be aware that deficiencies in these three aspects are what make Islamic hospital accreditation poor and can become a benchmark for hospitals. M. Abdurohman's research (2019) shows that patient satisfaction is related to factors including the attitude of health workers in providing health services, as well as complementary religious facilities.

In the solution category, it can be seen that respondents prefer the solution for Islamic Private Hospitals to be sharia and patient services. Sharia services and patient satisfaction cannot be separated and even went hand in hand as long as the hospital existed. Patients have the right to receive services from the hospital from the time they arrive until they leave. If the patient feels that his medical service needs have been met, then the patient's trust will grow automatically so that the patient tends to trust the hospital. Or patients can be a place to promote to the public that sharia hospital services meet the medical service needs that the community needs. Ridhwan's (2019) research results also show that

service quality has a significant effect on satisfaction and trust, and satisfaction has a significant effect on trust.

Collaboration between superior and complete sharia services with the application of sophisticated IT can be an important strategy for the management of sharia services in Islamic hospitals in the city of Pekanbaru.

### **Suggestion**

References aimed at Islamic hospital management to increase knowledge and increase the professionalism of medical and non-medical personnel, so that the public as users of health services are confident that sharia values will be the main characteristics applied in Islamic hospital institutions in the future. better. Islamic Hospitals should always develop information technology by procuring and providing medical equipment so that patient loyalty to Islamic hospitals is formed automatically.

Cooperation from all parties will strengthen hospitals to improve their quality. Both with the government, hospital partners who have developed and the local community, this has become a medium for developing better hospitals, as well as being an example for other hospitals.

Although the results of this research show that it is not yet a top priority for an active Sharia Supervisory Board (DPS), it should be implemented in the supervision system at the Islamic Hospital in Pekanbaru.

### **Author contribution statement**

1. With the Islamic Hospital serving food that is halal certified, and the kitchen is clean from rubbish, mice, cockroaches and insects.
2. Sharia-compliant financial systems such as mudharabah, murabahah and ijarah, and ensure that every transaction is free from usury.
3. Islamic greetings such as smiles, salaam and greetings to patients are more polite compared to other hospitals.
4. Reminding worship times, providing headscarves for female patients, especially Muslim patients who are approaching death, must receive guidance and talk about khusnul hotimah.
5. Regarding financing, although there is no special difference between treatment in general and sharia hospitals, sharia-standard hospitals provide fee waivers for patients who prove unable to afford it. The CEO (Chief Executive Officer) in an Islamic Hospital which has a Governing Body organizational structure is a community figure such as a respected citizen, experts, businessmen who are ultimately entrusted with managing the Islamic Hospital, they serve themselves as volunteers without getting compensation or benefits from the Islamic Hospital and protect the interests of society.
6. The people of Riau Province tend to seek treatment abroad, especially in the neighboring countries of Malacca and Singapore, making it a challenge for the Islamic Hospital in the city of Pekanbaru to improve the quality of service so that this tendency can be reduced by the advantages of the Islamic Hospital.

### **References**

- Abdurrohman, M., & Sulistiadi., W. 2019. Sharia Hospital As An Added Value: A Systematic Review. The 6th International Conference on Public Health Best, 23–24, 414.
- Aspiranti, T., Nu'man, A. H., Nugraha, Y. D., Amaliah, I., & Mafruhat, A. Y. (2021). The role of government policy in boosting the Islamic microfinance institutions performance in Indonesia. *Amwaluna: Jurnal Ekonomi dan Keuangan Syariah*, 5(1), 136-154.
- Alam R, Yusuf. 2013. Pola Pikir Etika alam Praktik Kedokteran. *CDK* 206, 40, 7.

- Al- Jarjani. Kitab al Ta'rifat. (Singapura: Al-Harramayn, t, th). hal 223
- Abu al-Husain Ahmad Ibn Faris Ibn Zakariya, Maqayis al-Lughat, (Dar al-Fikr, 1399 H/ 1979 M) jld. 5, hlm. 95.
- Al-Nawawi, Syarh Sahih Muslim, Jilid II (Kairo: Muktabah al-Tawfiqiyah, t, th), hal 40
- Al-Syatibi. 2003. Al-Muwafaqat fi Ushul al-Syari'ah (M. Muhammad (ed). Dar al-Kutub al-Ilmiyyah.
- Ahmidan. Maqashid al-Syari'ah al- Islamiyyah. Op. Cit.hal 131.
- Aprianto, I., Andriyansyah, Qodri, M., & Hariyanto, M. 2020. Etika dan Konsep Manajemen Bisnis Islam. Deepublish.
- Ascarya. 2005. Analytic Network Process (ANP): Pendekatan Baru Studi Kualitatif. Pusat Pendidikan dan Studi Kebanksentralan Bank Indonesia.
- Bauyaukyazc, M., & Sucu, M. 2003. The Analytic Hierarchy and Analytic Network Processes. Hacettepe Journal of Mathematics and Statistics, 32, 65–73. <http://www.hjms.hacettepe.edu.tr/uploads/49221df6-6484-4143-a95c-7e3336313629.pdf%5Cnhttp://www.mat.hacettepe.edu.tr/hjms/english/issues/vol32/full-text/65-73.pdf>
- BPS Kota Pekanbaru. Indikator Kesejahteraan Rakyat Kota Pekanbaru 2023
- Creswell, J. W., & Creswell, J. D. 2018. Research Design Qualitative, Quantitative, and Mixed Methods Approaches. In Research Defign: Qualitative, Quantitative, and Mixed M ethods Approaches.
- Darmawan, D. P. 2018. Analitic Network Process: Untuk Pengambilan Keputusan dalam Lingkungan Bisnis yang Kompleks. Penerbit Expert.
- Fakultas Ekonomi & Bisnis Islam UIN Sumatera Utara. 2021. Buku Pedoman Penulisan Tesis dan Disertasi
- Fatwa DSN-MUI No 107 Tahun 2016 Tentang Pedoman Penyelenggaraan Rumah Sakit Berdasarkan Prinsip Syariah.
- Djasri, H. 2020. Corona Virus dan Manajemen Mutu Pelayanan Klinis di Rumah Sakit. The Journal of Hospital Accreditation, 2(1), 1–2. <https://doi.org/10.35727/jha.v2i1.62>
- Faizin, M. 2018. Analisis Fatwa DSN-MUI Tentang Pedoman Penyelenggaraan Rumah Sakit Syariah. Institut Agama Islam Negeri Metro, 06 (Desember 2018), 12–23. <https://doi.org/10.123459/nizham.v6i02.1306>
- Faizal Noor, Henry. 2007. Ekonomi Manajerial. PT Raja Grafindo Persada.
- Hasan, I. 2008. Pokok- Pokok Materi Statistik 2 (Statistik Inferensif). PT Bumi Aksara.
- Hayati, M., Sulistiadi, W. 2018. Rumah Sakit Syariah Strategi Pemasaran Vs Syiar. Jurnal Administrasi Rumah Sakit Indonesia, 5(1), 30–36. <https://doi.org/10.7454/arsi.v5i1.2874>

- Hidayati, J. 2012. Penerapan Analytic Network Process (ANP) pada Sistem Pengukuran Kinerja di Kebun Sidamanik Pematang Siantar. *Jurnal Teknik Industri*, 7(1).  
<https://mukisi.com/6988/mengenal-rumah-sakit-tersertifikasi-syariah/>  
<https://mukisi.com/5647/mengulik-sejarah-rumah-sakit-pada-masa-peradaban-islam/>
- Ibn Manzur. 2003. *Lisan al Arab*, Jilid III (Kairo: Dar al Hadis).
- Ibn Hajar al-Asqalani. 2017. *Bulughul Maram*. PT Mizan Publika.
- Indrian, R. 2018. Implementation of Case Management in Improving Quality of Service in Islamic Hospital Purwokerto (Case Study Patient DM Type II). *Jurnal Medicoeticolegal & Manajemen Rumah Sakit*, 7(2), 144–151. <https://doi.org/10.18196/jmmr.7267>
- Irviana, F. 2019. Analisa Manajemen Rumah Sakit Syariah (Studi Aplikasi Kualitas Manajemen Syariah Dalam Pelayanan Rumah Sakit Terhadap Hifz Ad Din Pada Rumah Sakit Bersertifikasi Syariah di Indonesia).
- Ismail, A. M., Othman, M. Y. H., & Dakir, J. 2011. The development of human behavior: Islamic Approach. *Jurnal Hadhari*, 3(2), 103–116. [https://doi.org/10.1016/s0001-6918\(36\)90039-2](https://doi.org/10.1016/s0001-6918(36)90039-2)
- Ismail, S. A., Masyhudi, & Bachtiar, A. 2018. Implementation of Shariah Hospital Certification as a Strategy to Improve Quality of Life in the Era of Universal Health Coverage in Sultan Agung Islamic Hospital. *Advanced Science Letter*, 24(9).
- Jaya Bakri, Asafri. 1996. *maqashid Syari'ah menurut Al-Syatibi* (Jakarta: PT Raja Grafindo persada, 61).
- Jane, Orpha. 2022. *Strategic Management Plus*. PT Refika Aditama.  
<https://www.youtube.com/watch?v=E7qJ312V0J0>
- Korompis, G. E. 2015. *Organisasi & Manajemen Kesehatan*. Penerbit Buku Kedokteran EGC.
- Linda, D., & Rahardi, A. 2014. Pemanfaatan Metode Analytical Hierarchy Process Untuk Proses Pembimbing Akademik (Studi Kasus IBI Darmajaya). *Prosiding Seminar Bisnis & Teknologi*, 15–16
- Majma' al-Lughat al-'Arabiyyat, al-Mu'jam al-Wasith, (Mesir: Maktabat al-Syuruq al- Dawliyyat, 1425 H/ 2004 M), cet.4, hlm. 738. Hans Wehr, *A Dictionary Of Modern Written Arabic* (London: Mac Donald & evan Ltd, 1980), hlm. 767.
- Mariana, D., Malini, H., & Priscilla, V. 2018. The Quality of Nursing Services in Islamic Hospital in South Sumatera, Indonesia. *International Journal of Innovative Science and Research Technology*, 3(10), 104–109. <https://doi.org/10.17605/OSF.IO/9KUNC>.
- Mansur al-Khulaifi, R. 2004. “al-Maqashid al-Syariah wa Atsaruhu fi al-Muamalat al-Maliyah”, *Majallah al Jamiah Malik bin Abdul Aziz*, 17/1,1425.
- Manzur al. Fariqi, I, *Lisan al-Arab* (Beirut Dar Ash-Shadr, t th), VIII.
- Mardani. 2013. *Ushul fiqh*. Jakarta : Raja Grafindo Persada, 337.

- Marina, A., Wahjono, S. I., Warsidi, & Balafif, S. 2020. Sharia AIS to enhance Islamic Hospital. ICBAE. <https://doi.org/10.4108/eai.5-8-2020.2301224>
- Mohammadnia, M., Delgoshaei, B., Tofighi, S., Riahi, L., & Omrani, A. 2010. Survey on Nursing Service Quality by SERVQUAL at Tehran Social Security Organization Hospitals. 2.
- Muhammad al-Tahir ibn 'Asyur. 1984. Tafsir Al al Tahir wa al-Tanwir. Jilid III (Tunisia: Dar al Tunisiyyah).
- Muhammad al-Thair ibn 'Asyur. 2005. Maqashid Syariat at al-Islamiyah. Kairo, Dar al-Salam), 78.
- Muhammad Washil, al-Madkhal al-Wasith Li Dirasat al-Syari'at al-Islamiyyat Wa al- Fiqh Wa al- Tasyri', (Mesir: al-Maktabat al-Tawfiqiyyat), hlm. 15
- Muhammad Abdul Latif, Abdussyafi. 2018. Bangkit dan Runtuhnya Khalifah Bani Umayyah. Pustaka Al-Kautsar. Jakarta.
- Mukaram, A., Sangen, M., & Rifani., A. 2018. The Effect of Brand Equity on Purchase Decisions at Banjarmasin Islamic Hospital, Indonesia Services. *European Journal of Economic and Financial Research*, 3(2), 101–116.
- Mukisi (Majelis Upaya Kesehatan Islam Seluruh Indonesia). Standar & Instrumen Sertifikasi Rumah Sakit Syariah Versi 1438, 4.
- Muslim, R. 2020. Peran Dunia Akademis dalam Proses Manajemen Rumah Sakit Islam. *IHEX 3 Th. JCC*, 27–29.
- Rambe, M. T., Kustina, K. T., Fauzan, R., Maya, S., Harto, B., Sudirjo, F., ... & Irawan, B. (2022). *Manajemen Strategis*. Padang: PT. Global Eksekutif Teknologi.
- Ridhwan, Fitri, L. E., & Hidayat, R. 2019. The Relationship of Service Quality, Trust, and Satisfaction of Muslim Patients in Arafah Islamic Hospital Jambi with Islamic Economic Approach. *Jurnal Ekonomi dan Bisnis Islam*, 4(2).
- Rumah Sakit Islam As-Syifa Sukabumi dan Majelis Upaya Kesehatan Islam Seluruh Indonesia. *Pedoman Standar Pelayanan Minimal dan Indikator Mutu Wajib Syariah*. t.th.
- Sabil, Jabbar. 2022. *Maqashid Syariah*. PT Rajagrafindo Persada.
- Samsudin, M. A. 2015. The Concept of Establishing a Syariah Supervisory in Malaysian Hospitals. *Procedia-Social & Behavioral Sciences*, 174, 1202-1206.
- Sari, D. W. P., Abdurrouf, M., & Rismawati. 2018. Relationship Between Sharia-Based Nursing Services and Patient Loyalty At Islamic Hospital. *Nurscope : Jurnal Penelitian dan Pemikiran Ilmiah Keperawatan*, 4(2), 109. <https://doi.org/10.30659/nurscope.4.2.109-117>
- Satrianegara, M. F. 2014. *Organisasi dan Manajemen Pelayanan kesehatan Teori & Aplikasi dalam Pelayanan Puskesmas dan Rumah Sakit*. Penerbit Salemba Medica.
- Sinn, A. I. A. 2006. *Manajemen Syariah, Sebuah Kajian Historis & Kontenporer*. Rajawali Pers.
- Suhendi, Hendi, 2008, *Fiqh Muamalah*, Rajagrafindo

- Sumpena, F. F. 2019. Studi Kualitas Pelayanan Kesehatan Rumah Sakit Islam di Sumedang Indonesia. *Manners*, 2(2), 85–95.
- Sfenrianto & Sri M. 2020. Designing Knowledge Management System with Big data for Hospital Inpatient Service: (Case Studi at Islamic Hospital XYZ Pekanbaru).
- Syatibi, Imam, *al-Muawafaqat fi Ushul al-Syari'ah* (Beirut: Dar al-Kutub al-Ilmiyyah, t th.), Juz I.
- Tanjung, H., & Devi, A. 2013. *Metodologi Penelitian Ekonomi Islam*. Gramata Publishing.
- Tim Riset dan Studi Islam Mesir. 2019. *Eslikopedi Sejarah Islam*. Pustaka Al Kautsar. Jakarta.
- Tjiptono, Fandi. 2022. *Service Management*. Penerbit Andi.
- Ziyad Muhammad Ahmidan. 2004. *Maqashid al Syariah al-Islamiyyah*. (Beirut al Risalah).