

IMPROVING THE QUALITY OF HEALTHCARE SERVICES FOR PATIENT WELL-BEING THROUGH MAQAŞID AL-SHARIA: A STUDY AT KLATEN ISLAMIC HOSPITAL

Muhammad Uqbah Azis

Faculty of Islamic Religious Studies, Universitas Islam Indonesia, Kaliurang Street, Km 14.5,
Sleman, Yogyakarta 55584, Indonesia
E-mail: m.uqbah@yahoo.com

Jaih Mubarak

Postgraduate Program in Islamic Economic, Ibn Khaldun University, Bogor. K.H. Sholeh
Iskandar Street, Km 2, Kedung Badak, Tanah Sereal, Bogor, West Java 16162, Indonesia
E-mail: jaihmubarak@yahoo.com

Nur Kholis

Faculty of Islamic Religious Studies, Universitas Islam Indonesia, Kaliurang Street, Km 14.5,
Sleman, Yogyakarta 55584, Indonesia
E-mail: 014210101@uii.ac.id

Setiyawan Gunardi

Faculty of Sharia, Universiti Sains Islam Malaysia, Bandar Baru Nilai, 71800 Nilai, Negeri
Sembilan, Malaysia
E-mail: setiyawan@usim.edu.my

ABSTRACT

This study aims to analyze the implementation of *Maqasid al-Sharīah* in improving the quality of healthcare services and patient well-being at Klaten Islamic General Hospital (RSUI Klaten). Using a qualitative descriptive approach through interviews, observations, and documentation, the study integrates field and library research to reveal how Sharia principles are translated into practical healthcare management. The findings show that the application of *Maqasid Al-Sharia* is not merely symbolic but has a measurable positive impact on service quality and patient welfare. For example, the implementation of *hifz al-dīn* (protection of religion) is realized through the availability of prayer facilities, halal nutrition, and spiritual counseling that enhance patients' psychological and spiritual comfort. The principle of *hifz al-nafs* (protection of life) is reflected in the hospital's patient safety centered policies and emergency response prioritization, while *hifz al-māl* (protection of wealth) is implemented through transparent financing and social support mechanisms using zakat and waqf funds. These initiatives collectively improve patient satisfaction, trust, and recovery outcomes, showing that Islamic ethical values can enhance both medical and moral dimensions of healthcare quality. The research also finds that the integration of *Maqāşid* is an *ongoing implementation process*, meaning that it continues to be strengthened and expanded through staff training, Sharia governance, and digital innovation in service systems. This process reflects a continuous effort to institutionalize Islamic values within hospital operations. Overall, this study contributes to the discourse on Islamic healthcare management by providing empirical evidence that *Maqasid Al-Sharia-based* practices can serve as a transformative model for improving service quality and realizing comprehensive well-being (*al-maşlahah al-kulliyah*) in Sharia-compliant hospitals in Indonesia.

Keywords: Healthcare Services; Sharia Hospital; Maqasid al-Sharia; Service Management.

ABSTRAK

Penelitian ini bertujuan untuk menganalisis penerapan *Maqasid Al-Sharia* dalam peningkatan kualitas layanan kesehatan dan kesejahteraan pasien di Rumah Sakit Umum Islam (RSUI) Klaten. Dengan menggunakan pendekatan deskriptif kualitatif melalui wawancara, observasi, dan dokumentasi, penelitian ini mengintegrasikan riset lapangan dan kepustakaan untuk mengungkap bagaimana prinsip-prinsip syariah diterjemahkan ke dalam praktik manajemen layanan kesehatan. Hasil penelitian menunjukkan bahwa penerapan *Maqasid Al-Sharia* tidak bersifat simbolik, melainkan memberikan dampak positif yang dapat diukur terhadap kualitas layanan dan kesejahteraan pasien. Misalnya, penerapan *hifz al-din* (perlindungan agama) diwujudkan melalui penyediaan fasilitas ibadah, makanan halal, serta layanan konseling spiritual yang meningkatkan kenyamanan psikologis dan spiritual pasien. Prinsip *hifz al-nafs* (perlindungan jiwa) tercermin dalam kebijakan rumah sakit yang berfokus pada keselamatan pasien dan pelayanan gawat darurat yang mengutamakan penyelamatan nyawa. Adapun *hifz al-mal* (perlindungan harta) diterapkan melalui sistem pembiayaan yang transparan dan dukungan sosial berbasis zakat serta wakaf. Berbagai inisiatif tersebut secara nyata meningkatkan kepuasan, kepercayaan, dan tingkat kesembuhan pasien, sekaligus menunjukkan bahwa nilai-nilai etika Islam mampu memperkuat dimensi medis dan moral dalam layanan kesehatan. Penelitian ini juga menemukan bahwa integrasi *Maqasid* merupakan *proses implementasi yang berkelanjutan*, yang berarti terus diperkuat dan diperluas melalui pelatihan sumber daya manusia, tata kelola syariah, serta inovasi digital dalam sistem pelayanan. Proses ini mencerminkan upaya berkesinambungan untuk menginstitusionalisasikan nilai-nilai Islam dalam operasional rumah sakit. Secara keseluruhan, penelitian ini memberikan kontribusi terhadap wacana manajemen rumah sakit syariah dengan menghadirkan bukti empiris bahwa praktik berbasis *Maqasid Al-Sharia* dapat menjadi model transformatif dalam peningkatan kualitas layanan dan mewujudkan kesejahteraan yang komprehensif (*al-maṣlaḥah al-kullīyyah*) di rumah sakit syariah di Indonesia.

Kata Kunci: Pelayanan Kesehatan; Rumah Sakit Syariah; Maqasid al-Sharia; Manajemen Pelayanan.

INTRODUCTION

The halal and Sharia-compliant lifestyle has been rapidly growing in the modern era. This phenomenon is marked by increasing public interest (globally) in products and services that conform to Islamic principles. This lifestyle is adopted not only by Muslims but also by some non-Muslims, as the values contained within it are considered more ethical, clean, and healthy. It encompasses various sectors such as food, finance, cosmetics, and healthcare services (A. Erol, 2021). Among these sectors, healthcare occupies a highly strategic position. Islam regards health as one of the greatest blessings that must be preserved. As stated in the Prophet's hadith, a strong believer is more beloved to Allah than a weak one. Thus, maintaining health is not only a medical responsibility but also a religious obligation. Hospitals, as healthcare service institutions, hold an essential role in realizing this principle.

High-quality healthcare services are a key factor in maintaining and restoring patients' conditions. However, cases of service negligence that cause suffering or even the death of patients still frequently occur. This indicates that hospital service systems are not yet fully oriented towards prioritizing patients as the main beneficiaries. In this context, an alternative approach is needed, one that not only relies on administrative efficiency but also considers

humanistic and spiritual values (A. Heydari, 2016). Although Indonesia is home to the world's largest Muslim population, the integration of Islamic values in hospital management remains limited. According to data from the Indonesian Sharia Hospital Association (PERSI Syariah, 2022), fewer than 20 hospitals across the country have obtained official Sharia certification from the National Sharia Council, Indonesian Ulema Council (DSN-MUI). This number is insignificant compared to more than 3,000 public and private hospitals registered nationally. Studies also show that many hospitals labeled as "Islamic" still emphasize administrative compliance rather than the actual application of Maqasid Al-Sharia principles, particularly in service ethics, patient care, and social justice (Fauzia & Rofiq, 2021).

Another major challenge lies in the unequal access to healthcare services. Reports from Indonesia's Ministry of Health (2021) and WHO (2022) highlight persistent disparities between urban and rural healthcare access, as well as between rich and poor patients. Discrimination against those unable to pay or lacking insurance remains a recurring issue, contradicting the Maqasid principle of *ḥifẓ al-naḥs* (preservation of life). Many underprivileged patients are still denied optimal treatment or face delays in emergency response due to administrative barriers. These social facts underscore the urgency of developing a Sharia-based healthcare system that ensures justice and compassion for all patients, regardless of economic status.

One relevant approach for hospitals operating under Islamic values is the Maqasid al-Sharia approach. Maqasid Al-Sharia represents the fundamental objectives of Islamic law designed to preserve human well-being. Its five core components (religion, life, intellect, lineage, and wealth) are closely related to the dimensions of healthcare services. Therefore, integrating the Maqasid framework into hospital management can serve as a strategy to prevent harm and ensure comprehensive benefit for patients (Abdurezak Abdulahi Hashi, 2022).

The concept of Maqasid Al-Sharia is not merely theoretical. In the modern context, Abdul Majid an-Najjar developed Maqasid with a broader and more contextual approach. He emphasized five primary dimensions: protection of the value of human life (*ḥifẓ qīmat al-ḥayāt al-insāniyyah*), human dignity (*ḥifẓ insāniyyat al-insān*), self-existence (*ḥifẓ dhāt al-insāniyyah*), society (*ḥifẓ al-mujtama'*), and the physical environment (*ḥifẓ al-muḥīt al-māddī*). This framework enables practical implementation of Maqasid in hospital policies and services (Abdurezak Abdulahi Hashi, 2022).

One hospital that has implemented the Sharia concept institutionally is the Islamic General Hospital (RSUI) Klaten. It is the only healthcare facility in Klaten that has obtained Sharia certification from the National Sharia Council, Indonesian Ulema Council (DSN-MUI). Founded by the Klaten Pilgrims Association Foundation, RSUI Klaten was established with the spirit of *da'wah bil hal*, namely preaching through social services, particularly in the health sector. RSUI Klaten strives to apply Islamic values comprehensively in its services. This is reflected in the provision of halal food, interest free transactions, modest dress codes, medical scheduling that accommodates prayer times, and the availability of worship facilities for patients and their families. The presence of a Sharia Committee that oversees hospital policies is one of the distinctive features of this system. However, integrating Sharia values within hospital services is not without challenges. It requires management that is sensitive to Maqasid, as well as the readiness of all hospital human resources to treat service as an act of worship. Without system support and collective awareness, Maqasid principles risk remaining merely formalities with no significant impact on patients (Alfahmi, 2022).

Maqasid Al-Sharia in the hospital context does not only encourage physical healing but also guarantees spiritual comfort and fairness in services. For instance, non-discriminatory services for underprivileged patients, transparent information disclosure, and humane treatment in medical procedures are concrete implementations of the Maqasid (Alfahmi, 2022). Furthermore, optimizing services based on Maqasid allows hospitals to balance technical and ethical aspects. In emergency situations, for example, the principle of life preservation (*hifz al-nafs*) must take precedence over administrative considerations such as insurance documents or the patient's ability to pay. In daily services, *maslahah* becomes the measure of success. High quality and empathetic care leads to increased patient satisfaction, loyalty, and word of mouth promotion, strengthening the hospital's position in society. A hospital that provides *maslahah* is not merely a place of physical healing but also a center for humanitarian service (Padela, 2022).

This research was conducted to assess the extent to which the principles of Maqasid Al-Sharia have been integrated into patient service management at RSUI Klaten. The research uses a qualitative approach focusing on in depth analysis of service practices, managerial policies, and patient perceptions of Sharia values in service delivery. The objective of this study is to formulate strategies for optimizing patient services based on Maqasid that can be replicated by other hospitals in Indonesia. By positioning Maqasid as the foundation of policy making, it is expected

that a healthcare system will emerge that is not only efficient but also fair, ethical, and compassionate. Through a case study at RSUI Klaten, this research aims to demonstrate that integrating Maqasid Al-Sharia into healthcare service systems is not only feasible but also brings positive impacts on service quality and patient satisfaction. This approach is crucial to broaden as a model of Islamic healthcare services that is relevant to contemporary demands and the needs of modern Muslim society. Thus, optimizing Sharia-based services grounded in Maqasid is not only a solution to weak service quality in conventional hospitals but also a concrete contribution of Islamic healthcare to the development of a holistic and sustainable service system.

RESEARCH METHOD

This study employs a qualitative research design with a case study approach focusing on the Islamic General Hospital (RSUI) Klaten. The research aims to explore how Maqasid Al-Sharia principles are integrated into hospital service management and patient care. The qualitative approach allows the researcher to capture the meaning, experience, and context of hospital practices from multiple perspectives.

Key informants were selected purposively based on their knowledge, role, and involvement in implementing Sharia-based hospital management. The selection process involved identifying individuals who possess direct experience in administrative decision-making, patient service delivery, or Sharia supervision. The main categories of informants include hospital directors, heads of departments, members of the Sharia Committee, medical and non-medical staff, and selected patients or their families. This diversity of participants ensures that the collected data reflect a comprehensive and representative understanding of hospital operations from both managerial and patient perspectives.

This study integrates field research and library research to provide a comprehensive analysis. The literature review serves as the foundation for understanding key concepts such as Maqasid Al-Sharia, Islamic healthcare ethics, and previous models of Sharia hospital management. Insights from the literature inform the design of interview questions and field observations. Conversely, field findings are used to evaluate, refine, and contextualize the theoretical framework obtained from the literature. In this way, the research creates a dialogical integration between conceptual theory and empirical practice, ensuring theoretical rigor and practical relevance.

Data collected from interviews, observations, and documents will be analyzed using thematic analysis. The process involves several stages: (1) transcription and familiarization with data; (2) coding of relevant statements or narratives; (3) grouping codes into categories; and (4) identifying themes that represent patterns related to Maqasid-based healthcare implementation. Coding will be conducted manually to ensure interpretive depth, with constant comparison across data sources to validate emerging themes. The analysis aims to reveal how the hospital operationalizes Islamic principles in service delivery and decision-making.

Ethical protocols are strictly observed throughout the research process. Participation by hospital staff and patients is entirely voluntary, and informed consent is obtained before any interview or observation. Participants are clearly informed about the purpose of the research, their right to withdraw at any time, and how their information will be used. To maintain confidentiality, all data are anonymized, and pseudonyms are used when presenting quotes or case examples. Sensitive institutional information is handled with discretion, and all research procedures comply with ethical guidelines for qualitative research in social sciences and Islamic studies.

The analytical framework of Maqasid Al-Sharia serves as the guiding lens for interpreting the data. The study systematically evaluates hospital practices against the five primary objectives of Sharia, protection of religion (*hifẓ al-dīn*), life (*hifẓ al-nafs*), intellect (*hifẓ al-‘aql*), lineage (*hifẓ al-nasl*), and wealth (*hifẓ al-māl*). Indicators are developed to assess the extent to which hospital services reflect these objectives, such as equity in treatment, spiritual care integration, ethical financial management, and preservation of human dignity. This alignment ensures that the discussion of findings is grounded in Islamic jurisprudential principles while remaining empirically substantiated.

The study involves approximately 15–20 participants, encompassing key administrators, Sharia Committee members, medical practitioners, non-medical staff, and patients. The final sample size is determined by the principle of data saturation, meaning data collection continues until no new themes emerge. This ensures that the findings are sufficiently rich and robust to provide a comprehensive understanding of Sharia implementation within the hospital context.

To strengthen the theoretical and empirical foundation, this study incorporates recent literature on Islamic healthcare ethics, Sharia compliant hospital management, and qualitative methodologies in healthcare research. Relevant works include Al-Khatib (2020) on Maqasid in

medical ethics, Padela & Malik (2021) on Islamic bioethics in modern healthcare institutions, and Ali & Qamar (2023) on qualitative assessment of Sharia compliant service models in Southeast Asian hospitals. These references situate the research within contemporary scholarly discourse and ensure its contribution to ongoing academic debates on Islamic healthcare systems.

RESULT AND DISCUSSION

RESULT

Implementation of Maqasid Shari'ah in Patient Services

The findings indicate that the implementation of Maqasid Shari'ah at RSU Islam Klaten is not merely symbolic but fully integrated into the hospital's system, governance, and work culture. Each dimension of Maqasid, protection of religion (*hifz al-din*), life (*hifz al-nafs*), intellect (*hifz al-'aql*), lineage (*hifz al-nasl*), and wealth (*hifz al-mal*), is operationalized through concrete policies and practices.

Examples include the provision of prayer facilities, halal food, and spiritual counselors (*hifz al-din*); prioritization of patient safety and life-saving procedures (*hifz al-nafs*); health literacy programs and Islamic ethical training for staff (*hifz al-'aql*); gender-sensitive care for maternal and child health (*hifz al-nasl*); and transparent, riba-free financial systems supported by zakat and waqf funds (*hifz al-mal*).

Integration of Spiritual Values and Medical Professionalism

The study found that RSUI Klaten successfully balances spiritual values and medical professionalism. Staff recruitment emphasizes *amanah* and *ihsan*, while daily service reflects *akhlaq al-karimah*. Patients described the hospital as a place that “not only cures illness but also comforts the heart.” but with a stronger theological foundation (Beauchamp & Childress, 2019).

Optimization of Sharia Management and Governance

RSUI Klaten's management system is structured around Islamized good corporate governance. The Sharia Committee oversees compliance with Maqasid in every policy area, finance, pharmacy, nutrition, and human resources. Procurement ensures halal integrity, while financial operations avoid riba and gharar.

Impact of Maqasid-Based Services on Patient Well-Being

Empirical evidence shows that *Maqasid* -based implementation directly enhances patient *maslahah* (well-being). Patients report higher comfort, safety, and spiritual satisfaction. Benefits manifest across four dimensions: individual, social, institutional, and environmental *maslahah*.

Relevance of Abdul Majid An-5. Najjar’s Theory in the Context of Healthcare Services

The study validates the applicability of Abdul Majid An-Najjar’s *Maqasid Al-Sharia al-jadidah* framework in modern healthcare. RSUI Klaten operationalizes his five dimensions, from life preservation to environmental protection, through structured hospital programs and ethical policies. RSUI Klaten has operationalized An-Najjar’s five main maqāṣid as follows:

Table 1. Implementation of Abdul Majid An-Najjar’s Maqāṣid al-Sharī’a Dimensions in Healthcare Services at Klaten Islamic General Hospital

No.	Dimensions of Maqāṣid	Implementation at Klaten Islamic General Hospital
1.	Hifzh qīmat al-ḥayāt al-insāniyyah (preservation of the value of life)	Prioritizing patient safety and emergency care without administrative conditions.
2.	Hifzh insāniyyat al-insān (preservation of human dignity)	Ethical treatment, respect for privacy, and provision of spiritual care for patients.
3.	Hifzh dhāt al-insāniyyah (preservation of human selfhood/existence)	Psychosocial services and spiritual support for mental health.
4.	Hifzh al-mujtama‘ (preservation of society)	Community service programs and free clinics for the underprivileged.
5.	Hifzh al-muḥīt al-māddī (preservation of the physical environment)	Medical waste management and sanitation based on a green hospital approach.

Source: Data Processed, 2025

The integration of these five maqāṣid emphasizes that a Sharia-based service system is not merely a form of formal “Islamization,” but a strategic step toward healthcare justice rooted in universal humanistic values.

Challenges and Implications for Development

Despite significant achievements, the study identified challenges: limited human resource capacity in understanding Maqasid, financial constraints for social services, and underdeveloped digitalization of Sharia-based systems.

DISCUSSION

Implementation of Maqasid Shari'ah in Patient Services

These findings confirm that RSUI Klaten embodies a *Maqasid ic* framework aligning with Al-Syatibi's theory of *maslahah* (public good) and Jasser Auda's systemic approach to *Maqasid*, which emphasizes the dynamic realization of values in social institutions. The hospital's practices show how *Maqasid* can be transformed from abstract legal objectives into measurable operational policies.

Previous studies (Hashi, 2022; Kamali, 2019) have noted that the main challenge in Islamic healthcare lies in translating ethical ideals into practice; RSUI Klaten provides a working model that bridges this gap. The integration of religious, ethical, and administrative dimensions indicates a holistic service design that prioritizes *maslahah* over procedural formalities.

Integration of Spiritual Values and Medical Professionalism

The integration of spirituality and professionalism at RSUI Klaten supports An-Najjar's concept of *hifzh qīmat al-ḥayāt al-insāniyyah* and *hifzh insāniyyat al-insān*, emphasizing life's sanctity and human dignity. This harmony mirrors the *beneficence* and *non-maleficence* principles in Beauchamp & Childress's (2019) medical ethics, but rooted in divine accountability.

This finding aligns with Padela & Malik (2021), who argue that Islamic hospitals must unite technical competence and moral integrity. RSUI Klaten's success illustrates that professionalism in healthcare can be spiritually anchored, offering a corrective model to secular medical paradigms that often neglect patients' emotional and spiritual dimensions.

Optimization of Sharia Management and Governance

The governance model reflects *hifzh al-mujtama'* (preservation of society), ensuring integrity, accountability, and ethical management. This corresponds with Chapra's (2000) vision of Islamic economics, where organizational ethics underpin socio-economic justice.

From an institutional theory perspective (DiMaggio & Powell, 1983), RSUI Klaten demonstrates *normative isomorphism*, embedding moral legitimacy within organizational behavior. The Sharia Committee acts as a moral regulator, ensuring that administrative efficiency does not override ethical accountability, a model that can inform broader Islamic institutional reform.

Impact of Maqasid -Based Services on Patient Well-Being

This multidimensional well-being reflects the achievement of *al-maṣṣlahah al-kullīyyah*, comprehensive good, as conceptualized by Al-Ghazali and revived by modern scholars such as Mohammed (2024).

The individual and social impacts confirm Rahman's (2017) thesis that *Maqasid* based systems foster both personal empowerment and social trust. Institutionally, this aligns with Auda's *systems thinking* framework, where moral, social, and environmental components interact to sustain ethical equilibrium. RSUI Klaten thus serves as empirical proof that Sharia-based healthcare contributes to *tahqiq al-maslahah* (the realization of good) across micro and macro levels.

Relevance of Abdul Majid An-Najjar's Theory in Healthcare Services

An-Najjar's reformulation of *Maqasid* emphasizes social transformation rather than normative regulation. RSUI Klaten exemplifies this shift by embedding *Maqasid* within institutional design, thus transforming ethical ideals into functional governance.

This aligns with Auda's (2008) critique of static legalism, proposing that *Maqasid* should be adaptive to changing social contexts. The hospital's practical application of *hifzh al-muḥīt al-māddī* (environmental preservation) and *hifzh al-mujtama'* reflects the expansion of *Maqasid* from individual piety to societal responsibility, marking a paradigmatic shift toward Islamic social ethics.

Challenges and Implications for Development

These challenges highlight what Auda (2010) describes as the "implementation gap" in *Maqasid*-based governance, where ideal principles struggle against institutional inertia and resource limitations. Addressing these requires a *tadarruj* (gradualist) strategy, combining continuous education, financial inclusion, and digital transformation.

The implications extend to national policy. The government and DSN-MUI can adopt RSUI Klaten's model to strengthen Sharia certification frameworks that prioritize *maslahah al-mursalah* (public interest) over bureaucratic compliance. In doing so, Indonesia could lead in developing a holistic and compassionate healthcare system grounded in Islamic moral philosophy.

CONCLUSION

The findings of this study demonstrate that the implementation of *Maqasid Al-Shariaat* Klaten Islamic General Hospital (RSUI Klaten) has generated significant positive impacts on both patient well-being and institutional performance. Empirical data collected through interviews and observations show that patients experience higher levels of comfort, safety, and satisfaction, not only in physical healing but also in spiritual and emotional dimensions. This reflects the realization of *al-maṣḥlah al-kulliyah* (comprehensive well-being), which encompasses individual, social, institutional, and environmental benefits. The integration of *Maqasid Al-Sharia*, covering the protection of religion, life, intellect, lineage, and wealth, has transformed RSUI Klaten into a model of holistic and human-centered Islamic healthcare.

The effectiveness of this transformation, however, relies heavily on strong and ethical hospital management. The study underscores that the role of leadership, organizational culture, and the Sharia Committee is crucial in embedding Islamic values into every aspect of service delivery, ranging from clinical ethics and financial transparency to environmental sustainability. Effective management ensures that *maqāṣid* principles are not merely formalities but become operational standards that guide daily decisions, institutional governance, and patient-centered care. This managerial integration represents a practical embodiment of *hifẓ al-mujtama'* (preservation of society), strengthening both organizational accountability and community trust.

Nevertheless, several challenges remain in fully realizing *maqāṣid*-based hospital systems. These include limited human resource capacity in understanding *maqāṣid*, financial constraints in expanding social services for underprivileged patients, and the incomplete digitalization of service systems. To overcome these obstacles, the study recommends a gradual (*tadarruj*) approach, enhancing staff training on *maqāṣid* ethics, improving social funding mechanisms through zakat and waqf, and developing digital platforms that support efficient, transparent, and equitable Sharia-compliant healthcare.

In conclusion, the case of RSUI Klaten proves that the integration of *Maqasid Al-Sharia* into healthcare is not only feasible but also beneficial, offering a replicable model for other hospitals in Indonesia. By combining spiritual values, professional excellence, and effective management, Islamic hospitals can contribute meaningfully to building a fair, compassionate, and sustainable healthcare system grounded in *maqāṣid*-based ethics.

REFERENCES

- Abdurezak Abdulahi Hashi. (2022). Clinical applications of Maqāṣid al-Sharī'ah in healthcare services. *Malaysian Journal of Medicine and Health Sciences*, 18(19), 198–204.
<https://doi.org/10.47836/mjmh.18.s19.30>
- Auda, J. (2008). *Maqasid al-Shariah as philosophy of Islamic law: A systems approach*. The International Institute of Islamic Thought (IIIT).
- Al-Ghazali, A. H. (1980). *Al-Mustashfa min 'ilm al-usul*. Dar al-Kutub al-'Ilmiyah.
- Al-Qaradawi, Y. (2008). *Maqasid al-Syari'ah al-muta'alliqah bi al-mal*. Dar al-Shuruq.
- Al-Qur'an dan terjemahannya. (1971). Yayasan Penyelenggara Penterjemah/Pentafsir Al-Qur'an.
- Al-Zuhaili, W. (2005). *Ushul al-fiqh al-Islamy* (Vol. 2). Dar al-Fikr.
- An-Najjar, A. M. (2008). *Maqasid al-Syari'ah bi ab'ad al-jadidah*. Dar Al-Ghar Al-Islamiy.
- Beauchamp, T. L., & Childress, J. F. (2019). *Principles of biomedical ethics* (8th ed.). Oxford University Press.
- Chapra, M. U. (2000). *The future of economics: An Islamic perspective*. The Islamic Foundation.
- Erol, A. (2021). Basis of halal lifestyle in Islamic law. *Journal of Law and Social Sciences*, 11(2), 15–25. <https://www.davidpublisher.com/Public/uploads/Contribute/60ab4f0618ddb.pdf>
- Geertz, C. (1960). *The religion of Java*. The Free Press.
- Haron, A., & Haneef, M. A. (2005). *Islamic finance and economic development: The role of Islamic finance in the economic development of the Muslim community*. International Islamic University Malaysia Press.
- Heydari, A., et al. (2016). Spiritual health in nursing from the viewpoint of Islam. *Journal of Religion and Health*, 55(6), 2116–2126.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC5002922/>
- Mahmudah, Z. N. (2022). Penerapan standar rumah sakit syariah di bidang akuntansi dan keuangan: Studi kasus RSMA Jawa Timur. *NCAF: National Conference on Accounting & Finance Proceedings*, 4, 536–542.
<https://journal.uii.ac.id/NCAF/article/download/22331/pdf>
- Mannan, M. A. (1992). *The Islamic economy: Theory and practice*. Islamic Education Trust.
- Muhammad Uqbah Azis. (2022). *Rumah sakit syariah: Pendekatan konsep dan praktek*. Dialektika.

- Mohammed, T. A. (2024). A scientometric study of Maqasid al-Sharī'ah research. *Journal of Islamic Ethics*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11631910/>
- Peletz, M. G. (2002). *Islam and the cultural politics of legitimacy: Southeast Asia and the Middle East*. Princeton University Press.
- Sachedina, A. (2009). *Islamic biomedical ethics: Principles and application*. Oxford University Press.
- Sa'adah, H. (2022). Konsep rumah sakit syariah dalam transformasi ekonomi syariah. *I'thisom: Jurnal Ekonomi Syariah*, 1(2), 152–175. <https://ejournal.staialutsmani.ac.id/index.php/ithisom/article/download/14/13/95>
- Suryani, A. (2013). *Cultural influences on health care in Indonesia: A case study of Muslim families*. Ministry of Health Press.
- Syafaat, A. K., Kareem Hamoode, Q. A., & Muwahid. (2023). Implementation of Shariah Hospital Management Fatwa and Good Corporate Governance Principles: Another Fact from Shariah Hospital. *Journal of Health & Islamic Studies*, 21(2). https://doi.org/10.28918/jhi_v21i2_08
- Menteri Kesehatan Republik Indonesia Nomor : 129/Menkes/Sk/Ii/2008 Tentang Standar Pelayanan Minimal Rumah Sakit Menteri Kesehatan Republik Indonesia, n.d.
- MUKISI, Standar Dan Instrumen Rumah Sakit Syari'ah, 1438., n.d.
- MUKISI, Standar Dan Instrumen Rumah Sakit Syari'ah, 1441., n.d.
- Peraturan Menteri Kesehatan Republik Indonesia Nomor 6 Tahun 2024 Tentang Standar Teknis Pemenuhan Standar Pelayanan Minimal Kesehatan., n.d.
- Peraturan Menteri Kesehatan Republik Indonesia Nomor 11 Tahun 2022 Tentang Pelayanan Kesehatan Penyakit Akibat Kerja., n.d.
- Peraturan Menteri Kesehatan Republik Indonesia Nomor 12 Tahun 2024 Tentang Mekanisme Seleksi, Tata Cara Pengangkatan Dan Pemberhentian, Dan Tata Kerja Konsil Kesehatan Indonesia, Kolegium Kesehatan Indonesia, Dan Majelis Disiplin Profes., n.d.
- Peraturan Menteri Kesehatan Republik Indonesia Nomor 16 Tahun 2024 Tentang Sistem Rujukan Pelayanan Kesehatan Perseorangan., n.d.
- Peraturan Menteri Kesehatan Republik Indonesia Nomor 19 Tahun 2016 Tentang Sistem Penanggulangan Gawat Darurat Terpadu, n.d.
- Peraturan Menteri Kesehatan Republik Indonesia Nomor 24 Tahun 2022 Tentang Rekam Medis,

n.d.

Peraturan Menteri Kesehatan Republik Indonesia Nomor 26 Tahun 2019 Tentang Peraturan Pelaksanaan Undang-Undang Nomor 38 Tahun 2014 Tentang Keperawatan, n.d.

Peraturan Menteri Kesehatan Republik Indonesia Nomor 26 Tahun 2022 Tentang Organisasi Dan Tata Kerja Rumah Sakit Di Lingkungan Kementerian Kesehatan, n.d.

Peraturan Menteri Kesehatan Republik Indonesia Nomor 30 Tahun 2019 Tentang Klasifikasi Dan Perizinan Rumah Sakit., n.d.

Peraturan Menteri Kesehatan Republik Indonesia Nomor 340/Menkes/Per/Iii/2010 Tentang Klasifikasi Rumah Sakit., n.d.

Peraturan Menteri Kesehatan Republik Indonesia Nomor 4 Tahun 2018 Tentang Kewajiban Rumah Sakit Dan Kewajiban Pasien, n.d.

Peraturan Menteri Kesehatan Republik Indonesia Nomor 4 Tahun 2019 Tentang Standar Teknis Pemenuhan Mutu Pelayanan Dasar Pada Standar Pelayanan Minimal Bidang Kesehatan, n.d.

Peraturan Menteri Kesehatan Republik Indonesia Nomor 42 Tahun 2018 Tentang Komite Etik Dan Hukum Rumah Sakit, n.d.

Peraturan Menteri Kesehatan Republik Indonesia Nomor 56 Tahun 2014 Tentang Klasifikasi Dan Perizinan Rumah Sakit., n.d.

Peraturan Menteri Kesehatan Republik Indonesia Nomor 66 Tahun 2016 Tentang Keselamatan Dan Kesehatan Kerja Rumah Sakit, n.d.

Peraturan Pemerintah Republik Indonesia Nomor 28 Tahun 2024 Tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan, n.d.

Peraturan Pemerintah Republik Indonesia Nomor 47 Tahun 2016 Tentang Fasilitas Pelayanan Kesehatan, n.d.