



Implementation of the Values of *Shiddiq*, *Amanah*, *Fathonah*, and *Tabligh* in Sharia Hospital Services in Medan City

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Abstract

As the world's number one Muslim-populated country, Indonesia has seen an increase in the provision and development of sharia industries, including sharia hospitals. Sharia hospitals are health care facilities whose management and services are based on Islamic sharia principles. The aim of this study is to determine the extent to which sharia values are implemented in sharia hospital services in Medan City. This qualitative research with a phenomenological approach was

conducted in three Islamic hospitals that implement sharia services in Medan City, which are Haji General Hospital, Malayahati Islamic Hospital, and Mitra Medika Premiere Hospital. Data collection was conducted through in-depth interviews with three informants. The collected data were analyzed through several stages of data condensation, data presentation, and conclusion drawing. The results showed that the values of *shiddiq* (true and honest), *amanah* (trustworthy), *fathonah* (intelligent), and *tabligh* (targeted and communicative) have been implemented in hospitals with sharia services in Medan City. Some of the implementations of sharia values that have not been fulfilled yet include the absence of the halal food and laundry certification, provision of hijab to cover the patient's aurat, drugs that have not been halal certified, gender-specific services, provision of a hospital library to enhance Islamic knowledge, and provision of guidelines for pregnant and lactating mothers. Hospitals that implement sharia principles are suggested to maintain the sharia values in managing and providing health services and to fulfill all halal certifications in order to provide halal assurance to patients.

Keywords: *Amanah*, *Fathonah*, *Sharia hospital*, *Shiddiq*, *Tabligh*

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Introduction

Indonesia is the world's number one country with the largest Muslim population, which is around 86.7% (237,558,000 people) of the total population (The Royal Islamic Strategic Studies Centre, 2022). The majority of the Muslim population is certainly a great opportunity for the sharia industry in Indonesia to meet the needs of religion-based consumers, such as sharia financial institutions, sharia hotels, and sharia hospitals. Health services provided by sharia hospitals are an innovation in the healthcare sector. Sharia hospitals are health care facilities whose management and services are based on Islamic sharia principles and have been certified by DSN-MUI (National Sharia Council–Indonesian Ulama Council) (*Majelis Upaya Kesehatan Islam Seluruh Indonesia* (MUKISI), 2023). Sharia hospitals are not only intended for the Muslim community, but also for the entire community without discriminating against the religion of the patient (Wakil Presiden Republik Indonesia, 2020).

Just like hospitals in general, sharia hospitals also provide comprehensive individual health services through promotive, preventive, curative, rehabilitative, and/or palliative services by providing inpatient, outpatient, and emergency care as stated in the Law of the Republic of Indonesia Number 17 of 2023 Concerning Health. The difference between sharia hospitals and other hospitals in general is the manual or guidelines adopted based on Islamic law, including sharia services, contracts, management, medical techniques, and compliance with Islamic law (MUKISI, 2023a). The increasing availability and utilization of Islamic hospitals in Indonesia is influenced by the community's need for health services that are based on Islamic law, guaranteeing the halalness of medicines and food menus served, quality health services, insurance and administration that adheres to sharia principles, and also spiritual services in accordance with the patient's faith (Djannah & Ruliyandari, 2020). Sharia hospitals not only view patients as consumers, but also as whole human beings as they pay attention to the patient's mind, heart, and soul (Hayati & Sulistiadi, 2018).

Up until January 21, 2023, there were 74 hospitals in Indonesia that have been certified and are in the process of obtaining sharia certification. The number of sharia-certified hospitals is



less than 3% of all hospitals, and 90% are located in the Java area (MUKISI, 2023a). Based on a research report on market preferences for sharia-competent hospital services by the National Committee for Sharia Economics and Finance (2021), it is known that the interest of the Indonesian people in hospitals with sharia services has begun to show a positive response, but it has not yet become the main reason for consumers or patients in determining their preferences. Most of the choices to utilize hospitals that implement sharia principles are due to reasons of hospital image or brand as well as the quality of service from health workers, friendliness and good communication by health workers (Nuriyati et al., 2020; Rochmiati et al., 2021). This positive response is certainly an opportunity for hospitals to implement sharia principles in their services.

In its services, sharia hospitals must comply with the Indonesian hospital code of ethics and the Indonesian sharia hospital code of ethics as well as other hospital laws and regulations. In addition, sharia hospitals must strive to implement various values of *shiddiq* (true and honest), *amanah* (trustworthy), *fathonah* (intelligent), and *tabligh* (targeted and communicative) in managing and providing services in hospitals (MUKISI, 2019). With an emphasis on these sharia values, it is expected that sharia-competent hospitals have unique value propositions and advantages to be considered by consumers (Sa'adah, 2022).

Data from Ministry of Religious Affairs of the Republic of Indonesia (2022) states that around 66.6% of people in North Sumatra Province are Muslim. Medan City, which is located in North Sumatra Province, is also dominated by the Muslim population, which is around 67.4% of the total population (*Badan Pusat Statistik Kota Medan*, 2021). Medan City has 75 hospitals, some of them have an Islamic background and implement sharia services, but there is only one hospital that has been certified as a sharia hospital in Medan City, even in North Sumatra Province, which is Mitra Medika Premiere Hospital. Research on the implementation of values of *shiddiq*, *amanah*, *fathonah*, and *tabligh* in sharia hospital services in Medan City has never been done before, so researchers are interested in determining the extent to which these values are implemented in sharia hospital services in Medan City.



Methods

The research design used is qualitative research with a phenomenological approach. This research was conducted in three Islamic hospitals that implement sharia services in Medan City, which are Haji General Hospital, Malayahati Islamic Hospital, and Mitra Medika Premiere Hospital. The total number of informants involved in this study was three people, which included the hospital directors or their representatives that understood the sharia services implemented by the hospital according to MUKISI and DSN-MUI.

The data collection method is done through in-depth interviews with selected informants after previously preparing questions in a checklist that meet the research objectives (Creswell, 2017). After the data has been collected, it will be analyzed using the analysis method of Miles et al. (2014) which consists of three stages, specifically data condensation, data presentation, and conclusion drawing. Data condensation is a process of sharpening, focusing, simplifying, discarding, and tidying up data in such a way. At this stage, researchers can write summaries or memos, do coding, develop themes, and make categories. Then the researcher proceeds to the data presentation stage, which is a process of organizing and compressing data to be able to draw conclusions and direct further action. Data presentation can be arranged in the form of matrices, graphs and diagrams that are displayed in order to organize all the data obtained by researchers into concise and easy-to-analyze information. This stage helps to more easily understand the phenomena that are happening, analyze an event, and take further action based on the presentation of the data. The final stage is conclusion drawing and verification.

Results and Discussion

Based on data collection from three informants in three Islamic hospitals that implement sharia services in Medan City, the following research results were obtained.



Informant Characteristics

Table 1. Informant Characteristics

Research Location	Position	Age (years)	Gender	Informant Code
Haji General Hospital	Head of Spiritual Installation	56	Female	1
Malayahati Hospital	Head of Education and Training Sub-section	32	Male	2
Mitra Medika Premiere Hospital	Chairman of the Hospital Sharia Committee	27	Male	3

Table 1 above shows that the informants consisted of 2 males and 1 female and were aged between 27-56 years.

Values Implemented in Sharia Hospitals Services in Medan City

Regarding the health service system, sharia hospitals have several general obligations as stated in the sharia hospital code of ethics, including the obligation to comply with the Indonesian hospital code of ethics, the Indonesian sharia hospital code of ethics and all laws and regulations concerning hospitals in Indonesia, and shall strive to implement the values of *shiddiq* (true and honest), *amanah* (trustworthy), *fathonah* (intelligent), and *tabligh* (targeted and communicative) (MUKISI, 2019).

The value of *shiddiq* (true and honest). The results of this study showed that hospitals with sharia services implement the value of shiddiq by introducing themselves as doctors who will take care of patients, truthfully educating patients on drug administration, carrying out services according to established operational service standards, explaining the patient's condition clearly, and taking an oath of commitment for all hospital human resources. This is illustrated in the following interview excerpt:

“Yes, insya Allah we have been shidiq, insya Allah we have also been honest with the patient, such as giving medicine, for example, ‘Madam, the medicine is here, tomorrow you have surgery or tomorrow yo will have anesthesia’, like that, we explain it to them. We come to the patient's room to explain, starting from anesthesia the doctor has to explain, “I am an anesthesiologist who will handle anesthetizing you tomorrow”. And then later



the surgeon will also come, "I am the surgeon who will handle your surgery tomorrow. Let's pray together, so that I will be assisted in my work." Insya Allah, we have done it honestly, that mandate has been implemented in this hospital." (Informant 1)

"Insya Allah, we have done it, the proof is that we also continue to follow the existing operational service standards, we also comply with existing government regulations. Then we also tell the patient explicitly or clearly, we explain everything that the patient is currently experiencing. So nothing is covered up." (Informant 2)

Section 2 of the Sharia Hospital Code of Ethics explains that sharia hospitals should strive to implement the values of *shiddiq* in managing and providing hospital services, which means that hospitals must have a vision, mission, management, and hospital services that are true, honest, and aligned with *maqashid al-syariah al-islamiyyah*. The concept of *maqashid al-syariah al-islamiyyah* according to Imam Satibi is to fulfill the needs of health services in hospitals by maintaining religion (*hifdz al-din*), maintaining the mind (*hifdz al-'aql*), maintaining the soul (*hifdz al-nafs*), maintaining offspring (*hifdz al-nasl*), and maintaining property and honor (*hifda al-maal wa al'irdh*) (MUKISI, 2019).

Maintaining religion (*hifdz al-din*) is an effort to protect the patient's health because the patient's health does not only consist of physical health but also mental health, so they can pray well (Andrianto et al., 2021). The results of this study showed that sharia hospitals apply religious maintenance in providing services by serving halal food and nutrition to patients but have not taken care of and have not received halal certification from the Ministry of Religious Affairs of the Republic of Indonesia. Informants also explained that halal certification for hospital canteens should be taken care of by each business owner in the hospital canteen. This information is known based on the following statement:

"Insya Allah, it's halal because we are Muslims, it's just that there is no halal label yet, there must be a halal label from the Ministry of Religious Affairs, because they are the ones issuing it now. Well, we can't make it to the canteen yet, we haven't had time, I think they haven't made it, it's just not there yet. But the food we sell is halal, the way it's done is also halal." (Informant 1)



The results also showed that there are two hospitals in this study that have provided hijab to fulfill the regulation of covering the patient's aurat during the treatment period in the hospital, which is known from the following interview:

“Yes, we have provided special hijab for patients. Of course it all goes back to the patient. But judging from the DSN-MUI with the applicable laws and regulations, we still maintain trying to keep the patient's aurat. But if during the visit, whether the patient has just finished bathing so that she has not dressed or has not covered her aurat or is not wearing a hijab, we can ask permission for the female nurse to enter the room to make sure that her aurat is really covered.” (Informant 3)

Meanwhile, hospitals that have not provided hijab to cover the patient's aurat during the hospitalization period are due to limited hospital funds. This is known from the following interview excerpt:

“Yes, we want to make special clothes, special hijab for patients. But regarding funds, it also cannot be done yet” (Informant 1)

Another form of religious maintenance that has been implemented is having a spiritual staff who will provide guidance on teaching patients repentance prayers, tayamum, and prayer guidance, which is known through the following information:

“...usually our ustadz enters on the second day except maybe patients who are going to surgery, on the first day they have also been guided, to be helped to pray for their safety. Our spiritual staff is obliged to visit all patient rooms every day, especially patients who are about to undergo medical treatment or any procedures, will be guided to pray for the patient's peace as well and here on the hospital speakers we also play murottal every day.” (Informant 2)

The results of this study showed that there was one hospital that provided *rukiyah* services during the patient's hospitalization. This information is known based on the following statement:

“Yes, so far our team includes mosque Imams who understand and are also experts in rukiya. There are some patients but not all. Some of them request when they are down mentally and spiritually, that's when they request rukiya.” (Informant 3)



Sharia hospitals in this study have also provided halal-certified medicines, but there are still medicines that are not halal-certified because there are no substitutes for these drugs. The use of these non-halal medicines is still always informed to the patient and following the patient's decision. This is known through the following interview statement:

“There are some, but we still explain it to the patient and with the patient's consent. If the patient does not agree, we do not force them to take the medicine or find a substitute maybe. But we still explain it, the doctor still explains to the patient if there are drugs that have non-halal ingredients, it is still explained to the patient.” (Informant 2)

Laundry management in the hospital has also followed sharia laundry management even though it has not yet received halal laundry certification, which is known through the informant's statement as follows:

“Until today, to get halal hospital certification, there must be halal nutrition and halal laundry. That is, based on what you asked earlier, we still separate what cannot be removed, be it blood or pus, we still trace it according to the methods taught in religion. The water that flows and is also separated so that it is not mixed with clothes or other linen is still maintained. But today we are still heading towards getting the halal certification.” (Informant 3)

Providing services based on gender as a form of implementing religious maintenance has not been possible because it is still hampered by the quantity of health human resources such as medical personnel and health workers which are limited by number. This is illustrated in the following interview results:

“In terms of rooms, patients who are more than one person in one room, must be of the same sex and we have also installed curtains for the privacy of patients and their families. But for medical services, maybe because our human resources are still lacking so we can only try as much as possible, for example, if male patients are held by male nurses, female patients are held by female nurses, but sometimes because we lack human resources and need fast service, so to handle male patients, the nurse who provides medical services can be a woman.” (Informant 2)



This is aligned with research conducted by Oktavianti (2022) in the implementation of hospital services based on sharia principles in inpatient services at the Tangerang City Regional General Hospital, which has successfully implemented several religious maintenance efforts, such as providing hijab for patients and wearing hijab in the operating room, installing electrocardiograms (ECG) and Dower catheters (DC) according to gender, and dying patients who are accompanied by *talqin*. On the other hand, Farhan (2018) in his research also argues that the implementation of efforts to maintain religion according to the concept of *maqashid al-syariah al-islamiyyah* at the Sultan Agung Semarang Islamic Hospital has not been able to be implemented perfectly because the procurement of medicines that are not fully halal-certified as seen in the results of this study. Research conducted by Rahayu et al. (2023) also found that patients really want health workers to keep and cover the patient's aurat during medical or nursing actions or medical examination procedures. In addition, patients also want sharia hospitals to provide education and facilities for the use of hijab as an effort to maintain aurat during the care process, where these things are the implementation of religious maintenance which is an obligation that must be implemented by sharia hospitals.

Furthermore, maintaining the mind (*hifdz al-'aql*) aims to treat mental, psychological, and psychiatric diseases experienced by patients. It is believed that with a good mind, the patient's religion will also improve. The form of maintenance of the patient's mind in providing health services can be by providing knowledge facilities about Islam and health and establishing effective communication from hospital health human resources (Andrianto et al., 2021; Rahayu et al., 2023). The results of this study indicate that sharia hospitals have implemented the maintenance of the mind in health service through the provision of a small library that can be used by hospital visitors. The provision of a small library in the hospital as a form of maintenance of the mind has been implemented by one hospital, while other hospitals are still in the process of providing libraries and some have limitations in providing space. This is illustrated in the following interview excerpt:



“There is a library on the second floor. We have a small library on the second floor, but we have a Quran in every room. So even if for example there are patients or families of patients who want to borrow books, they can be there in our library, on the second floor.”
(Informant 1)

“There used to be our library, including Islamic books in it, but now because of the limited space, we have shifted it to another room. So the books are now held in the training center.”
(Informant 2)

“The hospital is still in the process of providing a sharia library within the hospital.”
(Informant 3)

Conflict resolution in the hospital is also resolved in a sharia manner. This information is known through the following informant's statement:

“Yes, here there are coordination meetings; of course there will also be mediation when there are cases and also misses with patients, be it with families or with health workers; of course family values are upheld and certainly based on Islamic values. Both from friendship, coordination and also hearing what the obstacles are and resolved following the teachings taught both with the Al-Quran and hadith and also the existing kinship.”
(Informant 3)

Another implementation of maintaining the mind is in the form of spiritual staff who routinely visit the patient's room to educate patients and remind them to do *sholat*, which is known through the following interview results:

“...slowly, gradually from the spiritual staff to the rooms, we educate the patients, remind them to pray even though they are lying down, we can do tayamum. Well, in our spare time we like to entertain ourselves with dzikir, yes, besides we do pray to Allah, increasing dzikir is what we apply to patients, to calm them down. Because patients who are mentally weak, do not accept their illness, but insya Allah.” (Informant 1)

This is aligned with research conducted by Oktavianti (2022) in the implementation of hospital services based on sharia principles in inpatient services at the Tangerang City Regional General Hospital, which has implemented the maintenance of mind by providing staff who announce *sholat* times through loudspeakers. Rahayu et al. (2023) also explained that health services in terms of maintaining the patient's mind are carried out through the provision of



infrastructure facilities for knowledge about *al-islam* and health, for example by providing Islamic books and posters related to health and Islamic education, spiritual guidance for inpatients, and building effective communication between health workers and patients, for example by always asking permission when going to perform health services or medical procedures and actions, and maintaining effective communication between health workers.

Meanwhile, based on the results of this study, the implementation of the maintenance of the soul (*hifdz al-nafs*) in sharia-based hospital already done by providing a funeral home that applies sharia principles, providing mandatory Islamic training to all Muslim employees, conducting Islamic scientific training for employees once a year, conducting regular recitations for health human resources, or requiring the recitation of *basmallah* and saying greetings before entering the room and before starting the medical procedures. All hospitals have provided sharia-compliant funeral arrangements. This is illustrated in the following interview excerpt:

“Yes, asked by the family's request, maybe the family wants to go home or the family is far out of town so that the dead body of their family member wants to be buried here, they can still ask the sharia team or binaroh to be washed and wrapped in a shroud at Mitra Medika Hospital, the team is already there too.” (Informant 3)

The hospital also implements soul nurturing by providing mandatory Islamic training to all Muslim employees, Islamic training, and conducting regular recitations at the hospital, which is known through the following statement:

“There is, that's what I said, once a year we have Islamic scientific training, then once a month we also have recitation in the Mushalla, employee recitation.” (Informant 2)

All health and medical personnel are also required to recite *basmallah* before performing actions and give greetings before entering the room. This information is known through the following interview results:

“Yes, of course when nurses want to inject or give medicine, they try to read bismillah either together if the patient is a fellow Muslim or the patient is invited to pray. When you



want to start an operation, you also pray first, there is a prayer that will be taught during mandatory training to all Muslim employees and also to patients who are about to be operated on to pray first.” (Informant 3)

Nurturing the soul is intended to maintain the right to life and care for each soul in order to avoid persecution both against themselves and against humans (Andrianto et al., 2021). Sa’adah (2022) explained that what is included in the implementation of maintenance of the soul in sharia hospitals includes the provision of sharia funeral services, the provision of bathrooms and water sources according to sharia rules, providing sanitary fluids, providing non-smoking instructions, providing fire extinguishers in strategic places and providing clear directions for evacuation routes for access in each room. Oktavianti (2022) in her research also shows that one of the efforts to nurture the soul that has been successfully implemented in the Tangerang City Regional General Hospital based on sharia principles is always reading *basmallah* before giving medicine and medical procedures, as well as providing mandatory training and Islamic education for patients or employees.

Sharia health services according to the concept of *maqashid al-syariah al-islamiyyah* also implement the maintenance of offspring (*hifdz al-nasl*) by managing reproductive health, prenatal, postnatal, and child health (Andrianto et al., 2021; Rahayu et al., 2023). For example, based on the results of this study, by providing closed and private breastfeeding places, educating the importance of *dzikir* to postpartum mothers, educating the importance of *aqiqah* compared to other ceremonial celebrations, teaching repentance prayers before mothers undergo a cesarean section process, making a guidebook for childbirth and breastfeeding, as well as educating about childbirth directly by female doctors and nurses. The hospital has implemented the maintenance of offspring by providing a closed and private breastfeeding area, which is illustrated by the following statement:

“Services for mothers and babies based on sharia, one of them is that we provide a closed breastfeeding place so that mothers who visit the hospital to breastfeed their babies are kept private, we provide that room.” (Informant 2)



The results of this study also showed that there are hospitals that conduct sharia education in the form of the importance of *dzikir* and *aqiqah* to postpartum women. This is illustrated in the following interview excerpt:

“Well, that's if we are closer to mothers and babies. Sometimes mothers don't accept, “Ah I'm in puerperium”. “Yes, it's okay to be in puerperium but we still dzikir to Allah” like that. We also have a leaflet if mothers want to aqiqah, “If the child is this age, we can aqiqah, mom” We also have guidance. We are Muslims, rather than for other events, it's better for Mom to just make the aqiqah. We recommend aqiqah for mothers and babies, for those who have just given birth.” (Informant 1)

Other offspring maintenance found in this study included the teaching of repentance prayers before the mother underwent the sectio caesarea process by the spiritual staff and the preparation of a guidebook on childbirth to breastfeeding for pregnant and breastfeeding mothers. This information is known through the following interview results:

“Yes, we also have a repentance prayer for mothers before sectio caesarea. About the guidelines for breastfeeding mothers and mothers giving birth, it is still in the printing process, yes, how the procedures in the Al-Quran are said “wal-wālidātu yurđi'na aulādahunna ḥaulaini kāmilaini liman arāda ay yutimmar-raḍā'ah” about breastfeeding mothers in Surah Al Baqarah about 2 years, we will teach it from the existing guidebook. but this is still drafting and printing.” (Informant 3)

Education about childbirth is also carried out by doctors directly or by female nurses to patients. This is known through the informant's statement as follows:

“Yes, education about how to breastfeed later, our team also has women, they will educate how to take care of and also guide their children in the future.” (Informant 3)

The world's benefit is intended by Allah to continue from one generation to the next. Sharia implemented in one generation is meaningless because of the extinction of the human generation. This is the purpose of implementing the maintenance of offspring (Andrianto et al., 2021). Rahayu et al. (2023) explained that the community's need for sharia health services to maintain offspring includes family planning *fiqih* education, pregnant women, mother giving birth, and breastfeeding



mothers. In addition, the provision of sharia maternal and infant health services, Islamic reproductive services, and the use of polite and aurat-covering clothing by nurses, doctors, and staff are also the forms of offspring maintenance efforts that must be implemented by sharia hospitals (Sa'adah, 2022).

Futhermore, the form of maintenance of property (*hifz al-mal*) in sharia health services aims to provide benefits according to hospital rights and provide ease of payment procedures for patients served, and prioritize deliberation when financial problems are found. Sharia-based financing provides a good opportunity for the benefit of society because it will contribute to poverty reduction, improve economic conditions, improve social conditions, and distribution and circulation of wealth (Andrianto et al., 2021; Rahayu et al., 2023). The result of this study indicate several types of implementation of property maintenance in sharia-based hospitals, including storing hospital funds in Islamic banks, making employee salary payment transactions through Islamic banks, hospitals not making transactions with elements of usury, and hospitals issuing zakat derived from services and employee salaries to the National Amil Zakat Agency (BAZNAS) Amil Zakat Infak Shodaqoh Agency (BAZIS) as much as 2.5% of income. This is illustrated in the statement in the following interview:

“Yes, if it is managed sharia, yes. We work with a sharia bank, Bank Sumut Syariah. Then for taxes, we have also collaborated with BAZIS, BAZNAS. We have collaborated, if they call it value-added tax, yes, but we don't say value-added tax, but zakat. “Zakat, ma'am, we collect the zakat from here”. For example, we are employees, we have submitted 2.5% of our income zakat to BAZNAS.” (Informant 1)

Fatwa of the National Sharia Council-MUI No: 107/DSN-MUI/X/2016 concerning Guidelines for the Implementation of Hospitals Based on Sharia Principles explains the provisions related to the placement, use and development of hospital funds. The fatwa explains several points where hospitals are required to use the services of Islamic financial institutions in efforts to organize hospitals, including banks, insurance, financing institutions, guarantee institutions, and pension funds. Hospitals are also required to manage fund portfolios and other types of assets



following sharia principles, hospitals are also not allowed to develop funds in business activities and/or financial transactions that are contrary to sharia principles and hospitals are required to have guidelines for the management of *zakat*, *infaq*, *sadaqah*, and *waqf* funds.

The value of *amanah* (trustworthy). The Sharia Hospital Code of Ethics also explains that sharia hospitals must strive to implement *amanah* (trustworthy) values in managing and providing services in hospitals, by prioritizing quality, safe, and satisfying services on an ongoing basis with the implementation of sharia values which are expected as a result of practicing the pillars of Islam (MUKISI, 2019). The results showed that sharia hospitals have implemented the value of *amanah* by providing the best service and implementing *maqashid al-syariah al-Islamiyyah*. This information is known based on the following statement:

“...we also see on social media, both on Instagram and also other social media, of course with the value of amanah, whether with doctors to patients and nurses to patients, it must be conveyed with the best service, with trust, with the oath of office of health workers as well as services to the field. To our knowledge and observation from the team to the spirituality under the auspices of the Sharia Committee, I think it has reached that mandate.” (Informant 3)

The value of *fathonah* (intelligent). In addition to the values of *shiddiq* and *amanah*, sharia hospitals should also try to implement the values of *fathonah*, which means that all management and services in the hospital follow the development of hospitalization and are based on the latest science and documenting all hospital activities and maintaining all records or archives both medical and non-medical properly (MUKISI, 2019). The results showed that sharia hospitals implement the value of *fathonah* through keeping abreast of developments in medical science by conducting trainings, attending seminars and exhibitions, following technological developments and technological sophistication that are still based on sharia values, transitioning medical records from manual to electronic medical records and always adjusting the latest standards of hospital regulations following government policies. This is supported by the statements below:



“We also try our best to make developments, following existing trends. We also participate in health exhibitions. And if there are trainings, seminars on updating knowledge, we also follow them as much as possible. We are also currently transitioning from manual medical records to electronic medical records.” (Informant 2)

The value of *tabligh* (targeted and communicative). The Sharia Hospital Code of Ethics also states that sharia hospitals must strive to implement *tabligh* values, which means that hospitals are responsible for strategies to carry out the mission and achieve the vision of the hospital, organize education for patients and patient families and as a means of *da'wah* (MUKISI, 2019). The results showed that sharia hospitals have implemented the value of *tabligh* through educating patients directly by applying sharia principles, having a patient safety target team tasked with ensuring proper identification and communication that is monitored regularly, and implementing good communication to patients. This information is illustrated in the following interview excerpt:



“The first hospital in Medan to use direct patient education in sharia. We are the first hospital in the entire city of Medan, we were the first to do it.” (Informant 1)

“Alhamdulillah, we have implemented it, we also have a patient safety target team here, where one of the patient safety targets is proper identification and proper communication. We implement patient safety goals here and are monitored regularly.” (Informant 2)

“... there is also a section on handling complaints and obstacles in the patient's family. Of course, when we collaborate to find the best, with good communication I think everything will go well.” (Informant 3)

Conclusion and Recommendation

The values of *shiddiq* (true and honest), *amanah* (trustworthy), *fathonah* (intelligent), and *tabligh* (targeted and communicative) have been implemented in sharia-based hospitals in Medan City. Some of the implementations of sharia values that have not been fulfilled according to the concept of *maqashid al-syariah al-islamiyyah* in sharia hospital services in Medan City, including the absence of halal food and laundry certification, there are hospitals that have not provided hijab to cover the patient's aurat during the hospitalization period due to limited hospital funds, there are



medicines that are not certified halal because there are no other substitutes, services according to gender that cannot be implemented due to the limited number of human resources (medical personnel and health workers), there are sharia hospitals that have not provided libraries due to space constraints, and the guidelines for pregnant and lactating mothers that have not been printed.

Hospitals that implement sharia principles in their services are expected to maintain the values of *shiddiq*, *amanah*, *fathonah*, and *tabligh* in managing and providing health services as required by the Indonesian sharia hospital code of ethics. To increase public interest in the utilization of sharia-based hospital services in Medan City, it is suggested to broaden socialization so that people can understand the values, benefits and advantages of sharia hospitals. Hospitals that implement sharia principles are advised to fulfill all halal certifications set by DSN-MUI in order to provide halal assurance to patients.



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