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Sharia Service Strategy Model Based on Islamic Business Ethics

Melia Frastuti[1], Iskandar Ritonga[2], Tri Niswati Utami[3], Satria Saputera[4], Harumi Veny[5]

Abstract

This study addresses the lack of an integrated model connecting Sharia compliance, Islamic business ethics, service quality, and social benefits in Islamic private hospitals. Using the Analytic Network Process (ANP) and expert judgments from hospital managers and regulators in Pekanbaru, the research develops a Sharia service strategy model grounded in Islamic business ethics.The findings show that Service Quality has the highest priority (0.261), followed by Maslahah (Social Benefits) (0.252), Sharia Compliance (0.246), and Islamic Business Ethics (0.241), indicating that all dimensions are equally important and mutually reinforcing. This study offers an original integrative framework that combines ethical, regulatory, operational, and social aspects, providing theoretical contributions to Islamic healthcare governance and practical guidance for strengthening Sharia-based hospital services.

Keywords : Sharia healthcare; Islamic business ethics; service quality; maslahah; Analytic Network Process

INTRODUCTION

As the Muslim community in Indonesia becomes more aware of the importance of healthcare services that align with Islamic teachings, there has been an increase in the development of Sharia-based healthcare services. As public service providers, hospitals are required not only to provide professional medical care but also to ensure that every stage of

[1]Universitas Indo Global Mandiri, Indonesia.
[2]Universitas Islam Negeri Sunan Ampel, Indonesia.
[3]Universitas Islam Negeri Sumatera Utara, Indonesia.
[4]Universitas Indo Global Mandiri, Indonesia.
[5]MARA University of Technology, Malaysia.
Email: melia_frastuti@uigm.ac.id

their service aligns with Sharia values. Values such as justice, honesty, trustworthiness, patient safety, and social responsibility are essential components of Islamic business ethics and must underpin all hospital operations.

As of December 2021, the Ministry of Health had recorded 3,120 registered hospitals. Of these, 2,482 (78.8%) had been accredited, while 638 (21.2%) had not (Indonesian Ministry of Health, Hospital Accreditation Standards, 2022). Meanwhile, seven Islamic hospitals were registered with the Hospital Accreditation Commission (KARS) and the Pekanbaru City Health Office in 2025, out of a total of 27. As shown in Table 1 below:

Table 1. List of Islamic Hospitals and Classes in Pekanbaru

No	Name of Islamic Hospital	Class	Rating
1	Syafira Islamic Hospital	B	5
2	Ibnu Sina Islamic Hospital	B	5
3	Zainab Mother and Child Hospital	C	5
4	Prof dr. Tabrani Islamic Hospital	C	5
5	Eria Hospital	C	5
6	Annisa Islamic Hospital	C	5
7	Budhi Mulia Mother and Child Hospital	C	5

Source: https://akreditasi.kars.or.id/ dan LAM-KPRS, 2025

In Pekanbaru City, private Islamic hospitals exist to provide high-quality healthcare services that are in line with Sharia principles. However, implementing Sharia-compliant services often faces obstacles such as meeting service standards, ensuring the competency of human resources, understanding Islamic business ethics, and adopting a sustainable management approach. Therefore, hospitals need a comprehensive Sharia-compliant service strategy model to integrate modern medical services with a commitment to Islamic business ethics. From research, Windasari (2023) outcomes underscore that consumers assign the greatest importance to hospital brand familiarity and formal halal (lawful) certification, both of which strengthen perceptions of trust and enhance the hospital's value proposition. Furthermore, the analysis

shows that Sharia-compliant service attributes generate more substantial positive signals than physical infrastructure when shaping patient preferences. The challenge of implementing this certification lies in the commitment of all hospital stakeholders to steadfastly cultivate Sharia certification standards as an act of worship to Allah SWT in the provision of health services (Irviana, 2019)

The demand for Sharia-compliant healthcare services has grown significantly in recent years, particularly in Muslim-majority regions such as Indonesia. As public awareness of ethical, transparent, and spiritually aligned healthcare increases, Islamic private hospitals are expected not only to provide high-quality medical treatment but also to ensure that their operational practices adhere to Islamic ethical and legal principles. This expectation reflects a broader transformation in the healthcare sector, where patient trust, moral conduct, and societal welfare are now viewed as integral components of service excellence.

In Pekanbaru City, the development of Islamic private hospitals represents a strategic response to this growing demand for Sharia-based healthcare. However, despite this positive trend, the implementation of Sharia service standards remains inconsistent across institutions. Several challenges persist, including the absence of unified Sharia service guidelines, varying levels of competency among healthcare personnel, limited institutionalization of Islamic business ethics, and the lack of integrative models that connect Sharia compliance with service quality and social welfare outcomes. These gaps highlight the need for a more comprehensive strategic model that can guide hospitals in harmonizing modern medical practices with Islamic ethical values.

Islamic business ethics, which emphasize justice, honesty, trustworthiness, non-discrimination, and social responsibility, serve as a crucial foundation for Sharia healthcare. When embedded systematically into hospital operations, these ethical principles enhance transparency, improve patient confidence, and promote organizational integrity. In addition, Sharia compliance ensures that medical procedures, administrative processes, financial systems, and institutional governance align with Islamic law, thereby reinforcing the spiritual and moral legitimacy of the healthcare institution. Together, these elements contribute to the broader objective of generating maslahah (societal

benefits), which in the context of healthcare encompasses patient satisfaction, economic welfare, community trust, and holistic well-being.

Extant research on Sharia-based healthcare consistently highlights the roles of halal attributes, Sharia compliance, service quality, and Islamic ethical values in shaping patient satisfaction and loyalty. Nevertheless, the literature remains fragmented, as these dimensions are predominantly examined in isolation, rely heavily on patient-centered perspectives, and lack analytical approaches capable of capturing their interdependencies within institutional decision-making. Addressing this limitation, this study develops an integrative Sharia service strategy model that systematically links Sharia Compliance, Islamic Business Ethics (Akhlaq), Service Quality, and Social Benefits (Maslahah). By applying the Analytic Network Process (ANP) and incorporating expert judgments from hospital managers and regulators, the study empirically identifies priority structures and mutual influences among these dimensions. The novelty of this research lies in its network-based, multi-stakeholder approach, which advances the theoretical understanding of Sharia healthcare governance and provides actionable strategic insights for strengthening ethical integrity, service excellence, and societal value creation in Islamic private hospitals. This study seeks to develop a Sharia service strategy model that integrates four key dimensions: Sharia Compliance, Islamic Business Ethics (Akhlaq), Service Quality, and Social Benefits (Maslahah). Through an empirical assessment of perspectives from hospital managers and regulators, the study aims to provide a more comprehensive and evidence-based framework for enhancing Sharia service implementation. The resulting model not only contributes theoretically to the governance of Islamic healthcare but also offers practical guidance for hospitals seeking to improve performance, strengthen patient trust, and expand their societal impact.

LITERATUR REVIEW

Sharia Healthcare Services

Sharia healthcare is a concept that integrates Islamic principles into every aspect of the healthcare service, including clinical, administrative, and managerial processes, as well as patient interactions. However, Islamic healthcare standards vary across countries, and there are no

uniform global guidelines. Key challenges include regulatory differences, limited human resource competencies, and cultural differences in understanding Islamic values. However, the growing influence of halal certification bodies and religious authorities provides an opportunity to enhance the Sharia healthcare system more effectively (Astiwara, 2025). The impact of trust, service quality, and hospital Sharia compliance on patient loyalty at a Sharia hospital in Pekanbaru City, Riau Province, was evaluated to assess patient satisfaction. Service quality was found to have a positive and significant impact on patient satisfaction. Eny Wahyuningsih (2025).

Islamic Business Ethics in Healthcare

The principles of Islamic business ethics or akhlaq include justice, honesty, trustworthiness, transparency, and non-discrimination, and these are applied to economic activities in all sectors, including healthcare. Hospitals that implement these ethics not only pursue profit, but also aim to provide maslahah (benefits) for the community. These values are reflected in the honest provision of medical information, fair pricing, non-discriminatory service, and fulfillment of patient rights. Research by Albari (2020) confirms that the quality of healthcare services is greatly influenced by commitment, existence, trust, and care, all of which align with Islamic moral values. Meanwhile, asserts that the insights generated from his work enable clinicians and ethicists to more comprehensively grasp the Islamic ethical paradigm in medical practice, which in turn is expected to enhance the delivery and quality of patient care. (Padela, 2000).

Quality of Sharia Hospital Services

Service quality is a crucial factor in building patient trust in Sharia hospitals. Identified four main dimensions of service quality: commitment, presence, trustworthiness, and attentiveness. These dimensions can be aligned with Sharia principles, such as trustworthiness, ihsan (the best possible service), and justice. Furthermore, conventional service quality dimensions such as responsiveness, reliability, assurance, and empathy are also important for improving the quality of Sharia services (Albari, 2020). Thematic analysis in research on the discussion reveals eight

important elements that need to be considered in designing a sustainable Sharia-compliant hospital: worship-friendly infrastructure, Islamic medical ethics, Sharia-compliant prescriptions and medical procedures, spiritual support services, Islamic medical service competencies, a conducive Islamic environment, affordability, and accessibility on Islamic work culture. (Ilyani Che, 2023).

Halal Healthcare Services and Patient Satisfaction

Found that the intrinsic and extrinsic value of halal hospital attributes and Sharia-compliant services significantly influence patient satisfaction and word of mouth (WOM). Satisfaction then acts as a mediator that strengthens the relationship between halal perceptions, service quality, and patient loyalty. These findings emphasise the importance of implementing halal standards and Sharia-compliant facilities that provide a service experience consistent with Islamic values. (Khalilur R, 2023).

The Role of Islamic Spiritual Care (ISC) in Service Quality

Maqāṣid al-Sharīʿah (objectives of Islamic law) explains that all Islamic institutions must aim to preserve and promote maslahah (human welfare) through five essential objectives: *ḥifẓ al-dīn* (protection of religion), *ḥifẓ al-nafs* (protection of life), *ḥifẓ al-ʿaql* (protection of intellect), *ḥifẓ al-nasl* (protection of lineage), and *ḥifẓ al-māl* (protection of wealth). (Al-Syāṭhibī t th, 22).

The ISC approach is crucial in improving patients' psychological and spiritual well-being. A study showed that implementing ISC significantly improved service quality and patient loyalty. ISC encompasses spiritual and religious guidance, support with worship, and the provision of facilities to support patients' religious activities. Comprehensive integration of ISC can strengthen a hospital's Islamic identity and increase public trust. (Sahil, 2025).

Sharia Service Strategy Model:

Based on previous studies, the Sharia service strategy can be separated into four main components:

a. Sharia compliance
   This includes the implementation of fatwas, Sharia policies, Sharia-compliant medical rituals, and facilities that support worship.
b. Islamic business ethics (*akhlaq*)
   This includes honesty, trustworthiness, fairness, transparency, and non-discriminatory service.
c. Service quality
   Responsiveness, reliability, empathetic communication, and the competence of Sharia-certified medical personnel.
d. Social benefits (*maslahah*)
   Local economic impact, reputation (*barakah* value), and improving community welfare.



Figure 1: Sharia Service Strategy Model

Integrating these four components produces a comprehensive Sharia service strategy model that strengthens the implementation of Islamic business ethics in hospital operations.

RESEARCH METHOD

Research Design

This study employs a quantitative research design using the Analytic Network Process (ANP) to develop a strategic model for Sharia-based healthcare services in Islamic private hospitals. ANP is utilized to determine the relative importance of four key sub-criteria: Sharia Compliance, Islamic Business Ethics (Akhlaq), Service Quality, and

Maslahah (Social Benefits). This method is appropriate because it allows for interdependence among variables and provides a more realistic decision-making model compared to hierarchical approaches.

The Analytical Network Process (ANP) analysis tool was used in this study. ANP is a technique used for making decisions and addressing problems. There is no specific limit on the number of respondents in an ANP study, provided that they are truly experts in the problem at hand (Tanjung, H., 2013).

Research Location and Object

The research was conducted at several Islamic private hospitals located in Pekanbaru City, Riau Province. The study involved two categories of respondents: Hospital managers, representing internal decision-makers, and Regulators, including Sharia supervisory authorities and policymakers involved in overseeing Islamic healthcare standards.

Types and Sources of Data

The study uses primary data collected through structured questionnaires based on pairwise comparisons for ANP analysis. The questionnaires assess the perceptions of managers and regulators regarding the importance of each sub-criterion. Secondary data were obtained from journal articles, books, regulations, and previous studies related to Sharia healthcare, Islamic business ethics, and service quality frameworks. (Ascarya, 2005).

Sampling Technique

A purposive sampling method was employed to select respondents who possess relevant knowledge and expertise in Sharia healthcare implementation. A total of 10 respondents participated: seven hospital managers and three regulators. This expert-based sampling is appropriate for ANP, which requires knowledgeable individuals to generate accurate comparative judgments.

Data Collection Techniques

Data were gathered through:

1. Structured ANP questionnaires, containing pairwise comparison matrices for evaluating sub-criteria.
2. Interviews and discussions, conducted informally to ensure clarity and consistency in responses.
3. Document analysis, referencing Sharia guidelines, hospital policies, and regulatory documents to support contextual understanding.

Data Analysis Method

The data were analyzed using the following steps:

1. Pairwise Comparison: Respondents assessed the relative priority between each pair of sub-criteria using a numerical scale.
2. Aggregation of Individual Judgments: Responses from managers and regulators were averaged to obtain group perspectives.
3. Supermatrix Construction: The ANP model was constructed to represent the relationships among criteria, followed by the computation of a weighted supermatrix. (Bauyaukyazc, M, 2003)
4. Normalization and Weight Derivation: The combined values were normalized to produce final sub-criteria weights, resulting in four priority values: Service Quality, Social Benefits (*Maslahah*), Sharia Compliance, and Islamic Business Ethics.
5. Interpretation of Results: The weight distribution was analyzed to identify dominant dimensions and provide strategic recommendations for improving Sharia service implementation.

Validity and Reliability

To ensure the reliability of pairwise comparison results, the study checked the Consistency Ratio (CR) within acceptable limits (< 0.1). Expert validation was also conducted by cross-checking judgments with Sharia supervisory authorities to confirm the accuracy and relevance of the criteria.

RESULTS AND DISCUSSION

Results

The analysis of the four sub-criteria of Sharia-based healthcare services, Sharia Compliance; Islamic Business Ethics (Akhlaq); Service Quality; and Social Benefits (Maslahah), reveals distinct yet complementary perspectives between hospital managers and regulatory authorities. These perspectives provide important insights into how Sharia principles are interpreted, prioritized, and operationalized within the governance of Islamic private hospitals.

Table 2. Sub-Criteria for Sharia Service

No	Respondents	Sub-Criteria for Sharia Services			
		Sharia Compliance	Islamic business ethics (*Akhlaq*)	Quality of service	Social benefits (*Maslahah*)
1	Manager RS 1	0.550	0.750	0.760	0.550
2	Manager RS 2	0.650	0.790	0.766	0.655
3	Manager RS 3	0.550	0.690	0.700	0.660
4	Manager RS 4	0.545	0.790	0.845	0.650
5	Manager RS 5	0.550	0.895	0.860	0.630
6	Manager RS 6	0.660	0.860	0.880	0.690
7	Manager RS 7	0.650	0.870	0.880	0.690
Mean Managers		**0,593**	**0,806**	**0,813**	**0,646**
8	Regulator 1	0.895	0.650	0.790	0.890
9	Regulator 2	0.896	0.660	0.755	0.878
10	Regulator 3	0.895	0.650	0.767	0.878
Mean Regulators		**0,895**	**0,653**	**0.770**	**0.882**

Source: superdecision processed data, 2025

Among hospital managers, "*Service Quality*" received the highest mean score (0.813), followed by "*Islamic Business Ethics (Akhlaq)*" (0.806), "*Social Benefits (Maslahah)*" (0.646), and "*Sharia Compliance*" (0.593).

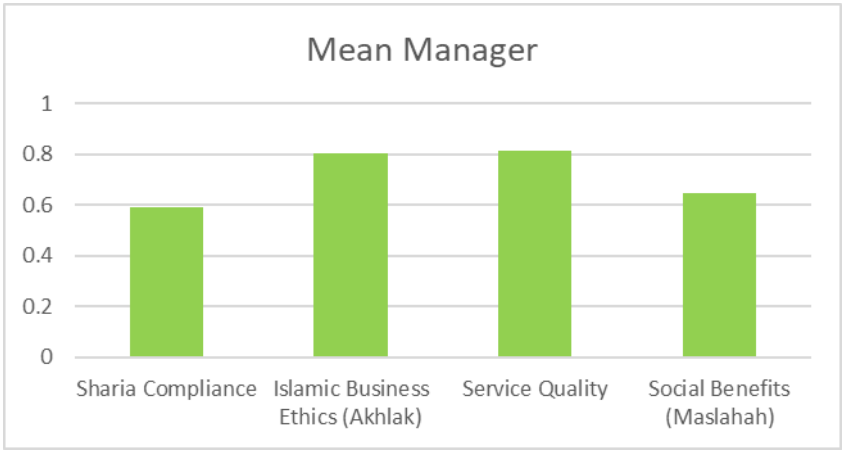


Chart 1. Mean Manager

These results suggest that hospital managers emphasize aspects that are directly related to patient experience and operational service delivery. The prominent position of service quality indicates that managers view the patient-care process as the primary medium through which Sharia values must be demonstrated. Furthermore, the high rating of Islamic ethics reflects the belief that moral conduct, trustworthiness, and professionalism are core components that shape the character of Sharia-oriented healthcare.

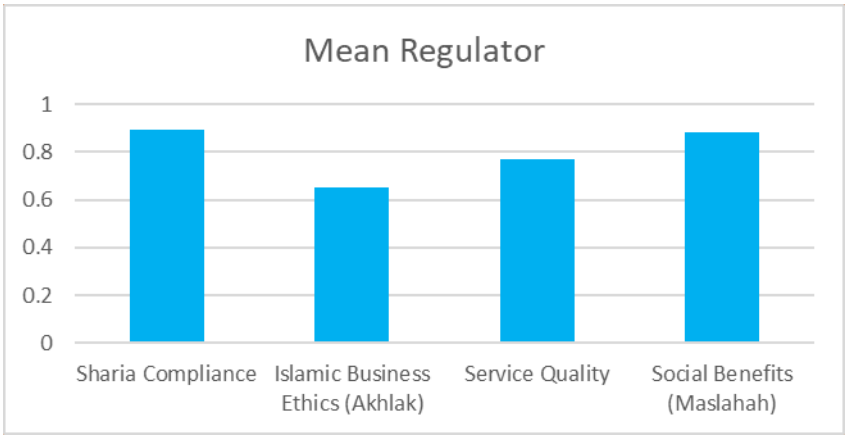


Chart 2. Mean Regulator

In contrast, regulators place stronger emphasis on *"Sharia Compliance"* (0.895) and *"Social Benefits (Maslahah)"* (0.882), highlighting their focus on institutional adherence to Islamic legal principles and the broader societal outcomes of healthcare services. While *"Service Quality"*

(0.770) and *"Islamic Business Ethics"* (0.653) remain important, regulators' priorities reflect their mandate of ensuring compliance, safeguarding public interest, and maintaining the integrity of Sharia standards at the system level.

Normalization to obtain sub-criteria weights: ANP/AHP requires a total weight of 1. The researcher then normalizes the combined values.

Table 3. Combined Value and Normalized Weight

Sub-Criteria	Combined Value	Normalized Weights
Sharia Compliance	0.744	0.246
Islamic Business Ethics	0.730	0.241
Service Quality	0.792	0.261
Social Benefits (*Maslahah*)	0.764	0.252

Source: Superdecision processed data, 2025

The small difference in weight indicates that all four sub-criteria are equally important, but service quality is the most dominant.

Table 4. Sub-Criteria Ranking

Ranking	Sub-criteria
1	Service Quality
2	Social Benefits (*Maslahah*)
3	Sharia Compliance
4	Islamic Business Ethics

Source: *Superdecision processed data, 2025*

Discussion

Development of Sharia Service Strategy Model

The model developed in this study is as follows:

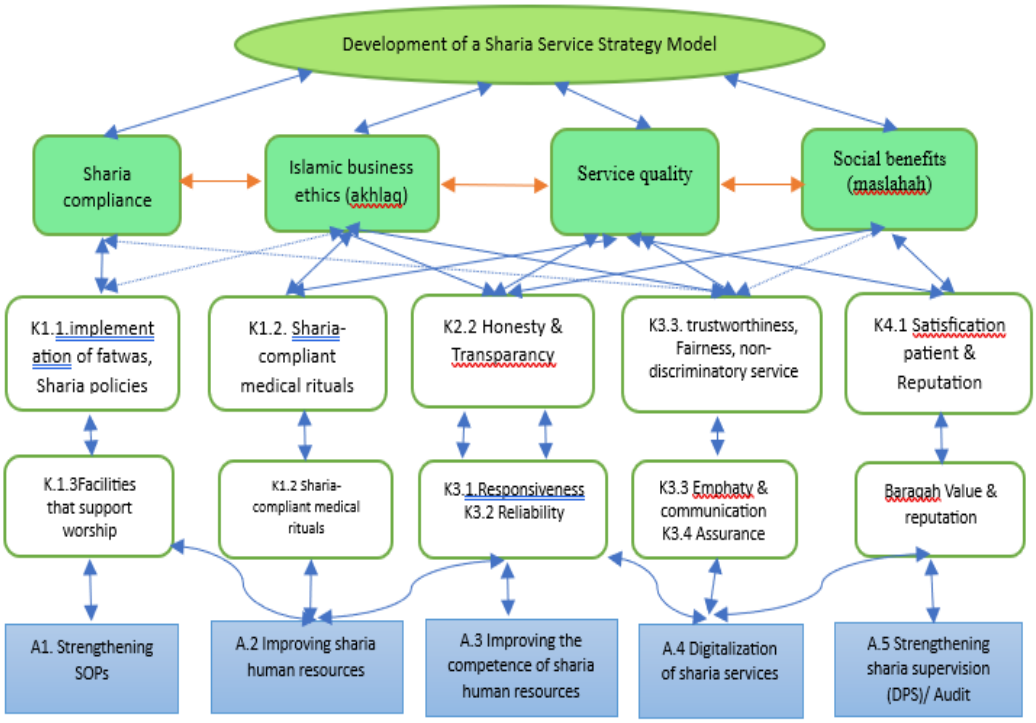


Figure 2. Development of Sharia Service Strategy Model

The Sharia Service Strategy Model developed in this study integrates four key dimensions, Sharia Compliance; Islamic Business Ethics (Akhlaq); Service Quality; and Social Benefits (Maslahah), into a comprehensive framework that guides the implementation of Sharia-based healthcare services in Islamic private hospitals. Using the Analytic Network Process (ANP). The model reflects the interrelated nature of these components, showing how each dimension influences and supports the others in shaping a holistic Sharia-compliant health service environment. The final weighting results show that "Service Quality" emerges as the most dominant dimension (0.261), indicating that the delivery of responsive, reliable, and empathetic medical care is perceived as the primary medium through which Sharia values are manifested in hospital operations. This finding suggests that patients' experience and frontline service interactions are central to reinforcing the Islamic identity and credibility of Sharia hospitals, which is an important consideration in the provision of healthcare. The model's positioning of service quality as the core driver connecting ethical behaviour, compliance, and societal value creation is therefore of key importance.

The second most influential dimension is 'Social Benefits (Maslahah)' (0.252). This reflects the understanding that Sharia-based healthcare is both oriented toward clinical outcomes and toward broader societal welfare, including community trust, economic impact and spiritual well-being. The model emphasises that hospitals must adopt policies and programmes that engender sustainable benefits, ensuring that institutional actions contribute positively to public health and social harmony.

'Sharia compliance' (0.246) is the next priority, emphasising the importance of hospitals adhering to Islamic legal principles in their administrative, clinical and financial processes. This includes complying with fatwas, Sharia governance structures, halal-certified procedures and policies that support religious practices such as prayer, modesty and ethical treatment. Although it is slightly lower in priority than service quality and social benefits, its inclusion signifies that compliance is a fundamental requirement for the legitimacy and spiritual integrity of Islamic hospitals. Research reveals the development of halal medical tourism and halal compliance in this sector, as well as halal medical tourism destinations and services. (Maripatula Uula, 2022).

Finally, 'Islamic Business Ethics (Akhlaq)' (0.241) provides the model with its ethical foundation. Despite its small weight difference, it plays an integral role in shaping professional conduct, transparency, fairness and patient-centred attitudes among hospital staff. The model recognises that ethical behaviour is essential for maintaining patient trust, supporting organisational integrity and ensuring that all services align with Islamic moral values.

Taken together, the Sharia Service Strategy Model illustrates an interconnected, balanced system in which all four dimensions significantly contribute to the effective delivery of Sharia-compliant healthcare. The slight variation in weights suggests that hospital decision-makers and regulators view all dimensions as vital, with service quality acting as the primary means through which Sharia principles are implemented. The model therefore provides a strategic foundation for hospitals that wish to strengthen Sharia governance, improve human resource competencies, integrate digital Sharia services and enhance their ethical and societal contributions.

Overall, this model provides Islamic private hospitals with a comprehensive and practical framework to improve performance, ensuring that healthcare delivery consistently reflects Islamic ethical and legal principles and meets the expectations of the Muslim community.

CONCLUSION

The findings of this study reveal that "Service Quality" is the most important aspect of Sharia-based healthcare services, with a weighting of 0.261. This is followed closely by "Social Benefits (Maslahah)" with a weighting of 0.252, "Sharia Compliance" with a weighting of 0.246, and "Islamic Business Ethics (Akhlaq)" with a weighting of 0.241. The small differences in weighting suggest that Sharia healthcare services are perceived as a holistic, interdependent system rather than a hierarchy dominated by a single dimension. This suggests that ethical and legal compliance is insufficient unless it is translated into tangible service experiences that patients perceive directly.

This study finds that service quality plays a dominant role in Sharia-based healthcare, as Sharia values are primarily realized through frontline service interactions. Beyond confirming prior studies, the findings demonstrate that service quality functions not only as an outcome but also as a strategic mechanism for operationalizing Sharia compliance and Islamic ethics. Social benefits (maslahah) emerge as a key strategic priority, empirically validating maqāṣid al-sharīʿah as a measurable institutional dimension influencing managerial decisions. Meanwhile, Sharia compliance and Islamic business ethics act as foundational enablers whose value is realized through service quality and social impact. Conceptually, the study advances maqāṣid theory by integrating ethics, compliance, service quality, and maslahah within a network-based ANP framework that captures their dynamic interdependencies in Islamic healthcare governance.

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