

## ORIGINAL ARTICLE

### The application of islamic values in the health services: a nurse perspective

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#### ABSTRACT

**Introduction:** Public awareness of the need to practice Islam in all aspects of life is increasing, including health services. The high motivation of the hospital to implement Islamic health services has yet to be followed by clinics that are under Muhammadiyah charity businesses. **Objectives:** This study aimed to describe Islamic values at the Muhammadiyah Clinics in Lamongan Regency. **Methods:** The researchers used a descriptive method with a survey approach. All nurses at eleven Muhammadiyah Clinics in Lamongan Regency were selected as the sample using purposive sampling. Seventy-one health workers filled out a 21-item questionnaire on applying Islamic values, which the researchers had modified. The data were analyzed by using descriptive analysis. **Results:** Health workers' application of Islamic values in the Muhammadiyah clinics was categorized as poor (42.3%) and sound (35.2%). The analysis of instrument items showed a low mean value in guiding prayer activities before surgery (1.67), reminding the spiritual guidance officers to make visits to the room (1.69), and giving prayer guidance to patients by the spiritual guidance officers (1.79). A high mean value was obtained for having prayer facilities/mosque (4.00), employees who prayed five times a day (3.96), and employees who recited bismillah for every medication and medical procedure (3.94). **Conclusions:** The role of the spiritual guidance officers at the clinic is significant to help fulfill spiritual needs and increase patient comfort. Clinic facilities that support the formation of an Islamic atmosphere need to be maintained, including monitoring employee attitudes and behavior in daily life following Islamic teachings. Applying Islamic values can attract people to choose a place to get health services.

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## 1. Introduction

Indonesia, the world's most populous Muslim country, is responsible for building a superior quality Islamic healthcare system (Aisyah Ismail et al., 2018). Public awareness of the need to practice Islam in all aspects of life has led Muslims to realize the importance of following Syariah. It impacts the increasing demand for Islamic-based products and services to be introduced to the market (Aisyah Ismail et al., 2018), including health services. Islamic health services can be seen as managing medical care activities and nursing care framed by Islamic principles (Suriati & Jannah, 2018), which are holistic and adopt universal Islamic values (Aisyah Ismail et al., 2018).

Islamic health services began to be carried out in several Islamic hospitals in Indonesia. It is followed by the submission of sharia certification by those hospitals. Sharia-certified hospitals will perform the basic principles of sharia, *halal* (lawful), and *haram* (unlawful) and uphold Islamic values in the hospital (Abdurrokhman & Sulistiadi, 2019). The great spirit from hospitals to apply Islamic service has yet to be followed by some health clinics owned by Islamic organizations like Muhammadiyah. One of the problems is a need for more confidence in performing spiritual guidance (Suriati & Jannah, 2018). The attitude and behavior of health workers in Islamic clinics are only in the form of greeting when entering the room and reciting

*bismillah* before treating the patient (Magdalena et al., 2020). It is far from the concept of Islamic health services. Furthermore, the depiction of Islamic health services in Muhammadiyah clinics has yet to be explained.

Research by Suriati & Jannah (2018) mentioned that only 54.2% of nurses prepared to guide patients to conduct worship. Another research by Maharani et al. (2022) exposed that 63.2% of nurses in the emergency room lacked Islamic services. Furthermore, 89.1% of Islamic services performed by health workers were mainly in the form of attitude and behavior in treating, guiding, helping, and listening to the patient's complaints (Magdalena et al., 2020). Syariah hospitals that provide Islamic services must ensure that the hospitals fulfill health standards and increase Islamic values to meet patients' spiritual and psychological values (Hayati & Sulistiadi, 2018). The data above indicates that Islamic services still need to be found, mainly in the clinics.

Muhammadiyah-'Aisyiyah hospitals have certain Islamic standardizations for services and management, which are carried out following Al-Qur'an dan *Assunnah* to reach Muhammadiyah's goals (Dewi, 2020). Islamic-based health services will provide spiritual support for the patients and encourage satisfactory nursing services. Patients feel happy and satisfied when they receive nursing services with Islamic values (Abdurrokhman & Sulistiadi, 2019; Wardaningsih & Oktariza, 2021). Moreover, patients show high loyalty and feel more comfortable and safer during the treatment (Sari et al., 2018). Islamic-based health services with good credibility will become a competitive advantage compared to other hospitals (Maharani et al., 2022).

In the future, Islamic health services will keep growing and always refer to Islamic principles, including belief, worship, and morals (Suriati & Jannah, 2018). Muhammadiyah clinics, as one of Muhammadiyah charity businesses (AUM), must implement Islamic values under *Al-Islam* and Muhammadiyah Values (AIK) as their service base. Islamic values can be depicted by Syariah mandatory quality and Syariah minimum service standards as mentioned in SK MUKISI No. 4/KEP.MKS/III/2016 (Mukisi, 2017). Therefore, based on the abovementioned explanation, the researchers conducted research titled "The Application of Islamic Values in the Health Services: A Nurse Perspective."

## 2. Methods

This research applied descriptive design with a survey approach to gather data on applying Islamic values in all Muhammadiyah clinics in Lamongan. Health workers in eleven Muhammadiyah clinics were selected by purposive sampling, and it was obtained 71 respondents who were willing to contribute to this research. The questionnaire about Islamic values used in this research was developed by (Rachmadi and Muslim, 2016). The researchers modified the questionnaire to be 21 questions with various optional answers, including never (score 1), seldom (score 2), often (score 3), and always (score 4). Then, the researchers also categorized Islamic services as good (score >70.28), sufficient (score 60.1-70.28), and poor (score <60.11), as it was based on mean and standard deviation values.

The data were gathered after the Muhammadiyah Public Health Advisory Council approved this research. After that, the researchers requested informed consent from the respondents, which the Head of the clinic assisted. Those who approved the consent filled out the questionnaire on the application of Islamic values for approximately 10 minutes. The researchers rechecked the completeness of the questionnaire after the respondents completed it. Incomplete questionnaires were excluded from the research samples. Then, the data were proceeded and analyzed based on the frequency distribution, mean, and standard deviation to determine the description of research variables.

### 3. Results and Discussion

#### 3.1 Results

Table 1. Respondents' Characteristics

Respondents' Characteristics	n	%
<b>Sex</b>		
Male	28	40
Female	43	60
<b>Age</b>		
22-26	14	19,7
27-31	20	28,2
32-36	21	29,6
37-41	7	9,9
42-46	5	7,0
47-52	4	5,6
<b>Health Workers</b>		
Nurse	54	76
Midwife	12	17
Doctor	5	7
<b>Educational Level</b>		
Diploma 3	36	50,7
Bachelor	35	49,3
<b>Length of Working</b>		
0-4 years	32	45,1
5-9 years	17	23,9
10-14 years	12	16,9
15-19 years	4	5,6
20-24 years	3	4,2
25-28 years	2	2,8
<b>Total</b>	<b>71</b>	<b>100</b>

Table 1 shows that 43 respondents (60%) are female, and 21 respondents (29.6 %) range between 32 and 36 years. Most of the respondents, 54 (76%), are nurses. Thirty-six respondents (50.7%) are Diploma 3 graduates, and 35 (49.3%) are Bachelor graduates. Most respondents have worked in Muhammadiyah clinics for 0-4 years (60%).

Table 2 Supporting Facilities of Islamic Values in the Clinics

Supporting Facilities	n	%
<b>Al-Quran/Hadith verses attached on the wall</b>		
Yes	4	36
No	7	64
<b>Patient Spiritual Guidance Book</b>		
Yes	2	18
No	9	82
<b>Tayammum Media</b>		
Yes	1	9
No	10	19
<b>Mosque</b>		
Yes	11	100
No	0	0
<b>Equipment for Pray</b>		
Yes	11	100
No	0	0
<b>Al-Quran</b>		
Yes	11	100
No	0	0
<b>Total</b>	<b>11</b>	<b>100</b>

In Table 2, 11 Muhammadiyah clinics are used as research sites with diverse facilities. There are seven clinics (64%) that have Al-Qur'an/ Hadits verses attached to the wall, two clinics (18%) that have patient spiritual guidance books, and only one clinic (9%) that has tayammum media. Additionally, all clinics have mosques, equipment for prayer, and Al-Quran.

Table 3 The Application of Islamic Values

The Application of Islamic Values	n	%
Good	25	35,2
Sufficient	16	22,5
Poor	30	42,3

Health workers' application of Islamic values in the Muhammadiyah clinics is categorized as poor (42.3%) and sound (35.2%). Suppose this result is associated with the analysis of instrument items. In that case, it is obtained the application of Islamic values with low scores, especially to guiding prayers before the surgery (1.67), reminding the spiritual guidance officers to make visits to the room (1.69), and spiritual guidance officers providing prayer guidance in patients (1.79). The reflection of the implementation of Islamic values by the Muhammadiyah clinics is reflected in the existence of a prayer room/mosque (4.00), employees who pray five times a day (3.96), and employees who recite *bismillah* for every administration of medicine and medical procedures (3.94).

Table 4 Instrument Analysis in the Application of Islamic Values

No.	Statement	Mean
1.	I greet my colleagues when we meet	3.62
2.	I say " <i>Bismillah</i> " when I administer drugs and do medical action	3.94
3.	I say " <i>Alhamdulillah</i> " after doing medical action	3.58
4.	I say " <i>Assalamualaikum</i> " whenever I enter the patient's room	3.69
5.	I advise patients to recite dhikr when they are in pain	3.27
6.	I guide patients to pray when they are sick	2.99
7.	I remind spiritual guidance officers to make a visit	1.69
8.	Spiritual guidance officers lead the patient to pray	1.79
9.	I pray five times a day	3.96
10.	I remind others to pray five times a day	2.79
11.	I lead the patient to pray before surgery	1.67
12.	I have an Islamic look while working	3.90
13.	I am friendly and polite with patients	3.92
14.	Al-Quran verses/hadith are displayed in the nurse station and each treatment room	2.41
15.	Spiritual guidance books are available at the nurse station and each treatment room	2.30
16.	Al-Quran is available in the nurse station, each treatment room, and mosque	3,52
17.	Equipment for prayer is available in the nurse station and mosque	3,93
18.	Tayammum media are available in the treatment room	2,38
19.	A mosque or prayer room is available in the clinic	4,00
20.	Azan is echoed at every prayer time	2,97
21.	The chanting of Al-Quran verses or <i>murottal</i> is played for all employees, visitors, and patients throughout the clinic area	2,92

### 3.2 Discussions

The study results indicated that syariah service standards were poor at the Muhammadiyah clinics in Lamongan Regency. This service is related to guiding prayers before the

surgery, guiding prayers to patients, and reminding the spiritual guidance officers to visit the room. All three activities are related to the spiritual guidance officers. The duties of a spiritual guide officer are related to prayer/dhikr guidance, patience, sincerity, almsgiving, self-introspection, forgiving other people's mistakes, giving advice not to complain during sick (Simahatie et al., 2016), as well as preparing prayer guides and dhikr for sick patients (Wardaningsih & Oktariza, 2021). Applying Islamic values involving the spiritual guidance officers at the Muhammadiyah clinics in Lamongan Regency was not optimal. Limited human resources and the workload of service providers are some factors that hinder the implementation of prayer guidance to patients.

Based on the results of interviews with the Head of the clinic, it was found that 81% of the clinics did not have a spiritual guidance officer. Simahatie et al. (2016) stated that medical staff who understand religion can advise patients to be patient and not complain when facing illness. *Ustadz* or *ustadzah* (Muslim preacher) can guide employees and staff about meeting the patient's spiritual and *fiqh* needs (Mardiyati & Ayuningtyas, 2021). Nurses do not only focus on the patient's physical problems but also their emotional and spiritual problems, such as asking how they pray and reminding them to always pray for their recovery (Wardaningsih & Oktariza, 2021). Nurses must have professional knowledge of Islam and integrate it into patient care plans (Dewi et al., 2019). Nurses and medical personnel must also be responsible for reminding patients to pray (Kinira, 2021). Medical personnel must give patients the right to receive spiritual guidance so that they can accept their illness (Dewi, 2020). The research conducted by Azizah and Purnomo (2019) exposed that almost all Muslim patients hoped to receive Islamic spiritual guidance. Limited spiritual guidance officers can be replaced by health workers trained to improve the quality of Sharia-based work (Dewi et al., 2019). In addition to reading materials on Islamic health, such as how to fast and pray for sick people, Dewi et al. (2019) also support spiritual guidance activities.

The best reflection of Islamic values in the clinic is the existence of a prayer room/mosque. All clinics used as research sites have a prayer room or mosque as a place of worship. Providing facilities that support Islamic values is one of the aspects that must be met in implementing Islamic health services (Rahmat, 2018). Physical, medical, and health equipment facilities must be provided based on Islamic religion to optimally fulfill spiritual and religious needs (Dewi, 2020). Patients with mosques also perceive Islamic services, prayer guidance, and dhikr by providing motivational support and religious coaching services (Wardaningsih & Oktariza, 2021). Apart from reflecting Islamic values, a mosque or prayer room is also significant in supporting the fulfillment of the patient's and family's spiritual needs. Mosques and prayer rooms also support other worship activities, which can enrich Islamic values. These activities include congregational prayers, recitation of Al-Qur'an, religious studies through hospital speakers, and gathering places between employees (Rosita et al., 2021).

Furthermore, Islamic values can be reflected by most employees who perform prayer five times daily and have an Islamic look. Iswati (2019) mentions that it is essential for a person to connect the concept of sharia with his/her understanding of religion. Employees must be provided with Islamic religious knowledge to practice it in everyday life (Dewi et al., 2019). Human resources working in Muhammadiyah health services must understand and practice Islamic values; at least, they must be able to read the Al-Qur'an and know how to pray (Dewi, 2020). The application of Islamic values in the personal lives of staff can be seen in the employees' clothing, which is designed according to Islamic law, and women are required to wear the hijab (Rosita et al., 2021), as well as the orderliness in performing the five daily prayers. The Islamic aspect is also shown by monitoring daily worship in employee development (Rosita et al., 2021). The five daily prayers show the implementation of Islamic values by health workers, which can create an Islamic environment in the workplace.

#### 4. Conclusion

Health workers' application of Islamic values in Muhammadiyah clinics needs to improve. Less optimal application is found in guiding prayer before surgery, reminding the spiritual guidance officers to visit the room, and giving prayer guidance to patients, which the spiritual

guidance officers must perform. The role of the spiritual guidance officers at the clinic is significant to help fulfill spiritual needs and increase patient comfort. The limitations of the spiritual guidance officers can be replaced by medical personnel trained on how to pray for sick patients.

High Islamic values are applied in prayer rooms/mosques, employees who pray five times a day, and employees who recite *bismillah* every time they administer medicine and medical procedures. Clinical facilities that support the formation of an Islamic atmosphere need to be maintained, including monitoring employee attitudes and behavior in daily life so that they comply with Islamic teachings. The application of Islamic values can be an attraction for the community in choosing a place to get health services, and this topic is suggested to carry out for further research.

### **Ethics approval and consent to participate**

This research has been declared ethically feasible by the Health Research Ethics Commission at Muhammadiyah Lamongan University with No. 248/ EC/ KEPK-S2/03/2023. The researcher has explained the research objectives, benefits, and disadvantages during the research process. All respondents understood and were willing to become respondents by signing the informed consent form.

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### **References**

- Abdurrokhman, M., & Sulistiadi, W. (2019). Sharia Hospital As an Added Value: A Systematic Review. *The 6th International Conference on Public Health*, 294–294. <https://doi.org/10.26911/the6thicph.04.56>
- Aisyah Ismail, S., Hamid, B., Sulistiadi, W., & S. (2018). Journey to Shariah Hospital: An Indonesian Experience. *KnE Life Sciences*, 4(9), 315. <https://doi.org/10.18502/cls.v4i9.3582>
- Azizah, N., & Purnomo, M. (2019). Pelaksanaan Wudhu Tayamum Dan Sholat Pasien Di Rumah Sakit. *Jurnal Ilmu Keperawatan Dan Kebidanan*, 10(2), 303. <https://doi.org/10.26751/jikk.v10i2.657>
- Dewi, A. (2020). *Manajemen Pelayanan Kesehatan Islami: Pelayanan Berfokus pada Pasien dan Safety* (pertama). New Elmaterra Publisher.
- Dewi, A., Hidayah, N., Astuti, R. J., & Listiowati, E. (2019). Implementation of Islamic values in Indonesia's hospital. *International Conference on Hospital Administration (ICHA)*, 2.
- Hayati, M., & Sulistiadi, W. (2018). Rumah Sakit Syariah Strategi Pemasaran Vs Syiar. *Jurnal Administrasi Rumah Sakit Indonesia*, 5(1), 30–36. <https://doi.org/10.7454/arsi.v5i1.2874>
- Iswati, I. (2019). Karakteristik Ideal Sikap Religiusitas pada Masa Dewasa. *At-Tajdid Jurnal Pendidikan Dan Pemikiran Islam*, 02(01).
- Kinira, S. F. (2021). Layanan Bimbingan Rohani Islam Bagi Pasien Rawat inap Di Rumah Sakit Umum Muslimat Ponorogo. *Ficosis*, 1, 449–456.
- Maharani, V. M., Jati, S. P., & Nugraheni, S. A. (2022). Analysis of Factors Affecting Islamic Performance of Nurses in Central Surgery Installation of Sultan Agung Islamic Hospital. *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, 7(1), 55–62. <https://doi.org/10.30604/jika.v7i1.790>
- Mahdalena, S., Saputra, I., & ... (2020). Analisis Hubungan Penerapan Konsep Pelayanan Kesehatan Berbasis Islami dengan Kepuasan Pasien Rawat Inap di RSUDZA. ... *SUARA FORIKES" (Journal ...)*, 12, 93–98. <http://www.forikes-ejournal.com/ojs-2.4.6/index.php/SF/article/view/929>
- Mardiyati, F. Y., & Ayuningtyas, D. (2021). Analysis of Implementation Standards of Sharia Minimum Services in the Hospital: Case Study at Sari Asih Sangiang Hospital 2018. *Journal of Indonesian Health Policy and Administration*, 6(1), 127–133. <https://doi.org/10.7454/ihpa.v6i1.3145>
- Mukisi. (2017). *Standar Syariah Manajemen Mutu (SSMM)*. DSN MUI.
- Rachmadi, M., & Muslim, M. (2016). MANAJEMEN PELAYANAN PUBLIK DALAM PERSPEKTIF

- ISLAM (Studi di Rumah Sakit Ibnu Sina Kota Pekanbaru). *JURIS (Jurnal Ilmiah Syariah)*, 14(2), 151. <https://doi.org/10.31958/juris.v14i2.304>
- Rahmat. (2018). Implementasi Keperawatan Islami Perawat Pelaksana Terhadap Pasien Safety di Rumah Sakit Muhammadiyah Bandung Tahun 2017. *Jurnal Ilmu Kesehatan Bhakti Husada: Health Sciences Journal*, 9(1), 8–17. <https://doi.org/10.34305/jikbh.v9i1.57>
- Rosita, K., Y. A. Y. R., & Yuwono, S. (2021). Implementing Islamic Values in Hospital Management: Islamic General Hospital Boyolali's Case. *Sains Humanika*, 13(2–3), 99–105. <https://doi.org/10.11113/sh.v13n2-3.1923>
- Sari, D. W. P., Abdurrouf, M., & Rismawati, R. (2018). Relationship Between Sharia-Based Nursing Services and Patient Loyalty At Islamic Hospital. *Nurscope : Jurnal Penelitian Dan Pemikiran Ilmiah Keperawatan*, 4(2), 109. <https://doi.org/10.30659/nurscope.4.2.109-117>
- Simahatie, M., Munawarah, Juanda, R., & Bahri, H. (2016). The Relationship of Culture and Islam in Fatwa National Sharia Board of Indonesian Ulama Assembly No : 107 / Dsn- Muj / X / 2016 Concerning Guidelines for Operating Hospital Based on Sharia Principles. *Journal of Accounting Research, Utility Finance and Digital Assets*, 107, 19–26.
- Suriati, & Jannah, N. (2018). KESIAPAN PERAWAT DALAM PELAYANAN KESEHATAN ISLAMI NURSE PREPAREDNESS IN ISLAMIC HEALTH SERVICE Suriati 1 ; Noraliyatun Jannah 2 1. *Jurnal Kedokteran Unram*, 7(4), 1–8.
- Wardaningsih, S., & Oktariza, A. (2021). *Patients Perceptions of Islamic Caring Model on Nurses in Yogyakarta Sharia Hospitals*. 34(Ahms 2020), 182–187. <https://doi.org/10.2991/ahsr.k.210127.040>