

Key Performance Processes in Islamic Hospitals: A Maslahah-Based Analytical Network Process Approach

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ABSTRACT:

This study adopts the Analytic Network Process (ANP) approach, integrating the MUKISI Certification Standards and DSN-MUI Fatwa No. 107 of 2016 to develop key processes based on Maslahah Performa (MaP) in Islamic Hospitals (IH). A qualitative research methodology was employed, utilizing interviews, questionnaires, documentation, and literature reviews to collect data from academics, experts, and practitioners. The results indicate that worship orientation is the highest priority in key processes, with a score of 0.230, followed by internal process orientation, talent, learning, customer, and wealth, each with a score of 0.153. These findings underscore the critical role of integrating spiritual values into IH governance to enhance competitive advantage, deliver comprehensive healthcare services, and contribute to the strengthening of the halal ecosystem in the healthcare sector. The implications of this model are expected to provide practical guidance for improving the sustainable performance of IH. Additionally, it offers a foundation for further academic research aimed at developing more comprehensive studies in this field.

Keywords: *Islamic Hospitals, Maslahah Performa, Analytic Network Process, Maqashid Sharia*

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I. INTRODUCTION

Healthcare based on Islamic values dates back to the time of the Prophet Muhammad (peace and blessings of Allah be upon him) who set up treatment tents for the wounded companions in the Battle of Khandaq. This tradition has continued throughout the caliphate until today, where modern Islamic hospitals play an important role in continuing this legacy. Islamic hospitals (IH) endeavor to combine modern medical knowledge with Islamic principles to provide holistic care to the community.

The first two IHs were established in Indonesia in 2015: Sultan Agung Islamic Hospital Semarang, and Nur Hidayah Bantul Hospital Yogyakarta. As of June 2024, there were 72 IHs across Indonesia (MUKISI, 2023). This shows a significant increase in the provision of sharia-based healthcare. The presence of IH can also increase halal ecosystems in Indonesia (Imaniyati et al., 2022).

In Indonesia, IH was pioneered by the Majelis Upaya Kesehatan Islam Seluruh Indonesia (MUKISI) which was established in 1994 (Ismail et al., 2018). MUKISI aims to improve the quality of Islamic-based health services through human resource development and Sharia standards certification. One of the efforts to improve services is to publish hospital service standards based on Islamic Sharia principles (MUKISI, 2023).

In 2016, the National Sharia Council of the Indonesian Ulama Council (DSN-MUI) issued fatwa No. 107/DSN-MUI/X/2016 on the guidelines for the Implementation of IH which covers aspects of halal food and medicine, service contracts, and financial management (DSN-MUI, 2016). The implementation of Fatwa No.107 in IH is closely related to the fulfilment of IH Good Corporate Governance (GCG) (Syafaat et al., 2023).

Furthermore, IH focuses not only on the technical aspects of medicine but also on the concept of maqashid sharia which forms the ethical and moral basis of IH governance. Maqashid Sharia includes the protection of religion (hifzh al-din), the soul (hifzh al-nafs), the mind (hifzh al-aql), offspring (hifzh al-nasl), and wealth (hifzh al-maal) (Abdussalam & Shodiq, 2022). Several researchers have conducted studies on the application of maqashid sharia in IH, among them are (Eny Wahyuningsih et al., 2023; Latifah & Mawardi, 2019; Maksum et al., 2022; Yuhanah et al., 2024). Maqashid Sharia in IH is carried out by applying Sharia principles comprehensively Mardiyati & Ayuningtyas, (2021); services that

prioritize the fulfilment of health care requirements Rahayu et al., (2023), and implementation of the Sharia code of ethics for ethical compliance and service quality improvement (Sulistiadi et al., 2022)

On the other hand, it is important for the IH to standardize services and halal certification. This is related to the role of IH in tourism sector (Naserirad et al., 2023). IH must focus on the level of customer (patient) satisfaction (Maharani et al., 2021; Rahman et al., 2023). Patient and family satisfaction levels are closely related to loyalty. Therefore, IH must constantly socialize through promotional media (Rahman et al., 2021). It is also necessary for the IH to be able to use public figures or religious leaders to build trust in the IH (Ayniah et al., 2024). The collaboration of Islamic Religious Universities (PTKI), the government, and the private sector is needed for the development of IH (Nasution et al., 2024). The above findings show that maqashid sharia can increase patient satisfaction and loyalty. In addition, the IH plays an important role in strengthening the halal ecosystem in Indonesia, including the pharmaceutical and medical services sectors (Maharani et al., 2021). Challenges arise in the management of IH integrated with Maqashid Sharia principles. Efforts have been made by researchers. Most of them used the Balanced Scorecard (BSC), an organizational performance framework from four perspectives: financial, customer, internal process, growth, and learning.

Among the researchers are Aujirapongpan et al., (2020) discuss the use of BSC in community hospitals in Thailand. Rafiei et al., (2023) examined the direct relationship between BSC from the perspective of internal processes and customers in Rasoul Akram Hospital, Iran. Safitri et al., (2022) discussed financial performance, customers, internal business processes, and growth and learning at the Surabaya Islamic Hospital. Hamzah et al., (2023) measured the performance of a Faisal Islamic Hospital in Makassar through customer perspectives and learning growth. Meanwhile, Hidayah et al., (2024) combined the application of Islamic values with the BSC method in Central Java Islamic hospitals. While Nafari & Rezaei, (2022) discussed the relationship between human resources and hospital performance in Iran.

The BSC is derived through the accounting approach, in which intangible assets have the most influence on the future performance of the organization. The framework has several weaknesses, including ignoring ethics and norms in achieving final performance. However, the main focus of performance is from the perspective of shareholders. This is contrary to the principle of maqashid sharia, which emphasizes ethics and norms in addition to aspects of benefit for all parties. Firdaus and Prianto, (2013) initiated maqashid sharia-based organizational performance measurement using the term Maslahah Scorecard (MaSC). Furthermore, Firdaus and Yusuf, (2014) developed MaSC into an Maslahah Performa (MaP). The framework is the development of organizational performance management based on the concept of Maqashid Shariah. The MaP adopts basic human needs (maslahah daruriyah), namely protection of religion, soul, offspring, mind, and wealth into the basic needs of the organization, namely worship orientation, internal process, talent, learning, customer, and wealth (Firdaus, 2017).

This study is novel compared with previous research on IH. Aujirapongpan et al., (2020); Hamzah et al., (2023); Hidayah et al., (2024); Nafari and Rezaei, (2022); Rafiei et al., (2023) and Safitri et al., (2022) used the BSC as an approach in their research. Indriana et al., (2023) examined the sustainability of Islamic spa business. Herdiansyah et al., (2019) discussed the performance of higher education organisations. While this study uses a methodology that is more in line with the concept of maqashid shariah, namely MaP. Six benefit orientations namely worship orientation, internal process, talent, learning, customer, and wealth, were used as the basis for determining the key processes of IH.

This study aimed to determine the key processes in IH using the MaP approach. The key processes were developed from the six MaP benefit orientations. The development input is based on the DSN-MUI fatwa No. 107 of 2016 and MUKISI certification standard version 1441 Hijri. The DSN-MUI fatwa was used as the normative guide. The MUKISI certification standard was used as a reference for IH services. The ANP method was used to validate the proposed development.

II. LITERATURE REVIEW.

Islamic Hospitals

Hospitals are institutions that organize comprehensive health services. Hospitals play a socio economic role (MUKISI, 2020a). The COVID-19 pandemic has increased public awareness of the

importance of health. In line with this, Muslims in Indonesia are becoming increasingly aware of the importance of applying Islamic principles in daily life, especially with regard to health. IH is urgently needed to provide health services in accordance with Sharia principles (Mardiyati & Ayuningtyas, 2021; Republika.id, 2022).

DetikHealth (2019) and Syafaat et al., (2023) explains that IH differs from conventional hospitals. IH guarantees services and governance in accordance with Sharia guidance, including the provision of halal food and medicines, transactions that are free of usury, and maysir (gambling). As part of the halal industry.

IH contributes significantly to improving the national economy (BPMP, 2022). IH can also be an important pillar in the development of halal medical tourism (Naserirad et al., 2023). Through sharia-compliant health services, integrated tour packages, halal health education, and strategic partnerships, IH attracts foreign Muslim tourists for treatment. IH can become a leading halal medical tourism destination. This can increase the competitiveness of the country (Kamassi et al., 2021).

IH management must be in line with that of Maqashid Sharia (Sulistiadi & Rahayu, 2016). The foundation of Islamic ethics and norms in Maqashid Sharia is aligned with Islamic medical ethics in IH (Harun et al., 2024). The concept of maqashid sharia helps us to understand the wisdom behind the rules set by Allah Subhanahu Wa Ta'ala, namely *maslahah* in this world and hereafter. *Maslahah* is realised by fulfilling the needs of *dharuriyat* (primary), *hajiyyat* (secondary), and *tahsiniyat/kamaliyat* (tertiary) (Abdussalam & Shodiq, 2022).

MUKISI

The establishment of MUKISI in 1994 gave it the function of formulating certification standards, conducting training and development programs, educating the public, and representing and advocating for the interests of IH. Through this role, MUKISI has helped improve the quality of health services in IHs and public awareness of the IH concept (Rochimul & Trisnantoro, 1999).

MUKISI published the IH certification standard consisting of 12 chapters, 62 standard subchapters, and 201 assessment elements (MUKISI, 2020b), as a guide for understanding and applying Sharia principles in healthcare.

Table 1. Certification Standard Version 1441 H

Standard Type	Explanation
Sharia Standard for Access to Hospitals and Continuity of Care	Organise the admission, guidance and discharge of patients, as well as ensuring sharia-compliant patient transfers
Sharia Standard Patient Assessment	Organising spiritual assessment and laboratory and radiology services in accordance with sharia principles
Sharia Standard for Patient Care Services	Covers high-risk patient care, food halalness, aurat preservation, anaesthesia and surgical services, pain management, maternal and infant health, and reproduction
Sharia Standard for Drug Services	Regulate the use of halal medicines and free from haram elements
Sharia Standard of Service and Spiritual Guidance	Emphasises spiritual guidance, special request services, <i>ruqyah syar'iyah</i> , end-of-life services, and sharia-compliant funerals
Sharia Standard for Communication and Education	Organise Islamic education for patients and families, a library with Islamic literature, Shariah complaint resolution, Islamic health training, and Islamic education for visitors
Standard Syariah Management Organisation	Relating to owner responsibility, the role of the Sharia Supervisory Board, Corporate By Laws, vision and mission, sharia committee, spirituality structure, mosque institution, and IH code of ethics
Sharia Standard of Quality Management	Manage quality policies including <i>aqidah</i> , <i>ibadah</i> , <i>akhlak</i> , <i>muamalah</i> , sharia patient safety reporting system, and sharia risk management
Sharia Standard for Human Capital Management	Includes recruitment, career development, orientation, competence, performance appraisal, reward and sanction system, code of ethics, Islamic hospital culture, and religious training for staff
Sharia Standard of Facility Management	Regulate the provision and management of Shariah-compliant facilities, including worship facilities, laundry, sanitation, waste management, and water sources
Sharia Standard of Marketing Management	Covers the governance of marketing, health service promotion, and Hospital Social Responsibility (HSR) according to sharia principles

Standard Type	Explanation
Sharia Standards for Accounting and Financial Management	Regulates sharia accounting and financial governance, Budget Work Plan, service pricing, management of patients unable to pay, financial reports, management of zakat, infaq, shadaqah, waqf, grants, and financial control and supervision

Source: (MUKISI, 2020b)

To apply for IH certification, hospitals must fulfil mandatory requirements (MUKISI, 2020b). If they have not fulfilled these criterias, visitors cannot be carried out. The mandatory requirements that must be met include the hospital having received accreditation from the Hospital Accreditation Commission, receiving a recommendation from MUKISI, having a Halal Certificate for Hospital Nutrition, and having a candidate for the Sharia Supervisory Board who receives a recommendation from the local Regional Ulama Council.

National Sharia Council of the Indonesian Ulama Council (DSN-MUI) Fatwa

MUKISI in collaboration with the DSN-MUI issued a fatwa on the organization of the IH. In 2016, DSN-MUI fatwa No. 107/DSN-MUI/X/2016 was issued in accordance with the Guidelines for the Implementation of Hospitals Based on Sharia Principles (DSN-MUI, 2016).

Table 2. DSN-MUI Fatwa Number 107/DSN-MUI/X/2016

Terms	Explanation
General principles	Explain basic definitions such as hospital, health worker, supplier, medicine, service, patient, patient in charge, and contract used
Deed and Legal Personnel	Regulates contracts between hospitals and various parties such as health workers: Akad ijarah (health care services). Patients: Akad ijarah (treatment of illness). Medical Equipment/Laboratory Suppliers: Ijarah, ijarah vomiyah bi al-tamlik, bai', mudharabah, or musyarakah mutanaqishah. Medicine Supplier: Akad bai' (sale and purchase) or wakalah bi al-ujrah
Terms of the contract	Detailing the terms and conditions of each contract used, referring to the related DSN-MUI fatwa
Provisions related to services	Covers the rights and obligations of the hospital, the patient, and the person in charge of the patient. Hospitals are obliged to provide services according to standards, prioritise humanitarian aspects and justice, and provide spiritual consultation. Patients and those in charge are obliged to comply with regulations and manifest good character
Provisions related to the Use of Medicines, Food, Beverages, Cosmetics, and Consumer Goods	Explains that hospitals are required to use MUI-certified halal products. In emergency conditions, the use of haram products must go through informed consent
Provisions related to Placement, Use, and Development of Funds	Hospitals are obliged to use the services of Sharia Financial Institutions and manage funds according to sharia principles. Hospitals are prohibited from engaging in activities that conflict with sharia and must have guidelines for managing zakat, infaq, sadaqah and waqf funds

Source : (DSN-MUI, 2016)

Fatwas are issued in response to community needs that have not been met by existing laws, and to fill legal gaps related to the implementation of IH in Indonesia (Nadrattuzaman et al., 2021).

Maslahah Performa (MaP)

The application of Sharia principles in business activities is being increasingly developed and extended to various commercial and service fields (Cerimagic, 2010). First, financial institutions apply Sharia principles. Furthermore, the growth of Islamic financial institutions has encouraged the establishment of other sharia-based businesses and services, including hotels, tourism, hospitals, and the food industry. The application of Sharia principles has an impact on the obligation to comply with Sharia regulations in doing business, namely prohibiting usury, respecting the parties, and committing to the agreement.

Firdaus and Ahmad, (2023) liken organizations to living organisms. Organizations have the same characteristics and life cycle as humans. They experience birth, growth, and death. Organizations should be treated similarly to humans. The main purpose of establishing an organization is the same as the

creation of humans, namely, to achieve *alah*. The mission of the organization is to fulfil the duty of the khalifah of Allah SWT on Earth. The organization must provide benefits to stakeholders and the environment. To achieve *alah*, the organization must be able to meet basic needs (*masalah*), namely protecting religion (*hifz ad'din*), soul (*hifz al-nafs*), intellect (*hifz al-'aql*), offspring (*hifz al-nasl*), and wealth (*hifz al-mal*) (Anwar et al., 2021; Firdaus & Yusuf, 2014). MaP transforms *masalah daruriyah* into basic organizational needs consisting of worship orientation, internal processes, talent, learning, customers, and wealth (Firdaus, 2017).

Organizations must create value on an ongoing basis. This means that organizational profits are not limited by the age of the organization or the leader (Firdaus, 2017). Organizational profits continue to flow even after the death of the organization or its leader. Therefore, sustainable profit must be maintained. The achievement of benefit in the management of the organization is highly dependent on the fulfilment of six aspects of organizational orientation, namely worship orientation, internal processes, talent, learning, customers and wealth.

Worship Orientation

Worship orientation emphasizes the application of Islamic values in organizational activities. It aims to create an Islamic organizational culture that motivates individuals to worship and contribute to the common good. This is indicated by two indicators: consistency in *dhikr* for both medical personnel and patients. In its activities, the IH applies a worship orientation through *dhikr* activities to fulfil individual mental-spiritual needs (Latif, 2022). The benefits of *dhikr* for medical personnel are providing calmness, focus, patience, empathy and blessings in work (MUKISI, 2020b). As for patients, *dhikr* has an impact on reducing anxiety, strengthening mental-spirituality and increasing trust in medical personnel (Anggun et al., 2021).

Hospital Social Responsibility (HSR) is a concept that emphasizes the role of hospitals to not only focus on treating patients, but also to actively contribute to improving community welfare and preserving the environment. Through various HSR initiatives, IH can have a major positive impact on the surrounding community and environment (Faisol & Afiqoh, 2020; MUKISI, 2020b). HSR can be carried out through public health campaigns, small business development, and environmentally friendly technology in hospitals.

Internal Process Orientation

Internal process orientation emphasizes a healthy and ethical organizational culture to achieve sustainable goals. The focus of internal process orientation in IH is effective and transparent governance, efficient and accountable systems, competent human resource development and integrity, open communication between stakeholders, and respectful work culture (Nafari & Rezaei, 2022). This is shown by three indicators. First, the contingency plan in IH, which includes aspects to ensure the continuity of health services in accordance with Sharia principles, in the face of emergency or unexpected situations. Contingency plans are designed as a form of hospital preparedness that is part of community resilience and a key component in reducing the impact of casualty incidents and disasters in terms of patient care (Krongtrivate et al., 2021; MUKISI, 2020b).

Second, the Halal Assurance System (HAS) is a series of procedures and policies to ensure that all products and services provided by the hospital fulfil Sharia principles, especially regarding halalness (Eny Wahyuningsih et al., 2023; Mardiyati & Ayuningtyas, 2021; Sulistiadi et al., 2022). HAS covers all aspects of hospital operations, from the procurement of food ingredients, medicines, and cosmetics, to the process of providing medical services (DSN-MUI, 2016; MUKISI, 2017, 2020b).

Third, an employee satisfaction survey was conducted. The data collection method is anonymous which aims to measure the level of employee satisfaction with various aspects of the job and work environment, helps companies identify areas for improvement, increases employee engagement and retention and, productivity, and builds the company's reputation as a good place to work (Bora et al., 2021).

Talent Orientation

Talent orientation emphasizes the development and empowerment of human resources as the key to organizational success. The focus of talent orientation is on proper recruitment and selection, continuous training and development, reward and punishment systems, learning culture, and providing

opportunities for employees to contribute and take responsibility. The application of talent orientation to IH is demonstrated by the first two indicators: Human Resource Management Practices (HRMP). Some specific HRMP practices in IH include recruitment and selection, performance appraisal, employee performance evaluation, career development, training programs, compensation, and employee participation in decision making (MUKISI, 2020b; Wang et al., 2023).

Second, Digital Transformation on Talent Management is capable of changing the way organizations manage talent, encouraging them to adopt new human resource strategies that leverage technology to attract, develop and retain talented employees for sustainable innovation and profitability (Montero Guerra et al., 2023).

Learning Orientation

Learning orientation emphasizes a positive learning culture, encouraging training as needed, sharing knowledge, creating a learning support system, and using technology for effective learning. The implementation of learning orientation in IH is characterized by three indicators: first, research and publication of scientific work by hospitals. Comer et al., (2022) stated that healthcare organizations should have a strong research culture. Research was conducted by identifying and developing research questions relevant to specific health settings and the populations they serve. Research culture contributes to better healthcare performance, quality of care, patient safety and patient experience. In addition, hospitals that are active in research can provide more opportunities for staff development. Recognizing research achievements and allocating research funds are important investments in resource development.

Second, Artificial Intelligence (AI) technology was used. Digital transformation through the use of platforms, websites, social media, AI and interconnected devices has led to "datafication" (Di Vaio et al., 2020; Gupta & George, 2016). AI has many benefits in terms of decision-making, accountability, and relationships with various stakeholders (Ramírez & Tejada, 2019). The development of AI has become more widespread since the COVID-19 pandemic. The pandemic has been a driver of digital transformation, not only facilitating better operational performance through lower costs and higher efficiency strategies, but also greater opportunities to explore new potential commercial markets (Wamba et al., 2023).

Third, e-learning can create digital entities with significant improvements in the speed and quality of data analysis and information processing systems. This provides individuals with better access. Effective use of artificial knowledge enables organizations to facilitate digital learning (Di Vaio et al., 2024).

Customer Orientation

Customer orientation emphasizes the importance of building strong, mutually beneficial relationships with customers. Relationships are built by understanding customer needs, providing quality products and services, delivering excellent services, establishing open communication, and quickly and professionally handling complaints. Organizations manage customer orientation to create positive customer experiences. Thus, customers feel valued and well-served. Of course, this can increase loyalty and build long-term relationships with the organization. This is important in supporting the organization's sustainable growth (Rahman et al., 2023).

Customer orientation management in IH is characterized by two indicators. Customer Social Relationship Management (CSRM). One method of CSRM is customer satisfaction surveys. Malki et al., (2023) explained that customer satisfaction surveys should be used to measure the fulfilment of customer expectations. The satisfaction survey results can provide feedback for companies to understand customer needs and preferences. Survey activities can also improve customer interaction and experience.

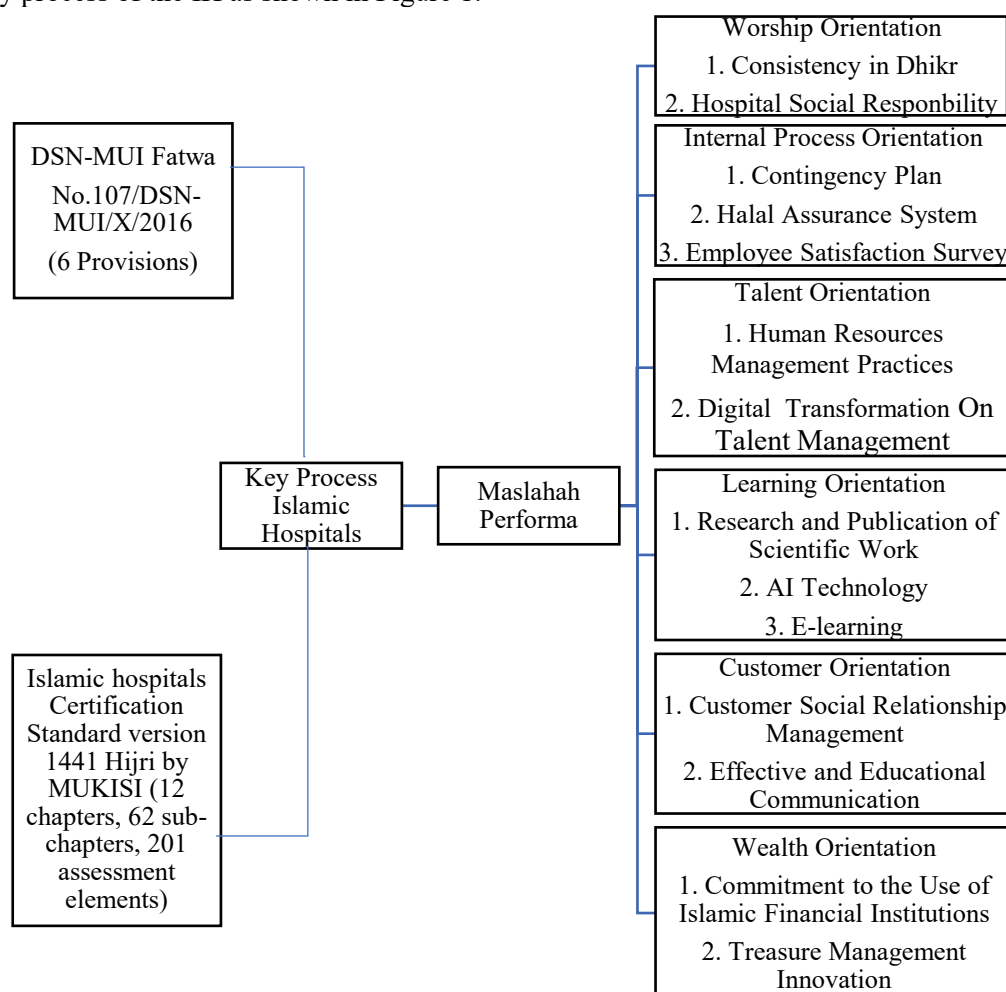
The second is, effective and educational communication. One of the priorities of the healthcare system is to improve public health. The development of appropriate health programs is necessary to create a responsive system for improving health (Vali et al., 2022). To achieve this goal, effective communication that is designed and educative is required. Thus, health programs can be well-received by the IH user community (DSN-MUI, 2016; MUKISI, 2020b).

Wealth Orientation

Wealth orientation emphasizes responsible and sustainable management of the organization's wealth as a trust for the common good. It focuses on resource efficiency, halal and ethical profitability, and the use of profit for social purposes. Transparency and accountability Bakry & Fauzan, (2023) in fund management and Islamic Sharia are cornerstones of financial management (Mukhlisin, 2021). The management of wealth orientation in IH is characterized by two indicators. The first is, commitment to the use of Islamic financial institutions in the management of IH assets (DSN-MUI, 2016; Indriani & Yanova, 2024; MUKISI, 2020b). Second, wealth management innovations can be developed through innovative and sustainable business models, including cash waqf (Seprillina et al., 2020).

Conceptual Framework

The research input for determining the key process of IH was sourced from inputs, namely the IH certification standard (MUKISI) and DSN-MUI fatwa No. 107/DSN-MUI/X/2016. Data from both sources were processed and grouped into six MaP benefit orientations. Furthermore, it is determined to be the key process of the IH as shown in Figure 1.



Source: Processed by author (2024)

Figure 1. Conceptual Framework

Consistency between dhikr and HSR is an important part of worship orientation. Contingency plans, HAS, and employee satisfaction surveys are important components of an internal process orientation. HRMP and, digital transformation of talent management are important aspects of talent orientation. The research and publication of scientific papers, AI technology, and e-learning are important aspects of learning orientation. CSRSM, effective and educational communication are important aspects of customer orientation. Commitment to the use of Islamic financial institutions and innovation in wealth management are important parts of wealth orientation.

III. RESEARCH METHODS

This study used a qualitative approach using the ANP method. Data were collected through interviews, questionnaires, documentation, and literature studies, using triangulation as a validation method. The resource personnel consisted of academics, experts and practitioners related to the IH. ANP was used to provide a priority scale of choices based on several criterias (Yohanes, 2021). Niemira and Saaty, (2006) explained that ANP is a general theory for measuring the ratio of relative preferences collected from a certain scale of individuals. The measurement results reflect the magnitude of the relative impact of the interacting factors. The ANP method offers several advantages over other decision-analysis methods. The methodology includes three steps: conducting indepth interviews with academics, experts and practitioners to understand the application of MaP in IH. The results of the interviews were used to develop an appropriate ANP network and to analyze the ANP results for the development of an IH business model based on MaP. The software used to process the assessment data is Super Decision, which can be customized using the ANP decision-making model.

The following is a definition of the operational variables of the study:

Table 3. Operational Variabel

Maslahah Performa	Description	Indicator		References
Worship Orientation	Emphasising the application of Islamic values in all aspects of operations	Consistency in dhikr		(Anggun et al., 2021; Latif, 2022; MUKISI, 2020b)
		Hospital Responsibility	Social	(Faisol dan Afiqoh, 2020; MUKISI, 2020b)
Internal Process Orientation	Emphasising the importance of a healthy and ethical organisational culture to achieve sustainable goals	Contingency Plan		(Krongtrivate et al., 2021; MUKISI, 2020b)
		Halal Assurance System		(DSN-MUI, 2016; Eny Wahyuningsih et al., 2023; Mardiyati dan Ayuningtyas, 2021; MUKISI, 2017, 2020b; Sulistiadi et al., 2022)
Talent Orientation	Emphasising human resource development as the key to success	Employee Satisfaction Survey		(Bora et al., 2021)
		Human Resources Management Practises		(MUKISI, 2020b; Wang et al., 2023)
		Digital Transformation On Talent Management		(Montero Guerra et al., 2023)
Learning Orientation	Emphasising a culture of continuous learning and development to improve organisational performance	Research and Publication of Scientific Work		(Comer et al., 2022)
		Technology Intelligence	Artificial	(Di Vaio et al., 2020; Gupta dan George, 2016; Ramirez dan Tejada, 2019; Wamba et al., 2023)
		E-learning		(Di Vaio et al., 2024)
Customer Orientation	Emphasising the importance of building strong relationships with customers to increase loyalty	Customer Relationship Management		(Malki et al., 2023)
		Effective Educational Communication	and	(DSN-MUI, 2016; MUKISI, 2020b; Vali et al., 2022)
Wealth Orientation	Emphasises financial management through earning and spending according to sharia guidance.	Commitment in Islamic Institutions	Using Financial	(Bakry & Fauzan, 2023; DSN-MUI, 2016; Indriani & Yanova, 2024;

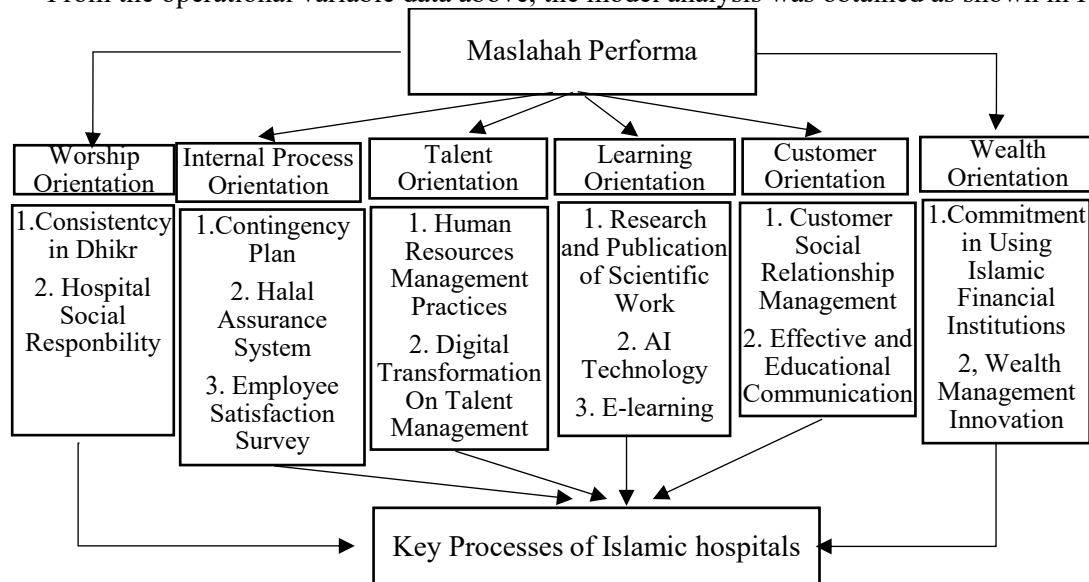
Maslahah Performa	Description	Indicator	References
		Wealth Management Innovation	Mukhlisin, 2021; MUKISI, 2020b) (Seprillina et al., 2020)

Source : Data Processed by author (2024)

Decomposition

The problem decomposition stage is conducted to identify, analyze, and structure the complexity of the problem into several problem clusters for identification. The problem decomposition in the research was carried out with a literature review based on previous research and literature review and looking for various references from theses, books, and statistical data that can be used as a theoretical basis for the facts described by the respondents at the indepth interview stage. In-depth interviews were conducted with respondents, consisting of several academics, experts, and practitioners who are considered to have the most expertise in the research problem and have in-depth knowledge related to IH. This step was conducted to obtain fixed data that would later be used for the preparation of the comparison questionnaire.

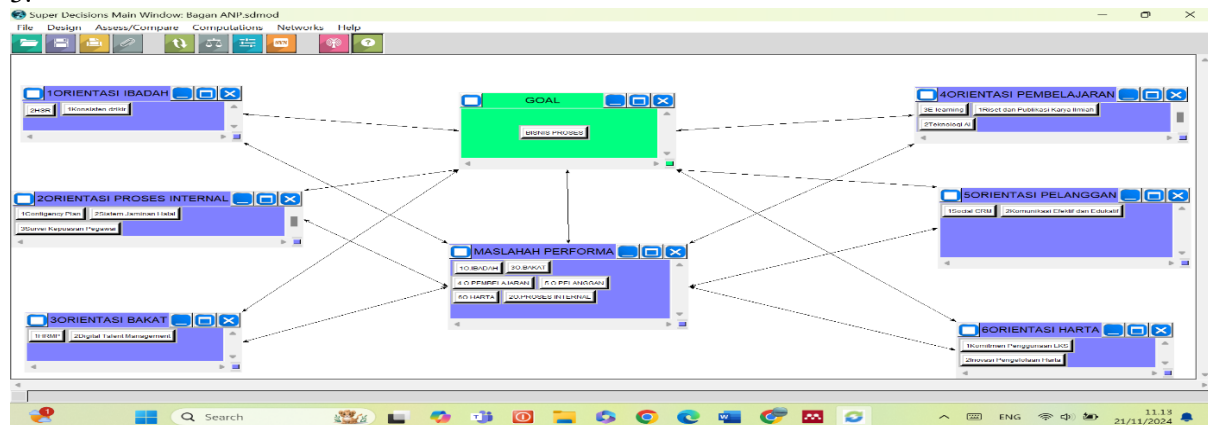
From the operational variable data above, the model analysis was obtained as shown in Figure 2.



Source: Data Processed by author

Figure 2. Model Analysis

And then from the results of the operational variables and model analysis, an ANP Index network can be created using the Super Decisions software application version 2.10. as shown in Figure 3.



Source: Super Decisions 2.10 (2024)

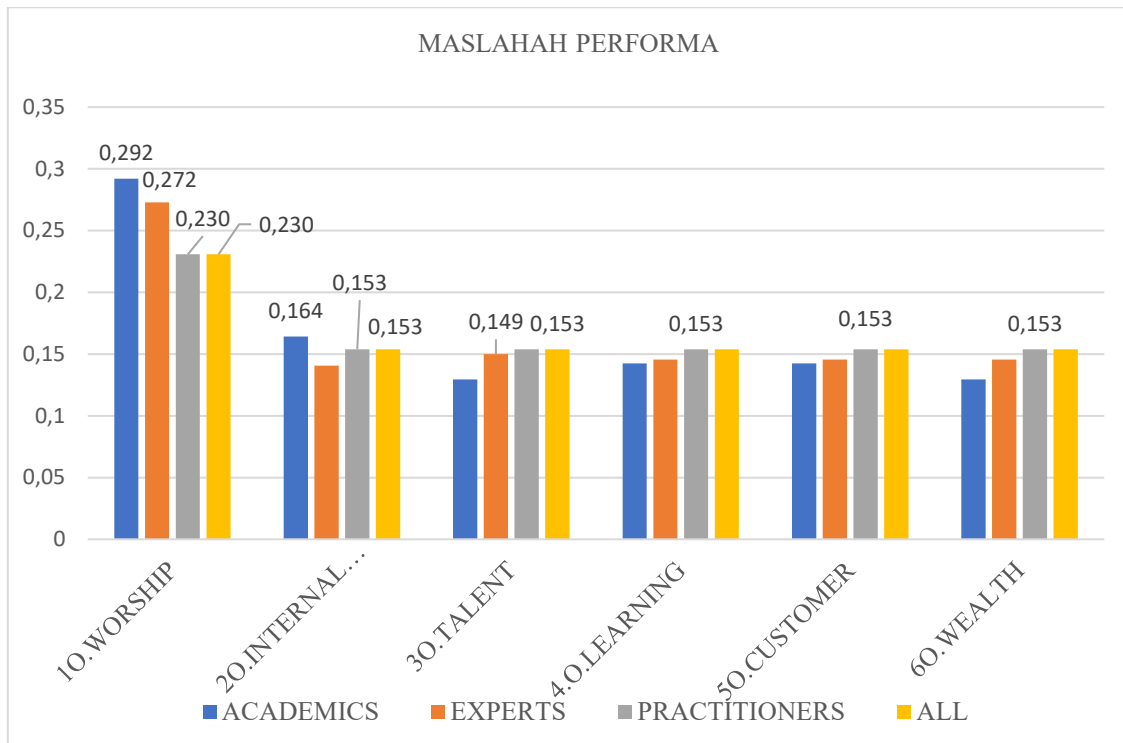
Figure 3. ANP Index Network

IV. RESULTS AND DISCUSSION

RESULTS

Dimension of Masalahah Performa Criteria

These results explain the prioritization scale of the MaP. The priority scale shows that there are similarities in the first choices of academics, experts, and practitioners. However, for the next choice, there is a difference in opinion. Academics prioritize the 1O.Worship (0.292), and 2O.Internal Process (0.164), whereas experts prioritized 1O.Worship (0.272) and 3O.Talent (0.149) and practitioners prioritized 1O.Worship (0.230) and all the remaining elements in the MaP, namely, 2O.Internal Process, 3O.Talent, 4O.Learning, 5O.Customer, 6O.Equal number of wealth (0.153). In combination, the same opinion emerged, namely the first order of 1O.Worship (0.230) and next order of 2O.Internal Process, 3O.Talent, 4O.Learning, 5O.Customer, 6O.Wealth with a number (0.153).



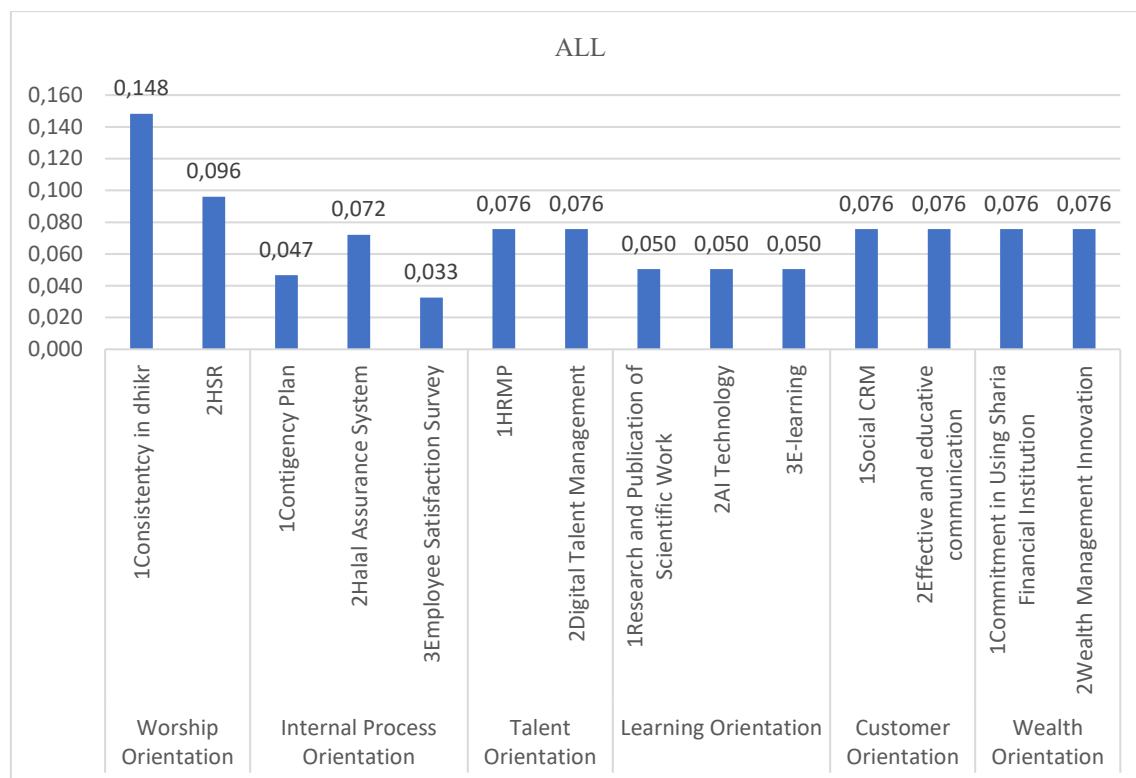
Source: Data Processed By Author (2024)

Figure 4. Masalahah Performa

The MaP prioritization scale shows similarities and differences in opinions among the academic, expert and practitioner groups. All three groups agreed to place the 1O.Worship as the top priority, but there were differences in opinions on subsequent choices. Academics prioritize the use of 2O.Internal Process, while experts tend to favor 3O.Talent. The practitioners themselves gave equal weight to elements other than 1O.Worship. When the results of the three groups were combined, a consensus emerged that the 1O.Worship was the highest priority, followed by 2O.Internal Processes, 3O.Talent, 4O.Learning, 5O.Customers, and 6O.Wealth with equal weights. This difference in perspective indicates the complexity of understanding and managing MaP, which is influenced by the background, experience, and focus of the attention of each group.

Combined Dimension

Figure 5 below shows the combined opinions of academics, experts, practitioners on the main criteria that should be prioritized. They are as follow : 1) 1Consistency of dhikr in terms of Worship Orientation (0.148); 2) 2HSR from the side of Worship Orientation (0.096); 3) 1HRMP and 2Digital Talent Management from the side of Talent Orientation (0.076).



Source: Data Processed by Author (2024)

Figure 5. Combined Dimension

Then 1CSRM and 2Effective and Educational Communication from the side of Customer Orientation (0.076), 1Commitment to the Use of LKS and 2Innovation of Asset Management from the side of Asset Orientation (0.076); 4) 2Halal Assurance System in terms of Internal Process Orientation (0.072); 5) 1Research and Publication of Scientific Work, 2AI Technology and 3E-Learning in terms of Learning Orientation (0.050); 6) 1Contingency Plan in terms of Internal Process Orientation (0.047); 7) Employee Satisfaction Survey from the Internal Process Orientation side (0.033). The priority order of each element still places the worship orientation criterion as the top choice.

DISCUSSION

The above explanation shows that there is a prioritization of the elements within the MaP that were used for the development of the IH key processes. The key findings from the prioritization scale show that worship orientation is the highest priority agreed upon by academics, experts, and practitioners. This agreement reflects the importance of implementing spiritual values in the IH management. Consistency in dhikr and HSR were key indicators, which is in line with the research by (Latif, 2022) and (Faisol & Afiqoh, 2020) on the importance of spiritual values for medical personnel, patients, and society in general.

While there is general agreement on the prioritization of worship orientation, there are differences in the subsequent elements. Academics prioritized internal process orientation, experts focused more on talent orientation, and practitioners gave equal weights to all other elements. This difference can be explained by the focus and experience of each group; academics are more inclined to system efficiency, experts in human resource development, and practitioners to the holistic implementation of hospital operations. This supports previous literature that emphasizes the importance of a multidisciplinary approach in understanding the challenges of Islamic healthcare organizations (Harun et al., 2024; Hidayah et al., 2024).

Overall, the combined results of the three groups corroborate the importance of six aspects of the MaP: worship orientation, internal processes, talent, learning, customers, and wealth. These elements are not only operationally relevant but also support the sustainability of Islamic values, as affirmed by the concept of maqashid sharia (Abdussalam & Shodiq, 2022; Bedoui & Mansour, 2014). For example, financial sustainability described in wealth orientation through innovations such as cash waqf

(Seprillina et al., 2020) can provide a strong foundation for IH management to support community needs.

Furthermore, the prioritization of criteria such as the implementation of a HAS in the internal process orientation, indicates an effort to integrate Sharia principles into health services (Sulistiadi et al., 2022). This also confirms the important role of IH in building public trust in halal services, as outlined in DSN-MUI fatwa No. 107/DSN-MUI/X/2016 (DSN-MUI, 2016) and the standardization of MUKISI (MUKISI, 2020b). In addition, indicators such as research and publication of scientific papers, as well as the use of AI in learning orientation, show the adaptation of technology to improve the quality of health services, supporting previous research by (Di Vaio et al., 2020).

The findings also reflect that a collaborative approach between academics, experts, and practitioners provides more comprehensive results than a single view. This supports the need to integrate theoretical, practical, and experiential perspectives to build an effective and relevant key process model for IH. As mentioned by Firdaus & Ahmad, (2023a), the MaP approach enables organizations to be more responsive to stakeholder needs in a holistic manner.

These ANP results confirm that the development of IH does not depend on just one aspect, but on the balance of various elements of the MaP. The integration of Islamic values with modern management provides a strong foundation for creating health services that are not only effective but also spiritually and socially meaningful. This study is in line with previous literature and makes an important contribution to the development of halal ecosystems in the healthcare sector, as discussed by (Imaniyati et al., 2022; Kamassi et al., 2021).

V. CONCLUSION

This study developed an MaP-based IH key process model that integrates MUKISI certification standards and DSN-MUI fatwa Number 107 of 2016 through an ANP approach. Worship orientation is the top priority, with the order of dhikr consistency followed by HSR. The next priority is occupied by talent, customer, and treasure orientation, with the same value for each element of each orientation. Next is the internal process orientation in the order of HAS elements, contingency plans, and employee satisfaction surveys, while the learning orientation has the same value for each element. These results show that worship orientation is the main energy source for IH survival.

This research produces an organizational performance model that integrates Islamic values with six orientations, offering significant implications for improving the quality of IH services and strengthening the halal ecosystem. This model also opens opportunities for wider collaboration between various disciplines.

This study has limitations in data collection, which may affect the validity of the findings. Interviews with interviewees may contain subjective viewpoints that affect the results and interpretation of data. However, the use of qualitative methods may limit the ability to draw broader conclusions. Rapidly changing health regulations may also affect the relevance of the findings in the future, and time and resource constraints affect the depth of analysis and the amount of data collected.

To make IH more competitive at the national and global levels, future research should focus on cross-sector collaboration. The Ministry of Health, Ministry of Religious Affairs, and KNEKS can work together to create a more holistic approach from the integration of standards, evaluation of fatwa implementation, and the development of an Islamic economic ecosystem.

AUTHOR CONTRIBUTIONS

Conceptualization, E.H.S. and A.F.; methodology, E.H.S. and A.F.; software, E.H.S.; validation, E.H.S.; formal analysis, E.H.S.; investigation, E.H.S.; resources, E.H.S.; data curation, E.H.S.; writing – original draft preparation, E.H.S.; writing – review and editing, E.H.S.; visualization, E.H.S.; supervision, A.F.

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INFORMED CONSENT STATEMENT

Informed consent was obtained from all subjects involved in the study.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author, [E.H.S].

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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