

# Implementation Of Sharia Health Services In Medan Haji Hospital And Jakarta Haji Hospital

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## Abstract

Sharia hospital is a hospital whose management is based on maqhashid sharia. The four main characters in Islamic services are rabbaniyah, akhlaqiyah, waqi'iyah and insaniyah. Therefore, this study aims to explore the understanding and perceptions of hospital health caregivers about Islamic services and to explore a picture of Islamic health practices in Islamic hospitals based on the patient's perspective. Methodology: The study was conducted using descriptive explorative quantitative methods. The method of collecting data using a questionnaire with 210 respondents in both hospitals, both RS Haji Jakarta and RS Haji Medan, using total sampling technique. Result: Medan Hajj Hospital and Jakarta Hajj Hospital in terms of leadership and policies are 100% in accordance with Sharia. Sharia health services by nurses 52% of the Medan Hajj Hospital and 56% of the Jakarta Hajj Hospital have implemented health services according to Sharia. The application of Sharia health services based on the patient's perspective in the Jakarta Hajj Hospital 54% and the Medan Hajj Hospital 56% of patients / families have experienced the application of health services according to Sharia. This research can be used as a reference in improving health services in accordance with sharia principles.

**Keywords:** Sharia Health, Spiritual, Service.

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## I. Introduction

Health includes physical, emotional, social or cultural and spiritual dimensions. The physical dimension is the most tangible dimension because it can be examined directly. Physical health can be seen from the mechanistic abilities of a person's body. A person is said to be physically healthy if he does not feel or complain of pain and objectively does not appear sick. All body organs function normally or are not disturbed. The social dimension is a dimension that can be seen from human behavior in a social group, family and others, as well as acceptance of social norms and behavior control. Social health is seen from a person's ability to make and maintain relationships with other people. Social health can be realized if a person is able to relate to other people or groups well, regardless of race, ethnicity, religion or belief, social status, economy, politics, etc., as well as mutual tolerance and respect. Meanwhile, the emotional dimension is a dimension that looks at how a person's emotional reactions are. Healthy in the emotional dimension can be seen from a person's ability to express their emotions, recognize emotions, control emotions, and how to deal with problems that arise in them. (Faizin, 2018).

The spiritual dimension can be seen from one's religious beliefs and practices. Spiritual health is seen from one's ability to achieve peace of mind. Spiritual health is reflected in the way a person expresses gratitude, praise, and trust in God, for example, seen from one's religious practices. Spiritual health is also defined as a condition in which a person performs worship and all the religious rules he adheres to (Abdurrouf & Rosalia, 2015)

The spiritual dimension is a dimension that rarely gets special attention from some of these health dimensions. In fact, the spiritual dimension is known to be an important aspect of holistic patient care (Reza, 2015). Holistic health care must be concerned with the spiritual aspect because basically spiritual values are universal (Wiji et al., 2018) Spiritual service must be done in relation to the patient's experience and care, wherever they are. Spirituality can assist individuals in interpreting crises in a more productive way. As a result, pain can also be used as a means of developing spirituality. Therefore, health workers are expected to be present in the spiritual needs of their patients (Nasution, 2020) Although many have been informed that spiritual aspects

are important to be included in health, spirituality has not been formally included in the health education curriculum. This is due to the absence of clear guidelines and definitions of spiritual concepts (Faizin, 2018)

## II. Methodology

This research uses descriptive explorative quantitative method. The method of collecting data using a questionnaire with 210 respondents which is divided into 2, namely the respondents of the Medan Haji Hospital and the Jakarta Haji Hospital, with each hospital taken by 5 leaders, 50 nurses, and 50 patients / patient families. Data analysis method using statistical computer software.

## III. Result

Following are the results of the calculation of the frequency distribution of the respondents.

### Description of Respondent Characteristics

**Table 1.** Frequency Distribution of Nurse Respondents Demographic Data

Nurse Demographic Data	Medan Hajj Hospital (n = 50)		Hajj Hospital Jakarta (n = 50)	
	N	%	N	%
Age				
a. <25 years	6	12%	0	0
b. 25-45 years	29	58%	28	56%
c. 45-65 th	15	30%	22	44%
Total	50	100%	50	100%
Gender				
a. Men	13	26%	15	30%
b. Woman	37	74%	35	70%
Total	50	100%	50	100%
Education				
a. High school	14	28%	0	0
b. D3	0	0	36	52%
c. S1	34	68%	24	48%
d. S2	2	4%	0	0
Total	50	100%	50	100%

Based on the data in Table 1, it can be seen that most of the age ranges of nurses at the Medan and Jakarta Hajj Hospital are at the age of 25-45 years, namely 29 people (58%) and 28 people (56%). The majority of nurses at the Medan and Jakarta Hajj Hospital were female, as many as 37 people (74%) and 35 people (70%). Most of the nurses at Haji Medan Hospital were undergraduate with 34 people (68%). Most of the nurses at the Jakarta Hajj Hospital have D3 education, namely 36 people (52%).

**Table 2.** Frequency Distribution of Patient / Family Respondents for Demographic Data

Patient Demographic Data	Medan Hajj Hospital (n = 50)		Haji Hospital Jakarta (n = 50)	
	N	%	N	%
Age				
a. <25 years	26	52%	0	0
b. 25-45 years	15	30%	29	58%
c. 45-65 th	9	18%	21	42%
Total	50	100%	50	100%
Gender				
a. Men	29	58%	28	56%
b. Woman	21	42%	22	44%
Total	50	100%	50	100%

Based on the data in Table 2, it can be seen that most of the patients at the Medan Hajj Hospital are at the age <25 years, namely 26 people (52%) and at the Jakarta Hajj Hospital are at the age 25-45 years, as many as 29 people (58%) . The majority of patients were both male, as many as 29 people (58%) and 28 people (56%).

**Overview of the Implementation of Sharia Keshatan Services**

**Table 3.** Frequency Distribution Implementation of Sharia Health Services by Leaders

Implementation of Sharia Health Services	Medan Hajj Hospital (n = 5)		Haji Hospital Jakarta (n = 5)	
	N	%	N	%
In accordance with the Sharia	5	100%	4	80%
Less Sharia	0	0	1	20%
Total	5	100%	5	100%

Table 3 shows that 100% of the leaders in the Medan Hajj Hospital and 80% of the leaders in the Jakarta Hajj Hospital implemented health services according to Sharia.

**Table 4.** Frequency Distribution Implementation of Sharia Health Services by Nurses

Sharia Health Services	Medan Hajj Hospital (n = 50)		Haji Hospital Jakarta (n = 50)	
	N	%	N	%
Corresponding Sharia	26	52%	28	56%
Less Sharia	24	48%	22	44%
Total	50	100%	50	100%

Table 4 shows that the implementation of Islamic health services by nurses at the Medan and Jakarta Hajj Hospitals is not yet fully in accordance with Sharia. The results showed 26 nurses (52%) nurses at the Medan Hajj Hospital and 28 nurses (56%) nurses at the Jakarta Hajj Hospital implemented health services in accordance with Sharia.

## IV. Discussion

### Respondent Characteristics

The results showed that the majority of nurse respondents were in the age range of 25-45 years both in the Medan Hajj Hospital and the Jakarta Hajj Hospital, as many as 29 people (58%) and 28 people (56%). This research is in accordance with the theory where the age between 25 - 45 years is a productive age, so the distribution of nurses in the Medan and Jakarta Hajj Hospital is a productive age. This research is in line with Widodo's research (2016) which states that the age characteristics of nurses are in the range of 21-35 years.

The results showed that the majority of nurses in Medan and Jakarta Hajj Hospital were female. This study supports research (Arini, Mulyono, & Susilowati, 2015) which states that in the world of nursing it is very synonymous with the work of a woman, even though many men become nurses but the proportion of women in the world of nursing still dominates. The results showed that most of the nurses in Medan Hajj Hospital were undergraduate with 34 people (68%). Most of the nurses at the Jakarta Hajj Hospital have a D3 education, namely 36 people (52%). This is influenced by the policies of the hospital regarding the admission of new nurses who apply at the related hospital.

### Overview of the Implementation of Sharia Health Services

#### i. Leader

The results showed that the leaders at the Medan Hajj Hospital and the Jakarta Hajj Hospital were already in accordance with Sharia in implementing the implementation of Sharia health services. This was shown by the implementation of Sharia Standards for Patient Services (SSPP). MUKISI (2016) stated SSPP includes psychospiritual services for a variety of health care needs.

Several policies that have been implemented by the leadership at Medan Hajj Hospital and Jakarta Hajj Hospital among them carry out prayer together at the beginning and end of the shift, before and after nursing actions, before and after giving medication. Establish a policy that nurses recommend breastfeeding mothers to wear the hijab, nurses provide hijab for female patients to be operated on. There are regulations for nurses to treat patients according to gender, one of which is related to EKG and DC / catheter placement. There is a policy for nurses to remind patients of prayer times, guide how to pray for bedrest patients, teach how to purify according to the patient's condition, guide patients how to worship according to their abilities, guide prayers for patients with sakaratul maut. In addition, by providing Islamic education media in the room in the form of leaflets and spiritual books.(Halal Center, 2019).

**ii. Nurse**

The results show that the implementation of Islamic health services by nurses at the Medan Haji Hospital is not yet fully in accordance with Sharia, as is the case at the Jakarta Haji Hospital. One of the standard indicators of patient service sharia according to MUKISI (2016) is treating patients according to gender. In this case, this point has been implemented but has not been fully implemented by nurses both at the Medan Haji Hospital and at the Jakarta Haji Hospital because the results of the study showed that the majority of nurses working were female, namely 37 people from Medan Haji Hospital (74% ) of 50 nurse respondents, and in Jakarta Haji Hospital as many as 35 people (70%) of 50 nurse respondents. On the other hand, the majority of patients were male, namely 29 people (58%) of the 50 patient respondents at the Medan Haji Hospital.

The implementation and application of Islamic nursing clearly shows that there is a gender-appropriate service delivery policy. Service to female patients is performed by female health workers. However, male patients are still served by female officers in certain conditions. This is due to the limited number of male health workers. EKG placement in female patients will be served by female nurses as well so that comfort can be maintained. However, gender-appropriate services in both the Jakarta Haji Hospital and Medan Haji Hospital have not been carried out properly due to the limited number of nurses, the majority of whom are female nurses. As for the number of nurses according to gender where the Jakarta Haji Hospital was male 15 (30%) and female 35 (70%) then at the H aji Hospital Medan Male 13 (26%) and female 37 (74%).

**iii. Patient / Patient Family**

The results showed that most of the implementation of Sharia health services in the Jakarta Haji Hospital, namely 27 people (54%) patients / patient families had experienced the implementation of health services according to Sharia, and 23 people (46%) patients felt that the implementation of health services was less than Sharia. , the Medan Haji Hospital shows 28 people (56%) patients / patient families feel that the implementation of health services is in accordance with Sharia, and 22 people (44%) patients feel that the implementation of health services is less Sharia. In both hospitals, the results showed that it was not too significant related to the implementation of sharia health services, most of the patients had experienced the implementation of sharia-based services, but there were also many patients who had not or did not feel the application of sharia health services. Some patients stated that the two Islamic hospitals were in line with their expectations, especially in terms of services. Thus, the patient's expectations when visiting the hospital can be fulfilled.

This is like the definition of nursing expressed by Sorensen and Luck Mann's that nursing care is a series of steps and planned actions directed to meet needs and solve problems. Patients also feel Islamic health services such as nurses being friendly, polite, giving a head scarf when they are about to operate, are advised to wear a hijab while breastfeeding and guide worship in hospitals (Jamaludin, 2019) Here it can be seen that there is a correspondence between the results of current research and existing theories / research. Where the nursing action is carried out in an Islamic form in the form of Islamic akhlah which should be implemented in an Islamic hospital.

**Perceptions of Health Workers About Sharia Health Services in Islamic Hospitals**

Through an open-ended questionnaire, data on perceptions of health workers about Islamic services were obtained at Islamic hospitals. The majority of nurses reported that they received training in Islamic nursing when they started work. Most of the nurses said that nursing - health services in Islam are nursing services carried out in accordance with Islamic values by applying Islamic concepts.(Kurnia, Hastuti, Mudayana, & Nurdhila, 2017)The differences felt by nurses between ordinary hospitals and hospitals with Islamic writing include the hospital feeling more comfortable and more organized, upholding hospitality and courtesy, and facilitating religious activities such as holding regular recitation every week (Mulyadi, 2013). While the application of Islamic nursing services carried out by nurses is saying greetings, reading prayers before and after work and taking action, and always trying to take actions according to gender. Ustad or clergy who provide spiritual guidance to health care providers and patients. The majority of nurses also said that there are already regulations and SOPs on Islamic Nursing.

**V. Conclusion**

1. Respondent characteristics

a. Nurse

The majority of nurses, namely 58% of the nurses at the Medan Haji Hospital and 56% of the nurses at the Jakarta Haji Hospital, were between 25 - 45 years old.

The majority of nurses, namely 74% of nurses at the Medan Haji Hospital, and 70% of the nurses at the Jakarta Haji Hospital are female.

The majority of nurses at the Medan Hajj Hospital, 68% have an undergraduate degree, and 52% at the Jakarta Hajj Hospital have a D3 education.

b. Patient

The majority of patients in Medan Hajj Hospital, 52% were <25 years old, and in Jakarta Hajj Hospital, 58% of patients were aged 25-45 years.

The majority of patients, namely 58% of patients at the Medan Hajj Hospital and 56% of the patients at the Jakarta Hajj Hospital were male.

2. The description of the implementation of Sharia health services in the Medan Hajj Hospital and the Jakarta Hajj Hospital from the leadership side and the 100% policy according to Sharia. Sharia health services by nurses 52% of Medan Hajj Hospital nurses and 56% of Jakarta Hajj Hospital nurses have implemented health services according to Sharia. The application of Sharia health services based on the patient's perspective in the Jakarta Hajj Hospital 54% and the Medan Hajj Hospital 56% of patients / families have experienced the application of health services according to Sharia.

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