



Nurse Perception and Patient Satisfaction Toward About Hospital Sharia Standard Implementation at Inpatient Departement of Klaten Islamic Public Hospital

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ABSTRACT

The DSN MUI Sharia Hospital Standard is the first official Sharia Hospital standard in the world. Klaten Islamic Public Hospital has implemented the Syariah Hospital standard from National Sharia Board-Indonesian Council of Ulama (DSN-MUI) since 2019. The implementation of these standards was expected to have a good impact on patients and nurses. This study aims to determine the perceptions of nurses on the implementation of sharia standards and the relationship between the implementation of Islamic hospital standards and the level of patient satisfaction with sharia standards. This research used quantitative method. The study design was cross-sectional with purposive sampling that included 78 nurses and 263 patients. The inclusion criterion for nurses was to work in an inpatient ward with a minimum service period of 2 years. Exclusion criteria was nurses in isolation wards and intensive rooms. The inclusion criteria for patients were inpatients with a Muslim religion with a minimum length of stay of 2x24 hours, and the exclusion criteria were limited communication with the patient. The data were collected using the nurse's perception questionnaire, the patient implementation questionnaire and the patient satisfaction questionnaire which was tested for validity using the Pearson correlation formula, the reliability test used the Cronbach alpha formula. 10.5% of the nurses had a fairly good perception and 89.5% had a good perception of the implementation of the Sharia Hospital standards, and there were no significant differences between the various characteristics of the respondents (gender, age, education, workplace, length of work, position). 0.3% of patients stated that the implementation of sharia standards was still lacking, 5.5% said it was sufficient and 94.2% said it was good. 8.8% of patients are quite satisfied and 91.2% of patients are satisfied with sharia services at the Klaten Islamic General Hospital, there is no difference in satisfaction scores on various characteristics of patient respondents (gender, age, education, place of care, person in charge of costs, choice of coming, pathway admission to hospitalization, history of treatment, prayer habits, knowledge of Sharia Hospital). There is a significant relationship between the implementation of sharia services and patient satisfaction with a moderate level of strength. Most of the inpatient nurses have a good level of perception of the implementation of sharia standards at the Klaten Islamic Public Hospital, there is no difference in the level of perception among the demographic characteristics of nurses. Most of the patients considered the implementation of the Sharia Hospital standard had been done well and were satisfied with the service. There is a significant relationship between the implementation of sharia services and patient care with moderate strength. There is no difference in the level of satisfaction in all demographic characteristics of the patients. It shows that the implementation of sharia hospital standard is acceptable by inpatient nurses and patients at Klaten Islamic Public Hospital.

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Kata kunci:

Standar syariah rumah sakit
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ABSTRAK

Standar RS Syariah dari (Dewan Syariah Nasional – Majelis Ulama Indonesia) DSN MUI adalah Standar RS Syariah pertama di dunia. RSU Islam Klaten telah mengimplementasikan standar tersebut sejak 2019. Implementasi standar ini diharapkan memberikan dampak yang baik terhadap pasien dan perawat. Penelitian ini bertujuan untuk mengetahui persepsi perawat terhadap implementasi standar Syariah dan hubungan antara implementasi standar RS Syariah dengan tingkat kepuasan pasien terhadap standar Syariah. Penelitian ini menggunakan metode kuantitatif. Desain penelitian adalah *cross-sectional* dengan *purposive sampling* yang melibatkan 73 perawat dan 263 pasien. Kriteria inklusi untuk perawat adalah perawat yang telah bekerja di rawat inap minimal 2 tahun. Kriteria eksklusi perawat adalah perawat yang bekerja di bangsal isolasi dan intensif. Kriteria inklusi pasien adalah pasien rawat inap beragama Islam dengan lama rawat minimal 2x24 jam, dan kriteria eksklusinya adalah keterbatasan komunikasi pada pasien. Data dikumpulkan menggunakan kuesioner persepsi perawat, kuesioner implementasi pada pasien dan kuesioner kepuasan pasien, yang telah dilakukan uji validitas dengan *Pearson correlation formula* dan uji realibilitas dengan *Cronbach alpha formula*. 10,5% perawat memiliki persepsi yang cukup baik dan 89,5% memiliki persepsi yang baik terhadap implementasi standar RS Syariah, dan tidak ada perbedaan signifikan antara berbagai karakteristik responden (jenis kelamin, usia, edukasi, ruangan tempat kerja, masa kerja, posisi/jabatan). 0,3% pasien menyatakan implementasi standar RS Syariah masih kurang, 5,5% menyatakan cukup dan 94,2% menyatakan baik. 8,8% pasien menyatakan cukup puas dan 91,2% menyatakan puas dengan pelayanan Syariah di RSU Islam Klaten, dan tidak ada perbedaan skor kepuasan pada berbagai karakteristik responden (jenis kelamin, usia, Pendidikan, ruang perawatan, penanggungjawab biaya, pilihan kedatangan ke RS, pintu masuk rawat inap, riwayat perawatan, kebiasaan sholat, pengetahuan tentang RS Syariah). Ditemukan hubungan yang bermakna antara implementasi pelayanan Syariah dengan kepuasan pasien dengan tingkat kekuatan sedang. Sebagian besar perawat rawat inap memiliki persepsi yang baik tentang implementasi standar Syariah di RSU Islam Klaten, tidak ada perbedaan yang bermakna pada persepsi perawat diantara berbagai karakteristik demografi perawat. Sebagian besa pasien memandang implementasi standar RS Syariah sudah dilakukan dengan baik dan merasa puas dengan hal tersebut. Ada hubungan yang signifikan antara implementasi pelayanan Syariah dengan kepuasan pasien dengan kekuatan sedang. Tidak ada perbedaan bermakna tingkat kepuasan pada semua karakteristik demografik pasien. Hal tersebut menunjukkan bahwa penerapan standar RS Syariah yang dikeluarkan oleh DSN MUI dapat diterima oleh perawat maupun pasien di unit rawat inap RSU Islam Klaten.



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INTRODUCTION

The population is becoming increasingly conscious of the significance of applying sharia values. According to the BBC website, Islam is the fastest-growing religion in the world, with 1 Muslim for every 50 people by 2050 (BBC, 2017). In both Muslim and non-Muslim countries, the halal tourism sector has been supported by an increase in the number of Muslim tourists, which demonstrates the growing awareness of Muslims to choose halal tourism that adheres to their religious principles (Satriana and Faridah, 2018). Sharia Hospital Standards have been published in Indonesia since 2015. The National Sharia Council issued a fatwa on the standard of Islamic hospitals in 2016 (Battour and Ismail, 2016), which is the first official sharia standard in the world.

Since 2019, Klaten Islamic Public Hospital has been certified as a Sharia Hospital by the National Sharia Board-

Indonesian Council of Ulama (DSN-MUI). Sharia standards that are applied in patient care include at least:

1. Mandatory Indicators for Sharia Hospitals which consist of 3 (three) standards (*Sakaratul maut* (near-death) patients are accompanied by *talqin* - witness of the oneness of God; reminding prayer time; urinary catheter application according to patient's gender)
2. Minimum Service Standards Indicators for Sharia Hospitals (SPM RS Syariah) which consist of 7 (seven) standards (reading *basmallah* (moslem's pray mean 'in the name of God') before drug administration and action; hijab for patients; staff mandatory training of *fiqh* (moslem's praying methode) for patients; provision of prayer books to patients; ECG placement according to patients gender; the use of hijab for breastfeeding mothers; the use of hijab in the operating

room; scheduling of elective surgery does not conflict with prayer times)

3. Halal Assurance System,
4. Sharia standard facilities
5. Religious guidance.

employees and sharia-based KPI (Key Performance Indicator). Sharia standards in services at the Klaten Islamic Public Hospital are also taken from internal sources in the form of Basic Beliefs and Basic Values of the Klaten Islamic Public Hospital with the service motto of RAPI (*Ramah - friendly, Amanah - trustworthy, Profesional - professional, Islami - Islamic*).

Sharia standards for employees included religious coaching and sharia-based KPI. In Klaten Islamic Public Hospital, there was an increase in employee participation in religious coaching activities by 3% (95% to 98%) and an increase in employee sharia competence by 11.45% (ability to read Al Quran) and 95% (fiqh/moslem' s praying method for sick person).

In addition to evaluating the execution of sharia requirements, a patient satisfaction survey is conducted every time a patient is discharged from Klaten Islamic Public Hospital. Based on the satisfaction survey results for inpatients in 2020, the average level of satisfaction for inpatients between January and April 2020 was 94,1%, with the minimum aim of 80%, which indicates that approximately 5.9 percent of patients continue to be dissatisfied with Klaten Islamic General Hospital's services. It is consistent with many client complaints that the Public Relations and Marketing Division has effectively cataloged. Before March 2020, there were eleven complaints, including erroneous service time (six complaints), friendly employees (one complaint), unclear speaker voice (one complaint), unsatisfactory information delivery (one complaint), and unsatisfactory communication techniques (one complaint) (2 complaints).

From the report data on the achievement of the Mandatory Sharia Indicators, Sharia Minimum Service Standards, employee development and Sharia KPIs, as well as customer satisfaction and complaint surveys, it can be concluded that most of the service indicators at the Klaten Islamic Hospital are good enough, but there are still complaints that have the potential to cause problems. patient dissatisfaction. In this connection, it is necessary to

evaluate the effect of implementing sharia standards on employees and patients.

The aims of the study is to determine the perceptions of nurses on the implementation of sharia standards and the relationship between the implementation of Islamic hospital standards and the level of patient satisfaction with sharia standards

METHOD

This study used quantitative methods, with cross sectional design. The study population was patients and inpatient nurses at the Klaten Islamic General Hospital with purposive sampling technique.

The inclusion criteria for nurses is working in inpatient ward with a minimum service period of 2 years. Exclusion criteria are nurses working in isolation wards and intensive rooms. The inclusion criteria for patients are Moslems inpatients with a minimum length of stay of 2x24 hours, and the exclusion criteria are limited communication ability of the patient.

The data were collected using the nurse's perception questionnaire, patient implementation questionnaire and patient satisfaction questionnaire which were tested for validity using the Pearson correlation formula, which is declared valid if R is positive and is greater than r table. While the reliability test used the Cronbach alpha formula and is declared reliable if it is more than 0.7.

RESULT AND DISCUSION

Result

Data collection was carried out at Klaten Islamic General Hospital from June to September 2020. The number of respondents was 78 nurses and 251 patients.

1. Demographic Characteristics of Nurses

The demographic characteristics of the nurses studied include: gender, age, level of education, workplace (class of care), years of service and position as illustrated in Table 1.

Table 1. Distribution of Respondents by Gender, Age Group, Education Level, Workplace (Class of Care), Working Period and Position.

	Characteristic	Frequence	%
Gender	Male	28	35,90
	Female	50	64,10
	Total	78	100
Age	18 - 30 yo	45	57,69
	31 - 40 yo	17	21,79
	41 - 50 yo	10	12,82
	> 50 yo	6	7,69
	Total	78	100
Education	Elementary School	0	0,00
	Junior High School	0	0,00
	Senior High School	0	0,00
	Diploma	61	78,21
	Bachelor	17	21,79
	Total	78	100

Work place		
Class 3	27	34,62
Class 2	0	0,00
Class 1	9	11,54
VIP/VVIP room	19	24,36
Combined class	23	29,49
Total	78	100
Working period		
2-5 y	35	44,87
>5 - 10 y	16	20,51
>10 - 20 y	13	16,67
>20 y	14	17,95
Total	78	100
Position		
Staff	52	66,67
Head of staff	26	33,33
Total	78	100

From table 1 regarding the demographic characteristics of nurse respondents, it is found that the most gender of respondents is female (64%), the most age group is 18-30 years (57.69), most education is Diploma (78.21%), most workplace is class 3 ward (34.62%), the most length of work is 2-5 years (44.87%) and the most positions are staff (66.67%).

2. Nurse's Perceptions

Nurses' perceptions of the application of sharia standards were measured using 24 questions. The scale used is a Likert scale with 4 scales, namely: Strongly Disagree, Disagree, Agree and Strongly Agree. The distribution of respondents' answers is presented in table 2.

Table 2. Distribution of Nurses' Perceptions of the Implementation of Sharia Hospital Standards

No	Statement	Frequence (%)				Total
		SD	D	A	SA	
1.	Remind prayer times with awareness	2 (2,5)	0 (0)	36 (46)	40 (51)	78 (100)
2.	Gender-specific ECG examination/ urinary cathethe insertion	0 (0)	0 (0)	7 (8,9)	71 (91)	78 (100)
3.	Read basmalah before action / treatment	0 (0)	0 (0)	15 (19,2)	63 (80)	78 (100)
4.	Teaching patients ablution / prayer	0 (0)	0 (0)	43 (55,1)	35 (44,8)	78 (100)
5.	Maintain the patient's aurat (specific body area)	0 (0)	0 (0)	22 (28,2)	56 (71,7)	78 (100)
6.	Friendly attitude towards patients	0 (0)	0 (0)	17 (21,7)	61 (78,2)	78 (100)
7.	Responsible	0 (0)	0 (0)	23 (29,4)	55 (70,5)	78 (100)
8.	Professional / always improve competence	0 (0)	0 (0)	34 (43,5)	44 (56,4)	78 (100)
9.	Islamic attitude and appearance	1 (1,2)	0 (0)	30 (38,4)	47 (60,2)	78 (100)
10.	Responsibility for talqin (near-death pray) assistance	1 (1,2)	0 (0)	31 (39,7)	46 (58,9)	78 (100)
11.	The nurse's responsibility for patient' s praying	0 (0)	1 (1,2)	44 (56,4)	33 (42,3)	78 (100)
12.	Halal certification	0 (0)	0 (0)	30 (38,4)	48 (61,5)	78 (100)
13.	The Islamic advice board in the hospital area	0 (0)	0 (0)	28 (35,8)	50 (64,1)	78 (100)
14.	Gratitude for sharia standards	0 (0)	1 (1,2)	24 (30,7)	54 (69,2)	78 (100)
15.	Culture and teamwork	0 (0)	0 (0)	50 (64,1)	28 (35,8)	78 (100)
16.	Interest in sharia standards	0 (0)	0 (0)	46 (58,9)	32 (41)	78 (100)
17.	Influence on loyalty	0 (0)	0 (0)	38 (48,7)	40 (51,2)	78 (100)
18.	The impact of religious formation on motivation to improve oneself	0 (0)	0 (0)	40 (51,2)	38 (48,7)	78 (100)
19.	Interest in employee recitation activities	0 (0)	0 (0)	35 (44,8)	43 (55,1)	78 (100)

20	The benefits of <i>fiqh</i> (praying method) training for the sick on duty	0 (0)	0 (0)	40 (51,2)	38 (48,7)	78 (100)
21	The impact of reading the Al Quran with work serenity	0 (0)	0 (0)	21 (26,9)	57 (73)	78 (100)
22	The impact of reading Al-Quran activities on the spirit of improving self Al-Quran reading	0 (0)	0 (0)	23 (29,4)	55 (70,5)	78 (100)
23	The impact of religious coaching on loyalty	0 (0)	0 (0)	43 (55,1)	35 (44,8)	78 (100)
24	Performance appraisal and rewards based on activeness following religious coaching	0 (0)	3 (3,8)	51 (65,3)	24 (30,7)	78 (100)
Total		0,2 (0,21)	0,2 (0,21)	32,52 (41,69)	45,16 (57,9)	100

Notes. SD = strongly disagree. D = disagree. A = Agree. SA = strongly agree.

Based on these data, it is illustrated that for all questions about nurses' perceptions of the implementation of sharia hospital standards, the average answer of 24 questions to 78 employees is: the answer strongly disagrees is 0.21%, the answer disagrees is 0.21%, the answers agree for 41.69% and the answers strongly agree for 57.9%.

The nurses' perceptions data were categorized into 3 groups of perceptions, namely perceptions of poor, good

enough and good. Changing data into categorical data is carried out by the formula:

With the formula above, the range for the perception value is not good, good enough and good as in the following table 3.

Table 3 Range of Category of Nurse Perception

Variable	Mininum value	Maximum value	Range		
			Poor	Good enough	Good
Nurse' s perception	24	96	24 – 48	49 – 73	74 – 96

With this range of perception categories, the distribution of the perception categories of 78 respondents was obtained as presented in table 4.

From the table 4 can be seen that in general nurses have a perception that nurses have a good level of perception of the implementation of the Sharia Hospital standards in Klaten Islamic Hospital.

Table 4 Categories of Nurse Perceptions

Perception categories	Poor	Good enough	Good
Persentase	0	10,5%	89,5%

Table 5 Correlation Analysis Results between Demographic Characteristics and Nurse' s Perception

Characteristic	Nurse' s perception						P
	Good enough		Good		F	%	
	F	%	F	%			
Gender	Male	3	10,7	25	89,3	1,000	
	Female	5	10,0	45	90,0		
Age	18 - 30 yo	5	11,1	40	88,9	0,870	
	31 - 40 yo	1	5,9	16	94,1		
	41 - 50 yo	1	10,0	9	90,0		
	> 50 yo	1	16,7	5	83,3		
Education	Diploma	6	9,8	55	90,2	1,000	
	Bachelor	2	11,8	15	88,2		
Work place	VIP/VVPI room	2	10,5	17	89,5	1,000	
	Class 1 room	1	11,1	8	88,9		
	Class 2 room	3	11,1	24	88,9		
	Combined room	2	8,7	21	91,3		
Working period	3 - 5 y	3	9,4	29	90,6	0,950	
	6 - 10 y	2	9,5	19	90,5		
	11 - 20 y	1	9,1	10	90,9		
	> 20 y	2	14,3	12	85,7		
Position	Staff	6	11,5	46	88,5	0,712	
	Staff head	2	7,7	24	92,3		

3. The Relationship between Nurses' Perceptions of Sharia Standards and Nurse Demographic Characteristics

To analyze the relationship between characteristics and perceptions, the same type of data is needed. Because the characteristic data is categorical data, the perception data used is also categorical data as in table 4.

In categorical data, the correlation analysis between the perceptions of nurses and the demographic characteristics of nurses was carried out using the Chi Square Test. However, if there are cells with a value less than 5, the analysis is replaced with the Fisher Exact Test.

Based on the correlation analysis carried out with the Chi Square Test and there are cells with a value of less than 5, the analysis is replaced with the Fisher Exact Test for cells with a value of less than 5, the results of the analysis are in Table 5.

Based on the results of the table 5 above analysis it is concluded that:

- a. There is no relationship between Gender and Nurse Perception, with a value of $P = 1,000$

- b. There is no relationship between age and nurse perceptions, with a P value = 0.870
- c. There is no relationship between education and perceptions of nurses, with a value of $P = 1,000$
- d. There is no relationship between the place of work and the perception of nurses, with a value of $P = 1,000$
- e. There is no relationship between length of work and perceptions of nurses, with a value of $P = 0.950$
- f. There is no relationship between position and perceptions of nurses, with a value of $P = 0.712$.

The absence of a relationship between demographic characteristics and this perception is a good thing. This indicates that the perception of nurses is evenly distributed and has become a "soul" for nurses as a whole. If there is a relationship, it indicates a difference in the distribution of perceptions.

4. Patient Demographic Characteristics

The demographic characteristics of the studied patients included: gender, age group, level of education, space occupied, admission pathway for hospitalization, previous treatment history and knowledge that Klaten Islamic Public Hospital is a Sharia Hospital. The distribution of respondent characteristics is presented in table 6.

Table 6 Distribution of Respondents' Demographic Characteristics by Gender, Age Group, Education Level, Occupied Space, Entry Path, History of Care and Knowledge of Sharia Hospital.

Characteristic		Frequence	Percentage
Gender			
	Male	131	49,81
	Female	132	50,19
Total		263	100
Age			
	18 - 30 yo	44	16,73
	31 - 40 yo	65	24,71
	41 - 50 yo	42	15,97
	> 50 yo	112	42,59
Total		263	100
Education			
	Elementary school	55	20,91
	Junior high school	39	14,83
	Senior high school	88	33,46
	Diploma	28	10,65
	Bachelor	51	19,39
	Postgraduate	2	0,76
Total		263	100
Inpatient class			
	Class 3 room	123	46,77
	Class 2 room	35	13,31
	Class 1 room	61	23,19
	VIP/VVIP room	44	16,73
Total		263	100
Payer			
	Private	27	10,27
	National health insurance	223	84,79
	Private health insurance	13	4,94
Total		263	100
Arrival option			
	Self choice	210	79,85
	Doctor reference	53	20,15
Total		263	100
Entrance			
	Emergency Depart.	224	85,17
	Outpatient Depart.	39	14,83
Total		263	100

Inpatient history		
Ever	136	51,71
Never	127	48,29
Total	263	100
Prayer habits		
Never	0	0,00
Seldom	19	7,22
Often	33	12,55
Always	211	80,23
Total	263	100
Knowlegde about sharia hospital		
Already know	75	28,52
Know from friends	52	19,77
Know from social media	23	8,75
Know from banner	99	37,64
Not know	14	5,32
Total	263	100

From this table, it is obtained an overview of the demographic characteristics of patients at the Klaten Islamic General Hospital, namely that the most gender of patients is male (50.19%), the largest age group is 31-40 years (24.71%), the highest level of education is Senior High School (33.46%), the most inpatient room is class 3 room (46.77%), the person responsible for the most costs is national health insurance (84.79%), the choice to come to the Klaten Islamic General Hospital is the majority of one's self choice (79.85 %), the highest number of routes to enter the Klaten Islamic Hospital is through the Emergency Department (85.17%), the most previous treatment history has been treated/old patient (51.71%), the most prayer habits are always (80.23%), the knowledge that Klaten Islamic General Hospital is the most Sharia Hospital already know from the banner around the hospital (37.64%).

From the data above, it can be seen that most of the patients treated at Klaten Islamic Public Hospital are patients

who are loyal to the Klaten Islamic Hospital (previously treated) and come to the Klaten Islamic Hospital of their own choice through the emergency Departement with national health insurance payments. The majority of patients are also patients who are obedient to praying, so they are assumed to have a high level of concern for sharia obligations.

5. Implementation of Sharia Standards for Patients

Implementation of sharia standards to patients is measured using 9 questions that are asked to patients. The scale used is a Likert scale with 4 scales, namely: Never, Rarely, Often and Always. The distribution of respondents' answers to statements about the implementation of sharia services in the inpatient room of the Klaten Islamic Hospital is presented in table 7.

Table 7 Distribution of Sharia Standard Implementation to Patients

Statement	Frequence (%)				Total
	Never	Rare	Often	Always	
Nurse invites reading basmallah	0 (0)	9 (3,42)	66 (25,10)	188 (71,48)	263 (100)
The nurse reminds the patient to pray	2 (0,76)	31 (11,79)	86 (32,70)	144 (54,75)	263 (100)
The nurse offers help for ablution/praying	21 (7,98)	34 (12,93)	93 (35,36)	115 (43,73)	263 (100)
The nurse performs actions according to the patient's gender	7 (2,66)	13 (4,94)	78 (29,66)	165 (62,74)	263 (100)
The nurse takes care of the patien's private body area	1 (0,38)	7 (2,66)	62 (23,57)	193 (73,38)	263 (100)
Friendly nurse	1 (0,38)	4 (1,52)	39 (14,83)	219 (83,27)	263 (100)
The nurse full of responsibility	2 (0,76)	2 (0,76)	38 (14,45)	221 (84,03)	263 (100)
Professional nurse	2 (0,76)	2 (0,76)	47 (17,87)	212 (80,61)	263 (100)
The nurse has an Islamic attitude and appearance	2 (0,76)	1 (0,38)	26 (9,89)	234 (88,97)	263 (100)
Average	4,22 (1,61)	11,44 (4,35)	59,44 (22,60)	187,88 (71,44)	100

From the table, it can be seen that of the 9 implementation items that were asked to 263 patients, 71.44% of the questions about implementation that were answered were always implemented, 22.60% were often implemented, 4.35% were rarely implemented, and 1.61%

were never implemented. From the table, it is also illustrated that in every statement regarding the implementation of sharia services, answers are always obtained rarely and / or never from a small number of patients, namely:

- a. Statement number 1 about nurses inviting patients to read *basmallah* (moslem pray that means 'in the name of God'), there are 9 patients (3.42%) who stated that it is rarely carried out .
 - b. Statement number 2 about nurses always reminding prayer times, there were 2 patients (0.76%) who said they had never been implemented and 31 patients (11.79%) who said they were rarely performed.
 - c. Statement number 3 regarding nurses offering assistance for ablution / prayer, there were 21 patients (7.98%) who stated that they had never been carried out and 34 patients (12.93%) stated that they were rarely performed.
 - d. Statement number 4 about nurses taking action according to gender, there were 7 patients (2.66%) who stated that they had never been implemented and 13 patients (4.94%) who stated that they were rarely implemented.
 - e. Statement number 5 about nurses maintaining the patient's genitals, there is 1 patient (0.38%) who stated that it has never been implemented and 7 patients (2.66%) stated that it is rarely carried out.
 - f. Statement number 6 regarding nurse friendliness, 1 (0.38%) patients stated never and 4 patients (1.52%) stated that it is rarely implemented.
 - g. Statement number 7 regarding trustworthy services, 2 patients (0.76%) stated never and 2 patients (0.76%) stated that it was rarely implemented.
 - h. Statement number 8 regarding the professional attitude of nurses, 2 patients (0.76%) stated never and 2 patients (0.76) stated that it is rarely implemented.
 - i. Statement number 9 regarding nurses' Islamic attitudes and appearance, 2 patients (0.76%) stated never and 1 patient (0.38%) stated rarely.
- To describe the level of implementation of sharia services in the inpatient room, the data on the implementation of sharia services to these patients were categorized into 3 groups, namely poor implementation, good enough and good. Changing data into categorical data is carried out by the formula:
- With the formula above, the range of implementation level values is obtained as in table 8.

Table 8 Category Range of Sharia Service Implementation Level

Variable	Minimum value	Maximum value	Range		
			Poor	Good enough	Good
Implementation	9	36	9-18	19-26	27-36

Based on the range of implementation level categories in table 8, the opinions of respondents (patients) on the level of

implementation of sharia services in the inpatient room of the Klaten Islamic Hospital are presented in table 9

Table 9 Categories of Sharia Service Implementation Levels to Patients

Implementation categories	Poor	Good enough	Good
Percentage	0,3%	5,5%	94,2%

From the table, it can be seen that most of the patients stated that sharia services at the Klaten Islamic General Hospital had been carried out well (94.2%), were quite good (5.5%) and a small proportion said that the implementation of sharia services was still not good (0 , 3%).

6. Patient Satisfaction Level

The level of patient satisfaction with the application of sharia standards is measured using 20 questions. The scale used is a Likert scale with 4 scales, namely: Strongly Disagree, Disagree, Agree and Strongly Agree. The distribution of patient answers about patient satisfaction with sharia services at the Klaten Islamic General Hospital is presented in table 10.

Table 10 Distribution of Patient Satisfaction Levels

No.	Variable	Frequence (Percentage)				Total
		SD	D	A	SA	
1.	The calmness because of reading basmallah (reliability)	0 (0)	0 (0)	89 (33,84)	174 (66,16)	263 (100)
2.	Happy to be reminded of prayer times (responsiveness)	0 (0)	1 (0,38)	90 (34,22)	172 (65,40)	263 (100)
3.	Impressed with the help of washing / prayer (responsiveness)	0 (0)	5 (1,90)	114 (43,35)	144 (54,75)	263 (100)
4.	Feeling appreciated for being served by nurses of the same sex (reliability)	0 (0)	0 (0)	81 (30,80)	182 (69,20)	263 (100)
5.	Feel happy and appreciated because the nurse takes care of the patient's genitals (tangibles)	0 (0)	0 (0)	89 (33,84)	174 (66,16)	263 (100)
6.	Feel comfortable because of nurse's friendliness (reliability)	0 (0)	0 (0)	74 (28,14)	189 (71,86)	263 (100)
7.	Feeling confident being served with full responsibility (reliability)	0 (0)	0 (0)	79 (30,04)	184 (69,96)	263 (100)
8.	Feel calm because the nurse is good at his job (reliability)	0 (0)	0 (0)	88 (33,46)	175 (66,54)	263 (100)

9.	Happy with the Islamic attitude and appearance of nurses (reliability)	0 (0)	0 (0)	75 (28,52)	188 (71,48)	263 (100)
10.	Finding prayer rooms (tangibles) easy	0 (0)	0 (0)	87 (33,08)	176 (66,92)	263 (100)
11.	Find the Qibla direction (tangibles) easy	0 (0)	0 (0)	77 (29,28)	186 (70,72)	263 (100)
12.	Feel helped by the sound of the call to prayer in the hospital (tangibles)	0 (0)	0 (0)	64 (24,33)	199 (75,67)	263 (100)
13.	Feel comfortable because the rooms for male and female patients are tangible	1 (0,38)	1 (0,38)	76 (28,90)	185 (70,34)	263 (100)
14.	Feel calm because of halal assurance on food (assurance)	0 (0)	0 (0)	78 (29,66)	185 (70,34)	263 (100)
15.	Feel calm because of the guarantee of halal on linen (assurance)	0 (0)	0 (0)	82 (31,18)	181 (68,82)	263 (100)
16.	Feel calm because medicines do not contain haram (assurance)	0 (0)	0 (0)	77 (29,28)	186 (70,72)	263 (100)
17.	Helpful prayer guidebook (empathy)	0 (0)	0 (0)	94 (35,74)	169 (64,26)	263 (100)
18.	Prayer activities by officers make patience (empathy)	0 (0)	0 (0)	86 (32,70)	177 (67,30)	263 (100)
19.	I will make Klaten Islamic Hospital the first choice if you need health services.	0 (0)	1 (0,38)	109 (41,44)	153 (58,17)	263 (100)
20.	I will recommend the services at the Klaten Islamic Hospital to my friends / relatives who need health services.	0 (0)	0 (0)	115 (43,73)	148 (56,27)	263 (100)
	Rata – rata	0,05 (0,02)	0,4 (0,15)	86,2 (32,78)	176,35 (67,05)	100

From the table, it can be seen that 67.05% of the statements about satisfaction were answered strongly agree, 32.78% answered agree, 0.15% answered disagree and 0.02% answered strongly disagree.

To illustrate the level of patient satisfaction with sharia services in the inpatient room of the Klaten Islamic Hospital,

the data were categorized into 3 groups, namely satisfaction not fasting, quite satisfied and satisfied. Changing data into categorical data is carried out by the formula:

With the formula above, the range for patient satisfaction values is obtained as in table 11.

Table 11 Range of Patient Satisfaction Level Categories

Variable	Minimum value	Maximum value	Range		
			Poor	Good enough	Good
Satisfaction	20	80	20-40	41-60	61-80

From this table it is known that in general the patients are quite satisfied and satisfied with sharia services at the Klaten Islamic Hospital. In the question about patient satisfaction, there is a statement that the respondent will make the Klaten Islamic Hospital the first choice if they need health services, and will recommend the Klaten Islamic Hospital to others who need health services. As many as 262 out of 263 (99.62%) respondents agreed and strongly agreed to make Klaten Islamic General Hospital the main choice of hospital; 100% of respondents agreed and strongly agreed to

recommend Klaten Islamic General Hospital to others who need health services.

7. The Relationship Between the Implementation of Sharia Standards for Patients and the Level of Patient Satisfaction

To determine the relationship between two variables and numeric data, the Pearson correlation test was used. Whether there is a relationship can be seen from the significance value (P). If $P < 0.05$ then H_a is accepted.

Table 12 Relationship between Sharia Service Implementation and Patient Satisfaction

No.	Variable	Count r	P
1.	Nurse invites reading basmallah	0,219	0,000
2.	The nurse reminds the patient to pray	0,236	0,000
3.	The nurse offers help for ablution/praying	0,273	0,000
4.	The nurse performs actions according to the patient's gender	0,197	0,002
5.	The nurse takes care of the patient's private body area	0,231	0,000
6.	Friendly nurse	0,279	0,000
7.	The nurse full of responsibility	0,325	0,000
8.	Professional nurse	0,215	0,001
9.	The nurse has an Islamic attitude and appearance	0,338	0,000

Based on this analysis, it can be described as follows:

- a. There is a relationship between officers asking to read basmallah with satisfaction, with a value of r count = 0.219 and a value of $P = 0.000$
- b. There is a relationship between officers reminding prayer patients with satisfaction, with a value of r count = 0.236 and a value of $P = 0.000$
- c. There is a relationship between officers offering ablution (wudlu/tayamum)/prayer assistance with satisfaction, with a value of r count = 0.273 and a value of $P = 0.000$
- d. There is a relationship between officers of the same sex for special measures (EKG / D) and satisfaction, with a value of r count = 0.197 and a value of $P = 0.002$
- e. There is a relationship between officers taking care of the patient's genitals and satisfaction, with a value of r count = 0.231 and a value of $P = 0.000$
- f. There is a relationship between friendly officers and satisfaction, with a value of r count = 0.279 and a value of $P = 0.000$
- g. There is a relationship between Amanah officers and satisfaction, with a value of r count = 0.235 and a value of $P = 0.000$
- h. There is a relationship between professional officers and satisfaction, with a value of r count = 0.215 and a value of $P = 0.000$
- i. There is a relationship between Islamic officers and satisfaction, with a value of r count = 0.338 and a value of $P = 0.000$

Based on the analysis, it was found that the value of $P = 0.000$, so it was concluded that there was a significant relationship between implementation and patient satisfaction. The direction of a relationship can be negative or positive. The direction of a positive relationship means that if one variable has a high value then the other variables are also of high value. The higher the value of variable 1, the higher the value of variable 2. The direction of the relationship can be seen from the sign on the calculated r value (Pearson Correlation value). Based on the analysis, it is known that the calculated r value has no negative sign which means positive. Thus the direction of the relationship between implementation and satisfaction is positive. The higher the implementation, the higher the satisfaction score. According to Arikunto, the strength of the relationship can be seen from the calculated r value with the following categories:

- a. 0.000 - 0.199: Very weak
- b. 0.200 - 0.399: weak
- c. 0.400 - 0.599: Moderate
- d. 0.600 - 0.799: Strong
- e. 0.800 - 0.999: Very strong

Based on this formula, the strength of the relationship between the implementation of Sharia Hospital standards and patient satisfaction is moderate. The level of closeness of the relationship between each variable implementation of the sharia service standards and patient satisfaction is shown in table 14.

Table 13 The order of strength of the relationship between implementation variables and patient satisfaction.

No.	Variable	Count r
1	Islamic attitude and appearance of nurse	0,338
2	The nurse full of responsibility	0,325
3	Friendly nurse	0,279
4	The nurse offer help for ablution/praying	0,273
5	The nurse reminds patients to pray	0,236
6	The nurse take cares of patient private body area	0,231
7	Nurse invete reading basmallah	0,219
8	Professional nurse	0,215
9	The nurse perform actions according to gender	0,197

Based on the table, it can be concluded that of the 9 variables which all have a significant relationship with patient satisfaction, the variable that has the strongest relationship with patient satisfaction is the attitude and appearance of the Islamic nurse, while the one with the weakest relationship is the action taken by the nurse with gender. the same one.

8. Relationship Between Patient Satisfaction and Patient Demographic Characteristics

The analysis of patient satisfaction with sharia services is deepened by seeing whether patient satisfaction is influenced by the demographic characteristics of the patients studied, namely gender, age group, education, workplace, person in charge of care costs, choice to Klaten Islamic Hospital, inpatient admission routes, previous treatment history , prayer habits and the knowledge that RSU Islam Klaten is a Sharia Hospital.

Table 14. Chi Test Table Demographic Characteristics with Patient Satisfaction

Characteristic	Satisfaction				P
	Good enough		Good		
	n	%	n	%	
Sex					
Male	14	10,7	117	89,3	0,401
Female	10	7,6	122	92,4	
Age					
18 - 30 yo	4	9,1	40	90,9	0,932
31 - 40 yo	7	10,8	58	89,2	
41 - 50 yo	4	9,5	38	90,5	
> 50 yo	9	8,0	103	92,0	

Education					
Elementary school	4	7,3	51	92,7	0,947
Junior high school	4	10,3	35	89,7	
Senior high school	10	11,4	78	88,6	
Diploma	2	7,1	26	92,9	
Bachelor	4	7,8	47	92,2	
Postgraduate	0	0,0	2	100,0	
Inpatient classroom					
VIP/VVIP room	7	15,9	37	84,1	0,239
Class 1 room	3	4,9	58	95,1	
Class 2 room	4	11,4	31	88,6	
Class 3 room	10	8,1	113	91,9	
Payer					
National health insurance	21	9,4	202	90,6	1,000
Private	2	7,4	25	92,6	
Private insurance	1	7,7	12	92,3	
Arrival option					
Self choice	18	8,6	192	91,4	0,593
Doctor reference	6	11,3	47	88,7	
Entrance					
Emergency department	21	9,4	203	90,6	1,000
Outpatient department	3	7,7	36	92,3	
Inpatient History					
Ever	12	8,8	124	91,2	1,000
Never	12	9,4	115	90,6	
Prayer habit					
Never	1	5,3	18	94,7	0,052
Often	7	21,2	26	78,8	
Always	16	7,6	195	92,4	
Knowledge about sharia hospital					
Already know	6	8,0	69	92,0	0,848
Know from friends	5	9,8	46	90,2	
Know from social media	2	8,3	22	91,7	
Know from banner	11	11,1	88	88,9	
Not know	0	0,0	14	100,0	

Based on the results above, we get an overview:

- There is no relationship between Gender and Satisfaction ($P = 0.401$)
- There is no relationship between Age and Satisfaction ($P = 0.932$)
- There is no relationship between education and satisfaction ($P = 0.947$)
- There is no relationship between Occupied Space and Satisfaction ($P = 0.239$)
- There is no relationship between the Cost Insurer and Satisfaction ($P = 1,000$)
- There is no relationship between choice to hospital and satisfaction ($P = 0.593$)
- There is no relationship between Entry Path and Satisfaction ($P = 1,000$)
- There is no relationship between history of care and satisfaction ($P = 1,000$)
- There is no relationship between prayer habits and satisfaction ($P = 0.052$)
- There is no relationship between Klaten Islamic General Hospital and satisfaction ($P = 0.848$)

The absence of a relationship between characteristics and satisfaction is a good thing. This indicates that satisfaction is evenly distributed among all patients. And it indicates a good performance for the hospital because the level of satisfaction is evenly distributed across all patients.

DISCUSSION

1. Nurses' Perception of Implementation of Sharia Hospital Standards

According to an analysis of nurses' impressions of the Sharia Hospital standard, 10.5% had a reasonably good perception, and 89.5% had a good perception of Klaten Islamic Hospital. 18 of 24 assertions about nurses' impressions of the Sharia Hospital standard were agreed upon by all respondents. These included statements about:

- Gender-specific ECG/Urinary catheter insertion
- Read basmallah before action / treatment
- Teaching thaharah / prayer patients
- Maintain the patient's genitals
- Friendly attitude to patients
- A trustworthy attitude at work
- Professional attitude at work
- Halal nutrition and laundry certification
- The taushiyah board in the RS area
- Culture and coworker's concern for implementing sharia standards
- Interest in sharia standards
- The effect of implementing sharia standards on loyalty
- The impact of religious formation on motivation to improve oneself
- Interest in employee coaching activities
- The benefits of fiqh training for the sick on duty

- p. The impact of reading the Koran on the peace of work
- q. The impact of reading Al-Quran activities on the spirit of improving Al-Quran reading
- r. The impact of religious formation on loyalty

While there are 6 statements that get the answers to disagree and strongly disagree from a small number of respondents (1-3 respondents), namely:

- a. A statement about reminding prayer times as awareness to maintain patient worship
- b. Statements about exceptions to Islamic attitudes and appearances
- c. A statement about the responsibility of nurses for talqin assistance to patients
- d. Statement about the nurse's responsibility towards patient worship.
- e. Statement of gratitude for sharia standards
- f. A statement regarding performance appraisal that involves elements of religious development activities.
- g. It suggests that inpatient nurses embrace the majority of sharia precepts. To increase nurses' acceptance of Sharia Hospital standards, however, it is necessary to conduct socializing and evaluation activities about their use. Implementing measures demonstrates that Syariah Hospital understands them (Attum et al., 2020). Stated that health care providers serving Muslim patients must understand Islamic principles to provide proper care (Attum and Shamoan, 2020). Health care providers must be accommodating, flexible, and respectful of Muslim patients and their families (Bloomer and Al-Mutair, 2013). Health care professionals must know Islamic spiritual and cultural norms, such as food preferences, decency, privacy, contact/touch restrictions, and alcohol prohibitions (Blankinship, 2018).
- h. In a more comprehensive examination, perceptions of sharia rules in hospitals were compared by gender, age, education, employment site (class of care), length of employment, and position. There was no variation in respondents' judgments of demographic characteristics, which demonstrates that the inpatient nurses at Klaten Islamic Hospital are aware of and compliant with Sharia Hospital regulations. Medical professionals must respect patient culture (Ezenkwele and Roodsari, 2013). Islam can impact decision-making, family dynamics, health practices, and health services (Mutair et al., 2014).

2. The Relationship Between Implementation of Sharia Hospital Standards with Patient Satisfaction

- 3. 0.3% of patients deemed religious services subpar, 5.5% deemed them adequate, and 94.2% deemed them excellent. 8.8% of patients were delighted, while 91.2% were satisfied. The Pearson Correlation Test reveals a significant relationship between Sharia hospital services and patient satisfaction ($P = 0.000$, $P 0.05$), which fits previous studies. The Sultan Agung Islamic Hospital in Semarang discovered a connection between sharia-based nursing services and patient loyalty in Islamic hospitals (Sari et al., 2018). A comprehensive evaluation of the application of sharia in Malaysia and Iran reveals a correlation with patient satisfaction (Abdurrohman

and Sulistiadi, 2019). According to a study, Sharia-compliant hospital amenities are one-factor influencing tourist loyalty to medical services in Malaysia (Rahman et al., 2018).

- 4. The variable with the most substantial relationship to patient satisfaction is officers' Islamic attitude and behavior, followed by officers. They work with full responsibility, are friendly, offer taharah/prayer help, remember prayer times, guard the patient's genitals, and invite them to read bismillah. Fifty percent of pregnant women and their partners in four Iranian hospitals wanted same-gender physicians (Dargahi, 2011).
- 5. According to sharia services and patient happiness data, a tiny percentage of patients believe standards have not been consistently implemented. However, this does not affect consumer satisfaction with Klaten Islamic Hospital services. Monitoring and efforts to enhance sharia service delivery are required to maintain consistency and prevent a decline. According to Fattah (2016), if service outcomes are satisfactory, the patient is content (Fattah, 2016). The outcomes of this study are consistent with research on people's preferences for Maqhasid Sharia in Surabaya Islamic hospitals. It indicates a high public understanding of Islamic law maqashid in hospitals, which influences patient interests and choices (Firdaus and HR, 2018). According to a study of American health professionals and Muslim patients, 83,3 percent of health workers believe they face challenges while serving female Muslim patients.
- 6. In comparison, 93,8 percent of female patients believe health professionals do not understand their religious and cultural needs (Hasnain et al., 2011). According to other research, medical workers must be aware of Islamic principles regarding privacy, touch, dietary restrictions, and prohibited medicines when treating Muslim patients (Aboul-Enein and Aboul-Enein, 2010).
- 7. Based on patient demographics, sharia service delivery and patient satisfaction analysis reveal slight variance among patient categories. Patients' demographic characteristics, including gender, age, education, workplace, a person in charge of care costs, choice of Klaten Islamic Hospital, inpatient admission path and previous treatment history, and awareness that RSU Islam Klaten is a Sharia-compliant hospital, are consistent and even (Xiong et al., 2018).

LIMITATION OF THE STUDY

This research has not examined all aspects of the implementation of Sharia hospital standards in Indonesia. As well as in terms of human resources and patient care, this research is still general in nature, so further research is needed to look at each standard in more depth.

CONCLUSION

Inpatient nurses at Klaten Islamic Hospital have a favourable opinion of sharia implementation. There are no significant differences in perceptions by gender, age, education, workplace (class of care), length of work, or position. Most inpatients said Islamic General Hospital's sharia application was good. Only 0.3% of respondents said

Syariah Hospital's standard implementation was poor. All patients are satisfied with the execution of sharia norms at Klaten Islamic General Hospital. At the same time, a tiny percentage of respondents consider that some have not been effectively implemented. Implementing sharia services is moderately related to patient satisfaction. Satisfaction is not affected by a person's gender, age, level of education, the number of people in the treatment room, who pays for the treatment, who sent them to the hospital, or how they got to the hospital if they have ever been treated before (never or never), how often pray, or if they know that RSU Islam Klaten is a Sharia Hospital. Officers' Islamic attitudes and actions have the most significant effect on patient satisfaction. This is followed by officers who work with a complete sense of responsibility, officers who are friendly and offer help to clean up or pray, officers who remind patients of prayer times, officers who invite patients to read bismillah, officers who are good at their jobs, and officers who serve patients based on their gender.

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The authors declares that there is no potential conflict of interest.

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