



## KNOWLEDGE OF HEALTH WORKERS IN THE IMPLEMENTATION OF ISLAMIC HEALTH BASED ON ISLAMIC HOSPITAL ACCREDITATION STANDARD

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### ABSTRACT

The knowledge of health workers about the implementation of Islamic health in hospitals is the most dominant factor in improving the quality of health services. The implementation of Islam can be carried out if the knowledge of health workers increases. Objective to find out the overview of the knowledge of health workers in the implementation of Islamic health based on Islamic hospital accreditation standards. This type of research is a quantitative research with an analytical descriptive research design with a cross sectional approach, with a sample number of 82, sampling techniques using purposive sampling. Data collection uses questionnaires. Based on gender, the most women are 53 people (64.6%), the most education is at the intermediate expert level as many as 35 people (42.7%). Respondents had knowledge with a good category as many as 43 people (52.4%), attitude with a good category as many as 58 people (70.7%), leadership with a good category as many as 70 people (85.4%), workload with a good category as many as 78 people (95.1%), facilities with a good category as many as 79 people (96.3%), and implementing Sharia Quality Standards with a good category as many as 59 people (72.0%). This study shows that the Implementation of Islamic Health in accordance with the accreditation standards in Islamic Hospitals shows that it is categorized as Good.

Keywords: accreditation standards; islamic hospitals; islamic health; knowledge

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### INTRODUCTION

Islamic health is a health service as a form of worship based on the Qur'an and Hadith to seek the Pleasure of Allah 'azzawajalla, with the characteristics of professional friendliness, trustworthiness, istiqomah, sabra and sincerity. (Mohidem & Hashim, 2023) As Muslim health workers, they are expected to help patients meet their spiritual needs. One of the fulfillment of spiritual needs is that patients can perform five prayers which is the obligation of a Muslim which is a standard in the accreditation of Islamic hospitals in Indonesia through the Indonesian Islamic Health Council (Murtiningsih et al., 2020). Sharia health services are a service system that prioritizes the concept of sharia as the basic foundation for its implementation. Hospitals with sharia labels have more responsibility, because they do not just provide health services to patients. However, the health services provided are integrated with efforts to maintain faith, worship, and muamalah in accordance with Islamic values. Basically, the principle of implementing sharia services uses the formulation of the maqashid sharia approach, which is the main goal in formulating laws in Islam. (Sari et al., 2018).

In practice, it is often found that there is a shift in religious values such as attitudes and behaviors that do not reflect sharia values, especially health workers, which then has implications for health services both in hospitals, clinics, health centers, and other health service centers. (Hadytiaz et al., 2022) So that in the provision of health services, it still only focuses on the physical aspect and has not touched on the spiritual aspect. Islamic hospitals are one of the hospitals, which are supported by medical and non-medical personnel. The number of nurses is 102 people. Based on a preliminary study conducted by researchers with interview techniques, there were 10 people who worked in Islamic hospitals, the results were obtained that 8 out of 10 nurses said that they did not understand the concept of implementing the role of sharia nursing services in its entirety. (Rizqon et al., 2020).

The results of observations in several health services both in hospitals, health centers, and clinics where health workers often do not pay attention to the spiritual aspect as one of the needs of patients that must be met, such as wearing hijab to Muslim patients, greeting when visiting patients, and saying basmalah when going to take action. So that this causes indirectly to affect the level of patient satisfaction with the services provided. (Ahmed, 2021). Research conducted by Rohman shows that nurses have not paid attention to the spiritual aspect. Of the 30 clients observed, 79% had not received spiritual assistance when they were sick and when they were hospitalized. Meanwhile, as many as 21% received spiritual assistance, but it was not done by nurses but by religious leaders. The results showed that the nurses' attention to the spiritual aspect was still not in line with what was expected. Sharia service standards contain the maintenance of aqidah, worship, morals and muamalah through religious activities and are listed in the sharia quality indicators. (Ngatindriatun et al., 2024) Sharia quality indicators are standards in sharia hospitals which consist of Minimum Service Standards and Sharia Mandatory Quality Indicators. (Mardiyati & Ayuningtyas, 2021) The Minimum Service Standard Indicator contains 8 things, including mandatory training for patient fiqh where the implementation involves all employees, especially nurses. The party that plays a role in the implementation of Sharia quality indicators based on the quality indicator profile is nurses (Amrullah & Aini, 2024).

The results of research conducted show that the implementation of Sharia quality indicators in hospitals is still not good on average. (Ekasari et al., 2024) Meanwhile, research conducted by Adityani (2020) shows that there is a significant relationship between the knowledge and attitude of nurses and sharia services in the field of nursing with the direction of a positive relationship which means that the level of knowledge of nurses about sharia services is increasing the level of knowledge of nurses about sharia services is also better in fulfilling the provision of sharia services to clients. (Sari et al., 2018). Research on the fulfillment of spiritual needs in patients in the surgical ward and inpatient room of the dr. Zainal Abidin Banda Aceh Regional General Hospital stated that the fulfillment of patients' spiritual needs was in the category of unmet. Furthermore, the results of Nurcahyani's (2012) research stated that as many as 70.6% of patients felt that their spiritual needs were not met. (Wahyuni et al., 2021.) This study aims to identify the knowledge of health workers in the application of Islamic health in Islamic hospitals.

## **METHOD**

This study is a quantitative research with an analytical descriptive research design with a cross sectional approach. Cross sectional is a study that emphasizes the time of measurement or observation of independent variable data which emphasizes the time of measurement or observation of independent and dependent variable data only once at a time (nursalam, 2008) The population in this study is 102 nurses working at the Islamic Hospital. The sampling technique in this study is purposive sampling by first counting the sample size. The

sample in this study is 82 nurses working at the Islamic Hospital who meet the exclusion and exclusion criteria. The Total number of questions in the questionnaire is 25 Questions. The validity test results on the questionnaire showed that the r value of the calculation was greater than the r of the table (0.602), and the reliability test results showed that all variables had a Cronbach's Alpha value above the standard of 0.70, so it was declared reliable. Univariate analysis is used to determine the characteristics of each variable to be studied. Category data such as gender, age, last education, occupation, and the application of Islamic health, are analyzed in the form of percentages.(Bachtiar et al., 2008).

**RESULT**

**Demographic Characteristics of Respondents**

Table 1.  
Characteristics of respondents based on Age, Gender, Religion and Education in Islamic Hospitals

Characteristics of respondents	f	%
<b>age</b>		
17-25	4	4,9
26-35	70	85,4
36-45	8	9,8
<b>gender</b>		
female	53	64,6
male	29	35,4
<b>Pendidikan</b>		
Vocational	35	42,7
Bachelor	24	29,3
Ners	23	28,0

Based on table 1, it was found that the most respondents were in the age group of 26-35 years as many as 70 people (85.4%), the most gender was female 53 people (64.6%), and while the most education level was at the Vocational level as many as 35 people (42.7%).

**Results of Analysis of Frequency Distribution of Nurse Behavior with the Application of Islamic**

Table 2.  
Frequency Distribution of Knowledge in the Implementation of Islamic Health in Islamic Hospitals

Knowledge	f	%
Good	43	52,4
Sufficient	32	39,0
Poor	7	8,5

Based on table 1, it shows that the respondents have knowledge with a good category of 43 people (52.4%), a Sufficient Category of 32 people (39.0%) and a poor category of 7 people (8.5%).

Tabel 3.  
Frequency Distribution of Attitude in the Implementation of Islamic Health in Islamic Hospitals

Attitudes	F	%
Good	58	70,7
Sufficient	24	29,3
Poor	0	0

Based on table 2, it shows that respondents have attitudes with a good category of 58 people (70.7%), enough as many as 24 people (29.3%) and a poor category none.

Tabel 4.  
Frequency Distribution of Leadership in the Implementation of Islamic Health in Islamic Hospitals

Leadership	f	%
Good	70	85,4
Sufficient	12	14,6
Poor	0	0

Based on table 4, it shows that the respondents have Leadership with a good category of 70 people (85.4%), Enough as many as 12 people (14.6%) and a poor category none.

Tabel 5.  
Frequency Distribution of workload in the Implementation of Islamic Health in Islamic Hospitals

Workload	f	%
Good	78	95,1
Sufficient	4	4,9
Poor	0	0

Based on table 5, it shows that respondents have a workload with a good category of 78 people (95.1%), a sufficient number of 4 people (4.9%) and a poor category of none.

Tabel 6.  
Frequency Distribution of facilities in the Implementation of Islamic Health in Islamic Hospitals

Facilities	f	%
Good	79	96,3
Sufficient	3	3,7
Poor	0	0

Based on table 6, it shows that the respondents have facilities with a good category of 79 people (96.3%), enough as many as 3 people (3.7%) and a lack category

Tabel 7.  
Distribution of Reception Frequency in the Implementation of Islamic Health Based on Sharia Quality Standards in Islamic Hospitals

No	Indicatore	Applied		No Applied	
		f	%	f	%
1	Applying Reading Basmallah to the administration of drugs and actions	82	100	0	0
2	implemented Sharia Quality Standards (Islami)	45	55	37	45
3	implementation of Sharia Quality Standards (Islamic) with the category of Conducting mandatory training for patient fiqh	57	70	25	30
4	implementation of Sharia Quality Standards (Islami) with the category of Islamic education (leafleat or spiritual books) and spiritual guidance	44	54	38	46
5	application of Sharia Quality Standards (Islamic) with the category of Installing ECGs according to gender	78	95	4	5
6	application of Sharia (Islamic) Quality Standards with the category of Teaching Prayer	50	61	32	39
7	Perception in the application of Sharia (Islamic) Quality Standards with the category of Teaching ablution or tayammum	48	59	34	41
8	the implementation of Sharia Quality Standards (Islamic) with the category of Scheduling Effective Operations without being hit by prayer time	82	100	0	0

Based on table 7, it shows that the respondents' perception in the implementation of Sharia Quality Standards (Islamic) with the category of Applying Reading Basmallah to the administration of drugs and actions was 82 people (100%) and the category was less as many as 0 people (0%). Respondents who implemented Sharia Quality Standards (Islami) with the

category of Giving hijab to patients (Hijab for breastfeeding mothers & Hijab for Surgery Rooms) were 45 people (55%) and the category was less as many as 37 people (45%). Based on the data above, the respondents' perception in the implementation of Sharia Quality Standards (Islamic) with the category of Conducting mandatory training for patient fiqh to nurses was 57 people (70%) and the category was less as many as 25 people (30%). Based on the above data, the respondents' perception in the implementation of Sharia Quality Standards (Islami) with the category of Islamic education (leaflet or spiritual books) and spiritual guidance in patients was 44 people (54%) and the category was less as many as 38 people (46%). Based on the data above, the respondents in the application of Sharia Quality Standards (Islamic) with the category of Installing ECGs according to gender were 78 people (95%) and the category was less as many as 4 people (5%). Based on the data above, the respondents in the application of Sharia (Islamic) Quality Standards with the category of Teaching Prayer to patients were 50 people (61%) and the category was less than 32 people (39%). Based on the above data, the respondents' Perception in the application of Sharia (Islamic) Quality Standards with the category of Teaching ablution or tayammum to patients was 48 people (59%) and the category was less as many as 34 people (41%). Based on the data above, the respondents' response in the implementation of Sharia Quality Standards (Islamic) with the category of Scheduling Effective Operations without being hit by prayer time was 82 people (100%) and the category was less than 0 people (0%).

## **DISCUSSION**

Overview of Nurses' Knowledge about the Application of Islamic Nursing in Islamic Hospitals Based on the results of the study, an overview of the application of Islamic nursing was obtained, the majority of respondents had knowledge with a good category of 43 people (52.4%). Knowledge is an important domain to determine how a person acts. Knowledge provides guidelines to nurses to take Action in nursing care. Based on research, it has been proven that behavior is based on knowledge . (Yusrini et al., 2024) Knowledge is not only obtained when in school, but a lot of knowledge is obtained from experiences in daily life. Therefore, the more information obtained, the better the knowledge will be according to Siregar (2007). The results of the research on the knowledge of nurses in providing nursing interventions in the context of Islam to help patients to dhikr are in the good category of 57(89,1%).

This is shown in the nurse's answer who strongly agrees and agrees to answer with the nurse's statement that always reminds patients to dhikr to Allah SWT. In line with the research of Lovering (2008) in Ismail et al. (2015) stated that helping patients to dhikr is to help patients believe in their belief in Allah and teach patients with simple words in Islam such as Bismillah (in the name of Allah), Alhamdulillah, Astagfirullah (apologies from Allah) which are always said by Muslim patients for attending God in their souls. Hardianto's research (2017) stated that from the results of interviews with nurses, the results were obtained that dhikr can provide a sense of peace and tranquility to a Muslim who is affected by illness.(Rababa & Al-Sabbah, 2023)

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Based on the results of the study, an overview of the implementation of Islamic nursing was obtained, 58 respondents (70.7%) had attitudes with a good category. According to Elisa (2017) Attitude is the regularity of feelings, thoughts and behavior of a person in social interaction. And attitude is an evaluation of various aspects in the social world. Social psychology researchers place attitudes as important in social interactions, because attitudes can affect many things about behavior and as a central issue that can affect a person's behavior. According to Wahyuni (2013) emotions, knowledge, and behavior have an impact on nursing care. So if nurses are not emotionally supportive of spiritual nursing care, then nurses will not show good performance in providing spiritual services. In accordance with Notoatmodjo (2007) that nurses need to be accepted, responsible and respected for patients. The results research found that the results that had an attitude in the ability to meet spiritual needs in anxious patients were obtained because based on the data obtained by respondents with a positive attitude as many as 33 respondents (57.9%) were due to the fact that the respondents had experience in handling patients, especially in the spiritual needs section and who had a negative attitude in order to respond with the respondent's reluctance to provide spiritual guidance to patients and because respondents do not yet know the importance of spiritual needs. (Rahman et al., 2021)

Leadership is the ability to influence others in a group to achieve goals. How to communicate well with staff, motivate staff, the ability to lead, and decision-making are indicators of leadership attitudes and behaviors in order to make others follow what they want. Employee performance will be better with good leadership. The influence of leadership on job satisfaction has previously been reported, among others.(Alotaibi, 2021) The results of research that has been conducted by Wijayanti (2016) show that there is a relationship between transactional leadership and performance with a pvalue of 0.05. Meanwhile, the other dimension, namely passive supervision and neglect (*laissez Faire*) is not suitable to be applied in DD Hospital because this dimension is a passive and less effective dimension.

Based on the results of the study, an overview of the application of Islamic nursing was obtained, the majority of respondents had a workload with a good category of 78 people (95.1%). Nurse workload is all activities that nurses do in one work shift in a health service unit. High workload can cause fatigue in nurses, poor communication between nurses and clients, unsuccessful collaboration with other health workers, dissatisfaction with nurses' work, and can lead to nurses leaving the workplace. The effect of workload on job satisfaction has previously been reported, among others, by Barahama, et al. and Rizky, et al. (Barahama et al., 2019; Rizky, Darmaningtyas, & Yulitasari, 2018).

The satisfaction of nursing staff members related to their work is very vital, Work that is in accordance with the wishes and fun will make nurses feel comfortable at work, so that their performance will be better. (Fatmawati et al., 2020) Good nurse performance will encourage the achievement of one of the quality indicators of health service performance, namely patient satisfaction. (Nofiyanti et al., 2020) Conversely, nurses' job dissatisfaction can reduce the level of safety and patient satisfaction Job dissatisfaction is associated with resource management, can lead to absenteeism, burnout, turnover, and the desire to quit the nursing profession. The results of this study provide a conclusion that the application of sharia behavior in nursing services, workload, and leadership, each has an influential contribution to job satisfaction. However, the influence of workload on job satisfaction is covered by the influence of two other factors. Leadership is the most dominant factor affecting job satisfaction relative to the application of sharia behavior in nursing services and workload. Referring to some of these conclusions, it is recommended for hospitals to implement (for those who have not) and continue to improve (for those who have) the quality of the implementation of sharia behavior in nursing services. In addition, it is strongly recommended that hospitals establish policies for room heads to implement good leadership practices. (Alotaibi, 2021).

Based on the results of the study, an overview of the application of Islamic nursing was obtained, the majority of respondents had facilities with a good category of 79 people (96.3%). According to WHO as contained in the WHO Technical Report Series No. 122/1957, the definition of a hospital is an integral part of a social and health organization with the function of providing complete health services to the community and outpatient services provided to reach families at home. The hospital is also a center for education and training of health workers and a center for biomedical research Hospitals as one of the subsystems of health services provide two types of services for the community, namely health services and administrative services. Health services include medical services, medical support services, medical rehabilitation and treatment services. (Rohmadani & Khoiryasdien, 2022).

The service is carried out through the emergency department, outpatient unit and inpatient unit. In its development, hospital services are inseparable from the economic development of the community. This development is reflected in the change in the classic function of the Hospital, which initially only provided curative services to patients through inpatient treatment. Hospital services then shifted due to the advancement of science, especially medical technology, increasing income and education of the community. Thus, the hospital's health service facilities are not only for individual patients, but also develop for patients' families and the general public. (Aisyaroh et al., 2022)

Based on the results of the study obtained, respondents who felt that the quality of responsive service in the Islamic perspective was good as 74 (97.4%) respondents, Based on the results of researcher interviews from several patients who felt that responsive service in the Islamic perspective because the administrative staff was quick in serving and the doctor or nurse provided clear and easy-to-understand information on the results of the patient examination. Based on the results of the study, an overview of the application of Islamic nursing was obtained, the majority of respondents who applied Sharia (Islamic) Quality Standards with a good category were 59 people (72.0%). Quality indicators are a way to assess the performance of an activity related to quality, using instruments. Indicators are variables used to analyze the amount of change. According to the WHO, indicators are variables to measure change. Sharia Quality Indicators, which consist of 3 Sharia Mandatory Quality Indicators and 8 Sharia Minimum Service Standard Quality Indicators, is a management of medical care and nursing care activities framed by Islamic principles.

Sharia Mandatory Quality Indicators consist of Sakratul Patient of Death accompanied by talqin, Reminding prayer times, and Installation of DC according to gender. Then the 8 SPM Sharia Indicators are Reading basmallah before action or administering medicine, Hijab for patients, Mandatory Fiqh Training for patients, Islamic education (leaflets or spiritual books), Installation of ECGs according to gender, Wearing of breastfeeding hijab, Wearing hijab in the operating room, and Scheduling elective surgeries without clashing with prayer times.(Chamsi-Pasha. 2021)

## CONCLUSIONS

Characteristics of respondents based on age, the most respondents were at the age of 26-35 years as many as 70 people (85.4%), knowledge of nurses with good category as many as 64 people (78.0%), Attitude of nurses with good category as many as 58 people (70.7%), Leadership of nurses with good category as many as 70 people (85.4%), Workload of nurses with good category as many as 78 people (95.1%), Nurse facilities with good category as many as 79 people (96.3%), Perception of the implementation of Sharia Quality Standards (Islamic) with a good category as many as 59 people (72.0%).

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