

SHARIA HOSPITAL BUSINESS DEVELOPMENT STRATEGY FOR ISLAMIC HIGHER EDUCATION IN INDONESIA

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Abstract

This research aims to identify the sharia hospital business development strategy for Islamic Religious Universities in Indonesia (PTKI). This study employs both qualitative and quantitative methods that was conducted at ten sharia hospitals by interviews with experts, sharia hospital practitioners, and sharia hospital regulators. The Analytical Network Process (ANP) method was used to analyze the interview results. The research results stated that the Sharia hospital has great potential to be developed for PTKI in Indonesia because the market potential was wide open and there were still few Sharia hospitals standing, so PTKI must play a role by creating human resources capable of managing a Sharia hospital. Research results should the priority problems in developing the Sharia hospital business within the PTKI environment in Indonesia were regulatory, then capital, human resources, and finally literacy issues. The priorities for the Sharia hospital business development strategy within PTKI in Indonesia were government support, then regulations, strengthening capital, quality, and quantity of human resources, and finally increasing literacy.

Keywords: sharia hospital; regulations; capital; literacy; human resources

INTRODUCTION

Indonesia, as the country with the highest number of Muslims globally, has placed significant emphasis on adopting a halal lifestyle as a crucial aspect of daily life. Embracing a halal lifestyle does not indicate restriction or compulsion, but rather serves as a constant reminder that all our actions are rooted in the guidance of Allah SWT, the Al-Qur'an, hadith, and fiqh (Nadrattuzaman et al., 2021) (Putra Boediman, 2017). Sharia Hospital was established. A new narrative is required, particularly in Indonesia, where Islam is practiced by the majority of the population (Alfarizi & Arifian, 2023) (Wardhani et al., 2019). Hospitals can meet residents' expectations for medical treatment as well as quick and precise handling by applying Sharia principles. The most frequently mentioned issues are how to implement Islamic ideals in hospital administration and health care, as well as the issues that will arise if Islamic religious beliefs are attempted to be internalized (Maharani et al., 2021) (Mohammadi et al., 2019). In 2015, the Indonesian Islamic Health Effort Council (MUKISI), in collaboration with DSN-MUI, began to take the initiative to establish how hospitals should represent Sharia operations in their activities in response to numerous public requests for the application of Sharia principles in health services (Windasari et al., 2023).

On February 8–10, 2016, MUKISI and DSN MUI held an intense meeting in Bogor to determine what policies could support this good mission. Then Fatwa 107/DSN-MUI/X/2016 on Guidelines for Implementing Sharia-Based Hospital Management was issued (Ningtyas et al., 2022; Rizqon et al., 2020). MUKISI developed Standards Hospital Management in 2019, and the hospital began to transform by implementing Sharia principles. Sharia-compliant services have six global aspects, also known as Islamic service quality dimensions. (1). General Islamic Values; 2). Halal/haram; 3). Islamic religious activities; 4.) Honesty; 5.) Politeness and humanity; 6.) Trustworthiness (Alfarizi

& Arifian, 2023; Mubarak & Imam, 2020; Windasari et al., 2023) Sharia-compliant hospitals are expected to have unique value propositions and competitive advantages that consumers can consider, with an emphasis on sharia value aspects. In addition, regulators and service providers must understand what factors are important in making patient health care decisions (Rahman et al., 2023; Mardiyati & Ayuningtyas, 2021).

The emergence of Islamic economic and business dimensions is one phenomenon in the development of the world economy and modern business that requires serious work for Islamic religious universities. Islamic religious universities is expected to be at the forefront of transforming the framework of understanding and thinking about Islamic economics, both in academic contexts and in real-life action in field business. Islam is designed to be oriented towards the need for market-oriented, power teachers who are concerned in the field, and other components because it is supported by adequate institutional infrastructure, such as the economics curriculum.

The quick rise and development of sharia hospitals in Indonesia is beneficial to the development of business sharia. Islamic religious universities play an important role in fostering corporate development, including sharia hospitals. Islamic religious universities, which are part of higher education in Indonesia, play an important role in the establishment of a Sharia hospital in the context of an Islamic religious university.

Some examples of Sharia-based hospital implementation in non-Islamic countries, such as Taiwan, include the construction of new Muslim prayer service rooms in public spaces and the Taiwan Adventist Hospital in Taipei becoming the first hospital in the country to be certified halal as part of the art of increasing tourist medical care (Jamaludin et al., 2023; Mahendra & Surwandono, 2021). In particular, Islamic religious universities have yet to implement or establish a Sharia-compliant hospital. Islamic religious universities should consider the potential of this business if they see this opportunity. Many Islamic religious universities are currently developing sharia hospitals.

With Muslims constituting the majority of the Indonesian population, the expansion of Sharia hospitals will be a new trend that will address public concerns. Several regulatory factors contribute to the difficulties encountered in the development of Islamic religious universities in Indonesia. Sharia hospitals are still subject to a few regulations (Jamaludin et al., 2023). There are also regulatory issues because Sharia hospitals must follow Sharia-compliant regulations. Then there is the issue of capital, which must come from Sharia institutions and cannot be mixed with funds from non-Sharia institutions. Furthermore, there is a problem with human resources who are not yet qualified, do not have a field service certificate, and do not have an adequate human resources budget. The final issue is the literacy aspect of understanding people who do not yet understand the difference between Sharia-based hospital services and non-Sharia-based hospital services. In addition to the potency business, Islamic religious universities in Indonesia can consider this when developing Sharia hospitals. As a result, the goal of this research is to identify the problem in the development of Islamic religious universities in Indonesia, as well as potential solutions and strategies.

This study will investigate aspects of the Sharia hospital development model in Indonesia, based on the structure shown in Figure 1. The growth of the Sharia hospital business in Indonesia is a potential opportunity.

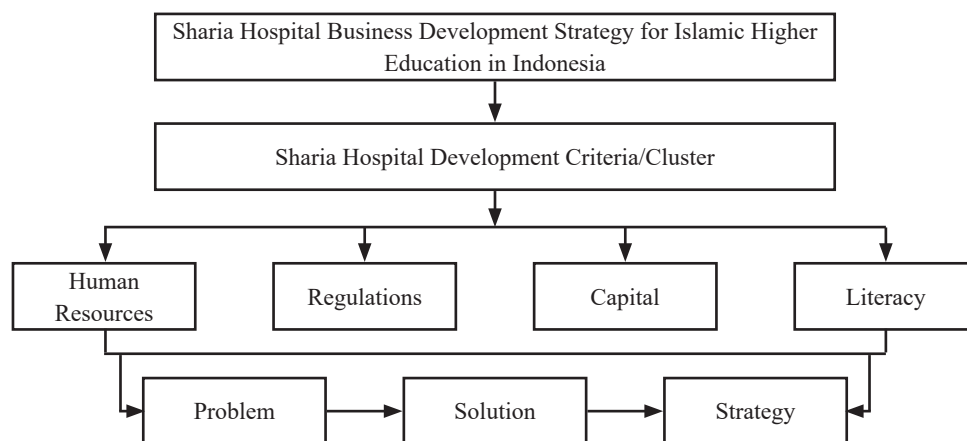


Figure 1. Research Conceptual Framework

METHODS

The Analytic Network Process (ANP) method was used to convert a qualitative study into quantitative research (Kheybari et al., 2020; Naserirad et al., 2023). ANP is a mathematical theory in which prospective decision-makers distribute questionnaires and conduct in-depth interviews with nine informants, including regulator, academic, and practitioner representatives. Respondents completed the questionnaire using a scaled verbal and numerical

comparison. The numeric scale in technique ANP ranges from 1 to 9 pairwise comparisons (Chen et al., 2019). The information gathered from the questionnaire is then processed using super software decisions (Françoço et al., 2023). If the consistency ratio (CR) is less than 10%, or 0.01, then the data is considered consistent. If the consistency ratio value is greater than 10% or the CR is greater than one, it is regarded as having created inconsistency (Ezat et al., 2023). The solution is to repeat the evaluation with informants or respondents. If the responses are consistent, the weights assigned to each element can be used as a basis for data analysis and interpretation. The level of agreement among respondents (rater agreement) is determined using Kendall's Coefficient of Concordance.

Rater agreement is a size that represents the level of conformity (agreement) of responders (R1-Rn) with a problem in one cluster. Kendall's Coefficient of Concordance is one of the methods used to determine agreement among numerous value suppliers (judges) who examine or evaluate the given group object. Table 1 shows the optimum rater agreement according to the Saaty rating evaluation (Saaty, 1994).

Table 1. Ratings Evaluation Rater Agreement

Very High	High	Currently	Low	Very Low
1,000	0.578	0.235	0.118	0.063

RESULTS

An extensive investigation is conducted to identify real obstacles as well as significant factors influencing issues, approaches, and resolutions in the growth of the Sharia hospital sector in Indonesia. Because the expansion of the Sharia hospital industry in Indonesia faces numerous challenges, as evidenced by the study's findings of agreement among variables obtained from informants, priorities in terms of problem, solution, and strategy must be established. After processing each informant's data, three supermatrixes are created, ranking the most significant elements—problems, solutions, and suitable tactics—in each informant's opinion. To further indicate the deal or rater agreement (W), the results and processing data are summarized based on individual informants' priorities. Data processing also produces the average value (geometric mean) of nine informants—a mix of practitioners, academics, and experts.

Sharia hospitals use Islamic sharia principles to provide patients with health care. These principles include satisfying patients' requirements in a halal way, avoiding banned items, and considering Islamic ethics and values in medical practice (Alfarizi & Arifian, 2023; Maharani, Jati, & Nugraheni, 2021). Because they focus on the physical, psychological, and spiritual elements of patients, Sharia hospitals give more attention to religious components in offering more comprehensive and sustainable health care (Harun & Senawi, 2023) (Abdurrokhman & Sulistiadi, 2019; Rahman, et al., 2021). Sharia hospitals can be a suitable option for Muslim communities looking for health care because they can meet sharia-compliant health demands and have skilled and competent medical personnel (Alfarizi & Arifian, 2023).

Quality services are a priority for Sharia hospitals, which means they provide holistic and integrated services and pay attention to the spiritual and psychological aspects of patients (Islam et al., 2023; Aisyah Ismail et al., 2018). Several sharia hospitals also provide health programs packaged within the framework of Islamic teachings, such as Al-Quran therapy and prayer therapy (Ningtyas et al. 2022). Even though it is based on Islamic principles, sharia hospitals are still open to serving everyone regardless of religion, race, or gender (Rizqon et al. 2020). Therefore, they offer friendly and inclusive services to all patients.

The Sharia Health Industry is an ecosystem that includes not only sharia health service providers such as hospitals, but also providers of facilities such as medical equipment, medicines, and pharmaceuticals, as well as halal food and drinks provided in hospitals, and human resources such as personnel. Health services, such as halal medical travel and hospitality, are expanding (Naserirad et al., 2023; Zawawi & Othman, 2018).

Sharia health services essentially aim to provide significant advantages to people who are not restricted to particular religious beliefs but are inclusive of all religious faiths. The emphasis on good ideals and higher quality can be applied to all groups (Mubarok & Imam, 2020; Zailani et al., 2016).

The values and belief systems of individuals in these positions, including Islamic ideology, can influence operations or management practices (Nadrattuzaman et al., 2021; Ababneh & Avramenko, 2016). Islamic character and morals have an impact on human resource management (Gadelrab et al., 2020). Many businesses have used the Islamic approach to human resource management, both directly and indirectly, to manage their employees (Abdul Ghani Azmi, 2015; Hashim, 2009; Rana & Malik, 2017). The Quran and the Sunnah of Prophet Muhammad serve as the cornerstones of human resource management in Islam (Abdul Ghani Azmi, 2015). Three fundamental principles are the basis of the Islamic approach to human resource management: Taqwa, which can be viewed as piety, honesty, dedication, and a fear of God. A pious person demonstrates good behavior, is devoted to Allah SWT, and dedicates their life to Allah. Itqan refers to the act of a person in the

proper order and with the required quality. The morals of employees encompass their attitudes, feelings, and personalities (Rahayu et al., 2023; Alarimy, 2015).

The three main components of good Islamic human resource management are taqwa, itqan, and morals. These components can be further subdivided into other categories. Among these components is trust (*Amanah*), which holds that all Muslims are accountable for their actions. Employees must trust their employers, and employers must trust their employees (Toumi & Su, 2023). The development of trust and confidence among employees is facilitated by sincerity in human resource management (Alarimy, 2015). Effective and efficient management of subordinates requires the cultivation of fairness in human resource managers. In organizations where justice is upheld, employees are treated and rewarded equally and fairly (Aman, 2019; Tlaiss, 2015; Wilson, 2006). The equality principle in human resource management dictates that if two parties have equal power, they should receive equal treatment. Patience is a key element of faith and should be incorporated into a manager's human resource management practices (Alarimy, 2015).

In Islam, health care is comprehensive and based on universal Islamic values. Sharia hospitals follow sharia principles in their work scope, rules, procedures, and staffing requirements. The emphasis is not only on providing sharia-compliant services and halal products but also on establishing an Islamic replacement for the current system. Instead, it is a brand-new, all-encompassing system that has been officially recognized and validated by an unbiased institution capable of carrying out an accreditation procedure to verify firms adhere to sharia practices (Abdurrokhman & Sulistiadi, 2019; Aisyah Ismail et al., 2018; Alfarizi & Arifian, 2023; Maharani et al., 2021; Mardiyati & Ayuningtyas, 2021; Rizqon et al., 2020).

The Indonesian Islamic Health Efforts Council (MUKISI) provides Sharia-based Islamic-based hospital service standards that supplement the National Hospital Accreditation Standards (Rizqon et al., 2020). Two hospitals were chosen as pilot sites. The National Sharia Council of the Indonesian Ulema Council (DSN-MUI) issued a fatwa in 2016 regarding the establishment of Sharia hospitals. The National Sharia Council, as an awarding authority, published the second version of this standard in 2017 (Aisyah Ismail et al., 2018).

A waqf method can also be used to fund Sharia hospitals. The concept of waqf is well suited to finance the development and operation of health facilities because it has the same goal, namely improving communal welfare, and is not motivated by financial gain (Almas, 2022). In addition to providing a non-government budget to reduce the burden on the government (Hisham & Hairul Suhaimi, 2017; Sukmana, 2020).

Waqf, such as zakat, infaq, and sadaqah, is an Islamic implement that is unique (Çizakça, 2015). In addition, social and economic pressures are among the many life burdens that waqf effectively alleviates (Sulistiyowati, et al., 2022). Furthermore, numerous ill and impoverished individuals from numerous nations have benefited from waqf. Waqf has performed voluntary deeds that constitute sadaqah jariyah, which is regarded as a most virtuous deed in Islam and is rewarded handsomely (Abdullah, 2020). Hospitals have extended family incentives in addition to providing complimentary services to patients as part of the waqf program (Ascarya & Tanjung, 2021).

Literacy has been extensively researched in many fields, including consumer behavior. Literacy is frequently associated with knowledge, implying that information is only one component of anything that influences a person's behavior (Antara et al., 2016). Halal literacy, as defined by Salehudin (2013), is the ability to differentiate between halal and haram goods and services based on Sharia (Islamic law). Halal refers to what is permitted in Islam, whereas Haram refers to what is prohibited in Islam. However, Muslims, particularly halal business actors, continue to lack halal awareness and understanding. Most people only understand halal and haram in terms of the creation of products. But since halal in Islam refers to every aspect of life, there are other aspects of halal that also need to be considered (Antara et al., 2016).

An extensive investigation is conducted to identify real obstacles as well as significant factors influencing issues, approaches, and resolutions in the growth of the Sharia hospital sector in Indonesia. Because the expansion of the Sharia hospital industry in Indonesia faces numerous challenges, as evidenced by the study's findings of agreement among variables obtained from informants, priorities in terms of problem, solution, and strategy must be established.

After processing each informant's data, three supermatrixes are created, ranking the most significant elements—problems, solutions, and suitable tactics—in each informant's opinion. To further indicate the deal or rater agreement (W), the results and processing data are summarized based on individual informants' priorities. Data processing also produces the average value (geometric mean) of nine informants—a mix of practitioners, academics, and experts.

To see scale priority based on circles of professionals, researchers, and practitioners at Sharia hospitals who become informed about the study, use the Analytic Network Process (ANP). As a result, Table 2 showed the priority scale and average (geometric mean). Informants have different perspectives on the most pressing issues, solutions, and strategies for growing sharia hospital enterprises in Indonesia. As a result, the average value (geometric mean) was used to determine the priority order of all informants after calculating the priority of each informant. The results of rater agreement (W), a measure that measures the level of conformity (agreement) of informants on a problem, solution, and strategy in one cluster, are shown in Table 3.

Table 2. The Total Geometric Mean and the Synthesis Results of Informant Priorities Regarding Sharia Hospital Business Development Strategy in Indonesia

Decomposition	Regulators	Academics	Practitioner	Total
Problem Aspect				
M1. Human resources	0.250	0.180	0.168	0.199
M2. Regulations	0.227	0.251	0.175	0.218
M3. Capital	0.174	0.162	0.291	0.209
M4. Literacy	0.176	0.149	0.162	0.162
M1. Human resources				
1. Human resource inadequacy (talent gap).	0.404	0.317	0.287	0.336
2. Universities and industry have no link or match.	0.245	0.450	0.302	0.332
3. Lacks the necessary sharia competence.	0.351	0.233	0.411	0.332
M2. Regulations				
1. The licensing process takes a long time.	0.403	0.341	0.361	0.368
2. Dynamic regulation.	0.407	0.377	0.440	0.408
M3. Capital				
1. Difficulty in obtaining capital.	0.368	0.248	0.394	0.337
2. The nominal capital is paid in when registering.	0.302	0.343	0.344	0.330
M4. Literacy				
1. Sharia economic and financial literacy is low.	0.365	0.347	0.302	0.338
2. Digital literacy is low.	0.270	0.279	0.397	0.315
Solution Aspects				
S1. Human resources	0.272	0.219	0.147	0.162
S2. Regulations	0.243	0.262	0.266	0.257
S3. Capital	0.151	0.144	0.190	0.211
S4. Literacy	0.155	0.149	0.169	0.158
S1. HR				
1. Education and training in Sharia business.	0.264	0.367	0.365	0.332
2. Sharia hospital certification.	0.456	0.417	0.365	0.413
3. Internships in Sharia hospitals for students.	0.280	0.217	0.270	0.255
S2. Regulations				
1. Simplifying the licensing process.	0.332	0.419	0.314	0.355
2. Adaptable and accommodating regulatory support.	0.397	0.419	0.498	0.438
S3. Capital				
1. Sharia venture capital invests in sharia businesses.	0.397	0.410	0.376	0.394
2. Reduced paid-in capital when registering.	0.271	0.181	0.198	0.217
S4. Literacy				
1. Socialization and education in Sharia business.	0.333	0.252	0.391	0.325
2. Incorporating Sharia business into the university curriculum.	0.267	0.223	0.262	0.251
Strategy				
1. Quality and quantity of human resources	0.155	0.169	0.170	0.164
2. Government support	0.195	0.198	0.193	0.195
3. Strengthen capital	0.170	0.181	0.148	0.166
4. Increase literacy	0.152	0.138	0.169	0.153
5. Build an ecosystem	0.145	0.136	0.147	0.143
6. DPS function regulations	0.183	0.179	0.173	0.178

Table 3. Results of the Rater Agreement for the Indonesian Sharia Hospital Business Development Strategy

Decomposition	Rater Agreement (W)
Problem Aspect	
M1. Human resources	0.221818182
M2. Regulations	0.362616822
M3. Capital	0.275154004
M4. Literacy	0.220757825
Aspect Solution	
S1. Human resources	0.326145553
S2. Regulations	0.356321839
S3. Capital	0.340186916
S4. Literacy	0.312114990
Strategy	0.052663076

DISCUSSIONS

The development of the sharia hospital business in Indonesia, which was studied, was carried out using the Analytical Network Process (ANP) approach. Analysis using the ANP approach aims to build a sharia hospital business development model by prioritizing sharia hospital business development in Indonesia. The study starts by identifying the overall priority of sharia hospital business issues. Problems with sharia hospital business organizations can be recognized using the criteria of human resources, regulation, capital, and literacy, based on a survey of the literature and in-depth interviews with numerous experts, academics, and practitioners in Indonesia. These four parameters were assembled into a pairwise comparison questionnaire and delivered to nine respondents from sharia hospital business entities, including three regulators, three experts, and three practitioners.

The results of data processing from the questionnaire completed by respondents, demonstrating the importance of these four problem components in general. The utility of respondent agreement (rater agreement) in defining problem priority from these four elements is minimal ($W = 0.0682$) due to the wide range of responses. This means that only 6.82% of those polled valued problem prioritization. In terms of priority among these four criteria, the regulatory issue criterion is the main priority in the issue of sharia hospital business development in Indonesia, with a value of 0.218. Then there are the capital problem criteria of 0.209, human resources problems of 0.199, and literacy problems of 0.162. Based on the results of data processing via super-decision software, problem priorities were obtained according to the opinions of all informants, as seen in Table 4.

According to the informants' collective opinion, the most pressing issue in developing the sharia hospital business in Indonesia is regulatory issues (21.8%), followed by capital issues (20.9%), human resources issues (19.9%), and literacy problems (16.2%). For all informants, the obtained rater agreement value is $W=0.068260107$. The level of agreement between informants on the priority order of regulatory issues is 0.362616822, or 3.6%, which is a very low level of agreement due to the variability of each informant's answers. The priority synthesis results for each informant are shown in the Table 4.

Table 4. Problem Aspect

Decomposition	Problem Aspect									
	M1		M2				M3		M4	
	KS	LM	KP	DP	DR	AP	MD	LE	LD	
Regulators1	0,200	0,600	0,200	0,333	0,333	0,143	0,429	0,429	0,143	
Regulators2	0,250	0,500	0,250	0,190	0,547	0,200	0,400	0,111	0,444	
Regulators3	0,517	0,124	0,359	0,558	0,320	0,400	0,200	0,429	0,143	
Academics1	0,250	0,500	0,250	0,429	0,429	0,600	0,200	0,143	0,429	
Academics2	0,279	0,072	0,649	0,333	0,333	0,333	0,333	0,429	0,429	
Academics3	0,500	0,250	0,250	0,500	0,250	0,400	0,200	0,500	0,250	
Practitioner1	0,250	0,500	0,250	0,250	0,500	0,250	0,250	0,333	0,333	
Practitioner2	0,333	0,333	0,333	0,320	0,558	0,250	0,500	0,333	0,333	
Practitioner3	0,444	0,111	0,444	0,400	0,400	0,455	0,455	0,333	0,333	
Mean	0,336	0,332	0,332	0,368	0,408	0,337	0,330	0,338	0,315	
GMean	0,199		0,218				0,209		0,162	

Note: M1= Human resources, M2= Regulation, M3= Capital, M4= Literacy, KS= Quality and quantity of human resources, LM= Universities and industry have no link or match, KP= Lacks the necessary sharia competence, DP= The licensing process takes a long time, DR= Dynamic regulation, AP= Difficulty in obtaining capital, MD= The nominal capital is paid in when registering, LE= Sharia economic and financial literacy is low, LD= Digital literacy is low

The priority synthesis findings for all nine informants. Two of them agreed that regulatory issues were the main impediment to the development of the sharia hospital business in Indonesia. According to two more, the primary issue is the development of the sharia hospital business in Indonesia. One further inquired whether capital was the most important factor in expanding the sharia hospital business in Indonesia, while another two respondents stated that capital was the most important factor. Rater agreement is 6.82%, or 6.82 percent.

Synthesis results on the regulatory sub-problem cluster were used to determine the development of the sharia hospital business in Indonesia. Based on the results of data processing using Super Decision Software, it was discovered that the priority of regulatory issues, according to the opinions of all informants, is as shown in Table 5. The most pressing regulatory issue in developing the sharia hospital business in Indonesia is the dynamic regulatory problem, which has a value of 0.408, followed by the problem of long licensing duration, which has a value of 0.368. The obtained rater agreement value for all informants is $W = 0.362616822$. It means that the level of agreement among informants on the priority order of regulatory issues is 36.2%, indicating a moderate level of agreement because the answers vary for each informant. The priority synthesis per informant, which shows that of the six informants, three responded that the most important regulatory issue in developing the sharia hospital business was the dynamic issue of regulations, and two responded that the issue of licensing duration was the most important problem. These regulations' issues are of equal importance. Furthermore, one

informant stated that the length of permission processing and the dynamism of regulations are both crucial and provide similar value. It corresponds to the rater agreement figure of 0.362616822, or 36.2%, indicating that the level of agreement with the answers is quite high.

According to the results of data processing using super decision software, the priority of capital issues according to the opinions of all informants is as shown in the Table 4. The most pressing capital problem in developing the sharia hospital business in Indonesia, according to the combined opinion of the informants, is difficult access to capital, which accounts for 33.7%. It followed the problem of the amount of capital paid up when registering, with a value of 33%. The result of obtaining the rater agreement value for all informants is $W = 0.234567901$. It means that the level of agreement between informants regarding the priority order of capital issues is 23.4%, which shows that the level of agreement is low because the answers vary for each answer from each informant. The priority synthesis per informant, two of the six informants said that accessing capital was difficult, and one said that the amount of capital paid up when registering was a priority problem. Meanwhile, three informants responded that the issues of difficult capital access and the nominal amount of paid-up capital when registering were identical and equally significant problems with the same value. It was consistent with the rater agreement figure of $W = 0.234567901$, or 23.4%.

Based on the results of data processing through Super Decision Software, priority human resources problems were obtained according to the opinions of all informants. The human resources problem, which is the most important in terms of the quality of human resources who are not yet qualified (talent gap), is 33.6%, followed by the level of problems with not linking and matching universities, industry, and human resources. The result of obtaining the rater agreement value for all informants is $W = 0.086419753$. It means that the level of agreement between informants regarding the priority order of human resources problems is 8.64%, which shows a low level of agreement because the answers vary for each informant. The results of the synthesis of priorities per informant show that four out of nine informants answered that the most priority human resources problem in the development of Sharia hospitals is the problem of not linking and matching between universities and industry, two answered that the most priority human resources problem was the problem of inadequate quality of human resources (talent gap), and one person answered that the most priority human resources problem was the problem of inadequate quality of human resources (talent gap). It corresponds to 0.086419753, or 8.64%, rater agreement.

Based on the results of data processing using Super Decision Software, it was discovered that the priority of literacy problems, according to the opinions of all informants. The most important literacy problem in developing the sharia hospital business in Indonesia is the problem of sharia economic and financial literacy, which is low at 33.8%, and the last priority is the problem of digital literacy, which is still low, at 31.5%. The rater agreement value obtained for all informants was $W = 0.259259259$, or 25.9%. It means that the level of agreement between informants regarding the priority order of literacy problems is 25.9%, indicating a low level of agreement because each informant's answers vary. The priority synthesis per informant show that out of six informants, one answered that the most important literacy problem in developing the sharia hospital business in Indonesia is the problem of sharia economic and financial Shariah literacy, which is still low. The next two informants answered the three literacy problems, namely low sharia economic and financial literacy. Furthermore, three informants answered that the problem of low sharia economic and financial Shariah literacy was equally important and provided the same value. This is in line with the rater agreement figure obtained of $W = 0.259259259$, or 25.9%.

Based on the results of data processing through Super Decision Software, priority solutions were obtained according to the opinions of all informants, as seen in the Table 5.

Table 5. Solution Aspect

Decomposition	Solution Aspect									
	M1		M2				M3		M4	
	ET	SHC	IS	LP	AR	SV	PR	SS	CS	
Regulators1	0,200	0,600	0,200	0,429	0,429	0,429	0,143	0,258	0,105	
Regulators2	0,400	0,400	0,200	0,429	0,429	0,400	0,200	0,200	0,400	
Regulators3	0,163	0,540	0,297	0,500	0,250	0,540	0,163	0,320	0,122	
Academics1	0,333	0,333	0,333	0,637	0,258	0,429	0,143	0,258	0,105	
Academics2	0,429	0,429	0,143	0,200	0,600	0,200	0,200	0,333	0,333	
Academics3	0,500	0,250	0,250	0,400	0,400	0,400	0,200	0,297	0,163	
Practitioner1	0,200	0,400	0,400	0,200	0,400	0,250	0,250	0,429	0,429	
Practitioner2	0,333	0,333	0,333	0,105	0,637	0,500	0,250	0,582	0,348	
Practitioner3	0,429	0,429	0,143	0,297	0,540	0,400	0,400	0,250	0,250	
Mean	0,332	0,413	0,255	0,355	0,438	0,394	0,217	0,325	0,251	
GMean	0,162		0,257				0,211		0,158	

Note: M1= Human resources, M2 = Regulation, M3 = Capital, M4 = Literacy, ET = Education and training, SHC = Sharia hospital certification, IS = Internships in Sharia hospitals for students, LP = Simplifying the licensing process, AR = Adaptable and accommodating regulatory support, SV = Sharia venture capital invests in sharia businesses, PR = Reduced paid-in capital when registering, SS = Socialization and education in Sharia business, CS = Incorporating Sharia business into the university curriculum

The combined opinion of the informants, the most priority solution in developing the sharia hospital business in Indonesia is a regulatory solution at 25.7%, then a capital solution at 21.1%, a human resources solution at 16.2%, and finally a literacy solution amounting to 15.8%. The result of obtaining the rater agreement value for all informants is $W = 0.068260107$. It means that the level of agreement between informants regarding the priority order for sharia hospital business development solutions is 6.82%, which shows a low level of agreement because the answers vary for each informant. The results of the priority synthesis per informant show that out of nine informants, two informants answered that the most priority solution was a regulatory solution, one person stated that it was a regulatory solution, one person thought that human resources solutions were the top priority, then one person believes that human resources and capital solutions are the most priority solutions by providing the same value, one person believes that regulatory and literacy solutions are equally important solutions, and finally one person believes that regulations and sharia compliance are equally important solutions in developing sharia hospitals in Indonesia. This is in line with the rater agreement figure obtained at 6.82%.

The most important regulatory solution in developing the sharia hospital business is an adaptive and accommodating regulatory support solution at 43.80%, followed by a solution to simplify the licensing process at 35.50%. The result of obtaining the rater agreement value for all informants is $W = 0.356321839$. It means that the level of agreement between informants regarding the priority order of regulatory issues is 35.63%, which shows a fairly high level of agreement with all the informants' answers. The results of the priority synthesis per informant show that, of the nine informants, three answered that the most important regulatory solution in developing the sharia hospital business is adaptive and accommodating regulatory support solutions, and two answered process simplification. Licensing is the top priority, according to three informants, and simplifying the process and providing adaptive and accommodative regulatory support are two equally important things and give the same value, according to one informant. It corresponds to a rater agreement figure of $W = 0.356321839$, or 35.62%.

The most important capital solution in developing sharia hospital businesses in Indonesia is sharia venture capital investment solutions in sharia businesses with a value of 39.40%, followed by a decrease in paid-in capital when registering with a value of 21.70%. The result of obtaining the rater agreement value for all informants is $W = 0.374545455$. It means that the level of agreement between informants regarding the priority order of capital issues is 37.45%, which shows a fairly high level of agreement because it reaches 37.45% similarity. The priority synthesis per informant, which show that two out of nine informants said that sharia venture capital investment solutions in sharia hospitals are the most important capital solution in the sharia hospital business, which is the main priority, followed by four informants who said that sharia hospital business incubation and sharia venture capital investment solutions in sharia hospitals are two equally important priorities. It corresponds to $W = 0.374545455$, or 37.45% rater agreement.

The combined opinion of the informants, the human resources solution with the highest priority in developing the sharia hospital business is the certification solution in the sharia hospital sector at 41.2%, followed by education and training solutions for the sharia hospital business at 41.2%. 33.19%, then the last solution is an internship solution for students in sharia hospital business companies, amounting to 25.54%. The result of obtaining the rater agreement value for all informants is $W = 0.152380952$. It means that the level of agreement between informants regarding the priority order of HR problems is 15%, which indicates a low level of agreement because the answers vary for each informant. The priority synthesis per informant, which show that certification solutions in the sharia hospital business sector are the most priority human resource solution in developing sharia hospitals, according to two informants. One informant said education and training solutions for sharia hospital business are the main solution priorities, while three others said training and certification solutions are the main solution priorities. The same solution factors are equally important, according to one informant, and training and internships are both critical solutions in developing the sharia hospital business. It corresponds to a rater agreement of $W = 0.152380952$, or 15.23%.

The combined opinion of the informants, the most priority literacy solution in developing the sharia hospital business is the socialization and education solution for sharia hospital business at 32.52%, and the final solution is to include sharia hospital business in the university curriculum, with a value of 25.05%. The result of obtaining the rater agreement value for all informants is $W = 0.312114990$. It means that the level of agreement between informants regarding the priority order of literacy problems is 31.21%, which indicates a low level of agreement because the answers vary for each informant. The synthesis of priorities per informant show that five out of nine informants said that socialization and education in sharia hospital enterprises were the most essential literacy solutions for expanding sharia hospital businesses. According to one source, socializing and educating the Sharia hospital business, incorporating the Sharia hospital business into university curricula, and strictly enforcing Sharia hospital legislation are all equally significant options. According to one informant, socialization and education on the sharia hospital business, as well as putting the sharia hospital business in the

university curriculum, are both equally vital options. According to one informant, the solution of including the sharia hospital business in the university curriculum and strict law enforcement for the sharia hospital business are both equally important. It corresponds to the rater agreement figure of $W = 0.312114990$, or 31.21%.

Priority solutions were obtained based on the results of data processing through Super Decision Software, as shown in the Table 6.

Table 6. Strategy

Decomposition	Strategy					
	QH	GS	SC	IL	BE	DPS
Regulators1	0,230	0,187	0,182	0,174	0,117	0,109
Regulators2	0,188	0,172	0,180	0,190	0,140	0,130
Regulators3	0,215	0,180	0,177	0,185	0,131	0,112
Academics1	0,199	0,111	0,174	0,141	0,190	0,185
Academics2	0,178	0,196	0,186	0,173	0,145	0,122
Academics3	0,174	0,183	0,143	0,172	0,152	0,176
Practitioner1	0,171	0,184	0,133	0,176	0,197	0,138
Practitioner2	0,201	0,137	0,149	0,206	0,106	0,202
Practitioner3	0,199	0,147	0,154	0,187	0,108	0,205
Mean	0,195	0,166	0,164	0,178	0,143	0,153
GMean	0,195	0,166	0,164	0,178	0,143	0,153

Note: QH = Quality and quantity of human resources, GS = Government support, SC = Strengthen capital, IL = Increase literacy, BE = Build an ecosystem, DPS = DPS function regulations

The most important strategy in developing the sharia hospital business in Indonesia is the government support strategy with a value of 19.50%, the distribution of DPS functions with a value of 17.80%, the strategy to strengthen capital with a value of 16.60%, the strategy to increase literacy with a value of 15.30%, the human resources quality and quantity strategy with a value of 16.40%, and finally the strategy to build an ecosystem with a value of 14.30%. The result of obtaining the rater agreement value for all informants is $W = 0.052663076$. It means that the level of agreement between informants regarding the priority order of sharia hospital business development strategies is 5.26%, which shows a low level of agreement. The results of the priority synthesis per informant show that four informants answered that the most important strategy in developing the sharia hospital business is the government support strategy, one informant answered that the DPS function regulatory strategy is the main priority, and one informant answered that the strategy of building an ecosystem is a priority. Finally, three respondents answered that strengthening capital was a priority. It corresponds to the rater agreement figure of $W = 0.052663076$, or 5.26%.

CONCLUSIONS

Sharia Hospital's Business Development Strategy for Islamic Higher Education in Indonesia is divided into five problems; the main priorities are regulatory issues, problem capital, problem human resources, problem capital and problem literacy. Informants have a level of agreement (rater agreement) of $W = 0.0682$, or 6.82%, in determining the priority of main problem development. Each informant's response to Sharia Hospital in Indonesia is unique.

Regulatory solutions have been prioritized to address this issue, followed by human resource solutions, capital solutions, and literacy solutions. The level of informant agreement or rater agreement $W = 0.068260107$, or 6.82%, in determining the major priority in Sharia Hospital's business development solutions for Islamic Higher Education in Indonesia varied with each informant's response.

Implementing government support strategies, DPS function regulation strategies, capital strengthening strategies, literacy increasing strategies, human resource quality and quantity strategies, and ecosystem building strategies is the most important alternative in determining Sharia Hospital's Business Development Strategy for Islamic Higher Education in Indonesia. The variability of each informant's answer was low; informants had a low degree of agreement (rater agreement) of $W = 0.052663076$, or 5.26%, in establishing the major priority in strategies to solve the issues of sharia hospital business development. The potential for market development in the Sharia hospital business at State Islamic Religious Universities is high, and it will set a trend of business development in the form of support for Muslims' halal lifestyle.

REFERENCES

- Ababneh, H. T., & Avramenko, A. 2016. Impact of Islamic Values on HRM Practices: An Empirical Study of Jordanian Universities. *International Journal of Business Excellence*, 10(1), 1. <https://doi.org/10.1504/IJBEX.2016.077625>
- Abdul Ghani Azmi, I. 2015. Islamic Human Resource Practices And Organizational Performance. *Journal of Islamic Accounting and Business Research*, 6(1), 2–18. <https://doi.org/10.1108/JIABR-02-2012-0010>
- Abdullah, M. 2020. Reflection of Maqāsid al-Sharī'ah in the classical Fiqh al - Awqāf. *Islamic Economic Studies*, 27(2), 79–90. <https://doi.org/10.1108/IES-06-2019-0011>
- Abdurrokhman, M., & Sulistiadi, W. 2019. Sharia Hospital As an Added Value: A Systematic Review. *Strengthening Hospital Competitiveness to Improve Patient Satisfaction and Better Health Outcomes*, 294–294. <https://doi.org/10.26911/the6thicph.04.56>
- Aisyah Ismail, S., Hamid, B., Sulistiadi, W., & . S. 2018. Journey to Shariah Hospital: An Indonesian Experience. *KnE Life Sciences*, 4(9), 315. <https://doi.org/10.18502/kls.v4i9.3582>
- Alarimy, A. S. J. 2015. Islamic and Western Approaches To Human Resource Management in Organizations : a Practical Approach . *International Journal of Information Technology and Business Management*, 39(1), 1–13.
- Alfarizi, M., & Arifian, R. 2023. Patient Satisfaction With Indonesian Sharia Hospital Services: Halal Healthcare Tool And Implications For Loyalty-WoM. *Asian Journal of Islamic Management (AJIM)*, 5(1), 18–35. <https://doi.org/10.20885/AJIM.vol5.iss1.art2>
- Almas, F. 2022. Realizing SDGs in Indonesia Through Productive Waqf. *Jurnal of Middle East and Islamic Studies*, 9(2). <https://doi.org/10.7454/meis.v9i2.148>
- Aman, A. 2019. Islamic Marketing Ethics For Islamic Financial Institutions. *International Journal of Ethics and Systems*, 36(1), 1–11. <https://doi.org/10.1108/IJOES-12-2018-0182>
- Antara, P. M., Musa, R., & Hassan, F. 2016. Bridging Islamic Financial Literacy and Halal Literacy: The Way Forward in Halal Ecosystem. *Procedia Economics and Finance*, 37(16), 196–202. [https://doi.org/10.1016/S2212-5671\(16\)30113-7](https://doi.org/10.1016/S2212-5671(16)30113-7)
- Ascarya, & Tanjung, H. 2021. Structures of HealthcareWaqf in Indonesia to Support SDGs. In M. M. Billah (Ed.), *Islamic Wealth and the SDGs: Global Strategies for Socio-Economic Impact* (pp. 305–324). Palgrave Macmillan UK. <https://doi.org/10.1007/978-3-030-65313-2>
- Chen, Y., Jin, Q., Fang, H., Lei, H., Hu, J., Wu, Y., Chen, J., Wang, C., & Wan, Y. 2019. Analytic Network Process: Academic Insights And Perspectives Analysis. *Journal of Cleaner Production*, 235, 1276–1294. <https://doi.org/10.1016/j.jclepro.2019.07.016>
- Çizakça, M. 2015. Islamic Wealth Management in History and at Present. *Journal of King Abdulaziz University- Islamic Economics*, 28(1), 3–19. <https://doi.org/10.4197 / Islec. 28-1.1 Islamic>
- Ezat, S., Puteh, W., Aizuddin, A. N., Abdullah, A., & Salem, A. 2023. Is National Health Insurance Feasible for Saudi Healthcare Services? A Qualitative Study. *International Journal of Finance, Insurance and Risk Management*, XIII(1), 3–26. <https://journalfirm.com/journal/341/download/Is+National+Health+Insurance+Feasible+for+Saudi+Healthcare+Services%3F+A+Qualitative+Study.pdf>
- Françoço, R. V., Junior, L. S. V. U., Carrapateira, E. S., Pacheco, B. C. S., Oliveira, M. T., Torsoni, G. B., & Yari, J. 2023. A Web-Based Software For Group Decision With Analytic Hierarchy Process. *MethodsX*, 11(June), 102277. <https://doi.org/10.1016/j.mex.2023.102277>
- Gadelrab, H. F., Alkhadher, O., Aldhafri, S., Almoshawah, S., Khatatba, Y., El Abiddine, F. Z., Alyetama, M., Elmsalak, S., Tarboush, N., & Slimene, S. 2020. Organizational Justice in Arab Countries: Investigation of the Measurement and Structural Invariance. *Cross-Cultural Research*, 54(1), 3–27. <https://doi.org/10.1177/1069397118815099>
- Harun, S., & Senawi, A. R. 2023. The Determinants of Customer Satisfaction towards Muslim-Friendly Healthcare Service Deliveries: A Conceptual Model. *Information Management and Business Review*, 15(4 (SI) I), 326–330.
- Hashim, J. 2009. Islamic Revival In Human Resource Management Practices Among Selected Islamic Organisations in Malaysia. *International Journal of Islamic and Middle Eastern Finance and Management*, 2(3), 251–267. <https://doi.org/10.1108/17538390910986362>
- Hisham, Y., & Hairul Suhaimi, N. 2017. Investigating Awqaf Management, Accounting and Investment Practices in Malaysia: The Case of a State Religious Institution. *Global Journal Al Thaqafah*, 7(1), 59–70. <https://doi.org/10.7187/GJAT12720170701>
- Islam, S., Muhamad, N., & Leong, V. S. 2023. Healthcare quality for Muslims: TCCM and TSR frameworks analyses. *Journal of Islamic Marketing*, 14(3), 775–798.

- Jamaludin, F. I. C., Abdullah, M. R. T. L., & Endut, M. N. A.-A. 2023. Establishing a Sustainable Shariah-Compliant Hospital in Malaysia: Exploring the Pertinent Concept. *KnE Social Sciences*, 670–685.
- Kheybari, S., Rezaie, F. M., & Farazmand, H. 2020. Analytic Network Process: An Overview Of Applications. *Applied Mathematics and Computation*, 367, 124780. <https://doi.org/10.1016/j.amc.2019.124780>
- Maharani, V. M., Jati, S. P., & Nugraheni, S. A. 2021. Overview of Patient Satisfaction to Sharia Services Hospitals in Indonesia: Literature Review. *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, 6(3), 681–686. <https://doi.org/10.30604/jika.v6i3.1008>
- Mahendra, Z. F., & Surwandono, S. 2021. The Strategy of Taiwan Government to Build Muslim Friendly Environment. *Politea*, 4(2), 208. <https://doi.org/10.21043/politea.v4i2.12467>
- Mardiyati, F. Y., & Ayuningtyas, D. 2021. Analysis of Implementation Standards of Sharia Minimum Services in the Hospital: Case Study at Sari Asih Sangiang Hospital 2018. *Journal of Indonesian Health Policy and Administration*, 6(1), 127–133. <https://doi.org/10.7454/ihpa.v6i1.3145>
- Mohammadi, A., Vanaki, Z., Memarian, R., & Fallahrafie, R. A. 2019. Islamic and Western Ethical Values in Health Services Management: A Comparative Study. *International Journal of Nursing Knowledge*, 30(4), 239–250. <https://doi.org/10.1111/2047-3095.12244>
- Mubarok, F. K., & Imam, M. K. 2020. Halal Industry in Indonesia; Challenges and Opportunities. *Journal of Digital Marketing and Halal Industry*, 2(1), 55. <https://doi.org/10.21580/jdmhi.2020.2.1.5856>
- Nadrattuzaman, M., Taufiki, M., & Yumna, L. 2021. Management Evaluation And Sharia Certified Hospitals Compliance: Case Study of Sari Asih Ciledug Hospital, Indonesia. *Al Qalam*, 38(1), 73–96.
- Naserirad, M., Tavakol, M., Abbasi, M., Jannat, B., Sadeghi, N., & Bahemmat, Z. 2023. Predictors Of International Muslim Medical Tourists' Expectations On Halal-Friendly Healthcare Services: A Hospital-Based Study. *Health Services Management Research*, 36(4), 230–239.
- Ningtyas, P. F., Permana, I., Rosa, E. M., & Jaswir, I. 2022. Halal Medicine Selection Process in Sharia-Certified Hospital. *Indonesian Journal of Halal Research*, 4(2), 85–96. <https://doi.org/10.15575/ijhar.v4i2.16722>
- Putra Boediman, E. 2017. Halal Lifestyle in Marketing Communication of Tourism and Hospitality. *International Journal of Economic Research*, 14(4).
- Rahayu, S., Paramitha, P., Koloi, V. S., Lesmana, L., & Sulistiadi, W. 2023. The Impact of Sharia Certification on Nutrition Management at YARSI Hospital. *JMMR (Jurnal Medicoeticolegal Dan Manajemen Rumah Sakit)*, 12(2), 216–232.
- Rahman, M. K., Bhuiyan, M. A., & Zailani, S. 2021. Healthcare Services: Patient Satisfaction And Loyalty Lessons From Islamic Friendly Hospitals. *Patient Preference and Adherence*, 2633–2646.
- Rahman, M. K., Zainol, N. R., Nawi, N. C., Patwary, A. K., Zulkifli, W. F. W., & Haque, M. M. 2023. Halal Healthcare Services: Patients' Satisfaction and Word of Mouth Lesson from Islamic-Friendly Hospitals. *Sustainability*, 15(2), 1493.
- Rana, M. H., & Malik, M. S. 2017. Impact of Human Resource (HR) Practices On Organizational Performance. *International Journal of Islamic and Middle Eastern Finance and Management*, 10(2), 186–207. <https://doi.org/10.1108/IMEFM-04-2016-0060>
- Rizqon, M. S., Sulisno, M., & Suryawati, C. 2020. Sharia Services With A Level Of Patient Satisfaction In Hospitals: Literature Review. *Jurnal Keperawatan Respati Yogyakarta*, 7(1), 27. <https://doi.org/10.35842/jkry.v7i1.529>
- Saaty, T. L. 1994. How to Make a Decision: The Analytic Hierarchy Process. *Interfaces*, 24(6), 19–43. <https://doi.org/10.1287/inte.24.6.19>
- Salehudin, I. 2013. Halal Literacy: A Concept Exploration and Measurement Validation. *ASEAN Marketing Journal*, 2(1). <https://doi.org/10.21002/amj.v2i1.1987>
- Sukmana, R. 2020. Critical Assessment Of Islamic Endowment Funds (Waqf) Literature: Lesson For Government And Future Directions. *Heliyon*, 6(10), e05074. <https://doi.org/10.1016/j.heliyon.2020.e05074>
- Sulistyowati, Sukmana, R., Ratnasari, R. T., Ascarya, & Widiastuti, T. 2022. Issues And Challenges Of Waqf In Providing Healthcare Resources. *Islamic Economic Studies*, 30(1), 2–22. <https://doi.org/10.1108/IES-09-2021-0034>
- Tlaiss, H. A. 2015. How Islamic Business Ethics Impact Women Entrepreneurs: Insights from Four Arab Middle Eastern Countries. *Journal of Business Ethics*, 129(4), 859–877. <https://doi.org/10.1007/s10551-014-2138-3>
- Toumi, S., & Su, Z. 2023. Islamic Values And Human Resources Management: A Qualitative Study Of Grocery Stores in the Quebec Province. *International Journal of Cross Cultural Management*, 23(1), 79–112. <https://doi.org/10.1177/14705958221136691>
- Wardhani, V., van Dijk, J. P., & Utarini, A. 2019. Hospitals Accreditation Status In Indonesia: Associated With Hospital Characteristics, Market Competition Intensity, And Hospital Performance? *BMC Health Services Research*, 19(1), 372. <https://doi.org/10.1186/s12913-019-4187-x>

- Wilson, R. 2006. Islam and business. *Thunderbird International Business Review*, 48(1), 109–123. <https://doi.org/10.1002/tie.20088>
- Windasari, N. A., Azhari, N. P. D. A., & Putra, I. F. 2023. Assessing Consumer Preferences On Halal Service: The Emergence Of Sharia Hospitals For Muslim Consumer. *Journal of Islamic Marketing*.
- Zailani, S., Ali, S. M., Iranmanesh, M., Moghavvemi, S., & Musa, G. 2016. Predicting Muslim Medical Tourists' Satisfaction With Malaysian Islamic Friendly Hospitals. *Tourism Management*, 57, 159–167. <https://doi.org/10.1016/j.tourman.2016.05.009>
- Zawawi, M., & Othman, K. 2018. An Overview of Shari'ah Compliant Healthcare Services in Mlayasia. *Malaysian Journal of Consumer And Family Economics*, 91–100.