

Sharia Integration in Hospital Service: Implementation of Purity and *Ikhtilāt* Aspect

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Abstract. *The application of sharia hospitals has implications for improving services. Two standards must be met, including purity and avoidance of ikhtilāt. However, this effort requires a large amount of money, affecting the principle of simple, fast and inexpensive service. The findings indicate that patients and their families benefit from adopting purity standards and avoiding ikhtilāt. Implementation of standard purity, however, does not fully have adequate management to ensure standard compliance. Meanwhile, implementing ikhtilāt avoidance standards is strongly influenced by the availability of resources and infrastructure. However, under certain conditions, the application of these standards is neglected. Implications This study emphasizes the need for detailed management and guidelines in applying these standards.*

Keywords: *Purity, Ikhtilāt Prevention; Sharia Hospital; Emergency; Management*

Abstrak. *Penerapan rumah sakit syariah berimplikasi pada meningkatnya pelayanan. Ada dua standar yang harus dipenuhi, yaitu standar kesucian dan penghindaran ikhtilāt. Namun, upaya ini membutuhkan biaya besar sehingga mempengaruhi prinsip pelayanan sederhana, cepat, dan murah. Temuan mengindikasikan bahwa pasien dan keluarganya mendapat manfaat dari penerapan standar kesucian dan penghindaran ikhtilāt. Implementasi kemurnian standar, bagaimanapun, tidak sepenuhnya memiliki manajemen yang memadai untuk memastikan pemenuhan standar. Sedangkan penerapan standar penghindaran ikhtilāt sangat dipengaruhi oleh ketersediaan sumber daya dan infrastruktur. Namun, dalam kondisi tertentu, penerapan standar tersebut terabaikan. Rekomendasi Penelitian ini menekankan perlunya pengelolaan dan pedoman yang detail dalam penerapan standar tersebut.*

Kata kunci: *Kesucian; Penghindaran Ikhtilāt; Rumah Sakit Syariah; Darurat; Manajemen*

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Introduction

A sharia hospital poses complex standards requiring not only the implementation of the service standards as set by the government but also conformity with sharia principles (Maksum, 2018; Rachman, 2019). Some of these sharia standards are related to the regulation of direct interactions between men and women in one place (*ikhtilāf*) and the need for places, facilities, and tools that are free from *najs* (ritually impure). Here, the two sharia standards indirectly correlate to the hospital's service standards.

Researchers stated that the sharia principle application has obstacles. Usman (2022) stated that the application of sharia principles is ineffective in view of no authority of the National Sharia Board (Dewan Syariah Nasional/DSN), as the one issuing the sharia standards in hospitals, in the national legal structure, inapplicable fatwas, conflicts of interest of the sharia supervisory board (Dewan Pengawas Syariah/DPS), and less competent members of DPS. Laldin (2016) mentioned that institutions labeled sharia generally focus on formal legal matters. Comprehensive data do not entirely support Usman's conclusions. The DSN fatwa was adopted by Bank Indonesia (BI) and the Financial Services Authority (Otoritas Jasa Keuangan/OJK), and then these provisions are binding (Zein, 2018). The fatwa legislation process carried out by BI and OJK impacts the DSN fatwa as a product of state law.

Two studies in Malaysia showed that sharia hospitals had provided patient satisfaction - particularly regarding the availability of worship facilities and the attitude of health workers in providing health services. Research in Iran showed that female patients have highly appreciated health services provided by female health workers (Abdurrokhman & Sulistiadi, 2019).

Sharia compliance positively impacts customer satisfaction (Usman, 2020; Perdana, 2019). In the world of health, sharia principles and ethical values affect customer satisfaction (Hadytiaz, 2022). Maksum (2022) noted sharia principles as the added value to hospital services. Verma (2021) stated that the quality of content in online health services (e-heart) is an essential determining factor for customer service. Mahmudah (2021) concluded that sharia hospitals have also implemented accounting based on sharia principles though not entirely. Other researchers, such as Widyastuti (2020) and Setiawan (2021), stated that these sharia principles have also been applied in the sharia capital market. According to Setiawan, these sharia principles comply with Basel, Accounting and Auditing Organisation for Islamic Financial Institution (AAOIFI) and Islamic Financial Services Board (IFSB) standards.

The integration of the halal aspect, however, is not something simple to be implemented. The obstacles might come regarding the regulations, services, institutions, human resources, sharia issues, and public awareness. Regulatory and policy aspects here are the most important factors in this integration (Amalia & Hidayah, 2020). Halal issues are the ones widely studied, particularly in Malaysia and Indonesia (Suryani et al., 2022). There needs to be a more detailed regulation of sharia supervision. Muryanto (2022) stated that this regulation strengthens the position of sharia compliance. Until recently, sharia hospitals have no legal regulation in applying sharia principles. At this point, the application of sharia is still voluntary (Maksum, 2022). In addition, Laldin (2016) suggested that sharia principles be expanded to include sharia law and legal purposes (*maqāṣid al-sharī'ah*).

In Islamic law, the concept of purity also becomes a special concern, as clearly seen from the obligation to perform ablution daily or *wuḍū'* as a condition for the validity of praying five times a day, an order for bathing, cutting nails, trimming and cutting body hair, or order for circumcision (Al-Bougha, 1992: 35). It is also taught to clean oneself from *najs* and dirt, especially worship, such as prayer. Cleanliness and purity are useful not only as a condition of worship but also to maintain health because cleanliness is the basis of health. Cleanliness and health of individuals are the basis of a healthy environment and society. In addition, Allah commands in various verses to praise those who are purified, like in QS 2:22, "*Indeed, Allah loves those who repent and purify themselves.*" In Surah Al-Taubah [9] verse 108, it is also stated that *Allah loves those who clean themselves.*

Purity is not merely determined by the condition of a person's body is free from major and minor *ḥadath*. Still, it can be seen from the condition of the body, clothes worn, and place free from the things categorized as *najs* (ritually impure). The pure condition of these three things, in addition to as a condition for the validity of certain prayers and worships, has impacted other things, such as general hygiene matters.

Meanwhile, *al-ikhṭilāt* (the interaction between men and women in one place) is part of Islam's social ethics. Any activities that do not prevent *ikhṭilāt* are often considered not in line with Islamic law. There are legal provisions, limitations, and conditions allowing *ikhṭilāt* to occur.

In practice, the addition of these two standards will intensify the services provided by sharia hospitals. In reality, the number of certified hospitals, however, continues to grow. Based on the data, by November 2022, there have been 50

hospitals. The development of sharia-based hospitals is motivated by the desire to strengthen Islamic identity in hospitals. The applications for sharia-based hospital certification are continuing, followed by the increase in the number of sharia hospitals and the improvement of sharia standards. The revised sharia standards have been approved to respond to the development of regulations and market needs. Even so, these sharia standards are optional and voluntary since they have been validated through an association of Islamic hospitals as members of the All Indonesian Islamic Health Effort Council (Majelis Upaya Kesehatan Islam Seluruh Indonesia/MUKISI) and have not become government regulations yet. MUKISI's sharia hospital standards are relatively comprehensive and complex. However, this paper focuses only on analyzing the implementation of two standards: purity and *ikhtilāt* prevention.

Literature Review

Islamic Jurisprudence on Purification and *Ikhtilāt* Prevention

In the *fiqh* literature, in comparison to other discussions, purity becomes the priority, reflecting how the discussion of purity is very urgent in Islamic law. Among the jurists, this discussion is named *al-ṭahāra*, which etymologically means being clean and free from all tangible and intangible impurities. Meanwhile, regarding *fiqh* terminology, *al-ṭahāra* includes three meanings: 1) an act to remove the large and lesser *ḥadath* (impurities) from the body. This includes *ghusl* and *wuḍū'*; 2) an act of cleaning the body parts, clothes, and places from the *najs* (ritually impure); 3) an act congruent with the previous two, such as *tayammum*, renewing *wuḍū'* (Al-Nawawi, n.d: 79).

From the above definition, several aspects of purification can be understood. *First*, purification is essentially from things considered dirty or *najs* found by the five senses and from things that are intangibly dirty, such as heart impurities. Nevertheless, this discussion is not in the scope of Islamic jurisprudence (*fiqh*). *Second*, purity in Islamic law refers to the purity of *ḥadath* and *najs*. *Ḥadath* refers to a condition embedded in the body condition. Meanwhile, major *ḥadath* refers to a condition of the body in a state of *janabāh*, while minor *ḥadath* is a condition without *wuḍū'*. While the purity from *najs* is applied only to the body but also to places, mats, fabrics, and clothes. *Third*, certain activities also include *al-ṭahāra* activities; however, they do not remove the *ḥadath* and *najs*, such as *tayammum*, renewing *wuḍū'*, bathing in circumcision, and washing clothes contaminated with *najs* things.

Ikhtilāt refers to a term used in *fiqh*, and it comes from the root: *kha-la-ṭa* (خلط), as explained by Ibn Manzur with the pattern of *ifta'ala* (افتعل), meaning mixing and gathering (Ibn Manzhur, n.d.:1229). Regarding *fiqh*, *ikhtilāt* means gathering men and women who do not have a *mahram* in a place on purpose. The term closely related to *ikhtilāt* is the term *khalwah* or *khalwat*, linguistically meaning silence or lonely, whereas, in Islamic science, *khalwat* is defined variously, some of which mean being alone by him/herself, a state in which between man and man, or between woman and woman are alone. *Khalwat* also means an activity of solitude between men and women who have no *mahram* relationship in a place (Ministry of Kuwait Waqf, 2007: 265-266).

Principally, the *ikhtilāt* law follows the law of every activity occurred in *ikhtilāt*. If things are seen *ḥarām* to do in the *ikhtilāt*, then the law becomes *ḥarām*. Conversely, if things do not conflict with the Sharia, that is fine. However, under certain circumstances, under the necessary conditions, *ikhtilāt* is permissible even by carrying out activities violating Sharia's rules. (Ministry of Kuwait Waqf, 290-291) In the fatwa of Egyptian *Dār al-Iftā*, it is stated that *ikhtilāt* is permissible as long as it maintains some restrictions (*Dār al-Iftā al-Miṣriyyah*, 2023) such as (1) no *khalwat* in the *ikhtilāt* activity; 2) covering the genitals, both male and female; 3) guarding the eyesight; and 4) no physical touch between men and women.

Khalwat is declared absent when an activity is carried out not in pairs between men and women who have no *mahram* relationship in a place that other people cannot see. If such *khalwat* occurs, the *ikhtilāt* is stated *ḥarām* as the Prophet Muhammad prohibited the practice of *khalwat* between men and women unless they are a *mahram*. (al-Bukhari, 1422 H) Al-Nawawi, based on a hadith, argued that it is permissible for *khalwat* to occur between two or more men and a woman as long as they are those believed to be far from committing any deviant acts (Al-Nawawi, 139).

Criteria and Method of Purity

The purity and impurity of an object can affect the validity of prayer or whether it is permissible for consumption. The sanctity of these objects can be used as a medium for purification. To clarify, for clothing, for example, when is it said to be impure, and when is it said to be pure so that it may be used in prayer? Further, if the object is water or other liquid, when can it be used as a medium for *wuḍū'*, for washing clothes, or for washing other things? For

this reason, it is necessary to figure out the criteria for the purity or impurity of an object.

The ulama agree that every object is pure as it is not included in the category of *najs* (the ritually impure) based upon the *shar'iy* argument (al-Zuhaili, 1985: 292). Hence, it is critical first to identify what are classified as the *najs* objects. To clarify, Imam al-Nawawi, one of the important figures of the Shafi'i school, explained that *najs* is any intoxicating liquid; dogs and pigs, including those born from them; carcasses other than human carcasses, fish carcasses, and locusts. At this stage, the carcasses of animals other than dogs and pigs can be used through skin purification, called as tanning method (Thaiyibb, n.d.). Blood, pus, vomit, excrement (coming out of the anus), urine, *madhī*, *wadi*, sperm other than dog and pig sperm, and milk from animals that are *ḥarām* to be consumed are also categorized as *najs*. Meanwhile, human milk is pure. The category also includes body parts separated from living animals. Still, in this case, the fur or hair of animals *ḥarām* to be consumed is not considered *najs* (al-Bougha, 2102).

Objects or liquids other than those mentioned are not included in the *najs* category, such as sweat, soil, and fluids that stick to the female genitalia, such as vaginal discharge similar to sweat, even though they can be considered dirty. In other words, not all objects considered pure are clean. Similarly, not all objects considered dirty mean impure; for instance, clothes covered in mud and wet with sweat are considered dirty, but mud and sweat here are not *najs*. Thus, these clothes, though dirty, are still considered pure. Hence, a worker who is sweaty on their clothes is able to do the prayer with these clothes, even though they are considered dirty.

From the explanation above, it can be figured out that an object, if exposed to *najs* containing liquid, is called *mutanajjis* (exposed to *najs*) in *fiqh* terms. In essence, the law of *najs* is applied to objects, and as long as not been purified, they are not required to be pure from *najs*. However, if the water in large quantities is mixed with *najs* substances, as long as one of the three properties of the water does not change, i.e. color, taste, and smell, or aroma, then it is considered pure and can purify. In the *fiqh* literature, the quantity level refers to the size of two *qullahs*, which by Wahbah Al-Zuhaili a contemporary ulama, is converted into liters equivalent to 270 liters. If the water is less than that size, if mixed with *najs*, though its nature has not changed, it is still considered *mutannajjis* water. Thus, based on the law, it is considered a *najs*. However, if it is mixed with other water exceeding the size of two *qullahs* and the properties of the water remain unchanged, then it becomes pure water (al-Zuhaili, 1985: 234).

After identifying which are included in the *najs* category and which are not, it is then how to ascertain that the bodies, objects, or places are free from *najs*. It is necessary to make a special effort before considering it *najs* or pure. In *fiqh*, the law only applies to something outward (*zāhir*); based on the hadith of the Prophet, "*we judge based on zāhir matters, and Allah is in charge of secret ones*". For this, a Muslim is not required to examine an object judiciously to ensure no *najs*. As long as no one of the three qualities of *najs* (i.e. color, taste, and smell) is found, then the object is certainly pure. Even in specific contexts, if one of the colors and odors of *najs* remains difficult to remove, it is considered pure then (al-Ghamrawi, 2011: 25). When there is a doubt about an object, whether it is *najs* or pure, for the possibility of splashes of *najs* on the object or for other possibilities making the object dirty or *najs*, in this case, as long as none of the three impure qualities is found, then the object remains pure (Al-'Ied, 2012: 88-89).

In addition, to determine the category of unclean and non-impure objects, the ulama formulate certain things that fall into the category of unclean but can still be tolerated (in *fiqh* it is called *al-ma'fū 'anhu*). Thus, by law, it is not similar to *najs* but becomes the non-*najs* object. These things refer to little *najs* where the object's color or odor is hard to remove, such as the dirt of animals that is difficult to avoid, like a lizard.

Media for Purification

As explained above, when conditions are impure—whether the body is impure from major and minor *ḥadath*, and the body, place, clothes, or goods are impure—then in Islamic law, it is required to purification, even not aimed for worship. It is because maintaining purity and cleanliness, as long as still possible to be done, must be the nature of a Muslim. Wahbah al-Zuhaili mentioned that based on the *qaṭ'iy* theorem, the ulama agreed that *al-ṭahāra* is obligatory in the form of six matters: *wuḍū'* (ablution), bathing from *janābah*, bathing from the cessation of menstruation, bathing from the completion of parturition, *tayammum* as a substitute for *wuḍū'* and bathing from other things mentioned earlier, when water is not found, or when an old person uses water, and the last one, purification by removing the *najs* objects (al-Zuhaili, 1985: 234).

From the above explanation, it can be figured out that the media for purification include water for ablution, bathing and removing impurities, and soil for *tayammum*. The Ulama agreed that *ṭahūr* (pure water—not contaminated

with other substances such as spring water) could be used for purification. *Ṭabūr* is water that does not use another name due to the mix of its substances with other objects, even pure objects, such as coffee water or tea water. Apart from *ṭabūr*, the Ulama also agreed that for *istinjā'*, paper, tissue, and other objects can be used as a tool to purify the two genitals, front and back, by wiping them, as long as the dirt coming out does not spread, though here highly recommended to use water (al-Ghamrawi, 2011: 25). Also, as previously mentioned, skins from carcasses of animals, other than dogs and pigs, can be used in which their purification can be done by tanning method.

In addition to the media mentioned above, there are various purification media that the jurists dispute. Each purified object has a different way and purification media. According to the Shafi'i School, purifying an object from being licked by dogs and pigs or from the liquid from both is done by washing the object seven times with water or soil. Whereas, urine from a baby boy who has not consumed anything other than breast milk is cleaned by sprinkling it with clean water. While the *najs* - apart from all - must be purified with *ṭabūr*, the *najs* object or substance must be first removed (al-'Ied, 2012: 88-89). In other schools of thought, liquid objects can also be used as purification media even though it is considered not to remove the uncleanness (*najs hukmiyy*). Under Hanafi school, rubbing the *najs* objects on the ground to remove the unclean properties is also considered purification. Purification can also be done by exposing unclean objects to the sun or air to change unclean objects into other unclean substances, such as turning deer blood into musk (al-Zuhili, 1985: 242-250). However, this is not recognized in the Shafi'i school apart from converting *khamr* (wine) into vinegar.

Exception Condition in *Ikhtilāt*

Ikhtilāt, as previously explained, is permissible if fulfilling its four boundaries for work activities, study, or medical treatment. Conversely, *ikhtilāt* can be *ḥarām* or unlawful if the restrictions are violated. Nevertheless, under certain conditions, Islamic law purposely provides exceptions to provide convenience and prevent difficulties. This shows how Islamic law is elastic and not troublesome, as stated by Al-Qaradawi that, of the forms of elasticity in Islamic law, it is to consider an emergency, old and unusual conditions (Qaradawi, 2002: 65), including in the issue of *ikhtilāt* in certain activities in which a condition requires not to follow the boundaries of the permissibility of *ikhtilāt*. For instance, in an emergency,

when examining or treating a patient, a doctor must directly touch the part that is sick, besides having to see it. Therefore, explaining the concept of the *ikhtilāt* exceptions in Islamic law is necessary. In this case, regarding the concept of benefit contained in every Islamic rule, there are three levels of benefit: *darūriyyāt*, *ḥājiyyāt* and *taḥsīniyyāt*.

Darūriyyāt

In the terminology of *fiqh* proposals called *darūriy* or *darūriyyāt*, emergency refers to a condition in which human life depends on it, both in religious and worldly view, and it, when not fulfilled, will lead to destruction in this world and in the hereafter. These *darūriy* matters are related to maintaining five main things as the essence of Islam, i.e. protecting faith, protecting the soul; protecting the mind; protecting the offspring; and protecting wealth (Khallaf, 2010: 175). In other words, *darūriy* refers to the essential needs of humans and must be met to maintain the existence of the five main things of religion.

Hājiyyāt

Benefit at the *ḥājiyyāt* level refers to something humans need for convenience and spaciousness, lessening the burden of *taklīf* and the life burden. The unfulfilled benefits at the *ḥājiyyāt* level might lead a person to feel distressed and narrow, but not to lead to life destruction, as when *darūriy* is not fulfilled (Khallaf, 2010: 175). It can be understood that the point of the *ḥājiyyāt* condition is to eliminate any difficulties in carrying out the burden of *taklīf*, and make it easier to meet life necessities.

Condition of *Taḥsīniyyāt*

Taḥsīniyyāt refers to the benefit as the demands of moral and manner. The unfulfilled need for *taḥsīniyyāt* will not lead a person's life to be chaotic as when the *darūriyyāt* benefit is unfulfilled, and there will be no difficulties found as when the *ḥājiyyāt* benefit is unfulfilled. It is just that it will look inelegant, inappropriate or impolite. In worship, Islam regulates purification, covering the intimate parts, avoiding *najs* or uncleanness, and other Sunah worship. In *mu'āmalah*, Islam prohibits selling and purchasing *najs* goods that can be harmful and prohibits any stockpiling activities (Khallaf, 2010: 175).

From the explanation regarding the three levels of benefit in the Islamic rules, it can be seen that *darūriyyāt* benefit refers to the most important and

highest benefit level, as when it is unfulfilled, it can threaten one of the five main religious principles that must be guarded. The second level is *ḥājīyāt* benefit which, when unfulfilled, can lead to a person to difficulty and narrowness. Furthermore, the level of *taḥsīniyyāt* is at the lowest level of benefit since the unfulfilled benefit does not bring any serious effects but it just violates morals, etiquette, and manners. When a dispute exists among the three benefits levels, *darūriyyāt* becomes the most important one to maintain rather than *ḥājīyāt* and *taḥsīniyyāt*. Similarly, when there is a dispute between the benefits of *ḥājīyāt* and *taḥsīniyyāt*, the benefit of *ḥājīyāt* should be a priority. Hence, it is permissible to open the intimate parts for medical purposes and to consume *najs* as a treatment medium. Related to this, in the rules of *fiqh* it is stated *al-darūrātu tubīḥu al-mahzūrāt* (emergency conditions can allow things that are prohibited). An example more frequently given in relation to this rule is the permissibility of consuming carrion when a person is in a critical condition in which, if not done, it will threaten his/her life.

Methods

This study used an empirical and normative approach. The empirical approach was required to map the response of the patients and the patient's family to the application of purity and *ikhhtilāt* aspect in the hospital and interviews with the sharia supervisory board to figure out the implementation and supervision of these two standards. The locus of research was Zaenol Abidin Hospital in Aceh, Sultan Agung Hospital in Semarang, and Bandung Islamic Hospital. This study involved 50 respondents in which questionnaires were distributed to patients and their families. These questionnaires covered 18 respondents from Sultan Agung Hospital, 19 from Bandung Islamic Hospital, from Bandung Islamic Hospital, and 13 from Zaenol Abidin Aceh Hospital. The questionnaires used an assessment with a Likert scale. Meanwhile, the interviews were conducted with one sharia supervisory board in each hospital and the Institute for the Study of Food, Drugs, and Cosmetics of the Indonesian Ulama Council (Lembaga Pengkajian Pangan, Obat-obatan, dan Kosmetika Majelis Ulama Indonesia/LPPOM MUI) chairman, Central Java Province. In this study, research data were collected from any relevant literature.

The collected data were then descriptively and quantitatively analyzed by means of the Likert scale method. The interview data and literature were analyzed descriptively by correlating the data, opinions, theories, and findings in the field. The descriptive analysis could reveal the facts as they were to figure out the patterns and conditions that occurred in the hospital.

Results and Discussion

Response to Purity and *Ikhtilāf* Prevention

In this study, the standard of purity included the purity of the facilities, including pillows, mattresses, and blankets. This study proposes three statements: cleaning pillowcases, bed sheets, and blankets properly, purely cleaning patient rooms (mopping the floor), and cleaning bathrooms by purifying them. Of the three statements, 55 respondents (36.7%) stated that they strongly agreed with the implementation of sharia hospitals. A total of 42 respondents (28%) agreed, and nine respondents (6%) fairly agreed. Three respondents (2%) strongly disagreed with the implementation of this matter, while 41 respondents answered (27.3%).

Table 1. Response to the Purity of Facilities and Infrastructure

Statement	SA	A	N	D	SD	NA
The hospital cleans pillowcases, sheets, and blankets properly	17	16	2		1	14
The hospital cleans the patient's room purely (mopping the floor)	19	12	4		1	14
Hospital cleans the bathrooms by purifying them	19	14	3		1	13
Total	55	42	9		3	41

Note: SA: strongly agree, A: agree, N: quite agree, D: disagree, SD: strongly disagree, NA: no answer

In addition to the purity of infrastructure, purity also concerns drugs that are declared as halal drugs. Drugs mixed with *ḥarām* or unclean or *najs* substances become those that should not be consumed. The halalness standard of the drugs includes two statements, i.e. an explanation by health workers on the halal or *ḥarām* content in drugs and the content of religious messages in prescriptions/copies of prescriptions and plastic packaging for drugs. Regarding the implementation of these two things, 23 respondents (23%) stated *strongly agree*, 31 respondents (31%) *agreed*, and 8 respondents (8%) stated *fairly agree*. 2 respondents stated *disagree* and *strongly disagree* on each (4%); while 34 respondents did not answer (34%)

Related to *ikhtilāf*, most respondents agreed with the standardization of hospital facilities in accordance with the sharia principles. 27 respondents stated *agree* (54%) divided into 16 respondents (32%) stating *strongly agree*, 10

respondents (20%) stated *agree*, and 1 respondent (2%) stated *fairly agree*. While 23 respondents (46%) did not give any answer. In this aspect, 10 facilities were used as the question. Most of the respondents (i.e. 390 answers) (78%) *strongly agree*, *agree*, and *fairly agree* with the facilities' standardization in accordance with sharia principles. 4 respondents (0,8%) stated *disagree* and 9 respondents (1,8%) stated *strongly disagree*. The remaining (97 respondents, or 19,4%) did not give any answer.

Ten standardized facilities included the complete facilities for worship (mosque, *muşalla*, a place for *wudū'*, and toilet) separated for men and women. In this aspect, 41 respondents (82) stated *strongly agree*, *agree*, and *fairly agree*. 1 respondent (2%) stated *strongly disagree* and 8 respondents (16%) gave no answer. Other facilities included the waiting room for ICU/ICCU and the patient room at the emergency unit, which are separated for men and women and male and female patients, respectively. For separating the waiting room and patient room, 36 respondents (72%) stated *strongly agree*, *agree*, and *fairly agree*. While in the aspect of the separation of the waiting room, 14 respondents (28%) stated *strongly agree*, 11 respondents stated *agree* (22%), and 11 respondents stated *fairly agree* (22%). Meanwhile, in the aspect of separation of patients' rooms in the emergency unit, 13 respondents stated *strongly agree* (26%), 15 respondents stated *agree* (30%), and 8 respondents stated *fairly agree* (16%). 1 respondent stated *disagree* (2%) and 1 respondent stated *strongly disagree* (2%) for the aspect of the separation of waiting room for the patients. While it was only 1 respondent stated *strongly disagree* with the separation of the patient room at the emergency unit IGD (2%). Twelve respondents (24%) did not give any answer in the aspect of the separation of the waiting room of patients and 13 respondents (26%) did not give any answer in the aspect of the separation of the patient room in the emergency unit.

Other facilities are regarding the religious information in the elevator about the visitor rules and other religious information in public places. For the provision of these two facilities, most of the respondents (40 respondents (80%) and 39 respondents (78%)) stated *strongly agree*, *agree*, and *fairly agree*. In the aspect of religious pamphlets on the elevator, 16 respondents stated *strongly agree* (32%), 15 respondents stated *agree* (30%), and 9 respondents stated *fairly agree* (18%). In the aspect of general religious information, 23 respondents stated *strongly agree* (46%), 10 respondents stated *agree* (20%), and 6 respondents stated *fairly agree* (12%). While 1 respondent (2%) *disagreed* and 9 respondents (18%) did not answer about the provision of pamphlets in elevators.

In the aspect of religious messages in public places, 1 respondent stated *strongly disagree* (2%) and 10 respondents did not give any answer (20%). Other statements are the service for *halāl* and *ṭayyib* nutritional intake for the inpatients and nutritionist consultations for the outpatients. In this aspect, 23 respondents stated *strongly agree* (46%), 13 respondents stated *agree* (26%), and 4 respondents stated *fairly agree* (8%). Here, 1 respondent stated *strongly disagree* (2%) and 9 respondents did not give any answer (18%).

Other standardized facilities referred to the arrangement of wards/rooms based on the sex of the patients. Thirty-six respondents (72%) stated *strongly agree* (21/42%) 11 respondents stated *agree* (22%), and 4 respondents stated *fairly agree* (8%) regarding the separation of the wards in accordance with sex. On the other hand, 1 respondent (2%) strongly disagreed, and 13 respondents (26%) did not answer. Another facility was about the rules for the patient caretakers by sex/*maḥram*. Here, most of the respondents (40 respondents) stated *agreed* (80%), in which 15 respondents stated *strongly agree* (30%), 16 respondents stated *agree* (32%), and 9 respondents stated *fairly agree* (18%). On the other hand, 1 respondent stated *disagree* (2%), 1 respondent stated *strongly disagree* (2%), and 8 respondents gave no answer (16%). The last facility was regarding the guarantee of cleanliness and purity given by Sharia Hospital (Rumah Sakit Syariah/ RSSy) to the treatment room of the patients from their arrival to leaving. In this aspect, 19 respondents stated *strongly agree* (38%), 17 respondents stated *agree* (34%), and 4 respondents stated *fairly agree* (8%). Here, 1 respondent each stated that *disagrees* and *strongly disagree* and 8 respondents did not give any answer (16%).

Table 2. Response to the Management of *Ikhtilāṭ* Prevention

STATEMENT	SA	A	FA	DA	SDA	NA
The hospital possesses and well maintains the complete religious facilities and worship places separated by sex (<i>muṣallā</i> , mosque, ablution area, or toilets)	24	14	3		1	8
The hospital possesses the waiting rooms in by sex at ICU/ICCU	14	11	11	1	1	12
The hospital possesses rooms for patients by sex at an emergency room.	13	15	8		1	13

The hospital provides pamphlets of religious messages in the elevator about the rules for caretakers and visitors.	16	15	9	1		9
The hospital guarantees the cleanliness and purity of the examination room of patients from their arrival to their leaving	19	17	4	1	1	8
The hospital arranges the wards/rooms of the patients by sex	21	11	4		1	13
The hospital makes some rules for the caregiver of the patients by sex/ <i>mahram</i>	15	16	9	1	1	8

Note: SA: *strongly agree*, A: *agree*, N: *quite agree*, D: *disagree*, SD: *strongly disagree*, NA: *no answer*

Sharia hospitals have also applied standards for covering the patients' intimate parts, the state of a mix between men and women in one place (*ikhtilāf*), and the condition of men and women being alone (*khalwat*). Some standards regarding this included the provision of female genitalia coverings, separated waiting room areas as well as an examination room for men and women or the consideration of *mahram* status, examination of patients by health workers in accordance to the sex of the patients, and installation of medical devices (infusion, ECG, or cardiac recorder) on the patient by a health worker in accordance to the sex of the patients. A total of 36 respondents (72%) *strongly agreed* (32%), *agreed* (34%), and *fairly agreed* (4%) with the provision of a female genital covering device in hospital; while, 2 respondents (4%) stated *strongly disagree*. A total of 12 respondents (24%) did not answer. Regarding the separated waiting room and examination room, most respondents (36 people or 72%) *strongly agree*, *agree*, and *fairly agree*. In comparison, 1 respondent disagreed (2%) and strongly disagreed (2%) on each. Furthermore, 10 respondents (20%) did not answer. Most of the respondents agreed that health workers carried out the examination of patients and the installation of medical devices for patients in accordance with the sex of the patients. In detail, 45 respondents strongly agreed (45%), 25 respondents agreed (25%), and 5 respondents fairly agreed (5%). While 3 respondents disagreed (3%) and 2 strongly disagreed (2%), 20 respondents did not give any answers (20%).

Table 3. Response to *Ikhtilāṭ* Prevention

STATEMENTS	SA	A	N	D	SD	NA
The hospital provides cover for the intimate parts of female patients	16	17	2		2	12
The hospital separates the area between men and women/ <i>mahram</i> area in the waiting room and examination room.	19	12	5	2	1	11
The examination of the patients is performed by the health workers based on the sex of the patients	21	15	2	1	1	10
The installation of health devices (infuse, ECG, or heart recorder) in patients is performed by the health workers in accordance with the sex of the patients.	24	10	3	2	1	10

Note: SA: strongly agree, A: agree, N: quite agree, D: disagree, SD: strongly disagree, NA: no answer

Governance of Purity and *Ikhtilāṭ* Prevention

Standards of purity require a detailed description. As mentioned earlier, *najs* or uncleanness has different categories as well as purification methods. The causes of *najs* also vary with their impact on the category of *najs*. As a consequence, there is a need to develop purity management. Until recently, the sources of *najs* in hospitals generally came from humans, blood, vomit, urine, and feces. This category is included in the category of medium *najs* (*mutawassitah*). The *najs* are cleaned by removing the *najs* sources or objects and then by cleaning them with running water.

In financial technology services (Muryanto, 2022), regulations regarding the governance of sharia compliance in hospitals do not exist. Sharia governance in Islamic banking that has been implemented for a long time is still not fully able to ensure sharia compliance (Muneeza, 2014), let alone sharia compliance in sharia hospitals that have not yet adopted established governance.

The purity governance was founded at Sultan Agung Hospital, Semarang. Its management is based on the norms set by the LPPOM MUI in Central Java. This institution has issued a number of provisions regarding halal and pure laundry. The laundry provisions regulate the types of *najs* and how to clean them. As explained by Rofiq, the chairman of LPPOM MUI Central Java, the cleaning is applied to laundry activities at the hospital. The laundry management at Sultan

Agung Hospital refers to the LPPOM provisions (Rofiq, Chair LPPOM Jawa Tengah, personal communication, 19 September 2022). Rohmat (DPS at Sultan Agung Hospital Semarang) stated that the laundry manager has carried out the management under the supervision of the DPS (Rohmat, Sharia Advisor of RS. Sultan Agung, personal communication, 19 September 2022). However, this purity management was not found in Zaenol Abidin Hospital in Aceh and Islamic Hospital in Bandung. The implementation of purity relies on the supervision carried out by the DPS. These guidelines must be improved and strengthened so that they become guidelines that all sharia hospitals follow. According to Mihajat (2019), established supervisory guidelines, such as those issued by the Financial Services Authority, are not fully aligned with international sharia standards. The MUI in Aceh and West Java has not yet issued halal or pure laundry provisions. The National Sharia Council and MUKISI that issued hospital sharia standards have also not issued the implementation guidelines for laundry management in particular and purity in general. According to Aqil and Sujak, the DPS of Zaenol Abidin Hospital in Aceh and Bandung Islamic House are waiting for the implementation guidelines.

For the implementation of *ikhtilāṭ* (mix of men and women who are not *mahram*), hospitals have facilitated the separated places along with posters informing about the separation. The observations in the field showed that the appeal had been posted in various public places, including in the treatment area. However, this separation of men and women encountered problems in the service room and waiting room for the patients or patients' families. This occurs as the facilities and infrastructure required are larger for the separation. Also, the examination services by doctors and nurses to patients by sex are constrained by the limited number of medical personnel and nurses. If doctors and nurses are available based on sex, the patients will be examined by a health worker based on sex. However, if unavailable, the examination will be performed by available health workers. This condition is carried out in consideration of needs and emergencies.

Conclusion

Purity and *ikhtilāṭ* prevention refer to integrated sharia standards in hospital services. The response of the patients and the patient's families showed a positive view of the implementation of these two standards. This proved that the patients and their families felt the benefits of implementing sharia aspects in hospitals, such as sharia compliance and increased customer satisfaction.

However, the positive aspects of the two standards have not been fully followed by detailed guidelines and management of standard implementation. The detailed guidelines have only been found at Sultan Agung Hospital in Semarang. These guidelines were found not to fully address the need for implementing standards of purity in hospitals. Also, the management of *ikhhtilāt* prevention arrangements was found inadequate in which *ikhhtilāt* was still found in the field, particularly in public places.

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