

Islamic Ethics and Fiqh in Hospital Financial Governance and Sharia Health Insurance: A Systematic Literature Review of Muhammadiyah Healthcare Perspectives

Arya Brahmanta^{1*}, Tontowi Ashari¹, Pipit Festi Wiliyanarti²

¹Student Master of Hospital Administration Program, Faculty of Medicine, Universitas Muhammadiyah Surabaya, Indonesia

²Master of Hospital Administration Program, Faculty of Medicine, Universitas Muhammadiyah Surabaya, Indonesia

* Corresponding author:

Email: arya.brahmanta@hangtuah.ac.id

Abstract.

The increasing complexity of healthcare systems has intensified challenges in hospital financial management, particularly within Islamic healthcare institutions. Muhammadiyah hospitals are expected to maintain financial efficiency and sustainability while adhering to Islamic ethical values and fiqh principles. Similarly, sharia health insurance requires governance founded on justice, transparency, and mutual assistance (ta'awun). However, existing studies addressing hospital financial governance and sharia health insurance from Muhammadiyah perspectives remain fragmented. This study aimed to synthesize the ethical and fiqh principles underlying hospital financial management and sharia health insurance within Muhammadiyah healthcare through a systematic literature review. A Systematic Literature Review (SLR) was conducted following the PRISMA 2020 guidelines. Literature searches were performed in Scopus, PubMed, Google Scholar, Garuda, and DOAJ databases covering publications from 2015 to 2026. Studies meeting predefined inclusion and exclusion criteria were selected and analyzed using thematic synthesis. A total of 32 studies were included in the final review. Five major themes emerged: ethical principles of financial governance, fiqh-based financing mechanisms, implementation of takaful, Muhammadiyah perspectives on BPJS Health, and the integration of maqashid al-shariah into healthcare financing systems. The findings identified five key foundations of Muhammadiyah hospital financial governance: justice ('adl), transparency, accountability (amanah), public benefit (maslahah), and avoidance of prohibited financial elements such as riba, gharar, and risywah. Sharia health insurance was consistently viewed as a cooperative mechanism based on tabarru' and risk-sharing principles. Muhammadiyah also supports participation in Indonesia's National Health Insurance system (BPJS Kesehatan) provided it upholds justice, transparency, and social welfare. These findings suggest that integrating sharia-based financial ethics into hospital governance may contribute to sustainable, equitable, and socially responsible healthcare systems

Keywords: BPJS, hospital financial management, Islamic ethics, maqashid al-shariah, muhammadiyah, sharia health insurance and takaful.

I. INTRODUCTION

The transformation of healthcare systems in the modern era has increased the complexity of hospital governance, particularly regarding financing, operational efficiency, financial sustainability, and institutional management. Hospitals are currently required not only to provide high-quality medical services but also to implement effective, transparent, and accountable financial management systems. In the context of Islamic healthcare institutions, financial management is not solely oriented toward profitability but must also adhere to sharia principles and Islamic ethical values as the foundation of organizational governance(1,2). This issue is particularly relevant for Islamic healthcare institutions, which are expected to maintain financial sustainability while simultaneously fulfilling moral and social responsibilities toward society.

Islamic ethics in healthcare emphasize that illness and treatment are inseparable from spiritual responsibility, scientific effort, and moral accountability. In Islamic teachings, treatment (ikhtiar) is encouraged as part of tawakkal to Allah SWT, while medical interventions are expected to comply with halal and ethical principles. Exceptions to prohibited treatments are only permitted under emergency circumstances (darurah) within clearly defined religious limitations. This perspective highlights that healthcare management in Islamic institutions extends beyond operational efficiency and includes ethical compliance grounded in Islamic values (3).

Muhammadiyah, one of the largest Islamic organizations in Indonesia, operates an extensive network of healthcare institutions under the Muhammadiyah Charitable Enterprises (Amal Usaha Muhammadiyah [AUM]), including hospitals and clinics throughout Indonesia. Muhammadiyah hospitals function not only as healthcare providers but also as instruments of Islamic propagation (da'wah), social services, and the implementation of Islamic values in institutional practice. Consequently, financial governance in Muhammadiyah hospitals must integrate modern management principles with Islamic ethics and fiqh muamalah to ensure service sustainability while maintaining a commitment to public welfare (maslahah) (4,5). This perspective suggests that Muhammadiyah hospitals should not be viewed merely as business entities but as social service institutions grounded in religious values.

From an Islamic perspective, hospital financial management should be based on the principles of justice ('adl), transparency, accountability (amanah), public benefit (maslahah), and the avoidance of practices prohibited by Islamic law, such as riba (usury), gharar (uncertainty), and risywah (bribery) (6,7). These principles apply not only to hospital revenue management but also to procurement processes, healthcare personnel compensation systems, investment policies, and patient financing mechanisms. Within the framework of maqashid al-shariah, hospital financial governance is regarded as a means of safeguarding societal welfare, particularly the protection of life (hifz al-nafs) and wealth (hifz al-mal) (8,9)

In addition to hospital financial governance, another important issue within Islamic healthcare systems is the implementation of sharia health insurance. In modern healthcare delivery, health protection systems are essential to ensuring equitable access to medical services. Sharia health insurance (takaful) serves as an alternative protection mechanism based on mutual assistance (ta'awun), risk-sharing, and charitable contributions (tabarru') while avoiding elements of interest (riba) and uncertainty (gharar) (10,11). The Muhammadiyah Council of Tarjih and Tajdid has declared that sharia insurance is permissible (mubah) as long as it complies with Islamic principles and promotes public welfare (12).

From the Muhammadiyah perspective, Indonesia's National Health Insurance Agency (BPJS Kesehatan) can be regarded as an implementation of the principle of ta'awun, provided that it operates according to principles of justice, non-profit orientation, transparency, and avoidance of harm to participants and healthcare providers (13–15)

Previous studies have generally examined Islamic hospitals, Islamic hospital governance, and sharia insurance separately. Research on Islamic hospitals has primarily focused on sharia service standards and healthcare quality, whereas studies on sharia insurance have largely emphasized fiqh muamalah and takaful financing models (1,2). To date, limited research has systematically integrated Muhammadiyah ethical and fiqh perspectives on hospital financial management and sharia health insurance within a comprehensive conceptual framework.

Therefore, this study aims to synthesize existing evidence regarding Islamic ethical principles, fiqh muamalah, hospital financial governance, and sharia health insurance from Muhammadiyah perspectives through a systematic literature review approach.

II. METHODS

Study Design

This study employed a Systematic Literature Review (SLR) approach following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines. The SLR method was selected because it enables researchers to systematically identify, evaluate, and synthesize existing evidence in a transparent and reproducible manner, thereby providing a comprehensive understanding of ethical and fiqh principles in hospital financial management and sharia health insurance from Muhammadiyah perspectives (16,17).

Unlike conventional narrative reviews, the SLR approach offers a structured methodological framework involving systematic literature searching, study selection, quality assessment, and evidence synthesis.

The review focused on:

1. Islamic ethical principles in hospital financial management.

2. Fiqh muamalah principles in healthcare financing.
3. Financial governance practices in Muhammadiyah hospitals.
4. The implementation of sharia health insurance (takaful).
5. Muhammadiyah perspectives on Indonesia's National Health Insurance system (BPJS Kesehatan).

A systematic literature search was conducted using the following databases:

- Scopus
- PubMed
- Google Scholar
- Garuda (Garba Rujukan Digital Indonesia)
- Directory of Open Access Journals (DOAJ)

The search covered publications from 2015 to 2026. Earlier foundational literature, including Muhammadiyah fatwas, DSN-MUI fatwas, and seminal works on maqashid al-shariah, were also included because of their conceptual relevance.

Search terms included:

- Islamic hospital finance
- Hospital financial management
- Muhammadiyah hospital
- Islamic ethics
- Sharia insurance
- Takaful
- BPJS Health
- Islamic healthcare financing
- Maqashid al-shariah

Manual searches of reference lists (snowballing) were also conducted to identify additional relevant studies. Eligibility Criteria, Studies published between 2015 and 2026.

Inclusion Criteria	Exclusion Criteria
Articles discussing Islamic hospital financial management.	Articles unrelated to healthcare financing.
Studies related to sharia health insurance or takaful.	Studies lacking relevance to Islamic ethical or fiqh principles.
Research addressing Islamic ethics, <i>fiqh muamalah</i> , or <i>maqashid al-shariah</i> in healthcare financing	Duplicated publications and Non-accessible full-text articles.

Study selection followed the PRISMA 2020 framework:

1. Identification : Relevant records were identified through database searches using predefined keywords.
2. Screening : Duplicate records were removed, and titles and abstracts were screened for relevance.
3. Eligibility : Full-text articles were assessed according to inclusion and exclusion criteria.
4. Included : Studies meeting all criteria were included in the final synthesis.

Data extraction was performed using a structured literature synthesis matrix including:

- Author and publication year
- Country or study location
- Study objectives
- Research methodology
- Key findings
- Relevance to Islamic ethics and fiqh in hospital financial management
- Muhammadiyah perspectives and Islamic healthcare systems

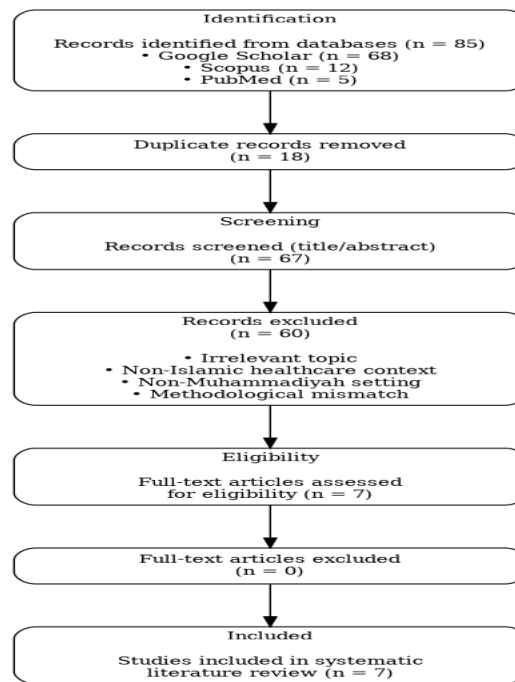


Fig 1. PRISMA 2020 flow diagram of study selection process. The literature search identified 85 records from three electronic databases. After duplicate removal and title–abstract screening, seven full-text articles met the eligibility criteria and were included in the final systematic literature review.

Data Analysis

A thematic synthesis approach (Thomas & Harden, 2008) was employed to analyze and categorize findings into five major domains:

1. Ethical principles in Muhammadiyah hospital financial management.
2. Fiqh principles in Islamic hospital financing governance.
3. Implementation of sharia health insurance (takaful).
4. Muhammadiyah perspectives on BPJS Health.
5. Integration of maqashid al-shariah into healthcare financing systems.

Quality appraisal was conducted using the Critical Appraisal Skills Programme (CASP) framework adapted to the design of each included study. Studies with poor methodological quality or limited relevance were excluded from the final synthesis(18).

Ethical approval was not required because this study relied exclusively on secondary data from publicly accessible literature, policy documents, and institutional publications.

III. RESULT AND DISCUSSION

A total of 32 articles and documents met the inclusion criteria and were included in the final analysis. The selected literature consisted of national and international journal articles, Islamic organizational fatwas, Muhammadiyah institutional guidelines, health policy documents, and conceptual studies on sharia hospital financial management and Islamic health insurance.

Most studies were published between 2018 and 2025, reflecting growing academic interest in Islamic hospital governance and sharia-based healthcare financing systems.

The literature primarily focused on three areas:

1. Ethical principles and financial governance in Islamic hospitals.
2. The implementation of sharia health insurance (takaful).
3. The relationship between national healthcare financing systems and maqashid al-shariah, particularly in Muhammadiyah hospitals.

Methodologically, most studies utilized qualitative approaches, literature reviews, case studies, and normative analyses based on fiqh muamalah.

Thematic Synthesis

The analysis identified five major themes:

Theme 1. Ethical Principles of Muhammadiyah Hospital Financial Management

The review demonstrated that Muhammadiyah hospital financial governance is grounded not only in economic efficiency but also in Islamic ethical values. The most frequently identified principles were justice ('adl), transparency, accountability (amanah), public benefit (maslahah), and the avoidance of non-sharia-compliant transactions.

Justice is reflected in healthcare financing mechanisms that consider patients' financial capacities and prevent discrimination, including among BPJS participants. Muhammadiyah hospitals are viewed as social service institutions rather than purely profit-oriented organizations.

Transparency and accountability were also consistently highlighted as essential governance principles. Financial management must be accountable not only to organizational stakeholders but also as a spiritual responsibility before Allah SWT.

Several empirical studies have demonstrated that Sharia-compliant healthcare services significantly influence patient satisfaction and loyalty in Islamic hospitals. Factors such as Sharia facilities, doctor–nurse services, medical expertise, and ethical administrative conduct have been identified as key determinants of patient satisfaction. This suggests that the implementation of Islamic ethical principles in hospital governance extends beyond financial management and includes service quality, patient-centered care, and fulfillment of spiritual healthcare needs. In turn, patient satisfaction contributes to loyalty intentions and positive word-of-mouth effects within the broader community (19).

Theme 2. Fiqh Principles in Islamic Hospital Financing Governance

The findings indicate that fiqh muamalah serves as the normative foundation for financial governance in Islamic hospitals. The literature consistently emphasizes the prohibition of riba, gharar, maysir, and risywah.

Hospital revenues may originate from patient payments, BPJS reimbursement, Islamic social funds, grants, and halal investments. Interest-based investments and partnerships involving non-halal activities are considered inconsistent with sharia principles.

Alternative investment instruments such as sukuk, Islamic deposits, and sharia mutual funds are regarded as more compatible with Islamic financial ethics.

Theme 3. Implementation of Sharia Health Insurance (Takaful)

Sharia health insurance was consistently described as a healthcare protection mechanism compatible with Islamic values when based on mutual assistance (ta'awun), risk-sharing, and tabarru' funds.

Unlike conventional insurance systems based on risk transfer, takaful emphasizes collective solidarity among participants. Contributions are pooled into a tabarru' fund used to assist participants experiencing healthcare-related risks.

Muhammadiyah fatwas classify sharia insurance as permissible (mubah) when implemented according to Islamic principles.

Theme 4. Muhammadiyah Perspectives on BPJS Health

The review revealed that Muhammadiyah adopts a moderate position regarding BPJS Health. Muhammadiyah does not reject BPJS but emphasizes the need for governance reforms to ensure alignment with sharia values.

BPJS is considered a national manifestation of ta'awun when operated according to principles of justice, transparency, and public welfare. However, challenges such as delayed claim reimbursements, discrepancies in INA-CBG tariffs, and financial pressures on hospitals remain significant concerns.

Theme 5. Integration of Maqashid al-Shariah into Healthcare Financing

The literature consistently identified maqashid al-shariah as the dominant conceptual framework in Islamic hospital governance.

Protection of life (hifz al-nafs) serves as the primary objective of healthcare delivery, while protection of wealth (hifz al-mal) guides financial management and sustainability strategies.

Success in Islamic hospital financial systems is therefore measured not only by profitability but also by the institution's ability to provide equitable, high-quality, and sustainable healthcare services

The findings of this review indicate that financial governance in Muhammadiyah hospitals is strongly influenced by the principles of justice ('adl), accountability (amanah), transparency, and public benefit (maslahah). These findings are consistent with the broader literature on Islamic corporate governance, which emphasizes that organizational accountability extends beyond stakeholders to include responsibility before Allah SWT (8,20). Similarly, Usman (2021) argued that sharia-based governance systems should integrate ethical compliance, financial sustainability, and social responsibility in institutional decision-making.

The emphasis on justice and equitable access to healthcare observed in Muhammadiyah hospitals aligns with the maqashid al-shariah framework proposed by Chapra (2008), which considers healthcare a fundamental component of protecting human life (hifz al-nafs). Comparable findings have been reported in Islamic healthcare institutions in Malaysia, where hospital governance frameworks increasingly incorporate sharia compliance and patient-centered ethical standards alongside conventional performance indicators (15).

The ethical orientation of Muhammadiyah hospitals is also closely linked to broader Islamic perspectives on illness and treatment. Islamic ethics view healthcare as both a humanitarian obligation and spiritual responsibility, emphasizing that treatment should be pursued through lawful (halal) and ethically acceptable means. Consequently, hospital governance in Muhammadiyah institutions is not solely concerned with financial sustainability but also with maintaining ethical integrity in healthcare delivery and resource allocation (21).

This review further demonstrates that the prohibition of *riba*, *gharar*, *maysir*, and *risywah* remains a defining characteristic of sharia-compliant hospital financial management. Similar findings have been reported in studies examining Islamic financial governance frameworks, which emphasize the importance of ensuring that organizational revenues, investments, and procurement mechanisms comply with Islamic legal principles (1,9)

In addition to institutional sustainability, Muhammadiyah hospitals should strengthen patient-centered governance by balancing patient rights and obligations within Sharia-compliant healthcare delivery. Recent literature suggests that Islamic healthcare services are not limited to halal medical practices but also include ethical communication, informed consent, legal protection, and moral responsibility between healthcare providers and patients. Such an approach may improve patient trust, satisfaction, and institutional legitimacy while maintaining compliance with both Islamic principles and healthcare law (22).

The preference for sharia-compliant financial instruments such as *sukuk*, Islamic deposits, and sharia mutual funds reflects broader developments in Islamic finance. According to Ahmed and Hassan (2021), Islamic investment instruments have become increasingly important in supporting institutional sustainability while maintaining compliance with Islamic law. However, challenges related to liquidity management and investment diversification remain significant concerns among Islamic organizations, including healthcare institutions.

The findings indicate that *takaful* is widely regarded as a healthcare financing mechanism that embodies the Islamic principles of mutual assistance (*ta'awun*) and risk-sharing. This observation is consistent with Billah (2001), who argued that *takaful* differs fundamentally from conventional insurance because participants collectively bear risks rather than transferring them to an insurance provider (10).

Recent studies have further demonstrated that *takaful* contributes to financial protection while promoting social solidarity and ethical financial practices (23). Similar experiences have been reported in Malaysia and several Gulf Cooperation Council (GCC) countries, where *takaful* has become an integral component of Islamic financial ecosystems and healthcare protection systems. These international experiences suggest that the expansion of sharia health insurance may complement national healthcare financing systems while maintaining compliance with Islamic ethical principles.

The accommodative yet critical position adopted by Muhammadiyah toward BPJS Health reflects a pragmatic interpretation of Islamic social welfare principles. While Muhammadiyah recognizes BPJS as a manifestation of national solidarity and mutual assistance, concerns remain regarding delayed reimbursements, tariff mismatches, and financial pressures on healthcare providers (13)

From the perspective of maqashid al-shariah, national health insurance systems can be viewed as mechanisms that support the protection of life (hifz al-nafs) and social welfare. Similar conclusions have been reported in studies examining universal health coverage in Muslim-majority countries, which found that equitable healthcare financing systems are compatible with Islamic ethical principles when transparency, justice, and public accountability are maintained (15).

The implementation of maqashid al-shariah within Islamic institutions has also been critically debated in recent literature. Evidence from Islamic finance studies suggests that many institutions tend to emphasize formal Shariah compliance while struggling to fully operationalize broader ethical objectives such as justice ('adl), public welfare (maslahah), and ihsan in practice. A qualitative study among Islamic banking practitioners identified diverse interpretations of maqashid al-shariah, ranging from legal compliance to broader social welfare considerations, highlighting the ongoing challenge of translating Islamic ethical ideals into institutional governance frameworks. This finding is particularly relevant to Muhammadiyah hospitals, where financial sustainability should not overshadow broader commitments to equitable healthcare access and societal welfare (24).

The sustainability of Islamic hospital governance is also influenced by broader institutional readiness, including regulatory support, financial capacity, human resources, and organizational literacy. Evidence from sharia hospital development in Indonesian Islamic Religious Universities (Perguruan Tinggi Keagamaan Islam/PTKI) suggests that despite strong market potential, the implementation of sharia-based hospital systems continues to face structural challenges, particularly in regulation, capital strengthening, and workforce readiness. These findings imply that Muhammadiyah hospitals require not only ethical and financial alignment with Islamic principles but also strategic institutional development to maintain service quality and long-term sustainability (25).

A particularly important finding concerns Muhammadiyah's accommodative yet critical stance toward BPJS Health. Muhammadiyah recognizes BPJS as an instrument of national solidarity and healthcare protection but continues to advocate reforms aimed at improving fairness, transparency, and sustainability. From a policy perspective, government support and regulatory reinforcement remain essential to strengthening the implementation of sharia hospital systems in Indonesia. Prior studies indicate that regulatory uncertainty and limited institutional literacy continue to constrain the development of sharia healthcare institutions, despite increasing public demand for Islamic healthcare services. Therefore, stronger collaboration between regulators, educational institutions, and healthcare organizations is necessary to support sustainable sharia hospital governance (25).

To address financial challenges, Muhammadiyah hospitals may benefit from adopting a hybrid financing model that combines BPJS reimbursement, Islamic philanthropy (zakat, infaq, sadaqah, and waqf), and sharia-compliant investment mechanisms. From a managerial perspective, Muhammadiyah hospitals may benefit from developing measurable indicators of maqashid al-shariah implementation within financial governance. Previous studies have demonstrated that Islamic institutions often experience a gap between ethical aspirations and operational performance due to overemphasis on procedural compliance rather than substantive welfare outcomes. Therefore, integrating indicators related to justice, transparency, social benefit, and equitable healthcare access could strengthen both institutional accountability and Shariah-oriented performance evaluation (24).

From a managerial perspective, Muhammadiyah hospitals should strengthen strategic financial governance through improved asset management, diversification of revenue sources, operational efficiency, and investment in healthcare technology. Evidence from Muhammadiyah hospital financial performance studies suggests that stronger institutional adaptability can improve profitability and resilience during periods of financial disruption, including public health emergencies (26). Muhammadiyah hospitals could benefit from institutionalizing philanthropic financing through integrated ZISWAF management units. Prior studies suggest that synergistic governance between hospital management and Islamic philanthropic institutions enhances healthcare affordability, strengthens organizational legitimacy, and broadens healthcare coverage among marginalized groups. Furthermore, incorporating corporate social responsibility (CSR) into Islamic

hospital financing may improve long-term sustainability while preserving Muhammadiyah's social mission in healthcare delivery (27).

These findings have significant implications for hospital administration and healthcare management research. Islamic hospitals should develop comprehensive Sharia Hospital Financial Governance Frameworks integrating efficiency, accountability, and sharia compliance. Furthermore, strengthening sharia compliance audits and optimizing Islamic social finance instruments may enhance the sustainability and resilience of Islamic healthcare institutions

IV. CONCLUSION

The findings suggest that Muhammadiyah perspectives provide a potentially valuable framework for integrating Islamic ethical principles into hospital financial governance. The identified principles of justice, accountability, transparency, public benefit, and sharia compliance may contribute to the development of sustainable healthcare financing systems. However, empirical studies are required to evaluate the practical implementation and effectiveness of these principles across Muhammadiyah healthcare institutions.

V. ACKNOWLEDGMENTS

The authors are grateful to the CNPq National Council of Scientific and Technologic Development for supporting this project, to the Center for Lasers and Applications' Multiuser Facility at IPEN-CNEN/SP and to Anton Paar Brasil for the use of the Raman spectrometer. We also thank Teodora Camargo and Tatiana Russo from the *Núcleo de Conservação e Restauro* in *Pinacoteca do Estado de São Paulo* for the invaluable advices.

REFERENCES

- [1] Ascarya. Akad dan Produk Bank Syariah. 2nd ed. Jakarta: Rajawali Pers; 2022.
- [2] Antonio MS. Bank Syariah: Dari Teori ke Praktik. Jakarta: Gema Insani; 2001.
- [3] Putri DA, Trismianto A, Sutrisno T. Impact of information and system quality on user satisfaction with outpatient EMRS at RSKIA Sadewa. *Indones J Intell Comput Heal Informatics*. 2023;5(2):87–95.
- [4] Nashir H. Muhammadiyah Gerakan Pembaruan. Yogyakarta: Suara Muhammadiyah; 2019.
- [5] Tajdid PPMMT dan. Pedoman Hidup Islami Warga Muhammadiyah. Yogyakarta: Suara Muhammadiyah; 2022.
- [6] Chapra MU. The Islamic Vision of Development in the Light of Maqasid al-Shariah. Leicester: Islamic Foundation; 2008.
- [7] Al-Qardhawi Y. Peran Nilai dan Moral dalam Perekonomian Islam. Jakarta: Rabbani Press; 2001.
- [8] Lewis MK. Accountability and Islam. *Accounting, Commer Financ Islam Perspect*. 2006;10(1):1–27.
- [9] AAOIFI. Governance Standards for Islamic Financial Institutions. Bahrain: AAOIFI; 2017.
- [10] Billah MM. Principles and Practices of Takaful and Insurance Compared. Kuala Lumpur: Ilmiah Publishers; 2001.
- [11] Indonesia DSNU. Fatwa No. 21/DSN-MUI/X/2001 tentang Pedoman Umum Asuransi Syariah. Jakarta: DSN-MUI; 2001.
- [12] Muhammadiyah MT dan TPP. Fatwa Tarjih tentang Asuransi Syariah. Yogyakarta: Suara Muhammadiyah; 2012.
- [13] Muttaqin R, Asy'ari H. Perspektif ekonomi Islam terhadap implementasi BPJS kesehatan di Indonesia. *J Ekon Syariah Indones*. 2020;10(2):135–47.
- [14] Annisa Z, Adabi MAC, Sabiq R, Syabani R. Analisis penerapan BPJS kesehatan ditinjau dari perspektif ekonomi Islam. *AL-KHIYAR J Bid Muamalah dan Ekon Islam*. 2024;4(2).
- [15] Salamah N, Rahman M. Pandangan hukum Islam terhadap pengelolaan dana Badan Penyelenggara Jaminan Sosial (BPJS) kesehatan. *J Ilm Ekon Islam*. 2022;8(3).
- [16] Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD. The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*. 2021;372.
- [17] Snyder H. Literature review as a research methodology: An overview and guidelines. *J Bus Res*. 2019;104:333–9.
- [18] Thomas J, Harden A. Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Med Res Methodol*. 2008;8(45):1–10.
- [19] Alfarizi M, Arifian R. Patient satisfaction with Indonesian Sharia hospital services: Halal healthcare tool and implications for loyalty-WoM. *Asian J Islam Manag*. 2023;5(1):18–35.

- [20] Hasan M, Rochmatullah MR, Warsina W, Rahmawati R, Setiawan D. Islamic corporate governance and performance based on maqasid sharia index: Study in Indonesia. *J Siasat Bisnis*. 2020;24(2):154–72.
- [21] Putri NA, Mahardika UN, Wardhani EIK, Ningtyas MA, Oktarina T, Muthoifin, et al. Illnes and Treatment in Theological Normative Viewpoints. *Solo Int Collab Publ Soc Sci Humanit*. 2023;1(3):163–72.
- [22] Nursoleha E, Sitompul JM, Syifa D, Lestari NW, Fahmi MZ. Mini Review: Rights and Obligations of Patients as Consumers of Health Services from An Islamic Perspective. *Solo Int Collab Publ Soc Sci Humanit*. 2023;1(3):197–206.
- [23] Muneeza A, Mustapha Z. Islamic fintech and financial inclusion. In: *Islamic FinTech: insights and solutions*. Springer; 2021. p. 173–90.
- [24] Jan S, Badullah A, Muzafar N. Operationalizing Higher Ethical Objectives: Piety, Ethics, and Institutional Practice in Pakistan’s Islamic Financial Sector. *Religions*. 2026;17.
- [25] Nasution MLI, Tarigan AA, Siregar MH, Nurbaiti, Harahap MI, Lauli RA. Sharia hospital business development strategy for Islamic higher education in Indonesia. *Trikonomika*. 2024;23(1):27–38.
- [26] Pantjatamono T, Priharto A, Riyanti. Analysis Of Financial Performance Of Muhammadiyah Aisyiyah Hospital In Jakarta Before And After The Covid-19 Pandemic. *Governors*. 2024;3(2).
- [27] Janah UR, Prasetyo L. Integrated Islamic Philanthropy for Equitable Healthcare Access: A Case Study of Muhammadiyah Hospital. *ZISWAF J Zakat dan Wakaf*. 2025;12(2):201–12.