FRAMING ISLAMIC ORGANIZATIONAL CULTURE FOR *WAQF*-BASED HOSPITAL IN MALAYSIA

Raja Aishah Raja Adnan[a1], Mahazan Abdul Mutalib @ Taib[a2], Muhammad Ridhwan Ab. Aziz[a3]
[a]Universiti Sains Islam Malaysia

[1]raishahra2@gmail.com
[2]mahazan@usim.edu.my
[3] ridhwan.aziz@usim.edu.my

Abstract

The pandemic Covid-19 has risen the standards for hospitals and indirectly influenced the 'wisdom' in management and operational functions of the hospitals. Literature have shown that there is lacking in the implementation Islamic hospital culture in the healthcare services in Malaysia. The purpose of this article is to present a suggested framework to transform *waqf*-based hospitals with an Islamic hospital culture through the adaptation of theories of organizational culture embedded with Islamic perspectives and observations of Shari'ah compliant hospitals from the past and present. The methodology used is content analysis from qualitative research methodology. Data analysis will involve manual coding, thematic analysis, and pattern-matching. The general findings show that the Islamic organizational culture will be more than providing space in the hospitals for Muslims to perform the daily five times worship but will include holistic Islamic management of the hospital organization, Islamic architecture wherein they are purpose-built, with underlaying service-oriented patient-centered culture plus distinctive dressing, decorum, halal medicines and other facilities presented. Through the transformation it will promote improved healthcare with Shari'ah compliant services and endorse healthcare tourism with Muslim-friendly facilities in hospitals for Muslims, local and abroad. With this newly developed culture in *waqf*-based hospitals, it can be an inauguration to a future of many more interesting adaptations of Islamic

organizational culture in other public services and private organizations.

Keywords- Islamic Organization Culture, Healthcare, Islamic Management, Holistic Management, Pattern-Matching Analysis

INTRODUCTION

The Islamic culture in healthcare services such as in the hospitals was first documented in 805CE in a *waqf*-based hospital in Baghdad. These Islamic hospitals or bimaristans such as the Tulun Hospital, have shown the earliest stage to integration between the Islamic culture and civilization then which had indeed resulted in a dynamic and organized institution (Adnan et al 2020). The culture is based on the teaching of Islam from al-Quran and Hadith but, since then, there have been many articles written about the development and implementation of Islamic culture in healthcare. They include management of hospital in the medieval Islamic world (Foroozani & Golshani, 2017), implementing the Islamic medical ethics in hospitals (Rispler-Chaim, 1989; Padela, 2007) and over the years, the adopting of Islamic services in hospitals (Hidayah et al. 2020), Islamic perspectives on the caregiving in hospitals (Rassool, 2000), Islamic medical care (Rahman et al. 2018) and Shariah-based management in hospitals (Abdurrokhman and Sulistiadi 2019; Hamzah et al. 2019). *Waqf* has continued to flourish in the present world providing for healthcare, education and assisting the poor and is one of the most important institutions of the third sector (voluntary sector) that exists in the Islamic heritage (Arshad, 2015). Since *waqf*-based hospitals are an important contribution to social innovation in Malaysia hence, it should emulate the Islamic teachings from the al-Quran and Hadith in the hospital culture services which includes management, ethics and other physical services and facilities. This Islamic branding in which it distinguishes the halal and shariah compliant products and services from others is an important necessity for Muslims all over the world to live their lives in submission and obedience in the worship to Allah SWT (Baran, 2020).

Problem Statement

This study has found that hospitals in Malaysia providing for the needs of Muslims are scarce and limited in their services considering that the population of Malaysia consists more than 50% of Muslims out of the whole population. The reasons for the scarcity ranges from lack of funding (Mas'ud et al., 2021), limited studies and lack of understanding in the implementation (Zailani et al., 2016; Jamaludin eta al., 2019), the concept of Islamic healthcare is new in the market (Rahman eta al., 2018), lack of studies of challenges of Muslims encountering Islamic medical ethics (Zailani et al., 2016), challenges with medical care service suppliers (Rahman etal., 2017) and others.

Significance of Study

This study addresses the gap in the the provision of an Islamic organization culture in the healthcare services in Malaysia especially for Islamic-based hospitals such as waqf-based hospitals. This study then further examines theories of organizational culture of Mannion and Davies (2018) and Schein's Levels of Culture (Schein 2010; Schein and Schein 2017) and how they compare with Islamic perspectives and by what means the transformation of the Islamic organizational culture can be adapted, adopted and implemented in the hospitals in Malaysia, particularly the waqf-based hospitals and other Islamic/Shari'ah-based hospitals. With the new framework determined and identified it can not only benefit the hospital services but also provide insights in the areas of transformation of Islamic organizational culture in the provision of Islamic branding in healthcare and other services.

LITERATURE REVIEW

In investigating into the organizational culture and its Islamic perspectives, of organizations and healthcare in particular, the literature reviews found the following to be of significant and of importance. The review begins with defining the organizational culture which also includes defining the Islamic management culture of healthcare services from history and present *waqf*-based hospitals and the development of Islamic hospitals, present theories of organizational culture in healthcare, the present

hospital cultures in Malaysia, and the healthcare working culture based on the Islamic sources of al-Quran and Hadith.

1. The Organizational Culture

The distinctive organizational culture is exemplified by organizations such the Disney, Southwest Airlines or Ritz Carlton; they each is known for creating, sustaining and constantly improving a service-oriented, innovative culture. The underlaying culture in the success of their organization's performance and workforce strength lies in the importance of hiring the right people, of investing in employees and empowering people to improve performance standards, focused by a clear vision, mission and core values (Kimball, 2005). The organizational culture refers to the values, beliefs and hidden assumptions that organizational members have in common (Cameron et al. 2006; Naranjo-Valencia et al. 2011). When absent, it makes it impossible to successfully implement the strategy and performance of the organization (Awino, Muteshi, Kitiabi, & Pokhariyal, 2018) and may jeopardise the survival and success of the organization (Serrat, 2017). Though culture is an important aspect of performance, the challenge is in determining which component or element might be influential. The relations between culture and health service outcomes can be manifested in shaping the local healthcare performance (Mannion & Davies, 2018). Hence, implementing good culture elements can result in high performance and likewise, the negative elements of poor standards will lead to failure and closure.

A good organizational culture helps to improve an organization's productivity and to enrich and strengthen its branding. The founder of Modern Marketing Management, Kotler interpreted the brand as a complex concept that can express six meanings of attributes, benefits, value, culture, individuality and user (Kotler, 2007). Organizational culture can be used as a powerful engine of competitive advantage and thus allow an organization to integrate its culture and branding to produce phenomenal results. In healthcare, clinical governance will become more established as corporate culture improves, and it will achieve optimal performance through continuity and localisation (Taboli et al.,

2014). From the levels of organizational culture by Schein (2004), the levels of culture indicate the artifacts which includes the architecture as visible structures and processes which is observed but difficult to to understand; espoused beliefs and values indicating the company's mission, vision and values and the basic underlying assumptions of unconscious thoughts, beliefs, perceptions, and feelings. These assumptions are not discussed or dealt with openly nor can they be easily addressed or changed. When problems arise, it signifies a change.

Present Theories of Organizational Culture in Healthcare

The healthcare organizational culture is a just another term for how services are run and become established as the norms of the healthcare services. The following are some theories exhibiting the organizational culture in healthcare: The Three Levels of Organizational Culture by Mannion and Davies (2018) and Schein's Levels of Culture (Schein 2010; Schein and Schein 2017).

i. The three levels of organizational culture in healthcare according to Mannion and Davies (2018).

The three levels of OC consist of visible manifestations, shared ways of thinking and deeper share assumption. Visible manifestations of healthcare culture include the distribution of services and roles between service organizations (such as the long established divides between secondary and primary care and between health and social care), the physical layouts of facilities (receptionists behind desks and doctors in consulting rooms), the established pathways through care (including the ubiquitous outpatients appointment), demarcation between staff groups in activities performed (and the tussles that challenge or reinforce these), staffing practices and reporting arrangements, dress codes (such as different coloured scrubs for different staff groups in emergency departments), reward systems (pay and pensions, but also the less tangible rewards of autonomy and respect), and the local rituals and ceremonies that support approved practices. Visible manifestations of culture (sometimes called artefacts) also include the established ways (both formal and informal) of tackling

quality improvement and patient safety, the management of risk, and the accepted ways of responding to staff concerns and patient feedback or complaints.

Shared ways of thinking include the values and beliefs used to justify and sustain the visible manifestations above and their associated behaviors, as well as the rationales put forward for doing things differently. This might include prevailing views on patient needs, autonomy, and dignity; ideas about evidence for action; and expectations about safety, quality, clinical performance, and service improvement.

Deeper shared assumptions are the (largely unconscious and unexamined) underpinnings of day-to-day practice. These might include ideas about appropriate professional roles and delineations; expectations about patients' and carers' knowledge and dispositions; and assumptions about the relative power of healthcare professionals—collectively and individually—in the health system.

ii. The Schein's Levels of Culture (Schein 2010; Schein and Schein 2017) (Fig. 1)

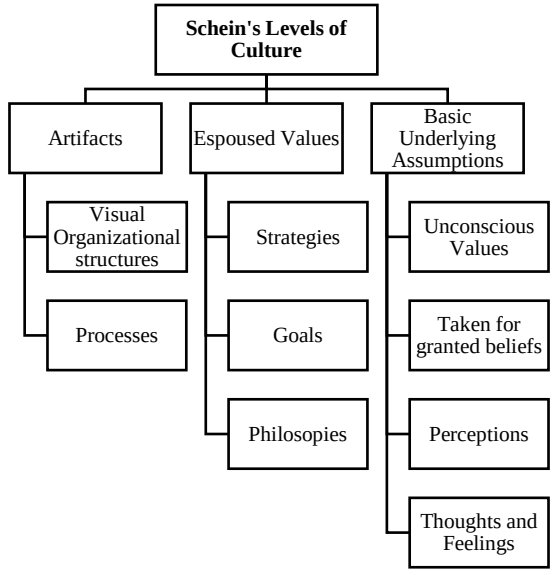
In the transformation of organizational culture, changes are formed from various levels (E. H. Schein, 2010). Schein identified the levels of transformation of culture, as the artifact (visible and observed behavior), espoused beliefs and values and basic assumptions. With the 'Three Levels of Culture', Edgard Schein offered an important contribution to defining what organizational culture actually is. However, Schein has cautioned that he believed the organizational learning, development, and planned change cannot be understood without considering culture as the primary source of resistance to change. Hence in the transformation, leaders should be aware of the cultures surrounding them.

Schein divides organizational culture into three levels:

1. Artifacts: these 'artifacts' are those of physical appearance such as dressing, which can be easily discerned;

2. Espoused Values: beneath artifacts are 'espoused values' which are conscious strategies, goals and philosophies
3. Basic Assumptions and Values: the core, or essence, of culture is represented by the basic underlying assumptions and values, which are difficult to discern because they exist at a largely unconscious level. Yet they provide the key to understanding why things happen the way they do. These basic assumptions form around deeper dimensions of human existence such as the nature of humans, human relationships and activity, reality and truth.

Figure 1: Schein's Levels of Culture (Schein 2010; Schein and Schein 2017)



Rumah Sakit Islam Bogor in Indonesia is an example of a hospital which has incorporated the Islamic culture into the Schein concept. Its organizational culture is based on faith, Islam, and *ihsan*. Accordingly, the Islamic values, beliefs, rules, habitual behavior and even its physical architectural form was adapted into Schein's organizational culture to transform the hospital with the Islamic values and culture (Hidayah et al., 2020).

2. **Hospital Cultures in Malaysia**

Malaysian healthcare began with the state playing a prominent role as a legacy to the British colonial rule and it automatically bequeathed a public hospital system almost similar to the British National Health Service (NHS). It was originally developed for the care of expatriates and local government officials and later included the general population (Chee & Barraclough, 2007; Ramesh, 2007). Hence the Malaysian healthcare system developed from its independence in 1957 is heavily influenced by the British' NHS (Mohamed Aljunid, 2014). They brought with them among others, the western medicine (Falconer, 2015; Ismail, 1974; Manderson, 1987), the administration of healthcare services (Manderson, 1987), the architectural design of hospital buildings and the nurses' uniform (Saidun, 2020).

However, in 2014, the concept of Hospital Mesra Ibadah was implemented in the health services in Malaysia in 2014 (Mas'ud et al., 2021) whereby the healthcare services featured some Islamic values/services (Dahalan et al., 2018) and which is also compliant to the Islamic Shari'ah (Jamaludin et al., 2019).

According to Baran (2020) the Islamic branding of 'halal' has been conceptualized as permitted, allowed and legal things for Muslims and Syariah-compliance, which is mostly associated with foods and finance. However, the halal market now includes hospital services which emphasize on fulfilling a set of standards and values derived from the understanding of Syariah in the aspect of principles, governance, finance, services including food and medicines, as well as culture (Kadir et al., 2019).

i. **Development of Islamic Hospital Services in Malaysia**

The global Halal industry is estimated to worth around USD2.3 trillion (excluding Islamic finance) a year, is now one of the fastest growing markets. It is not confined to only food but to other services as well such as healthcare, travel, cosmetics, and others

(Azam & Abdullah, 2020). In healthcare services, Malaysia began its 'halal' services by initiating Islamic-based hospitals, providing *Musolla* (room/space) for Muslim patients and visitors perform their daily prayers (Jais, Aliman, & Islmail, 2009). Though it maybe just superficial, it was beginning of the transformation of the provision of Muslim-friendly facilities.

The development of Islamic hospitals can be charted and regarded by the literature reviews written about this topic. Over time, with the growing interest in the providence of Muslim-friendly and halal services, the topic has been written in numerous topics and perspectives. The following are some of those written.

Figure 2: The Development of Islamic-based Hospitals (LR)

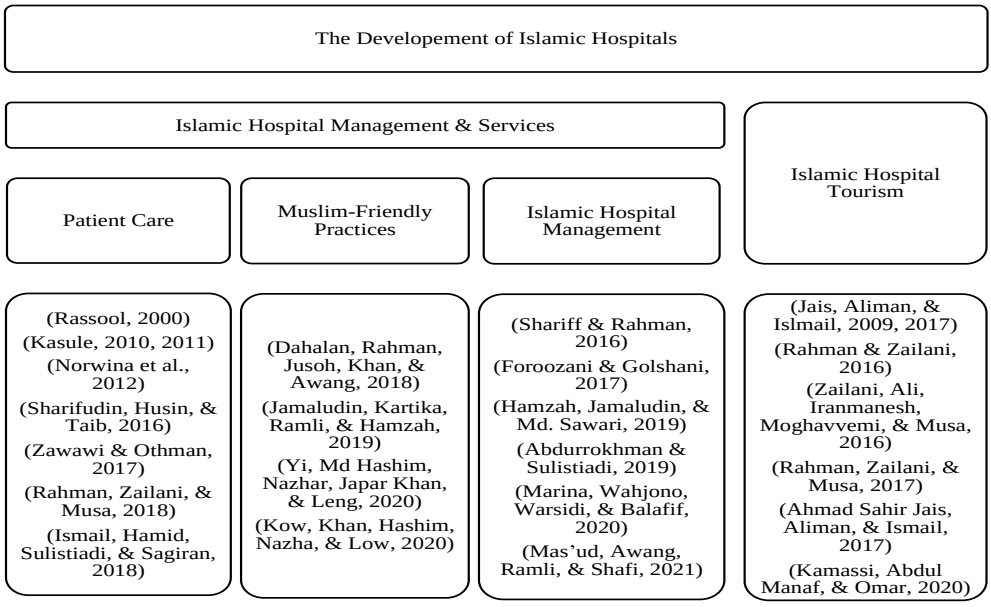


Figure (2) above, summarizes sources of publication with regards to the development of Islamic hospitals and services. Amongst those written are about the provision of proper patient care employing the Islamic ethics in the enabling the patient to perform the daily worship, in the protection of progeny, halal medicine (without alcohol and other haram ingredients) etc. The Muslim-friendly practices which were discussed included Islamic etiquette, medical procedures and advice given to patients which

must be according to Islamic laws. The Islamic hospital management deliberated over using the *Maqasid al-Shari'ah* in the management of hospital which included the hospital's operation and the micro-management of the hospital such as in the Shariah Standard on Organizational Management, Shariah Standard on Accounting and Finance Management and others.

The growing Muslim population worldwide has brought about the flourishing Islamic hospital tourism in Malaysia, and this was reviewed in many literatures found. From the literature reviewed, the discussions began in the early 2000 with studies on the Islamic perspectives in the caring of hospital patients which later in 2016 onwards, discussions developed pertaining hospitals offering easy access to worship, Islamic management of hospitals and Islamic hospital tourism. Islamic hospital tourism began with the rising cost of health care, longer waiting lists and poor medical system. Muslims worldwide are seeking for up-to-date hospital services and facilities with Islamic accreditations (Jamaludin et al., 2019; Kamassi, Abdul Manaf, & Omar, 2020)

3. **Islamic Perspectives of Organizational Culture**

The first hospital recorded began from the Hellenistic period and Tschanz (2017) reported that in early medieval Europe, their philosophy of the illnesses suffered by the sick were thought to be of supernatural and cannot be treated. The culture practised then included the caring of patients which were tended by monks who reassured and comforted the sick of the salvation of their souls with no attempt to treat the illness. When Islam arrived, it viewed illnesses different as their belief was based on the al-Quran and Hadith which confirmed that illnesses send by God came with a cure. Amongst the narrations are:

- From Abu Hurairah RA, the Prophet SAW said:

مَا أَنْزَلَ اللَّهُ دَاءً إِلَّا أَنْزَلَ لَهُ شِفَاءً

"There is no disease that Allah has created, except that He also has created its treatment."[3]

[3] Sahih al-Bukhari (5678)

- From Anas bin Malik RA, the Prophet PBUH said:

إِنَّ اللهَ حَيْثُ خَلَقَ الدَّاءَ، خَلَقَ الدَّوَاءَ، فَتَدَاوَوْا

"Indeed, Allah created disease and also its cure. Hence, seek medication."[4]

Islam also brought about healthcare services as early as in the Prophet's era (Isā, 1981; Jan, 1996; Kasule, 1998) with the nursing of wounded patients during the *Ghazwah Khandaq* (Battle of the Ditch) in a mobile military tent. During the Islamic Golden Era of 8th -14th CE, *waqf*-based hospitals were successful in their endeavor to serve the public by integrating the Islamic culture and civilization then resulting in a dynamic and organized healthcare institution (Adnan, Mutalib, & Aziz, 2020). It exuded a culture which exhibited a sign of a more complete integration with Muslim culture and civilization and it was also a guarantee of the hospital's longevity (Nowsheravi, 1983; Sayili, 2006).

From an architectural perspective, the west and Islamic approach bore some differences. Examples are in the physical design of a central courtyard and the separation of the sick according to their sex and disease (Montague, 1984) whilst the west were plainly built and dim (Tschanz, 2017). The western interior design regarding the beds where they are arranged according to the pews in a church where religious masses can be attended by the sick. The bimaristans (a Persian word for an 'asylum for the sick') or hospitals in the Islamic civilization were prototype for modern hospital with good ventilation and lighting (Tschanz, 2014, 2017), segregation of sexes, beautiful landscaping of fountains and brooks with facilities of laboratories, dispensary, kitchens, baths etc. (Montague, 1984; Al-Majali, 2017).

The organizational management culture of the past hospitals were based on Islamic traditions of the al-Quran and hadith where medical ethics inaugurated from the early 9th century and documented, entitled *Adab al-Tabib* (Conduct of a Physician) (Al-Majali, 2017). Their goals were basically to serve the welfare of their

[4] Musnad Ahmad (12596)

patients and to educate new physicians. There were administrative staff, technical staff and medical staff were uniformed, working two shifts per day (Montague, 1984; Al-Majali, 2017). The hospitals were also usually financed by the Islamic endowment of *waqf* funds (Hamouche, 2007; Nour, 2015; Tschanz, 2017; Shaikh, 2018). Studies also noted that elements for the success of past waqf hospitals included their unique architecture (Dāhir, 2015), financial sustainability (Al-Ahmad, 2014)

The following show texts from al-Quran and Hadith promoting the work culture and Islamic ethics which prove that work as a form of worship and that it comprises of trust, honesty, and sincerity.

i. Working Culture based on al-Quran and Hadith

Islam distinguishes 'work' as part of an ibadah (an act of worship) and a sense of jihad (cause of Allah) as the Prophet SAW said (At-Tirmidhi, no. 1209):

> "The honest, trustworthy merchant will be with the Prophets, the truthful and the martyrs".

The conception of *īmān*, *amal* and *ihsan* is comprehended by its Quranic linguistic technique in its meaning and importance. The Quran says, 'those who have *īmān* and do good acts' implies the importance of *īmān* over *amal* and that in short, with īmān there will be good undertakings (Zaman & Jan, 2012).

The concept of *īmān* has been discussed by many scholars in the past and in the modern era. Contemporary scholars have defined *īmān* by means of its vertical element when communing with Allah SWT and horizontal elements when interacting with the society (Kasmani, Yusoff, Kanaker, & Abdullah, 2017; M Haneef, 1997; Zaman & Jan, 2012) and the Tawhidic Paradigm (Borhan, 2015; M Haneef, 1997).

True faith, then, must manifest itself in the heart as sincerity, on the tongue as affirmation, and on the limbs as action. Ibn Taymiyyah explains this when he writes:

وَمِنْ أُصُولِ أَهْلِ السُّنَّةِ وَالْجَمَاعَةِ أَنَّ الدِّينَ وَالْإِيمَانَ قَوْلٌ وَعَمَلٌ قَوْلُ الْقَلْبِ وَاللِّسَانِ وَعَمَلُ الْقَلْبِ وَاللِّسَانِ وَالْجَوَارِحِ

> Among the principles of the people of the Sunnah and the community is that the religion and faith consists of sayings and actions: the sayings of the heart and the tongue, and the actions of the heart, tongue, and limbs (Ibn Taimiyyah, n.d.).

Righteous deeds are the inevitable result of sincere faith, such that Allah constantly emphasizes the rewards of those "who have faith and do good deeds". Hence, from an Islamic perspective, the Islamic sources of the al-Quran and hadith defines ethics with *ma'ruf* (approved), *khayr* (goodness), *haqq* (truth and right), *birr* (righteousness), *qist* (equity), 'adl (equilibrium and justice), and *taqwa* (piety) (Al-Aidaros et al., 2013).

ii. Islamic Hospitals: The Development and Transformation of Organizational Culture

The Table (1) above shows a comparison of article journals discussing the transformation of Islamic culture and how it is not only adapted but adopted in the transformation of the healthcare culture such as in Rumah Sakit Islam Bogor (Hidayah et al., 2020). Discussions regarding the Islamic perspective of the medical field or healthcare services, began in the late 1980s about Islamic medicine and Islamic medical ethics (Rispler-Chaim, 1989) but acknowledged the lacking of literature on contemporary Islamic medical ethics. Articles also discussed the essence behind the Islamic culture of faith, *shariah* and the *maqasid*. In practicing the approaches of western medicine and consuming the western medicines, hospitals have inadvertently adopted the western values and culture. The transformation to an Islamic-based culture for a *waqf*-based hospital can be a better option.

Table 1: Islamic-based Hospital Culture (LR)

Title and Citations of Article Journals	**Summary of Articles**
Islamic Medical Ethics in the 20th Century (Rispler-Chaim, 1989)	Practicing the medicine of the west in hospital has subjected hospitals to the western values. Some of the issues discussed by Islamic medical ethics are universal: abortions, organ transplants, artificial insemination, cosmetic surgery, doctor-patient relations, etc. adopting the Islamic Muslim ethics seeks to compromise between Islamic heritage and the achievements of modern medicine, as long as basic Islamic dogma is not violated.
The Impact of Workplace Spirituality Dimensions on Organisational Citizenship Behaviour among Nurses with the Mediating Effect of affective Organisational Commitment (Kazemipour & Mohd Amin, 2012)	In health-care systems, with spirituality, there exists a sense of meaning with organizational citizenship behavior, meaningful work and citizenship behaviors. There was a higher level of altruism and a greater concern for colleagues also.
Islamic public administration tradition: Historical, theoretical and practical dimensions (Samier, 2017)	Islamic administration is grounded in religious principles, oriented towards service to society and aimed at wisdom and judgment and personal interaction. It embeds end values for individual welfare and societal

	improvement, in particular those traditional forms like the mandarinate that are grounded in a strong social ethos and service.
The Perceived Role of Islamic Medical Care Practice in Hospital: The Medical Doctor's Perspective (Rahman et al., 2018)	Islamic medical care is a new mode of healthcare service market.
Narrative Study of Shariah Hospitals in Indonesia : A Review of Islamic Brand Communities Innovation for Health Care (Sulistiadi, 2020)	Hospitals with Shariah certification carry out their services with reference to the concept of Maqoshid Al-Sharia, namely, the preservation of religion (Hifzh Al-Din), the soul (Hifzh Al-Nafs), the senses (Hifzh Al-'Aql), the descent (Hifzh Al-Nasl), and property (Hifzh Al-Mal).
Organizational Culture in Shaping Image of Hospital, Case Study of Islamic Services at Rumah Sakit Islam Bogor (Hidayah et al., 2020)	An example of an Islamic -based hospital is the Rumah Sakit Islam Bogor which has an organizational culture of faith, islam, and ihsan incorporated into values, beliefs, rules, habitual behaviour, and physical form of it.

Discussions regarding the Islamic perspective of the organizational culture in healthcare began as early as 1989. Over the years academicians began discussing Islamic perspectives in healthcare such as in medical ethics, working ethics, health services and organizational culture. Hence, this transformation of an Islamic organizational culture can be a change in the delivery of patient-focused health services by encouraging healthcare professionals to work smarter, faster and better (Rezeki et al., 2018) which can not only infuse some Islamic values to strengthen

individual transparency but morally, which eventually can enhance economic progress in Islamic world (Aldulaimi, 2016). The application of Shariah standards in the hospital management system can increase the quality of health care and improve patient satisfaction (Abdurrokhman & Sulistiadi, 2019). The 'halal' services can also include the presence of trained Muslim chaplain to offer Islamic last rites, the availability of an Islamic scholar for any fatwa enquiries (Leong et al., 2016), and even the exclusion of healthcare services such as the abortion of fetuses and 'mercy killing' or euthanasia of terminally ill patients (Padela, 2007).

The transformation of organizational culture for *waqf*-based hospitals will not be easy. Kimball (2015) believed that the transformation of organizational culture requires commitment, time, and flexibility but it will be of a culture which will be the underpinning that makes some health care organizations exceptional. Kimball added that the result from a successful culture transformation process are three most important elements which are identified as leadership commitment and support; shared vision and values; and the involvement and ownership at all levels.

Research Methodology

The methodology used in this research is content analysis from a qualitative research methodology relying on textual, while hermeneutics provides the method of interpretation and understanding (Neuman, 2014). Data analysis will involve manual coding and thematic analysis with pattern-matching. Pattern-matching (Sinkovics, 2018) is applied to the definitions of the different concepts to construct validity as it can help to retrace the thought process of this study and to understand the how and why of the deductions. Hence, when these characterizations bear a basic resemblance to each other, it only reinforces the validity of the concept in its application into the hospital organizational culture. The content analysis deliberated over literature of organizations culture and its role in healthcare and Islamic healthcare and the development; present theories of organizational culture in healthcare consisting of the theory of Mannion and Davies (2018) and Schein's Levels of Culture (Schein 2010; Schein

and Schein 2017); hospital cultures in Malaysia and an Islamic perspective of organizational culture.

Discussion and Findings

Literature disclosed some findings which identified that the Islamic perspectives coincided with some of the theories on organization culture in healthcare and that resilience in healthcare tantamount to some serious consideration in the pandemic era of Covid-19 and be regarded an important and significant factor/element in the final line-up of criteria for the proposed Islamic organizational culture for a *waqf*-based hospital. Hence, the following is explained further.

1. When the concepts were compared in a pattern-matching table, similarities were found and patterns discovered. Table (2) below shows the correlation between the 3 levels of OC, Schein's levels of culture and the Islamic tenets of *Īmān*.

Table 2: A Comparison of Cultures with the Tenets of *Īmān* and the Proposed IOC

The Different Concepts in the Belief/Management /Organizational Culture	**The Faith of Islam or *Īmān***	**The 3 Levels of OC (Mannion and Davies 2018)**	**Schein's Levels of Culture (Schein 2010; Schein and Schein 2017)**	**The Proposed Islamic Organizational Culture (IOC)**
Belief and Values	To believe with one's heart,	Deeper shared assumptions	Espoused Values	To instil the Islamic culture and profess

				loyalty and commitment in the providence of good health
Proclamation	To verbally profess with one's tongue	Shared ways of thinking	Basic Underlying Assumptions	Personalising the core value with a slogan
Manifestation	To demonstrate externally or in one's physical actions	Visible Manifestations	Artifacts	The physical manifestations of Islamic faith and values and local cultures of Shariah compliance.

A pattern is formed which show some striking resemblance between these concepts and can be accepted and adopted when implementing into the Islamic organizational culture for hospitals. Whilst in Islam, *Īmān* is belief in the oneness of Allah SWT and its important role is in fostering the growth of human values such as to worship in Allah SWT alone and believing that Muhammad SAW as His messenger. This will lead to human development which in turn will create a moral life, upholding humanity and morality. The 3 levels of OC and Schein's levels of culture, both emulate the similar basic properties of intrinsic values, acknowledging beliefs

and the manifestation of values. Together all three, show patterns that correspond and match each other and the upshot is the proposed Islamic OC in the final column (Table 2).

In determining the elements needed for Islamic organization culture for a hospital, they have been identified and visualized below in Table (3) below. For theoretical contribution, this research highlights the elements needed to install the Islamic culture based on the al-Quran and Hadith and to acknowledge loyalty and commitment in the providence of good health; personalizing the Islamic core values with the organization's slogan/motto and finally, the manifestation by the building the architecture of the building according to the Islamic perspective such as in the staff attired according to Islamic Shariah, administration with Islamic ethics and management according to the Islamic Shariah.

Table 3: The Elements in the Proposed Islamic OC

The Elements	The Application	Examples
1. To instil the Islamic culture and profess loyalty and commitment in the providence of good health	The application of Islamic ethics in the management and administration of hospital services.	To implement an Islamic working environment for staff of administration, managerial and other staff of the hospital. To also educate the staff of the religiosity of Islam and to hold firmly the faith of Islam.
2. Personalising the core value with a slogan with Islamic faith and the need to seek medical treatment	An example is a Hadith from Abu Hurairah RA, the Prophet SAW said: مَا أَنْزَلَ اللَّهُ دَاءً إِلَّا أَنْزَلَ لَهُ شِفَاءً *"There is no disease that*	Promoting Islamic awareness in healthcare services by utilising up-to-date marketing such as internet-based and mobile-based and other media advertisements.

	Allah has created, except that He also has created its treatment." Sahih al-Bukhari (5678) -this encapsulates faith in the Almighty Allah and hope for healing.	
3. Physical manifestation of Islamic faith and values, and local cultures of Shariah compliance	To apply the architecture of traditional Islamic healthcare of yesteryears. To provide for 'halal' provisions. To adopt the local Malaysian cultural and traditional healing services and medicines.	Architectural Islamic design with functional aspects such as in the water fountains for fever-wards, *qiblat*-facing beds for easy worship for patients, Islamic uniforms for nurses, halal medicines and food etc. Acupuncture, herbal medicines etc.

In the application of these elements, the following are defined and explained in Table (3) above, where examples of theses elements can be implemented in *waqf*-based hospitals. In the first identified element, implementation can include an Islamic working environment with Islamic Ethics and promote religiosity amongst staff by encouraging Islamic education. The second element of personalizing the core value, the implementation is by promoting Islamic awareness by using information technology such as internet-based and mobile-based media. The third element of physical manifestation includes the architectural design of

buildings with functional aspects, Islamic attired uniforms and 'halal' medicines, food and others.

2. In promoting 'halal' western medicines in Islamic organizational culture, literature reviewed also found that the cultural medicines can be complementary to modern medicines (Hussain & Malik, 2013; Lam et al., 2021; Saad et al., 2005). According to (Chen, 1975), the current scientific medicine, is viewed as mechanistic and individualistic, while the traditional or cultural medicine takes a supporting, personable, and holistic approach. Instead of being antagonistic, modern and traditional medical systems are seen as potentially complementary. Hence, Malaysia, being an multi-cultured country, traditional or cultural medicines can also be included but they must be of Sharia compliant. An example of such cultural healthcare services or complementary medicine is the acupuncture practice originating from the Chinese community and the Indian traditional medicines of Ayurveda. In fact, it has also been reported on the website of the Traditional and Complementary Medicine Division (T&CM), Ministry of Health (MOH) (Traditional and Complementary Medicine Division, 2021) that as of January 2020, 15 MOH hospitals are providing T&CM services in Malaysia. Among the T&CM services offered in MOH hospitals are: traditional Massage, acupuncture, herbal therapy as a complementary treatment for cancer, Shirodhara, external Basti therapy and Varmam therapy. These services offered make up of Chinese, Indian and Malay traditional complementary medicines and services. Incorporating these can possibly diversify the services and provide significant contributions to the healthcare of the multi-cultured Malaysians. During the pandemic Covid 19, there were reports of use of these complementary medicines (Prajapati & GV, 2020; Lam et al., 2021) and they provide a good opportunity to employ them due to their lower cost (Hussain & Malik, 2013) and time-tested nature (Evans, 2009).

3. Another finding is the organizational culture of resilience of which growth is encouraged, support is plentiful, and crises are recognised as opportunities. This special mention of resilience

during the pandemic, highlights the importance of resilience for healthcare workers as frontliners during the recent pandemic Covid-19 (Barzilay et al., 2020; Hynes, Trump, Love, & Linkov, 2020; Setiawati, Wahyuhadi, Joestandari, Maramis, & Atika, 2021; Wu, Connors, & Everly, 2020). Resilience amongst others, helps reduce worries as well as anxiety and depression; its approaches to combat and manage epidemics is a necessity; resilience is proposed for healthcare workers and that the development of resilience is of utmost important to prepare healthcare workers to deal with crises and reduce mental health problems in the future. Studies have shown that resilience can be developed through experience, learning, and formal training (Matheson, Robertson, Elliott, Iversen, & Murchie, 2016). Resilience is generally described as the ability of an individual to successfully adapt, maintain competent functioning, and 'bounce-back' from adversity and major life stressors (Sull et al., 2015).

Islamic ethics can help develop the organizational culture of resilience. From the Figure (4) below, the articles of resilience in the pandemic Covid-19 and Islamic Ethics show their different approaches and strategies in developing resilience in an organizational culture of hospitals during crises such as in the pandemic Covid 19 and can prepare frontliners for other future pandemics and healthcare crisis.

Figure 4: Resilience (Literature Review)

Resilience	
Islamic Ethics	Resilience & Crisis
(Sharaf al-Din, Rostami, & Ghaffari, 2016) (Othman 2019) (Salleh Kamarudin et al. 2020)	(Barzilay et al. 2020) (M. A. Rahman et al. 2020) (Wu, Connors, and Everly 2020) (Setiawati et al. 2021)

In literature of Islamic ethics (Sharaf al-Din et al., 2016; Othman, 2019; Salleh Kamarudin et al., 2020), among those describing resilience is that it is one of the components where it is

made up of personal competence, trust in ones' instincts, tolerance of negative effects, positive acceptance of change and secure relationships, control and spiritual influences; with Islamic spirituality, the human capacity can overcome from adversities much easily and that Islam promotes patience, perseverance in adversities and to believe that all that befall are from Allah SWT. Hence, resilience in an Islamic perspective is measured when the individual overcomes an ordeal with calm and a high degree of patience and that a person's capability to overcome problems and adversities is to persevere, equip oneself with positive elements that can act as a shield and to have faith that with patience, help will come from Allah SWT and that He has promised paradise for those who are patient.

This criteria of an Islamic OC in a *waqf*-based hospital would be an improved version of the hospital organizational culture within which those essential elements permeate a holistic Islamic organization culture for *waqf*-based hospitals whereby it will include Islamic management of the hospital organization, with updated technology in medical facilities and involving the cyberspace and digitalism for media promotions, Islamic and local architecture wherein they are purpose-built, with underlaying service-oriented patient-centered culture plus distinctive dressing, decorum and facilities are presented.

CONCLUSIONS

An Islamic organizational culture is deemed necessary for Islamic based hospital such as *waqf*-based hospitals. These elements of the Islamic organizational culture consist of comprehensive and holistic in nature and based on the al-Quran and Hadith which provide for an Islamic environment wherein, Muslim patients will feel comfortable and contented that when in a vulnerable and sensitive situation, such as ailing and weak condition, their religious concerns are well taken care of. This study is also another means for *Dakwah* (proselytization) in propagating Islam. It can not only persuade non-practicing Muslims to understand Islam better and be more pious but can also attract non-Muslims to appreciate and be more acquainted

with Islam. Considering Islam's world population is on the increase, and that more Muslims desire and demand good healthcare with guarantee of Sharia's compliance and confident of the status of 'halal' of services of hospitals, this research is on target and heading towards Islamic compliance of global healthcare services. Hence, Islamic OC can act as a mediating role between knowledge and concepts provided in Islam and in addressing the management of healthcare services and the concerns of some stress-related issues of healthcare frontliners.

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