# CHAPTER 4

# RESULTS AND DISCUSSIONS

## 4.1 Introduction

This chapter presents the qualitative findings to address the research questions, which are:

RQ1. What is the criteria of past *waqf*-based hospitals in the 8th-14th CE from the Arab/Islamic World?

RQ2. Which are the main elements of *waqf*-based hospitals that can be identified through comparative analysis from the past and current models from literature (preliminary working framework)?

RQ3. What are the issues and challenges faced by hospitals of private/public and *waqf*-based models, and how can they be solved?

RQ4. How to develop a corporate *waqf* framework in collaboration with a public hospital in Malaysia?

Following the introduction, Section (4.2) shows the preliminary analysis procedures used to prepare the data which consists of background data and is the first finding, Section (4.3) begins to answer to research questions with 4 more findings in Section (4.3.1), by answering to research question number 1, Section (4.3.2) answers to research question 2, Section (4.3.3) answers to to research question number 3, Section (4.3.4) answers to research question number 4. Section (4.3.5) reveals some unique findings and in Section (4.4), a framework is drawn. Finally, Section (4.5), the summary.

## 4.2 Preliminary Analysis: Background Data- Finding 1

This phase of this research used the in-depth interview as the instrumental too for this analysis. Eight respondents were interviewed to explore into their views about healthcare services, waqf institutions and waqf-based healthcare.

The interview will assist this research and contribute in finding out how waqf-based healthcare can contribute effectively in a Muslim-majority nations (Ansari M, 2013) especially in this pandemic era and to examine how *waqf* can participate in a developing a healthcare service of good quality at a reasonable cost (S. Mohamad et al., 2018).

| Respondents | Gender | Background Data |
|---|---|---|
| No 1 | M | Academician |
| No 2 | M | Policy Maker |
| No 3 | M | Academician |
| No 4 | M | Practitioner |
| No. 5 | M | Policy Maker |
| No. 6 | M | Policy Maker |
| No. 7 | M | Practitioner (HS) |
| No. 8 | M | Practitioner (WHS) |

Table 4.1: Respondents Variation

The Table (4.1) above show that the respondent's variation consists of founders of organizations, directors, and top senior management and considered to be influential, prominent, and well-informed people in the organization. They are the 'elites' (Solarino & Aguinis, 2020). This method provides a valuable approach especially in understanding the decision-making processes, policy-making and perceptions and they provide valuable information (Natow, 2020). These elite informants, range from top-

ranking executives to highly skilled professionals, and to people with substantial power and expertise not possessed by others (Solarino & Aguinis, 2020).

The findings achieved from the respondents then was not validated via Focus group Discussion or expert as the respondents were key informants. According to Payne & Payne (2014), the focus group discussion is a collective version of conducting individual interviews with key informants. Hence, the list of elite respondents proved valuable for this research.

## 4.3 Findings

The following are findings based on the research questions, followed by some unique findings which may prove to be supportive of the objectives.

### 4.3.1 Research Question No. 1- Finding 2

The research question number 1 asked: What are the exclusive elements in the criteria of past *waqf*-based hospitals in the 8th to 14th CE from the Arab/Islamic World? The research commenced from readings from article journals which were compiled, coded using the application NVivo, categorized and later visualized. The coding was applied to match the guiding principles of (Nour 2015) and show the many definitions and commonalities of the words. This research found that the guiding *waqf* principles of Nour (2015) were actually a philosophy of intervention on the urban level in historic Muslim cities. These factors of the guiding *waqf* principles showed some important elements in the building of the past *waqf*-based hospitals, in shaping the philosophy of *Waqf* in the conservation of urban heritage which are: comprehensiveness, quality of the common, functional value and autonomy (Nour, 2012, 2015).

The data compiled were from different journal articles, about past *waqf*-based hospitals in different countries but at the same specific era mentioned. The analysis below involved steps which included review of literatures and coding them according to elements identified using the NVivo 12 application. In determining these elements which are called nodes from NVivo 12, they were then visualized coupled with an example of each of the node. Whilst the node describes the element, its association with the example is the representation of that element in the specific era. Hence, Figures (4.1, 4.2, 4.3 and 4.4) below, are the visualizations from NVivo 12.

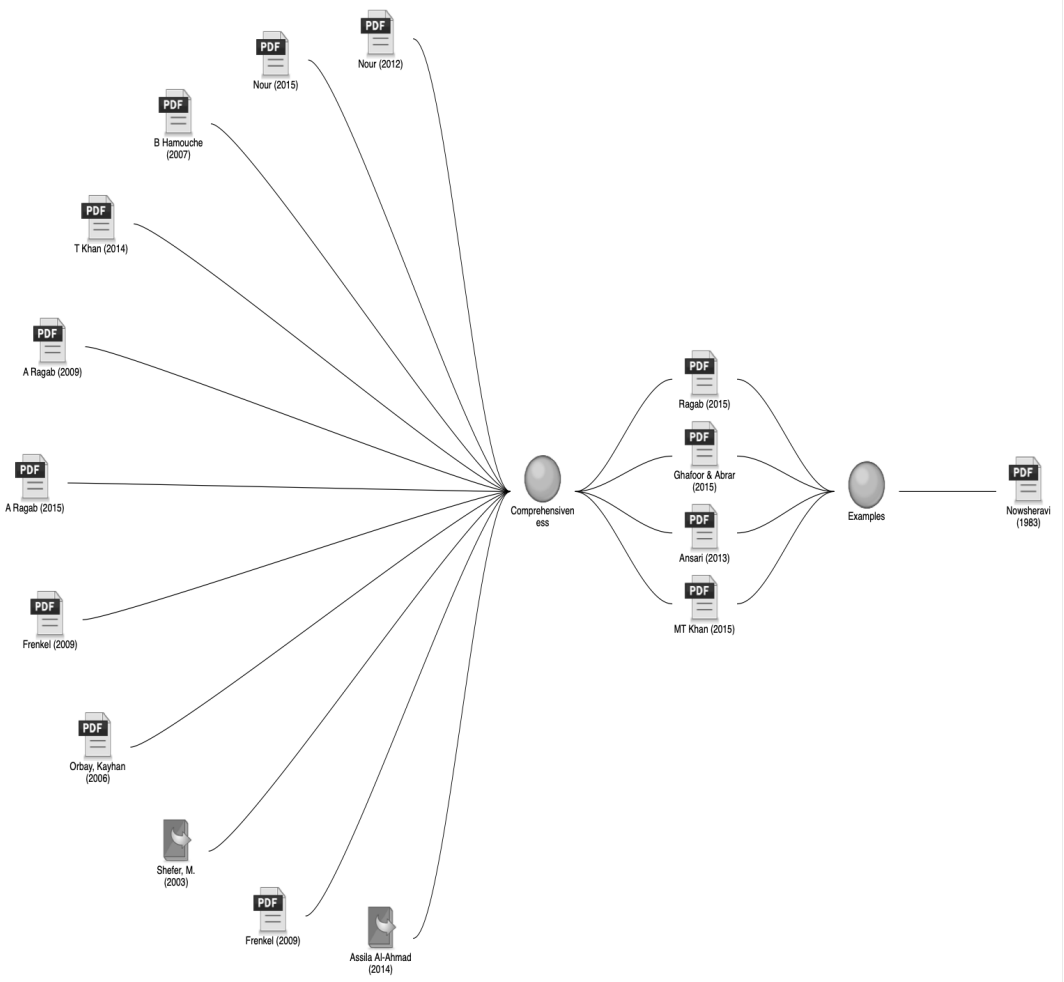



Figure 4.1: Visualization of Comprehensiveness of Nour (2015)
(Al-Ahmad, 2014; Frenkel, 2009; Ghafoor & Abrar, 2015; Hamouche, 2007; Kayhan Orbay, 2006; M. T. Khan, 2014, 2015; Nour, 2012, 2015; Nowsheravi, 1983; Ragab, 2009, 2015; Shefer, 2003)

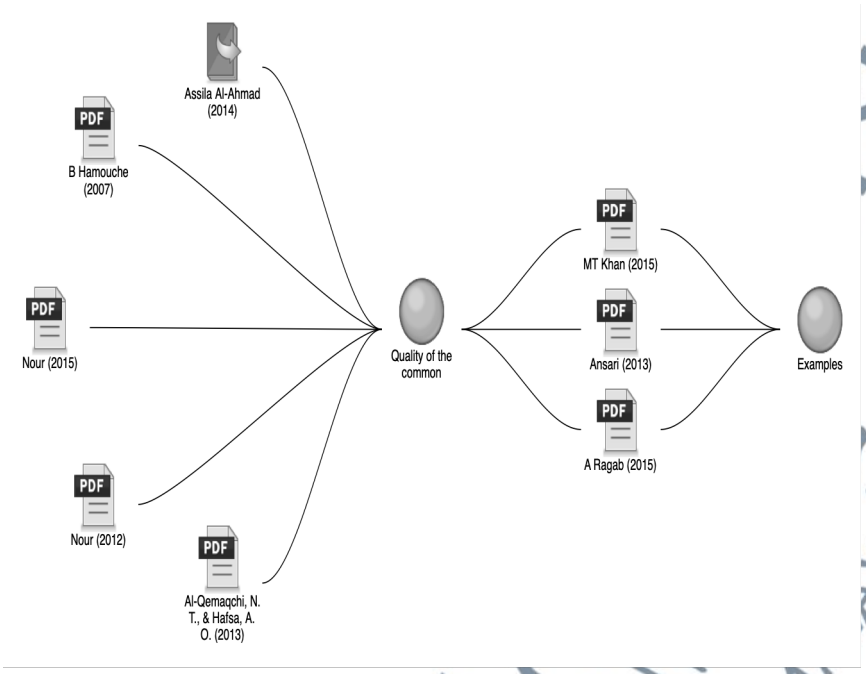



Figure 4.2: Visualization of Quality of the Common (Nour, 2015)
(Al-Ahmad, 2014; Alomari & Alqimaqche, 2013; Ansari M, 2013; Hamouche, 2007; M. T. Khan, 2015; Nour, 2012; Ragab, 2015)

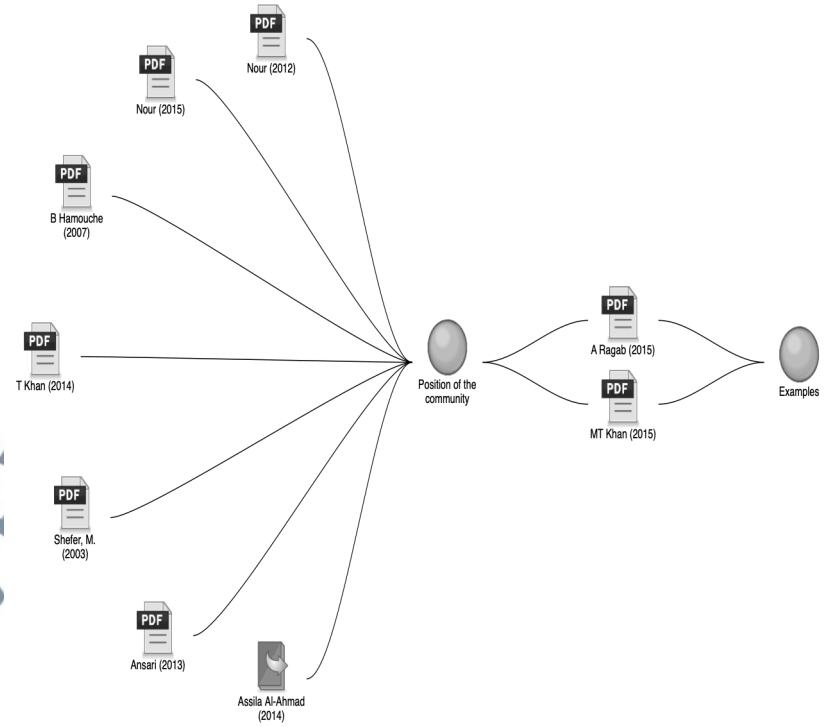



Figure 4.3: Visualization of Position of the Common of Nour (2015)
(Al-Ahmad, 2014; Ansari M, 2013; Hamouche, 2007; M. T. Khan, 2014; Nour, 2012; Shefer, 2003)

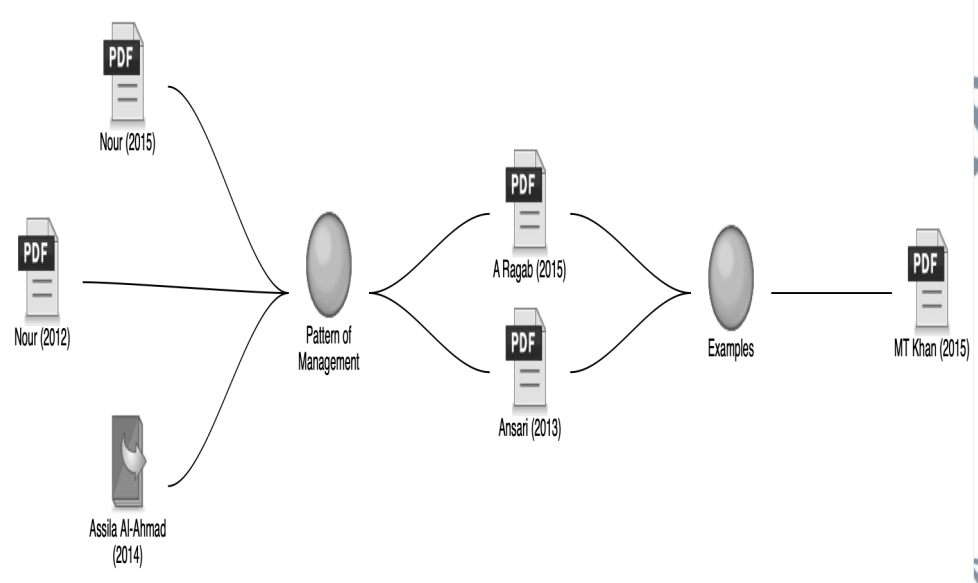



Figure 4.4: Visualization of Pattern of Management of Nour (2015)
(Al-Ahmad, 2014; Ansari M, 2013; T. Khan, 2015; Nour, 2012; Ragab, 2015)

The data from the visualizations above were then tabulated in Table 4.2 below, so as to illustrate and give more clarity. It explains all of the visualizations of each and every guiding principle and examples of past *waqf*-based hospitals depicting those elements.

| **THE GUIDING PRINCIPLES (Nour, 2015)** | **Definition** | **Coded from Journal Articles and books (Manual Coding and Nvivo 12)** | **Examples** |
|---|---|---|---|
| 1. **COMPRE-HENSIVE-NESS (SUSTAINA-BILITY)** | Multidimensional interventions including the sustainability | 1. multidimensional interpretation (Nour, 2015)<br>2. inclusive of social and economic system within. (Nour, 2012; Orbay, 2006)<br>3. diversity of the pious foundations (Hamouche, 2007)<br>4. Social and economic standing (Shefer-Mossensohn, 2003)<br>5. prominent social and economic institution (Frenkel, 2009)<br>6. Not restricted to the area; intergration (Nour, 2015) | 1. Bīmāristān al-ʿAḍudī, Tulunid hospital, Qalawaun Hospital, (Ansari M, 2013)<br>2. Al Nuri Mansurr Hospital (Nowsheravi, 1983)<br>3. Al-Mustansiri in Makka, Argun al-Kamili in Aleppo, and the hospitals of Madina, Tunis, Ray, Granada and Marrakech (Ghafoor & Abrar, 2015) |

| | | | |
|---|---|---|---|
| | | 7. Buildings to support hospital (Frenkel, 2009)<br>8. Hospitals in the palace grounds (Mossensohn, M. S., 2003) | |
| **2. QUALITY OF THE COMMON** | An understanding of the quality of the built environment that kept the balance between the 'common' and the 'exceptional' | 1. Interdependent relations, between the unique and the ordinary properties and environment surrounding it; a balance. (Nour, 2015)<br>2. funded the hospitals for various expenses (Khan, 2015)<br>3. sustain the function and the service (Nour, 2015)<br>4. urban structure (Ragab, 2015) | 1. Bimaristān al-Nūrī (Ansari M, 2013)<br>2. Tulunid Hospital, Qalawun Hospital, Adudi Hospital, Al-Ayyubi Hospital (Tariq Khan, 2015)<br>3. Al-Mansuri Hospital, Qalawunid Hospital (Ragab, 2015) |
| **3. POSITION OF THE COMMUNITY** | This is in the relation between the building and its function. | 1. Specific functions, Main goal of protecting the building, its functions and the service it delivers (Nour, 2015);<br>2. preservation (Tabba, 1982);<br>3. essential feature (Ansari, 2013),<br>4. Unique charitable institution (Shefer-Mossensohn, 2014) | 1. Tulunid Hospital, al-Ayyubi Hospital, Adudi Hospital, al-Nuri Hospital Qalawudin Complex(Tariq Khan, 2015)<br>2. Al-Mansuri (Ragab, 2015) |
| **4. PATTERN OF MANAGEMENT** | This is a subject to an extreme degree of decentralization and autonomy and includes the juridical authority, the charter, administrator of mutawalli. | 1. Autonomy and decentralized, judicial authority, independently (Nour, 2015);<br>2. Waqif, Qadis (Ansari, 2013);<br>3. Waqif (Assila, 2014);<br>4. Nazir (Ragab, 2015) | 1. Mu'ayidī hospital (Ansari M, 2013),<br>2. Tulunid Hospital, al-Ayyubi Hospital, al-Nuri Hospital, Adudi Hospital (Tariq Khan, 2015)<br>3. Qalawunid Hospital (Ragab, 2015) |

Table 4.2: Tabulation from the Visualizations of NVivo 12 (Multiple Sources)

From the open coding and the tabulation, the following was found:

i. In studying the criteria of the *waqf*-based hospitals in the medieval era, there was a lack in research in addressing and studying the business framework and administrative management of the past *waqf*-based hospitals and also in the impact of *waqf*-based hospitals on the social, political and economic dimensions. Those found were mainly in the field of architectural and urbanism (Al-Ahmad, 2014; ʿIsā, 1981; Dāhir, 2015; Deguilhem-Schoem, 1987; Khalil, 2016; Montague, 1984) and urban regeneration (Nour, 2012, 2015) or urbanism (Deguilhem, 2008) concerning the past *waqf*-based hospitals.

ii. The management of *waqf* funding was also discussed (Chowdhury et al., 2011; Sanusi & Mohd Shafiai, 2015) in the 8th century by Imam Zufar in the Islamic world. He suggested using cash *waqf* to be invested in a *Mudarabah* so that the returns can be distributed to the poor. However, there are different opinions of cash waqf and in Malaysia, the Fatwa Committee of the National Council for the Religion of Islam had confirmed the legality of cash waqf in 2007. The Fatwa Committee of Selangor stated that proceeds from the Waqf Share Schemes can be used for the purpose of fixed asset purchases and that usurfructs can provide assistance and other expenses which are deemed appropriate by the Selangor Islamic Regulation Council. This element in cash *waqf* promotes and supports sustainability.

iii. However, working with the studies available, this study found the guiding principles of these *waqf*-based hospitals (Nour, 2012, 2015) consisting of some exclusive elements for the past *waqf*-based hospitals. In investigating these elements to identify and justify them, NVivo was applied to the data found and results were visualized (Figures 4.1,4.2,4.3 and 4.4). The table above then used

the pattern-matching for the purpose of triangulation to show some related evidences. Shown also in the table is examples of the particular element in the in past *waqf*-based hospitals.

The definitions of these factors mentioned is explained in Table (4.2), and they ranged the characteraizations of a comprehensive social and economic system and urbanism of physical maintenance in their surroundings such as infrastructures and waste management.

Evidently, from the Table (4.2) above, these elements have proven the common factors amongst the past *waqf*-based hospitals' successes in their specific locations and eras.

iv. The research also found that decentralization management, which was discovered in the management of *waqf* properties in the past era, was mentioned in many occasions with regards to the management of *waqf* in institutions (Nour, 2015).

The justification of decentralized management of *waqf* in buildings such as in hospitals (Nour, 2012) was to protect the buildings from deterioration. During the Ottoman period, hospitals were decentralized and managed independently (Shefer-Mossensohn 2014; Al-Ahmad 2014) and in the Islamic world, *waqfs* had established for centuries the civil society institutions (Elasrag, 2017) under such a system. The decentralizing authority and power in the 'pious foundations' downsizes the role of the central authority in managing the city and allowed proper spending on the foundations according to donor's clauses in the contract (Hamouche, 2007).

v. The *Mutawalli* is a pre-requisite of *waqf* and plays an important role in the administration of *waqf* which exemplifies the spiritual values of God-fearing accountability in the activities of *waqf*. Hence, the governance then was a divine

one and accountability, in a sacred context (Nahar & Yaacob, 2011). This *ensured* and enhanced the effective functioning of its *waqf* operations. *Mutawallis* (Kahf, 2003; Shefer-Mossensohn, 2014) manage or oversee *waqf* properties as instructed in *waqf* pre-requirements or conditions. The administration of *Mutawalli* acts a significant role in the decentralization management and are coded from the articles, as micro-management approach, downsizing the role of the central authority, managed independently, community participation, old system, traditional philosophy of *waqf*, and many more (Hamouche, 2007; Nour, 2012, 2015).

vi. Another important element in past waqf-based hospitals is Al-Mizan (Alias, 2017; Jaafar, 2017; Al Kazimi, 2017) which embodies the first three guiding principles of Nour which consists of comprehensiveness, quality of the common and position of the common.

Incidentally, the Quranic meaning of al-Mizan is a balanced, justice and harmonious setting (Al-Quran 55:7-11) (Hassana et al., 2020). There exist other definitions of al-Mizan, but they only exemplify the meaning in the al-Quran. Al-Mizan, when explained in the viewpoint of engineering (Jaafar, 2017), indicates that everything stands at a balanced equilibrium to maintain its status quo. It can also be interpreted as sustainable development (Alias, 2017; Al Kazimi, 2017), defined as the regulating of human social and economic relationships and also the environment, especially in ensuring the equilibrium of nature, the use of resources and life cycle of all species (Sharaai & Mahmood, 2012).

vii. The sustainability of *waqf* institutions came from real estate endowed of commercial and residential buildings and are important as the availability of funds or usufructs collected, financed for the provision of municipal services

and public services during the traditional Islamic cities (Al-Ahmad, 2014; Hamouche, 2007). This durable mechanism of *waqf* for public services consists of the rental of *waqf* properties and its usufruct being spent on the sustainability of other *waqf* projects.

The revenues from *waqf* properties for the past *waqf*-based hospitals is an indication of its importance to generate efficient operations, productivity and longevity of these organizations. Though this sustainability is mentioned already in al-Mizan and in decentralized management, its repetitive mention as an exclusive element cannot further emphasize its importance.

#### 4.3.1.1 The Framework

Subsequently, the framework is then drawn in the figure below (Fig. 4.5) which illustrates the distinct exclusive elements as the basis of the success of these hospitals. The exclusive elements ascertained from the past *waqf*-based hospitals are the administrative decentralized management, al-Mizan of a balanced development, good sustainability, and skilled authority of *Mutawallis*. The theoretical framework shows a presence of a sense of compatibility and conformity as they form the lineup of the exclusive elements of the past *waqf*-based hospitals. These exclusive elements exist in tandem as elements for the criteria of past *waqf*-based hospitals whilst defining each other in their own representations.

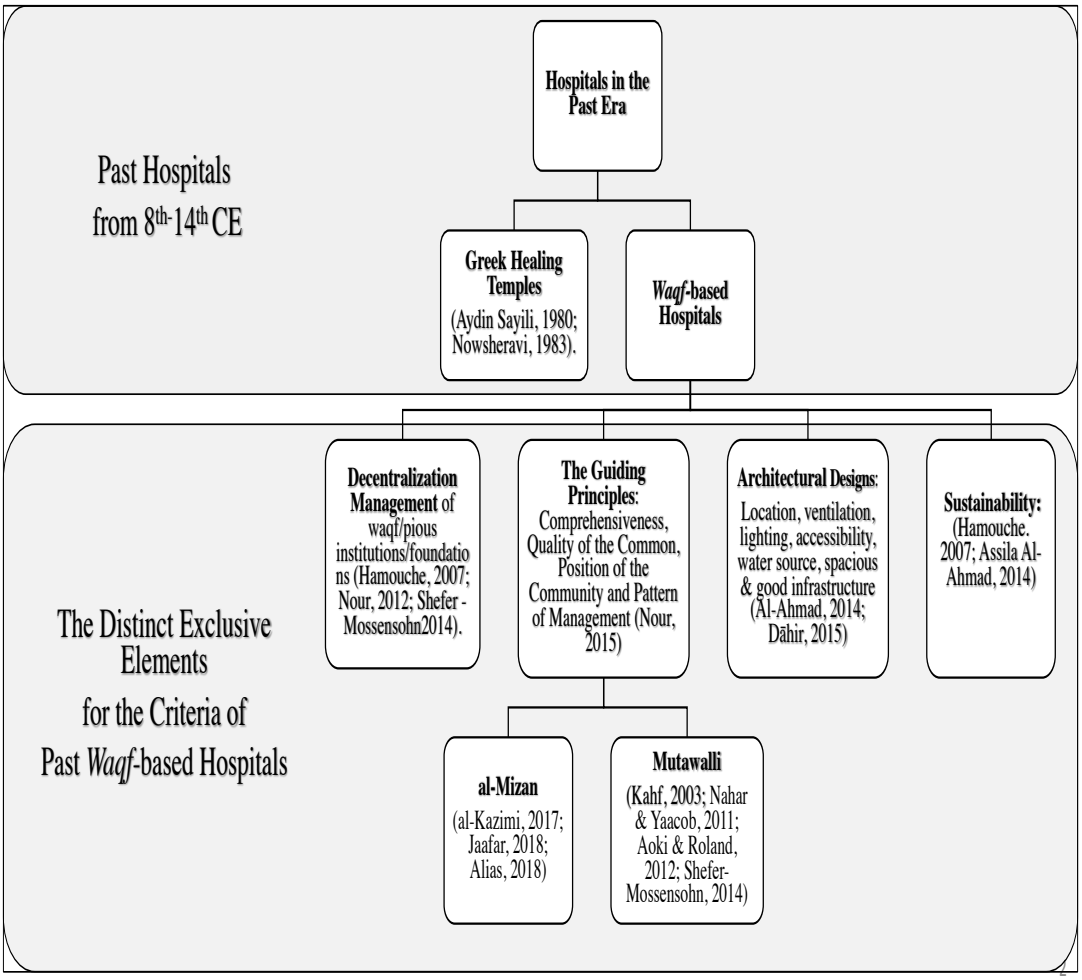



Figure 4.5: The Framework for Past *Waqf*-based Hospital

### 4.3.2 Research Question No. 2- Finding 3

The research question number 2 asks: Which are the main elements of *waqf*-based hospitals that can be identified through comparative analysis from the past and current models from literature (preliminary working framework)?

During the literature review phase, readings disclosed some elements which were repetitive, and coding ensued. NVivo 12 was applied, nodes were identified, and patterns appeared. The following was found.

Three structural models of *waqf*-based hospital models were obtained from Nour (2015) and Dāhir (2015) and a management model (Hamouche, 2007; Nour, 2012; Shefer-Mossensohn, 2014) of past *waqf*-based hospitals.

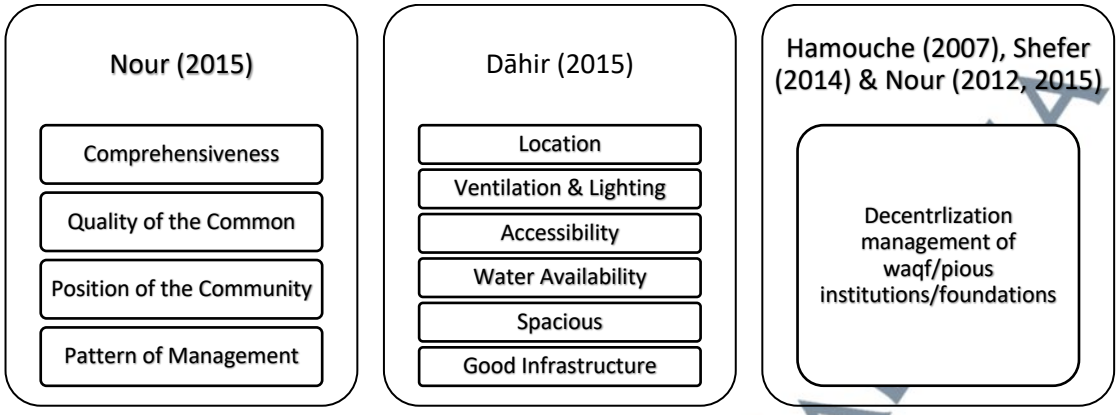



Table 4.3: A Comparison Table of Criteria from Past *Waqf*-Based Hospitals

From the Table (4.3) above, the criteria from Nour (2015), detailed a more comprehensive list needed for the management of a *waqf*-based hospital in the past but did not include the financial or business aspects or in the mechanism of regulation in its management structure. While for Dāhir (2015), it only highlighted the technical specifications from an architectural perspective which was crucial for the physical infrastructure and did not add much information for the final criteria needed to understand in the management criteria of past *waqf*-based hospitals. The decentralization in the management of *waqf* foundations according to sources (Hamouche, 2007; Nour, 2012; Shefer-Mossensohn, 2014), was present as one of the exclusive elements in the longevity of the aforementioned past *waqf*-based foundations. Guidelines for general hospitals in the present era in Malaysia, is based on WHO (WPRO, 2017) and Malaysian Society for Quality in Health (MSQH, 2017). MSQH is for the Malaysian hospital's criteria (MSQH, 2017) and these are tabulated below (table 2.4) for comparisons. The health systems from WHO framework (WPRO, 2017) describes in six core components or "building blocks" which are the service delivery, health workforce, health information systems, access to essential medicines, financing, and leadership/governance. Whilst our own Malaysian Hospital Accreditation Standards (MSQH, 2017) are grouped into six major areas of which include

organisation and management, human resource development and management, policies and procedures, facilities and equipment, quality improvement activities and safety and special requirements.

The Table (4.3) shows the criteria/health standards of the past and present *waqf*-based hospitals, locally and globally, against the Malaysian Public Hospital. The elements also showed management structure and sustainability to show some associations (Faguet, 2011). Evidently, they all comply with the basic fundamentals of WHO. It is also remarkable to note that in spite of being in different eras, the hospitals past and present fundamentally comply with the standards of WHO.

#### 4.3.2.1 Health Services Standards

The table (4.4) below is a summarization of table (2.5) which highlighted the health services standards from the past and in the present. Hence, these elements of importance in the past are also present in this era and the presence of these elements support the application of the medieval/classical epistemology as a basis for a current and future developments especially in the application of *waqf* with a public healthcare service organization.

| | Past Waqf Hospitals | Present Hospitals (Public/Private and Waqf) |
|---|---|---|
| Governance | Qadi/ Judges | Ministry of Health/ Corporate Governance |
| Health Workforce | √ | √ |
| Medical Products/ Info/Research | √ | √ |
| Medical Fee | Free | Free for Selected Groups |
| Financial Funding | Royalty, Politicians and Scholars | Foundation and Government |
| Organizational Structure | Autonomous and Decentralized | Hierarchy |

Table 4.4: Summarization of Table (2.5)

The table above also reveal some important exclusive elements for the ultimate working framework for this thesis such as the management structure of decentralization and the importance of sustainability and governance. The table (4.4) also confirms that in disclosing similarities and differences in literature for past and present *waqf*-based hospitals, this research can justify and show relevance in deploying these elements from past waqf-based hospitals into the present and future.

#### 4.3.2.2 The Framework of a Preliminary Framework of a Corporate *Waqf*-based Hospital

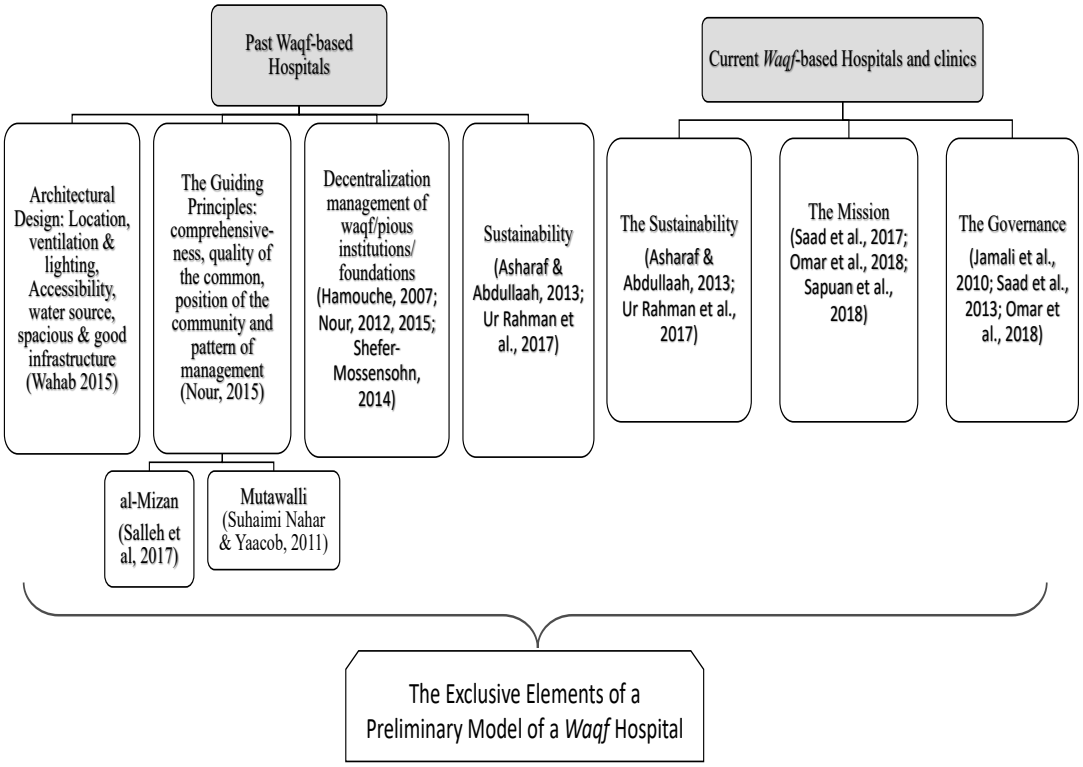



Fig 4.6: The Framework of a Preliminary Corporate *Waqf* for Malaysian Hospital based on Past and Present *Waqf*-based Hospitals

The preliminary theoretical framework in Figure (2.12) above is drawn from summarizations of literature reviews. Below (Fig 4.6) is the core features which lists the elements in the criteria of past and present *waqf*-based hospitals which comprises of architectural designs (Dāhir, 2015) consisting of location, accessibility and basically

good infrastructure, etc.; the elements from the guiding principles (Nour, 2012, 2015) of comprehensiveness, pattern of management, etc.; the element of decentralization management (Hamouche, 2007; Nour, 2012; Shefer-Mossensohn, 2014); the element of sustainability (Asharaf & Abdullaah, 2013; Ur Rahman et al., 2017); the intent of the mission (Saad et al., 2017; Omar et al., 2018; Sapuan et al., 2018) and finally the governance (Jamali et al., 2010; Saad et al., 2013; Omar et al., 2018).

### 4.3.3 Research Question No. 3: Finding 4

The research question number 3 asked: What are the issues and challenges faced by private/public hospitals, *waqf*-based model hospitals included and how can it be solved?

The in-depth interview was executed to obtain findings for research question 3 and 4. Initially, a critical discourse analysis was planned, but respondents were uncooperative in answering the questions which was emailed to them for the text and talk (Wodak & Meyer, 2009) discursive phase except for Respondent 4. Henceforth, the other analyses were applied.

| **Respondents** | **RQ3: How to solve the issues and challenges identified by private/public hospitals, *waqf*-based model hospitals?** | **Summary** |
|---|---|---|
| No 1 | Innovations and visions are lacking, backdated ideology, legal and Shariah issues. | 1. Backdated Ideology and Mindset<br>2. Lack of Innovations and Visions,<br>3. Issues with Legal and Shariah Laws.<br>4. Bureaucracy,<br>5. Fundraising, |
| No 2 | Bureaucracy | |
| No 3 | Fundraising, Need Incentives to waqf money, | |
| No 4 | Bureaucracy, Fundraising | |
| No. 5 | Low Awareness | |
| No. 6 | Fundraising,<br>Bureaucracy | |
| No. 7 | Bureaucracy (Threat, Jealousy by KMN & Bad Publicity),<br>Low Awareness of *Waqf*. | |
| No. 8 | Bureaucracy,<br>Low Awareness, | |

Table 4.5: Tabulation from NVivo 12 Coding of Interview Respondents

While coding in search for answers to RQ3 from the interview conducted, coding found words and phrases which describes challenges in the healthcare services which were applicable for all kinds of services such as public, private and social-based healthcare. These were then coded manually and by using NVivo 12 and then themed while patterns were developed. They were coded and tabulated above in Table (4.5). Those coded above in Table (4.5), are the backdated ideology and mindset of the public regarding *waqf,* lack of innovations and visions, the legality and Shariah laws, the bureaucracy of *waqf* institutions and Health Ministry and the difficulty to collect money for fundraising.

#### 4.3.3.1 Backdated Ideology and Mindset

The backdated ideology and mindset all boil down to ignorance and the lack of awareness. This was discussed by respondents who were concerned with the Muslims with backdated ideology concerning *waqf*, the inability to understand the meaning of the Islamic philanthropy of *waqf,* resulting in the issues of lacking in innovations and visions to apply *waqf* in the present era.

Respondent 1

> "…In a nutshell, we have issues of funding, governance, human resource (which is appalling, so many people but lack innovations and vision and backdated ideology). For example, those who bring *waqf* money will be given commissions as they are soliciting *waqf* money, we should pay them for the effort but separate from the fund and should be known to the donor that a certain amount will be given for the effort (equivalent with paying imams argument). People do not think this way sometimes hence the human resource issue…"

Respondent 4

> "…Isu paling besar kerana diorang tak ajak first place Majlis Agama to join together that the first sebab *waqf* is under state jurisdiction so dia declare buat *waqf*. State mengamuk lah. You buat which particular permission, daripada mana? Baru lah dia pergi Selangor, pergi KL, baru nak pergi Kedah. State susah lah nak terima macam tu. Sorry to

say lah, orang agama ni dia ada jugak, orang majlis lah dia ada punya ego…"

Respondent 5

'…Oleh kerana itu, kita pertama sekali kene mendakwahkan kepada semua orang which is still not successful. Berapa billion duit *waqf* dalam system kite di Malaysia as compared berapa trillion duit dalam bank which is supposed to be duit lebih, that is paradox. If we can solve that problem, we can use that money for various purposes…"
"…That institution does not exist yet dan kalau ada pun tak difahami oleh orang ramai.."
"…Takde masalah, kalau ada kefahaman itu…"
"…Yang saya nampak sekarang ni, kalau ada kefahaman in shaa Allah. Sekarang ni orang tak faham lagi. Jadi kalau tak faham apa yang kite buat sekarang ni, macam2 pandangan ada. Macam2 yardstick akan digunakan..."

Respondent 6

"…Supaya pihak universiti ni pun bukan semua dia boleh faham tentang *waqf* jugak…"
"…Yang penting sekali, kefahaman kita menggunakan dana *waqf* di hospital berkenaan…"
"…Jadi, saya rasa in shaa Allah dengan kefahaman.."

Respondent 7

'…*Waqf* ni apa?.."

Respondent 8

"…Rakyat Malaysia ni growing. We are the center to our closes Muslim brotherhood, Indonesia, Bangladesh, Pakistan. 4 countries yang paling besar population rakyat negara islam yang paling dekat dengan malaysia. This 4 negara. So, kalau you buat the element tapi the *waqf* kena faham, kena cross borders. Maksudnya bila dia bukak je sesiapa sahaja Muslim boleh menerima manfaat. Bukan macam sekarang. nak terima? "Owh, bukan malaysia. Rakyat negeri mana tu?" Rakyat dulu! "Negeri Johor kami tak terima. Owhh, negeri Kedah tak boleh. Negeri Selangor je ni." Nampak tak? Dekat mana insan punya role? Takde. "Owhh, tak boleh. Awak negeri Kedah..."

Triangulation of literature ((Fig. 4.7) only confirmed the backdated ideologies concerns with the low awareness and lacking of knowledge about *waqf* which have been discussed extensively (Adeyemi et al.,2016; Md Kamdari et al., 2017; Ambrose, et al.,2018) and there is a need to advocating *waqf* and educating the public about *waqf.*

Most only assume that the purpose of *waqf* is for the building of mosque, creating space for cemetery and other forms of religious *waqf* (Ambrose et al., 2018). In moving forward to a more illustrious future for *waqf,* the trend and demand for *waqf* is no longer limited to establishing the basic legal framework and jurisprudence of waqf, but rather the timely need to synergize, innovate, co-create, and interface with other sectors and disciplines in strategizing for *waqf* creation and development (Mohamad et al., 2017).

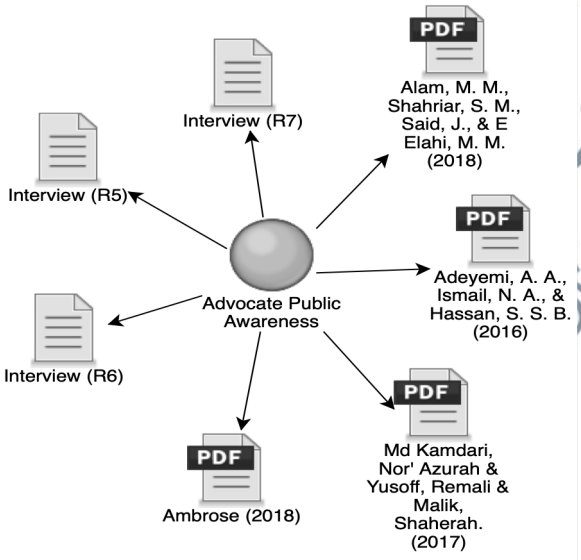



Figure 4.7: Triangulation of Respondents and Literature (Low Awareness)
Sourced from Adeyemi, Ismail, & Hassan (2016), Md Kamdari, Yusoff, & Abdul Malik (2017) and Alam et al. (2018)

In an attempt to propagate *waqf*, the government of Malaysia has established JAWHAR (Jabatan Wakaf, Zakat dan Haji) in the Prime Minister's Department to improve the socio-economic development of the Malaysian Muslim community. In turn, JAWHAR has established Yayasan Waqaf Malaysia (YWM) to facilitate in its purpose. Several other approaches have also been suggested (Ambrose et al., 2015) for the government, such as to promote tax levy or rebate for *waqf* contributions, to ensure that only Malaysians be the beneficiaries of *waqf* and to encourage altruism, propagate the benefits *waqf* and impose a minimum amount of cash waqf that is affordable for

everyone. However, with regards to the beneficiaries of *waqf*, this research promotes that *waqf* benefits are for all Muslims and non-Muslims regardless of nationalities. For, according to AAOIFI's shariah standard No. 33 concerning *waqf,* the beneficiary can include the non-Muslims, provided that the cause to be served does not involve a sin (Shafii et al., 2016).

In the implementation of practical and beneficial *waqf* development agendas, the public must be fully informed of the understanding of *waqf* concept and its role and this must take precedence so that the benefits can be reaped successfully (Mohd Puad et al., 2014). In this era of digitalism, platforms are aplenty in educating and informing the public to make them aware of *waqf* developments. These have to be managed and deployed effectively to ensure *waqf* information are correctly understood and information is not misinterpreted.

The Al Quran and Hadith have emphasized the importance of donations towards charitable causes and encourages Muslims to contribute from their personal wealth to charitable causes such as *waqf* as a form of altruism for the betterment of ummah. As a source of funding for the development of ummah, *waqf* was suggested and this in turn may alleviate poverty (Çizakça, 2015).

Respondent 8

> "Pasal apa? The pemimpin setuju, kita nak buat, rakyat nak buat, supporters ramai, Majlis Agama sabotage. Sorry to say. Record kan? Majlis Agama yang sabotage, pasal apa?"

> "So, Majlis Agama Wilayah refused to give us the *waqf*. Majlis Agama Islam Selangor takde CEO *waqf* for almost one and half year. Haa untill recently. So, they cannot move wakil Majlis datang kat kami "what is there for us?". This is 40 million punya buiding ni, I just nak guna perkataan *waqf*, whatever structure you nak bagi Collectors? Mutawalli? Nazir? You named because there it's your authority, not moved for past 22 months, 24 months. Dah terbalik keadaan pun, not moved. So, itu yang berlaku sampai sekarang. So, bila kita dah tak dapat guna perkataan *waqf*, kita dah tak dapat nak collect as it is…"

> "For example, Majlis Agama Wilayah, we met them 5 times, dia boleh kata dia tak faham and we never presented to them. 5 times punya cerita, saya present dengan siapa sebelum ni? Hantu? Ghost ke apa? That's how actually they treat us. To them, because I present up to 40 states. Depan YB Fuziah, 40 states, depan Majlis Agama saya present the concept. Kita kena tengok healthcare ni as a whole scenario. Whole scenario healthcare, government hospital adalah government hospital. Adakah government melakukan kerja yang baik? Dia melakukan kerja yang baik dari segi services tapi reality dia, what is the big hospital?.."

Respondent 8 spoke of the mindset of *waqf* regulators who were not willing to move with the times and vision the possibilities of *waqf* in this new era. He felt that they still had an out-dated view and unwilling to venture into bigger ideas. Hence, it is extremely necessary for the fatwa authorities as well as contemporary Muslim scholars to provide the proper interpretations on its permissibility according to the Sharīʿah and set the direction of its future implementation (Sulaiman, Hasan, Mohd Noor, Ismail, & Noordin, 2019) and liaise closely with *waqf* institutions. With innovative technology, the future of *waqf* is encouraging and promising. In the present era of digitalism and digital content marketing, latest information technology (IT) can contribute in advocating awareness and understanding for *waqf*, besides the usual role it plays in digital content marketing for marketers, and academics alike. At the same time, digital marketing is an innovative way to reach potential *waqf* contributors and customers worldwide. Digitalism not only stresses the importance in building trust, it engages the public or customers with relevant, specific and useful content of more volume which resonates with the aims or goals (Dwivedi et al., 2020).

Respondent 7

> "…It's very difficult. I masih remember the attitude of this Kementerian Kesihatan. The public server ni they feel that its a threat, other service providing is a threat. Kau ni gini gini nanti kau amik aku punya nurse...doktor. Macam tu lah. They don't see. I think the *waqf* based hospital akan facing the same thing that the private hospital facing…"

In another scenario, Respondent 7 was frustrated with the attitude of the staff of Health Ministry when handling matters with hospitals of private in nature. He felt the Health Ministry must remain professional at all times as jealousy and feelings of threat can make the working environment unpleasant and could lead to loss of good staff.

However, it has been reported of good cooperation in partnerships between the public and private healthcare where there have had many successes (Hamzi et al., 2020). The table below (Table 4.6) is testimony of the achievements of the public-private partnerships.

| Successful Government Public-Private Partnerships | Citations from Article Journals/ Media |
|---|---|
| 1. Government partnership with NGO (Malaysia AIDS Council (MAC)) in funding scheme to fight HIV since 2003 | (Huang & Hussein, 2004) |
| 2. Government and Dialysis Funding Programme since 2004 | (Lim, Goh, Lim, Zaher, & Suleiman, 2010) (H. Ismail, Abdul Manaf, Abdul Gafor, Mohamad Zaher, & Ibrahim, 2019) |
| 3. Methadone Maintenance Therapy (MMT) for drug abusers since 2006 | (Rao et al., 2020) |
| | |
| 4. Smoking cessation programmes by Malaysia Quit (MQuit) since 2015 | (Hassan et al., 2018; Ministry of Health Malaysia (MOH), 2020; Nor et al., 2018) |
| 5. Health care scheme for B40 group (PeKa B40) since April 2019 | (Ministry of Health Malaysia (MOH), 2019) |
| 6. The elimination of Malaria in Sabah | (Sanders et al., 2014) |

Table 4.6: Public-Private Partnerships in Healthcare Services

The partnership between public and private in healthcare in Malaysia have shown positive impacts and it has been discussed in multiple journals globally and locally (Hamzi et al., 2020). However, there are undoubtedly some issues when working together in a PPP such as in the selection of the wrong kinds of priorities and

projects such as applications; setting objectives on services that motivate; choosing unsuitable partners to work with and unable to encourage good working ethics (KPMG, 2018).

Albeit the negative issues and challenges identified from the interviews conducted, the benefits derived far exceeds the negativities mentioned. The benefits found in working together in PPP of healthcare are: for the governments, maximum benefit from limited public capital; for patients and the public, higher-quality health services at the same or less cost and for private players, a sustainable return on their investment and expertise (KPMG, 2018).

#### 4.3.3.2 Lack of Innovations and Visions

Respondent 1

> "…In a nutshell, we have issues of funding, governance, human resource (which is appalling, so many people but lack innovations and vision and backdated ideology). For example, those who bring *waqf* money will be given commissions as they are soliciting *waqf* money, we should pay them for the effort but separate from the fund and should be known to the donor that a certain amount will be given for the effort (equivalent with paying imams argument). People do not think this way sometimes hence the human resource issue…"

Respondent 1 spoke of the lack of innovations and visions in the application of *waqf*. By improving the *waqf* applications and adapting with the moving of times and technology, reaping the socio-economy benefits can be a valuable asset to the community and country. *Waqf* has transformed since the early days with innovations from the era of the Prophet SAW (Kahf, 2003; Kamarubahrin, Ahmed, & Khairi, 2019) in the purchase of the Bayruha' drinking well for the public, assigning Umar's land for the poor and when the companions added the family *waqf*. The Islamic history has indeed shown the donor's creativity in their innovations and visons during their era.

Over the years there have been many innovations and visions into the applications of *waqf*. Below is Figure (4.8) with some of the many citations of article journals discussing the new innovations and visions.

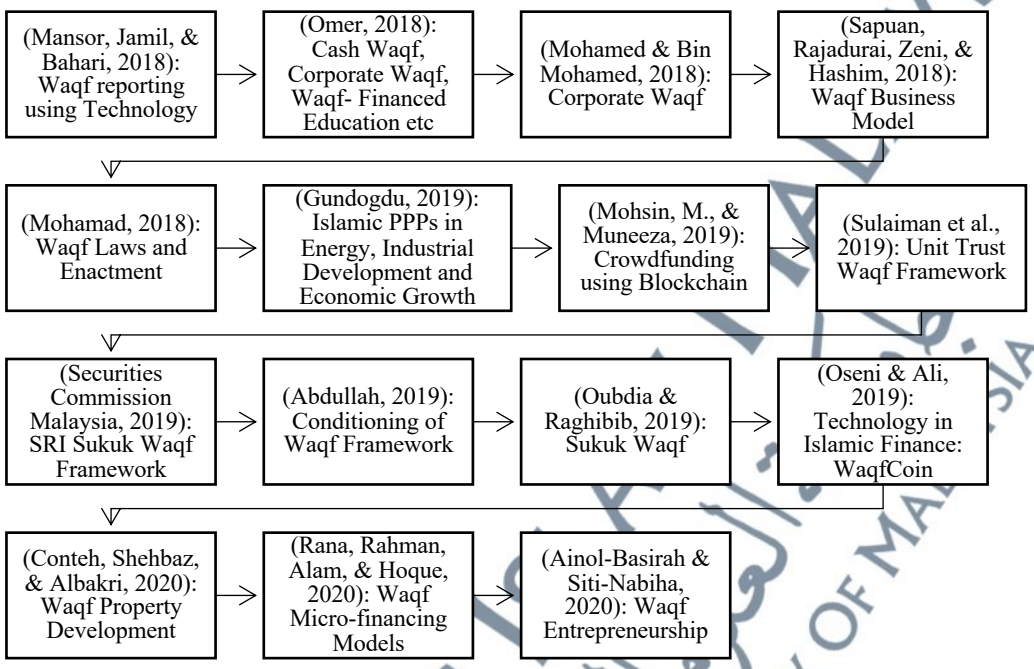



Fig. 4.8: Citations of Article Journals with their New Innovations and Visions

There have been many discussions in recent years, regarding these innovations in moving into the era of digital age. *Waqf* innovations or transformations is defined as the identification of new strategies, programs, processes and systems of enhancing *waqf* as the new mainstream alternative at the global, regional, national and community level in changing the destiny of its constituents. These waqf innovations are driven by a sense of strategic visioning, continuous learning, intellect and business acumen of individuals and society at large to achieve the following macro value driven system (Mohamad et al., 2017). Good examples of these innovations are the issuance of Sukuk Musyarakah to develop the Bencoolen *waqf* property in Singapore and the issuance of Sukuk Al-Intifa' for the development of Zamzam Tower, Makkah.

Other present innovative modes are in the integrating of *waqf* fundraising in crowdfunding in blockchain (Alma'amun et al., 2018; Mohsin, M., & Muneeza, 2019; Thaker & Pitchay, 2018), Venture *Waqf* (T. Khan, 2019), Cooperative-*waqf* model (Allah Pitchay eta al,, 2018), *Waqf*-Based Microfinance (Rana, Rahman, Alam, & Hoque, 2020) and many others.

In healthcare, an innovative mode of finance was used in *mushārakah mutanaqisah* in Sudan where an old *waqf* house was renovated to a specialized hospital known as Alzaytona Specialized Hospital, to treat the sick and providing job opportunities for doctors, nurses and supporting staff (M. Mohsin & Muneeza, 2019). Hence, in spite of what Respondent 1 said, studies have shown otherwise, though there may be isolated cases.

#### 4.3.3.3 Issues with Legality and Shariah Laws

There are also the issues regarding the legality and *shariah* laws. Respondent 1 was frustrated that proper Islamic authorities are not proactive in their response to new issues.

Respondent 1

> '..Finally is the legal and shariah issues. The legal issues are abundant for example in Singapore, their house lease is for 99 years whilst *waqf* should be perpetual especially in non-Muslim countries. Shariah issues due to conservativity, not proactive…

Upon investigation, the issue of the 99 year lease in Singapore (Abdul Karim, 2010) which Respondent 1 talked about, is explained based on the fatwa of *dharurah*, and the fact that the *fatwa* opines that a 99 years lease can last a generation which is considered quite a long period of time and when the lease expires, the property will revert to Majlis Ugama Islam Singappore (MUIS).

According to the fatwa of Majlis,

> "for a 'mosque' to be declared a mosque it must reflect the recognisable features of a *waqf*, meaning the mosque must be situated on land where there has permanency".

Therefore, the leasehold land has been assigned to religious purposes. Case solved.

In Malaysia, all Islamic commercial institutions are registered under the Malaysian Companies Act 1965 including *waqf* corporations. As a creature of the statute, the existence of a company is totally dependent on the provisions of the Companies Act. It is therefore recommended that all Islamic commercial institutions such as *waqf* corporation be framed under Shariah corporate structure. The Shariah corporate structure is not similar with the conventional structure and the legal framework for the Shariah corporation should fulfil all the requirements such as the Maqasid Syariah as the basis of the business framework, Shariah good governance, Shura and Hisbah (Ghadas & Aziz, 2017).

The issues below in Table (4.7) show a comparison of literature review pertaining to the legality and shariah issues in *waqf* development from the year 2014 to 2020.

| Journal Articles | Legality & Shariah Issues | Possible Solutions |
|---|---|---|
| Revival of *waqf* properties in Malaysia (Dahlia Ibrahim & Haslindar Ibrahim, 2013) | • *Waqf* Enactment | • to form a standard system for *waqf* management |
| Issues and Challenges of *Waqf* Instruments: A Case Study in MAIS (Mohd Puad et al., 2014) | • Legal Constraint of Malaysia Land Administration Systems of *Waqf* | • To revise the Malaysia Land Administration System of *Waqf*<br>• To prepare a standard manual In |
| Issues and Economic Role of *Waqf* in Higher Education Institution: Malaysian Experience (Mohd Puad et al., 2014) | • law and legislation<br>• different administrations. | • An amendment, approval and broader interpretations of Akta Kanun Tanah Negara 1965 (Akta 56), Akta Kerajaan Tempatan 1976 (Akta 171), Akta Pemegang Amanah 1949 (Akta 208) dan Akta Pengambilan Tanah 1960 (Akta 486).<br>• efforts to streamline the management of *Waqf* across the states in Malaysia also |

| | | |
|---|---|---|
| Exploring the contemporary issues of corporate share *waqf* model in Malaysia with the reference to the Waqaf An-Nur Corporation Berhad<br>(M. A. M. T. Thaker & Thaker, 2015) | • Administration and Management<br>• taxation, regulation, forms of dividend and administration main hurdles | • to plan appropriate intervention strategies<br>• to address the issue of administration and management of Corporate Share *Waqf* Model.<br>• The government should consider the role of Waqaf An-Nur Corporation Berhad as a charity organisation.<br>• the government need to be flexible in giving tax exemption for Waqaf An-Nur Corporation Berhad under the Section 44(6) Income Tax Act 1967<br>• should also be clearer regulations introduced to govern Corporate *Waqf* Model in Malaysia |
| Kerangka Undang Undang Pengurusan Wakaf Di Malaysia: Ke Arah Keseragaman Undang Undang<br>(SA Kader, 2016) | • Numerous *waqf* laws | • To instate Federal Territories *Waqf* Act. This Act is the Article 75 of the Federal Constitution which states, "If any State law is inconsistent with a federal law, the federal law shall prevail and the State law shall, to the extent of the inconsistency, be void" If this is accepted, the *waqf* laws would become uniformed. |
| An Exploratory Study of Accounting and Reporting Practice for *Waqf* Among State Islamic Religious Councils in Malaysia<br>(Abu Talib et al., 2018) | • Diversification of *Waqf* Accounting and Reporting Practices<br>• The Lack of Central Management and Authority at Federal level<br>• Diverse Shariah Opinion<br>• Different Legal Form of SIRC in Malaysia *Waqf* | • The need for standardisation of *waqf* accounting and reporting<br>• The development of state Islamic religious councils in Malaysia. |
| A proposed model for *waqf* financing public goods and mixed public goods in Malaysia<br>(Ambrose et al., 2018) | • Laws and governance of *waqf*<br>• Documentation of *waqf* deed | • Revamping the law and governance of Malaysian *waqf*<br>• Centralization |
| The Importance of *Waqf* in Supporting Healthcare Services<br>(Baqutayan & Mahdzir, 2018) | • lack of transparency system | • a transparency system that directs the administration of these funds. |
| Current Issue in Corporate *Waqf* in Malaysia<br>(Omar et al., 2018) | • Shakhsiyyah I'tibariyyah: Ahliyyah (Legal Capacity) and Wilayah (Legal Authority)<br>• **Waqf** of al-Waqif, Hybrid *Waqf* (*Waqf* Mushtarak) | • the preparation of a standard manual,<br>• utilizing the *waqf* benefits for economic activities,<br>• the unification of Islamic Law Commission etc. |

| | | |
|---|---|---|
| | • *Waqf* of al-Waqif, Hybrid *Waqf* (*Waqf* Mushtarak)<br>• *Waqf* Ahli/Dhurri | |
| Examining the Evolution of *Waqf* Regulations in Selangor: an Analysis of the Governance Framework and Transformative Approach (Abdul Manaf, Syed Abdul Kader, & Mohamad, 2019) | • Lack of *Waqf* Managers due to MAIS being the sole trustee of *Waqf*<br>• Registration of *Waqf* Properties Registration | • *Waqf* Enactment (State of Selangor) 2015<br>• Expansion on Interpretation<br>• Recognition of PWS as *Waqf* Managers<br>• to replace the 1999 *Waqf* Enactment with the 2015 *Waqf* Enactment |
| Systematic Literature Review of *Waqf* Land Development in Malaysia (Arif, Hassan, Alias, & Mahamood, 2020) | • *Waqf* Land Issues | • The application of appropriate development tools and best practices in developing land under the SIRCs jurisdiction. |

Table 4.7: Legality and Shariah Issues (LR)

From the table above (Table 4.7), the issues from the year 2013, concerns of the *waqf* enactment and issues developed are more detailed and extensive but studies over the years have been more meticulous and precise. There have been many developments and innovations alongside the evolving of *waqf* and its laws, but it nevertheless came with challenges and more issues. Nonetheless, the future looks promising as studies are continuously been done to investigate and suggest solutions to rectify and improve the management of *waqf* and its applications into the future.

#### 4.3.3.4 Bureaucracy

The public bureaucracy still exists in Malaysia in spite of developments of laws and technology. The respondents discuss this bureaucracy in the *waqf* institutions and in even in the Ministry of Health.

Respondent 6

> "…Masalah kite lebih kepada masalah, satu, birokrasi dalaman kite dengan holding company. Holding company kite, MAIS lah. Jadi, isu dalaman ni kite dah cuba selesaikan…"

Respondent 7

"…It's very difficult. I masih remember the attitude of this Kementerian Kesihatan. The public server ni they feel that its a threat, other service providing is a track. Kau ni gini gini nanti kau amik aku punya nurse...doktor. Macam tu lah. They don't see. I think the *waqf* based hospital akan facing the same thing that the private hospital facing…"

Respondent 8

"…The Majlis gave us no kerjasama…"

"…Ini yang kita nak tunjukkan segment pada masa tu tapi it's not happened, tak berlaku as planned. Pasal apa? The pemimpin setuju, kita nak buat, rakyat nak buat, supporters ramai, Majlis Agama sabotage…"

"…Yes, bureaucracy because we located kat 2 area. Satu, Kasih Putrajaya located at Majlis Agama Islam Wilayah. Kasih Cyberjaya located dalam Majlis Agama Islam Selangor. Majlis Agama Islam Wilayah refused to give us perkataan *waqf* because what is there for them. They are not part in management…"

"…Ummah bersedia, authority bureaucracy, sangat tak bersedia, sangat bersangka buruk, sangat2 menyusahkan ummah. Saya cakap terus terang kat sini. For example, Majlis Agama Wilayah, we met them 5 times, dia boleh kata dia tak faham and we never presented to them. 5 times punya cerita, saya present dengan siapa sebelum ni?..."

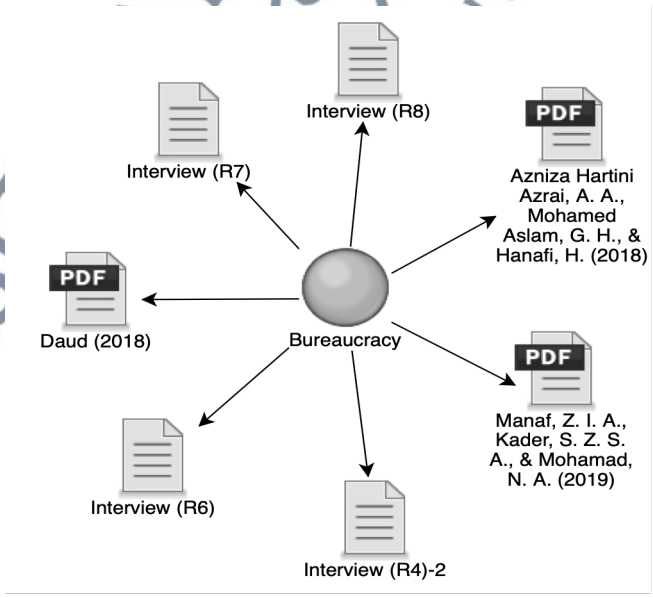



Figure 4.9: Triangulation of Bureaucracy with Respondents and Literature Sourced from (Ambrose et al. (2018) and Abdul Manaf et al. (2019)

Bureaucracy has become hindrances towards effective *waqf* developments, particularly education. It is found to be time-consuming, with communication breakdowns and caused decisions to be too rigid and unresponsive (Abdul Manaf et al., 2019).

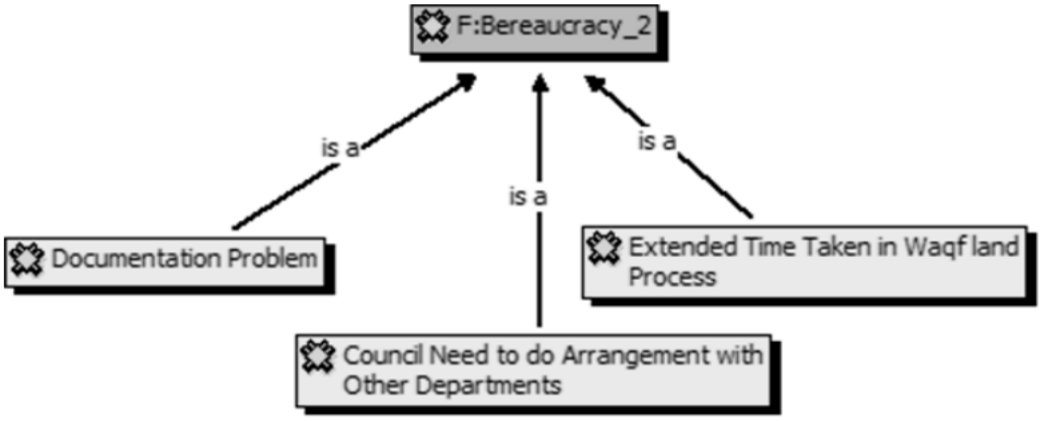



Fig. 4.10: Bureaucracy Dimensions (Daud, 2018)

The figure above (Fig. 4.10) identified three attributes of bureaucracy (Daud, 2018) in *waqf* institutions and they are the council which needs to work efficiently with other departments, the time taken in *waqf* land processing is too lengthy and documentation poses many problems. The establishment of uniform *waqf l*aws in Malaysia can have lesser bureaucracy with cheaper transaction costs, promote transparency, and receive positive public perception (SA Kader, 2016). Some bureaucracy traits which can result from conflicting power struggle in *waqf* institutions in Selangor are the slow decision making, communication problems and inflexible and rigid in the execution of duties (Abdul Manaf et al., 2019).

Bureaucracy has been perceived as an ambiguous term that can be taken to mean different things. The Max Weber theory of bureaucracy (Serpa & Ferreira, 2019) was designed for the following as depicted in the Fig (4.11).

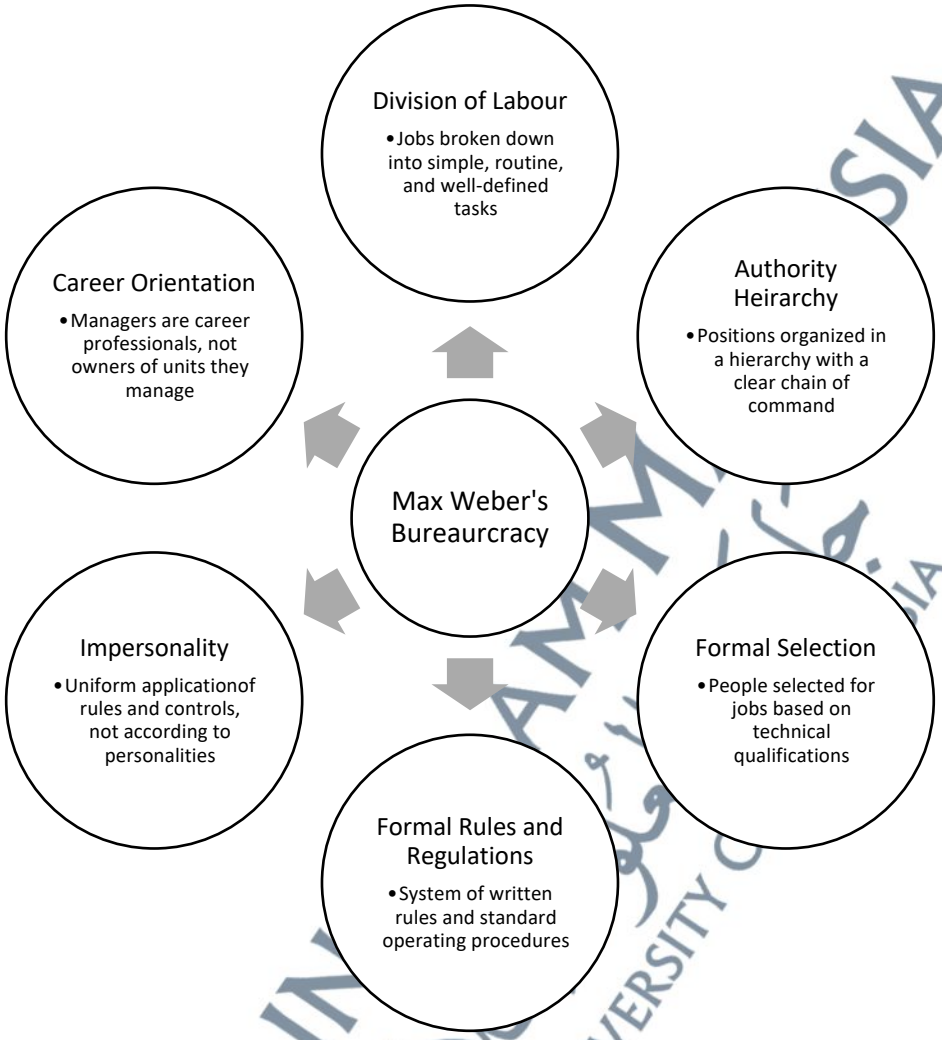



Fig 4.11: Max Weber's Bureaucracy (Serpa & Ferreira, 2019)

From the above depiction of Max Weber's bureaucracy, Weber believed that the bureaucracy in public administration is capable of attaining efficiency with precision, stability, discipline and reliability. It provides an efficient platform for human resource management. However, it suffers from red tape and paperwork. No teamwork inhibits initiative and growth of employees which results in the inability of the employees to adopt to technological progress. These drawbacks include red tape (Hattke, Hensel, & Kalucza, 2020), rigidity, impersonality, delay in service delivery, excessive control, too dependent on seniors and snubs organizations goals (Ajibade & Ibietan, 2016) .

Nonetheless, bureaucracy has been found to be inappropriate even in the early information age of the 20th CE. Instead, bureaucratic organization with the concept of the "intelligent organization," was induced to develop and engage the intelligence, business judgment, and responsibility of its members (Pinchot, G., & Pinchot, 1994). With the advent of the 21st CE, these transformations are aimed at motivating and guiding behaviours of public employees by the introduction of managerial and professional logics from the private sector. These new standards include promoting efficiency, flexibility, creativity, and problem-solving as new norms for employees working in public organizations, transforming into their new identity and incentives (Decastri & Buonocor, 2021).

Adopting religious values in Islamic work ethics (IWE) can also be the impetus to creating responsible employees in the public sector and transform new innovation (Usman, 2017). The values of IWEs, can encourage individuals to work efficiently with devotion, earnest, full effort, cooperative and responsible employees. The quest for excellence or *Ihsan*, is relevant to achieving good working ethics to holding ourselves to a higher standard while pursuing to achieve a benchmark of excellence and beauty (Farooq, 2019).

In searching for other options for public administration, a neo-Weberian model (Ajibade & Ibietan, 2016) have also been discussed and perhaps fittingly for *waqf* administration, an Islamic Public Administration (Drechsler, 2017) should be studied further and given more thought.

#### 4.3.3.5 Fund Raising

Respondents also discussed the difficulty in obtaining and collecting *waqf* funds for *waqf* projects. For without funding, there can be no *waqf* projects.

Respondent 1

"…and because *waqf* is perpetual so long there are donors, and once you come up with the assets, basically no funding…"

"…In a nutshell, we have issues of funding,…"

"…It is doable, this partnership is the way forward. It should be the model. Moving towards public sector, we need huge funds…"

Respondent 2

"…Funding is in issue. When the funding is an issue, we need to prioritize which is a more pressing need as compared to the others…"

Respondent 3

"…But before you're doing that the raising fund, part tu very challenging…"

"…Raising fund memang kena ada..."

Respondent 8

"…So, bila kita dah tak dapat guna perkataan *waqf*, kita dah tak dapat nak collect as it is. Pasal kita collect adalah one thing. Kita buat concept *waqf* economy tau. Kita invite semua orang bersama dengan kita, every business you bagi RM 1, 1% of your business get into pool become together into trustee jugak…"

"…Raising fund memang kena ada…"

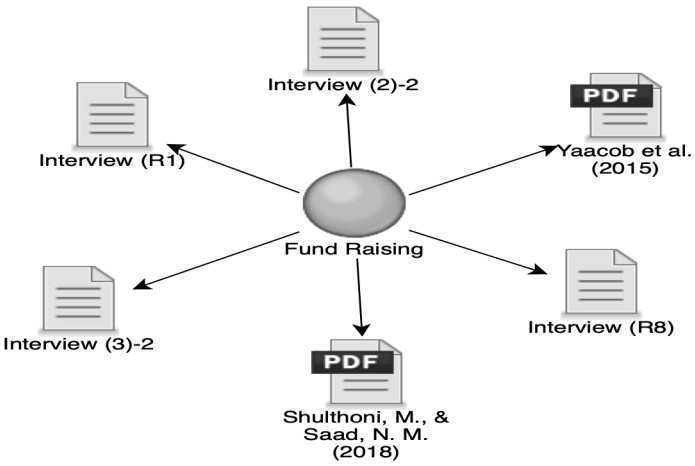



Figure 4.12: Triangulation of Fund Raising with Respondents and Article Journals. Sourced from Yaacob et al., (2015), Shulthoni M & Saad N. M. (2018).

Triangulation of literature in Figure (4.12) above, shows that there have been studies conducted to highlight the funding problems in *waqf* collection. Collecting funds for *waqf have* their issues and challenging. Reports showed considerable figures of *waqf* assets and *waqf* institutions mismanaged and many suffered from lacked of funds to create productive use of *waqf* assets (Shulthoni & Saad, 2018) and insufficient resources to maintain and develop the *waqf* properties (Yaacob et al., 2015). Undoubtedly, the raising of funds is crucial in determining the perpetuality of *waqf* and the endeavour into other alternative avenues which can be of help and a possible solution.

In the mismanagement of funds, studies have shown that the mismanagement of *waqf* funds also included corruption, inefficient management leaving *waqf* assets dilapidated to inflexible legal and Shari'ah framework (Abdul Karim, 2010)(Haji-Mohiddin, Hajah, Mas, 2015). To reduce the mismanagement, a standardization of accounting (Shaikh et al., 2019) was suggested. Another mismanagement factor discovered in historical *waqf* is the inability to abide to the *waqif*'s instructions and thus, destruction of the *waqf* (I. A. Shaikh, 2018). Therefore, it is imperative to to create contemporary changes to the *waqf* system in order to facilitate better management of *waqf* resources.

With regards to problems with funding, some studies have learnt that sustainable funding is one of the keys for perpetual *waqf*. Suggestions include, innovative funding in the approaches such as in cash *waqf*, corporate *waqf* and venture philanthropy (Conteh, Shehbaz, & Albakri, 2020). This discussion of sustainable funding is also discussed in Section (4.3.4.1) and alternative funding in Section (4.3.4.2) which is relevant to this topic of fund-raising.

### 4.3.4 Research Question No. 4: Finding 5

The research question number 4 asks: How to develop a working corporate *waqf* framework in collaboration with public hospitals in Malaysia?

Coding was conducted on the interview transcriptions while applying the NVivo 12 in search for answers to RQ4 from the interview conducted. Coding found words and phrases which describes elements necessary for the final criteria investigated. These were then coded manually and by using NVivo 12 which were then themed, and patterns developed. They were then visualized and tabled below in Tables (4.8). The following is the analysis of the interview conducted with the respondents in the first phase of this analysis in search of answers to RQ4.

| **Respondents** | **RQ4. How to develop a corporate *waqf* framework in collaboration with a public hospital in Malaysia?** | **Summary** |
|---|---|---|
| No. 1 | *Waqf* Sukuk, Crowdfunding, Sustainability | 1. Sustainability,<br>2. Avenues for Alternative Funding *Waqf* (Sukuk, Global *Waqf*, Crowdfunding)<br>3. Technologically Advanced,<br>4. Separate Charity Fund to pay for the Poor and Underprivileged,<br>5. The Spiritual Mission,<br>6. Advocate for Support & Awareness<br>7. Adopt an Innovative Culture in *waqf*-based Hospital<br>8. Commercialism |
| No. 2 | Sustainability | |
| No. 3 | *Waqf* Sukuk, | |
| No. 4 | Sustainability<br>The Spiritual Mission of Charity,<br>Commercialism with *Waqf* Fund to pay for poor not free.<br>Developing Digital Apps/Software/Patent, | |
| No. 5 | Provide understanding | |
| No. 6 | *Waqf* Centre | |
| No. 7 | To Emulate Mayo Clinic<br>(Incentives for staff, development of Medical Human Capital through Research, Medical Teamwork, Intrinsic Motivation etc.) | |
| No. 8 | Global Fund,<br>Crowdfunding, Sustainability | |

Table 4.8: Tabulations from NVivo 12 Coding for RO4

The exclusive elements were identified from the interview of respondents and they are as following; sustainability, avenues for alternative funding *waqf* in sukuk, global *waqf* and crowdfunding, technologically advanced, separate charity fund to pay for the poor and underprivileged, the Spiritual and charity mission, advocate for support and awareness, transform a culture in *waqf*-based hospital and commercialism. The following are clarifications and justifications for the elements identified.

#### 4.3.4.1 Sustainability

Sustainability was one of the most discussed amongst the respondents. It is an important element for the survival of *waqf*-based organizations. Below are some excerpts from the interview.

Respondent 1

> "…With this depleting situation, if you have a sustainable kind of funds, then the hospital will keep on running and because *waqf* is perpetual so long there are donors, and once you come up with the assets, basically no funding…"

> "…With proper sustainable funds the hospital will be kept running and *waqf* is perpetual, so long as there is donors, once you have the assets and with nature of the assets is sustainable, the giving is inculcate…"

Respondent 2

> "…Develop a facility, where public can go for affordable health services. But they must be sustainable. Must have investments…"

> "…It is viable, but we need to know whether it can be sustainable…"

Respondent 4

> "…In the plan, we had funding, motel for sustainability. This would have had governance and sustainability…"

> "…Portion of the profit from investments and from fee, can be allocated for maintenance/OPEX/CAPEX…"

Respondent 8

"…Saya launch Kasih Gold tiba-tiba document come Prof Kamel. Dia terus. So, terus kita buat Kasih Gold. We launch dah up to 6 weeks dah sebenarnya Kasih Gold. We want to be the next public gold. So, dalam sini. Haa ni *waqf*. Yang mana Kasih Gold dimiliki oleh ni, kita nak jadi full *waqf* listed bukan public listed. *Waqf* listed means ummah is dia punya ownership. Public listed return the profit to the investor. Ni return to the profit to the ummah. So, dalam list tu sape2 yang akan jadi dia punya investor. At this kita tengah communicate dengan Ar Rajihi, Tuan Haji Rushdan, VP. So, kita nak buat yang mana dari sini balik, beneficiary yang project *waqf* tu barulah masuk Kasih Hospital balik."

"…Sustainability…"

The coding from the interview with the respondents showed the importance of sustainability of organizations involved with healthcare services, whether it be a private, public or social-based one. With regards to the issue of sustainability, Respondent 2 who represents the Health Ministry commented of a need for another conduit for medical healthcare services as the country is going through another uncertain economy. The public healthcare services are also facing cutbacks in services and medicines. Respondent 1 and 2 highlights the urgent need for sustainable funds to keep the *waqf* organizations running and with proper continuous funds, the *waqf* is kept perpetual and the benefits continues.

The article journals below in Figure (4.13) are some of those which were coded with NVivo 12, emphasizing the importance of sustainability for the success of *waqf*-based organizations (Abd Mutalib & Maamor, 2018; Abdullah, 2018; Ambrose, Aslam, & Hanafi, 2015; Atan & Johari, 2017; Hassana, Bahari, Aziz, & Doktoralina, 2020; Soyan Financial Consultancy, 2017) and the others were manually coded.

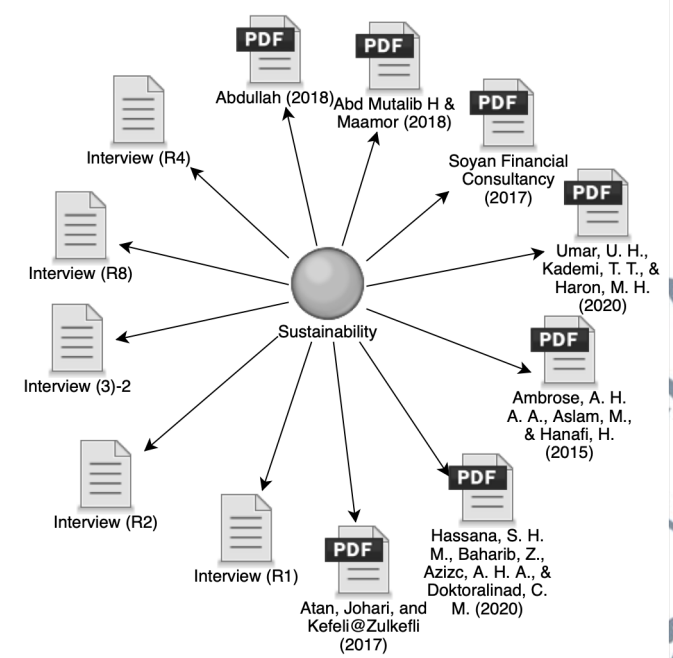



Figure 4.13: Triangulation of Respondents and Article Journals (Sustainability)

The table below is the tabulation of those codes from NVivo 12 and of those which were manually coded.

| **Coded from Journal Articles and books (Manual Coding and Nvivo 12)** | **Coding regarding Sustainability** | **The Elements of Sustainability** |
|---|---|---|
| (Abd Mutalib & Maamor, 2018) | A *waqf* institution is a social profit to generate income for sustainability. | Generation of income to sustain/ commercialism |
| (Rana et al., 2020)<br><br>(Mohamed & Bin Mohamed, 2018) | Important for the development of economic sustainability and its human capital. | *Waqf* platform for development of human capital and economic sustainability |
| (M. Abdullah, 2018) | • An important role of *waqf* as the philanthropic sector in achieving sustainable development as it is the backbone of the third sector of an ideal Islamic economy.<br>• an ideal philanthropic institution<br>• sustainability of both *Maqasid* and SDGs (Sustainable Development Goals)<br>• Sustainable development of both micro and macro aspects. | • *Waqf*'s important role<br><br>• Sustainability Development Goals & Aims |
| (Omer, 2018) | • Mutawalli's role in history | Waqf's sustainability instrument |

| | | |
|---|---|---|
| (Omar et al., 2018) | • The issue of *istibdal* is highly imperative for the continuity and sustainability of *waqf* corporate.<br>• | Instrument for sustainability |
| (Oubdia & Raghibib, 2019) | Sukuk-*waqf* | Instrument for sustainability |
| (Allah Pitchay et al., 2018) | • Cash *waqf*<br>• Venture *waqf* | Instruments for sustainability |
| (Kamarubahrin et al., 2019) | • fundamental issues arise in the development and sustainability of *waqf* institutions | Issues |
| (R. Abdullah & Ismail, 2017) | • Good corporate governance is vital to ensure the sustainability.<br>• sustainability of the corpus of the *waqf* and the return they expect are in the form of Allah's reward<br>• Mutawalli's role in maintaining sustainability<br>• Input of resources in producing goods and delivering services of any organization necessary for sustainability. | • Factors for sustainability<br>• Sacred accountability<br>• Commercialism another instrument |
| (Alabdulmenem, 2017) | • performance of their respective investment investments<br>• efficiency and effectiveness<br>• reinvesting accruing revenue from the existing *waqf* to ensure growth, sustainability and benefits<br>• institutional Mutawalli | • Important sustainability role<br>• More instruments for sustainability<br>• Key factors |
| (Ur Rahman et al., 2017) | • growth and development are inevitable<br>• waqf investments | More instruments for sustainability |
| (Ambrose et al., 2015) | A possible solution to unsustainable Federal Government debt | With *waqf*, a reduction in government budget deficit |
| (Atan, Johari et al., 2017) | • The integration of waqf-based healthcare with other waqf instruments such as cash *waqf*, *waqf* investments and *waqf istibdal*. | Instruments for sustainability |
| (Soyan Financial Consultancy, 2017) | • Multiple sources of funding are important for "financial sustainability" of the *waqf* institution as well as "sustainable empowerment" of the beneficiaries.<br>• The increasing in humanitarian crises globally means unsustainable system and calls for restructuring to enhance its efficiency and effectiveness.<br>• Social impact sukuk an avenue for sustainability and enhance the effectiveness of funding. | • Alternative funding to complement<br>• Restructuring *waqf* systems for effectiveness<br>• Another potential *waqf* instrument for sustainability |
| (Umar et al., 2020) | To ensure the sustainability, an inheritable business should be prevented from liquidation. | Assurance to sustain *waqf* |

| | | |
|---|---|---|
| (Yaacob et al., 2017) | *waqf* investments, another *waqf* instrument for sustainability | Another *waqf* instrument for sustainability |
| (Iman & Haji Mohammad, 2017; Saad et al., 2017) | Corporatization of *waqf* management may have significant role in sustainability. | Another *waqf* instrument for sustainability |
| (Robb, 2012) | Sustainable growth is the hallmark of successful commercial entrepreneurial ventures as it is also with social entrepreneurial ventures | Sustainable growth is a feature for success |

Table 4.9: Tabulations of Codes from NVivo 12 and Manual Coding

The tabulations above are literature reviews from article journals emphasizing the important role of *waqf* in the philanthropic sector since early Islam and right through to this era where *waqf* can be a possible solution to unsustainable Federal Government debt, reducing government deficit which is the importance of its role. Other factors discussed in studies are factors to achieve sustainability of a *waqf*-based organization such as the need for prudent, efficient and effective management, institutionalized *Mutawalli*, corporate governance, sacred accountability and others. There were also discussions concerning the many instruments available to achieve sustainability in alternative but complementary sources of funding such as in the investments of *waqf*, sukuk *waqf*, cash *waqf* and venture *waqf*. Commercialism of *waqf* organizations in a social profit was also suggested to attain sustainability.

In *waqf*-based healthcare, these are all applicable so as to achieve sustainability and will ensure longevity and success of organization and will have a greater impact on the goals and aims of *waqf*.

#### 4.3.4.2 Avenues for Alternative Funding *Waqf* (Sukuk, Centralize *Waqf*, Crowdfunding, Endowments)

Respondent 6 spoke about *waqf* institutions who were unwilling to invest in big businesses such as healthcare as they are not confident to secure sufficient *waqf* funds

for huge business activities. Their preference is to invest into many smaller sectors of public services such as education, housing etc. Coding was applied on the interview of respondents and the following was found.

Respondent 6

> "…Kalau kita anggap sebagai *waqf* contoh macam Hospital Kasih, kita memang ada pernah dibincangkan di sini tapi bila kita lihat Hospital Kasih ni berperanan seolah-olah macam ada beberapa perkara yang Hospital Kasih tu memerlukan dana yang sangat besar untuk memulakan projek tu dalam masa yang sama, kuasa2 daripada negeri, yang ni kita kene tengok balik sebab kadang2 negeri ni bila lihat Hospital Kasih tu berperanan untuk mengutip juga dana dan sebagainya…"

Thereby, using content analysis on studies conducted, finding alternative revenues for funding are as follows:

a. *Waqf* Sukuk

In sourcing alternative funding for the goals of this research, *Waqf* Sukuk is a better option. Respondent 3 discussed in detail how *waqf* sukuk could work by involving big organizations such as Tabung Haji or Khazanah to invest in a temporary *waqf* or waqf *sukuk*. And this idea was also mentioned by other respondents.

Respondent 1

> "…They talked about the role of *waqf* in the fiscal policy in the government that is, *waqf* sukuk. *Waqf* is no longer at a smaller scale, now at public level or international level l…"

Respondent 3

> "…But in *waqf* PPP, it is important to consider the implementation in sukuk *waqf* majority is 5-7 year. The normal sukuk that brings returns. Normal sukuk is usually 5-7 years which brings returns…"
>
> "…With sukuk, the time to build is early…"
>
> "…It can be another source for funding for the government. Ministers must champion this infrastructure in sukuk. Nigerians have raised a *waqf* sukuk to build a highway…"

This type of funding is an interesting use of Islamic finance where it has been used in Singapore and Saudi in the revitalization of rundown *waqf* properties (Abdul Aziz et al., 2019). *Waqf* sukuk can be used to finance infrastructure projects such as public services and they can be total *waqf* properties after when the loan of the investors is paid off. These sukuk can be issued while taking into consideration the Sustainable Responsible Investment (SRI) perspective, further extending the benefits for social projects and enhance the effectiveness of current funding ( Soyan Financial Consultancy, 2017; Abdul Aziz et al., 2019). Sukuk *Waqf* is one of the sustainable financing instruments offered by Islam to help sustain public spending by the people and for the people, and is considered almost the perfect instrument (Oubdia & Raghibib, 2019). It is an ideal link between the flexibility of sukuk and the sustainability of waqf. According to AAOIFI (The Accounting and Auditing Organization for Islamic Financial Institutions), Sukuk is defined as:

> "Investment sukuk are certificates of equal value representing undivided shares in ownership of tangible assets, usufructs and services or (in the ownership of) the assets of particular projects or special investment activity, however, this is true after receipt of the value of the sukuk, the closing of subscription and the employment of funds received for the purpose for which the sukuk were issued" (AAOIFI, 2008).

This usage of sukuk is traced back through history in the early Islam period of 700-1300AD where this instrument represents financial obligations from trade and other commercial activities. For Allah SWT has said:

> "When ye deal with each other, in transactions involving future obligations in a fixed period of time, reduce them to writing…It is more just in the sight of God, more suitable as evidence and more convenient to prevent doubts among yourselves." (Quran. Al-Baqarah. 2:282)

There are many different types of *waqf* sukuuk and these are characterised by the different types of sukuk structures such as the structures of *ijara, murabaha* and

*mudaraba-wakala*. There have been numerous studies of *waqf* sukuk (Gundogdu, 2019; IslamicMarkets, 2016; Khairunnisa Musari, 2016; Oubdia & Raghibib, 2019; Securities Commission Malaysia, 2019).

Based on the studies, various concepts have been introduced under the following *waqf* sukuk structures. Below in Figure (4.14), which is a sukuk structure of a *Murabahah* contract of which is a sale and purchase assets where the cost and profit margin are made known to the parties.

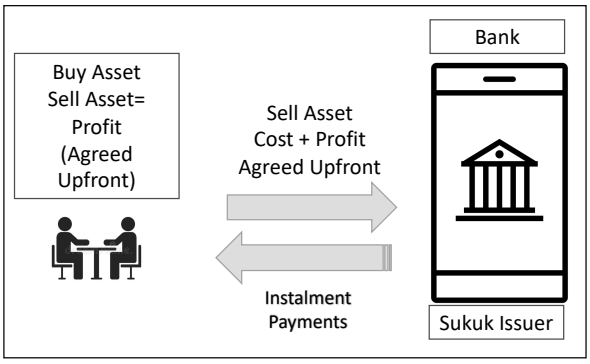



Fig 4.14 : *Murabahah*: Cost-plus Sale (Ho, 2016)

Accordingly, the sukuk holder buys the asset in order to supply it to the sukuk issuer who has no capacity to purchase the asset directly. The holder then sells the asset to the issuer for the cost-plus profit, a mark-up that both have agreed upfront. The issuer than makes payments to the holder on an instalment schedule.

Another structure with *waqf* mentioned by Respondent 3, is in the specifics of the sukuk al-Murabaha with commodity, described below in the Figure (4.15). Basically, the process of Sukuk issuance which is used for Sukuk-waqf structuring is in the creation of an SPV (Special Purpose Vehicle) to represent the investors; the issuance of the certificates and putting them into circulation and in securing the cash-flow through the period of the contract from the issuer to the investor (IslamicMarkets, 2016).

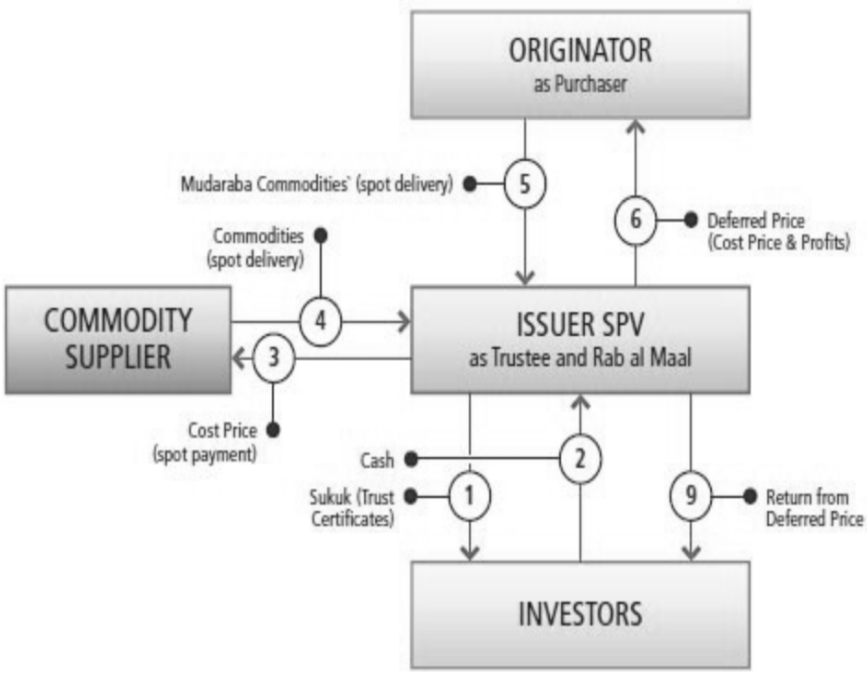



Figure 4.15: Structure of *Sukuk al-Murabaha* with Commodity (IslamicMarkets, 2016)

However, in the implementation of *sukuk waqf al-murabaha* in the proposed PPP *waqf*-based hospital, the above structures can be emulated, but further studies are needed to proceed in realizing it.

b. Crowdfunding

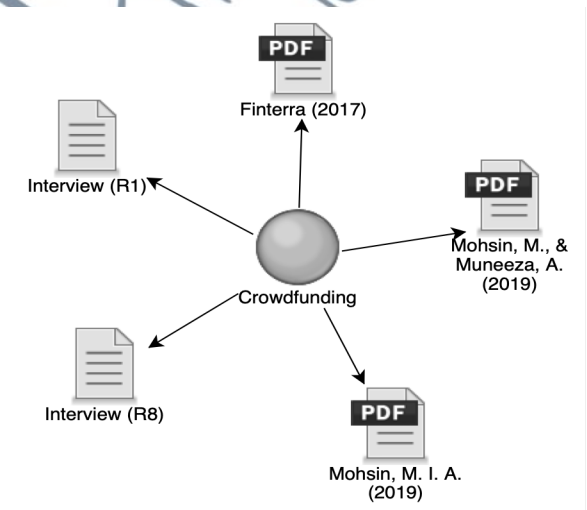



Figure 4.16: Triangulation of Crowdfunding

Respondents 1 and 8 spoke of alternative funding for *waqf* in the innovations in financial technology of crowdfunding to collect *waqf* donations and to internationalize *waqf.* Coding were applied on articles related and visualized above in Figure (4.5).

Raising money for businesses, for personal use or charities in the past was through applying for loans from banks or finding investors and perhaps getting a debt from family or friends. However, in this new era and digitalism, technology has opened many other avenues such as those that will be discussed in the following.

Crowdfunding is defined by the International Organization of Securities Commissions (IOSCO) as 'an umbrella term, describing the use of small amounts of money, obtained from a large number of individuals or organisations, to fund a project, a business or personal loan, and other needs through an online web-based platform' (Kirby & Worner, 2014). Crowdfunding is another option and it began in the late 2000s and donation-based is one of the many sub-categories of crowdfunding model (Wallmeroth & Wirtz, 2017). It furthers states that for the donation-based crowdfunding model, an investor donates financial capital to the entrepreneur and the investor will not receive anything in return, making it a true donation. This mission may or may not be a profit-seeking project. It has become an economic and cultural phenomenon over the last few years. On this platform, funding a start-up project will be done by raising small amounts of money from a large number of people through the Internet. On that same note, a *waqf* crowdfunding platform can be specifically designated for the development of *waqf* properties.

Hence, the following are some potential models for *waqf* crowdfunding which can be adopted to finance the development of idle *waqf* properties (M. Mohsin & Muneeza, 2019) such as in charity crowdfunding platform where there be will a selection of numerous charities, donors can pick. This is similar to the traditional

donations for charities. No pay-out rewards but only good deeds recorded for the hereafter. There is also the charity crowdfunding platform for redeveloping idle *waqf* properties and indirect *waqf* crowdfunding for crucial needs.

Coding also show that the innovative finance technology (Finterra, 2018; M. M. A. Mohsin, 2019) in *waqf* are not only the crowdfunding platforms but also using blockchain platforms. These platforms improve the process of collecting and managing *waqf* in the systems of smart contract and cryptocurrency. *Waqf* in blockchain aims to solve transaction transparency in land and property development; eradication of corruption; integrated property development ecosystem; crowdfunding for property development and locked liquidity in land asset (Finterra, 2018).

Furthermore, the cryptocurrency offers an alternative form of donation, while the smart contract process is more efficient and transparent. There is also the *WaqfCoin* (M. Mohsin & Muneeza, 2019) which integrates crowdfunding and blockchain, for the financing of *waqf* properties but there is a need for regulators and start-ups to consider this Waqf*Coin* proposal.

The first *waqf*-based crowdfunding, Waqfworld.org was officially launched during the World Islamic Economic Forum (WIEF) in Jakarta, Indonesia on 3rd August 2016 by Malaysia's 5th Prime Minister Tun Abdullah Ahmad Badawi, who is also the founding patron of Waqfworld.org. Waqfworld.org is the outcome of the collaboration between three parties namely Tun Abdullah's office, research team from the Research Center for Islamic Economics and Finance (EKONIS) Universiti Kebangsaan Malaysia (UKM) and Ethis Ventures (Alma'amun et al., 2018). Waqfworld.org is not a *waqf* institution but it acts as a mediator to partner with the funds' purpose. *Waqf* donors contribute to a *waqf* donation $50 (Sing Dollar) for each chosen *waqf* project campaign on the platform plus an additional $3 for transaction fee (Fig. 4.6).

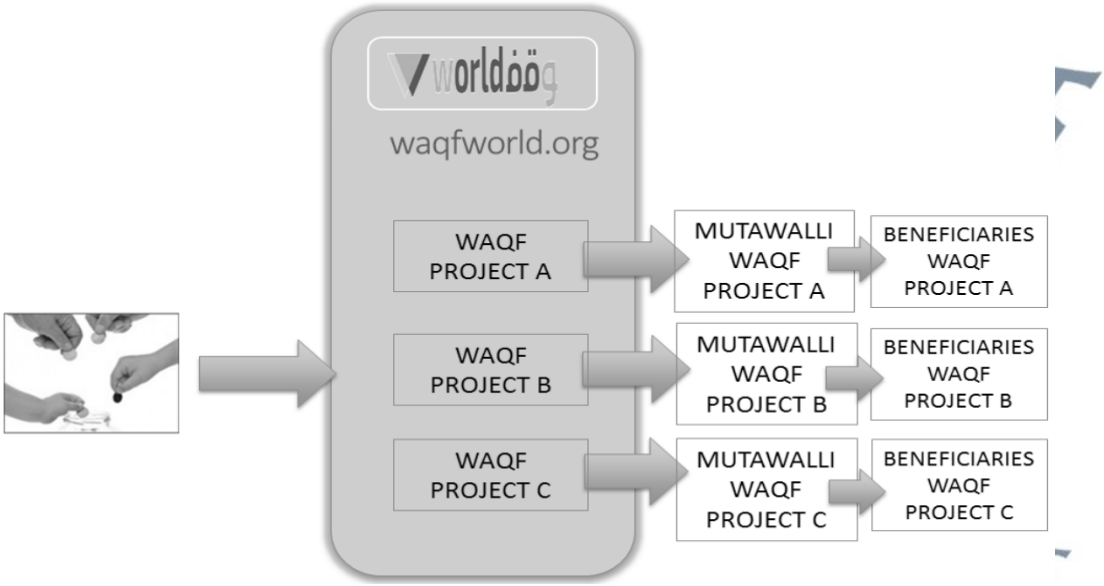



Figure 4.17: The basic operational structure of Waqfworld.org (Alma'amun et al., 2018)

Hence, in moving forward to the possibilities in the application of the corporate *waqf*-based hospital, these alternative funding are good initiatives which can be applied to reap the *waqf* benefits.

#### 4.3.4.3 Separate Charity Fund to pay for the Poor and Underprivileged

Consultation fees is charged to all. However, respondents below have suggested a separate fund from *waqf/zakat/sadaqah* to provide for the poor and underprivileged patients.

Respondent 3

> "…If the patients cannot pay, the *waqf* funds will help pay for them. It will become sustainable. But they have to make it commercial…"

> "…The money owed to the hospital still needs to be paid but from another source. This makes it commercially viable…"

Respondent 4

> "…The *waqf* hospital is not for free..."

Respondent 8

"…Free services hanya untuk Asnaf…"

"…Kita boleh discounted. So, kita akan ada 3 segement. Kalau 3 segement, satu is Asnaf faqeh. Automatically boleh free tapi free paid by zakat. Paid by zakat. B40 boleh free lagi is either by zakat or kalau non-Muslim by Tabung Kasih Kesihatan which is *infaq* or *waqf* punya side..."

There must be separate arrangements that can still pay hospital costs for the poor and underprivileged without compromising the commercialism of the *waqf*-based hospital. The funds can be raised from usufructs of *waqf* funds invested or from *zakat* and other *sadaqah* donations.

A separate needy patients fund was suggested (Jaljuji, 1965) to fulfil the goals of a hospital in the framework of an Islamic Social Solidarity. Usufructs from *waqf* investments can be also be used in the charity fund (Alam et al., 2018; Ibn Nujaym, n.d.; Qadri, 1963) to pay for the poor and underprivileged for healthcare services rendered.
In the era of economic woes, post Covid-19, *waqf*, *zakat* and *sadaqah* can be solutions as social finance instruments had played significant roles in the Islamic history by providing to their public services such as in the roadworks, education and healthcare services (Babacan, 2011; Cizacka, 2000; Çizakça, 1998). They had generated and collected funds for the ummah in addressing issues poverty, providence of education, improving medical and hospitalisation benefits, reducing unemployment and addressing many other social problems (Raimi, 2015). According to the Islamic Jurisprudence (fiqh), the characterizations of these instruments are explained in the following:

*1. Zakat*

*Zakat* is a one of Islamic social security fund which is a compulsory alms and is the third pillar of Islam entailing an annual 2.5 per cent of an individual's net monetary income or wealth to eight groups (*asnaf*) of beneficiaries in the society (Al-Qardawi, 2000).

The Quranic reference that provides legal structure for *zakah* in Islam is contained in the commands of Allah that:

> "The zakah are only for the fuqaraa´ (poor), and the masaakeen (the needy) and those employed to collect (the funds); and for bringing hearts together (for Islam); and to free the captives; and for those in debt; and for Allah's Cause, and for the wayfarer (a traveller who is cut off from everything); a duty imposed by Allah. And Allah is All-Knower, All-Wise" (Qur'an 9:60).

Al Nawawi (Al-Nawawi, n.d.) says,

> "According to the view of our colleagues in the Shafi'i school, the consideration is for food, clothes, shelter and other needs, at a standard that is suitable but not extravagant for the poor person and all members of his family."

In present terminology, the other needs include education, health care, and other requirements needed at that point in time (Al-Qardawi, 2000).

2. *Waqf*

This has been explained earlier in Section (2.2.2). However, to recap, the following are more explanations regarding *waqf* and its contribution to healthcare. From the history of our Islamic civilization *waqf* began within the structure of Muslim Empires as early as from the era of Prophet SAW to the Ottoman Empire, *waqf* had continuously played a big role in the public services of education, healthcare and even in the country's defence instead of government public financing in taxes (Oubdia & Raghibib, 2019). One of the early *waqf* for social purposes was a drinking water well (called Rummah), which Uthman RA bought from a Jewish man to provide free drinking water to all (Amuda, 2017).

*Waqf* is an Islamic social finance instrument of philanthropy recommended in Islam and has been in Islamic history as 'the primary vehicle for financing Islam as a society' (Billah, 2020; Hodgson, 1974; Omer, 2018) and played a significant role in socio-economic establishing various developmental projects in their respective areas

and eras of exemplary public services and social welfare services (Bank Negara Malaysia BNM, 2014). *Waqf* has been proven to provide an efficient alternative source of funding to the development of health care institutions (Baqutayan & Mahdzir, 2018). From the Shariah point of view, *waqf* may be defined as holding a *Maal* (an asset) and preventing its consumption for the purpose of repeatedly extracting its usufruct for the benefit of an objective representing righteousness/philanthropy. Hence, *Waqf* is a continuously usufruct-giving asset as long as its principal is preserved (Kahf, 1998). The *waqf* reference is from a prominent hadith of Sayyidina Umar Al-Khattab RA, who had acquired the land of Khaybar (in Madinah, Saudi Arabia) and Prophet SAW instructed him to make the property inalienable and distribute the usufruct as a charity. From the hadith, the core principles of *waqf* were derived, including the inalienability, irrevocability, perpetuity, and the use of usufruct for distribution (Ainol-Basirah & Siti-Nabiha, 2020).

Section (2.2.2.2) explained the cases of the past *waqf*-based hospitals in Islamic history, the income from investments made or usufruct is applied towards charitable or public purposes, without depleting the principal or corpus of the endowment. Historical evidences show how when the *waqf* assets are managed well, the generation of income or usufructs are used to fund the cost of medicine and healthcare (Atan et al., 2017).

3. *Sadaqah*

The protection of health from adverse contamination and ills is one of the pressing issues of Maqasid al-Shari'ah in this present time of the Covid-19 era. The other being the preservation of environment (Bendebka, Fettane, & Shogar, 2020). With regards to the fiqh of *sadaqah*, in the context of Islamic jurisprudence, the term '*Sadaqah*' is a voluntary charity or technically defined as a gift or present or offering

given or offered to the poor for the sake of God and to obtain reward from Allah SWT (al-Ahkam al-ᶜAdliyah, 2002).

The benefits of *sadaqah* is numerous. For Allah has promised the believers that the benefits of *sadaqah* is not just in this life but also in hereafter. *Sadaqah* wards off calamity, increases *rizqi* (sustenance) and blessings in one's life.

Allah says in the Qur'an,

> "Who is it that would loan Allah a goodly loan so He may multiply it for him many times over? And it is Allah who withholds and grants abundance, and to Him you will be returned," (Al-Qur'an, Ali-Imran 2: 245).

The Prophet SAW said

> "*Sadaqah* extinguishes sin as water extinguishes fire," (Hadith, Tirmidhi. The Book on Travelling. Book 6, Hadith 71).

He also said that Allah SWT offers relief on the Day of Judgement for those who give sadaqah:

> "The believer's shade on the Day of Resurrection will be their charity," (Hadith. Tirmidhi. 604)

There have been studies on the potential of a *sadaqah* in a new digital mechanism of crowdfunding (Lutfi & Ismail, 2016). *Sadaqah* is a flexible type of charity form, which is different from the *zakah* or *waqf*. *Zakah* is assigned for the particular group of 8 *asnaf*, while, *waqf* has pre-requisites perpetuality and inalienability (Lutfi & Ismail, 2016; Mohamad et al., 2017).

Nonetheless, *zakat*, *waqf* and *sadaqah* can altogether add and complement the charity fund to help pay for costs of consultations and medicines for the proposed waqf-based hospital.

#### 4.3.4.4 The Mission: Spiritual and Charity-based

Respondent 4 from interview conducted spoke of the spirit of giving. He felt that only with the intention or *niyyat*, the *waqf* project can succeed. It is with the intention of charity and the spiritual intentions; the project can thrive and attain the goals and aims of the mission.

Respondent 4

> "…First thing first, yang kita buat kat Gombak Mediacal Centre tu adalah the spirit of charitable cost. Itu je. Spirit dulu. You nak buat hospital ni you nak profit oriented ke atau you memang nak tolong orang. Itu soalan pertama yang kita tanya kat Gombak Medical Centre. Mereka kate no, kita buat jugak untuk community, profit is not our target, macam normal hospital lah. Jadi itu yang spirit mula2 kene ada because it is for charitable cost…"

> "…Niat tu. Dia tak akan berjaya punyalah sebab isu paling besar jangan mainkan agama. You berselindung di sebalik agama tapi actually you nak benda lain so barakah akan diangkat oleh Allah. You tak akan berjaya. Once Allah angkat je barakah, habis. So, sebab tu charitable ni bukan orang kata isu tak berjaya ke apa tapi isu ni direct dengan Allah…."

The following are the justifications of the above view. This spiritual-based intentions and charity-based missions are valid elements for the success of the proposed *waqf*-based hospital and can possibly considered. Hence, the explanations in the following,

a. Spiritual-based

The Islamic working ethics (Manan et al., 2013) and the spiritual Islamic perspective on the intentions of the heart (A. Ahmed, Arshad, Mahmood, & Akhtar, 2019) are clear indications for the importance of the need to have a purposeful spiritual mission.

The Prophet SAW says:

> "Allah likes that when someone does anything, it must be done perfectly well". (Hadith. Al-Bayhaqi. Al-Jami' Al-Saghir)

The Islamic working ethics (Salin et al., 2020; Yousef, 2000) promotes the adherence to the mission which is important in the success of the organization (Manan et al., 2013). It is narrated on the authority of Amirul Mu'minin, Abu Hafs 'Umar bin al-Khattab RA who said: I heard the Messenger of Allah SAW say:

> "Actions are (judged) by motives (niyyah), so each man will have what he intended. Thus, he whose migration (hijrah) was to Allah and His Messenger, his migration is to Allah and His Messenger; but he whose migration was for some worldly thing he might gain, or for a wife he might marry, his migration is to that for which he migrated." (Hadith. Bukhari. Bāb Kitab Wahyu. Book 1, Hadith 1)

Hence, the intention or *niyyah* is an important feature of work and worship (*ibadah*) and the intention of a believer's actions must be ultimately for Allah SWT alone (Manan et al., 2013). *Niyyah*, coupled with sincerity will ensure that the work will be done effectively and efficiently justifying the revealed guidance contributing to *al falah* (successful in this world and hereafter).

The Islamic paradigm for charitable performance (Rizal & Amin, 2017) is exemplary in the promotion for the provision of public services to the poor and underprivileged. Ihsān, Islamic egalitarian and Islamic religiosity mentioned by the former are the sacred intentions in observing *waqf*.

Ihsān, like other Arabic words, is a multifaceted term. However, in Islamic literature, it has many extensive meanings varying on the context. It has been applied in various meanings such as in beauty, excellence, gentleness, softness, harmony, equilibrium, balance, discipline, drive, improvement, and good character. It also includes qualities of righteous behavior, generosity, kindness, tolerance, forgiveness and patience. Ihsān hence, promotes a state of excellence achieved by a believer, a servant with his Lord and Creator, Allah SWT (A. Hayat & Rao, 2020).

For Allah SWT says:

وَمَا خَلَقْتُ ٱلْجِنَّ وَٱلْإِنسَ إِلَّا لِيَعْبُدُونِ

> "I did not create the Jinns and the human beings except for the purpose that they should worship Me " (Al-Quran. Adh-Dhariyyat. 51:56).

Another high performance value mentioned in the al-Quran and Hadith besides Ihsān, is the *Mas'uliyyah* which is the work value of responsibility (Y. Ismail & Islamic, 2019). Hadith regarding the *Mas'uliyyah* or the said responsibility, was narrated by 'Abdullah Ibn 'Umar.

> Narrated `Abdullah: Allah's Messenger SWT said,
> "Every one of you is a guardian and is responsible for his charges. The ruler who has authority over people, is a guardian and is responsible for them, a man is a guardian of his family and is responsible for them; a woman is a guardian of her husband's house and children and is responsible for them; a slave ('Abu) is a guardian of his master's property and is responsible for it; so all of you are guardians and are responsible for your charges."
> (Hadith. Bukhari. Chapter: It is dislike to look down upon a slave. Book 49, Hadith 38)

The hadith connotes the significance and magnitude of the responsibility or *Mas'uliyyah* and will be accountable to Allah SWT for their actions. This *Mas'uliyyah* also encompass the trust or *amanah* associated with commitment and quality of work performance (Y. Ismail & Islamic, 2019). These performance Islamic values with the Islamic paradigm and Islamic work ethics (Abbasi, Mir, & Hussain, 2012) can altogether produce innovative and productive work with good organization performance which predictors of success and al- Falah, the ultimate success (Y. Ismail & Islamic, 2019) in this world and the hereafter.

b. Charity-based

Charity is the expression of extending love and kindness to others unconditionally. It is a conscious decision made by the heart, without expecting a reward. When Charity is executed selflessly, it's a one-way act where a person gives

but asks for absolutely nothing in return. Charity is essential and therefore meant to be done for public benefit, relief and to provide assistance to people at times of need in any part of the world, especially who are the victims of war, natural disaster, catastrophe, hunger, disease, poverty, orphans by supplying them with food, shelter, medical aid and other fundamental needs.

The concept of charity and religiosity are often perceived to "go hand in hand" (Skarmeas & Shabbir, 2011). The al-Quran and Hadith advocate Muslims to do goodness in charity, benevolence and to do good to others.

وَمَا كَانَ لِنَفْسٍ أَن تَمُوتَ إِلَّا بِإِذْنِ ٱللَّهِ كِتَـٰبًا مُّؤَجَّلًا ۗ وَمَن يُرِدْ ثَوَابَ ٱلدُّنْيَا نُؤْتِهِۦ مِنْهَا وَمَن يُرِدْ ثَوَابَ ٱلْـَٔاخِرَةِ نُؤْتِهِۦ مِنْهَا ۚ وَسَنَجْزِى ٱلشَّـٰكِرِينَ

> "…Those who desire worldly gain, We will let them have it, and those who desire heavenly reward, We will grant it to them. And We will reward those who are grateful." (Al-Quran. Ali 'Imran 3:145)

Islam encourages care for one another and being compassionate amongst fellow human. In the Quran and Hadith, there are numerous instances where charity is mentioned such as in the feeding of the poor and needy, supporting orphans, relatives and travellers, spending in the way of Allah and others. These are indications which emphasises the importance of charity for every Muslim (Abd Jalil et al., 2016). For Allah SWT says,

> *"They ask thee What they should spend (In charity). Say: Whatever Ye spend that is good, Is for parents and kindred And Orphans And those in wanting And for wayfarers. And whatever ye do That is good-Allah Knoweth it well". (Quran. Surah Al-Baqarah. 215)*

With those profound verses, spiritual and charity-based mission can produce significant contribution and impact to the surrounding community. When these are adopted into the healthcare systems, the employees develop greater meaning and

purpose in their work, they have more compassion, care and empathy for their co-workers, patients and people in general.

#### 4.3.4.5 Advocate for Support & Awareness

Respondents below spoke about the need to advocate for support *waqf* and to promote the awareness for the concept of *waqf*.

Respondent 5

> "Oleh kerana itu, kita pertama sekali kene mendakwahkan kepada semua orang which is still not successful. Berapa billion duit *waqf* dalam system kite di Malaysia as compared berapa trillion duit dalam bank which is supposed to be duit lebih, that is paradox. If we can solve that problem, we can use that money for various purposes. It's just not for help…"
>
> "That institution does not exist yet dan kalau ada pun tak difahami oleh orang ramai.."
>
> "Cuma risikonya ialah those who manage must be send to proper school faham to manage *waqf* fund which is we don't have that kind of people."
>
> "Takde masalah, kalau ada kefahaman itu."
>
> "Yang saya nampak sekarang ni, kalau ada kefahaman in shaa Allah. Sekarang ni orang tak faham lagi. Jadi kalau tak faham apa yang kite buat sekarang ni, macam2 pandangan ada. Macam2 yardstick akan digunakan..."

Respondent 6

> "Supaya pihak universiti ni pun bukan semua dia boleh faham tentang *waqf* jugak.."
>
> "Yang penting sekali, kefahaman kita menggunakan dana *waqf* di hospital berkenaan."
>
> "Jadi, saya rasa in shaa Allah dengan kefahaman…"

Respondent 7

> *"Waqf* ni apa?"

Respondents 5, 6 and 7 complain of low awareness in the understanding of the concept of *waqf* and in the different roles *waqf* can be actively employed and channeled.

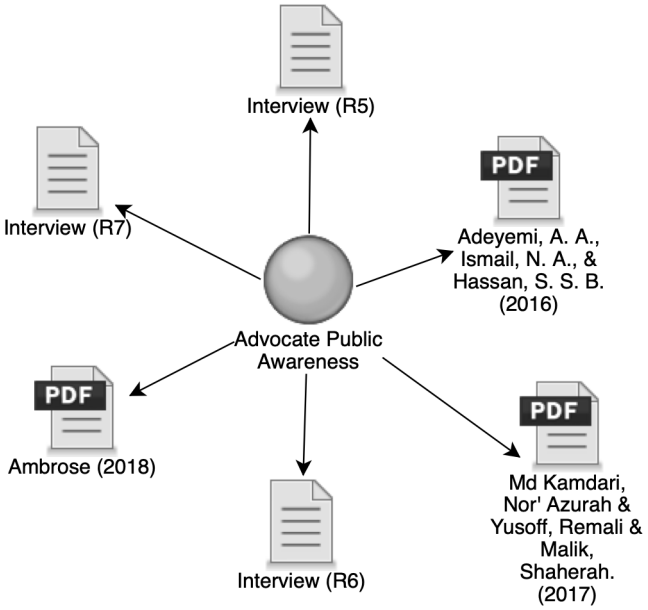



Fig 4.18: Triangulation for Advocate Public Awareness with Respondents and Article Journals

From the coding of NVivo 12, the triangulation is visualized above in Fig. (4.6), and it supports the responses of the respondents and suggests some actions for advocacy of *waqf* public awareness.

Previous studies have recorded that the awareness about *waqf* among the general public in Malaysia was low, stagnant and lagging (Adeyemi et al., 2016; Ambrose et al., 2018; Md Kamdari et al., 2017; Mohd Puad et al., 2014). However, there are signs of an increase in the awareness (Suhaili, Palil, & Husin, 2018). Hence, necessitating redesigning the contemporary *waqf* application (Çizakça, 2011) and a collaboration which offers a new dimension (Suhaili et al., 2018).

But in identifying the low awareness of waqf, some factors which were present are such as those in a lack of understanding, a lack of promotion and the influence of social culture in that order (Adeyemi et al., 2016). A study also revealed that the lack

of awareness about *waqf* can be a great barrier to harnessing *waqf*'s potentialities in redressing socio-economic inequalities and impacting positively on the welfare of the poor and the needy (Ibrahim, 2010; Md Kamdari et al., 2017). Besides educating the Muslims in sermons and using the media to propagate *waqf* (Ambrose et al., 2018), tax exemption can encourage individuals and organizations to contribute in the accumulation of *waqf* (Ambrose et al., 2015).

The pandemic Covid-19 has indeed showed us the multi uses of digitalism and with digital media playing a pivotal role, especially in the use of visual data to disseminate information, social media to promote public health campaigns, and digital tools to assist population management and disease tracing (Bao, Cao, Xiong, & Tang, 2020), digital media can perform creating awareness of *waqf* and disseminate information to the public. However, digital media also faces some challenges like misinformation, lack of guidance, and information leakage and thus, must be constructed on a responsible platform and publisher.

#### 4.3.4.6 Technology for *Waqf*

The respondents below spoke of technology in the application of *waqf*. Respondent 1 explained the disadvantages of not adapting to new developments of technology in the application of *waqf* such as in the blockchain. Hence, if waqf does not join the bandwagon of technology, at the right time and right medium, *waqf* will not be able to survive and give benefits to the public effectively.

Respondent 1

> "…Even if the world is moving towards fintech (financial technology) which promotes transparency. But if the ummah is not careful with the implementation of this block chain technology, we will be left behind. There are a few block chain models for Morocco on collection and distribution of zakat, but there are data issues. In getting the

information, we are stuck as the model requires free flow of data, Morocco does not have it…"

"…It also needs human resource and the issue of technology, and without technology, we cannot move."

Respondent 7

"…Kita give technology, mobile app, customer service, marketing. Haa itu yang 20%. That is the thing that I want to develop. So, banyak yang I develop sebenarnya because I believe I'm entrepreneur and I don't like the day to day."

Respondent 8

"…Ni bukan tanah kubur ni semua. Ini benda yang berubah. Technology. You kena faham whole segment..."

As Vanerchuk (2020) noted, the cycle of innovation is a continuous process of discovery, evolution, acceleration, and progressing. Its about knowing when to change the platform to communicate and interact with others effectively.

*Waqf* technology have been discussed in numerous studies and the following table below are some of *waqf* instruments using technology. Amongst those are the following in Table (4.

| Article Journals | *Waqf* Applications with Technology |
|---|---|
| (Yaacob et al., 2015) | • *Waqf* management<br>• |
| (Finterra, 2018) | • Gallactic Blockchain and *waqf* |
| (Mohd Zain, Engku Ali, Abideen, & Rahman, 2019) | • Smart *Waqf* Contract |
| (M. Mohsin & Muneeza, 2019)<br>(M. A. B. M. T. Thaker & Pitchay, 2018) | • Integrating *Waqf* Crowdfunding into the Blockchain |
| (T. Khan, 2019) | • Balanced Scorecard approach<br>• |
| (Komalasari, 2020) | • *Waqf* Cemetery Information |
| (Sudirman et al, 2020 | • to raise Islamic funds through online *waqf*<br>• distributed ledger technology (DLT) |
| (Rahmatullah, 2020) | • digital analysis (nazir)<br>• digital vision (ideas & vision)<br>• digital message (media platform)<br>• digital channel (broadcasting) |

| | |
|---|---|
| | • digital campaign<br>• digital report |
| (Sudirman, Saifullah, Rahmawati, Fakhruddin, & Ramadhita, 2020) | • Online *waqf* |

Table 4.10: Waqf and Technology (LR)

From the above Table (4.10), it is evident that technology is here to stay and there can be many applications with *waqf* in the future. With the era of digitalism, *waqf* can be managed not only locally but globally. The management of *waqf* assets goes beyond boundaries, internationally without restrictions (Mubarok, 2020). There are so many possibilities for *waqf* with the emerging new technology and studies are currently being conducted to find more applications with *waqf.*

An innovative adoption of technology for *waqf*, amongst others, is using the blockchain for crowdfunding which is a modern financing arrangement that relies on technology. The revival of *waqf* through the redevelopment of the old and idle *waqf* properties and the creation of cash *waqf* shows an optimistic approach in stimulating the role of *waqf* in Muslim-majority and Muslim-minority countries. In progressing into the era of technology and digitalism, the role of *waqf* can be improved by further integrating crowdfunding and blockchain technology with *waqf* (M. Mohsin & Muneeza, 2019).

Finterra introduced the world's first philanthropic blockchain called Finterra Endowment (*Waqf*) Chain based *waqf* which is deemed to be the first successful *Waqf* project on the Blockchain (Mohd Zain et al., 2019). This *Waqf* Blockchain is structured as a transaction where the tokens are backed by real assets; earning tokens on dividends, and (iii) tokens and are transferable. This is expected to be the first successful project to have *Waqf* on the Blockchain (Finterra, 2018).

Islam views the using of technology with *waqf* in the original rule in *fiqh al-mu'āmalāt* (Islamic commercial jurisprudence) which is, that a particular thing will be considered permissible unless its prohibition is proven. Hence adopting technology in development of *waqf* can be accepted if the rules of *waqf* are complied in structuring a particular model. It is anticipated using technology will enhance the delivery of *waqf* and also boost the confidence of the founders or donors who wish to participate in contributing to a good cause as per Qur'anic injunctions (see Qur'an 5:2). (M. Mohsin & Muneeza, 2019).

In healthcare, one of the six components necessary for effective public health program implementation is innovation (Frieden, 2014). Innovation is usually meant by something new or improved technology and usually the technology forms the foundation of innovation. This is an important element in this research.

#### 4.3.4.7 Transformation of Culture in *Waqf*-based Hospital

Respondent 7 below, spoke of Mayo Clinic, USA when *waqf*-based hospitals was mentioned. He likened them similar in that both the hospitals concerned endowments and suggested a culture comparable to it to achieve success and growth.

Respondent 7

"…Have you heard of Mayo?.."

"…So, that one is normal fund macam yayasan where this Mayo punya family ni put up initial capital and then I don't know how much. So, dia buat hospital tu kemudian dia invest. At the same time dia ada donation daripada luar because it's not for profit hospital…"

"…They want to be associated with Mayo. They feel proud can be serve at Mayo because in the top in the world and at the same time, Mayo take care of your family. Ada scholarship untuk anak2 dia. ..... all the perks for the family, for the healthcare family…"

"…And then pesakit ni kalau you tengok Mayo punya style, you have to charge patient to be sustainability. Kalau dia ada duit dia kena bayar. Kalau dia poor dia free. So, that is my views that very challenging planned to sustain that kind of operation…"

"…Because my idea of good *waqf* macam Mayo tadi…"

This section will discuss the transformation of culture in *waqf*-based hospital as Section (4.3.5.1) will discuss about Mayo Clinic in detail.

Hence, this transformation 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) and can infuse some Islamic values to strengthen individual transparency and morally which eventually can enhance economic progress in Islamic world (Aldulaimi, 2016).

Transformation of culture in *waqf*-based hospitals will not be easy. It has been recorded that the cultural of transformation in healthcare will require commitment, time and flexibility but it will be of a culture which will be the underpinning that makes some health care organizations exceptional (Kimball, 2005). A successful culture transition process identified leadership commitment and support, shared vision and values and the involvement and ownership at all levels.

For a *waqf*-based organization, an Islamic organizational culture (al-Qudsy, 2007) based on the Quran and Hadith should be considered. The application of Sharia standards in the hospital management system can increase the quality of health care and improve patient satisfaction (Abdurrokhman & Sulistiadi, 2019).

There have also been discussions pertaining to the Islamic culture and the following are the literature review of some of those, and they are tabulated in the following table.

| Title and Citations of Article Journals | Summary of Articles |
|---|---|
| Islamic Medical Ethics in the 20th Century<br>(Rispler-Chaim, 1989) | Practicing the medicine of the west in hospital has subjected hospitals to the western values.<br>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<br>(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<br>(Samier, 2017) | Islamic administration is grounded in religious principles, oriented towards service to society and aimed at wisdom and judgment and personal interaction.<br>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<br>(Rahman, Zailani, & Musa, 2018) | The article discussed 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 *haram* ingredients) etc. |
| Narrative Study of Shariah Hospitals in Indonesia: A Review of Islamic Brand Communities Innovation for Health Care<br>(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*). |
| A culture of caring: the essence of healthcare interprofessional collaboration<br>(Wei, Corbett, Ray, & Wei, 2020) | The culture of caring could be fostered through five processes: building caring relationships, developing an ownership mentality, providing constructive feedback, applying the strengths-based practice, and acting as the first and last lines of defense. |
| Organizational Culture in Shaping Image of Hospital, Case Study of Islamic Services at Rumah Sakit Islam Bogor<br>(Hidayah, Maryam, & Manihuruk, 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 behavior, and physical form of it. |

Table 4.11: Islamic-based Hospital Culture (LR)

The Table (4.11) above shows a comparison of article journals discussing and explaining the Islamic culture and how the transformation was adapted and adopted

such as in Rumah Sakit Islam Bogor (Hidayah et al., 2020). Discussions had begun 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.

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. An example of a hospital which has adopted an Islamic culture utilizing the Schein concept, is the Rumah Sakit Islam Bogor in Indonesia. 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 (Edgar H Schein & Schein, 2017) to transform the hospital with the Islamic values and culture. (Hidayah et al., 2020).

#### 4.3.4.8 Commercialism

Respondent 1, 3 and 4 linked commercialisms to sustainability. This is interesting as not only is the problem mentioned but the solution is suggested. In the development *waqf*-based properties, the elements of sustainability has been discussed numerous times (M. Abdullah, 2018; Hassana et al., 2020; S. A. Shaikh, Ismail, & Mohd Shafiai, 2017) and in attaining sustainability, commercialism can give it the permanence, the growth and the continuous benefit.

Respondent 1

"…We have to put a caveat that with this kind of sustainability what we have to do on the other side, and some are suggesting upon how it can be operated. It could charge patients with minimal costs..."

"To summarise that, *waqf* can provide the facilities to hospital, we can give the same service if we charge the rich and give discounts or make it free to some people, the service will remain the same but they can enjoy better facilities through the *waqf* models…"

Respondent 3

"…Yang tu kita buat *waqf* sukuk tu combination of commercial and *waqf*. Tapi bila I give it, they didn't want the commercial part. They want purely waqf. So, when they wanted purely *waqf* slightly sampai sekarang tak launch lagi..."

"…So, it's just starting as commercial but ended up for *waqf* forever…"

"…Sewa akan tetap sebab kita commercial kan. Bayar hospital tu kita buat commercial business. So, dia tetap sewa tapi lepastu sewa dah tak, dia akan pergi ke beneficiary of *waqf* lah sampai bila2, sampai selagi mana hospital tu ada. So, it's combination…"

"…Bagi saya, the based will be commercial maknanya bila hospital kita *waqf* will be own contoh lah own the building and the operator tu sapa2 pun, KPJ ke siapa ke. They need to pay the full, I mean rented as usual tapi sebab waqf ni belong to *waqf,* we flow that back *waqf* to the neediest yang perlu lah dalam hospital tu…"

"…The element of commercial pun ada sebab orang setengah bila dia duduk bangunan *waqf*, dia ingat takpelah, tak bayar takpe, ni *waqf*…"

"…Sebab tu kalau saya, konsep saya lebih kepada we go commercial Cuma bila kita untung haa yang tu baru bagi balik…"

"…Saya tak suka macam tu. Saya suka. If you ask me, you charge the same amount. If you are needy. The *waqf* fund pay…"
"…The commercial viable…"

Respondent 4

"…The *waqf* hospital is not for free..".

> "…Even certain fee for this *waqf* sebab kita bukan provide for free you know. Cum akita bagi tier. Kalau B40, kata kan lah dia nak bersalin, harga kos bersalin RM 1500…"

In integrating *waqf* into a business model, it can be the solution to sustainability which is vital not only for the benefit of contributors and heirs but also to achieving the socio-economic objective of an Islamic economy. Integrating *waqf* into an business would definitely protect it against termination or disposal by heirs and guarantee perpetuality of *waqf* (T. Khan, 2019; Umar et al., 2020). Hence, with income-generating *waqf* assets similar to commercial ventures, the proceeds can support *waqf* beneficiaries and achieve the goals and aims of *waqf.*

In building a sustainable organization, with the environmental dynamics, nonprofit organizations are forced to adopt a commercial and business-like strategies (Weerawardena et al., 2010). This is also applicable to *waqf*-based organizations like the proposed corporate *waqf*-based hospital.

*In waqf* and social entrepreneurship or *waqf* entrepreneurship (Iman & Haji Mohammad, 2017), it provides the capital and receives profits for the welfare of the society including overhead costs of the organization which includes salary, administrative costs, rent etc.

In applying this entrepreneurship concept, the value chain of the *waqf*-based hospital is drawn in Fig. (4.19) below where it is comprised of the primary public government hospital and government financing. Financing the project may be through social and income generating funds. Social funds such as zakat and *sadaqah* will be used to subsidise or pay the medical bills for the poor and underprivileged patients houses. *Waqf* usufructs and government subsidies may add to further reduction of bills or to further upgrade of facilities and equipment

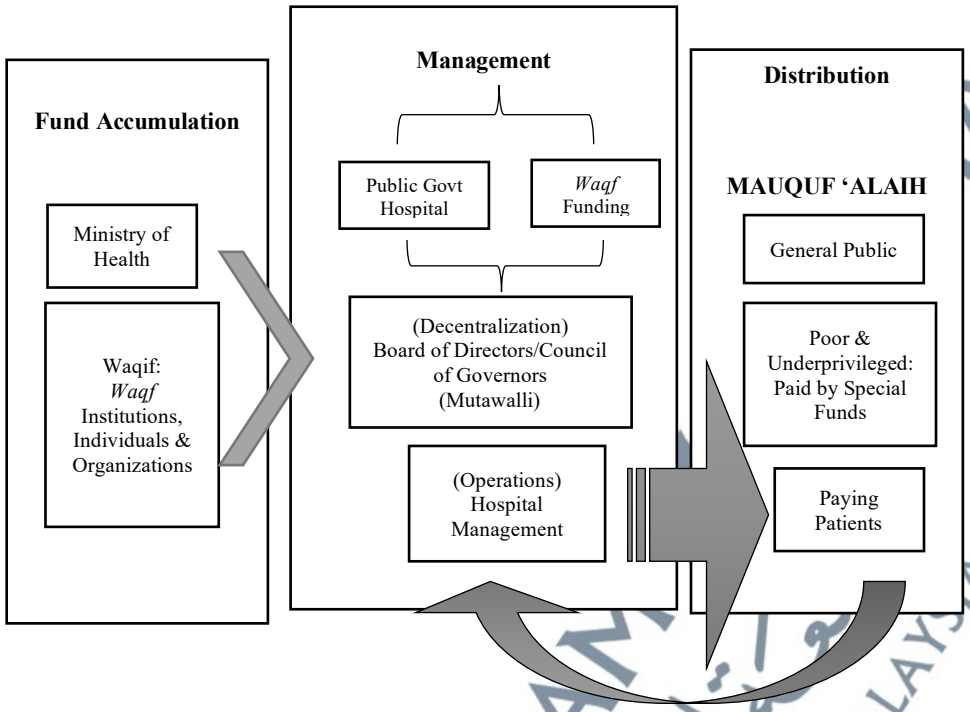



Fig 4.19: Proposed *Waqf*-based Entrepreneurship Hospital

#### 4.3.4.9 Decentralization

Respondents 2 and 3 spoke of a decentralized management for *waqf* where the the *waqf* funds are under state laws. The following are excerpts from the transliterations of the interview of respondents concerning decentralization.

Respondent 2

> "…Lepastu dia ada board of directors, advisory lah apa which ada government, ada private center run the hospital…"

Respondent 3

> "..Bukan, *waqf* tu sendiri nazir dia akan duduk bawah negeri…"
>
> "..Dia memang decentralized kalau *waqf*…"
>
> "…Bawah negeri lah dia daripada bawah Majlis Agama".
>
> "…*Waqf* ni nazir dia mesti bawah majlis Agama, tak boleh orang lain."

> "…Tapi kat kita ni akan jadi localized sebab by law. Sebabnya memang bawah Majlis Agama Islam Negeri. Walaupun kita Yayasan *Waqf* kita federal level dia bawah kerajaan kan tapi bila kita beli any asset and any state."

Decentralization is the reallocation of authority, responsibility and public spending in providing public goods distributed amid varying ranks of government. Decentralization is the assignment of jobs for the planning, financing and management from the central government to the lower units of government agencies such as in districts, sub-districts, villages, municipalities and city corporations (Rondinelli, Mccullough, & Johnson, 1989; The World Bank 2019, 2019). Other interesting definitions include empowering local communities (Tkachenko & Kulyk, 2019), good governance (Goel, Mazhar, Nelson, & Ram, 2017), centralized system support (Taamneh et al., 2019) and community building capacities (The World Bank 2019, 2019). In a nutshell, the result of decentralization is that 'when in smaller organizations, properly structured and steered, they are inherently more agile and accountable than are larger organizations' (Fadime et al., 2013; Tobbala, 2019). The important elements in the decentralization is in the principle of transparency and accountability which works best at local level (Isufaj, 2014) where it nurtures trust and consequently develops and improves the quality of public service.

Decentralizations in healthcare have since evolved and progressed in their own separate countries, with different working cultures and attaining their own features of influence, management and authorization in different commissions and agencies. The focus of decentralization in healthcare is on alleviating poverty which makes the government closer to fulfilling the needs of people (Hossain, 1994; Galasso & Ravallion, 2005; Vrangbæk, 2007; White, 2011; Asant & Ayee, 2015).

Decentralization of health policies and funding has been proven to improve efficiency in healthcare (Phommasack et al., 1985; Hossain, 1994; Walter Kälin, 2001; Vrangbæk, 2007; Guanais & Macinko, 2009; Regmi et al., 2010; Alves et al., 2013; Isufaj, 2014; Goel et al., 2017; Costa-font & Perdikis, 2018). The trend towards adopting decentralization has been promoted by major international organizations such as International Monetary Fund, United Nations and the World Bank (Goel et al., 2017). Conversely, the disadvantages of decentralization have raised some concerns relating to quality of healthcare, implementation of poor policy, poor managerial capabilities and poor regulation over control of finance and human resources (Prud'homme, 1995; Shah & Thompson, 2004; Oates, 2006; Regmi et al., 2010; Goel et al., 2017).

However, looking beyond a single structure of decentralization, polycentric structures give a wider perspective. Table (4.12) below is a comparison table which features the decentralization, centralization, and polycentric approaches in supporting its applications in *waqf* in different eras. The table shows the important elements in each of the structures and its characteristics where each model is applied in the *waqf* management and administration in the past and current modern legalized systems over time.

| **Defining characteristics** | **Mainstream decentralization literature** | **Centralised approach** | **Polycentric analytical approach** |
|---|---|---|---|
| Unit of analysis | Local government | Urban Services, traditional bureaucracy | Territorial focus, local governance |
| Policy aspect emphasized | Scope, fit, or environmental outcomes | Scope, limited size | Scope, fit, and environmental outcomes |
| Key variables | Accountability, financial, and human capacity | Accountability, political and authority | Underlying incentive structures |
| The application of structures in *waqf* systems in different eras | | | |
| Era | Pre-modern system | | Modern System |

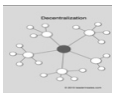
| | | | |
|---|---|---|---|
| Visual Structure |  |  |  |
| Administration /Supervision | Autonomous management: single trustee (*mutawalli*) in a single *waqf*. | All *waqf* administered by single ministry depts. | Corporate governance: different organizations administer a number of assets of *waqf*, not all. |

Table 4.12: Comparison of Features of Decentralization, Centralization and Polycentric Approaches in Supporting its Applications in *Waqf* in Different Eras (Sourced from Andersson & Ostrom, 2008; Lorz & Willmann, 2013; Al-Ahmad, 2014; Carlisle & Gruby, 2019)

The complexity of the different structures may produce a more sophisticated governance system and can accommodate the main player of this research, *waqf*. Aptly, in the structure of decentralization, there is no ideal single model for all organizations and hence, each state has to determine and develop its own model from the culture of the people, the constitutional and legal arrangements of what best suits its own country and economic conditions ( Walter Kälin, 2001; Koivusalo et al., 2007; Tobbala, 2019). The purpose of the decentralization is only the focal point of the formation of the framework. The polycentricism explained, confirms the ability of *waqf* to be versatile in its management of different *waqf* contributions in various public organizations.

In the management of *waqf*, two management styles were mentioned from the literature read, the decentralization (Hamouche, 2007; Babacan, 2011; Elasrag, 2017; Shefer-Mossensohn, 2014; Yaacob eta l., 2015; OCED, 2019) and the polycentric (Kuran, 2001a; Babacan, 2011; Suhaili, Palil, & Husin, 2018) which caters to the provision of social service or public goods. In *waqf* management of past *waqf*-based hospitals, the decentralization management was adopted (Hamouche, 2007; Nour, 2012; Cizacka, 2013) where each *waqf* was managed independently according to its

specific rules and conditions defined by the founder. It not only protected the *waqf* buildings (Nour, 2012) and allowed transparency, but with less mistakes and failures (Shefer-Mossensohn, 2014; O'Grady, 2019).

*Waqf* management was structured with decentralization in the *mutawallis* and *nazirs* as there were also cases of mismanagement during centralization (Elasrag, 2017; Sait & Lim, 2006) and the establishing of *waqf* boards with trustees as independent of centralized government has long been promoted in the *mutawalli* and *nazir* (M. Abdullah, 2018; Nur Khalidah, Noor Inayah, Mohamad, & Mohd Rizal, 2014; Shahriar, Alam, Said, & Elahi, 2018).

Therefore, in the management of the proposed corporate *waqf*-based hospital, decentralization is an element of importance as it may function perfectly with the presence of a board of directors to oversee as *Nazir/Mutawalli* in the managing, maintaining, protecting and developing the *waqf* assets for the benefits of Muslim community.

### 4.3.5 The Unique: Finding 6

These are findings which have appeared during the interview and are unique and different, as they were not sought during the research but were found to be distinctive.

| Respondents | Unique |
|---|---|
| No. 2 | The Failure of The River of Life Hospital Project |
| No. 7 | Mayo Clinic Concept |
| No. 8 | Kasih Gold, Review of Malaysian Identity Card, Review of Fee (Medical) Order of 1971 |

Table 4.13: Respondents and Unique Findings

The above Table (4.13) are the responses from respondents 6,7 and 8 which disclosed some unique findings. The following are clarifications of these findings.

#### 4.3.5.1 Mayo Clinic Concept

Respondent 7 hailed the culture of Mayo Clinic as being exemplary as it is also a foundation-based healthcare organization (Schafer, 2020). Important aspects for Mayo Clinic are its culture and how it uses its commercialism for financial sustainability.

Respondent 7

"…Have you heard of Mayo?.."

"…So, that one is normal fund macam macam yayasan where this Mayo punya family ni put up initial capital and then I don't know how much. So, dia buat hospital tu kemudian dia invest. At the same time dia ada donation daripada luar because it's not for profit hospital…"

"…They want to be associated with Mayo. They feel proud can be serve at Mayo because in the top in the world and at the same time, Mayo take care of your family. Ada scholarship untuk anak2 dia. ..... all the perks for the family, for the healthcare family…"

"…And then pesakit ni kalau you tengok Mayo punya style, you have to charge patient to be sustainability. Kalau dia ada duit dia kena bayar. Kalau dia poor dia free. So, that is my views that very challenging planned to sustain that kind of operation…"

"…Because my idea of good waqf macam Mayo tadi…"

The legacy of Mayo Clinic for its future generations is its sustained success from the generosity of clinician to patient, clinician to clinician and founders to the future (Berry & Seltman, 2014). The Mayo Culture boasts of its core value of "The needs of the patient come first' and Mayo Clinic's sustained success derives mainly from its unwavering commitment to its primary value. Hence, their values involves patient and staff and consists of team-based medicine, finding the right teammates, the

power of intrinsic motivation, shared governance and commercialism (Berry & Seltman, 2014).

| Date | Highlighted Issues | Quoted from | Newspaper /Media |
|---|---|---|---|
| November 26, 2019 | As 2019 nears its end, Mayo Clinic is reporting 2018 total revenue rose 5 percent to hit $12.6 billion. | Mayo Clinic Chief Financial Officer, Dennis Dahlen | Rochester Post-Bulletin |
| 12 Jan 2020 | A non-profit, any non-profit, has to make sure it doesn't lose money, or it won't be around very long. In its last reported year, Mayo made about $706 million on the line that seems closest to the for-profit concept of income from operations, on $12.6 billion in revenue.<br>Mayo uses business thinking and business processes when making budgets, deciding what technology to invest in, and so on, Dahlen said, more or less confirming the obvious.<br>Nothing goes to Mayo shareholders, LLC members or partners, because there aren't any. There are no dividends, distributions of profits, profit-sharing payments, shares to buy back and so on. | Mayo Clinic Chief Financial Officer, Dennis Dahlen | TCA Regional News; Chicago |

Table 4.14: Media Postings of Mayo Clinic

The media reports from the above Table (4.14), clearly explains how they allow their non-profit organization to use business processes to give income from their non-profit operations. It does not have to be free to be a non-profit. The Mayo Clinic was ranked first in the 2019-2020 'Best Hospitals Honour Roll' compiled by the U.S. News & World Report (Harder, 2020). It stresses not just in its financial sustainability (Kiger, 2019) but also the workforce sustainability (Orszag, 2011; Hansel & Rochester, 2014) to ensure Mayo's long-term future preservation.

Hence, this commercialism and culture are admirable and exemplary which can be adopted for the proposed *waqf*-based hospital in Malaysia from this research.

#### 4.3.5.2 Kasih Gold

Respondent 8 has opted to find funding from gold trading, whereby profits derived from gold trading will be channeled to *waqf* fund. This is another interesting option for the funding of *waqf* and can be explored further.

Respondent 8

> "…Itulah salah satu yang saya buat. Memang kita kena buat begitu. Sama jugak macam saya buat Kasih gold ni. Saya kata Kasih gold ni waqf daripada ni la. Saya inject 500 gram,150 thousand masa tu untuk buat mint, international waqf punya gold. 1 dinar, 0.25."

KasihGold was established in the early 2020 with the cooperation of Waqf Bank Indonesia to rejuvenate the Islamic economy based on '*waqf* embedded businesses' by the founder Dr Zaqrul Razmal Mohd Podzi. KasihGold has set a specific amount of 10% of the profits from the business for *waqf*. This *waqf* system of *waqf* embedded business is especially obliged to the altruism of the customers, agents and KasihGold for its success (Kasih Trading, 2020).

Dr Zaqrul further explained the term '*waqf* embedded business' as when *waqf* elements are incorporated in businesses. This idea of using business to provide social improvements or provide charity for the poor is not new. They are also known as for-profits philanthropy (Reiser, 2009) and corporate philanthropy (Hui-Cheng, 2020).

However, upon research, the Gold *Waqf* (Wakaf Emas) was found and it was initiated by Perbadanan Wakaf Selangor (PWS) which was a product that incorporates a prominent cultural factor among Muslims in Malaysia. The Malay women usually buy gold jewelleries as investment and sell when cash was needed. So, the Gold Waqf allows individuals with gold assets to sell and contribute to a *waqf* fund to be allocated for cash *waqf* (Mokhtar, Sidin, & Abd Razak, 2015).

Over the years, with digitalism and internet developments this '*waqf* embedded business' is perhaps an evolution of Gold *Waqf* and has still potential for more future success in the *waqf* collection funds.

#### 4.3.5.3 Malaysian Identity Card (MyKad)

Respondent 8 have suggested to provide more info on IC where status of medical health and health coverage is available.

Respondent 8

> Imagine this is the hospital kerajaan, yang mana bila you register, how powerful is your mycard? Very powerful tools sebenarnya. Bila you key in nama, you tahu dia register insurans apa, you tahu dia kerja kat mana, LHDN semua tu ada tapi bila bureaucracy atau certain2 people tak nak register kat situ kan so, mycard adalah under utilize. Betul? So, sebenarnya kalau I register, Dr Zaqrul register kat GH, policy holder, policy prudential, you pay lah. Bila you tak alter ni, no point kita tukar government pasal you tak nak berubah. Kalau you nak charge RM1, this is what Dr zul said. kalau charge RM1, rakyat bising. No point lah you change government, you tak educate. You tak nak berhadapan dengan rakyat semata2 1971 punya fee. Bayar RM 1 since 1971 so you kena relate untuk what to do. Review. Review that, yang kaya datang bayar. Who actually abuse the public hospital? It's all the Dato' and Tan Sri and the all super scale people. Who actually abused? Also, the head department of the medical punya faculty. Pasal apa? Because the head department pun takut2, the Dato' aku tengok. Pakcik datang minggu lepas, 3 bulan lagi jumpa. Tak jumpa sampai the end dia punya tarikh mati. You know that kan? I was in part of the system. I have my own thought of this. That's why siapa masa I kat government dulu, I tak entertain dia Dato' ke apa, Dato' amik nombor 10 pergi nombor 10. Ikut you datang at a normal route. Why must you special? Ada MPP masih lagi sama jugak. So, the only way to make it happen public dengan *waqf* institution ni, first the public mesti bertukar dulu, ada willing untuk bertukar. Dia kena .... renew charges

The MyKad can provide authentic information for authorities to inform of their eligibility for healthcare and can avoid the unnecessary coverage of those who are not eligible or are covered by insurance or other medical aid. Hence, this free medical

healthcare will be channeled to provide for those who are qualified and will not pose any manipulation and misuse.

The Government Multipurpose Smart Card Project (KPPK) or MyKad is part of Multimedia Super Corridor Malaysia (MSC Malaysia) initiative (MyGovernment, 2019). The Public Key Infrastructure (PKI) Application incorporates Digital Certificates and Personal Key inside MyKad. Digital certificates can be used for e-commerce transactions. Among the agencies that use this application are the Inland Revenue Board (IRB) and e-Procurement. MyKad can also be used as a Touch 'n Go card as it is an electronic purse application that uses contactless technology. It is used for payment as it is quick and easy. Basic health information such as blood type, allergies, organ implants, chronic diseases and information on beneficiary or next-of-kin may be entered into the MyKad chip. The entry of basic health information can also add into the card in providing medical assistance during an emergency. Hence, adding healthcare eligibility can also be added to assist in the proper management of healthcare.

Besides using the microchip, there is also the usage of APIs (application programming interface) in the Blockdentity concept (M. Mohsin & Muneeza, 2019), which connects healthcare providers worldwide using data APIs and authorizes patients to be able to access personal information from their medical records. Users can also use the digital wallet to store personal medical records and allow restricted access to specific information easily. APIs are innovative digital instrument for healthcare providers and organizations to store and share information. They are able to disclose information from a patient's electronic health record without exposing the full dataset, only specific information.

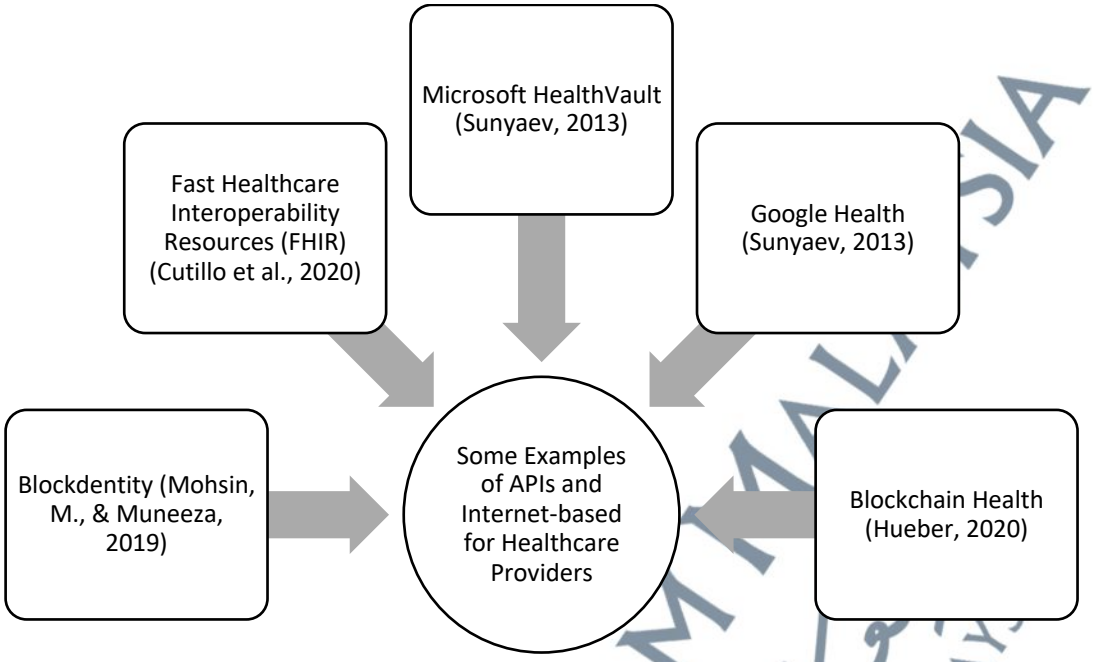



Figure 4.20: Examples of APIs for Healthcare Providers (Multiple Sources)

Other examples of APIs available around the world besides Blockdentity are the Fast Healthcare Interoperability Resources (FHIR) available already in the United Kindom (Cutillo et al., 2020),

The FHIR (Fast Healthcare Interoperability Resources) Specification is a standard for exchanging healthcare information electronically. Fast Healthcare Interoperability Resources (FHIR, pronounced "fire") is a standard describing data formats and elements (known as "resources") and an application programming interface (API) for exchanging electronic health records. The standard was created by the Health Level Seven International (HL7) health-care standards organization.

Google and Microsoft recently extended their public services by introducing internet-based personal healthcare information platforms: Google Health and Microsoft HealthVault (Sunyaev, 2013). Blockchain Health (Hueber, 2020) works on the technology of "digital, decentralized, and distributed ledger in which transactions are logged and added in chronological order with the goal of creating permanent and tamperproof records" (Hueber, 2020). The need for a health blockchain is all the more

imperative since the Covid-19 pandemic taught us that effective data tracking and management was the key factor in achieving success in bringing people out of containment and defeat this virus.

There are another alternatives instrument besides using the Identity Card which serves to provide the same goal, the sharing of private information with ease. Those are the instruments with APIs and also those with internet-based and blockchain technology. These machine intelligence (MI) approaches have the potential to improve health through the facilitation of more efficient and effective provision of care. However, it has its issues and challenges (Cutillo et al., 2020) and must be resolved before it can be realized to benefit the healthcare industry.

#### 4.3.5.4 The Failure of The River of Life Hospital Project

Respondent 2 spoke about The River of Life Hospital project in Kuala Lumpur. The following are excerpts from his interview.

Respondent 2

> "…we have similar proposal dulu of this kind of collaboration, kita panggil dulu whether you know or not, "River of Life" kat KL tu. One of the proposals is to have hospital, to build hospital where dia suruh part of hospital would be government, part of the hospital would be private, but all the main power would be ministry health. Lepastu dia ada board of directors, advisory lah apa which ada government, ada private center run the hospital…"
>
> "…Tapi ada banyak issue finally it did not materialize…"
>
> "… Issue dia nombor 1, I think pasal nanti dia jadi entity yang different at the government sector because nanti kita tak boleh control dia punya fees, the doctor yang kerja dekat situ how we want to control them because we have different environment and they are being paid of ministry health tapi not full control of them. All banyak isu2 macam tu lah…"

The River of Life Hospital Project was proposed to be built in the centre of Kuala Lumpur, but plans were abandoned as there were many issues that were unaddressed.

One of the suggestions for the proposed said hospital was a PPP with a decentralised management but respondent 2 mentioned that administration issues concerning the collaboration could be one of the setbacks.

Below are some media reports regarding the Proposed River of Life Hospital Project.

| Date | Highlighted Issues | Quoted from | Newspaper /Media |
|---|---|---|---|
| March 3, 2014 | GREEN RIVER HOSPITAL<br>Veritas Architects Sdn Bhd's principal Anton Alers, said, it was working on one such project in the River of Life development near Jalan Pahang in KL.<br>"The project is unique," he says. "Because of its location and land size, we designed it to be a vertical hospital with 28 floors instead of the more traditional six to eight storeys."<br>Alers says River of Life Sungai Hijau Hospital will have 350 beds while the intensive care and high dependency units will be large. It will also feature a number of specialist clinics, such as cardiac healthcare, maternity and oncology. | Anton Alers, Principle of Veritas Architects. | The Edge Malaysia Weekly |
| October 7, 2019 | A review was called of the RoL project as the sum pumped into it did not justify a beautification project, but a rejuvenation of the river and a conservation of the urban ecology and heritage of KL. | Institute of Landscape Architects Malaysia vice-president Dr Nor Atiah Ismail | The New Straits Times Online |

Table 4.15: Newspaper Reports about the River of Life Project

From the Table (4.9) above, the Green River Hospital on the River of Life Project was first publicised in 2014 but was reportedly cancelled as only a beautification project of the river was reported in 2019 report. There have been no further records of reasons for cancellation of project.

From the interview, the reasons for the failure included some internal micromanagement regarding the income, line of reporting and other management and organizational issues. The lessons from this failure have to be identified in detail so that future PPPs and the proposed framework hospital from this research can benefit and overcome with solutions and resolutions.

#### 4.3.5.5 Review of Fee (Medical) Order of 1971

The fees for Ministry of Health (MoH) medical services are gazetted as regulations under the Fees Act 1951 and are enforced by the MoH. The earliest regulation was gazetted in 1957 and later revised in 1976 and 1982 (Government of Malaysia, 1982). The fees included in the 1982 regulation were listed in eight schedules covering inpatient and outpatient care services. Since 1982, the regulations have been revisited several times.

The Fees (Medical) Order of 1976, is about the Malaysian public primary care services who are provided almost free of charge, and patients receive medical care and medication at a minimal cost of RM1 per visit (Yu, Whynes, & Sach, 2008; Aziz et al., 2018; Jarrah, 2018).

| Literature | Highlights |
|---|---|
| (Rasiah et al., 2009) | In accordance with the Fees Act of 1951, the government established an effective public healthcare system that helped raise healthcare standards while keeping charges low. |
| (Chua and Cheah, 2012) | In 2010, there were about 2.3 million admissions in public hospitals which accounted for about 73.2 % of the total number of admissions. Public health facilities registered about 19.2 million outpatient attendances or 87 % of the total attendances, and only a nominal sum of RM1 (approximately USD 0.30) is charged which is inclusive of medication …. The maximum amount that can be billed to a patient in a third-class ward is RM500 (USD156) inclusive of all procedures, medication, diagnostic services and ward charges. Exemptions are also provided to those who cannot afford to pay the fees. |
| (Onn, 2015) | Even the Fees (Medical) Order 1982 of the Fees Act of 1951 providing medicines and treatment to all Malaysians for free or at a nominal price was amended and replaced, allowing a government firm to register as a private establishment to sell drugs.<br>The cost of outpatient treatment RM1, specialist consultation cost RM5. Ward charges ranged from RM80 in a single air-conditioned room to just RM3 in a third-class shared ward. |
| (Chiu, 2019) | Malaysians out-patients RM1<br>Non- citizens RM40<br>Full Paying patients (FPP) -not available<br>Referred Specialist<br>Malaysians RM5-RM30<br>Non-Citizens RM120<br>FPP RM 110 for 1st visit and RM 60 for subsequent visits |

| | |
|---|---|
| (Ministry of Health Malaysia (MOH), 2020b) | Malaysians out-patients charges RM1<br>And for Specialist Clinic from RM5-RM30 |

Table 4.16: The Fees (Medical) Order of 1976 (LR)

The Table (4.16) above, show explanations about the Fees (Medical) Order and its transformation from the Fees Act of 1951 to the Fees (Medical) Order 1982. The above Table (4.16) shows that charges over the years have always maintained low and the official website of Hospital Kuala Lumpur, Kementerian Kesihatan Malaysia shows the present low charges (Ministry of Health Malaysia (MOH), 2020b).

When Respondent 8 spoke of the Fees (Medical) Order of 1971, he meant the the Fee (Medical) Order of 1976.

Respondent 8

> "…Bureaucracy. Number 1, you nak buat this, you kena berani ubah berani untuk review akta fee tahun 1971…"
>
> "…Haa,… charge RM 1 pada rakyat Malaysia. Kalau tak, orang *waqf*kan equipment. Issue daripada healthcare ni bukan setakat equipment. Issue dia salary, issue dia equipment, issue dia pada services. So, kalau hospital kerajaan…"

Respondent 8 was voicing his opinion about the Malaysian public primary care services which have been providing patients receiving medical care and medication and charged at a minimal cost of RM1 per visit. He strongly felt that it needed an evaluation as he believed many citizens are now covered by medical insurance, other medical coverage such as employer medical benefits and some can even afford to pay out-of-pockets, Hence, it would be relevant now for a review as medical costs (consultations and medicines) are on the increase and it would be unfair for the able to enjoy such benefits. However, exemptions can still be made for genuine cases of those who are needy and underprivileged.

## 4.4 The Framework

The framework below in Fig. (4.21) shows all the elements in Figures (4.5, 4.6) and Tables (4.5, 4.8) which are required to form this new coalition between *waqf* institutions and the public government hospital to form a corporate *waqf*-based hospital framework.

In answering the research questions and identifying the research objectives, the purpose in finding the elements pertinent for the corporate *waqf*-based hospital is achieved in the following Figure (4.21). Elements from the theoretical framework obtained from RQ1 and RQ2 combined with elements discovered from interviews conducted for RQ3 and RQ4 form the basis for the platform for the proposed *waqf*-based hospital framework.

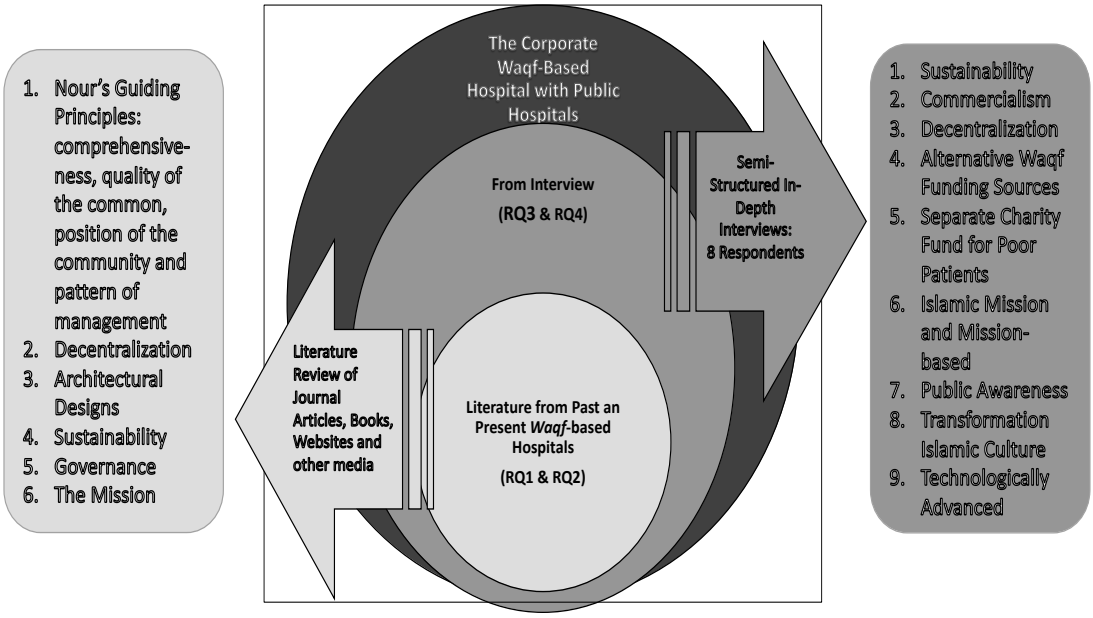



Fig 4.21: The Elements of a Corporate *Waqf* Framework for Public Hospitals based on Secondary (Past and Present Literature) and Primary (*Waqf* Hospital Practices) from Data Analysis.

Hence, these elements present themselves in tandem with each other so as to provide a conducive partnership between the *waqf* funds/institutions and the public government hospital to create the corporate *waqf*-based hospital framework.

From the above Figure (4.21), some words depict the meanings from their own era and hence, below in Table (4.17) are the definitions of those words in the past era and present.

In summarising these elements, the corresponding elements are also noted in the far-right column below in the same table. The comparative analysis is applied for clarifications of words used in different eras and similar corresponding elements. The summarization is then drawn in Fig. (4.22) below.

For the element identified of sustainability in Table (4.17), commercialism is defined in the same box as it is a corresponding element of sustainability and the usage and meaning in the different eras needs clarification.

| The Elements Identified | Connotations and Definitions | | Corresponding Elements |
|---|---|---|---|
| | Literature of Past *Waqf*-based Hospitals | Literature on Current *Waqf*-based Hospitals | |
| 1. Decentraliza-tion | 1. Managed independently, individual attention (Nour, 2015);<br>2. Less power control (Shefer-Mossensohn, 2014);<br>3. Downsizing role (Hamouche, 2007)<br>4. Autonomy and decentralized, judicial authority, independently (Nour, 2015);<br>5. Waqif, Qadis (Ansari, 2013);<br>6. Waqif (Assila, 2014);<br>7. Nazir (Ragab, 2015)<br>8. *Mutawalli* (Kahf, 2003; Shefer-Mossensohn, 2014) | 1. Decentralization of health policies and funding has been proven to improve efficiency in healthcare (Phommasack et al., 1985; Hossain, 1994; Walter Kälin, 2001; Vrangbæk, 2007; Guanais & Macinko, 2009; Regmi et al., 2010; Alves et al., 2013; Isufaj, 2014; Goel et al., 2017; Costa-font & Perdikis, 2018).<br>2. Board of Directors (Koç Holding A.Ş, 2021)<br>3. Majlis-e-Nozuma (Hamdard.com, 2021) | 1. Board of Directors<br>2. Mutawalli<br>3. Nazir<br>4. Waqif |

| | | | |
|---|---|---|---|
| 2. Sustainability | 1. The Guiding Principles (Nour, 2015)<br>2. Inclusive of social and economic system within. (Nour, 2012; Orbay, 2006)<br>3. diversity of the pious foundations (Hamouche, 2007)<br>4. Social and economic standing (Shefer-Mossensohn, 2003)<br>5. Not restricted to the area; intergration (Nour, 2015)<br>6. Buildings to support hospital (Frenkel, 2009)<br>7. Hospitals in the palace grounds (Mossensohn, M. S., 2003)<br>8. Usurfructs from *Waqf* investments (Al-Ahmad, 2014; Hamouche, 2007)<br>9. al-Mizan (al-Kazimi, 2017; Jaafar, 2018; Alias, 2018)<br>10. Sustainable architec-ture (Alomari & Alqimaqche, 2013) | 1. Generation of income to sustain/ commercialism (Abd Mutalib & Maamor, 2018);<br>2. sustainability of both *Maqasid* and SDGs (Sustainable Development Goals) (M. Abdullah, 2018);<br>3. Good corporate governance to ensure the sustainability (R. Abdullah & Ismail, 2017);<br>4. Various instruments for sustainability (Alabdulmenem, 2017; Allah Pitchay et al., 2018);<br>5. an inheritable business should be prevented from liquidation (Umar et al., 2020)<br>6. Workforce Sustainability (Orszag, 2011; Hansel & Rochester, 2014) | 1. Commercialism<br>2. Separate Charity Fund<br>3. Alternative Funding (Sukuk *waqf*, cash *waqf*. venture *waqf*, KasihGold etc.)<br>4. *Maqasid*<br>5. SDGs<br>6. Governance<br>7. Nour's Guiding Principles (Table 4.2)<br>8. Workforce sustainability |
| Commercialism/ Investments | 1. Comprehensiveness from the Guiding Principles of Nour (2015)<br>2. Income from endowed properties<br>3. (Frenkel, 2009)<br>4. Revenue producing properties (Nour, 2015)<br>5. *Waqf* revenues (Ansari M, 2013)<br>6. precious revenues (*mustaghallāt*) (Ragab, 2015) | 1. Expand their revenue base (Dafterdar, 2011)<br>2. Business Model (T. Khan, 2019; Umar et al., 2020)<br>3. Income-generating *waqf* (Weerawardena et al., 2010) | 1. Usufruct<br>2. Consultation/ hospital Fess<br>3. Investments Revenues |
| 3. Infrastructure | 1. Quality of the Common from Guiding Principles of Nour (2015)<br>2. Location, accessibility and | 1. Digitalism and *Waqf*<br>2. (Mohd Zain et al., 2019; Rahmatullah, 2020)<br>3. Internet infrastructure | 1. Architectural Designs<br>2. Digital Technology<br>3. Urbanism |

| | | | |
|---|---|---|---|
| | basically good infrastructure, etc.(Dāhir, 2015)<br>3. Urbanism (Deguilhem-Schoem, 1987; Hamouche, 2007)<br>4. The Guiding Principles (Nour, 2015) | (M. Mohsin & Muneeza, 2019)<br>4. Blockdentity architecture (Wilson, 2019)<br>5. Architectural Innovation (Koç University Foundation, 2015)<br>6. Digital media in creating awareness in *waqf* (Rahmatullah, 2020)<br>7. Hospital Information Systems (HIS) for awareness (A. Ismail et al., 2010)<br>8. APIs and Internet-based for Healthcare Providers (Mohsin, M., & Muneeza, 2019)<br>9. The Fees (Medical) Order of 1976 (Yu, Whynes, & Sach, 2008; Aziz et al., 2018; Jarrah, 2018) | 4. Functionalism Architecture<br>5. Promote Awareness<br>6. Nour's Guiding Principles<br>7. APIs and Internet-based for Healthcare Providers<br>8. Review of Fee |
| 4. Mission | 1. a public charitable institution (Ansari M, 2013)<br>2. mission symbolized generosity, piety, care & Divine reward (Ragab, 2015) | 1. Mission-based (Htaya et al., 2014)<br>2. aim to provide health services to the poor (Ali, 2016) | 1. Islamic based & Mission-based |
| 5. Hospital Culture | 1. Hospitals funded by waqf (Al-Maqrīzi, n.d.)<br>2. Islamic teachings of ṭahāra (purity) public health measures and *public baths (ḥammām)* (Ansari M, 2013) | 1. Islamic-based organizational culture (Hidayah et al., 2020)<br>2. Mayo Clinic (Olsen & Dacy, 2014)<br>3. Islamic Organizational culture (Mahdavi et al., 2021)<br>4. Leadership and Culture (Edgar H Schein & Schein, 2017) | 1. Islamic Hospital Organizational Culture<br>2. Leadership and Culture<br>3. Mayo Concept |

Table 4.17: A Comparative Analysis of the Elements of a Corporate *Waqf*-based Hospital Framework Identified for Public Hospitals based on Secondary (Past and Present Literature) and Primary (*Waqf* Hospital Practices) Data Analysis.

The elements have been regrouped to show a summary of findings which is then drawn below in Fig. (4.22).

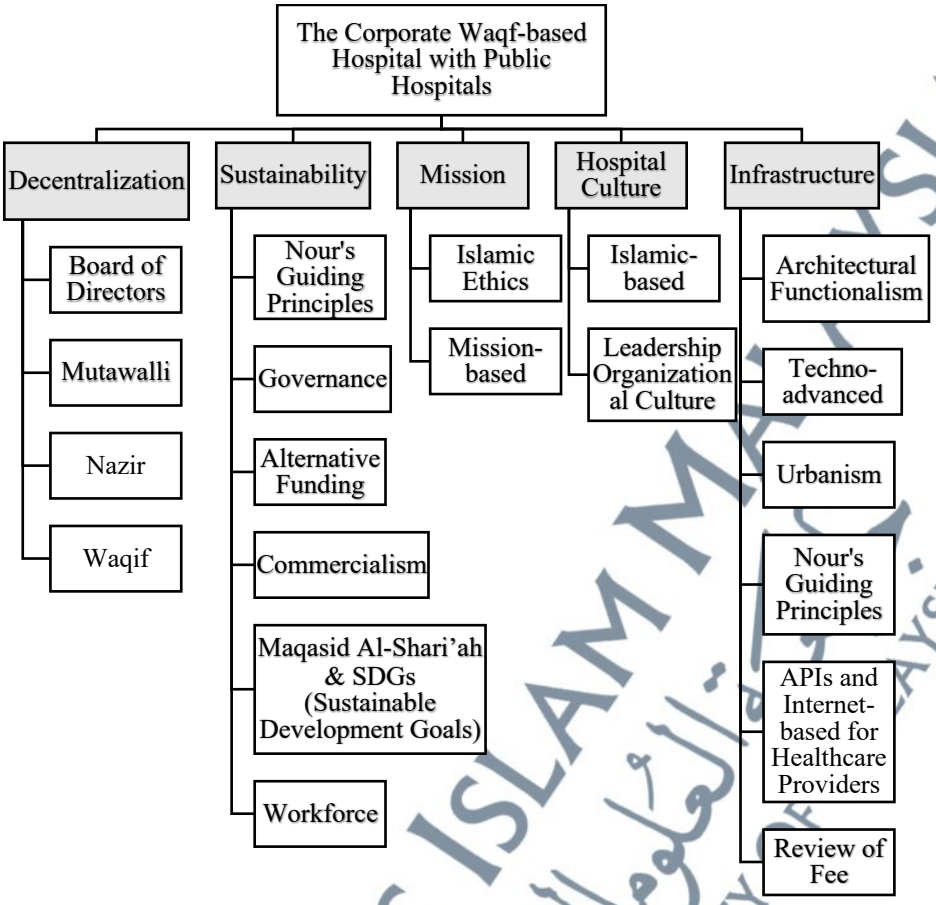



Figure 4.22: The Framework for a Corporate *Waqf* Malaysian Hospital

The elements identified from Fig. (4.21) are then put in their right categories for easy understanding and conception in Fig. (4.22). All the findings from Section (4.3.0) are included and summed up. The criteria are identified consisting the main elements (boxes are shaded), and they consist of decentralization, sustainability, the mission, transformation of hospital culture and the infrastructure.

### 4.4.1 A Potential Model of Corporate Waqf Malaysian Hospital based from Final Framework

The framework from figure (4.22) forms the platform whereby the design consisting of essential elements identified from this research, supports the creation of a sustainable corporate waqf model for Malaysian public hospital drawn in figure (4.23) below.

The *waqf* funds are raised from key funders such as government, *waqf* institutions, *waqf* contributions from the public and other sources. This will be managed by the board of directors which acts as the *mutawallī* and is made up of members from the public government hospital and the *waqf* institutions or funders. The operations will be managed predominantly by the public government hospital. With proper corporate governance and consideration of economic sustainability, this partnership between *waqf* funding and public healthcare services can lead to a much more interesting collaboration between *waqf* and other public services in the future.

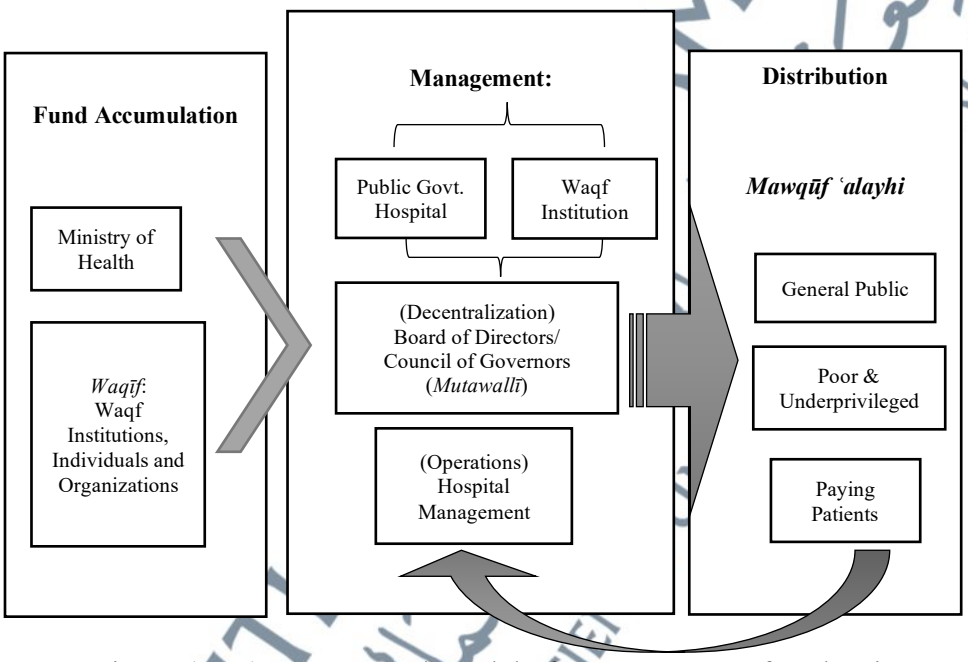



Figure (4.23): A Proposed Model of Corporate Waqf Malaysian Hospital

## 4.5 Summary

Results from findings have revealed interesting elements from past *waqf*-based hospitals and current present ones. There were elements already discussed in previous research such as those of sustainability, commercialism, decentralized management but there are elements of those that were new. These include the alternative funding from the sector of sustainability, as it is related to the new information technology of digitalism and media. There were others which were of new findings and novel findings

which provide new visions and insights into the criteria of the proposed *waqf*-based PPP healthcare. These unique findings can be supportive of the goal for this research and are valuable findings.

This chapter discussed the data analysis and findings and presented them in tables and graphic format figures. Literature was used to indicate similar findings and showed triangulations and analysis of thematic and comparative.