CHAPTER 5

BACKGROUND AND PHILOSOPHY OF HEALTHCARE INSTITUTIONS

5.1 Introduction

Chapter 5 discusses the background of six health care institutions that have been successfully interviewed from fifteen healthcare institutions that have been identified as mentioned in the Chapter 1 and Chapter 3 of this research. The explanation on the background of the six healthcare institutions is a rich description with the aim to answer the first research question and objective as below:

Research Objective 1: To understand the philosophies that underlie the establishment of each social-based healthcare institution.

The discussion and observations would concentrate on the history of each healthcare early establishment, philosophy, vision and mission of the institutions and the current services and achievements of the healthcare institution. Table 5.1 below is a profile of healthcare representative that have been interviewed. Each description of the background of the healthcare institution will be represented by a label in the table. While further analysis on the sustainability concept and practices of each institution will be discussed in the next chapter.

Table 5.1: Profile of Healthcare Institution Representative in the Study

Label	Healthcare Institution Name	Healthcare Institution Representative Name	Healthcare Institution Representative Designation	Years of Services
Healthcare Institution 1	Wakaf An-Nur Clinic	Tuan Haji Mohd Nazarudin Ali	WANCorp Manager (Mosques Management Operation Unit/ Benefit Distribution)	16 years
	Wakaf An-Nur Clinic	Encik Mohd Noor	Manager, Wakaf An-Nur Clinic Pasir Gudang	6 years
Healthcare Institution 2	USIM Health Specialist Center	Puan Zuhairiah	Manager, USIM Health Specialist Centre	4 years
Healthcare Institution 3	Al-Islam Specialist Hospital	Dr Ishak Mas'ud	Director/ Founder of Al-Islam Specialist Hospital	24 years
Healthcare Institution 4	PUSRAWI Hospital	Tuan Haji Mohd Husni Bin Abd Shukor	Chief Executive Officer	2 years
	PUSRAWI Hospita	Puan Noriah Zainal	Chief Finance Officer	>20 years
Healthcare Institution 5	MUIP Healthcare	Encik Izhar Ahmad	Senior Economic Officer, MUIP	21 years
Healthcare Institution 6	Penang Adventist Hospital	Dr Dicky Ng	Administrative Council Representative/ Head of Wellness Center PAH	26 years

5.2 Healthcare Institution 1

5.2.1 Early Establishment

The establishment of waqf healthcare institution in Malaysia by Johor Corporation Bhd (JCorp) started with waqf clinic in 1998 where it is now better known as Waqf An-Nur Clinic chain. According to Tuan Haji Nazarudin Ali who is WANCorp current manager of Mosques Management Operation Unit and Benefit Distribution, in an interview session in July 2019, at the early stages of the establishment of this clinic, Tan Sri Ali Hashim was the person who came up with the idea that at that time *Almarhum* was the CEO of JCorp. However, other waqf development projects, such as the construction of a mosque in Taman Cendana, Pasir Gudang and a religious school at the asnaf complex, were successfully built earlier before JCorp started its waqf healthcare services. JCorp's involvement in the development of waqf projects became the starting point for the implementation of the waqf corporate agenda as their social responsibility initiative (CSR) in the provision of social services to the community and continued the construction of the An-Nur Mosque at Plaza Kotaraya Johor Bahru on 17 January 1992 at a cost of RM500 000 which received encouraging responses (Muhammad Ali, 2011; Nur Sa ' adah, 2010).

Meanwhile the recognition of ISO 9002 by the SIRIM Standard Malaysia Certification Body received by JCorp in 1997 has prompted the company to move more aggressively further into corporate endowment agenda by setting up the Waqf An-Nur Clinic at Lot 85 to 87 Kotaraya adjacent to the mosque and the clinic has began its operations and services on 1 November 1998. This waqf clinic operates with JCorp's affiliate, Kumpulan Perubatan Johor Berhad or known as KPJ Healthcare Berhad, while the Johor Islamic Religious Council (MAIJ) is a government agency that authorises JCorp

to provide waqf-based healthcare services to the community in Johor (Nur Sa'adah, 2016; Zizah et. al., 2013). To manage this clinic more efficiently on 25 October 2000, JCorp founded Waqf An-Nur Corporation Berhad (WANCorp Bhd) (Farhat Nazirul Mubin, 2015). However, on 19 July 2005, the company changed its name to Waqaf An-Nur Berhad Group and changed its name again to Waqaf An-Nur Berhad Corporation on 21 May 2009 which has remained so until now.

This move is due to the expansion of management and administrative positions in line with JCorp's vision of 'Jihad Business' (el-Batnani, 2007) where the role of WANCorp has been extended not only to the management of the clinic, but also to the management of JCorp's waqf shares and waqf funds as well as the driver of JCorp's CSR activities to serve the community which also include An-Nur mosque activities, charity activities for the local community, business fund financing, waqf brigades, mutawif programs and community waqf centers as illustrated in Figure 5.1 (Wakaf An-Nur Corporation Berhad Annual Report, 2018: 46-61, 2014:4; Mohamed, Daud & Ab Rahman, 2017). To be known, Waqf An-Nur Clinics chain (KWAN) is a non-profit healthcare institution (Borham, 2011) and it is among the earliest waqf healthcare model implemented in Malaysia while the concept of waqf brought by JCorp also promotes sadaqah jariyah products involving, among others, contributions in the form of cash waqf (Karim, Rosman & Ab Rahman, 2014).

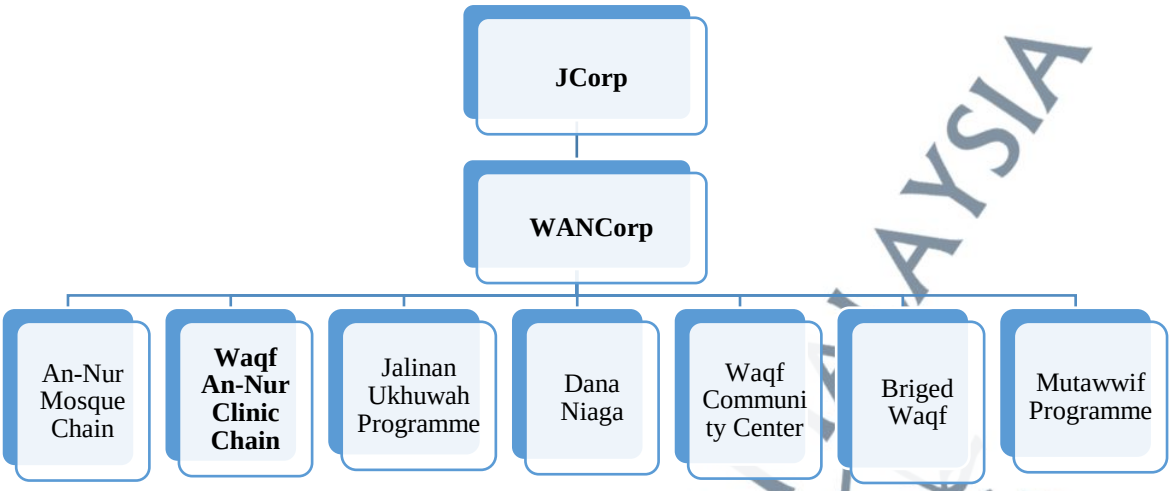


Figure 5.1: WANCorp Activities

WANCorp's involvement in waqf and charitable activities in Johor was recognised and approved by the MAIJ, where they later agreed to appoint WANCorp as a Special Nazir under Waqf Method 1983 under the Johor Islamic Religious Administration Act 2003 through a Memorandum of Understanding (MoU) between JCorp and Johor State Islamic Religious Council on December 4, 2009. This appointment as Special Nazir, allows JCorp to continue to endow its company's shares in accordance with the corporate endowment method while WANCorp is responsible for managing all matters related to those shares and the distribution of benefits as contained in the endowment agreement. In the other term, WANCorp's role in corporate waqf is as the manager and administrator of JCorp waqf property and other waqfs which only covers assets in the form of shares.

This special trustee company is responsible for managing corporate waqf assets and businesses where as much as 25 per cent dividend shares will be distribute over for community use through designed programs and facilities. After a year, the establishment of the first waqf clinics at Kotaraya Johor Baharu, JCorp has moved a step ahead by setting

up another waqf clinics in Pasir Gudang in 1999 before this clinic being upgraded as a waqf hospital in 2006 (Mohamed, Daud & Ab Rahman, 2017). However, in 2019 the status of this hospital which best known as HWAN was changed to Waqf An-Nur Clinic chain as a part of rebranding strategy by WANCorp. The changes and rebranding strategy made by WANCorp has been confirm by Encik Mohd Noor, who is the manager of Waqf An-Nur Clinic chain Pasir Gudang in our interview in July 2019 which is quote as below:

> Now we have change it to clinic again. That means we operate from 8am-10pm. Before this, it used to be 24/hour. But starting January 1, 2019, we have shortened the operating hours. But even if we shorten it, the number of patients who came to the clinic is more than before. This means that they are among the public who are in Pasir Gudang and they are taking advantage during the office hours. From 8 am-10pm with the availability of 2 doctors. If before, night shift we only have 1 doctor. But now at night until 10 pm there are 2 doctors. So the waiting time decreases. So the service was more faster. The patient can get the medicine faster than before. It used to be 24/hour, but after 11 pm until morning only 1 doctor left. When there is only 1 doctor available, he really can not handle many patients. So this patient can rest at night. They can come during office hours. If you look at the statistics It's the same. Sometimes the patient who came is more than before.

Until now, there are about 19 Waqf An-Nur Clinics throughout the country such as Johor, Negeri Sembilan, Selangor, Kelantan and Sarawak. In order to finance the cost of Waqf An-Nur Clinic operation, JCorp has endowed a total of 25 percent of its stock dividend from its subsidiaries company to WANCorp for fisabilillah and this percentage was including a funding for health programs (Mohamed, Daud & Ab Rahman, 2017). The amount of waqf shares was including a total of RM200 million (Net Asset Value) of shares from the company subsidiaries that are listed on Bursa Malaysia (Figure 5.2) and RM50.27 million (Net Asset Value) of shares from the company subsidiaries that are not listed on Bursa Malaysia (Figure 5.3) and until December 2018, the total of net asset value of the

shares that have been donated have rose up to a total of RM 503.1 million (WANCorp Annual Report, 2018).

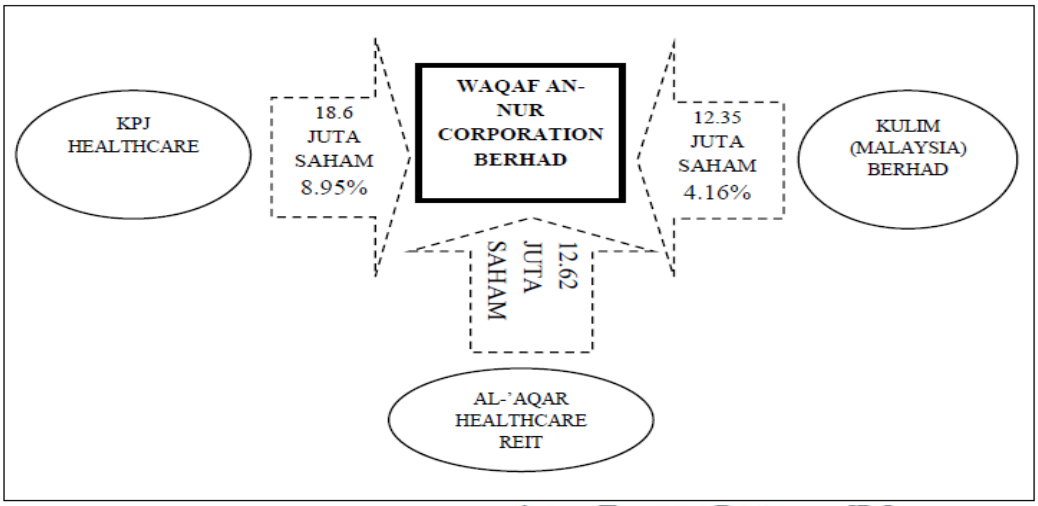


Figure 5.2: Shares from JCorp subsidiaries that are listed in Bursa Malaysia

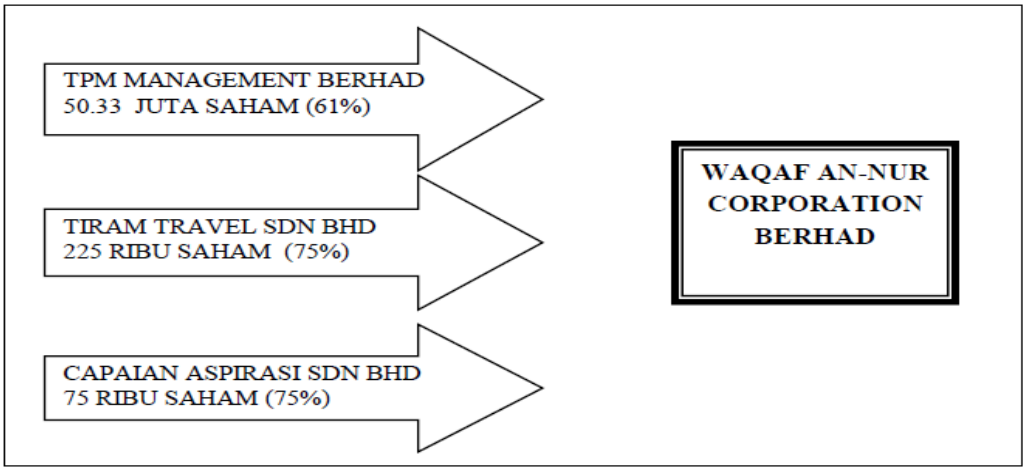


Figure 5.3: Shares from JCorp subsidiaries that are not listed on Bursa Malaysia

The management method used by JCorp was identified as a corporate waqf which is the most contemporary forms in waqf management system (Farhat Nazirul Mubin, 2015) which make them as a pioneer for this concept. WANCorp as a subsidiary to JCorp, a

company limited by guarantee without a share was appointed to manage the waqf assets and shares of the companies and acting as '*Maukuf Al*aihi ' for all the shares and other securities of the company (Borham, 2011). Basically the concept of corporate waqf refers to an aspect of the management of waqf assets in the form of movable property such as cash, company shares and dividend shares that are fully governed by corporate entities or in collaboration between corporate companies and waqf authorities (Ramli & Jalil, 2013) and this terminology was first used by Johor Corporation (JCorp) during the launched of this concept in 2006. JCorp's decision to endow a part of its subsidiary shares was a proactive decision for the future ownership of Muslim property and gainning the support by Islamic research at Al-Azhar University, Egypt. The fatwa requiring waqf with shares as waqf property has been issued through a fatwa request letter on 9 November 2005 by Dato 'Haji Noh Gadut as the mufti of the Johor state government.

At the beginning, JCorp has endowed shares in its subsidiaries company which are Kulim (M) Berhad, KPJ Healthcare Berhad and Al-'Aqar KPJ REIT. The implementation of corporate waqf by JCorp is to fulfill the Islam Corporate Social Responsibility (ICSR) through welfare programs that are included in the distribution of waqf benefits. The endowment of through share is a new change to the form of waqf application which is in line with the passage of time and various parties in Malaysia while at the international level, this concept of waqf and its potential began to receive a recognition. The benefits of waqf property as an input consisting of annual dividends from shares in JCorp's six subsidiaries, through WANCorp membership participation contributions known as cash waqf and reinvestment dividends at 70 per cent is seen as one of the concepts of waqf property productivity.

Based on the waqf agreement made, this 70 per cent of the annual dividend of shares that was handed back for investment purposes involves investment activity at the 1) fixed deposit investments in shariah-compliant financial institutions and 2) the purchase of Johor funds shares which ultimately generate annual investment dividends. The profit from this investment will be returned back to WANCorp as the appointed trustee. These benefits are then collected and distributed to three groups of recipients of waqf benefits with different percentage of distribution in accordance with the agreed waqf agreement of 70 per cent, 25 per cent and 5 per cent. Based on the agreement in Article 4, Wakaf Method 1983 in total, 95 percent of the distribution produces output that will reproduce the benefits of waqf for the future while the remaining 5 percent is handed over to MAIJ as a management charge (Saad, Kassim & Hamid, 2016).

In addition, besides relying on the stock dividends as the main source in financing the clinics operation, WANCorp also received contributions from other parties such as private companies and individuals from the community through the collection of waqf funds from the public such as shopping malls, supermarkets, hospitals and even the donations in the form of equipment or items such as wheelchairs, computers and so on. In term of Waqf An-Nur Clinic operations cost such as labor costs that consists of the salaries of doctors, nurses and hospital staff, medicines and equipment required by waqf-based healthcare under WANCorp, responsibility is given to KPJ who acts as the operator in managing the clinic operations (Mohamed, Daud & Ab Rahman, 2017).

5.2.2 Philosophy, Vision and Mission

It is known that the Waqf An-Nur Clinic chain is among the JCorp CSR activities conducted by WANCorp as its subsidiary to administer all CSR and endowment activities (Nur Sa'adah 2016 & WANCorp 2000, JCorp, 2010) to realize the business ideology and philosophy of 'Business Jihad " JCorp which was officially incorporated since the mid-2000s. Business Jihad is the business philosophy that referring to the idea of creating wealth through business activities based on Islamic principles of integrity, honesty, shared goals and community spirit, while aiming for the higher. Under the Business Jihad philosophy, the company's corporate objective were stated as 'prospering the Muslim ummah and integrating them into global economic mainstream through business market driven methods' as well as 'reclaiming the middle ground away from extremism, ideological hostility and conflict and focus on convergent business interest' (JCorp 2008;2009; Nur Sa'adah, 2016).

The global financial crisis in the late 1990s, which peaked in 1997, was a starting point that prompted JCorp to reassess its future direction as the corporate company faced a large amount of debt amounting to RM40 million. To save the company, Tan Sri Ali Hashim has searching for an alternative which providing a long-term solution where the capitalist system is not the best option because according to him the capitalist model only benefits the rich. Thus, he has took the initiative to get some views from several Muslim scholars such as Almarhum Dato 'Dr Harun Din, Ustaz Ismail Kamus and many other professors specialized in Islamic fields and finally came up with the idea of the concept of corporate waqf which received a very good response. Among the concepts presented by the late Tan Sri Ali Hashim on the concept of corporate waqf which emphasizes on the 3

essences namely the concept of business jihad, corporate waqf and entrepreneurship. These three concepts make business jihad as an ideology for building the spirit while waqf was used as the main instrument. Since the concept of corporate waqf cannot be privatized, thus it should have entrepreneurship concept.

According to Nur Sa'adah (2016), the business jihad philosophy has to be championed by the institutions and was not something exclusive. To strive in business was imperative, as business was considered as a means to generate wealth for the benefit of the society through entrepreneurship which eventually leads to wealth creation for all. Under business Jihad philosophy, JCorp began to pioneer the corporate waqf agenda. Waqf or the Islamic endowment institutions, one of the world's oldest charitable institutions, was considered an important institution that had brought tremendous impact in the socioeconomic life of Muslim societies (Nur Sa'adah & Khairul Akmaliah, 2013). Corporate waqf, a brand of waqf championed by corporations refer to the "legally recognized, community-owned corporations that continue in perpetuatity where profits generated are solely used for reinvestment or to fund community interest in charitable or social causes" (Nur Sa'adah, 2016; Oxford Business Group 2011).

So, to realize the business jihad agenda, Al-Marhum Tan Sri Ali Hashim, through the corporate sector led by him which is JCorp at that time had established WANCorp which is a limited company with no share guarantee. The purpose of its establishment is to manage the assets and shares of the JCorp group of company that has been endowed. WANCorp acts as the recipient of the wakaf or Mauquf 'Alaihi to the shares and other forms of securities of the business company. Originally WANCorp operated specifically under the name of Waqaf An-Nur Berhad Clinic Management starting 25 October 2000 (Annual

Report WANCorp, 2018). At that time it was established only to manage waqf clinics and dialysis centers under JCorp with the implementation of operations by KPJ Healthcare Sdn Bhd. Subsequently on 19 July 2005, the name of the company was changed to Kumpulan Waqf An-Nur Bhd and then WANCorp on 18 May 2009. The name change has clear significance to the broader role in relation to the scope of responsibility to this company as stated in the memorandum companies where the objectives and jurisdiction of WANCorp are as follows:

1. To be an entity recognized by the Johor Islamic Religious Council as the recipient, manager and administrator of waqf; also to act as 'Mauquf' Alaihi 'shares and other forms of securities of business companies; from waqfs including JCorp in particular, Muslims in general and other companies or bodies and organizations; as well as being an investment holding company.

2. To fight for and uphold the economy of Muslims in general, especially in accumulating and adding value to WANCorp's assets and investments indirectly, through WANCorp within JCorp and the JCorp Group, as well as through the establishment and expansion of JCorp company business activities in general.

3. Act to implement and perfect the benefits of WANCorp, through investment, contribution, infaq and distribution for the purpose and benefits as determined as follows:

    a. To cover charitable activities related to the mosques and contribute to the prosperity of the mosques;

b. Contribute to the struggle of fisabilillah and fulfill the demands of fardhu kifayah; and

c. Contribute to success towards implementing the demands of amar makruf and nahi munkar

4. Succeeding in social corporate responsibility based on Islamic teachings (CSR Islam) JCorp Group, especially through programs aimed at enlivening and enhancing the social role of An-Nur Mosque Network, Waqf An-Nur Clinic Network, as well as other CSR programs run by JCorp group and its subsidiary.

5. Succeeding in JCorp Group's human capital development programs including to enhance knowledge, professionalism expertise, management skills and business experience of JCorp group employees and families as well as Muslims in general.

6. Succeeding in special programs aimed at building entrepreneurial power as well as programs to cultivate business.

Based on the company's memorandum, objectives and powers of WANCorp which have been listed above, then WANCorp has formed the objectives of its establishment as below:

1. Carry out the implementation of the application of Islamic values in the management and corporate administration of JCorp and the companies within its group.

2. Conduct a study of contemporary approaches and make appropriate recommendations for implementation at JCorp in line with the objectives of an Islamic corporate organization.

3. Coordinate and operate the Waqf An-Nur Clinic Network operations as well as ensure that the goal of providing health facilities and dialysis to the less fortunate can be achieved.

4. Plan and coordinate all religious activities and apply Islamic values in JCorp and the companies within its group.

5. As the secretariat of the Mosque Committee and coordinating the management of JCorp mosques.

6. To be the main reference center related to business management affairs in Islam and other related.

To fulfill the mission, WANCorp has set the above objectives consisting of management and administration that emphasizes on Islamic values, planning and coordinating various religious activities as WANCorp also acts as the secretariat and coordinator for the committee and management of the mosque under its supervision. WANCorp also involve in the cotemporary research related to waqf development with the intention to become a reference center in matters related to Islamic business management particularly in waqf. The obove objective also indirectly gives awareness to its staff on the concept of caliph and the adoption of Islamic teaching practices in the workplace. With the uniqueness of the endowment property management system applied by WANCorp, it has supports the institutional productivity strategies by applying the method of corporate waqf management which is different from other existance waqf institutions (Borham 2013).

In the meantime, the mission in establishing the waqf clinic is to provide a healthcare services to the general public especially for those who have no place to get a basic medical treatment due to a reasonable economic obstacle or less fortunate in the community such as a poor household and a lower income group who earns RM800 and below, regardless of their race and religion (Mohamed, Daud & Ab Rahman, 2017). Every patient who cames to this healthcare institution can get a quality medical services like private hospitals but the cost is minimal, almost the same as government hospitals. In fact, the location located near the Pasir Gudang Mosque donated by the Johor Islamic State Council is a community friendly area especially for Pasir Gudang residence (Borham, 2011).

The establishment of Waqf An-Nur Clinic helped the less fortunate and the homeless community to obtain an appropriate basic medical treatment with the minimum cost of RM5. Although the charges for medical fees at Waqf An-Nur Clinic chain are cheap as these health services focus on healthcare for the underprivileged in the community, but the income earned contributes back to the regrowth of the benefits through the services provided. The fees charged is not for profit but to encourage the patient to be involved in endowment matters indirectly. Overall, the receipt of investment dividends, loan payments and service charges will be put back into waqf property benefit account and re-distributed to the community again.

Through this approach, it helps to improve the competitiveness of the waqf institution by increasing its efficiency and ensuring the sustainability of the benefits of waqf to its beneficiaries as a whole, irrespective of religion or race. To ensure the continuity of waqf property and its benefits can be sustained, JCorp, as a parent company under the auspices of WANCorp, plays a role in expanding waqf property and increasing its value from time

to time until the benefits of waqf property can be sustained and benefited by implementing various business strategies without neglecting waqf's basic principles, even though the endowment properties and investors do not have any guarantees (JCorp Annual Report 2011). Through effective and structured management and administration, waqf institutions are able to help improve the economy for the Ummah (Mohd Saharudin bin Shakrani et al., 2003) in particular for the poor and low-income groups by providing job opportunities and as an alternative to meeting basic needs that are not limited to but are required to be emulated by other Islamic countries.

This management practice has helped WANCorp as JCorp's social wing company to achieve the waqf distribution objective. In addition, waqf, as an economic instrument, is capable and potentially used as a method that can be used by the Muslim community to address the existing challenges facing the life and well-being of Muslims. (el – Batnani, 2007). As part of the accountability and integrity of the management of organizational waqf, it was governed by the management structure of trustworthy professionals, the monitoring of external audits within the business, the annual general meetings as well as legal security under the Companies Act. Generally, JCorp itself divides its corporate waqf property management structure into two parts, consisting of: 1) WANCorp responsible for all matters related to the management and administration of waqf property and organised and systematic implementation of JCorp 's corporate waqf concept; 2) investment in endowed unit shares is subject to corporate units under JCorp's own administration. As these stocks grow, so does the amount of dividends received for the benefit distribution process , which in turn helps to improve the economic performance of the country. This business element strategy has maximised the capacity of the company waqf and, with a

good financial management system, is capable of driving JCorp towards further progress in order to achieve rapid success in business (el - Batnani 2007). Table 5.2 below summarize Waqf An-Nur Clinic organization profile.

Table 5.2: Waqf An-Nur Clinic Organization Profile

Organization Profile	**Detail**
Date of establishment	1998
Vision/Mission	Committed in improving the health of the community by demonstrating the spirit of keeping and serving through the provision of good healthcare services. These include delivering basic health screening at a minimal cost or for free; organizing public health talks and campaigns that advocate healthy lifestyles and good hygiene; assistance in cash or kind to orphanages, homes for the aged and the underprivileged; as well as making zakat contributions and donations.
Philosophy	"Care for Life" philosophy is underscored by focusing on community care and the wellbeing of individuals.

5.2.3 Service and Achivement

Among the healthcare facilities available in the Waqf An-Nur Clinic Chain (KWAN) are the out-patient, accident and emergency department and the patient care unit, as well as the clinic, x-tray room, pharmacy and hemodialysis unit (Mohamed, Daud, & Ab Rahman, 2017). Apart from outpatient treatments such as fever , cough, flu, stomach pain, fatigue, venous pain, diabetes and non-chronic high blood pressure, which are among the types of services offered by the 14 An-Nur Endowment Clinic Network and the 4 An-Nur Endowment Dialysis Center, there are also residents who come to the clinic to receive treatment for skin diseases. The charge imposed on a patient is RM5 including consultation and treatment from doctors and medicines while charges for dialysis services to kidney patients with a subsidize price about RM70 to RM90. Low service charges at Waqf Annur

Clinic chain is due to the cost sponsored by Dana Waqf An-Nur, Baitulmal and other non-governmental organizations which aim to serve the community with good medical care provided and equal to a government or private clinic with a minimum fee and in accordance with the ability of each member of society (Waqaf An-Nur Corporation Berhad 2018)

If before, people who could not afford to go to private clinics do not have to worry because every treatment and medicine in the Waqf An-Nur Clinic chain is cheaper and the priority of this health service is always given to the less fortunate community. The response from residents around Pasir Gudang is also very positive, especially with regard to the compatibility of the medicine. In addition, many patients who came also gave positive feedback on their health improvement performance after receiving treatment and medicines at this waqf clinic. The effectiveness of medication at Waqaf An-Nur Clinic is one of the reasons why respondents and patients choose to return to this clinic for treatment (Mohamed, Daud, & Ab Rahman, 2017). Besides that, the facilities offered are comfortable and easier admission procedures among the factors in the selection of this clinic to seek treatment compared to other clinics in the patient area (Mahmood, & Shafiai, 2013). The remarkable achievements of the Waqf An-Nur Clinic chain have not only been shown by the positive reviews of its patients and the Pasir Gudang Residence, but can also be measured by the number of patients registered to receive treatment from this clinic, which has risen from year to year. According to the annual report of the Waqf An-Nur Company Berhad (2014), as of December 2014, Waqf An-Nur Clinic and its network benefited a total of 1,057,154 patients and 79,312 non-Muslim patients, and this number of patients in Waqf clinics increased by 10% compared to the previous year.

This success is driven by the successful of benefit distribution implemented by WANCorp where one of the distributions is through the provision of healthcare facilities to the local community through the existence of Waqf An-Nur Clinic. From 2006 to 2009, the total Fisabillah benefits received by WANCorp amounted to RM2,786,169.7450. Meanwhile, the total of benefit distribution that has been handed over to MAIJ amounts RM557,566.0051. Through the distribution of Fisabilillah benefits, it was not only used for patient treament through Waqf An-Nur Clinic, but it also used to fund other welfare and charity programs besides for the development and human capital which includes the implementation of various program under JCorp's corporate social responsibility (CSR). The distribution of waqf property benefits as a production process while the output is welfare programs and ICSR which include providing a cheap healthcare services through Waqf An-Nur Clinic chain, An-Nur Mosque, financial assistance to Waqaf Dana Niaga and Mutawwif Professional as well as financial contribution to Waqf Brigade. Table 5.3 summarizes the services or facilities provided.

Table 5.3: Wakaf An-Nur Clinic services/Facilities

Service/ Facilities	
Service/Facilities	Out-patient department, Accident and emergency department Limited warded for patient Mobile clinic, X-tray room, Pharmacy, Hemodialysis unit.
Quality of Care	-NIL-

5.3 Healthcare Institution 2

5.3.1 Early Establishment

Another waqf-based healthcare institution that has been established in Malaysia apart from the Waqf An-Nur Clinic chain is a waqf-based healthcare institution established by Universiti Sains Islam Malaysia (USIM). In the beginning, the USIM Health Specialist Centre (UHSC) or now known as USIM Healthcare Sdn Bhd (UHSB) was actually a Responsibility Center or Pusat Tanggungjawab (PTj) under the USIM Chancellory that was formed for the endowment and revenue-generated activities in order for this clinic sustain for a long-term, as stated by UHSC representative as below;

> "Actually this specialist clinic was a PTj under the USIM direct chancellory. After that they want to establish a waqf clinic and at the same time want to generate income. It was a collaboration between USIM and the Negeri Sembilan Religious Council (MAINS). So MAINS only gives us assets because when we talk about waqf, it should be in the form of assets and also the renovation. Tangible objects. Like USIM, they endowed things that are intangible. For example, we endow the time. But at the same time, the clinic needs to operate. So we need a staff to ensure our clinic can run its operation. When we want to start the operation, USIM we know they do not have enough funds to manage. So this clinic is registered under a private clinic to generate its own income to ensure its sustainability. Make sure it sustain. Then we operates. At the same time, during my 2 years here, what I see is that we do 50-50 which is 50% to generate income for the clinic and another 50% we do CSR work like the asnaf program."

According to the UHSC representative, as a private clinic, the Ministry of Higher Education, Malaysia has urged the university to set up its own company, and the top management of USIM has agreed to put UHSC under the name of USIM Tijarah Holdings, a company wholly owned by USIM for licencing applications with the Ministry of Health, Malaysia. In the meantime, MAINS is the largest contributor of funds in the form of tangible assets to the establishment of this clinic. There are four healthcare services offered

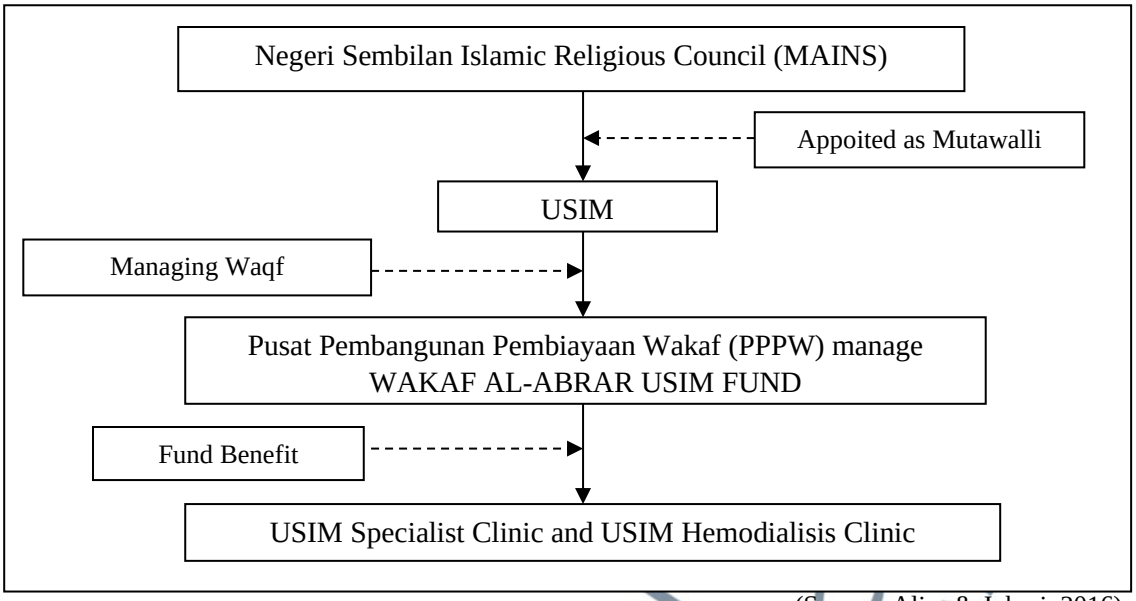
by the UHSC, namely the Specialist Clinic, Dental Specialist Clinic, Hemodialysis Center and outpatient services for the community around Nilai (Laporan Tahunan Pusat Pakar Kesihatan USIM, 2018). These healthcare facilities was currently operate at 3 lots of two-storey commercial buildings in Nilai Square, Bandar Baru Nilai, which have been leased for 3 years (optional extension of 2 years) with Putra Nilai Development Sdn Bhd and now opened to the public after obtaining an operating licence from MOH (Ismail, Johari, Baharuddin, Ahmad & Alias, 2019; Alias & Johari, 2016). The location of the clinic which is outside the campus is intended to offer services to the public at the affordable prices (Kamal & Seman, 2017). The specialist clinic started it service operation in 10th April, 2015 (Hashim, Ramli, Dahalan, Ismon & Romli, 2016; Kamal & Seman, 2017) while for hemodialysis centres in 2019 (Alias & Johari, 2016)

In the early phase of the establishment of the waqf healthcare facility, USIM first set up a Waqf Management Center called the Awqaf Development Financing Center (PPPW) in March 2013. The aim of this centre is to manage the USIM waqf fund, where its main responsibility are 1) to collect and distribute waqf fund, which includes selecting and identifying all activities and initiatives that can be funded with waqf funds; 2) to develop products that are relevant to USIM through the waqf fund and; 3) to conduct a research on waqf funding for higher education. Later, on 22 July 2013, USIM was granted mutawwalli status by the Negeri Sembilan State Islamic Religious Council (MAINS) to established a waqf fund in the state to finance waqf projects which, interestingly, USIM was the first public university in Malaysia to be granted for the status (Rosli, Alias, & Hamid, 2018). Pursuant to Section 5, Wakaf (Negeri Sembilan) Act 2005, even though MAINS is considered to be the sole trustee of wakaf assets in Negeri Sembilan, but the appointment

of USIM as mutawwali is in accordance with the same Act under Section 33, where MAINS has a power to appoint a person or agent deemed competent on the advice of the Shariah Advisory Board.

The start-up capital of waqf fund has been registered and approved by the Negeri Sembilan Islamic Religious Council (MAINS), while the PPPW, which has undergone a restructuring role, managing the USIM Al-Abraf Wakaf Fund. This fund is a form of cash waqf practices and the implementation is through salary deduction among the USIM staff that are volunteered to contribute with the aim to facilitate all public and private employees to perform waqf practices (Kamal & Seman, 2017). Under the terms in section 33(b) of Wakaf Enactment (Negeri Sembilan) 2005, of the approval from MAINS, USIM is required to submit periodic management and financial reports on the USIM Al-Abrar Waqf Fund. Thus, the university has set up a separate account so that the waqf funds collected are differentiated from theuniversity's account (Rohayati Hussin, Rusnadewi & Noor Inayah Yaakub, 2016; Muhammad, Fuadah & Asma, 2014)

Subsequently, on 21 January 2014, both MAINS and USIM signed a Memorandum of Understanding with a view to expansion and innovation, together with a range of projects to promote wakaf culture that will bring benefits to health and education (Ismail, Johari, Baharuddin, Ahmad & Alias, 2019). The waqf funding instrument for USIM waqf healthcare facilities was illustrated in Figure 5.4 below. By forming Tijarah USIM to manage wakaf clinics, USIM can manage wakaf clinics more effectively and efficiently where the management and governance of wakaf corporate practises is similar to the concept of wakaf corporate practised in Singapore (Alias & Johari, 2016).

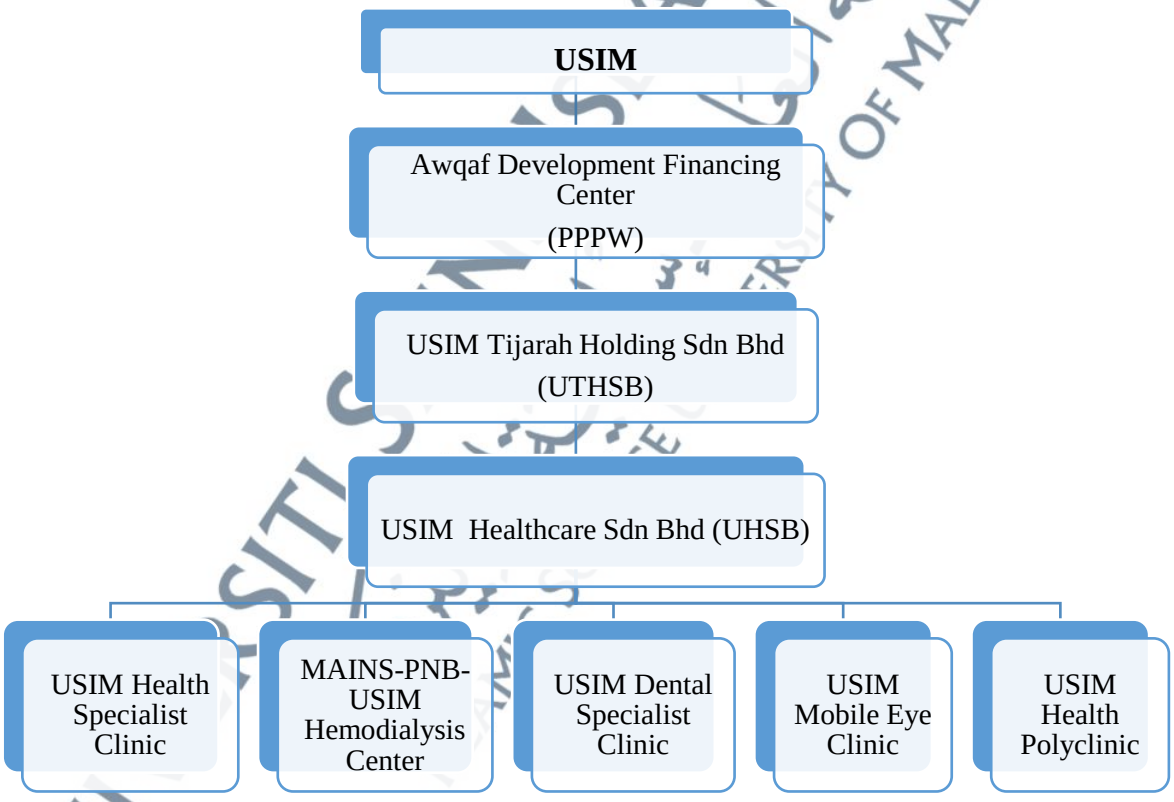


(Source: Alias & Johari, 2016)

Figure 5.4: Wakaf Financing Instrument

This strategy suggested by the USIM expert is to establish a hybrid university with a fund share of 70 per cent funded by the government and 30 per cent sponsored by waqf. The concept generally combines the principles of social enterprise, Shariah compliance and Wakaf financing, involving USIM as an IPTA (Higher Learning Public Institution) which serves as a provider of healthcare services to local communities in Negeri Sembilan and Malaysia in general (Kamal, & Seman, 2017). Apart from that by applying these three principles, the management of waqf institutions at USIM can produce more diverse management activities where with the establishment of the USIM Health Specialist Centre and the USIM-MAINS Hemodialysis Clinic (Ismail, Johari, Baharuddin, Ahmad & Alias, 2019; Alias & Johari, 2016), it is considered a subsidiary of the USIM Tijarah business company approved by the MAINS endowment fund in terms of marketing and branding (Rosli, Alias, & Hamid, 2018).

Figure 5.5 below shows business subsidiary under USIM Tijarah. Other than that, USIM has preferred to establish the healthcare waqf model consisting of the USIM Health Specialist Clinic, the Hemodialysis Centre and the Mobile Eye Clinic on the initiative to develop the concept of medical provision, which is one of modern waqf practises different from traditional waqf practises (Wan Abdul Fattah et al., 2018). At the same time, the focus of this idea is also to help in providing waqf funding opportunities for the purchase of medical equipment for the USIM teaching hospital which will be established soon (Kamal & Seman, 2017).



Source: https://usimhealthcare.com/corporate-profile/2021

Figure 5.5: USIM Tijarah Holding Sdn Bhd Business Subsidiary

The initial capital fund received by USIM is MYR 3 million which consists of MYR 2 million in the form of assets and renovations and MYR 1 million more in the form of Qardhul Hassan from the Negeri Sembilan Islamic Religious Council or MAINS as mentioned by UHSC representative, among other funds such as donations and endowments from USIM officials, students and the public (Mahamood, Rahman, & Seman, 2018; Farhat Nazirul Mubin, 2015).

> "The initial capital provided by MAINS is 3 million. The 3 million, 2 million are in the form of assets and renovation, while 1 million in the form of operating expenses at the beginning of the establishment. So 1 million is in the form of Qardhul Hassan. We have to pay back. But for now, we have not paid yet because the new clinic is in its 3rd year and still cannot generate income. But at least in these 2 years, we can live."

As for USIM-MAINS Hemodialysis Clinic project which has started operating in 2019 the funding provided by MAINS was about RM 1.5 Million (Rosli, Alias & Hamid, 2018; Ismail, et al, 2019; Kamal Amran Kamarudin et al., 2016; Rohayati Hussin, Rusnadewi & Noor Inayah Yaakub, 2016). Among other funds received in addition to MAINS was from the Perbadanan National Berhad which has contribute RM700 thousand waqf funds for the purchase of the intermediate shop lots premises for the establishment of the MAINS-PNB-USIM Haemodialysis Center (Rosli, Alias & Hamid, 2018). The USIM Mobile Eye Specialist Clinic launched on 18 November 2015 is a contribution from the Negeri Sembilan Government through the Secretary of State, which has allocated around RM650,000 for mobile clinics in addition to the USIM Health Specialist Clinic program (Medical and Dental) to extend medical services to the vulnerable. According to UHSC reprsentative, a mobile clinic has been set up for CSR purposes and has not intended to

generate any income where the existing use of mobile clinics is more common in providing eye treatment to the community in rural areas around Negeri Sembilan.

> "Out of four clinics that we have now, only three generate income. Not because it does not function, but it does not intended to generate income. Because that truck is not our truck. SUK who gave to us. Because in our early agreement, this truck is used to go to the rural area. It is indeed to carter for CSR. For the eye treatment."

Apart from the capital expenditure, renovation and purchase of equipment are from wakaf funds, USIM Health Specialists Centre also received contribution in the form of waqf expertise from the medical doctors who are willing to accept a lower consultation fees. The specialist doctors involved are from the university staff of the Faculty of Medicine and Health Sciences and the USIM Faculty of Dentistry (Taib, Mujani, Rozali & Talib, 2017). This initiative has made it possible for clinics to charge lower consultation fees than service charges to be paid in other private clinics. However, some well-off patients may also pay extra for the difference donated to the Tabarru Fund, which has been used to help members of the asnaf (registered zakat recipients) and poor patients referred to the clinic. (Mohammad Haji Alias et al, 2017; Alias & Johari, 2016; Kamal Amran Kamarudin et al., 2016). The success of this waqf clinic is an evidence to the commitment of the state government, GLCs and USIM Waqf Centres who have donated a number of funds to finance and develop waqf projects (Rosli, Alias, & Hamid, 2018). It can be seen through the strong support of MAINS and the State Government in providing initial capital to health care institutions as well as being an impetus for the development of other fund projects in the future (Wan Abdul Fattah et al., 2018). While at the same time, through the cooperation, it is able to have a positive impact on the economic development of the surrounding

community, country and ummah globally in ensuring economic survival and sustainability for future Muslim generations (Taib, Mujani, Rozali & Talib, 2017; Mohammad & Fuadah, 2014).

5.3.2 Philosophy, Vision and Mission

The initiator of PPPW was made by the third vice chancellor of USIM Prof. Dato Dr. Asma Ismail in February 2013 with the aim of managing waqf financing as well as generating university income through the concept of wakaf by mobilising wakaf funds (Mohammad Hj Alias, Muhammad Shamsir Mohd Aris & Mohd Yunus Abdullah, 2015). By appointing USIM as a mutawalli (waqf manager), it is not only for the purpose of developing and managing waqf assets, but also for the purpose of distributing the benefits to the target community as intended by waqif (Fadhilah, Zurina, Mohammad, & Nursilah, 2017). The establishment of this clinic in 2014 embraces a philosophy that based on the Waqf model for the provision of healthcare for the well-being of the ummah and human kind. Thus, even though this clinic establishment is under the private clinic, but its main role is to provide free services to the asnaf group with regard to zakat assistance, rural community and to the unfortunate group in the society.

Through the establishment of this healthcare institution, indirectly it give a positive impact on the economic development of the community, the country and the ummah around the world (Hashim, Ramli, Dahalan, Ismon & Romli, 2016; Taib, Mujani, Rozali & Talib, 2017). Based on the philosophical pillars, the USIM Health Specialist Centre (UHSC) sets out its vision to become the leading provider of Shariah-compliant health services in Malaysia. To achieve this vision, UHSC outlined its mission as follows:

- To offer healthcare services that promote the university philosophy the implementation of healthcare that integrates *naqli* and *aqli* knowledge.
- To provide and promote comprehensive health care based on three human entities, namely spiritual, physical and aqlani.
- To provide healt care services based on human dignity to customers in line with the philosophy of waqf practice
- Medical practices and healthcare services are based on Shariah and Islamic ethics
- To foster community awareness on the potential of waqf and infak

Besides that, with the use of waqf fund and the existence of the philanthropic spirit will help to make this specialist medical services more accessible (Mohammad Haji Alias etal, 2017; Mohammad Haji Alias & Fuadah Johari, 2016; Kamal Amran Kamarudin et al., 2016). In order to ensure all these objectives are accomplished, PPPW has applied to MAINS Waqf Council to manage their own PPPW (Fadhilah et al.,2017). The initiative taken by PPPW is in line with USIM's efforts to lead and encourage endowment development financing where the waqf fund raised will be used for dakwah, education, research activities, publishing, health, educational development and health facilities (Kamal & Seman, 2017). In line with the Blue Ocean Strategy formed at that time by the Negeri Sembilan Government, healthcare services were chosen as the focal point where USIM was chosen to lead the Project Cahaya, which prompted the government to provide funding to Specialist Medical Clinics for havng a mobile specialist clinic (Rosli, Alias & Hamid, 2018; Alias & Johari, 2016; Kamal Amran Kamarudin et al., 2016).

The purpose of this medical service is to provide convenience to the rural communities in Negeri Sembilan who need eye treatment by using the concept of medical waqf (Rosli, Alias, & Hamid, 2018; Wan Abdul Fattah et al., 2018). With USIM's eye specialists mobile clinic visiting rural areas, many senior citizens in rural areas may undergo eye vision screening complications, which can be followed by specialist eye treatment and at the same time benefit patients who are typically unable to access the service (Mohammad Haji Alias et al, 2017; Mohammad Haji Alias & Fuadah Johari, 2016; Kamal Amran Kamarudin et al., 2016). Table 5.4 summarize UHSC profile.

Table 5.4: UHSC Organization Profile

Oganization Profile	**Detail**
Date of establishment	February 2013
Vision	To become a premier shariah-compliant healthcare provider.
Mission	To offer a healthcare services that support the university's philosophy in applying healthcare services that integrates naqli and aqli knowledge. To give and promote the healthcare services based on three principals covering on the aspect spiritual, physical and aqlani. To serve with the Shariah-based and ethical-based medical and healthcare practices. To foster public awareness about the potential of Waqf and Infak
Philosophy	'Valuing the Waqf model in the provision of health services for the well-being of the ummah and society'

5.3.3 Service and Achievement

USIM Health Specialist Centre (UHSC) currently has been handled by an expertise from its own Faculty of Medicine and Health Science (FPSK) and Faculty of Dentistry (FPG) USIM (Kamal & Seman, 2017). The focus or treatment services offered by UHSC consists of 3 types of healthcare services which are the general health services, dental services and hemodialysis services. For general medical services among the services

offered are expertise in various fields such as family medicine, internal medicine, ophthalmology, ENT, orthopedics, obstetrics and gynecology, general surgery, radiology and psychiatry (Rosli, Alias & Hamid, 2018). Meanwhile, for dental clinic services, among the services offered include diagnosis, patch, crown & bridge, periodonotics, root treatment, dental x-ray radiology, minor surgery and orthodontic treatment. Table 5.5 below summarize UHSC services and facilities.

Table 5.5: UHSC Service/Facilities

Services/ Facilities	
General Practice/ Family Medicine	GTT
Orthopaedics	STO
ENT	T&S
Opthalmology	Rapid for Dengue
Internal Medicine	UPT Test
Surgery	ECG
O&G	X-Ray
Medical check up	Dentistry
Blood Grouping	Clinic Mobile
Typhoid Injection	MMR
Hepatitis B	MGTT

As for the MAINS-PNB-USIM hemodialysis center, the services provided besides hemodialysis services, this clinic also provide the EPO injection where during its early operation in October 2018, this hemodialysis center only received 3 patients but increase to 6 patients after obtaining operating license from the CKAPS, MOH. Other than that, UHSC also provide the mobile eye specialists services that have carried out an eye screening tests for the rural areas community in order to give access treatment to them with a specialists services especially for the low income patients. It was among the high social impact of waqf project so far organized by UHSC. During the visit, the member of the Mobile Aye Clinic Team has found quite many citizen in the area that suffer from eye-sight

ailments (glacoma, cataract) and with further treatments this group of patients have been refer to the nearby hospital for the improvements in the quality of their lives. By bringing eye specialists closer to patients in rural areas makes them accessible to high quality medical screening and treatment where necessary (Wan Abdul Fattah, Mohammad Haji Alias & Fuadah Johari, 2018).

UHSC's achievements since its establishment can be seen not only in terms of comparable incomes received over a 3 year period to generate net profit, before tax, of 4%, by the sum of RM 71,530 in 2018 but also in terms of overall patient visited.The number of patient came to UHSC to received treatment has increased every year since the period of 1st January 2016 to 8 June 2018 with the total of 31,839 patients have been screened over the period for the all services provided (see Table 5.6 below). From the overall patient visited, 8% under the Asnaf category, 43% are from the panel and 49% of the patient are from the public. Based on the research finding by Wan Abdul Fattah, Mohammad Haji Alias & Fuadah Johari (2018), nearly 85% of the patients aged 40 years and above.

Table 5.6: Total Visiting Patient at UHSC

Clinic/ Services	Year	Total Patient	Overal Patient
General Health Services	2016	4,676	4,676
	2017	11,292	15,968
	2018	12,381	**28,349**
Dental Health Services	2016	415	415
	2017	1,248	1,663
	2018	1,812	**3,475**
Hemodialysis Center	2016	-	-
	2017	-	-
	2018	15	**15**
TOTAL			**31,839**

Sources: Laporan Tahunan 2018, Pusat Pakar Kesihatan USIM.

5.4 Healthcare Institution 3

5.4.1 Early Establishment

Al-Islam Specialist Hospital or formerly known by the name of Kampong Baru Medical Center (KBMC) has been establish in 1994 which actually started with the medical session program in 1992. At the beginning of its establishment, Dr Ishak b Mas'ud, the Head of ABIM Health Bureau, and Dr Suhaimi b Hj Abdul Halim, one of the PKPIM activists, were among the figures involved in the development of the hospital at that time. They are the individual figures responsible for compiling the original plan for the establishment of the hospital. The idea of setting up this hospital began only after Dr. Ishak had the opportunity to visit Jordan Islamic Hospital in 1992. According to him after attending the first meeting of the Federation of Islamic Medical Associations held in Jordan that year, it was an eye was opening for him to establish a similar concept of hospital in Malaysia. The Islamic hospital he visited in Jordan inspired him to come up with the idea of setting up a similar hospital concept with the philosophy of Islamic medicine as he said below:

> "So back from Jordan, I started thinking. So I came back and then ABIM appoit me as ABIM Exco. In charge on health. That's the story. So I was a special AJK on special function lah. So that's it. So after I returned, I threw the idea and that was the thing. That was the beginning. But I have formed Islamic medical session, I have taken care of ABIM Health Bureau. So apart from the mobile clinic that I used to have which I modify a truck. Make it a mobile clinic and go to the indigenous people."

In the sequences, ABIM appointed him to serve as ABIM Exco for special health-related functions. Dr. Ishak has been entrusted with the task of carrying out activities for

Islamic medical sessions for ABIM and to take care for ABIM Health Bureau. Among of the medical session conducted at that time was to make visits to indigenous communities to provide them with healthcare services. In order to further extend the healthcare services to the public, the idea of establishing this hospital arose. The development of the hospital was intended as one of the predication programmes of ABIM through its Health Office where it was developed as a one-point program *da'wah bil-hal* for this organization (Kadir, Ahmad, Kefeli, Ismail, & Mohamed, 2014). In August 24, 2008, the hospital has conducted the rebranding at the Regency Hotel Kuala Lumpur launched by the former Malaysia Minister, Honorable Dato 'Dr Ahmad Zahid Hamidi.

ABIM which stands for the Angkatan Belia Islam Malaysia was formed at the 10th PKPIM Congress in 6 August, 1971 at the Faculty of Islamic Studies, Universiti Kebangsaan Malaysia. This organisation was founded by the Persatuan Kebangsaan Pelajar Islam Malaysia (PKPIM) which is the main body of Malaysian Muslim students at the national level that was formed on 27 June 1961 and was later renamed as the Persatuan Kebangsaan Pelajar Islam Persekutuan Tanah Melayu in 1963. However, the name has been changed back to the original name and has been used up to now. At present, PKPIM has been registered under the Ministry of the Registrar of Youth Organizations with the main goal of generating youth who understand Islam as a way of life with a holistic approach beginning at the student level. In order to ensure the continuity and stability of PKPIM, ABIM has been establish. ABIM officially registered under the Society Act, 1966 in 17 August 1972 and the chairman of ABIM at that time was the late Ustaz Abdul Wahab Abdullah and its secretary was Dato 'Fauzi Abdul Rahman.

The construction and renovation work on the KBMC building only began in 1994 where its main building was bought by Koperasi Belia Islam Malaysia (Berhad). As for the total paid-up capital that has been issued was RM1.5 million with a distribution of 60% of its shares held by Dr Ishak himself and Dr Suhaimi through their setting company which named as Syifa Sdn Bhd and another 40% was held by Koperasi Belia Islam ABIM (Berhad) as what has been informed by Al-Islam Specialist Hospital representative himself in the interview session as below:

> "Haa .... ok. Orait. So there are 3 parties in this hospital. We call it as Syifa Sdn Bhd which only has 2 people now. The names are Ishak and Suhaimi. 2 people only. We call it as Syifa Sdn. Bhd. All the loans is under us. Other people cannot be guarantors. Only 2 of us. Haa… shareholder, 40% KBI. Koperasi Belia Islam ABIM. So the golden share whether it is CEO, the manager, that should be ABIM. That's all. But the 60% is us."

Although Dr Ishak wanted to establish the same concept of hospital same as in Jordan which fully established based on the concept of philanthropy and its establishment as part of the Muslim community, however it could not be completely realised in Malaysia due to some constraints, whereas public awareness was still low on the concept of philanthropy at that time. However, with the 40% golden share of ABIM, Al-Islam Specialist hospital still can be considered as one of the philantrophy healthcare institution. Through its economic agency, Koperasi Belia Islam ABIM Berhad (KBI) and ABIM Health Bureau, together with several other physicians, the hospital has successfully started its operational beginning in September 1996. With the establishment of this hospital, ABIM seeks to instil the values of Islam in all aspects which encompasses on the achievement of success in the present life and hereafter for the attainment of *mardhatillah* (Ishak Mas'ud, 2016). Thus, Hospital Al-

Islam has introduced a new concept known as the Ibadah Friendly Hospital (IFH) to its healthcare system. The formation of this idea is due to the realization of the need for a medical establishment that provides integrated physical, mental and spiritual care for the well-being of the general public. The summarization on Al-Islam Specialist Hopsital organization profile is shown in Table 5.7 below.

Table 5.7: Al-Islam Specialist Hospital Organization Profile

Organization Profile	**Detail**
Date of establishment	1996
Vision/Mission	To become an excellent specialist hospital that provide an excellent service, professional and self-esteem in the realization of Da'wah Bil-Hal
Mission	• To contribute in Healthcare and treatment as an Islamic-based specialist hospital • To provide a Healthcare services and treatments with reasonable charges. • To fulfill the responsible and trustworthy attitude to every Al-Islam citizen as a place of worship to Allah s.w.t • To contributing to the community with comprehensive da'wah activities, especially in health education to help the community become a healthier and a balanced society.
Objective	• To provide medical expertise to all levels of society at affordable rates. • To combine the energy in providing the best possible treatment expertise • In seeking to integrate physical, psychological, mental and spiritual treatments. • To provide a consultation services to patients and families
Philosophy/ Core Value	Da'wah Bil-Hal

Through this concept, hospital is not only geared towards providing the best facilities of healthcare but also to help the patient, hospital visitor and even the staff of the hospital to perform their obligation of ibadah to God especially the prayer. As the location of this hospital is situated in front of the Kampung Baru Jamek Mosque and in the heart of Kuala

Lumpur, the location of this hospital is a strategic location for the development of a health facility that not only to fulfill the requirement of fardhu kifayah but its existence also combines economic aspects and da'wah.

5.4.2 Philosophy, Vision and Mission

Al-Islam Specialist Hospital establish by ABIM was amongst the earliest hospitals to introduce Shari'ah compliant healthcare services in Malaysia. The definition of a Shariah-compliant hospital in general is the concept of a hospital that meets the needs of Muslims who want to be treated in accordance with Islamic principles, particularly when they are sick and this healthcare institution also play a role in raising awareness among patients and their families about the need to take care of one another (hablu min and nas) while upholding adherence to the principles of Shari'ah (Hablu min Allah) (Zawawi, & Othman, 2018). As a hospital that upholds the philosophy of *dakwah bil-hal*, the application and implementation of Shariah-compliant principles is important in interpreting the vision and mission of this hospital into the surrounding community. In our interview, the representative of Al-Islam Specialist Hospital has consistently emphasised the organisational philosophy for the hospital as mentioned below.

> *"*We see Islam as the way of life. Which is *syumuliah*. Comprehensive"

> "The first is that we try to treat this patient holistically. So we're trying to translate Islam, which is *syumuliah*. Holistic. We want to translate Islam as a way of life. Meaning that, the staff must also look the patient in a holistic way. Meaning that he/she is God's greatest creation. We need to look not only mentally, psychologically, but also spiritually."

Although Al-Islam Specialist Hospital has establish as early in 1996, but the hospital only started to instill the concept of hospitality-friendly hospitals that was under the label of "Hospital Friendly Worship" or better known as "Ibadah Friendly Hospital" to the public in 2006 and was officially launched by the Ministry of Health in August 2010. The implementation of Shariah-compliant health services is still limited and involves only a few hospitals under the Islamic Hospital Consortium (IHC), which consists of several Shariah-compliant hospitals, such as Al-Islam Specialist Hospital, Pusrawi Hospital, Ar-Ridzuan Medical Center and An Nur Hospital (Zawawi, & Othman, 2018). Innitially, the prime objective of the hospital was to provide the best services and facilities to help patients and at the same time also provide staff and patients as well as visitors with enough facilities to perform their *ibadah* especially prayers (Hadi, 2014). Its main vision is clear that stated to become a superior hospital with good service and professionalism in the effort to realize *da'wah bil-hal*. Thus, to achive the vision, the hospital management has establish a few mission such as below:

a. To provide specialist medical services to every class of society.
b. To provide the best and professional service as a symbol of a hospital based on Islam.
c. To spread awareness towards the responsibility attitude as a Muslim in the community.
d. To spread health education to the public as a whole in order to help people live a healthier and more balanced life.
e. Seeks to integrate physical, psychological, mental and spiritual care.

In its quest to be a unique and superior hospital, Al-Islam Specialist Hospital has always emphasizes continuous efforts to educate and guide its staff, patients and visitors. Accoding to Rahman (2019), to achive the vision and mission, Al-Islam Specialist Hospital has outlined some purpose and work ethic that needs to be implemented by the staff of Al-Islam Specialist Hospital as follows.

a. Effective communication by giving a smile and true instructions that are simple and friendly
b. The nurses should have a good manner, disciplined, clean, pleasant and polite.
c. Systematic work by comply with the SOP and the existence of a planning mechanism.
d. Willing to cooperate, to commit and to foster a spirit of brotherhood.
e. Creative, innovative and responsive, as well as sensitive, to encourage both business patients and patient families.
f. Willing to accept reprimands, genuine, kind and willing to learn and teach.

Besides work ethic listed above, the management and Al-Islam Specialist Hospital also forming several guidelines which purposely for the Muslim healthcare givers (the staff) to be guided by the purpose of Shariah (Maqasid Al-Shariah) and the staff, especially doctors should made decisions based on this Islamic Principle. The staff was also need to follow the activities that has been organized by the management of the hospital such as perform congregational prayer, usrah which was lead by specialist doctor followed by department, tazkirah for every Saturday and religious classes such Fiqh Class, Arabic Class

and Tadarus Al-Quran Class (Kadir, Ahmad, Kefeli, Ismail, & Mohamed, 2014). All the activities was intended to bind a strong relationship among the Al-Islam Specialist Hospital staff and to make sure that every hospital staff understands the vision and mission set by the organization.

5.4.3 Service and Achievement

The main healthcare treatment provided by Al-Islam Specialist Hospital is a medical consulting services in the healthcare area such as Gastroenterology (Expert intestine), Rheumatology (Arthritis Specialists), dermatology (skin specialist), O & G (Gynecologists) including infertility, General Surgery (Laparoscopy /Plastic / Urology), Orthopedics (bone), ENT (ear, nose & throat specialist), ophthalmologist (eye specialist) and Paediatrics (pediatrician) (Ishak Masud, 2016; Kadir, Ahmad, Kefeli, Ismail, & Mohamed, 2014). Table 5.8 shows services and facilities provided by the hospital. Although the services rendered by Al-Islam Specialists Hospital in the medical sector are more or less similar to other private hospitals, what is unique about this healthcare institution is the concept of "Hospital Mesra Ibadah" (HMI) which aim to help Muslim patients in daily worship even though they facing the health difficulities. HMI concept emphasize on the holistic aspects of comprehensive treatment, including physical, psychological, mental and spiritual.

Not only for the patient and their family, HMI concept was also used in the hospital management to achieve the values of excellence and pride to employees for the well-being of its customers through the adoption and appreciation of worship during and after treatment. Ibadah friendly hospital aims to create awareness through education of

patients and families and healthcare staff to be more closer to God. Thus, other than the facilities and accommodations related to the specialist healthcare services (see Table 5.8) provided Al-Islam Specialist Hospital also prepared prayer facilities including the ablution kit such as pure dust for *tayammum* and also water spray besides providing a musolla at all levels of the hospital buildings (Zawawi & Othman, 2018).

Table 5.8: Al-Islam Hospital Services/Facilities

Services/ Facilities		
Services/Facilities	24-Hours Accident/Emergancy	Anaesthetists
	Stress Test	Physician
	Endoscopy Unit	Radiology
	Hemodialysis Center	Rheumatology
	Radiology (Imaging)	Physiotheraphy
	Laboratory, Blood Bank Services	Orthopaedic
	Maternity	Obstretic & Gynaecology
	ICU/HDU	Nephrology
	ECG	Gastroenterology
	EMG	ENT
	Laser Therapy	General Surgery
	FOMEMA	Dentist
	Hearing Test	Dermatology
Quality of Care	"Ibadah Friendly Hospital"	

As a hospital that upholds Islamic values, the hospital management is high committed to create an awareness and actions to facilitate patient worship management where through this concept, the healthcare institution should be providing a religious officials to assist and provide guidance to patients (Kadir, Ahmad, Kefeli, Ismail, & Mohamed, 2014). This concept actually almost the same with the role of chaplain in Christian healthcare institution. In the context of HMI concept, the religious officials is responsible to visit the patient in daily routine to help patients worship and provide training and guidance to the employees of Al-Islam Specialist Hospital that helped to patients. The concept of HMI also have been recognized by the Ministry of Health Malaysia where in 2010 this concept was

also introduced in the several government hospitals such as HUSM Kubang Kerian, Kelantan, Hospital Pulau Pinang, Hospital Pakar Sultanah Fatimah Muar Johor, Hospital Selayang Selangor, Hospital Langkawi (Kadir, Ahmad, Kefeli, Ismail, & Mohamed, 2014).

5.5 Healthcare Institution 4

5.5.1 Early Establishment

Hospital PUSRAWI, MAIWP was registered in 1984 beginning with an out-patient services at Wisma Baitulmal, Jalan Ipoh, Kuala Lumpur. The hospital is a wholly owned subsidiary of the Majlis Agama Islam Wilayah Persekutuan (MAIWP). At its early establishment, PUSRAWI was recognize as Pusat Rawatan Islam Sdn. Bhd. and was develop with an authorized capital of RM 2.5 million with a paid-up capital of RM 200,000. The founder of PUSRAWI was Tuan Haji Hussien Bin Mohd Rejab the first chairman of PUSRWI besides other members that are Dr Kamaruddin bin Ahmad, Dr Suhaimi bin Haji Abd Halim which is now one of the shareholder in Al-Islam Specialist Hospital and Tuan Haji Fahro Rozi bin Mohdi. The early establishment history and shareholder of PUSRAWI has been confirmed by the representative of PUSRAWI Hospital in the interview session on July, 2019 as below:

> "This hospital was started with a clinic and only then it was occupied with ward facilities. Because to open in-patient healthcare services it must have an approval which has a guideline. It mostly maternity hospital. That's why before this, we have many maternity ward. And then this hospital develop. We add the specialist. Before this we have Dr Suhaimi which is now at Al-Islam Specialist Hospital and he is with Dr Kamaruddin which is a peadtrician. They were together. Maternity ward and children ward. So this 2 specialist were a pioneer here. But at that time, its objective is for profit. We are still under private company, Sdn Bhd. So when it related to Sdn Bhd, we can not avoid from making profit. At the first 6 years, it already the 2nd year turn around. But at the early establishment we are really struggle. So now slowly we grow. So our objective is to make profit. But at that time MAIWP does not pressure us. As long as we can cover our own cost they okay. So that we don't need to ask for funding. But when we want to grow and develop, adding a ward, level by level because we already have fifth level, we want to open a new ward and that time we need source of funding. We need it for the renovation. So that's why we need to add the fund. So there we have get another RM4 million… RM6

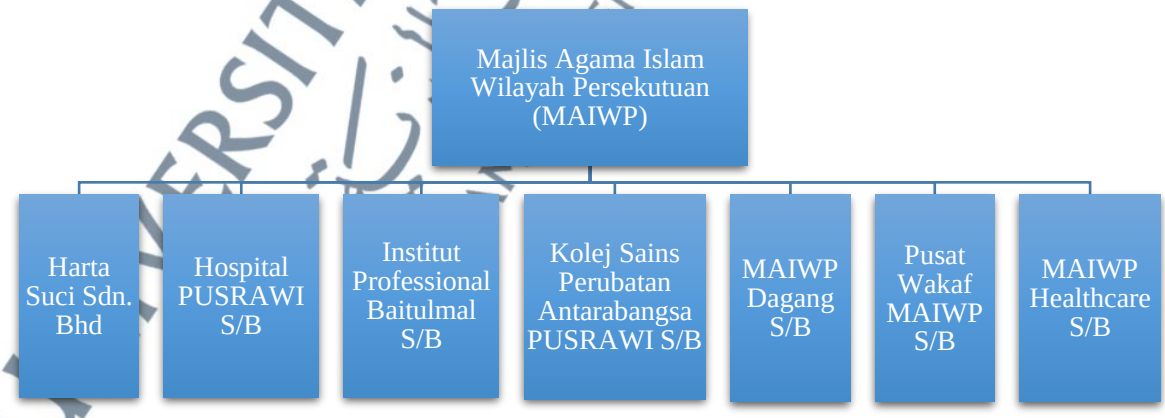
> million. Now its already RM30 million. The amount of fund already increased when we moved here."

According to the healthcare institution representative, the early fund does not came solely from MAIWP but also came from both Dr Suhaimi and Dr Kamaruddin by contributing their share which is RM20,000 each. However, along with the growth of the hospital, MAIWP acquired all the shares owned by Dr Suhaimi and Dr Kamaruddin, which made MAIWP as the full owner of PUSRAWI Hospital by 2010. This was confirmed by the representative as below:

> "Haaa… at first for the initial capital, it was indeed given by MAIWP. The 200k. But another 20k… 20k from Dr Kamaruddin and Dr Suhaimi. 20-20. Dr. Suhaimi holds a 20k share. Dr Kamaruddin holds a 20k share. But now, when they want to add on the fund, that 20k share MAIWP buy off the share. MAIWP said if we want, we want the full control of this hospital. So MAIWP buy off the share. So they have to sell it. "

With the share buy off from the both shareholder, officially PUSRAWI has become one of MAIWP subsidiary company. Today MAIWP itself has 7 subsidiary company under them and 1 foundation. Although the source of funding did not mentioning about waqf or other philantrophy sources, buat as we know that PUSRAWI was a subsidiary of MAIWP where the early source of income of MAIWP came from zakat and general sources (Annual Report MAIWP, 2000) that usually manage by the Baitulmal such as donations or sadaqah, unclaimed money or property of Muslims, bank interest or any interest / remuneration and schemes that do not comply with Islamic law, inheritance which is not inherited or not bequeathed, a lost property or luqatah and other sources other than zakat and wakaf. All this sources of income will be spend for the benefit of Muslims in general.

In order to make use of these general resources, MAIWP has established subsidiaries that can regenerate MAIWP income for the purpose of expanding the funds, operating expenses and carrying out welfare activities and the development of Muslims on a continuous basis. As stated in the MAIWP annual report in 2018, the establishment of these subsidiaries and foundation is to help MAIWP to perform its functions more effectively and extensively. Besides that, the idea for establishing the subsidiary is interpreted as a joint initiative by MAIWP to expand the socio-economy of the Ummah (MAIWP Annual Report, 2018). Through the establishment of these subsidiaries, MAIWP not only engages in the direct economic development activities that can support MAIWP's financial strength, but also further increases MAIWP's financial income in fulfilling its responsibility to help the Muslim community on a continuing effort without relying solely on zakat collection and public donations. MAIWP's strategy in setting up a subsidiary was seen to be successful when the equity investment of RM61.46 million which is the paid-up capital for the subsidiaries company have achieved a pre-tax accumulated profit of RM10.6 million. Figure 5.6 below shows MAIWP subsidiary as for the year 2018.



(Sources: MAIWP Annual Report, 2018. Page:52)

Figure 5.6: MAIWP Subsidiary Company

A brief overview on the Federal Territory Islamic Religious Council (MAIWP) which was established on 1 February 1974 coincides with the establishment of the Federal Territory of Kuala Lumpur. Its establishment is to take care of Islamic affairs in the Federal Territory of Kuala Lumpur, formerly under the Selangor State Government. MAIWP is a Muslim institution responsible for the management of Muslim affairs in Labuan and Putrajaya, both of which were declared as Federal Territories on 16 April 1984 and 1 February 2001. The provisions of Article 3(5) of the Federal Constitution and Section 4(1) of the Law on the Administration of Islamic Law (Federal Territories) 1993 provide for the formation of the MAIWP (Act 505). The authority of MAIWP which concerning the socio-economic welfare of Muslims, as provided for in the Federal Constitution and the Act, is set out in Section 7, Act 505, as follows:

> (1) It shall be the duty of the Majlis to promote, stimulate, facilitate and undertake the economic and social development and well-being of the Muslim community in the Federal Territories consistent with Islamic Law.
>
> (2) The Majlis shall have power, for the purpose of the discharge of its duty under subsection (1)
>
> (*a*) to carry on all activities, which will not involve any element which is not approved by the religion of Islam, particularly the development of commercial and industrial enterprises, the carrying on whereof appears to it to be requisite, advantageous or convenient for or in connection with the discharge of its said duty, including the manufacturing, assembling, processing, packing, grading and marketing of products;
>
> (*b*) to promote the carrying on of any such activities by other bodies or persons, and for that purpose to establish or expand, or promote the establishment or expansion of, other bodies to carry on any such activities either under the control or partial control of the Majlis or independently, and to give assistance to such bodies or to other bodies or persons appearing to the Majlis to have the facilities for the carrying on of any such activities, including the giving of financial assistance by way of loan or otherwise;
>
> (*c*) to carry on any such activities in association with other bodies or persons, including the departments or authorities of the Federal Government, or as managing agent or otherwise on behalf of the Federal Government;

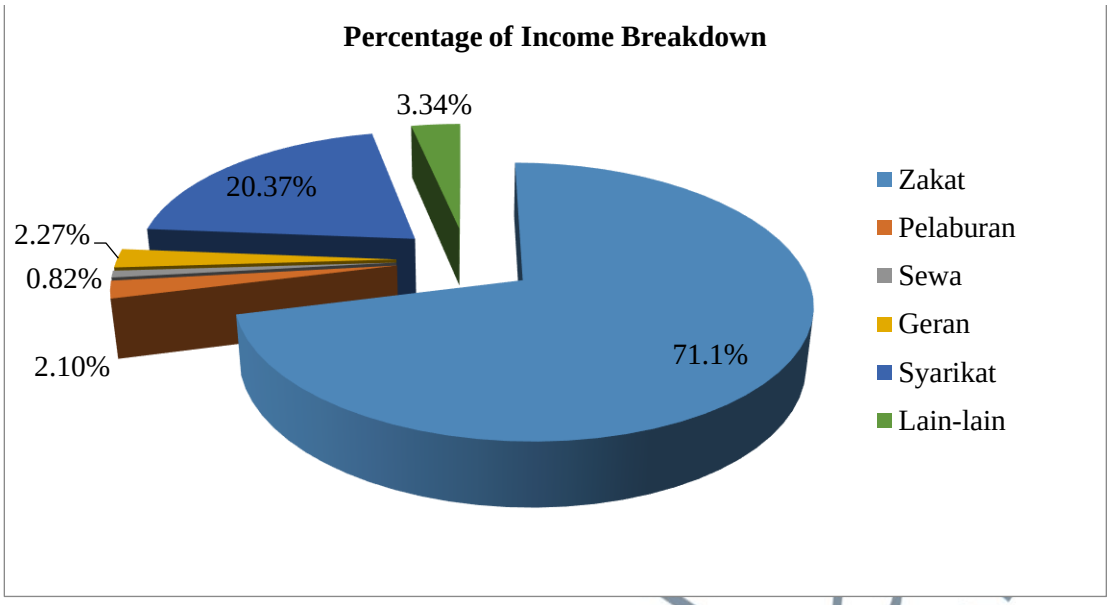
(*d*) to invest in any authorized investment as defined by the Trustee Act 1949 [*Act 208*], and to dispose of the same on such terms and conditions as the Majlis may determine;

(*e*) subject to the approval of the Finance Minister, to establish any scheme for the granting of loans from the Fund to Muslim individuals for higher learning;

(*f*) to establish and maintain Islamic schools, and Islamic training and research institutions; and

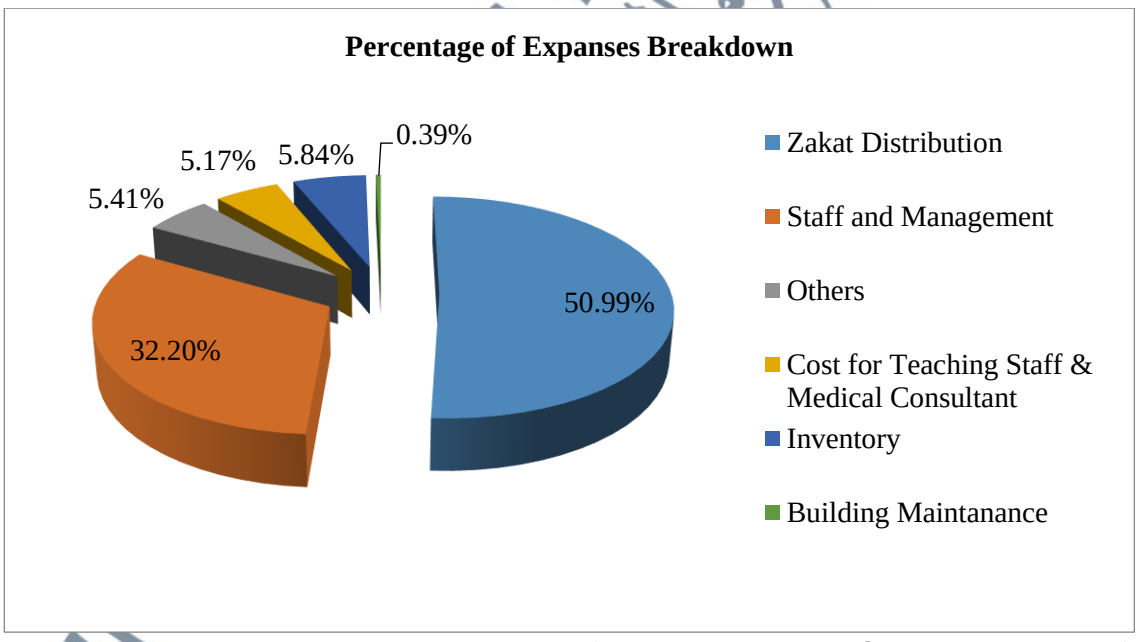
(*g*) to do all acts which the Majlis considers desirable or expedient.

With the jurisdiction laid down in the Act, MAIWP has the authority to establish its subsidiary. The establishment of these subsidiaries is intended as an attempt by MAIWP to accumulate wealth aimed at helping them in the funding of operational costs as well as ensuring the continuous distribution of assistance for asnaf and charitable activities carried out by MAIWP. Up to date, MAIWP reported group has received a total of RM924,584,380 which 71.10 per cent of the income was from the collection of zakat in 2018. As for the distribution, a total of RM733,450,547 or 79.3 per cent of the total income was spent on the distribution of zakat to asnaf, employees & management and others (Laporan Tahunan MAIWP, 2018). A total of 125,025 recipients of zakat have received an assistance in 2018 through 28 assistance schemes. Figure 5.7 and Figure 5.8 below shows the income breakdown for MAIWP subsidiaries which including PUSRAWI Hospital and the distribution of expanses in 2018.



(Sources: MAIWP Annual Report, 2018. Page: 17)

Figure 5.7: MAIWP Income Breakdown for 2018



(Sources: MAIWP Annual Report, 2018. Page: 17)

Figure 5.8: MAIWP Expanses Breakdown for 2018

PUSRAWI first in-patient services only started a month later after its establishment where it was facilitated with 14 beds at that time. However in 1985 the number of beds increased to 41 beds. Even though PUSRAWI has been operated it services in 1984, its only inaugurated a year after that which is on 25 January 1985, by Y.B. Datuk Sharir bin Abdul Samad, Minister in the Ministry of Federal Territories who is also the Chairman of the Federal Territory Islamic Religious Council. In October 2000, the PUSRAWI Hospital in Jalan Tun Razak has been developed and this hospital only commenced its operations in the new building at Jalan Tun Razak, Kuala Lumpur on January 16, 2006. The building was officially opened by His Majesty the Yang di-Pertuan Agong Al-Watiqu Billah Tuanku Mizan Zainal Abidin Ibni Sultan Mahmud Al-Muktafi Billah Shah. The operation of PUSRAWI Hospital in Jalan Ipoh from 1984 to 2005 has seen many proud achievements and its establishement is to show an excellent role and responsibility in the context of realizing the establishment of a healthcare institution that applies Islamic values.

5.5.2 Philosophy, Vision and Mission

As a hospital that is one of the subsidiaries of MAIWP, PUSRAWI Hospital also upholds the philosophy of MAIWP itself. The vision and mission of MAIWP has become the foundation of the formation of PUSRAWI vision and mission, therefore to understand the vision and mission of PURAWI, we need to know and understand the philosophy, vision and mission of the MAIWP that governs PUSRAWI. Based on MAIWP's 2018 annual report, MAIWP's vision was to become a leader in the development and well-being of the Muslim by bringing the mission through the implementation of the ummah

development agenda in a prepared and systematic manner. The formation of the vision and mission aims to achieve the following objectives:

1. To shape and create a diverse and progressive Islamic society that always seeks the pleasure of Allah.
2. To foster faith and strengthening Islamic brotherhood between Muslims in the Federal Territory in particular and Malaysia in general in order to achieve Ummah unity.
3. To raise welfare effort and deter evil in the Muslim community.
4. Implement efforts to increase the assets of MAIWP through investment and other halal efforts to the benefit of citizens.

In order to achieve the objectives set out by MAIWP, a range of strategies were formulated which eventually led to the establishment of subsidiaries which included PUSRAWI itself.

- By providing an adequate religious education facilities for Muslim needs.
- By providing an adequate places of worship for the needs of Muslims.
- Extensive, improving the quality of services and religious welfare.
- Expanding dakwah activities including assisting and guiding the activities of dakwah bodies.
- Increase and develop waqf lands.
- Enhance zakat collection activities.
- Enforce all aspects of Islamic administrative law.
- Enhance economic activities in business, development and investment

As a whole, based on the vision, mission, objectives and strategies outlined by MAIWP, PUSRAWI has created its own vision of being one of the hospital choices that can meet customer needs by offering continuous commitment and transformation. In order to achieve the vision, PUSRAWI's aim to create an offer for safe, quality and customer-friendly health services. The quality policy of PUSRAWI Hospital is to provide the best health care and ensure the satisfaction of its patients within an appropriate and correct period of time, apart from upholding the professional code of ethics and the standard of practise. This quality policy was not only set up for the customer satisfaction objective but also to inculcate Islamic principles as work ethic (PUSRAWI, 2013). PUSRAWI has outlined its own objective which are as below:

- Increase the variety of services to meet the needs / requirements of customers
- Provide a conducive and safe environment for all patients, staff and visitors
- Increase overall customer and employee satisfaction
- Achieve PUSRAWI key performance indicators (KPIs)
- To meet the clinical standards and quality based on the national targets.

In 2018, PUSRAWI Hospital has list out their main focus which is based on improving the quality of services in line with the KPI 2018 that has been set, namely:

- accreditation certification of the Malaysian Society for Quality in Healthcare (MSQH) which is the national accreditation body;
- Shariah Compliant Hospital certification;
- STEP and Customer Friendly programs with active involvement from Heads of Departments and physicians; and

- renewal of Baby Friendly Hospital recognition

Table 5.9 below, summarize PUSRAWI organization profile.

Table 5.9: PUSRAWI Organization Profile

Organization Profile	**Detail**
Date of establishment	1984
Vision	To be an excellent private hospital, preferred medical reference center, and affordable by every level of the society.
Mission	To become a private hospital that meets the demands of fardu kifayah through excellent service and professional, up-to-date technology and dedicated workforce to meet customers' needs
Objective	To provide professional health services with ongoing training To provide a comfortable and customer-friendly environment To fostering an excellent work culture based on Islamic values To return shareholders of companies, employees and community To put employees and customer as important corporate assets.
Philosophy/Core Value	'Health, comfort and safety of our customers is our top priority'

5.5.3 Service and Achievement

To date, PUSRAWI Hospital has been equipped with 164 beds and a hemodialysis center facilities. This hospital offers a wide range of multidisciplinary expertise for all groups regardless of race and religion and to ensure the continous excellent services, the council PUSRAWI Hospital has been recognized with ISO9001: 2008. Besides equipped with current technology of healthcare facilities, this hospital was also a part of Islamic Hospital Consortium (IHC) which comprises of several Shariah compliant hospitals such as Al-Islam Specialist Hospital. Being recognize as the IHC members, PUSRAWI Hospital also obliged to adopt and implement Shariah compliant healthcare services. To inline with the requirement of Shariah compliant, the management of PUSRAWI Hospital also has prepared prayer facilities include ablution kit such pure dust for tayammum and also water

spray. Almost all the member hospitals dedicate amusolla at all levels of the hospital buildings (Zawawi & Othman, 2018). PUSRAWI Hospital is committed with its commitment in delivering a quality healthcare services by paying close attention its customers and providing support in order to face of high competition.

For that purpose, according to the PUSRAWI representative, various activities and programs are carried out with their customers, namely the awarding of Loyalty Cards to qualified customers / individuals with the privilege of giving discounts between 5 percent to 15 percent. Besides that, PUSRAWI Hospital also has held a several collaborative measures with several strategic partners such as a cooperation with the National Heart Institute (IJN) as well as an MOU with several Hospitals in Myanmar. PUSRAWI is also a visiting reference center from several parties including Kenyan medical students & Universiti Tekonologi Malaysia and from Indonesia besides actively engaged in various Corporate Social Responsibility (CSR) initiatives aimed at incorporating PUSRAWI Hospital more indirectly. PUSRAWI services and facilities were summarize in Table 5.10 below.

Table 5.10: PUSRAWI Services/Facilities

Services/Facilities	
Services/Facilities	Diagnostic Imaging Physiotherapy Laboratory Pharmacy Obstetrics Hemodialysis
Quality of Care	ISO9001: 2008

5.6 Healthcare Institution 5

5.6.1 Early Establishment

MUIP healthcare services, consisting of a specialist hospital, an outpatient clinic and a dialysis center, has been around since 1990. The formation of this healthcare institutions has began with the establishment of the MUIP Specialist Hospital or today known as Pahang Medical Center (MUIP Annual Report, 2016), which began as a maternity hospital before being upgraded as a specialised hospital. After the establishment of PMC, later, MUIP took steps by setting up another clinic for outpatients named Al-Amin Clinic in 2003 and then a hemodialysis centre in 2005 located next to the Pahang State Mosque in Kuantan. The involvement of the MUIP in the activities concerning the provision of healthcare services has been explained by the representatives of the MUIP in the interview session as below:

> "So I have to explain first. In Pahang, we have 3 types of activities that involve health. From the three activities involving health, first we have an out-patient clinic. If you see it from here, it is Al-Amin Clinic. The Al-Amin Clinic was established in 2003. I took the idea of the establishment from the An-Nur Wakaf clinic. I mean 2002, I went to a seminar in Johor Baharu. Coincidentally, the late Tan Sri Ali Hashim said he had An-Nur Wakaf Clinic and took me for visit. So and from there, I came up with an idea that I brought back here. I talked to my boss. I said that why not we set up a clinic with the concept of waqf. Because we can't do it like An-Nur. An-Nur Wakaf clinic is very special. The only one. An-Nur Wakaf Clinic, they only offers a fee of RM5 only, no matter what type of sick. If we want to make a similiar concept of An-Nur Wakaf Clinic we will go bankrupt. Confirm bankrupt. An-Nur Wakaf Clinic does not bankrupt because it has JCorp CSR. And JCorp has cut down its a few percent of share for CSR. So for that they can give for RM5. Besides that, JCorp also can direct their doctors to work at the wakaf clinic which is under KPJ. But us, we do not have a hospital. So, when we come back here, so we really can't do the concept of waqf. Even the name of wakaf connot be used for the clinic. But what we can do, we have the concept of wakaf here where the medical bills are 20% lower than outside. If we say outside charge for RM40, we will charge for RM36. We kept that low element from 2003 until now. That

is our only clinic that has the concept of waqf. And the poor patients, who get treatment at the clinic, they will still get free treatment, but the clinic will claim with the religious council (MUIP). And the religious council (MUIP) will pay. Not free for the clinic. So the clinic will always have income. So the clinic can be sustain. That is one of the concepts I brought back from JB. Waqf clinic. From An-Nur Wakaf Clinic to our clinic. Secondly, we have a dialysis center. Our dialysis center is built using zakat resources. Buildings are form the source of zakat, operations are from the source of zakat. Here we don't have the concept of waqf. I mean waqf from the aspect of free charges, we don't have. But what we do, since we use the source of zakat, the charge payment that we take only RM200. Thats mean there is an element of savings there. It is not waqf. It means if people go outside, they usually have to pay 250-300. But at our dialysis center, we only charge RM200. So there is an element of cost savings there with the source of zakat. Ok, then we do have a hospital. We have this hospital for the past 16 years. But our hospital is not a waqf hospital. It was originally a maternity clinic. Which mean at early, it was owned by a three doctors. Then one of the doctor sold his shares to us. So we bought his shares, but only as a partner at that time. We do nothing. But when the KKM makes a new rules that the maternity clinic can no longer be in the shop lot because it was originally at the shop lot, so we, the religious council has moved the maternity clinic to our building in Jalan Gambut. So when the clinic moved there, we changed the name toPusat Rawatan Keluarga PRKMUIP. So we moved there, we took 1 lot, we made a maternity hospital. We moved there because KKM does not allowed. Then we changed the name to PRKMUIP Specialist Hospital. From maternity clinics, treatment centers, to specialist hospitals. So when we change to a specialist hospital, we inject fund. We inject our own share. So far from 30%, up to now, we have 70%. When we entered the maternity hospital, the KKM made another changes. They said that every hospital should offered a full discipline. Cannot segment. All disciplines of treatment. So when there is a requiremet for a full discipline treatment, so we have to close the maternity clinic. The building actually has 5 blocks. We use only 1 block. So there is another 4 blocks. So we had to take the remaining 4 lots to make a full hospital. So the maternity clinic is gone, we expanded with other units, MRI, CT Scan etc. And the development is based on the instructions of KKM. KKM is indeed strict. If we do not followed, it must be closed. So when we took the 4 lots, we felt we had to change the hospital to a commercial name. So from PRKMUIP Specialist Hospital we changed our name to Pahang Medical Center."

The MUIP outpatient clinic began its operation and offered it services to the Muslim community in Pahang on January 28, 2003. The idea behind the creation of the Al-Amin Clinic was inspired by the establishment of the Waqf An-Nur Clinics in Johor during the

MUIP representative visit in 2002. However, due to financial constraints and sustainability concerns, the ability of MUIP to establish a clinic with a waqf concept similar to the Wakaf An-Nur Clinic during that day cannot be realised. The concept of the Al-Amin Clinic cannot followed the concept of the Wakaf An-Nur Clinic, which only charges RM5 for its services because it has not supported with a strong waqf foundation. If Al-Amin Clinic decided to pursue a similar concept of Wakaf An-Nur Clinic, they may face a financial problem and would not be able to last long because the speciality about Wakaf An-Nur Clinic operation, it was funded with a waqf share of JCorp that has been managed by WANCorp for the CSR purposed. In addition, JCorp may also instruct their doctors at KPJ to work with them. Since MUIP does not have its own hospital and having a restricted funds, they could not have adopted the Waqf An-Nur Clinic model and even the name of wakaf could not have been used for the clinic.

Even though the waqf model could not be adopted into the operation of Al-Amin Clinic, MUIP still injects a bit of waqf or philanthropy element where the medical bill charges are 20 per cent lower than other out-patient clinics and have been implemented since 2003. As for the poor patients who seek treatment in the clinic, free treatment will be given as the cost of treatment will be paid by the Religious Council (MUIP) via the clinical claims process. With the selection of the clinic location next to the Pahang State Mosque in Kuantan, it is a strategic location and its presence is intended for the convenience of visitors, particularly among mosques worshippers. While for the dialysis centres, it is built and operated using zakat sources, where the patient will be charged for only RM200 for the payment. The charges are borne in part by the Religious Council through the zakat source, which makes the cost lower than the usual cost at other dialysis centres, which ensures that

there is an element of savings for patients who seek for the service. This dialysis center was under the supervision of Klinik Al-Amin Sdn Bhd and it was situated on the grounds of Masjid Saidina Umar Al-Khatab Cenderawasih, Kuantan. This dialysis center is a social development program for zakat distribution by MUIP which aims to offer dialysis services to growing kidney patients, especially from the less fortunate community in Pahang.

Meanwhile, the hospital that has been taken over by MUIP for the past 16 years, is not a waqf hospital. The initial establishment of this hospital began with a maternity clinic owned by a three doctors. Once the shares of one of the doctors are sold to MUIP, it was the first step towards MUIP involvement in the healthcare sector. When the KKM made a new rule that the maternity clinic could no longer be in the shop lot that was once the former clinic operate, MUIP had moved the maternity clinic to the MUIP building in Jalan Gambut, and the clinic had been upgraded from maternity clinic to maternity hospital, resulting in name change to Pusat Rawatan Keluarga PRKMUIP where the hospital occupied 1 lot building at that time. From maternity clinics, treatment centres to specialised hospitals, MUIP has inject more funding and has a share from 30 per cent to 70 per cent and up to now MUIP shares has grow to 93 per cent. However a recent KKM instruction led MUIP to shift its maternity hospital to a hospital that offer a full treatment discipline and led up on to the dissolution of the maternity hospital.

The move also forced MUIP to take the remaining 4 lots to make a full hospital. This building lot involves lot building number 3, 5 and 7 at Wisma MUIP (MUIP Annual Report, 2016). On 13 May 2017, the management again changed the name of the hospital to Pahang Medical Center (PMC) as part of the rebranding strategies in line with the enhancement of multidisciplinary specialty services and the provision of full medical facilities for patients.

Both specialised hospitals and clinics are registered as two separate subsidiaries under MUIP, namely Pahang Medical Center Sdn Bhd and Klinik Al-Amin Sdn Bhd (MUIP Annual Report, 2016). In addition to five other subsidiaries, the clinic and the specialised hospital were registered as one of the MUIP subsidiaries as illustrated in Figure 5.9 below:

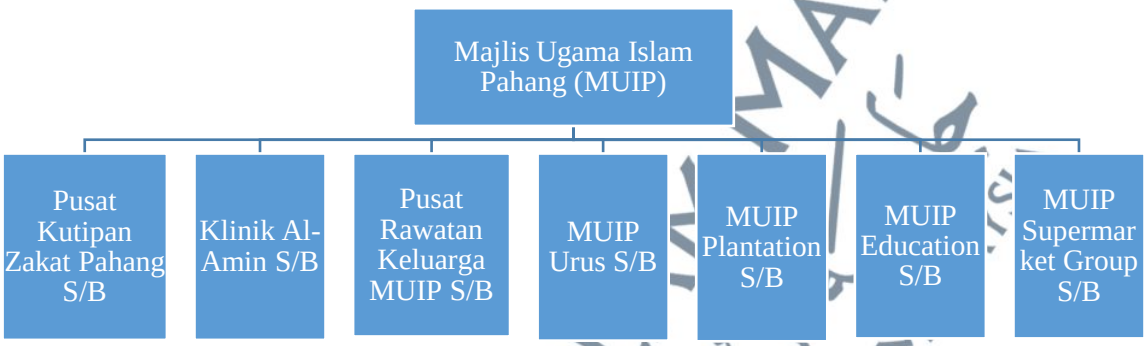


Figure 5.9: MUIP Subsidiaries

The establishment of hospitals and clinics under the supervision of MUIP is the same concept as the establishment of the PUSRAWI Hospital under MAIWP. Initial funding for the development of such hospitals and clinics was came from the Baitumal resources which are different from the source of zakat and waqf itself such as from the donations or sadaqah, unclaimed money or property of Muslims, bank interest or any interest / remuneration and schemes that do not comply with Islamic law, inheritance which is not inherited or not bequeathed, a lost property or luqatah and other sources. This initial fund for the establishment of MUIP healthcare institution has been confirmed by the MUIP representative as below:

> "The building we bought for PMC was with Baitulmal money. The building we bought for the hospital used Baitulmal money. Then we entered the hospital, from one lot until all the lots became hospitals."

In order to understand the organisational structure of the health institutions under the supervision of the MUIP, it is very important to understand briefly the origin and background of the MUIP itself. Basically, as can be known from Figure 5.9 above, it can be understood that PMC, Al-Amin Clinic and the MUIP Dialysis Center are wholly owned subsidiaries of MUIP. The establishment of this subsidiary of the MUIP shall be consistent with the powers and functions of the Religious Council referred to in Section 5, Administration of the 1991 Islamic Law Act. Under this clause, the Council has the power to create or support the creation of subsidiaries either individually or in association with any person or organisation and to channel funds to the company. Section 5 is described in detail below:

Section 5. Powers and functions of the Majlis.

(1) The Majlis shall assist and advise His Royal Highness the Sultan in respect of all matters relating to the religion of Islam and Malay custom, except matters relating to *Hukum Syarak* and those relating to the administration of justice, insofar as it relates to the State of Pahang, and in all such matters shall be the chief authority in the State of Pahang after His Royal Highness the Sultan save as otherwise provided in this Enactment or any Enactment relating to the religion of Islam.

(2) The Majlis in discharging its functions shall have the power to deliberate and carry on all activities pertaining to the development of the religion of Islam and Malay custom.

(3) The Majlis in discharging its functions may establish and promote the establishment of companies either on its own or in association with other bodies or persons and may give financial assistance to such companies.

(4) The Majlis may purchase, underwrite, or otherwise acquire any stock and shares in any public or private companies the business of which in the opinion of the Majlis is not against Islamic principles.

On the basis of the power of the law, it can be understood that the creation of this MUIP-supervised healthcare institution is not purely for the purpose of carrying out charitable activities, but acts as an economic driver for Muslims in general. As discussed earlier, the role of the Religious Council in economic activities is important to ensure the survival of this organisation by continuing to channel support for the poor and not solely on the basis of zakat, waqf and donations. The revenue generated by the Religious Council from the economic activities of its subsidiaries not only serves as a social and welfare fund, but can also move the local economy by providing employment and business opportunities in the form of broader economic functions. Just like Al-Amin Clinic, which provides lower cost treatment compared to other private health providers with quality services due to MUIP subsidiaries, so that all types of community backgrounds, particularly the low-income group, can have access to more quality healthcare services.

As far as the Pahang Medical Center or formerly known as the PKRMUIP Specialist Hospital is concerned, the purpose of its establishment is to generate revenue for MUIP in order to ensure the continuity of the distribution of the assistance to asnaf without relying entirely on zakat funds. In addition, the existence of PMC also provides facilities and alternatives for Muslims belonging to the M40 community who have a financial capability to access health services that are more comfortable and eligible than public health services, as described by the MUIP representatives for the purpose of establishing PMC as below:

> "So this hospital is not a hospital for asnaf. Why not? Because originally it was from a maternity hospital. If the maternity hospital, why ask the poor to give birth there? Well it better to send them to the government hospital. So they are more suitable there. Our core, we are famous, as a maternity hospital. So asnaf people if they want to give birth, its better for them giving birth at the government hospital. We have a government maternity hospital. If you want to

give birth at this hospital, you have to pay. But however, the cost at PMC hospital is always lower than Kuantan Medical Center or other private hospitals in Kuantan. Although it is not a waqf, its charge is lower. The purpose is to enable Muslims who want to give birth can come to our hospital. If they go to KPJ, the charge is expensive. If they go to KMC it also expensive. So, with us offering a lower cost, and also for any treatment including the ward charges, so Muslims can get the health treatment facilities here."

The involvement of MUIP in the provision of healthcare services provides an alternative for Muslims, particularly the middle class, to obtain more comfortable healthcare services at affordable prices. In reality, the presence of the MUIP healthcare services such as PMC was in line with the vision and mission of MUIP establishment itself, which will be discussed in depth in the next section.

5.6.2 Philosophy, Vision and Mission

The vision and mission of Al-Amin Clinic Sdn Bhd was in line with MUIP corporate vision and mission. MUIP vision is to become an efficient and superior Islamic institution in the aspect of management. Thus to achive the vision, MUIP has outlined its mission which are:

1. Empowering the ummah through increased piety
2. The formation of praiseworthy morals
3. Sustainable socio-economic management
4. Effective da'wah
5. Cultivating knowledge
6. Dignification of Malay customs and legislation based on Sharia law

In line with its vision and mission, MUIP has introduced quality policies and objectives that are also implemented in every organisation it leads, including MUIP subsidiaries. The quality and objectives policies are as follows:

Quality Policy of MUIP:

Majlis Ugama Islam dan Adat Resam Melayu Pahang (MUIP) will provide the best service to enhance the syiar of Islam in accordance with the Malaysia Constitution and Pahang State Government Law.

Quality Objective of MUIP

1. Improving the quality of MUIP administration in line with the aspirations of "MUIP Terbaik".
2. Ensure that all employees have training and knowledge in accordance with the duties and responsibilities given.
3. Apply the concept of "Multi-skill" to all employees
4. Add and refine IT systems to speed up work processes.
5. Ensure financial management in accordance with the rules and financial guidelines set up
6. Analyze and review the existing laws and maintain new laws to produce complete laws and regulations.
7. Increase efficiency in processing zakat assistance to all eligible asnaf
8. To make the institution of waqf as an agent to develop the socio-economy of Muslims
9. Investment as a tool to diversify financial resources

10. Business is implemented to be an alternative to the public
11. Supervise, control and monitor mosques and suraus so that it is used as a place of worship as well as a place for knowledge, economic and social development.
12. Implement dakwah programs in a planned and organized manner.

Table 5.11 below shows the summarization on MUIP Healthcare organization profile.

Table 5.11: MUIP Healthcare Organization Profile

Organization Profile	**Detail**
Date of establishment	1990 & 2003
Vision	To provide the best service to enhance the syiar of Islam in accordance with the Malaysia constitution and Pahang State Government Law.
Mission	1. Empowering the ummah through increased piety 2. The formation of praiseworthy morals 3. Sustainable socio-economic management 4. Effective da'wah 5. Cultivating knowledge 6. Dignification of Malay customs and legislation based on Sharia law
Objective	To provide the best and highest quality medical care from the beginning and at all times, in compliance with Islamic methods, to satisfy customer.

5.6.3 Service and Achievement

MUIP healthcare subsidiaries comprising Pahang Medical Center (PMC) and Al-Amin Clinic provide different health services based on consumer demand and target customers. For PMC, health care delivery focuses on a wide variety of treatment disciplines, including dilation and curative health services, paediatric treatment, physiotherapy, vaccination, cardiology, gastroenterology, urology, AV Fistula surgery, emergency services, in-patient and out-patient and radiology. The hospital is also fitted with a range of medical services, such as ward room that consisting of three types, including executive, single and twin rooms. Apart from that, the hospital also provides the services

of specialised clinics as a whole as well have the operation room, maternity ward, treatment room, radiology unit, laboratory, CT Scan, MRI and the number of hospital beds added from time to time. Other facilities provided by this hospital was a gift shop, surau, seminar room, baby room and a waiting room. Meanwhile, for Clinic Al-Amin, the services provide is focusing on out-patient services. Among the medical facilities that they have here was including X-tray and hemodialysis services. The facility for this clinic is fitted with updated medical equipment, including x-ray facilities and 28 hemodialysis machines , to meet the needs of patients in accessing the healthcare services at this clinic. Table 5.12 below summarizes healthcare services and facilities at PMC and Al-Amin Clinic under MUIP.

Table 5.12: MUIP Healthcare Services/Facilities

Services/ Facilities		
Services/Facilities	**Pahang Medical Center (PMC)**	**Al-Amin Clinic**
	Dilation and Curative Paediatric Physiotherapy Vaccination, Cardiology, Gastroenterology, Urology, AV Fistula Surgery, Emergency services, In/Out-patient services Radiology	Out-patient services Hemodialysis services X-tray
Quality of Care	-NIL-	

5.7 Healthcare Institution 6

5.7.1 Early Establishment

Penang Adventist Hospital (PAH) is part of the International Adventist Religious Network with 600 non-profit hospitals, clinics and dispensaries worldwide owned by the Adventist Religious Community organization. PAH is started by a missionary mission and this has been confirm by PAH representative during the interview session as below:

> "So actually if you know the origin of this hospital in Penang is started by missionary. It started in 1924. Our birth is December 12, 1924. So by December this year, we have complete 95 years. Dr J Earl Gardner… So we actually have a charity fund under Dr J Earl Gardner. He is medical doctor. He is a qualify doctor. In fact in those day in 1924, UK is a strong country than America. So he had actually have go to UK to sit for exam before he can come. He is graduate from Loma Linda University. But those day it is not call as Loma Linda University. Those day it was called as Medical College of Medical Advengelist. College of Medical Avengelist. So you can say that our parents institution came from there. So he was trained there and he sat the exam in London so he can qualify to practice in Malaysia. In British colony."

In Penang, the establishment of a hospital under the missionary of Advengelist began in 1924 with Dr. J. Earl Gardner, who was one of the preachers. Dr. J. Earl Gardner was in fact, a medical doctor who graduated from Loma Linda University or formerly known as the College of Medical Advengelists in America, where he had been trained there before coming to Malaysia that is under the British colony at the time. Since its establishment and up until now, the inception of the hospital that has reached the age of 96 years in 2020, never ceasing to help the poor, particularly those around Penang. PAH has continuously grown to become a tertiary healthcare centre for the Malaysian community and international visitors. The early establishment of this healthcare facility began on 12 December 1924, when Dr. Earl Gardner opened his first Seventh-day Adventist Clinic at

108 Muntri Lane, Penang, where he devoted his life to supporting the poor and the sick. Among the strategies implemented other than running the clinical operations, Dr. Earl Gardner is also involved in many volunteer projects for the needy in Penang. His efforts to support the poor in obtaining healthcare services even portrayed by his clinical signboard, written as "Seventh-day Adventist Clinic, Poor Treated Free." That is how he promote his clinic in the early years and after a few years of operation, the clinic eventually converted to a newly constructed hospital building, which was constructed in 1929, and the operation of the new hospital was carried out in 1931, while its first patients only officially received by early 1932.

However during the Japanese invaded Penang in 1941, the hospital was took over by the Japanese soldier and it was renamed as 'The Love Hospital'. Two years later, the left wing has been built and was named as 'The Japanese Wing'. After the war has ended, the hospital has been renamed for several times such as 'Penang Mission Hospital' and 'Penang Sanitarium and Hospital'. The demand of patient has driven the hospital management to be expanded its building where in 1958, the right wing of this hospital was built. This enabled the hospital to provide first-class private wards, modern operating theatres and delivery suites and enhanced the services of the hospital.The hospital received its current name in the late 60's when 'Rumah Sakit Peranginan dan Rumah Sakit Pulau Pinang' (Penang Sanitarium and Hospital) was changed to 'Rumah Sakit Advent' (Penang Adventist Hospital). This time, the changes on the hospital name was in line with more than 400 Adventist hospitals and clinics worldwide. Since the hospital is part of a global network of Adventist hospitals, the initial source of funding for the hospital comes from the source

of philanthropists such as from the Seventh-day Adventist Church community and individual donations, as mentioned by the respondent in the interview session below:

> "In the early year, the money came from America. Loma Linda. So he (Dr J Earl Gardner) maybe himself…. I don't know how he got the money. Might be he got from his friend. From institutional also. Because our church is started in 1863. So then by 1924, actually in 1919 he graduated from Loma Linda school. So he was preparing to come to this area. But he didn't know where he is going to land. He was already coming to this area Southeast Asia. Now this is the charity fund. So how do we sustain the operation? Now actually the operation since I came here we at least 20 years, there is no external fund anymore. We have to self sustaining."

Although the fund was given by the America Adventist at the beginning of its formation, according to respondent after 20 years of operation, PAH no longer received the fund and started to self-sustain. From a small clinic, Penang Adventist Hospital has developed into what it has today which begin from the support with the charity collection and income received by the hospital. All the fund collection and income was not only channeled to the development of this hospital but also to other fund which aims to support the patients in the need. Among the type of funds that has been establish by the management of the hospital are given as below details in Table 5.13. Since PAH was a part of International Adventist Religious Network, thus the history of the origin on the establishment of PAH would not have been complete without exploring the roots of the Seventh-day Adventists beliefs as a pillar of the development of this Adventist Community organisation.

Table 5.13: Types of Fund at Penang Adventist Hospital

Types of Fund	Details
Dr J. Earl Gardner Fund	Assist needy patient suffering from chronic illness in areas of tumour, cleft, palate repair, scoliosis, stroke and major surgeries
Patient Heart Fund	Provides free or subsidized financial aid to needy patients suffering from heart ailments
Cancer Fund	Assists needy cancer patients to undergo cancer related treatment
Welfare Fund	Income received by hospital during Sabbath was channelled towards this fund to assist needy patient in dialysis, cataract surgery, admission bills and minor surgeries.
General Fund	Provides financial aids to support the development & expansion of the hospital, upgrading facilities, staff training and nursing student sponsorship.
Recycling Fund	This fund is for aiding the needy employees and public who are stricken by natural disaster and other needy situasion such as daily necessities.

The relationship between the PAH and the Adventist Church community is clearly clarified by the respondent in the following conversation below:

> "We were under Adventist Church. The Peninsular Malaysia we have many church. Then Sabah, there is Sabah mission and in Sarawak, we have Sarawak mission. Ok. So under this many mission, then we called it union. So there is regional office. So we have Southeast Asia union which is actually located in Singapore. So the sponsorship…. Because our hospital is a big institution directly park under union. Like we actually have a publishing house, printing book and all the same which is now you know is dying soon. So not very prominent. Under the union. So we not only have this hospital. Actually last time in Singapore we also have a hospital. But Singapore cannot keep up with the phase of development. So it closed. The government took back the land. So we closed. But in Thailand we still have 2 hospital. In Thailand Phuket and Bangkok, there is still have a hospital there."

As for the Figure 5.10 below shows the illustration of PAH leadership hierachcy from the Penang Adventist Hospital Charity Report 2018.

Figure 5.10: The illustration on Penang Adventist Hospital Leadership Hierachacy

Adventits religious is actually associated with the permanence of the Seventh-day Sabbath which believe that 'body' and 'soul' are one and the same, while death means the termination of mind, life and soul (Bacchiocchi, 1980; Bull, 1989). Adventist theology itself is notably strict, and has created separating behavioral standards such as Sabbath observance, dietary and entertainment restrictions, and heavy demands on the time of members, while its educational and medical institutions,which were founded in what were initially rural areas, drew many members to live,work, and go to school in shared isolation (Lawson, 1995). Compare to other Christian believers, Seventh-day Adventists faith choose their worship on Saturday instead of Sunday. Other than that, the teaching of Seventh-day Adventists also emphasize on the concept of heavenly audit in which the outcome will determine who is entitled to spend eternity with God and who is destined for eternal damnation (Butler, 1987; Morgan,2001; Schwartz, & Stagner, 1970) This concept was also applied in the development and operation in its contemporary Adventism

institution as a model and motivation for accountability on earth and used to maintain psychological control between individual members and the organizations.

Apart of healthcare facilities development, Adventist Religious Network also involved in the establishment of educational facilities such as schools and universities, social care, as well as involve in the economic activities such as publishing and becoming a health food manufacturer, which has made the Protestant ethos of the 18th century as the organisational ideology to support Advetist faith (Morgan, 2001). This Adventist religious health business orientation was very popular in a variety of business divisions, such as cooking schools, vegetarian restaurants and sanitariums, starting in the 1900s, and among the network of well-known business organizations to date, such as Kellog's and Sanitarium, with the goal of attracting new believers. According to Ballis (1999), Seventh-day Adventist belief was actually apart of Evangelical Protestant family that was originally born from the Millennial Movement of the 1800s after William Miller interpreted the bible verses by making several assumptions regarding the second coming of Christ where the religious movements whose origins can be traced back to social and religious fermentation in the United States. The religious movement which at the beginning was being an overly extremist and unpopular 'shut-door' belief began to make a transition to a more formal and socially acceptable movement after the appearance of a woman named Ellen White who was assumed by the believers to be a God-inspired prophet (Theobald, 1985; Anderson, Staugard, & VanDam Anderson, 1986; Dick, 1986).

After the presence of this figure, Ellen White, who claimed to have some vision of God in 1844, had eliminated the 'door-to-door' belief demanded as a probationary period for sinners to repent and that no new believer would be saved. She also introduced a new

teaching philosophy to this belief in matters ranging from the role of the Sabbath in the final events to the dangers of tobacco, which led to the appointment of her and her husband, James White, as Adventist leaders in the 1850s. Along with that appointment, the reception of new members began after the Evangelical Tent Meeting in 1854 and in 1863 they held their first General Conference in Battle Creek, Michigan, and officially named themselves as Seventh-day Adventists (Theobald 1985; Anderson 1986; Dick 1986). According to the history of Advestis religion, in 1863 was also the time that Ellen White got a vision for a 'health message' and started writing papers promoting a moderate vegetarian diet and the use of hydrotherapy and natural remedies. Based on the 'health massage,' leaders of Seventh-day Adventist felt the need to appoint a professionals for religious teaching where at the same time the United States also carried out the reforms to public health which encouraged them to fund the medical education of John H. Kellogg. Once Kellogg completed education in the 1890s, he began contributing to Chicago citizens' well-being his experience and skills in medical services, and in 1893 he set up the Medical Missionary and Benevolent Association in 1893 (Schwarz 1986).

In the meantime, many early Adventist evangelists also worked in farms and not just in charities, due to the satisfactory return of rural development involving the agricultural sector, which indirectly formed part of the Adventist religion, which flourished until the second half of the 19th century (Theobald 1985). The developments in the agricultural sector have also attracted the interest of the immigrants to United State and started to be overwhelmed. However, the presence of these immigrants has benefited the orientation of the Church in the West and in rural areas, where most of these immigrants have settled in the Midwest and started their own farms and have contributed to Advent membership, as

well as being a factor in the growth of the church abroad in international evangelism(VandeVere, 1975). Adventist teaching is very common in countries that are in the process of economic growth as a result of their contributions to health and education institutions in the region, where their number of followers has now risen to 29 countries with a membership of 200,000 or more, of which only 9.5 per cent reside in a developed country (Lawson & Cragun, 2012). The better acceptance of Adventist missionaries in the developing countries has make them realized that, in order for other nations to accept the teachings of Advent, they need to use different strategis by using methods that are closely related to the culture and level of development of the society such as through the opening of language schools for the Chinese and Japanese youth with the aim to attract them (Schwarz 1986). Although for developing countries the missionaries strategies was accepted, but at the poorest and wealthiest countries that was undergoing economic transformations, the membership growth is very little due to traditional social relations, while in the most developed countries, due to a more secular social structures, most people less drawn to strong religious unity (Cragun & Lawson, 2010).

In addition, companies such as Kellog and Sanitarium have also been set up with the aim of promoting Advent lifestyles and values through a more practical, profitable and competitive approach around the world. According to Christenson (1981), dietary activities are the primary responsibility of the company and the Sanitarium is a branch of business organizations within the Adventist faith community that still adheres to the Advent philosophy of health. As we know that Sanitarium is a leading company in the soy milk market and also produces a wide variety of vegetarian foods has played an important role in shaping the Australasian nutritional practice which is a key department in the structure

of the Seventh-day Adventist Church. The main focus of this business is to produce products for the growing vegetarian market and in the Australian context, Sanitarium has a trustee company structure that qualifies it as a charitable organization on the grounds that the organization is considered "beneficial to society" and "religious progress" (Veitch, 1985). As the Sanitarium still acts as a Church Agency, at the same time it also needs to use professional accounting software to generate internal financial reports to conduct international business in order to fulfill its position as a business organization to increase profits through the manufacture and sale of health food products (Hardy, 2008) and at the same time also overseen by the South Pacific Division, the highest governing body and church in Australia and New Zealand (Oliver, 1989).

All the strategies adopted by the Seventh-day Adventist Church are focused on social and geographical contexts as well as other variables of transition over time to contend for the attention of a new group of believers. The early establishment of schools and hospitals gave Adventism a strong foothold in underdeveloped countries that had not yet begun economic transformations (Lawson & Cragun, 2012) where the implementation of the Advent message was directly related to economic progress in some regions. Although theology, health and education are strictly the basis of Adventist teachings, they are somehow seen as contributing to the development, apart from the presence of numerous social and international groups that are also growing as a result of Advent messages that have formulated several contextual growth factors. In addition, the hierarchically structured Church governing bodies and their domains often follow political boundaries, ranging from small geographical areas to many countries, have helped Adventist institutions in various field to be sustain. But still, the General Conference comprises the entire Church body, with

its headquarters based in Silver Spring, Maryland is the top of decision-making processes and is where the President works (General Conference of Seventh-day Adventists, 2013).

5.7.2 Philosophy, Vision and Mission

To this day, Penang Adventist Hospital still has a clear vision and goal to be a hospital that remains a non-profit institution with the intention of serving the community. The slogan "God Heals, We Help" itself influenced the role of this institution in carrying out its duties and providing charitable care to society, regardless of economic and racial context , particularly to the poor and needy. The slogan itself is prominently displayed at the entrance to the hospital building and the numerous portals as a sign of the hospital's determination to improve life and make a difference in society by offering quality medical care and financial assistance to the needy. Since the Seventh-day Adventist Church is a religious organisation that responsible on the creation of the PAH, thus the PAH also has the same philosophic basis as the organisation that regulates it. The basis for the creation of teaching and practice in this religion is to encourage a good health practices by avoiding the consumption of alcohol, tea and coffee and some 'illegal food' as enshrined in the Jewish Torah, while at the same time encouraging vegetation among its believers. The PAH representative also gave his explanation of the practises in the Adventists belief as the conversation below.

> "We actually Seventh-day Adventist we actually have a health philosophy or how we should live and how we should eat. We are very particular. I think there a lot of similiarity between Muslim and Seventh-day Adventist. Why? We definitely don't drink alcohol. Its haram for us. Not only eating pork is haram. We are stricted. We follow the full old testament where we don't eat prawn, we should not eat prawn, we should not eat horse also. Camel also cannot eat. We follow the old testament very strictly. We believe both old testament and new

> testament apply. So old testament although draws actually they have health law. They are not ceremony law. So a lot of church say never mind and we believe. There are in the bible there are some confusion about wine. Sometimes they said that wine is ok. But for us its wrong. We think drink alcohol is wrong. Ok no drinking. A good Seventh-day Adventist should not drink at all. And we gone even stricker. We are not just eat clean meat, but we even promoting vegetarian food. Our church now this is not required. Not such as no smoking and no drinking. Vegetarian is not required. So this. Quite strange."

The health philosophy they hold is fundamental to the belief held by the Adventist community. The sectors of the economic field in which they are active are often linked to basic health care, such as the development of hospitals and other business that related to dietry product. As for the economy, Seventh-day Adventism institutional success is synonymous with being blessed by God (Bull, 1992; Kalberg, & Weber, 2002; Schwartz, 1970) thus these institutions function as instruments for promoting the Adventist gospel which is a key teaching of Adventism is the promotion of healthy living as a religious duty (Numbers, 1992). The mission and vision of this hospital was also describe the wishes of Dr. Earl Gardener, the founder of the hospital. Therefore, in honour of its founder, PAH has set up a fund under his name to honour all his efforts and sacrifices that have worked tirelessly to support the people of Penang. The foundation, named after him, is dedicated and selfless to helping those in need of chronic diseases in the categories of palate repair, scoliosis, stroke and major surgery. To date, more than RM3,000,000 has been allocated to the patient population. Furthermore, as a hospital with a strong mission and vision element, the institution also have a board members with clear values as well as transformational leadership based on strong spiritual, vision and missionary convictions to continue in contributing to the society. Each Adventist Hospital has its own Board of Members, made up of 9-27 leaders. The presence of this Board of Members is extremely important to ensure

the effectiveness of leadership where the Head of Council is very important to the performance of a non-profit organisation and has a significant impact on the success of the healthcare institution itself (Harrison & Murray, 2012). Table 5.14 below summarize PAH organization profile.

Table 5.14: Penang Adventist Hospital Organization Profile

Organization Profile	**Detail**
Date of establishment	1924
Vision Statement	A people-centred teaching and learning healthcare system with international quality wholistic care, delivering excellent experiences to the community and region.
Mission	Penang Adventist Hospital is committed to demonstrating the love and healing ministry of Christ by providing comprehensive, competent & excellent healthcare for all.
Philosophy/Core Values	The core value were guided by a set of values which all staff adhere to and through which the institution collectively strive to deliver better outcomes and services where it comprises as below: • **C**ommunity mindset, building mutual trust, accountability and teamwork. • **A**chievemnet of excellence, continous assessment and strategic growth. • **R**elavance in technology, enhancing services and strengthening relationships. • **I**ntegrity in word and deed, genuine and ethical stewardship. • **N**urture through reinforcement and celebration of outstanding service. • **G**odliness through compationate care, reflacting the life of Christ.

In term of PAH leadership hieracacy, it was lead by the board of trustee and administrative council. The leadership of these hospitals typically has a chief Executive Officer of the hospital who serves as secretary of the board and reports to the chair. The board chairs are typically comprised of regional CEOs and/or Adventist health system

executives. Each region has a market CEO who serves as cEO of the principal hospital and then serves as the board chair of the other facilities within the market. However there may be a strong cultural influence that under values mission naivety or apathy and weeds out leaders from rising to the level of board chair (Stahl, Covrig, & Newman, 2014). The hospital also ensures that there is strong alignment between donor requirements and the hospital goals, by sticking to the activities stipulated by the proposal and meeting the donor conditions for funding.

5.7.3 Service and Achievement

The hospital is staffed by committed doctors, nurses and health practitioners besides provides modern medical equipment to ensure the quality of healthcare services. Penang Adventist Hospital start to grew from a 120-bed hospital to a 211-bed tertiary care facility at the end of the 1990s. Today, the hospital has a modern five-storey building and seven-theatre operating suite, a ten-bed intensive care unit, delivery suites, a neo-natal intensive care unit, an x-ray imaging unit, a physiotherapy unit and three-storey patient wards.

This healthcare institution was also funded by a strong public and corporate fund, both abroad and locally, that can be traced via the existence of the fund it has set up. In conjunction with its vision and mission, hospital management has provides welfare services to the needy patients. The medical welfare service unit was founded by the hospital in 1997 with the goal of providing financial assistance to needy and vulnerable patients. Through this unit, the PAH management team will assist patients in seeking adequate care for their patients. Welfare officials appointed will also collaborate with physicians , nurses, other professionals as well as community resources and welfare agents to provide options to

patients who can not afford medical costs. The task of this medical welfare team also includes as a therapy unit that serves and helps people who are physically, psychologically, spiritually or socially ill and injured. In terms of financial support, this unit will process the application on the basis of the procedure set out in Figure 5.11 below.

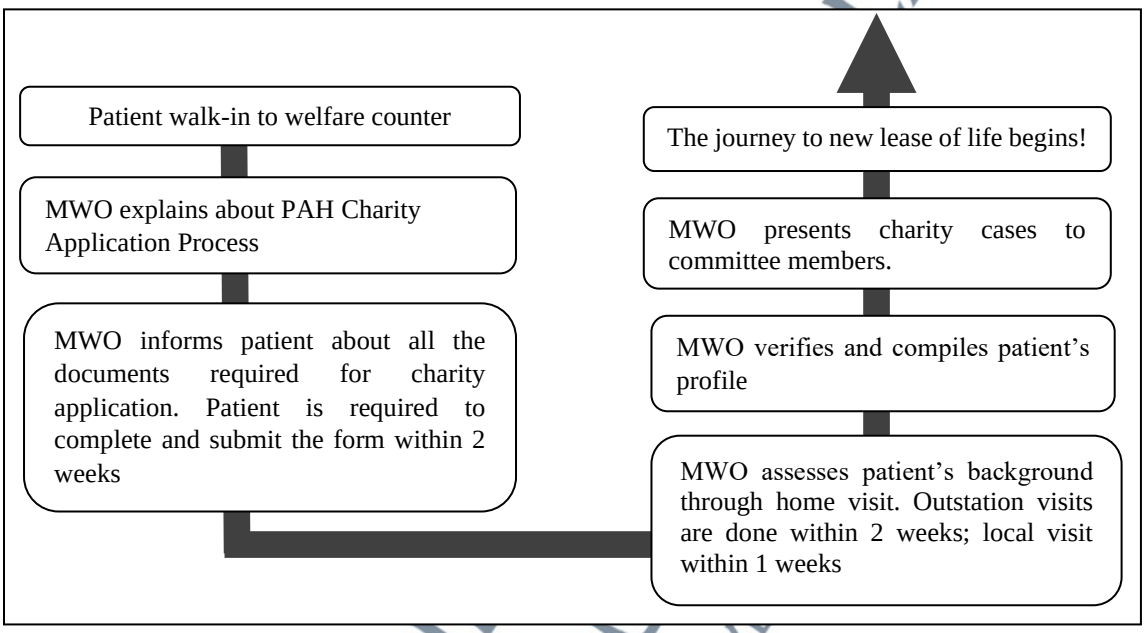


Figure5.11: Penang Adventist Hospital Charity Application Procedure

Other than medical welfare unit, PAH also offers chaplain programs related to pastoral care. This program is a key service in total patient care that provides the spiritual and physical as well as the emotional needs of a patient. The role of the chaplain is to resolve the confusion and imbalance of the thoughts and emotions of patients and their families through providing much-needed spiritual and emotional help, such as serving their patients, families and medical staff with devotion, sacrifice and unconditional service through kind words, gentle touch, whispered prayers or the presence of compassion that can relax the soul and bring effectiveness to the healing process. It enhances the partnership

between the healthcare institution and its patients through all the services rendered, where PAH has managed to create trust between its patients , medical staff and the local community.

However, this social engagement does not only take place in the form of a treatment mechanism through the provision of medical services, but PAH also extends its role in social activities with local residents through a range of activities and community outreach. Each year, PAH also memorializes the names of its contributors in its annual report as a form of appreciation. Due to the efforts and dedication shown by PAH to provide the best care to its patients and surrounding community through the welfare program, PAH has been able to gain some recognition both from within the country and abroad, including the Joint Commission for International Accreditation (JCI) in 2016 to 2019; Best-Friendly Hospital (2016-2020), Malaysian Society for Quality in Health (MSQH) from 2015 until 2019 and Health Promoting Hospital Network (HPH) from 2017 until 2021. Table 5.15 summarized PAH healthcare services and facilities.

Table 5.15: Penang Adventist Hospital Services/Facilities

Services/Facilities	
Service/Facilities	253 Hospital Beds - including 10 ICU Beds and 9 HDU Beds Centres of Excellence Multi-lingual Staff International Patient Services Participant in Cardiac Stem Cell Research Study Cardiac Rehabilitation Programme Modern Facilities & Technologies
Quality of Care	Joint Commission International (JCI) Accreditation Malaysian Society of Quality in Health (MSQH) Accreditation Baby Friendly Hospital Initiatives (BFHI) Accreditation Health Promoting Hospital Network (HPH) Accreditation

5.8 Similiarities in the Background and Philosophy of the Healthcare Institutions

In-depth interviews and document analysis on the background and philosophy of these six healthcare institutions have revealed that they share a similarity in the motive of establishment, which was driven by religion (Table 5.16). This finding is in line with Weber's (2001) statement, that religion is a powerful force that creates a psychological motivation that can influence action; "belief does not exist independently of action, thus adherers of a religion are united by their beliefs, and accordingly actions". As the table shows, although these healthcare institutions differ in form and structure, their establishment is motivated and guided by religious teachings or philosophy, specifically Islamic and Christian teachings. As discussed in Chapter 2, historical records indicate that even prior to the arrival of Islam, healthcare centers were influenced by religious messages. These centers were appendages of religious institutions and monasteries administered by welfare agencies and charities under the bishops which some were even funded by the people (Turner, 1995, Lev, 2005; Al-Ansari, 2013). Religious belief and value has shape the healthcare institution culture which forcing the institution to change and act forever as an intermediary element that coordinates human action (Clegg, Kornberger & Pritsis, 2015) and since centuries ago, religious motivation and movement, whether Christian or Islam, have motivated such healthcare institutions establishment. Thus, this similarity is not something new. In Malaysia, waqf-based healthcare institutions are still growing, but they have existed throughout the history of Islamic civilization.

Table 5.16: Similarity in the Motive of Establishing Healthcare Institutions

Healthcare Institution	Healthcare Institution Name	Philosophy/ Mission
1	Waqf An-Nur clinic chain	*Business Jihad* – "creating wealth through business activities based on the Islamic principles of integrity, honesty, shared goals, and community spirit while aiming for the higher purpose".
2	USIM Specialist Medical Centre	To become the leading provider of Shariah-compliant health services in Malaysia
3	Al-Islam Specialist Hospital	To become a hospital with professional services to realize *da'wah bil-hal*.
4	PUSRAWI Hospital	To become a pioneer in the development and wellbeing of Muslims through its mission of implementing the ummah development agenda in a planned and comprehensive manner
5	MUIP Healthcare	To become the most efficient and superior administration institution of Islamic affairs
6	Penang Adventist Hospital	To demonstrate the love and healing ministry of Christ by providing comprehensive, competent, and excellent healthcare for all.

5.9 Differences in Background and Philosophy of the Healthcare Institutions

The differences in the background and philosophy between the sample institutions can be grouped into seven themes: 1) registered institution; 2) type of institution; 3) broad healthcare grouping; 4) source of funding; 5) auspice organization; 6) initiator; and 7) type of healthcare services provided. The first aspect that differentiaties these five healthcare institutions is registered institution or company. Since they are registered as different types of organizations, their institutional or organizational settings are different. The Waqf An-Nur clinic chain is registered under WANCorp as a part of JCorp's CSR activities. WANCorp itself is a company limited by guarantee established by JCorp to manage its endowed assets and shares, as discussed in detail above. Meanwhile, Penang Adventist Hospital is registered as a public limited company under the name of Adventist Hospital & Clinic Services (M). The hospital is a part of a global network of Adventist healthcare services. In the Southeast Asian network, the hospital branches are also available in Indonesia and Thailand. There is no shareholder under this type of company registration, but it does have a board of members. In line with Act 586, this type of organization is considered as a non-profit, as stated by the CKAPS representative below:

> "So in law (Act 586), does stipulate, if the applicant is an organization, it cannot be for-profit."

For this type of institution, the profits are redistributed to society through charitable works. The shareholders do not receive any of the profits. These practices have allowed PAH and WANCorp to be tax exempted. PAH itself has collaborated with various local and international NGOs to carry out various charitable programs. For PAH, good community relations through charitable work is a tradition that has begun since its

inception. The charitable work has continued until today and has become the sustainability enabler for this healthcare institution. Other healthcare institutions are registered as private companies. For instance, UHSC is registered under USIM Tijarah Holdings Sdn. Bhd.; Al-Islam Specialist hospital under Syifa Sdn. Bhd.; PUSRAWI Hospital under Hospital PUSRAWI Sdn. Bhd.; and MUIP Healthcare under Klinik Al-Amin Sdn. Bhd. and Pahang Medical Centre Sdn. Bhd. These institutions are registered as private companies to generate profits from their healthcare services. However, they do not seek profit maximization; rather, the profits are used to sustain and expand the institutions. Some of the profits are channeled into the community through volunteer activities in cooperation with NGOs. For instance, Al-Islam Specialist Hospital conducted such activities with ABIM and MRA (Malaysian Relief Agency). Mr. Izhar Ahmad of MUIP, when asked about the profits of MUIP Healthcare, explained:

> "In terms of profit, we (MUIP) do not set any policies. If they (MUIP subsidiaries including the hospital and clinic) can make a profit, only then we will discuss. Because the concept in Council is different. We have the concept of subsidiaries. We do not set a policy for profit. How much dividend can our subsidiaries give. We just set the policy don't make a difficulties to us. If there is a profit, and the profit is not used for the expansion and so on, they can return to the Council. In the form of dividends or whatever. And if they need to expand and they (MUIP subsidiaries) need money, they can ask back with the Council. So we do not have a dividend policy that burdens the subsidiary. But they (MUIP subsidiaries) need to make a profit because the Council does not want to pay the salary. If they (MUIP subsidiaries) do not make a profit, then the monthly salary, the council has to pay."

These healthcare institutions are controlled and governed by its auspice organizations. For example, the Waqf An-Nur clinic chain is under WANCorp; UHSC under USIM and MAINS; Al-Islam Specialist Healthcare is related to ABIM; PUSRAWI

Hospital under MAIWP; MUIP Healthcare under MUIP; and PAH is governed by the Seventh Day Adventist Church.

The category of broad healthcare grouping refers to Green's (1987) grouping. Three healthcare institutions, PUSRAWI Hospital, MUIP Healthcare and PAH, are grouped under the category of religious institution; two other healthcare institutions, Waqf An-Nur clinic chain and UHSC, are recognized as waqf institutions; and Al-Islam Specialist Hospital is grouped into the local NGO category. From the six sample healthcare institutions, five are directly or indirectly related or affiliated to religious institutions. PUSRAWI Hospital, MUIP Healthcare, and PAH are subsidiaries to their respective religious institutions. For waqf-based healthcare institutions, MAIN is the sole trustee with the authority to appoint a mutawalli to manage waqf property. In the case of the sample institutions, MAIN appointed their auspice institutions or the institutions themselves as mutawalli.

According to Green (1987), healthcare institutions categorized under religious organizations, especially those related to the church, can sustain for a longer period due to their ability to obtain funding. The results of this study support Green's suggestion, as PAH is the most sustainable healthcare institution. By 2020, PAH has operated for 96 years. Similarly, PUSRAWI and MUIP Healthcare, which are subsidiaries of MAIWP and MUIP, receive more sustainable funding from their auspice organizations. With regards to the source of funding, three themes were formed: 1) charity/waqf fund (Waqf An-Nur clinic chain and PAH); 2) Baitulmal (PUSRAWI Hospital and MUIP Healthcare); and 3) combination of loan and charity or waqf (Al-Islam Specialist Hospital and UHSC). Additionally, the differences between the social-based healthcare institutions lie in the

services that they offer. Since waqf healthcare institutions in Malaysia are still relatively new, they offer only outpatient services. Though they are still a novel concept in Malaysia, waqf healthcare institutions have been present throughout Islamic history, and some are even still in operation to this day. Table 5.17 below summarizes the differences.

Table 5.17: Differences in Background and Philosophy between the Social-based Healthcare Institutions

No	Healthcare Institution	Registered Institution	Type of Institution	Broad Healthcare Grouping	Source of Funding	Auspice Organizations	Initiator	Type of Healthcare Services
1	Wakaf An-Nur Clinics Chain	Waqaf An-Nur Corporation Berhad	CSR Activity under WANCorp	Waqf Institution	Waqf shares	WANCorp	Tan Sri Ali Hashim	• Out-patient services • Dialysis center • General Practices • Mobile Clinic
2	USIM Health Specialist Centre (UHSC)	USIM Tijarah Holdings S/B	Partnership USIM-MAINS. Subsidiaries USIM	Waqf Institution	Waqf and Qardhul Hassan	USIM	MAINS & USIM	• Out-patient services • Dialysis center • General Practices • Specialist Clinic • Mobile Clinic
3	Al-Islam Specialist Hospital	Syifa S/B	Partnership with ABIM	Local NGO	Charity and personal fund	Al-Islam Specialist Hospital	Dr Ishak Mas'ud & Dr Suhaimi	• Out/In Patient services • Specialist Hospital • Dialisysis Center • Mobile Clinic
4	PUSRAWI Hospital	Hospital PUSRAWI S/B	MAIWP Subsidiaries	Islamic Religious Institution	Baitulmal	MAIWP	MAIWP, Dr Suhaimi & Dr Kamaruddin	• Out/In Patient services • Specialist Hospital • Dialisysis Center
5	MUIP Healthcare	• Klinik Al-Amin S/B • Pahang Medical Center S/B	MUIP Subsidiaries	Islamic Religious Institution	Baitulmal	MUIP	MUIP	• Out/In-patient services • Specialist/General Practices • Dialysis center
6	Penang Adventist Hospital	Adventist Hospital & Clinic Services (M)	Seven Day Adventist Subsidiaries	Christian Religious Institution	Charity	Seventh-Day Adventist Church	Dr J Earl Gardner	• Out/In Patient services • Specialist Hospital • Dialisysis Center

5.10 Conclusion

Despite the important roles of waqf-based healthcare institutions, the fact remains that they are still far behind in fulfilling the healthcare needs of the Muslim community. The background information provided by the sample healthcare institutions showed that religious organizations have established several social-based healthcare institutions that still remain in Malaysia until today. On average, the healthcare institutions have been established for more than ten years. The oldest of them is the Adventist Hospital in Penang, founded in 1924 by the Seventh day Adventist Church community, while the most recent is USIM Health Specialist Centre.