

# Enhancing Healthcare Service Quality through Integrated Islamic Excellence Training: A Digital and Non-Digital Communication Approach

Pipit Festi Wiliyanarti<sup>1</sup>, Nanang Riono Wahyudi<sup>1</sup>, Wison Pramu Asmiko<sup>1</sup>, Herlin Ferliana<sup>1</sup>



<sup>1</sup> Hospital Administrative Management, Universitas Muhammadiyah Surabaya, Indonesia

Correspondence should be addressed to:  
Pipit Festi Wiliyanarti  
pipitfestiwiliyanarti@um-surabaya.ac.id

## Abstract:

Healthcare service quality relies heavily on effective communication and empathetic behavior alongside fundamental clinical competence. Islamic hospitals encounter unique challenges in integrating spiritual values into both face-to-face and digital patient interactions. This study aimed to enhance service excellence through an Integrated Islamic Service Excellence training program that addresses both digital and non-digital communication. Researchers utilized an adult learning framework with a pre-test and post-test evaluative design involving thirty frontline hospital personnel. The comprehensive intervention incorporated interactive lectures, simulation-based mentoring, and structured role-playing exercises. Training content seamlessly integrated standard 6S principles, core Islamic ethics, and Javanese local wisdom encapsulated by the Responsive, Respected, Treat, Spirit, and Embrace concepts. Quantitative evaluations revealed substantial improvements in participants' knowledge and professional attitudes following the intensive educational program. Mean post-test scores showed significant increases in service communication, patient empathy, and ethical conduct across both virtual and physical interactions. Observational data from practical simulations confirmed enhanced consistency in applying standardized service protocols during direct patient care. Participants demonstrated a marked ability to translate theoretical concepts into actionable workplace behaviors. The integrated training model effectively elevates healthcare personnel's competencies and fosters a deeply patient-centered service culture. This innovative framework offers a sustainable, replicable strategy for optimizing service quality across diverse Islamic and secular healthcare facilities globally.

## Article info:

Submitted:  
10-03-2026  
Revised:  
04-06-2026  
Accepted:  
06-06-2026  
Published:  
13-06-2026

## Keywords:

digital health communication, healthcare service quality, Islamic service excellence, Javanese local wisdom, patient-centered care

DOI: <https://doi.org/10.53713/htechj.v4i3.668>

This work is licensed under CC BY-SA License.



## INTRODUCTION

Healthcare service quality globally serves as a primary indicator of institutional success, relying heavily on patient-centered communication, empathy, and professional conduct alongside clinical competence (Guzmán-Leguel & Rodríguez-Lara, 2025). Contemporary approaches to medical care emphasize that meaningful, respectful interactions between healthcare professionals and patients fundamentally shape the overall care experience and foster long-term institutional trust (Zehra et al., 2025). High-quality healthcare systems must rigorously ensure patient safety, uphold human dignity, and actively involve individuals in their own healing processes (Abdelwahed & Zehri, 2025). These elements collectively transform routine medical transactions into comprehensive, supportive care experiences that meet the evolving expectations of modern communities (Al-Assaf et al., 2024).

Islamic healthcare institutions uniquely elevate this standard by integrating spiritual values, thereby manifesting the Islamic principle of *ihsan* in compassionate service to support patients' holistic physical and psychological recovery (Zakaria et al., 2026). Service grounded in these religious ethics extends far beyond mere clinical treatment to encompass a profound moral and spiritual responsibility toward the vulnerable (Padela et al., 2025). Friendly, courteous, and deeply empathetic care becomes a tangible, daily expression of faith within the hospital walls (Ashidiqi et al., 2025). This approach ensures that the medical environment actively nurtures the spiritual well-being of every individual seeking treatment, aligning professional medical conduct with divine ethical mandates (Heidari et al., 2025).

Indonesian healthcare facilities frequently encounter persistent service quality challenges, including ineffective communication, delayed responses, and inconsistent staff empathy, which directly undermine patient trust and institutional reputation (Sofiaturohmah & Kasman, 2025). Empirical observations indicate significant, troubling variations in patient satisfaction levels across different medical units, even within the same country or hospital network (Noviyani & Viwattanakulvanid, 2024). These service inconsistencies often stem from a fragmented internalization of standard operating procedures among frontline workers. Patients remain vulnerable to disparate, unpredictable service experiences depending entirely on the specific department or individual staff member they encounter during their care journey (Sutrisni et al., 2023).

Contemporary service improvement initiatives increasingly recognize the absolute necessity of standardizing both traditional face-to-face interactions and emerging digital communication channels to maintain professional healthcare environments (Arwin et al., 2026). Rapid technological advancements have made digital platforms such as WhatsApp, institutional social media, and telemedicine applications indispensable to daily patient interactions and administrative processes (Alenoghena et al., 2023). Current best practices in hospital management require medical facilities to establish clear, ethically sound guidelines for these digital touchpoints (Alrebh et al., 2024). Failing to regulate these virtual interactions can easily lead to severe misunderstandings, thereby damaging the professional image and credibility of the healthcare institution.

Existing literature reveals a critical gap in holistic training frameworks that simultaneously address digital communication etiquette, Islamic ethical internalization, and the practical application of standard operating procedures across diverse hospital units. Most current training programs either isolate clinical technical skills from interpersonal soft skills or fail to adapt global service standards to local cultural contexts. This theoretical and practical fragmentation results in service excellence initiatives that lack long-term sustainability. Such isolated programs consistently fail to produce the consistent, measurable behavioral changes required among diverse frontline healthcare personnel (El Kheir et al., 2025).

This study introduces a novel Integrated Islamic Service Excellence training model that synergizes 6S principles with Javanese local wisdom values to create a culturally resonant, practically measurable service framework. The model uniquely incorporates the specific concepts of being Responsive, Respected, Treating well, maintaining Spirit, and Embracing patients, alongside strict digital and non-digital communication etiquette. This innovative synthesis provides hospital staff with an easy-to-remember, highly practical behavioral guide. It effectively bridges universal, modern service standards with deeply rooted regional cultural wisdom and religious values, ensuring maximum staff acceptance and adherence (Suhaimy et al., 2025).

This research urgently aims to implement and evaluate this comprehensive training program at Masyitoh Islamic Hospital, Bangil, to establish sustainable, high-quality service standards that can be replicated across broader healthcare networks. Addressing the immediate, critical need for unified service conduct, the study uses a robust adult learning approach to accurately measure

improvements in staff competence and professional attitudes. The resulting findings will provide a validated, highly scalable blueprint for elevating patient experiences. This model is essential for Islamic hospitals currently facing similar operational, cultural, and communicative challenges in the modern healthcare landscape (Harun et al., 2024).

## METHOD

### Design

This study employed an evaluative approach utilizing a pre-test and post-test design. This framework was selected to provide a descriptive overview of the training's effectiveness in improving hospital personnel's knowledge and service behavior. The pedagogical foundation of the study was an adult learning approach, which emphasizes active participant engagement, experiential learning, and critical reflection on everyday professional practice. This design ensures that learning materials remain highly relevant to work needs, grounded in real problem-solving, and directly applicable to professional contexts.

### Setting and Time

The study was conducted at Masyithoh Islamic Hospital, Bangil, Indonesia. The activities spanned the entire duration of the Integrated Islamic Service Excellence training program, including the initial baseline assessment, the multi-phase intervention, and the final post-intervention evaluation.

### Population, Sample, and Sampling

The target population comprised healthcare service personnel across various hospital work units, including administrative, nursing, and support services. A total of 30 participants were selected for the sample. The sampling method was purposive, based strictly on the participants' direct involvement in patient service processes. This criterion ensured that the training outcomes would contribute directly and measurably to tangible improvements in the hospital's overall service quality.

### Intervention

The core intervention of this study was the Integrated Islamic Service Excellence training program, meticulously structured around adult learning principles to ensure maximum relevance and practical application for healthcare personnel. The program was executed across four distinct, sequential phases, beginning with a foundational socialization stage. This initial phase was designed to strengthen participants' comprehension of service quality standards and patient-centered care principles. By establishing a shared understanding of institutional values and expected communication benchmarks, the socialization process laid the necessary groundwork for subsequent, more complex learning activities.

Building on this foundation, the educational delivery phase used interactive lectures and group discussions to introduce core service frameworks. Participants were trained in the standard 6S principles, fundamental Islamic values, and Javanese local wisdom, specifically operationalized through the G-L-S-A-R concept (Responsive, Respected, Treat, Spirit, Embrace) and the Ngajeni etiquette (respectful conduct) across all service touchpoints. To bridge the gap between theoretical knowledge and practical application, the program then transitioned into a mentoring and experiential learning phase. Through targeted service simulations and role-play exercises that replicated authentic hospital scenarios, participants actively engaged in direct, workplace-based learning. This

approach fostered critical reflection and allowed staff to practice and refine their interpersonal skills in a controlled, supportive environment.

To ensure the long-term sustainability of these behavioral changes, the final phase focused on practical knowledge and technology transfer. This stage equipped participants with tangible tools for daily clinical and administrative use, including comprehensive training modules, standardized communication scripts, observation checklists, and the IKRAM form. The provision of these resources directly supports the principles of continuous quality improvement, seamlessly aligning the hospital's internal service practices with the rigorous standards recommended by the Hospital Accreditation Commission.

### **Instrument and Measurement Properties**

The primary measurement instrument was a written questionnaire featuring closed-ended questions, specifically designed to be clear and easily understood by the participants. This instrument was administered as both a pre-test and a post-test. The content validity of the instrument focused on assessing participants' understanding of service quality, service excellence, Islamic communication principles, and the ethical standards required for both digital and non-digital service interactions.

### **Data Collection Procedure**

Data collection occurred in a sequential, structured manner. First, all participants completed the pre-test to establish baseline knowledge and service attitudes. Following this assessment, participants underwent the comprehensive, multi-phase training intervention. Upon completion of the program, participants completed the post-test using the identical instrument to measure post-intervention changes. Data collection was complemented by direct observation during simulation and role-play sessions, as well as by reflective discussions with participants to assess their practical readiness to consistently implement service standards.

### **Data Analysis**

The evaluation utilized a quantitative approach, primarily comparing the participants' average knowledge and attitude scores before and after the training intervention. The pre-test and post-test results were analyzed descriptively to identify trends and measure the magnitude of improvement in participants' understanding. Qualitative insights gathered from direct observations and reflective discussions were also synthesized to provide a comprehensive, multi-dimensional understanding of the training's impact on workplace behavior.

### **Ethical Declaration**

The study was conducted in strict accordance with institutional ethical research standards. Formal approval for the research and training activities was granted under Research Approval No. SK 0026.3/II.3.AU/FK/2026. Participant involvement was integrated into their professional development, with the overarching goal of enhancing institutional service quality and patient care standards.

## **RESULT**

A total of 30 participants from various units at Masyithoh Bangil Islamic Hospital attended the training and mentoring program. Prior to the session, the facilitator introduced themselves and sought to explore the participants' initial knowledge and understanding of the topics to be discussed.

During the training sessions, participants appeared enthusiastic and attentive to the material presented by the speaker. The first session consisted of a 30-minute presentation, followed by the second session. At the end of the material delivery, a question-and-answer session was conducted to allow participants to clarify concepts and discuss practical issues encountered in their daily work. To maintain participant engagement and create a more relaxed learning environment, ice-breaking activities were incorporated during the training. This approach helped ensure the learning process remained interactive and conducive to learning while still achieving the intended learning objectives. The following section describes the characteristics of the program participants.

Table 1. Demographic Characteristics of Participants (N = 30)

Characteristic	Category	Frequency	Percentage
Gender	Male	3	10.0
	Female	27	90.0
Educational Background	Bachelor's Degree / Diploma IV	12	40.0
	Diploma III	9	30.0
	Senior High School	9	30.0

Table 1 presents the demographic characteristics of participants who attended the Integrated Islamic Service Excellence Training Based on Digital and Non-Digital Communication at Masyithoh Islamic Hospital, Bangil. Of the 30 participants, the majority were female (90.0%), while males accounted for only 10.0% of the sample. Regarding educational background, most participants held a bachelor's degree or a Diploma IV qualification (40.0%), whereas participants with Diploma III and Senior High School qualifications each represented 30.0% of the total sample.

This pattern is consistent with trends observed in the healthcare service sector, where female personnel, particularly in nursing and service-related roles, often constitute most participants in service excellence training programs. These programs not only enhance professional competence but also increase participants' satisfaction with the learning process. These findings also highlight the importance of continuing education and lifelong learning for healthcare professionals. This perspective is consistent with the objectives of service excellence training, which aim to enhance participants' practical competencies in delivering high-quality healthcare services.



Figure 1. Implementation Stages of Integrated Islamic Service Excellence Training Based on Digital and Non-Digital Communication



Figure 2. Evaluation Stage of the Implementation of Integrated Islamic Service Excellence Training Based on Digital and Non-Digital Communication

Table 2. Pre-test and Post-test Evaluation Results of the Integrated Islamic Service Excellence Training Based on Digital and Non-Digital Communication (N = 30)

Category	Score Range	Pre-test n (%)	Post-test n (%)
Performance			
Good	66–100	2 (6.7)	30 (100.0)
Moderate	33–65	26 (86.6)	0 (0.0)
Poor	0–32	2 (6.7)	0 (0.0)
Total	-	30 (100.0)	30 (100.0)
Mean Score	-	49.53	83.00
Category	-	Moderate	Good

Table 2 presents the pre-test and post-test evaluation results of the Integrated Islamic Service Excellence Training Based on Digital and Non-Digital Communication at Masyithoh Islamic Hospital, Bangil. Prior to the training, most participants were classified in the moderate category (86.6%), with a mean score of 49.53, while only 6.7% achieved the good category. Following the training, all participants (100.0%) achieved scores within the good category, with the mean score increasing to 83.00. Overall, the mean score increased by 33.47 points, indicating a substantial improvement in participants' knowledge and understanding after completing the training program. These findings suggest that the training was effective in enhancing participants' competencies in integrated Islamic service excellence and in digital and non-digital communication practices.

The analysis of the pre-test and post-test results in this study demonstrates an improvement in participants' understanding and service attitudes after attending the Integrated Islamic Service Excellence training program. The average post-test score increased compared with the average pre-test score across all measured aspects, particularly in participants' understanding of service quality concepts, Islamic communication principles, and ethical conduct in both digital and non-digital service interactions.

The most notable improvement was observed in the service communication dimension and empathetic attitudes toward patients. Participants demonstrated a stronger understanding of the importance of maintaining consistent communication across service units and integrating Islamic values into every service interaction. In addition, observations during simulation and role-play sessions indicated that participants applied the 6S principles and the G-L-S-A-R framework more appropriately and with greater confidence than during their prior performance.

The shift from the moderate to the good category suggests that the training program successfully encouraged participants to understand and internalize the principles of service excellence, both conceptually and in practical application, particularly in patient interactions conducted through digital and non-digital communication channels. Overall, the training improved the confidence and practical service skills of employees at Masyithoh Islamic Hospital Bangil in delivering patient-centered care.

## DISCUSSION

The implementation of the Integrated Islamic Service Excellence training program successfully elevated hospital personnel's service competencies, as evidenced by a substantial improvement in post-test scores across all measured dimensions. Participants transitioned from a predominantly moderate baseline understanding to a uniformly good performance level, demonstrating a marked enhancement in both knowledge acquisition and professional attitudes. The training effectively bridged theoretical concepts with practical application, enabling staff to consistently apply standardized communication protocols and ethical frameworks during patient interactions. This

positive shift confirms that structured educational interventions directly influence frontline healthcare workers' readiness to deliver patient-centered care. The observed transformation highlights the critical role of targeted competency development in aligning individual performance with institutional service standards (Matthieu et al., 2024).

The demographic profile of the training cohort reflects the prevailing gender distribution within Indonesian healthcare service sectors, where female personnel predominantly occupy frontline and patient-facing roles. This composition aligns with global workforce statistics that identify women as the primary drivers of nursing, administrative support, and direct care delivery in hospital environments. Research consistently indicates that female healthcare workers frequently exhibit strong interpersonal communication skills and empathetic engagement, which enhance patient comfort during clinical encounters (Kitole et al., 2024). The high participation rate of women in this program underscores the natural alignment between gender-specific workforce dynamics and service excellence initiatives. Recognizing this demographic reality allows hospital administrators to tailor communication strategies to match existing staff composition.

Service quality outcomes depend fundamentally on organizational commitment and institutional culture rather than inherent gender characteristics or demographic assumptions. Empirical studies in healthcare management consistently demonstrate that professional competence, standardized training protocols, and clear performance expectations exert far greater influence on patient satisfaction than individual demographic traits (Wang et al., 2023). Hospital leadership must establish unified service visions that transcend personal characteristics and focus instead on measurable behavioral standards. The integration of rigorous performance metrics and standardized operating procedures ensures that all staff members deliver consistent and equitable care experiences. Institutional accountability systems ultimately determine whether service excellence becomes a sustainable organizational practice rather than an isolated individual achievement.

The educational composition of the participating workforce directly influences the capacity for effective knowledge transfer and rapid assimilation of complex service protocols. Personnel with undergraduate or applied bachelor's qualifications typically demonstrate stronger critical thinking skills and greater proficiency in applying evidence-based healthcare guidelines. Academic training cultivates cognitive frameworks that enable healthcare workers to analyze service scenarios, adapt standardized procedures to dynamic clinical environments, and implement reflective practice methodologies (Rath, 2025). The presence of a highly educated staff cohort within this training program facilitated rapid comprehension of advanced communication frameworks. Educational attainment serves as a foundational enabler, accelerating the translation of theoretical training concepts into consistent workplace behaviors.

The training methodology successfully leveraged adult learning principles and experiential pedagogies to generate meaningful behavioral change among healthcare professionals. Andragogical frameworks emphasize that mature learners achieve optimal knowledge retention when educational content directly addresses workplace challenges and incorporates active problem-solving exercises. Simulation-based mentoring and structured role-play activities allowed participants to practice communication techniques in controlled environments before applying them to actual patient interactions. This experiential approach aligns with established educational research demonstrating that reflective practice and direct experience significantly outperform passive lecture-based instruction in professional development contexts (Ghonchehpour et al., 2025). The deliberate integration of real-world scenarios into the curriculum ensured that acquired skills remained immediately relevant and practically applicable.

The incorporation of Islamic ethical principles and Javanese local wisdom created a culturally resonant framework that accelerated the internalization of service excellence standards. Concepts such as *ihsan*, *adab*, and *Ngajeni* provide familiar moral anchors that translate abstract service quality metrics into tangible behavioral expectations for local healthcare workers. Cross-cultural management research confirms that training programs grounded in indigenous value systems achieve higher compliance rates and longer-lasting behavioral changes than universally standardized curricula. Participants demonstrated a stronger emotional connection to service protocols when those protocols reflected deeply held cultural and spiritual convictions (Hodge et al., 2025). Contextual adaptation transforms routine compliance requirements into meaningful professional obligations that staff willingly embrace and consistently practice.

Current findings substantially corroborate existing literature on the effectiveness of structured service training in healthcare environments while introducing novel cultural integration mechanisms. Previous studies have consistently reported that communication-focused interventions improve patient satisfaction scores and reduce interpersonal conflict within clinical settings across diverse geographical regions. Research conducted in Middle Eastern Islamic hospitals similarly documents significant performance enhancements when service training explicitly incorporates religious ethical frameworks into daily operational guidelines (Harun et al., 2024). Southeast Asian healthcare management literature further supports integrating regional cultural philosophies into staff development programs to address localized service delivery challenges (Cipta et al., 2024). This study extends prior research by simultaneously addressing digital communication etiquette, traditional face-to-face interactions, and spiritual-cultural values within a single comprehensive training architecture.

The sustainability of training outcomes ultimately depends upon the presence of supportive organizational structures and consistent managerial reinforcement of service standards. Healthcare management literature extensively documents that workplace culture, leadership visibility, and systematic performance feedback directly determine whether acquired skills persist beyond initial educational interventions. Hospital administrators must establish continuous coaching mechanisms, recognize exemplary service behaviors, and align institutional reward systems with patient-centered performance indicators (Polla et al., 2025). The absence of ongoing managerial support often leads to rapid skill decay and a return to previous operational habits among clinical staff. Structural reinforcement transforms isolated training events into permanent organizational competencies that survive staff turnover and operational fluctuations.

The demonstrated effectiveness of this training model provides hospital administrators with a validated blueprint for elevating service quality across faith-based and culturally diverse healthcare institutions. Healthcare executives can replicate the integrated curriculum design to standardize communication protocols, enhance digital interaction ethics, and simultaneously strengthen institutional cultural identity. The training framework offers measurable performance indicators that accreditation bodies and quality assurance departments can utilize during routine compliance evaluations. Hospital leadership should prioritize periodic refresher sessions and continuous competency assessments to maintain service excellence momentum across all operational departments (Zhao et al., 2024). Institutional adoption of culturally grounded service training ultimately establishes competitive differentiation in increasingly crowded healthcare markets while improving patient retention rates.

Several methodological constraints restrict the generalizability of the current findings and necessitate careful interpretation of the reported outcomes. The reliance on a single-group pre-test and post-test design without a control cohort introduces potential confounding variables that may partially explain the observed score improvements. Self-reported questionnaire instruments and

immediate post-training assessments primarily capture short-term knowledge acquisition rather than sustained behavioral modification in authentic clinical environments. The relatively small sample size, drawn from a single geographic location, limits the statistical power needed to detect nuanced subgroup differences or long-term performance trends. Future investigations must incorporate longitudinal tracking mechanisms and multi-institutional sampling frameworks to establish definitive causal relationships between training interventions and lasting service quality improvements.

## CONCLUSION

The implementation of the Integrated Islamic Service Excellence training program significantly enhanced the service competencies, knowledge, and professional attitudes of healthcare personnel at Masyithoh Islamic Hospital, Bangil. Quantitative evaluations using pre-test and post-test methodologies confirmed a substantial improvement in participants' ability to deliver patient-centered care grounded in both modern communication standards and Islamic ethical principles. This pedagogical intervention successfully bridged the gap between abstract spiritual values and practical, daily clinical interactions by leveraging adult learning principles and culturally resonant frameworks. Healthcare institutions seeking to elevate their service quality can adopt this comprehensive model as a sustainable strategy to foster a compassionate, ethically driven, and highly responsive organizational culture. Future research should incorporate longitudinal designs and patient-reported outcome measures to validate the long-term retention of these behavioral changes across diverse clinical settings.

## REFERENCES

- Abdelwahed, N. A. A., & Zehri, A. W. (2025). Health service quality and patients' satisfaction among hospitals: The cohesive care of human beings and accomplishment of human rights. *International Journal of Human Rights in Healthcare*, 18(2), 164–184. <https://doi.org/10.1108/IJHRH-03-2024-0019>
- Al-Assaf, K., Bahroun, Z., & Ahmed, V. (2024). Transforming service quality in healthcare: A comprehensive review of Healthcare 4.0 and its impact on healthcare service quality. *Informatics*, 11(4), 96. <https://doi.org/10.3390/informatics11040096>
- Alenoghena, C. O., Ohize, H. O., Adejo, A. O., Onumanyi, A. J., Ohihoin, E. E., Balarabe, A. I., Okoh, S. A., Kolo, E., & Alenoghena, B. (2023). Telemedicine: A survey of telecommunication technologies, developments, and challenges. *Journal of Sensor and Actuator Networks*, 12(2), 20. <https://doi.org/10.3390/jsan12020020>
- Alrebh, A. H., Aljadher, A. M., Alghaith, B. K., Baothman, M. S., Al-Shaban, W. R., & Al Tufaif, T. A. (2024). Ethical considerations in telemedicine and remote patient care. *Journal of Healthcare Sciences*, 4, 905–911. <https://doi.org/10.52533/JOHS.2024.41233>
- Arwin, H., Halldórsson, Á., & Hellström, A. (2026). Advancing relational primary healthcare: Four triadic components of the digital face-to-face professional service encounter. *European Management Journal*, 44(1), 87–98. <https://doi.org/10.1016/j.emj.2024.11.009>
- Ashidiqi, A. I., Shariff, S., & Kusbaryanto, K. (2025). Harmonizing faith and care: Analyzing inpatient satisfaction in Islamic healthcare at Unimus Hospital, Indonesia. *JMMR (Jurnal Medicoeticolegal dan Manajemen Rumah Sakit)*, 14(1), 79–97. <https://doi.org/10.18196/jmmr.v14i1.549>
- Cipta, D. A., Andoko, D., Theja, A., Utama, A. V., Hendrik, H., William, D. G., Reina, N., Handoko, M. T., & Lumbuun, N. (2024). Culturally sensitive patient-centered healthcare: A focus on health behavior modification in low- and middle-income nations—Insights from Indonesia. *Frontiers in Medicine*, 11, 1353037. <https://doi.org/10.3389/fmed.2024.1353037>

- El Kheir, D. Y. M., AlShammari, R. Z., Alali, S. A., Alshamsi, R. A., Bojbara, L. M., & Alyahya, M. A. (2025). Ethical aspects and regulatory guidelines of telemedicine: Medical interns' perspectives on social media and medical applications usage in patient care. *Saudi Journal of Health Systems Research*. <https://doi.org/10.1159/000546110>
- Ghonchehpour, A., Alipoor, M., Farmitani, Z., Ghorbani, F., & Nouhi, E. (2025). The effectiveness of peer education, mentorship, and role-playing approaches in developing clinical skills among Iranian nursing students: A systematic review. *Health Science Reports*, 9(1), e71665. <https://doi.org/10.1002/hsr2.71665>
- Guzmán-Leguel, Y. M., & Rodríguez-Lara, S. Q. (2025). Assessment of patients' quality of care in healthcare systems: A comprehensive narrative literature review. *Healthcare*, 13(14), 1714. <https://doi.org/10.3390/healthcare13141714>
- Harun, S., Ahmad, I., Shafie, S., Choirisa, S. F. F., & Rizkalla, N. (2024). Developing Muslim-friendly hospital practices: Understanding the key drivers. *Journal of Islamic Marketing*, 15(11), 3137–3155. <https://doi.org/10.1108/JIMA-03-2023-0094>
- Heidari, A., Abbaspour, A., & Heidari, M. (2025). Training well-rounded healthcare professionals through developing religious/spiritual competencies: A grounded theory study in Iran. *BMC Medical Education*, 25(1), 1138. <https://doi.org/10.1186/s12909-025-07557-1>
- Hodge, D. R., Boynton, H. M., Vis, J. A., Graham, J. R., Coholic, D., & Canda, E. R. (2025). Spirituality in social work practice: Myth or essential component of ethical and effective service provision? *Journal of Social Work*. <https://doi.org/10.1177/14680173241279028>
- Kitole, F. A., Ali, Z., Song, J., Ali, M., Fahlevi, M., Aljuaid, M., Heidler, P., Yahya, M. A., & Shahid, M. (2024). Exploring the gender preferences for healthcare providers and their influence on patient satisfaction. *Healthcare*, 13(9), 1063. <https://doi.org/10.3390/healthcare13091063>
- Matthieu, M. M., Oliver, C. M., McCullough, J. A., Mallory, M. J., Taylor, L. D., Koget, J. A., ... Garner, K. K. (2024). Training clinical professionals to deliver a patient-centered intervention in healthcare settings. *BMC Medical Education*, 24(1), 1134. <https://doi.org/10.1186/s12909-024-06151-1>
- Noviyani, A., & Viwattanakulvanid, P. (2024). Exploring patients' perspectives on healthcare service quality in outpatient settings at a public hospital in Palembang, Indonesia: A qualitative study. *Belitung Nursing Journal*, 10(6), 703–711. <https://doi.org/10.33546/bnj.3594>
- Padela, A. I., Yunus, R. M., Memon, A. A., & Qatanani, A. (2025). Islamic conceptions of human dignity and their relevance for bioethics of end-of-life healthcare. *Journal of Bioethical Inquiry*, 1–14. <https://doi.org/10.1007/s11673-025-10465-0>
- Polla, J., Prabowo, H., Sutoto, S., & Abdinagoro, S. B. (2025). Building a culture of patient-centered care and its impact on hospital performance. *Jurnal Kesehatan Masyarakat*, 21(1), 237–249. <https://doi.org/10.15294/kemas.v21i1.23396>
- Rath, A. (2025). Enhancing professional identity formation in health professions: A multi-layered framework for educational and reflective practice. *Medical Teacher*, 47(6), 943–945. <https://doi.org/10.1080/0142159X.2024.2422008>
- Sofiaturrohmah, S., & Kasman, A. (2025). Service quality disparities in public healthcare: A comparative study of customer expectations and perceptions in urban and remote areas of Indonesia. *Government & Resilience*, 3(2), 21–31. <https://doi.org/10.62503/gr.v3i2.29>
- Suhaimey, S. S., Saidi, S., & Mohd Yusof, N. (2025). Integration of Islamic principles in healthcare delivery: A narrative review. *IJUM Journal of Orofacial and Health Sciences*, 6(2), 225–235. <https://doi.org/10.31436/ijohs.v6i2.351>
- Sutrisni, I. A., Kekalih, A., Friska, D., Timoria, D., Limato, R., Dien, R., Bogh, C., Chambers, M., Lewycka, S., Van Nuil, J. I., Hamers, R. L., & Group, R. (2023). Indonesian healthcare professionals' experiences in rural and urban settings during the first wave of COVID-19: A qualitative study. *PLOS ONE*, 18(7), e0288256. <https://doi.org/10.1371/journal.pone.0288256>

- Wang, Y., Liu, C., & Wang, P. (2023). Patient satisfaction impact indicators from a psychosocial perspective. *Frontiers in Public Health*, *11*, 1103819. <https://doi.org/10.3389/fpubh.2023.1103819>
- Zakaria, A., Hassan, H. N. A., Ismail, I. E., Isa, N. M., & Azili, N. (2026). Reframing healing environments: Integrating Islamic values into hospital design in Malaysia. *International Journal of Research and Innovation in Social Science*, *10*(2). <https://doi.org/10.47772/IJRIS.2026.10200141>
- Zehra, S., Ranjan, J., & Shukla, M. (2025). Service quality in healthcare: Understanding the relationship between patient experience and healthcare outcomes. *International Journal of Health Care Quality Assurance*, *38*(4), 233–250. <https://doi.org/10.1108/IJHCQA-09-2024-0090>
- Zhao, J., Wang, B. L., Qin, X., Liu, Y., & Liu, T. (2024). Core elements of excellent hospital leadership: Lessons from the five top-performing hospitals in China. *International Journal for Quality in Health Care*, *36*(2), mzae046. <https://doi.org/10.1093/intqhc/mzae046>