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Integration of Islamic principles in healthcare delivery: a narrative review

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Abstract

The integration of Islamic principles in healthcare services offers several benefits. This approach fosters a more inclusive healthcare environment by recognizing and respecting the cultural and religious values of both Muslim and non-Muslim patients. However, the extent to which Islamic principles have been integrated into healthcare services remains unclear. This review aims to collate and analyse existing evidence on the implementation of Islamic principles within the healthcare delivery system. Relevant literature was identified through databases including IIUM Research Repositories (IREP), ScienceDirect, ResearchGate, SCOPUS, ProQuest, Emerald, PubMed, and BMJ. Search terms included combinations of the following keywords: Clinical, Shariah-compliant, Muslim, Religion, Medical, Muslim-friendly, Cultural competence, and Spiritual care, using Boolean operators "AND" and "OR." The search was limited to articles published in English, Malay, and Indonesian. Each article was reviewed, and relevant information extracted from them was incorporated into this review. The review found that integrating Islamic principles into healthcare services is complex and influenced by various factors, including understanding religious beliefs, adherence to Islamic teachings, and the interaction of cultural norms within healthcare. Three key components related to Islamic healthcare services were identified: (a) global healthcare service management, (b) patient satisfaction with service delivery, and (c) the behaviour of healthcare professionals. In conclusion, there remain gaps and disparities in integrating Islamic principles into healthcare services. Further research is recommended to explore the integration of Islamic principles in healthcare services globally.

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Introduction

Muslims are obligated to follow the Shariah in all parts of their lives, which encompasses a comprehensive set of Islamic principles and guidelines. However, the provision of Shariah compliant healthcare services is sometimes overlooked, particularly within the healthcare sector (Windasari *et al.*, 2024). Studies on Shariah compliant healthcare have primarily focused on service quality (Ratnawati *et al.*, 2020), emphasizing the importance of delivering healthcare services that meet the expectations and requirements of Muslim patients.

Islamic principles that should be integrated into healthcare delivery systems include the preservation of life, ensuring that all medical interventions prioritize saving lives while adhering to Islamic ethics. Ensuring halal compliance is another essential aspect, covering the provision of halal medications,

food, and medical products. Observance of modesty in patient care is crucial, particularly in gender-sensitive medical procedures where same-gender healthcare providers should be prioritized whenever possible. Facilitating acts of worship such as prayer and fasting for Muslim patients, while accommodating their medical conditions, is also an important consideration. Additionally, healthcare services should respect Islamic end-of-life care, including proper handling of the deceased and adherence to religious rites. These principles collectively contribute to a holistic and Shariah-compliant approach to healthcare.

Masud *et al.* (2021) stated that The Islamic Hospital of Jordan served as the foundation for the Ibadah Friendly Hospital (IFH) and the Shariah compliant Hospital (SCH). The overall performance of the Islamic Hospital of Jordan greatly encouraged the establishment of Al-Islam Specialist Hospital Kuala Lumpur in 1996. Al-Islam Specialist Hospital was founded with the goal of establishing a hospital based on Islamic principles and incorporating Islamic values into its operations. However, in Malaysia, Hospital Universiti Sains Malaysia (HUSM), a government teaching hospital, was the first to introduce the term "IFH" in 2004, as part of their process of integrating Islamic values into hospital operations.

Md Shariff (2022) mentioned that Shariah compliant hospitals (SCH) provide healthcare services based on Shariah or Islamic standards. Muslims prefer that all their movements and daily activities adhere to Islamic principles, as anything provided in line with Shariah is considered as *ibadah*. In addition to fulfilling patients' physical needs through medical treatment, SCH also addresses their religious and spiritual needs. The increased awareness among Muslims around the world about Islam as a way of life has greatly influenced the concept of hospitality services in the health care and tourism sectors in Malaysia. For this reason, the existence of Shariah-compliant hospitals in Malaysia is very relevant considering the demand of Muslim consumers (Ilyani Che Jamaludin *et al.,* 2023).

The integration of Islamic principles in healthcare services has several benefits for healthcare. In this regard, this approach provides a more inclusive healthcare environment by recognizing and respecting the cultural and religious values of both Muslim and non-Muslim patients. However, it remains unclear how much the Islamic principles has been integrated in healthcare services. In this review, we will identify the primary studies that provide evidence for the issues related to Islamic principles in healthcare services.

Materials and Methods

A literature search was carried out using relevance databases including IIUM Research Suppositories (IREP), Science Direct, Research Gate, SCOPUS, ProQuest, Emerald, PubMed and BMJ. Search terms included combinations of the following: Clinical, Shariah compliant, Muslim, Religion, Medical, Muslim friendly, Cultural competence, and Spiritual care with the use of Boolean operators “AND” and “OR”. The time frame of the published paper must be within ten years, 2014-2024. All selected papers must be written in English, Malay, or Indonesian, as these are the languages most comprehensible to the research team. Most importantly, the article needs to focus on the research topic which is Islamic principles in clinical practices. Any article that is not related to research topic is excluded from this review.

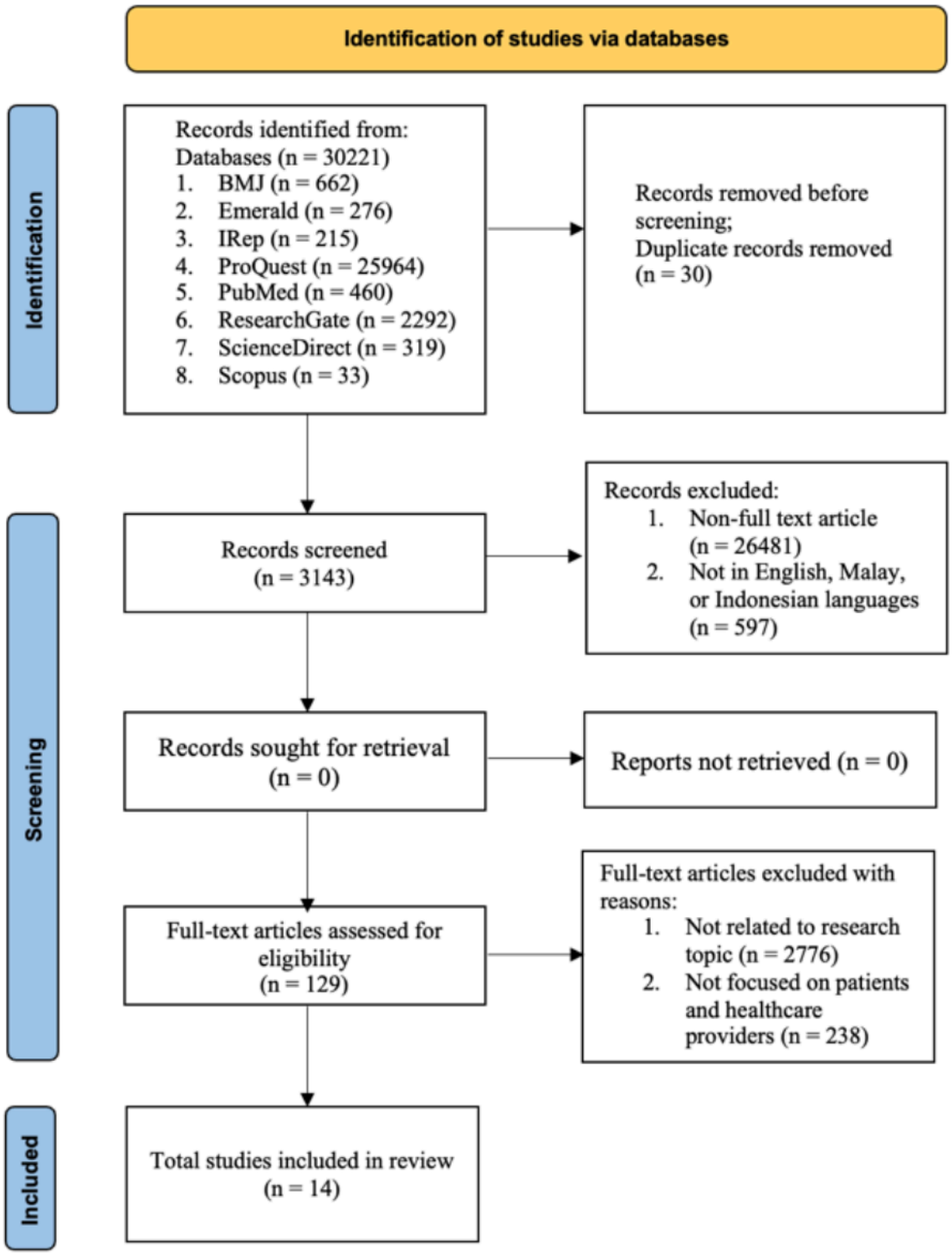

Figure 1. PRISMA flow diagram.

Figure 1 shows the PRISMA flow diagram. The database yielded 30,221 articles related to the research based on 8 databases used. 662 articles retrieved from BMJ database. 276 articles retrieved from Emerald database. 215 articles retrieved from IIUM Repository (IRep) database. 25964 articles retrieved from ProQuest database. 460 articles retrieved from PubMed database. 2292 articles retrieved from ResearchGate database. 319 articles retrieved from ScienceDirect database, and 33 articles

retrieved from BMJ database. Before screening, duplicate records were removed are 30 articles. After the removal of duplication, records were screened. A total of 26,481 non-full text articles and 597 articles not in English, Malay and Indonesian languages were removed. After the screening, 3143 articles with English, Malay and Indonesian languages were accepted before undergoing another screening process. There is no record sought for retrieval. Full text articles excluded with reasons of not related to research topic (n = 2776) and not focused on patients and healthcare providers (n = 238). A total of 129 full text articles were assessed for eligibility and finally only 14 studies were included, consisting of 10 quantitative studies, 3 qualitative studies, 1 review paper.

A total of 14 articles were analysed in this review. It was found that studies related to Islamic principles were conducted in both Muslim and non-Muslim countries. However, this review noticed that Muslim countries conducted more studies than non-Muslim countries due to majority of Muslim populations.

It has been spotted that the Healthcare Professionals (HCPs) involved in this review were: five studies on HCPs, five studies on patients, two studies on HCPs and patients and other participants included in this review were citizens and tourists which consists of two studies. In this review, 3 studies are qualitative, 10 are quantitative studies and one review study is included.

Result and Discussion

The review has found that integrating Islamic principles into healthcare services is complex and influenced by various factors includes understanding religious beliefs, adherence to Islamic teachings, and how cultural norms interact in healthcare. The three main components related to Islamic healthcare services: are (a) global healthcare services management, (b) patients' satisfaction on service delivery, and (c) behaviour of healthcare professionals.

1. Global healthcare services management

There were five papers that discussed the management of healthcare services worldwide in Muslim and non-Muslim countries.

A. Muslim countries

Rahman *et al.* (2018) conducted a study focusing on the role of Islamic medical care practices among Muslim doctors in Malaysian Muslim-friendly private hospitals. Their analysis highlighted that the effective integration of Islamic medical care depends on hospital management, healthcare professionals' (HCPs) understanding, and proper implementation strategies. Additionally, doctors must adhere to medical etiquette for Muslim patients, which involves mutual understanding and sharing of knowledge in accordance with Islamic principles. For instance, Muslim patients may receive blood from non-Muslims to save their lives, and nurses must cleanse patients' body parts contaminated with body fluids and blood to enable them to perform prayers. Furthermore, Muslim doctors in Muslim-friendly hospitals should actively facilitate and maintain Muslim patients' religious practices, such as fulfilling their obligation to pray during illness. Another key aspect of Islamic medical practice includes the prescription of halal medications to Muslim patients. In addition, ensuring a Muslim female patient's comfort and adherence to cultural preferences by allowing the presence of her spouse, chaperone, or family member during examinations is crucial.

Building on the discussion of Islamic medical care within hospital settings, Naserirad *et al.* (2023) extended the focus to the expectations and attitudes of international Muslim medical tourists regarding halal-friendly healthcare services. Their study, covering 17 hospitals across four Iranian cities (Tehran, Mashhad, Shiraz, and Tabriz), surveyed 365 Muslim medical tourists. The findings revealed that these patients hold high expectations for halal-friendly healthcare services, underscoring the

growing significance of this sector in the global healthcare landscape. As a prominent destination for Muslim medical tourists, Iran has substantial potential to provide halal-friendly healthcare services, attracting patients from regions such as the Persian Gulf and the Middle East. This aligns with the need for culturally and religiously inclusive healthcare, as emphasized in the study by Rahman *et al.* (2018), which stressed the importance of integrating Islamic medical practices within healthcare institutions.

Expanding on the influence of Islamic healthcare services on patient experiences, Rashid *et al.* (2022) examined the impact of service quality on patient loyalty within Malaysia's Muslim-friendly healthcare sector. Their study found that many young respondents perceived a lack of Islamic knowledge among doctors and nurses regarding medical practices. The study emphasized the importance of addressing both physical infrastructure—such as prayer rooms and Shariah-compliant amenities—and the provision of Islamic medical practices. Additionally, fostering empathy among medical staff and ensuring their familiarity with Islamic principles and procedures were identified as essential factors in respecting patients' religious beliefs and privacy. The study also pointed out that the quality of medical care in Malaysia's Muslim-friendly hospitals remains inadequate due to unmet patient expectations and challenges arising from the diverse religious backgrounds of HCPs. Key elements such as gender-specific healthcare services, halal food options, and prayer facilities must be prioritized to align with Muslim patient preferences. Ultimately, ensuring that healthcare services meet patient expectations is crucial for fostering customer loyalty and improving health outcomes, reinforcing the importance of culturally sensitive healthcare services as highlighted by both Rahman *et al.* (2018) and Naserirad *et al.* (2023).

B. Non-Muslim countries

King *et al.* (2023) focuses on the Islamic perspective on various healthcare aspects such as childbirth, end-of-life issues, pilgrimage, and fasting during Ramadan. It highlights the growing Muslim population in non-Muslim countries and insufficient Muslim clinicians to care for them. Studies have shown that non-Muslim clinicians have limited knowledge and understanding of Islamic practices affecting health may lead to disparities in quality of healthcare delivery. Differences between clinician and patient religion backgrounds can have an influence on rapport and communication, as well as patient adherence to treatment plans. With the increasing Muslim population in the United States, non-Muslim doctors must become more familiar with Islamic practices to provide high-quality care. Basic understanding of Islamic beliefs may help minimise diagnostic errors, support medical decisions, and improve relationships between doctors and patients. The shortage of Muslim physicians increases the likelihood of a non-Muslim clinician treating a Muslim patient. Providing cross-cultural medical care has both advantages and disadvantages, and a non-Muslim clinician's awareness of Muslim practices has a direct influence on the delivery of high-quality patient care to this community. This requires both knowledge of the disease process and an understanding of the patient as an individual, especially how they think, feel, and communicate with their family and community.

Similarly, Hassan (2022) carried out a study to increase healthcare providers' understanding and comprehension of Muslim women's needs, with the goal of improving interactions and promoting Muslim women's confidence in expressing their demands during maternity care in the United Kingdom (UK). The study revealed problems that Muslim women have while expressing their religious requirements during childbirth and interacting with maternity services through interviews and focus groups with HCPs. Despite their role as a resource for Muslim women during childbirth, many Muslim women lacked confidence in communicating their religious needs to HCPs, who frequently demonstrated insensitivity due to a lack of understanding of Islamic beliefs and practices. The findings have practical

implications since minority ethnic women, especially Muslims, frequently get poor maternity care because of judgmental attitudes and higher risks of maternal mortality. Cultural and religious differences that come into conflict with medical practices make it difficult for ethnic minority women to connect with maternity care. Thus, increasing awareness and supporting HCPs in understanding cultural diversity becomes essential for providing excellent maternity care. This study supports a woman-centered approach that recognises and addresses Muslim women's particular needs as described by them, while also providing evidence-based suggestions for professional practice. Understanding Muslim women's religious practices during pregnancy is crucial for delivering woman-centered care and improving relationships in maternity services. Empowering HCPs with the knowledge and skills to respond to patients' religious and cultural needs is essential not only in the United Kingdom but also in other Western countries. Improving care for Muslim women requires educating HCPs and modifying healthcare systems to meet their needs.

2. Patients' satisfaction on service delivery

There were 5 studies that discussed differently regarding the customer and patient preferences, perceptions, expectations, satisfactions, and loyalty of Islamic and Muslim friendly hospitals. A study by Windasari *et al.* (2024) and Ratnawati *et al.* (2020) was carried out in Indonesia while another three papers were conducted in Malaysia.

A study by Windasari *et al.* (2024) indicates that international certification takes preference over Sharia certification. The brand characteristic was identified as the most important attribute. The second and third most important attributes were service quality and Sharia service, while add-on services and infrastructure were the least important. This finding suggests that brand portioning has a major impact on customers' buying decisions and behaviour. Therefore, including an Islamic brand in the hospital's name may increase demand among Muslim clients.

Conversely, Rahman *et al.* (2023) conducted a study among 309 out of 500 Muslim patients who received healthcare services for no less than one day from four selected Islamic-friendly hospitals in Selangor and Kuala Lumpur. The results indicated that most of the respondents visited the hospital 3–4 times for illness and medical check-ups, at 57.9% and 27.8%, respectively, whereas most respondents reported good healthcare service (44.3%) within the hospital. It demonstrates that halal healthcare qualities, as well as the hospital's intrinsic and extrinsic value, all have an important impact on satisfaction. Satisfaction with halal healthcare services significantly affects word-of-mouth.

Ratnawati *et al.* (2020) examined public satisfaction on *Badan Penyelenggara Jaminan Sosial Kesehatan* (BPJS) health in Indonesia based on services in Islamic hospitals, where the service quality was analysed from a Shariah perspective. According to the findings, small hospitals rely on essential aspects including reliability, empathy, responsiveness, insurance systems, and sincerity to improve patient satisfaction. Large hospitals, on the other hand, prioritise compliance, reliability, tangibility, empathy, responsiveness, and insurance system efficiency as ways to improve patient satisfaction. Interestingly, compliance, insurance systems, sincerity, and satisfaction have an impact on loyalty in small hospitals, but empathy, insurance systems, sincerity, and satisfaction are the primary drivers in large hospitals. Furthermore, the study found that assurance has no impact on Muslim patients' satisfaction and loyalty in BPJS health across both small and large Islamic hospitals, whereas reliability and responsiveness influence satisfaction in BPJS health patients, but not directly on their loyalty. These findings highlight crucial variables that HCPs should consider when improving the patient experience and fostering long-term loyalty in a variety of healthcare settings.

Meanwhile, Khalilur Rahman & Zailani (2016) conducted a study to investigate the factors that influence to Muslim tourists' intention to revisit Islamic-friendly hospitals. The findings indicate that healthcare professionals' behaviour, Shariah compliance practices, healthcare ethics, and safety/security have an influence on attitudes and satisfaction. Attitudes have a significant association with satisfaction, but healthcare ethics does not. The findings also demonstrated that attitudes and satisfaction have a major influence on the intention for revisiting to Islamic-friendly hospitals. Malaysia should offer and promote Islamic-friendly medical tourism services to attract more Muslim patients from various Muslim and non-Muslim countries. Another important factor for Muslim patients in terms of satisfaction and behavioural intention when choosing Islamic medical tourism destinations is the reasonable cost of travel and health check-ups.

Rashid *et al.* (2022) decided to focus on the service quality factors towards patient loyalty in Malaysia's Muslim-friendly private healthcare sector at Kumpulan Perubatan Johor (KPJ). The variables of patient satisfaction and their influence on medical loyalty intention were explored in this investigation. Based on the results, the largest age group was the younger group, aged 18 to 25 years old, where 145 respondents were in this group, contributing to 58% of the overall respondents. The data indicated that respondents aged 18 to 25 had the greatest influence on seeking Islamic medical care for patient loyalty in a Muslim-friendly hospital. Patients' loyalty to Islamic medical treatment in Muslim-friendly hospitals has a positive association with tangible, empathy, and responsiveness components, whereas assurance and reliability have no significant association. Majority of the respondents are young, and they are unaware of doctors' and nurses' Islamic understanding of medical practices.
Satisfied patients are more likely to share positive experiences, which improves the reputation and credibility of healthcare organisations. In an era when patient-centered care is an essential component of effective healthcare, prioritising customer satisfaction is important for achieving not only positive health outcomes but also building a healthcare system that is responsive, compassionate, and constantly evolving to meet the diverse needs of its community. Effective communication, including cultural and religious concerns are essential and regular community participation ensures that the hospital remains aware of the specific needs and preferences of the local Muslim community. A Muslim-friendly hospital aims to provide not just high-quality medical care, but also an environment in which patients feel culturally and religiously accepted, hence increasing overall satisfaction and good healthcare experiences.

3. Behaviour of healthcare professionals:

There were six studies that discussed a few issues which are attitude and practice, and spiritual care among HCPs.

A. Attitude and practice of healthcare professionals

Amin & Abdelmageed (2020) carried out a study in Egypt and United States of America (USA) to assist clinicians in communicating with Muslim patients considering fasting during Ramadan by proposing a communication tool, RAMCOM which stands for RAMadan COMmunication. In total, 21 clinicians were interviewed. However, some clinicians in this study indicated that they were unlikely to use the tool with low socioeconomic patients. Patients with low socioeconomic status frequently receive less helpful socioemotional utterances from their doctor, as well as more directive and less participative, information-giving, instructions, and socioemotional and partnership-building utterances. Although the suggested tool enhances communication and treatment quality, it is critical to identify and fulfil the specific communication needs and preferences of patients from varied socioeconomic backgrounds. Clinicians may promote a more inclusive and equitable healthcare environment by taking a patient-centered approach that considers individual preferences for participation in healthcare

choices. This guarantees that all patients, regardless of their socioeconomic status, receive communication styles that are appropriate for their preferences, resulting in a more patient-engaged and satisfying healthcare experience.

Like the study by Rehman & Diah (2020) which focuses on the doctor-patient relationship in two Muslim countries; Pakistan and Malaysia, specifically to explore the ethical practices in the health profession. The findings highlighted a moderate relationship between doctors and patients. In Pakistan, most doctors emphasized the importance of provider attitudes toward patients, particularly in maternity healthcare, which is highly sensitive and critical. Despite learning professional ethics based on Islamic principles and integrity during their medical training, the power of doctors over patients has been reported. Surprisingly, most women who visited the menopausal clinic in Malaysia accepted the doctor's dominance since doctors talk to them about their concerns and women prefer to trust their expertise. Some of the key issues found during physician-patient relationships include a lack of communication between patients and physicians, negative provider behaviour, and language barriers. In contrast, several respondents reported that all HCPs treated them well. They had heard that physicians and nurses mistreated patients and acted inappropriately, but nothing happened to them.

A study by Rahman *et al.* (2018) regarding the role of Islamic medical care practice of Muslim doctors in Malaysian Muslim-friendly private hospitals found that the perceived roles of Islamic medical care practices by Muslim doctors are important for the medical well-being of Muslim patients. The findings reveal that the Muslim doctor's practice of medical etiquettes, the cleansing process of body and blood fluids, treating infectious diseases, advising patients with regards to mental health and end-of-life care to Muslim patients are also important facts and factors to be widely attended to without discriminatory attitudes. The attitudes of HCPs play an important role in the recovery and well-being of patients. Positive attitudes promote trust, communication, and collaboration between patients and HCPs, which improves overall treatment quality and promotes faster recovery. Integrating Islamic medical practices allows HCPs to better accommodate Muslim patients' religious and cultural requirements, fostering a feeling of inclusiveness, respect, and understanding within healthcare settings.

Similarly, understanding of Islamic medical practice (IMP) and the associated factors among HCPs including doctors and nurses in a Shariah-compliant hospital was also discovered by Mohd Arifin *et al.* (2022). The study found that most of the participants 80.3% (n=122) had high knowledge on IMP, while 19.7% (n=30) had a moderate understanding. Meanwhile, 47.4% participants (n = 72) had an excellent level of knowledge of *rukhsah solah*, 50% (n=76) had a good level of knowledge and 2.6% (n=4) had poor level of understanding of *rukhsah solat*. Furthermore, the participants' IMP understanding level was associated with their years of working experience, position, and gender ($p < 0.05$). In addition, the *rukhsah solat* was associated with the departments ($p < 0.05$). The study findings suggested more training on *rukhsah solat* is essential among HCPs, especially those working in a Shariah-compliant hospital to support the IMP implementation. Enhanced *rukhsah solat* competency among HCPs is important in enabling them to effectively cater to the religious and cultural requirements of patients within a Shariah-compliant hospital setting. This targeted training initiative serves to not only enhance the overall effectiveness of IMP but also fosters a more inclusive and culturally sensitive approach to healthcare delivery within Shariah-compliant hospitals. Considering the importance of HCPs in patient care, by addressing their understanding and practice of *rukhsah solat* can facilitate a more seamless integration of Islamic Medical Practice into the broader healthcare framework.

B. Perspectives on spiritual care among healthcare professionals

Taylor *et al.* (2023) stated that nurses are increasingly educated and expected to give spiritual care to their patients. Although nurses report positive attitudes toward spiritual care, they typically self-report providing it infrequently. The evidence for the reported frequency of spiritual care is limited by significant variance in measurement. For this secondary analysis, data acquired from practicing nurses using the Nurse Spiritual Care Therapeutics Scale (NSCTS) from 16 studies carried out in Indonesia, Iran, Malaysia, the Philippines, Portugal, Taiwan, Turkey, and the United States were compiled (n = 4062).

The findings show that spiritual care varies across and within countries. Spiritual care implementation was slightly more common in Islamic cultures than in predominantly Christian cultures. In Indonesia, nurses from a national survey provided spiritual care significantly more frequently than nurses from one public hospital. In the Philippines, one of every three hospital nurse samples reported significantly more frequent spiritual care. Surprisingly, the sample taken from a Christian faith-based healthcare system reported the least amount of spiritual care. While palliative care (and mostly advanced practice) nurses gave much more spiritual care than the others, mental health nurses also offered more frequent spiritual care than the remaining samples, which were mostly hospital-based. When the frequencies for each item were compared between samples from mostly Muslim and predominantly Christian cultures, the pattern remained similar, demonstrating that nurses in Muslim cultures provide more significant spiritual care. Surprisingly, 79% of Portuguese palliative care nurses said they never/rarely remained there to demonstrate caring. ANOVA supported these findings, revealing no significant difference between Muslim and Christian populations across all 17 items. However, comparing NSCTS scores, it revealed that Muslim nurses provide more frequent spiritual care than Christian nurses. Another factor linked to spiritual care frequency was the major religion of the country (or region), with Muslim nurses delivering spiritual care somewhat more frequently than Christian nurses. Islam was the primary religion in four of these countries (Indonesia, Iran, Malaysia, and Turkey), yet the frequency of spiritual care differed amongst them. Similarly, the frequency of spiritual care varies throughout the primarily Christian countries of Portugal, the Philippines, and the United States.

Like Adib-Hajbaghery *et al.* (2017) study on evaluating Iranian nurses perceived professional competence in spiritual care, the relationship between perceived competence and nurses' personal characteristics, and barriers to provide spiritual care. The findings showed that among 239 nurses, 23% had poor, 51% had moderate, and 26% had favourable competence in spiritual care. No significant differences were found between the mean competence scores of spiritual cares in terms of gender, marital status, employment status, and level of qualification. Significant differences were found between nurses' overall score of competence in spiritual care and receiving training on spiritual care, nurses' position, and the ward they worked in. This study showed that more than half of the nurses had a positive attitude toward spirituality and spiritual care as a professional responsibility. Most of the nurses who participated in this study had a moderate or unfavourable competence in providing spiritual care. Many nurses who participated in this study remarked that they have not received any training about spiritual care.

Spiritual care provided by HCPs is an important aspect of overall patient care. Healthcare professionals that give spiritual care display a willingness to understand and support their patients' ideas and values, regardless of their beliefs. By adding spiritual care into their interactions, HCPs help patients' emotional and psychological well-being while also generating a sense of support and understanding. In a Muslim country, the provision of spiritual care by HCPs is especially important since Islam plays such an important role in the lives of

many patients including prayer times into everyday schedules and establishing an environment that promotes Islamic values. This culturally sensitive approach not only improves the overall patient experience, but it also represents healthcare professionals' dedication to recognising and honouring the essential spiritual components that are fundamental to the lives of people in Muslim-majority societies.

Conclusion

From the exploration of literature, the integration of Islamic principles into clinical practices emerges as a multifaceted endeavor influenced by various factors. This includes the understanding of religious precepts, adherence to Islamic teachings, and the interplay of cultural norms within healthcare settings. The perspectives of patients, HCPs, and family members significantly shape the approach towards integrating Islamic principles within hospitals in Muslim or non-Muslim countries. This review highlights the importance of understanding the current healthcare management within hospitals worldwide. Furthermore, this study aims to contribute to the knowledge surrounding the integration of Islamic principles and shedding light on the importance of patient-centered approaches and supportive environments within healthcare settings. However, there is still a gap and disparities in integrating Islamic principles into healthcare services. Further research on exploring integration of Islamic principles in healthcare services worldwide is recommended.

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