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## **Policy Formulation of Financial Management Patterns With Sharia Principles in Bogor City Hospital**

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### **Abstract**

Good financial management by minimizing findings is determined by the selection of the right model. This study aims to develop a policy formula for financial management patterns with Sharia principles in the Bogor City Regional General Hospital. The qualitative research method uses the decision-making method with Analytic Network Process (ANP) to determine the financial management policy model with Sharia principles. This research was conducted through interviews and focus group discussions. The results obtained show that the Islamic financial management model, in part, has the highest priority with cluster restrictions reaching 0.191007. So that the chosen Islamic financial management formula is financial management with partial Islamic principles. This research provides a new breakthrough regarding the application of Sharia policy. The application of Sharia can be carried out in stages with the Sharia model in advance. This will have an impact on the ease of implementing Sharia because it does not need to be full of all the difficulties. Partial implementation of Sharia is still considered a strong enforcement effort to step up to become perfect Sharia.

**Keywords:** *Formulation; Financial; Partial Sharia Principles*

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### **Introduction**

The organization of hospitals is intended to provide comprehensive health services to people who need them. Therefore, hospitals must be managed with a good and standardized system. The management of these health facilities needs to involve various elements, ranging from infrastructure, human resources, and service concepts to finance. The financial element is very important, because it determines the continuity of the hospital so that it can operate smoothly (Hertika & Anugrah, 2015).

Effective financial management in hospitals involves several aspects that must be fulfilled. Good budget planning is essential in allocating financial resources efficiently. This includes setting financial goals, estimating income and expenditure, and allocating appropriate funds to each activity and unit in the hospital (Hawa, 2016). Careful monitoring of expenditures is an important aspect of managing hospital finances. By monitoring expenditures regularly, management can identify potential waste or inefficient expenditures, and take the necessary corrective measures (Candrasari et al., 2018).

Effective receivables and receipts management is also required in hospital financial management. Hospitals should have clear policies regarding the collection of patient receivables and insurance claims, and conduct careful monitoring to ensure timely payments.

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Internal audits and strict financial oversight help ensure compliance with financial policies and procedures and prevent abuse or fraud in hospital financial management (Hawa, 2016).

Regular evaluation of financial performance is beneficial to ensure the success of financial management in hospitals. Through this evaluation, the hospital can identify areas that need improvement, evaluate the achievement of financial goals, and determine the necessary corrective measures (Wijayanti & Masdjojo, 2017).

Good financial management in hospitals has a significant impact on various aspects. Increased availability and quality of health services. Good financial management must be supported by the availability of adequate resources, such as the latest medical equipment, medicines, and facilities needed to provide quality health services to patients (Wijayanti & Masdjojo, 2017).

Good financial management enables hospitals to optimize the use of available resources, identify and reduce waste, and improve efficiency in operational processes, such as procurement, inventory, and daily financial management. With good financial management, hospitals can ensure sufficient revenue to meet long-term operational needs, including operational costs, ongoing patient care, and investment in infrastructure and technology development. Transparent and accountable financial management can increase public trust in hospitals. Patients and the public will feel more confident in utilizing health services provided by hospitals that have good financial governance (Indrayathi & Hardy, 2017).

Financial management in hospitals is divided into conventional and non-conventional management, including Sharia principles (Zamrudiah, 2020). Conventional financial management refers to the methods and principles commonly used in the world of business and finance. It involves using conventional financial instruments, such as loans from banks, investments in conventional financial instruments, and applying generally recognized accounting practices. On the other hand, non-conventional financial management involves the use of Sharia principles in hospital financial management. These principles are based on Islamic religious teachings and prohibit practices that are considered usury (interest) and gharar (uncertainty) (Rambe & Herlambang, 2021).

Conventional hospital financial management is based on policies and rules that it sets. Regional hospitals or government-owned hospitals carry out their financial management based on Financial Accounting Standards (SAK) and Government Accounting Standards (SAP) through the Regional Public Service Agency Financial Management Pattern (PPK-BLUD). Meanwhile, private or non-government hospitals implement it based on financial accounting standards and the policies of the hospital management itself. Some private hospitals generally use a standard model with integrated financial and performance management capabilities (Triana, 2022). Therefore, financial management in hospitals must always be developed with good financial accounting principles (Perhimpunan Rumah Sakit Seluruh Indonesia, 2018).

The application of different models needs to be done to strengthen financial management patterns in hospitals. Islamic management is a method based on the Word of Allah SWT and the Hadith of the Prophet Muhammad SAW, through an idea of financial management with Sharia principles (Kementerian Agama Republik Indonesia, 2015). This financial management method has features that conventional financial management does not have. In this method, there is a goal that is for the benefit of the people. This method is also a hope in completing the existing shortcomings, so it needs to be considered with the value of perfection because it is not only for the good of the world but also for the hereafter (Hakim, 2018).

Nevertheless, the implementation of Islamic financial management in hospitals also faces several obstacles. One of them is the limited understanding and expertise in Islamic financial management. It requires a deep understanding of the principles of Sharia and Islamic finance as well as skilled and trained human resources in this regard. Another constraint is the limited access to Islamic financial institutions. Although Islamic financial management is growing, not all areas have adequate access to Islamic financial institutions. This can limit hospitals from utilizing Islamic financing or other Islamic financial services (Jailani & Danial, 2021).

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To overcome these constraints, cooperation with Islamic financial institutions and adequate training and education for hospital staff can help overcome these limitations. By strengthening understanding and capabilities in Islamic financial management, hospitals can optimize potential benefits and minimize associated risks (Kamaratih, 2022).

Several forms of implementation can be applied in Sharia financial management in hospitals. However, implementation can be carried out in stages according to the needs and readiness of the hospital in adopting Sharia principles (Fimauidina, 2020). One form of implementation that can be applied is Sharia financing. Hospitals can collaborate with Islamic financial institutions to obtain financing by Sharia principles. This involves the use of halal financing instruments, such as musyarakah (cooperation), mudharabah (profit sharing), or ijarah (rental). Islamic financing can be used for the development of health facilities, procurement of medical equipment, or financing of hospital operations (Hakim, 2018).

In addition, Sharia financial management in hospitals also involves the use of Sharia insurance mechanisms. Islamic insurance allows hospitals to provide health protection by Sharia principles. Islamic insurance policies follow the principles permitted in Islam, such as the principle of tabarru (donation) and the principle of al-mudharabah (profit sharing) (Anggraeni & Setiyo, 2020).

In practice, the implementation of Sharia financial management in hospitals can be done in stages. Hospitals can start by recognizing Sharia principles in financial management, improving staff and management understanding of these principles, and evaluating compliance and readiness to implement Sharia financial management as a whole (Fimauidina, 2020).

A phased implementation approach can be a wise choice for hospitals that want to adopt better financial management. This approach allows hospitals to make changes in a targeted and measurable manner while taking into account organizational readiness and available resource capabilities. The phased process allows hospitals to make continuous evaluations, adjustments, and improvements in their financial management (Faizin, 2019).

In addition, phased implementation also allows hospitals to build awareness and commitment from various stakeholders, including management, staff, and other relevant parties. Through effective communication and active participation, hospitals can gain wider support and minimize resistance to change. During the phased implementation process, hospitals can conduct more intensive training, socialization, and monitoring (Faizin, 2019).

On the other hand, the full implementation approach can be adopted by hospitals that have sufficient readiness and adequate resources. The full implementation allows hospitals to implement changes in financial management thoroughly and at once. In this approach, hospitals can benefit from careful planning, strong commitment from management, and adequate support from staff and other stakeholders (Irviana, 2019).

The choice between a phased or comprehensive approach to financial management implementation in hospitals should be carefully considered, given the complexities and challenges involved. The conditions and needs of each hospital can be a determining factor in choosing the right approach (Zamrudiah, 2020).

Based on reports that Bogor City Hospital has collaborated with Bank Syariah Indonesia (BSI) since 2021. Bogor City Hospital has also managed employee Zakat as one of the Sharia elements through the Bogor City Hospital Director Regulation number 900/005-PERDIR/RSUD/VII/2022. Although the elements of Sharia have not all been fulfilled, it has been a process towards Sharia. Therefore, it is necessary to have a strategy so that financial management with Sharia principles can be achieved optimally. Financial management with Sharia principles then follows the policies set by the hospital, with the principle of implementation (Kanal Pengetahuan FK UGM, 2022).

At the time of this research, the implementation of Sharia-compliant financial management in hospitals was in the process of being completed. In its implementation, it must be fulfilled step by step, but there is no determination as to what stage can be recognized as a hospital with full Sharia management. There needs to be the certainty that even though it is still gradual, it

can already be designated as a hospital with Sharia management. According to some research, Sharia hospitals can be considered viable if the management model follows the maqosid of Sharia even though it is still gradual. This needs to be confirmed as Sharia recognition because it is close to full as has been studied by several researchers. So there needs to be research on the potential of Sharia that has been established by the hospital and create a Sharia model that is easier for hospitals to achieve and accept its feasibility (Irviana, 2019).

Researchers initiated a model that can be accepted for its feasibility, even though it has not fully implemented Sharia principles. The following is a mapping of research on hospitals that apply Sharia principles.

Table 1. Research Mapping of Sharia Management Models in Hospitals

Research Title	Researcher	Hospital	Sharia Implementati on Model	Sharia Elements	Feasibility
Analysis of Implementation Standards of Sharia Minimum Services in the Hospital: Case Study at Sari Asih Sangiang Hospital 2018	Fitri Yuli Mardiyati, Dumilah Ayuningtyas	Sari Asih Sangiang Hospitals	Full	Basmallah reading, hijab for the patient, Islamic education, gender-based operator-patients for ECG achievement Indicator	Optimal implementation, but data recording problem
Management Evaluation and Sharia Certified Hospitals Compliance (Case Study of Sari Asih Ciledug Hospitals)	Muh. Nadratuzzaman, Muhammad Taufiki, Laila Yumna	Sari Asih Ciledug Hospitals	Full	Sharia compliance evaluation	Compliance with Sharia certification, need for improvement
Implementation of Sharia hospital standards in accounting and finance at Muhammadiyah Lamongan Hospital	Zustika Nada Mahmudah, Diska Arliena Hafni	Muhammadiyah Lamongan Hospital	Gradual	Financial reporting, waqf fund management, non-profit services	Implementing Sharia hospital standards with adjustments in accounting and finance.
The Effect of Services with Sharia Principles on Outpatient General Patient Satisfaction (Case Study at Sebelas Maret University Hospital Surakarta) Sebelas Maret Surakarta)	Sumadi, Tino Feri Efendi, Tutik Agustini, Salsabila Aslama	Sebelas Maret University Hospital Surakarta	Gradual	Sharia principles (stay away from usury and Gharar)	The application of services with Sharia principles influences the satisfaction of outpatient general patients at Sebelas Maret University Hospital Surakarta.

This table is based on several studies (Mardiyati & Ayuningtyas, 2021), (Nadrattuzaman et al., 2021), (Mahmudah & Hafni, 2022), (Sumadi et al., 2021).

This research seeks to find a model of financial management patterns that are rahmatan lil 'alamin, with concepts that can be implemented in every hospital. Following the explanation that has been stated, namely "Policy Formulation of Financial Management Patterns with Sharia Principles at the Bogor City Hospital".

## Literature Review

The term "formulation" comes from the English word "formulation" which means formulating or compiling in the right form (Siyoto, 2015). Thus it can be interpreted that formulation aims to achieve an expected model with measurable and standardized implementation (Mull, 2017). The word "policy" is put forward by Iskandar as a program plan that is arranged, followed by activities, actions, decisions to attitudes, to act or not to act implemented by the parties (actors), which are stages in finding solutions to the problems at hand. Policies are set by an organization to achieve goals (Ramdhani & Ramdhani, 2017). Based on these definitions, policy formulation is an activity to compile the right form in an organized program that is implemented in finding solutions to problems.

Hospital financial management with Sharia principles adheres to concepts based on the instructions of Allah SWT and the hadith of the Prophet Muhammad SAW, avoiding interest/usury, applying the principle of profit sharing (sharing) between hospitals and their employees, with health as a financing sector that is not prohibited in Islamic Sharia, as well as guarantees of halalness in investments made (DSN-MUI, 2016).

Allah SWT says through Surah Al-Baqarah verse 275, regarding the principle of financial management in a Sharia manner (Kementerian Agama Republik Indonesia, 2015):

الَّذِينَ يَأْكُلُونَ الرِّبَا لَا يَقُومُونَ إِلَّا كَمَا يَقُومُ الَّذِي يَتَخَبَّطُهُ الشَّيْطَانُ مِنَ الْمَسِّ ذَلِكَ بِأَنَّهُمْ قَالُوا إِنَّمَا الْبَيْعُ مِثْلُ الرِّبَا وَأَحَلَّ اللَّهُ الْبَيْعَ  
وَمَنْ عَادَ فَأُولَئِكَ أَصْحَابُ النَّارِ هُمْ فِيهَا خَالِدُونَ ۖ وَحَرَّمَ الرِّبَا فَمَنْ جَاءَهُ مَوْعِظَةٌ مِنْ رَبِّهِ فَانْتَهَى فَلَهُ مَا سَلَفَ وَأَمْرُهُ إِلَى اللَّهِ

Meaning:

"Those who eat (take) usury cannot stand but as one who is possessed by a demon because of insanity. That is because they say that buying and selling are the same as usury, whereas Allah has justified buying and selling and forbidden usury. And as for those to whom a prohibition from their Lord has come, and they cease (from taking usury), then to them belongs what they had taken (before the prohibition came), and their affair is (up to) Allah. But whoever returns (to usury), then those are the inhabitants of Hell; they shall abide therein".

In Surah Al Baqarah verse 275, the concept of avoiding usury is highly emphasized in financial management. The National Sharia Council of the Indonesian Ulema Council (DSN-MUI) outlines that financial management in hospitals with Sharia principles is sorted into seven management, namely contracts or transactions, budget availability, agreed rates, good financial management, financial management reports, calculated taxes and zakat issued. These seven managements still refer to the concepts previously described (Anggraeni & Setiyo, 2020).

Akad or transaction must be upheld in hospital management primarily with the indicator of the Tabarru contract, which aims to help each other in doing good. Once there is an agreement, this contract cannot be changed into a tijarah contract whose purpose is for profit unless there is an agreement from the parties to the contract. But if there is a violation, the party whose rights are protected violates his obligations by giving up his rights. The function of tabarru contracts is for the benefit of the hereafter, not merely for profit, in addition to the object of this contract. Along with its development, this contract is associated with commercial transactions, because it can act as an intermediary that connects and facilitates the completion of tijarah contracts. Tabarru contracts have the concept of giving something or guaranteeing something (Nanang & Naisabur, 2022).

Arif Fauzan's research states that tabarru contracts are in principle non-profit transactions that do not take advantage of the activities carried out by the company. This contract is also

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called akad al-ajru walumulah, which is a service or utility agreement made to create simple and smooth transactions as a service for customers (Nanang & Naisabur, 2022).

Akad tabarru becomes a door in carrying out commercial activities because customers have an interest in the optimal service provided to them. Haqiqi Rafsanjani's research shows that in a tabarru contract, the party doing the favor has no right to require any reward from the other party. The reward of the tabarru contract is from Allah SWT, not from humans. However, the party doing the favor may ask the cooperating party to simply cover the costs he incurs. Although it is not permissible to take any profit from the tabarru contract. The tabarru contract is implemented in the form of a guarantee for health services, therefore the hospital does not ask for compensation, but an agreement to provide wages for the maintenance of the hospital. As evidence of the implementation of the tabarru contract, every payment at the hospital must be following the standards and agreements of the customers. If the customer feels heavy, the hospital will help with the payment by finding a guarantor (Nanang & Naisabur, 2022).

The availability of hospital budgets is based on Sharia principles with four indicators, namely the Oneness of Allah SWT (Tawhid), Justice, Amar ma'ruf nahi munkar, and accountability. The indicator of tawhid (unity/divinity) is a general indicator in Islam so Islamic economic law adheres to this indicator. This indicator confirms that all humans are in the same provision, namely the provision of tawhid expressed in the sentence "La'ilaha Illa Allah (There is no God but Allah)". This indicator is based on the word of Allah in Surah Ali Imran verse 64 (Arwani, 2016).

Based on the tawhid indicator, the implementation of Islamic economic law is an act of worship. Thus, for a Muslim who works to prepare a budget, it must be positioned as worshipping and fulfilling Allah's orders or decrees, so the budget prepared must be transparent, accountable, and disciplined. Transparency is evidenced by a clear budgeting report, namely the Cost Budget Plan (RAB) which is calculated based on data on field needs. Accountable is evidenced by budgeting that is following the needs, both for routine expenditure and term expenditure. Discipline is evidenced by structured budgeting, with clear plans and implementation (Nanang & Naisabur, 2022).

Indicators of justice (equilibrium/balance) are indicators that demand the realization of individual and community balance, these indicators require a straight path by creating a social order that avoids harmful behavior. In the preparation of the budget must be allocated fairly for the benefit of all users and customers. This indicator of justice is based on the word of Allah in Surah Al An'am verse 152 and several other letters. This indicator is evidenced by a budgeting system that is appropriate and targeted according to user and customer data. The amar makruf nahi munkar indicator is an indicator that considers the budget as a working guideline so that those who commit deviations (evil) can be sanctioned, and those who excel are rewarded. The indicator of amar makruf nahi munkar is confirmed in the Qur'an letter Al-Imran verses 104, 110, and 114. Proof of this indicator is based on guidelines and the establishment of operational standards for budget use, as well as penalties and rewards for budget implementers following their performance (Nanang & Naisabur, 2022).

Indicators of responsibility (responsibility), is an indicator that demands an absolute commitment to efforts to improve the welfare of fellow human beings so that the preparation of the budget must be accounted for the truth. This indicator is evidenced by the budget that is calculated strictly according to needs, it should not be exceeded or reduced unless there is a change in the budget due to adjusting to the situation and conditions (Nanang & Naisabur, 2022).

The agreed hospital tariff is based on three indicators, namely fairness, appropriateness, and fair competition. The fairness indicator shows that the tariff set by the hospital can be reasonably calculated and appropriate between the services provided and the fees to be paid by customers. There should be no inappropriate tariff increases, especially to seek extreme profits (Mahmudah & Hafni, 2022). Sharia tariff setting still follows the national tariff setting regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 85 of 2015

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concerning the National Hospital Tariff Pattern (Menteri Kesehatan Republik Indonesia, 2015).

The fairness indicator can be proven that the hospital tariff is following the national tariff set by the government and is derived from the hospital's internal regulations. The appropriateness indicator is an indicator that states that certain customers or patients should be given a certain price in return. The meaning of appropriateness is that patients should not be charged with unaffordable costs. The appropriateness indicator is evidenced by a tariff appropriateness document that is affordable to the patient. The fair competition indicator is the determination of tariffs that are proven to compete with other hospitals, without damaging the tariff standards that have been set in a region. Proof of healthy competition indicators is with standard price documents and price comparisons in several surrounding hospitals or one region (Mahmudah & Hafni, 2022).

Good financial management can be carried out through indicators of financial storage in Islamic banks. So deposits or loans automatically use Sharia contracts, including the purchase of medical and hospital equipment through leasing using the Ijarah Muntahiya Bit Tamlik (IMBT) Sharia contract. The seventh dictum of the Fatwa of the National Sharia Council-Indonesian Ulema Council number 107/DSN-MUIIX/2016 concerning Guidelines for the Implementation of Hospitals Based on Sharia Principles, regarding provisions related to the Placement, Use, and Development of Hospital Funds, requires that hospitals must use the services of Sharia Financial Institutions in efforts to organize hospitals, whether banks, insurance, financing institutions, guarantee institutions, or pension funds. Therefore, Islamic hospitals are required to work with Islamic banks, so the ratio is calculated based on the number of Sharia Financial Institutions (LKS) that work together compared to the total number of Financial Institutions (LK) that work together (Anggraeni & Setiyo, 2020).

Regional hospital financial management reports use indicators of Hospital Accounting and Financial Guidelines based on the Statement of Financial Accounting Standards (PSAK) with Sharia principles. Statement of Financial Accounting Standards 101 concerning the Presentation of Sharia Financial Statements (hereinafter PSAK 101) establishes the basis for the presentation of general-purpose financial statements for Sharia entities. This statement regulates the requirements for the presentation of financial statements, the structure of financial statements, and the minimum requirements for the content of financial statements on Sharia transactions. PSAK 101 provides an explanation of the general characteristics of Islamic financial statements, including Fair presentation and compliance with SAK, Accrual basis, Materiality and incorporation, Mutual elimination, Frequency of reporting, Comparative information, and Consistency of presentation (Ikatan Akuntan Indonesia, 2015).

Hospital tax is calculated based on Sharia tax indicators. Tax (dharabah) is a demand on Muslims who are encouraged to fulfill infaq and alms. Taxes must be paid as long as it is in the interests of development in various fields and sectors of life needed by the community. Taxes are mandatory contributions to the state, province, municipality, and so on. Tax collection is a logical consequence in the life of society, nation, and the state as a reflection of justice for welfare. Sharia tax indicators refer to the tax system that applies nationally as evidenced by tax obligations, namely the obligation to register, the obligation to take, fill in, and submit a tax return (SPT), the obligation to fill in and submit the SPT correctly, the obligation to deposit taxes in the state treasury, the obligation to make books and records and the obligation to comply with tax audits. This tax indicator can be proven by tax administration documents (Fatarib, 2018).

Income and or income for doctors and employees sourced from the hospital is subject to zakat collection following Islamic teachings. The collection of zakat is intended as a learning process for employees regarding the obligations and benefits of zakat so that the amount of nishab for each employee is ignored. The employee zakat ratio is calculated from the number of zakat deductions of doctors and employees divided by the total costs incurred for employees and professionals. Total labor cost is calculated from the cost components received in the form of money, including; medical services, salaries, allowances, incentives, services, overtime, and so on, which are received in the form of money. Evidence of this indicator is the existence of

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an amil zakat body formed in the hospital and zakat management documents that are recorded and reported (Anggraeni & Setiyo, 2020).

Bogor City Regional General Hospital is the only government hospital in Bogor City, at the time this research was conducted. The hospital is located at Jl. Dr. Semeru No. 120 West Bogor District, Bogor City. In the form of a Regional Unit Service Agency (BLUD) which organizes individual outpatient service activities, inpatient services, and emergencies. The hospital started operating on August 7, 2014, with 305 health service facilities (Pemerintah Kota Bogor, 2019).

RSUD Bogor City has type B with 65 specialists. Sources of income come from government subsidies from the central government, regional government level I, and regional government level II as well as business income. Based on the concept of BLUD flexibility, this hospital consistently conducts business with the principle of non-full profit-oriented (not seeking full profit). The form of a business consists of the implementation of the core business, namely services, medical devices, and medicines, and non-core business, namely other sources that are not from health services, such as education and training revenues, community activity services and informatics media profits (RSUD Kota Bogor, 2021).

The RSUD's revenue is strongly influenced by patient visits, both outpatient and inpatient. Likewise, the facilities and infrastructure it has, with the best examination service capabilities. RSUD Kota Bogor has the most modern equipment such as 128 Slice CT scan and 3 Tesla MRI. Based on the number of visits and support services, this hospital prepares its Budget Business Plan (RBA), which is determined once a year following the existing standard pattern (Syinta, 2020).

The theoretical basis for this research is the hospital financial management model which is divided into Conventional Financial Management Patterns and Unconventional Financial Management Patterns, namely Sharia. Conventional Financial Management Patterns are the basis for hospital financial management in general. Regional hospitals or government-owned hospitals are guided by Financial Accounting Standards (SAK) and Government Accounting Standards (SAP). Meanwhile, private or non-government hospitals refer to SAK and the policies of the hospital. Government hospitals follow established rules, namely the Regional Public Service Agency Financial Management Pattern (PPK-BLUD) (Triana, 2022).

Private hospitals use a management pattern following the Balance Scorecard method (Fatima & Elbanna, 2020). Balance Scorecard is also used by regional hospitals as an evaluation tool because the concept is very good and suitable for companies or organizations that manage finances. Another pattern in private hospitals uses established standards with a model that cannot be separated from financial accounting principles (Perhimpunan Rumah Sakit Seluruh Indonesia, 2018).

The pattern of financial management with Sharia principles is an Islamic-based method, with the establishment of a Sharia perspective. Especially the most recommended concept is "staying away from usury". Many hospitals have adopted this financial management principle. Some of them are private hospitals with Islamic concepts. But seeing the prospects that are growing, Sharia principles will be widely used by other hospitals (DSN-MUI, 2016).

## Method

This research was conducted to examine the data and determine the best financial management formulation with Sharia principles (Taufiq & Hatmawan, 2020). The formulation method used is the Analytic Network Process (ANP) decision-making method (Pungkasanti & Handayani, 2017). The unit of analysis is the Regional Public Hospital (RSUD) of Bogor City, involving informants, as well as key informants, namely employees who are directly involved with decisions in the finance department. Data were obtained through interviews and focus group discussions (FGDs). The informants in question are employees in the finance section of the Bogor City Hospital and are directly involved in making decisions, namely the Head of Finance, Accounting Sub-Coordinator, and Budgeting Sub-Coordinator (Siyoto, 2015).



Qualitative data analysis is inductive, namely an analysis based on the data obtained, then developed into a hypothesis. The hypothesis in question is in the form of a formulation, namely a model of financial management patterns with Sharia principles that can be implemented. The model has a nature that depends on decision-making, so it has the potential to complement the financial management pattern at the Bogor City Hospital. The expected result is the ability to minimize the findings or problems that occur. Qualitative data analysis using "Super Decisions version 3.2" software (Narendro & Wisjhnuadji, 2019).

Super Decisions software will analyze the Sharia financial management model, then look for Sharia financial management formulations, as an effective and efficient model. This financial management concept model is based on data with the determination of the best decision-making that can be used in hospitals (Yusman, 2019).

In qualitative research, decision-making is carried out using the Analytic Network Process (ANP) technique as a generalization of the Analytic Hierarchy Process (AHP). This technique has no dependence on hierarchical elements, therefore ANP is represented by a network, not a hierarchy. The feedback structure of ANP is in a network pattern, based on cycles that connect component elements, rather than levels. ANP creates a framework for addressing decision-making problems without making assumptions related to weak independence between higher levels of elements and independence of elements within a level. ANP uses a network without going through a specific description of the levels as in a hierarchy. The core concept of this data processing is network activity that affects each other (Darmawan, 2018).

The ANP technique for processing qualitative data can be described with the following conceptual framework:

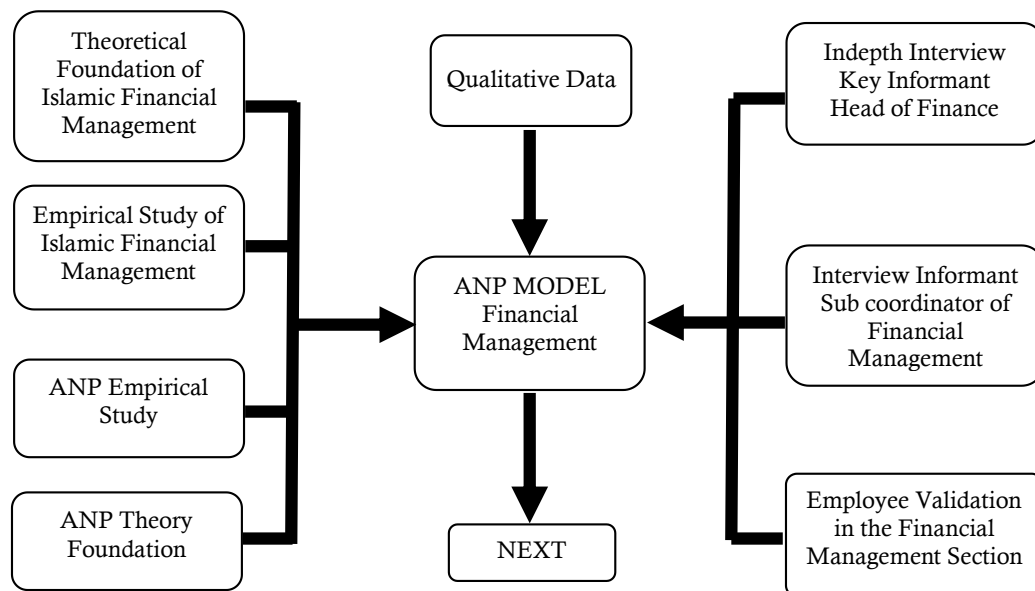


Figure 1: Conceptual Framework of ANP Technique for Financial Management with Sharia Principles, modified from: Characteristics of the Analytic Network Process, a Multi-Criteria Decision-Making Method by Nikola Kadoić

The results of this qualitative research with the ANP model will emphasize decision-making based on its network process formed by the assessment of various policymakers so that it is concluded that this model can be selected and developed further. The model in question is a form of management with Sharia principles based on seven management, namely contracts or transactions, budget availability, agreed rates, good financial management, financial management reports, calculated taxes, and zakat issued (Pungkasanti & Handayani, 2017).

To collect materials for ANP analysis, interviews and Focus Group Discussions (FGDs) were conducted (Kadoić, 2018). This activity involved informants in the finance department of

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Bogor City Hospital who play a direct role in making decisions, namely the Head of Finance, Accounting Sub-Coordinator, and Budgeting Sub-Coordinator. The results of the interview were used to formulate a financial management model based on Sharia principles at the Bogor City Hospital with several provisions. Bogor City Hospital has implemented conventional financial management with the Regional Public Service Agency Financial Management Pattern (PPK-BLU) according to the legal umbrella of the Minister of Home Affairs Regulation Number 79 of 2018, with supporting factors in the form of moral support, local government support and smooth running of the process. However, it is still not optimal because of the unavailability of infrastructures according to PPK-BLUD rules (Kemendagri, 2018).

The steps in conducting ANP for the formulation of financial management policies with Sharia principles are carried out in stages. First, identify the main problem to be analyzed. Then identify the variables related to the problem being analyzed. Next, analyze the interaction between the variables identified previously, to identify the mutually influential relationship between the variables. After the analysis steps are completed, immediately create an interaction matrix between the previously identified variables to identify the level of interrelationship between variables. Continued by conducting weight analysis to determine the relative weight of each variable previously identified. Then formulate financial management policies with Sharia principles based on the results of the ANP analysis that has been carried out. The last step is to implement the policy that has been prepared previously and evaluate the implemented policy to evaluate effectiveness of the policy (Kadoić, 2018).

## Result and Discussion

To collect materials for ANP analysis, interviews and Focus Group Discussions (FGDs) were conducted. This activity involved informants in the finance department of Bogor City Hospital who play a direct role in making decisions, namely the Head of Finance, Accounting Sub-Coordinator, and Budgeting Sub-Coordinator. The results of the interview were used to formulate a financial management model based on Sharia principles at the Bogor City Hospital with several provisions. Bogor City Hospital has implemented conventional financial management with the Regional Public Service Agency Financial Management Pattern (PPK-BLU) according to the legal umbrella of the Minister of Home Affairs Regulation Number 79 of 2018, with supporting factors in the form of moral support, local government support and smooth running of the process. However, it is still not optimal because of the unavailability of infrastructures according to PPK-BLUD rules.

Bogor City Hospital has implemented conventional financial management with the Regional Public Service Agency Financial Management Pattern (PPK-BLU) according to the legal umbrella of the Minister of Home Affairs Regulation Number 79 of 2018, with supporting factors in the form of moral support, local government support and smooth running of the process. However, it is still not optimal because of the unavailability of infrastructures according to PPK-BLUD rules. Head of Finance of Bogor City Hospital, Iim Ibrahim, S.E. Ak, said: "the RSUD is only 8 years old, with such a short time scheme the RSUD is already at a point that can actually be aligned with other regional public hospitals that are older, of course in some ways we are still in development, especially in the problem of infra-structure". Accounting Sub-Coordinator, Rina Rustikasari, S.E, stated that: "but in terms of management, maybe it will be related to the accounts, but in terms of flow we are bound by the rules of the central government". The Budgeting Sub coordinator, Topan Zainal Abidin, S.E, stated: "if it is related to the issue of effectiveness and efficiency, the budgeting is indeed the reference for BLUD, the RBA (budget business plan) first starts from planning, then the related fields make their own budgeting process so that it is managed by the planning field to form an RBA and this RBA, as the Head explained, must be directly proportional to income, this can later be evaluated in the RBA change, whether the income decreases ".

Bogor City Hospital has tried to maximize financial management, including by implementing several Sharia elements. Head of Finance of Bogor City Hospital, Iim Ibrahim, S.E. Ak, said: "In

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practice, we implement Sharia things such as us always collect donations or collect zakat or make donations to the mosque that is indeed in the technical order in the field". Accounting Sub-Coordinator, Rina Rustikasari, S.E, stated that: "so far, the understanding, if the activities that are included in Sharia are in terms of zakat, alms that employees collect, maybe that's it, but in terms of management, maybe later the connection will be in the accounts". Budgeting Sub coordinator, Topan Zainal Abidin, S.E, stated that: "to implement some things from the concept of Sharia is still possible, and it is regulated in rules that can still be edited, but only limited to policies such as zakat".

The application of Sharia elements in Bogor City Hospital has not found any obstacles because Sharia principles can be accepted both by the employees of Bogor City Hospital, as well as by customers or patients. The Head of Finance of Bogor City Hospital, Iim Ibrahim, S.E. Ak, said that: "Muslims must implement it, the concept of Sharia means something based on Islam, Islamic concepts, buying and selling in Islam, marriage in Islam, meaning that regardless of the general condition of the hospital that has been given like that nationally or broadly, partially, maybe it can be elaborated regarding the application of the concept of Sharia for which things". Accounting Sub-Coordinator, Rina Rustikasari, S.E, stated that: "so far, the understanding, if the activities included in Sharia are in terms of zakat, alms that employees collect, maybe that's it, but in terms of management, maybe later the connection will be in the accounts". Budgeting Sub coordinator, Topan Zainal Abidin, S.E, argued that: "when they don't have money and they can't afford it, they ask permission from the doctor and nurse to be exempted from the fees, and if the doctor and nurse allow it, they are automatically not charged the tariff".

RSUD Kota Bogor is a government hospital that follows government policies and regulations, but these can be adjusted in coordination with the government as the owner of the hospital. The Head of Finance of Bogor City Hospital, Iim Ibrahim, S.E. Ak, said: "it is very interesting and the most important thing is what is called the contribution or participation of stakeholders related to this, because if we are in the context that we carry out if without support, especially the support of the rules, it will be an unclear direction, so related to the implementation of Sharia-based management, upstream it is necessary to think about regulations to regulate this order, that's all first". Accounting Sub Coordinator, Rina Rustikasari, S.E, argued that: "but in terms of management, maybe later the connection will be in the accounts, but in terms of flow we are already bound by regulations from the central government, then that's what Sharia should be, then if this Sharia is like an example in a bank, it means that the connection is more profit sharing, now this profit sharing is what profit sharing, because in this RSUD there is no distribution, what, there is no account that has a profit sharing system, there are no bank accounts that share profits, why not because it is related to the parent who decides it". The Budgeting Sub coordinator, Topan Zainal Abidin, S.E, stated that: "we are indeed confronted with regulations from the center and regulations from the local government".

Although financial management with Sharia principles cannot be fully adapted, with the fulfillment of Sharia elements such as cooperation with Sharia banks in some financial management, the application of tabarru contracts, and the issuance of employee zakat, then gradually Bogor City Hospital will improve some of its financial management that is still conventional by adding Sharia principles. Head of Finance of Bogor City Hospital, Iim Ibrahim, S.E. Ak, said that: "related to the possibility of an organization in, in this case, hospital or RSUD whether it can apply a small part of the concept of Sharia in the management of both finance or organization in general, I think it is a very interesting idea and it can be a thought for all of us in the future whether we can collaborate with our parent, in this case, the regional government, what steps can we take related to the possibility of applying this Sharia concept, say in organizing at the RSUD in particular ". Accounting Sub-Coordinator, Rina Rustikasari, S.E, argued that: "Sharia that can be applied in BLUD, if so, for it is understanding if the activities included in Sharia are in terms of zakat, alms that employees collect". Budgeting Subcoordinator, Topan Zainal Abidin, S.E, stated that: "If the concept of Sharia is applied in RSUD, we have to regulate the rules from the center first".

The financial management model with Sharia principles that can be implemented in Bogor City Hospital is partial in the hope that there will be a change in government policy that allows financial management with full Sharia principles. The Head of Finance of Bogor City Hospital, Im Ibrahim, S.E. Ak, said that: "in the technical order in the field but fundamentally or regulation ally it needs to be considered to include Sharia elements in the regulation or scripture of BLUD financial management patterns that are so high, that's all first". Accounting Sub-Coordinator, Rina Rustikasari, S.E, argued that: "maybe as I explained that the principles of Sharia in financial management are what first, if you want to apply it, it can't be done all at once, it must be gradual, maybe what first, now what we have implemented is related to alms, with zakat, by helping patients who cannot pay their hospital fees". Budgeting Subcoordinator, Topan Zainal Abidin, S.E, stated that: "it's just that we can still implement some things from the concept of Sharia, and it is indeed regulated in rules that can still be edited, but only limited to policies such as zakat".

Based on interviews and FGDs with informants and key informants, the problem identification of this research is the formulation of financial management policies with Sharia principles. Two Sharia financial management models are proposed, namely a model with full Sharia principles and a model with partial Sharia principles. The full Sharia principal model is a model that implements concepts based on the instructions of Allah SWT and the hadith of the Prophet Muhammad SAW, avoiding interest/riba, applying the principle of profit sharing (sharing) between hospitals and their employees, and implementing seven management. While the partial Sharia principal model is a model that implements the concept and seven management, but only partially, at least one concept and one management. Both models are influenced by the financial management of Bogor City Hospital, government policies/regulations, and Sharia principles.

Analysis Networking Process (ANP) is used to obtain complex systems through the identification of relationships between interacting variables. Financial management of Bogor City Hospital, government policies/regulations, and Sharia principles are included in the interacting variables. Furthermore, the interaction of these variables is analyzed with the model to be decided, which consists of full Sharia principle sub-criteria and partial Sharia principle sub-criteria, using the super decision data processing application.

The relationship between each variable is assessed by clustering the tendency towards the more dominant variable. According to the data from the informants and key informants, problem identification is more dominant towards the model, because the initial objective is to find a policy formulation, but it is still less dominant towards the Sharia principle sub-criteria due to the influence of its implementation. While the model is more dominant towards the Sharia principle sub-criteria because it is the final decision. The model is more dominant towards variables because it is supported by variables. The Sharia principle sub-criteria is more dominant to the variable because it determines the variable. Everything has the same influence with a strengthening value of 3 for its dominance, where 1 means no influence, 2 means weak influence, and 3 means strong influence. The relationship of each cluster is expressed in the following figure:

Problem Identification	3	2	1	2	3	Model
Problem Identification	3	2	1	2	3	Sharia Principle Subcriteria
Model	3	2	1	2	3	Sharia Principle Subcriteria
Model	3	2	1	2	3	Variable
Sharia Principle Sub criteria	3	2	1	2	3	Variable

Figure 2: Relationship between Cluster son Analysis Networking Process (ANP), modified by "Super Decisions version 3.2" software

Variables have an important role, such as the influence of government policy/regulation variables, although they can still be controlled. The sub-criteria provides an opportunity to implement Sharia principles in the context of using Islamic banks and zakat issued.

The results of data management are described in the form of the interaction of variables as follows.

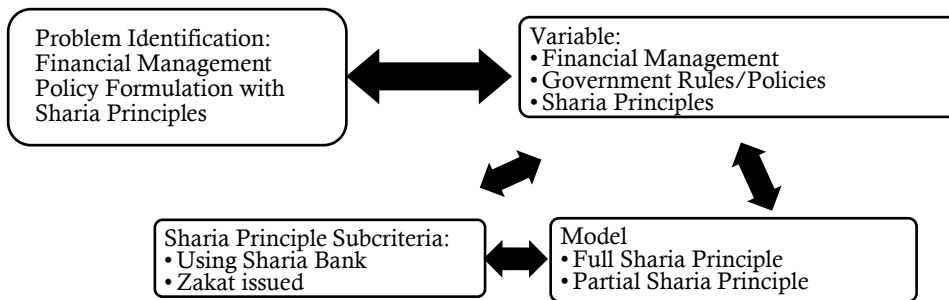


Figure 3: Interaction Model of Analysis Networking Process (ANP) Variables), modified by "Super Decisions version 3.2" software

In the picture of the interaction model of the analysis networking process (ANP) variables, problem identification becomes the goal, to achieve financial management policy formulation with Sharia principles. Through financial management variables, government rules/policies, and Sharia principles obtained from interviews and FGDs, the decision can be determined. Sharia principles have two sub-criteria, namely using Islamic banks and zakat issued. This interaction will create a model of full Sharia principle or partial Sharia principle.

The interaction matrix between variables identifies the level of the interrelationship between variables as in the following matrix.

Description	Normalization by Cluster	Limiting
Formulation	1.00000	0.101518
Financial Management	0.09538	0.024887
Sharia Principles	0.66545	0.173623
Policy/Rules	0.23917	0.062402
Full Sharia Principle	0.42338	0.140248
Partial Sharia Principles	0.57662	0.191007
Using an Islamic Bank	0.50000	0.153158
Zakat issued	0.50000	0.153158

Figure 4: Interaction Matrix of Analysis Networking Process (ANP) Variables), modified by "Super Decisions version 3.2" software

The matrix shows the relative weight of each variable identified previously, with the greatest limitation on Sharia principles in part. Prioritization of the results of the analysis with ANP can be described as follows:

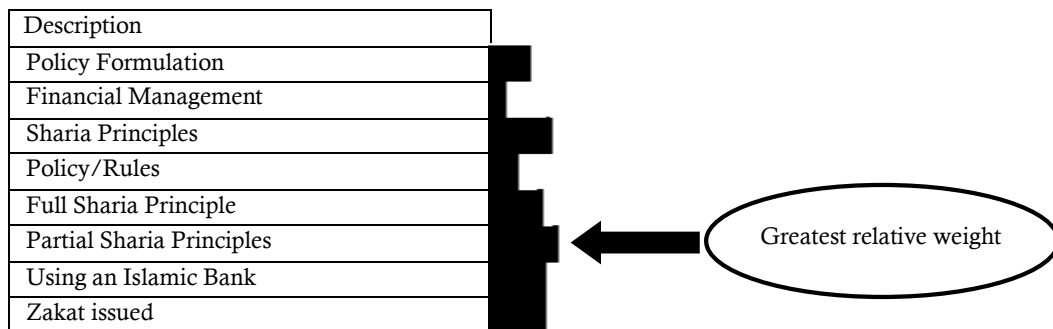


Figure 5: Prioritization on Analysis Networking Process (ANP) results, modified by "Super Decisions version 3.2" software

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Analysis Networking Process (ANP) shows that the Sharia financial management model proposed in this study is strongly influenced by the financial management of Bogor City Hospital, government policies/regulations, and Sharia principles. However, of the three variables, the Sharia financial management model is the most dominant variable in determining the final decision. The sub-criteria of Sharia principles chosen in this study is the financial management model with partial Sharia principles because it is more dominant than the full Sharia principles model. The analysis shows that the formulation of financial management policies with partial Sharia principles, supported by priority data, namely cluster restrictions, reaches 0.191007, higher than the others. If you pay attention to the information from informants and key informants, then government policies or regulations that establish financial management patterns with Sharia principles must be able to provide support, so that financial management can be fully implemented. Some Sharia principles have been implemented such as using Sharia banks and it has been agreed to spend zakat for employees who are muzaki.

Sharia principles are very important in financial management at Bogor City Hospital and should be prioritized in policy making. However, the implementation of the resulting policy must be followed by appropriate actions to ensure its success and needs to be coordinated with related parties. In a situation where the policies and regulations at Bogor City Hospital do not allow for the full implementation of Sharia-compliant financial management, a partial Sharia-compliant financial management formulation can be chosen.

## Conclusion

Based on the research that has been conducted, including quantitative analysis with Binary Logistic Regression Analysis and qualitative analysis with Analysis Networking Process (ANP), it can be concluded that the Sharia financial management model proposed in this study is strongly influenced by the financial management of the Bogor City Hospital, government policies/regulations, and Sharia principles. The sub-criteria of Sharia principles chosen in this study are financial management models with partial Sharia principles, supported by priority data, namely cluster restrictions reaching 0.191007, higher than the others.

This study suggests that there is a need for steps in improving the implementation of conventional financial management by improving aspects of service performance, financial performance, and benefit performance. Then improve financial ratios following the perspectives set out in the Balance Scorecard. Followed by applying Sharia principles in total financial management, developing the right strategy, and increasing awareness and understanding of Sharia principles among employees and management of the Bogor City Hospital.

The need for the implementation of Sharia principles in financial management to improve the image and reputation of Bogor City Hospital as a hospital with integrity and a social, economic, and religious environment. This will increase public trust and attract support from various interested parties. In carrying out financial management with Sharia principles, it is expected that the Bogor City Hospital can optimize the utilization of existing funds and improve efficiency in financial management, to improve the quality of services provided to patients.

In this study, several limitations can be identified. Time constraints may be an obstacle in this study. If time is limited, the researcher may not be able to collect sufficient data thoroughly or carry out an in-depth analysis. This can affect the accuracy and sustainability of research results. This research also only focuses on the Regional General Hospital (RSUD) in Bogor City. The limitations of this unit of analysis may limit the generalizability of research findings to other hospitals outside the region or private hospitals in Bogor City. Therefore, it is important to remember that the results of this study may not represent the conditions or policies of Islamic financial management in private hospitals. Private hospitals may have different characteristics in financial management and application of Sharia principles. Therefore, it is important to consider the impact of not involving private hospitals in formulating a comprehensive Islamic financial management policy.

To overcome the limitations of the study, several recommendations are given. Involving private hospitals as an additional unit of analysis can provide a broader perspective on Sharia financial management in the health sector. Through the involvement of private hospitals, the research can compare the differences and similarities between regional public hospitals and private hospitals in applying Sharia principles to financial management.

It is necessary to conduct comparative research between regional public hospitals and private hospitals so that it can help identify differences in the application of Sharia principles in financial management. This may also lead to more appropriate policy recommendations, based on a more comprehensive understanding of best practices in both types of hospitals.

The context of the study should be expanded to include hospitals outside Bogor City and possibly outside Indonesia to provide a richer picture of Islamic financial management practices. This will help in better generalizing the results and understanding the wider context. This research can serve as a basis for more comprehensive and in-depth follow-up research that will make a greater contribution to the understanding of Islamic financial management in hospitals. Further research can expand the scope of the study, overcome existing limitations, and generate deeper insights.

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