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From Global Trends to Local Public Policy: Glocalizing Sharia Hospital Certifications in East Java

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ABSTRACT

This study examines the implementation of Sharia Hospital Certification Version 1441 in East Java as a phenomenon of glocalization that occurs in the global trend of Muslim-friendly hospitals. The emergence of this certification is not only driven by global market demand for Muslim-friendly healthcare services, but also by the post-reform sharia movement in Indonesia, which has strengthened the role of religious authorities in the public sphere, particularly through the DSN-MUI and MUKISI. Using a qualitative approach with historical, institutional, and symbolic interactionism analysis, this study involved three hospitals as case studies: Muhammadiyah Lamongan Hospital, A. Yani Surabaya Hospital, and Dr. Soedomo Trenggalek Regional General Hospital. The results show that the global trend of Muslim-friendly hospitals plays a significant role in shaping the localization of certification at the local level, marked by the adoption of Sharia values adapted to the context of each organization. The responses of the hospital community varied, ranging from active acceptance and internalization of Sharia values to normative support accompanied by practical resistance, and to neutral and adaptive attitudes in general hospitals.

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INTRODUCTION

The emergence of sharia hospital certification in Indonesia is driven by two main factors: external and internal factors. This influence can be understood through the theory

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popularized by Roland Robertson, namely, globalization (Wahlrab, 2022) and glocalization. Globalization is the interconnection and interdependence between countries through the exchange of goods, services, capital, ideas, and people (Robertson, 2014). Meanwhile, glocalization, which is a consequence of globalization, is the adaptation of global products or services to suit local cultures, preferences, and contexts (Robertson, 2012). In essence, globalization is about creating global standards, while glocalization is about adjusting those standards to suit local needs.

External factors that are part of globalization are marked by an increasing trend where Muslim communities prefer to seek medical treatment in non-Muslim countries for various reasons, including the fact that health facilities and services in non-Muslim countries are considered better than in Muslim-majority countries. The increasing number of Muslim patients from Indonesia, Pakistan, and Malaysia seeking treatment in non-Muslim countries has led to the availability of health services in Muslim-friendly hospitals in countries such as Singapore (Sarwar & Raman, 2017), Thailand, and India since 2008 (Medhekar & Haq, 2018). These countries highlight the economic potential of this market where halal healthcare services meet the needs of the Muslim community. This global trend has been followed by Muslim-majority countries such as Indonesia and Malaysia, which now provide similar services for Muslim patients who desire halal healthcare.

An internal factor in the emergence of sharia hospital certification, which is part of glocalization, is the movement toward the institutionalization or formalization of sharia in Indonesia after the reform era. The movement to institutionalize Sharia law through local regulations (PERDA) and halal products has increased significantly after President Suharto stepped down from office in 1998. This institutionalization also occurred in the world of hospital healthcare through the National Sharia Council (DSN) and the Indonesian Ulama Council (MUI). Political changes in Indonesia following the collapse of the New Order regime, marked by President Suharto's resignation in 1998, became the starting point for the dominance of Islam in the public sphere (Siddik, 2021).

Suharto decided to resign from his position as president for at least three reasons. First, demonstrations led by academics and students demanded law enforcement and social welfare, which were considered unfulfilled during Suharto's presidency (Millie, 2021). Second, the economic crisis that hit Indonesia and other countries in Southeast Asia could not be resolved by the New Order regime (Schäfer, 2019). Third, Suharto lost the support of his political partners, especially in the Golongan Karya (GOLKAR) party (Taufik et al., 2023). Indonesian political researchers consider these three factors to be the main reasons for Suharto's loss of power after 32 years in office.

After the reform, Indonesia entered an era of democratization. Democratization refers to a period in which power, which was previously determined by the authoritarian New Order regime, was returned to the people through open general elections. In its development, the presidential and vice-presidential elections were held directly, not through the House of Representatives (DPR) and the People's Consultative Assembly

(MPR) (Ibrahim et al., 2023). The post-reform democratization provided space for Islamic movements, identities, and symbols to emerge in the public sphere. Among them, several Islamic-based political parties emerged, such as the Prosperous Justice Party (PKS), the National Awakening Party (PKB), the National Mandate Party (PAN), and others (Rosidi, 2022). In addition, the most notable aspect of this political change is that several regions have begun to implement sharia regional regulations (perda) through democratic mechanisms, such as Aceh (Shadiqin & Srimulyani, 2022), West Java, South Kalimantan, East Java, Central Java, West Sumatra, and others (Hidayah, 2019).

The dominance of Islam in the public sphere is not without reason. During the New Order regime, Islam was suppressed and prevented from appearing in the public sphere, especially in the political and legal spheres (Rakhmani, 2024). Suharto emphasized Pancasila as the sole ideology for political parties, community organizations, and the public sphere by promoting "Indonesianness" as the primary identity. In fact, Indonesia is the largest Muslim country in the world. As a result, the Islamic movement focused on da'wah (proselytizing). This da'wah movement then found momentum to dominate Indonesia's public sphere after the reform (Barton et al., 2021). After the reform, the movement towards Sharia law not only occurred in the legal sphere but also in the economic sphere, with the emergence of halal certification for food industry products, banking, insurance, and health services (Katuk et al., 2021).

The concept of sharia hospital certification, referred to in international journals as Muslim-Friendly Hospitals, has attracted the attention of scholars. The emergence of sharia hospital certification has sparked debate among academics, which can generally be categorized into two main schools of thought. First, scholars view Sharia certification of hospitals as an attempt at commodification, whereby the Sharia label is seen as an effort by hospitals to meet market demand, namely the high demand among the global Muslim middle class for hospital services based on Islamic principles, from facilities to services. The commodification of hospitals through Sharia certification is part of the global phenomenon of the commodification of Islam in various aspects, which turns Islamic practices into a product offered to the market (Muslims) for economic gain (Windasari et al., 2024). Second, the emergence of sharia certification for hospitals is considered to be the shariaization of health care products, which is part of the Islamization or Islamism movement in Indonesia and around the world. This movement has spread to several fields, including law, where Sharia regulations are utilized (Barus et al., 2024), including halal product certification (Ningtyas et al., 2022), and Sharia banking (Nadratuzzaman et al., 2021).

Therefore, research related to the perceptions and attitudes of hospital staff is important to conduct. The gap in discussions and studies related to sharia hospital certification is the perceptions and attitudes of hospital staff because existing discussions and studies only focus on the emergence of policies from policy makers such as government agencies and the Indonesian Ulema Council (MUI), while discussions and studies related to the hospital community of Islamic hospitals, which consists of investors, management, doctors, and nurses, have not been comprehensively studied. To fill the gap

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in the study of Sharia hospital certification, this article proposes how global trends on Muslim-friendly hospitals construct the glocalization of Sharia hospital certification in East Java. This article aims to understand the Sharia certification of hospitals developed by DSN-MUI, which has become a national agenda under President Jokowi's administration.

RESEARCH METHOD

This study employed a qualitative approach using a multiple-case study design to examine the implementation of Sharia hospital certification in East Java, Indonesia. The study was conducted at three hospitals: (1) Muhammadiyah Hospital in Lamongan, (2) A. Yani Islamic Hospital in Surabaya, and (3) Dr. Soedomo Regional General Hospital (RSUD Dr. Soedomo) in Trenggalek. The hospitals were purposively selected based on their relevance to the research objectives, institutional characteristics, and accessibility for fieldwork and data collection. The selection aimed to explore the implementation of Sharia hospital certification across different hospital settings, including Muhammadiyah-affiliated, Islamic, and government-owned hospitals. Regarding researcher positionality, the researcher is part of the hospital community at RSUD Dr. Soedomo in Trenggalek. To minimize potential bias, the researcher maintained a reflexive approach throughout the research process by separating personal experiences and assumptions from empirical findings.

Data interpretation was based on information obtained from multiple sources and collection techniques. Data were collected through four techniques. First, participant observation was conducted to understand hospital staff's experiences, knowledge, and practices regarding Sharia hospital certification. Second, semi-structured in-depth interviews were conducted with selected hospital personnel, including members of the Sharia Supervisory Board, directors, managers, doctors, and nurses. The interviews explored their understanding, experiences, challenges, and perspectives on the implementation of Sharia hospital certification. Third, focus group discussions (FGDs) were conducted to obtain collective perspectives and identify common issues related to certification implementation. Fourth, documentation and open-ended questionnaires were used as supplementary data. Documentary sources included regulations, institutional policies, books, photographs, news articles, and relevant academic publications.

Meanwhile, open-ended questionnaires were distributed through Google Forms to hospital staff to obtain broader insights into their perceptions and experiences regarding Sharia hospital certification. All collected data were analyzed thematically by identifying recurring patterns, categorizing relevant information, and developing themes related to the implementation of Sharia hospital certification. Data from interviews, observations, FGDs, questionnaires, and documents were compared through triangulation to strengthen the credibility of the findings.

RESULT AND DISCUSSION

Progressive and Structured Glocalization: The Case of Muhammadiyah Hospital in Lamongan

Muhammadiyah Lamongan Hospital is a Class B private hospital that has received full accreditation from KARS and Sharia certification from MUI with an excellent rating. Known as the largest private hospital in Lamongan Regency, Muhammadiyah Lamongan Hospital is strategically located on the main road between Lamongan and Surabaya. In an effort to meet the needs and expectations of patients, Muhammadiyah Lamongan Hospital continues to develop its center of excellence with the latest medical equipment. Based on its vision and mission, Muhammadiyah Lamongan Hospital aims to become a globally competitive hospital. Its vision is to become a superior, independent, and highly competitive hospital based on General Relief as a manifestation of faith and worship to Allah SWT. In its mission, Muhammadiyah Lamongan Hospital aims to build an international standard emergency hospital and develop information and communication management using the latest technology with a network of health services and other institutions.

As a hospital that has been certified as a Sharia Hospital since 2020, Muhammadiyah Lamongan Hospital openly adopts some of the concepts of Muslim-friendly hospitals from abroad. However, the adoption process was not carried out blindly, but was adapted to the ideological values of Muhammadiyah and the structure of modern health services. This internationalization effort was carried out through a comparative study in Malaysia as a model hospital that has implemented the Muslim-friendly hospital concept. The Head of the Certification Unit at Muhammadiyah Lamongan Hospital explained that they conducted a comparative study in Malaysia. They had already implemented the Muslim-friendly concept, but they did not simply copy it. They adapted it to the guidelines from DSN-MUI and the character of Muhammadiyah

The construction of localization is evident from the last sentence of the interview above, which states that the internationalization of Muhammadiyah Lamongan Hospital will be adjusted to local values and standards based on DSN-MUI guidelines. In addition, this internationalization process incurs high costs. The management of Muhammadiyah Lamongan Hospital confirmed this. However, they emphasized that the mission of da'wah and quality assurance are the main priorities (staff management, personal communication, February 13, 2025). MPKU even explained that Lamongan Muhammadiyah Hospital must represent Muhammadiyah's values of moderation, scientific approach, and professionalism.

In fact, Muhammadiyah Lamongan Hospital had already been implementing Islamic standards before the existence of Sharia hospital certification. With the issuance of sharia certification, Muhammadiyah Lamongan Hospital follows the DSN-MUI sharia certification guidelines. Majakin explained that The hospital wants to become a Sharia Hospital because RSML has been providing Islamic-based services as its distinctive feature. However, these services have never been formally evaluated using specific

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standards. The emergence of Sharia Hospital Certification Standards has become the main incentive for hospitals to undergo the certification process.

In the case of Muhammadiyah Lamongan Hospital, the hospital successfully implemented Sharia Hospital certification in a relatively smooth and progressive manner. This achievement primarily reflected its institutional readiness, as the hospital had established various Sharia-compliant healthcare practices and services before the National Sharia Council of the Indonesian Ulema Council (DSN-MUI) introduced the Sharia Hospital certification program. A comprehensive self-assessment indicated that the hospital had achieved 75% of the required certification standards, leaving a relatively small gap of approximately five percentage points to reach the minimum passing threshold. This initial assessment demonstrated that the hospital had already fulfilled most of the certification requirements and only needed to make manageable adjustments to its existing organizational and operational systems. Such preparedness enabled the hospital to pursue certification without undertaking substantial institutional restructuring.

The hospital's status as a privately managed healthcare institution also facilitated the certification process. Its organizational autonomy provided management with greater flexibility to adjust internal policies, operational procedures, and healthcare delivery mechanisms in accordance with Sharia principles. This institutional flexibility distinguishes private hospitals from government hospitals, which must operate within more complex administrative and regulatory frameworks. Consequently, government hospitals may encounter greater difficulties when adopting Sharia Hospital standards and certification instruments without contextual adjustments. Their institutional characteristics and regulatory obligations require them to adapt specific certification requirements to ensure compatibility with existing governance structures and operational arrangements.

Furthermore, government hospitals must address additional institutional challenges when adapting Sharia Hospital standards. These challenges extend beyond financial considerations to include administrative coordination, institutional authorization, and regulatory compliance. Hospital management often needs to secure approval from multiple stakeholders at both central and regional government levels before implementing certain policy changes and operational adjustments. Such multi-layered approval procedures can increase administrative complexity, extend implementation timelines, and require additional institutional resources. Therefore, the experience of Muhammadiyah Lamongan Hospital demonstrates that institutional readiness and organizational autonomy play important roles in facilitating the localization of Sharia Hospital certification. At the same time, differences in healthcare governance structures highlight the need for a contextual implementation approach that accommodates the regulatory, administrative, and organizational characteristics of each hospital.

In general accreditation, the main emphasis is on patient safety, while in Sharia hospital certification, the focus is more on safety in the context of religious values, known as religious safety. When these two approaches are combined in a balanced manner,

hospitals will gain a comprehensive advantage, not only the physical and medical safety of patients, but also paying attention to the spiritual and religious dimensions that are the needs of most people. With the existence of four Independent Accreditation Improvement Institutions (LIPA), the process of fulfilling the requirements to achieve the Paripurna predicate in national accreditation has become easier. This Full Accreditation status can then serve as a strong foundation for government hospitals to continue the process of applying for certification as Sharia Hospitals.

Based on the data presented above, we can conclude that the localization of Sharia hospital certification at Muhammadiyah Lamongan Hospital is progressive and structured because the institution had already conducted a pilot program for Muslim-friendly hospitals before Sharia hospital certification was introduced all the requirements were already in place. The construction of localization can be seen in the adjustment of Sharia certification values and standards to suit the needs and local traditions in Lamongan and Indonesia.

Substantial and Cultural Localization: The Case of RSI A. Yani Surabaya

RSI A. Yani Surabaya has not undergone the Sharia Hospital certification process, even though historically, it has been an Islamic hospital. The hospital stated that Muslim-friendly values have been part of the organization's culture since its inception. The head of planning and development explained that "we have been Muslim-friendly for a long ago. So, when people talk about Sharia hospitals, we don't feel that it is something new." (personal communication, February 27, 2025). The head of the Binroh section said, "We want to focus on the spirit of Islamic service, not just procedures.". Senior doctor at RSI A. Yani Surabaya added that "if Sharia is certified like ISO, it will become rigid. Sharia is dynamic."

Unlike Muhammadiyah Lamongan Hospital, RSI A. Yani Surabaya has not prioritized obtaining formal Sharia Hospital certification because its management considers its existing operations and healthcare services largely consistent with Islamic principles. The hospital's Islamic institutional identity has shaped its perception that it already fulfills the essential requirements of Sharia-compliant healthcare, making formal certification appear less urgent and primarily procedural. From this perspective, the hospital considers its Islamic identity and established service practices sufficient to demonstrate its commitment to Sharia principles. This situation reflects a particular form of glocalization in which the hospital interprets and implements Islamic values through its institutional identity and existing operational practices rather than through formal certification mechanisms.

Nevertheless, RSI A. Yani Surabaya has taken preliminary steps toward obtaining formal Sharia Hospital certification under the standards established by DSN-MUI. Its management has conducted benchmarking activities with hospitals that have already obtained Sharia certification to identify the requirements and institutional adjustments necessary for compliance. However, the benchmarking process has revealed two major constraints: financial limitations and inadequate facilities in several hospital units. The

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implementation of Sharia audit standards would require additional financial resources, while certain units still need to upgrade their facilities and operational arrangements to meet the prescribed certification criteria.

Beyond financial and infrastructural constraints, RSI A. Yani Surabaya also faces organizational and human resource challenges. Formal certification requires more than the hospital's existing commitment to Islamic values; it demands comprehensive institutional adjustments, including management restructuring, the development of internal regulations, systematic human resource training, and the preparation of qualified Sharia assessors. These requirements indicate that the hospital must strengthen its organizational capacity and establish more systematic mechanisms to integrate Sharia principles into its overall governance and operational.

Furthermore, members of the hospital community emphasize the importance of formal certification as a mechanism for institutionalizing Islamic values across all organizational functions. From their perspective, the hospital should extend Sharia compliance beyond clinical services and patient care to encompass financial management, human resource administration, nutritional services, and other operational activities. Formal certification could provide a comprehensive framework to ensure that the hospital consistently applies Sharia principles across these different institutional dimensions

These findings reveal a distinction between substantive Sharia implementation and formal institutional compliance. Although RSI A. Yani Surabaya has developed an Islamic institutional identity and incorporated Sharia principles into many of its healthcare practices, the absence of formal certification indicates that the hospital has not yet fully institutionalized these principles through a standardized governance framework. Therefore, the hospital's experience highlights the tension between perceived Sharia compliance and formal regulatory recognition. It also demonstrates that institutional identity alone may not guarantee comprehensive Sharia governance, particularly when hospitals face financial, infrastructural, organizational, and human resource constraints in pursuing formal certification.

Sharia hospital certification is considered secondary by RSI A. Yani Surabaya, which does not need to be implemented immediately. In essence, they have already implemented it through Islamic health services and facilities. However, it is not yet comprehensive due to funding constraints and the readiness of several units that require time to be fulfilled in accordance with the DSN-MUI certification standards. Therefore, the localization of Muslim-friendly hospitals at RSI A. Yani is substantial and culturally adapted to the hospital's needs.

Pragmatic and Neutral Localization: The Case of dr. Soedomo Trenggalek Regional General Hospital

As a district government-owned hospital, Dr. Soedomo Regional General Hospital in Trenggalek does not explicitly adopt a Muslim-Friendly Hospital framework or pursue

formal Sharia Hospital certification as part of its institutional orientation. Nevertheless, the hospital has adjusted several aspects of its healthcare services to accommodate the religious and cultural characteristics of the predominantly Muslim population in Trenggalek. These adjustments include providing prayer facilities and ensuring that the hospital kitchen supplies halal food for patients and their families. Although the hospital does not formally identify these practices as part of a Sharia-based institutional framework, they demonstrate its efforts to accommodate the religious needs of the local community through its existing public healthcare

The hospital's decision not to pursue Sharia Hospital certification also reflects its institutional position as a regional public healthcare provider. Its management considers formal certification a matter that requires policy direction or an official recommendation from the local government or the Ministry of Health. In the absence of such institutional directives, the hospital has not identified Sharia certification as an immediate organizational priority. This position illustrates how government hospitals often align their institutional strategies with broader public policies and administrative mandates rather than independently adopting specific certification frameworks.

Furthermore, the hospital management recognizes the growing relevance of Muslim-friendly healthcare services, particularly in regions with predominantly Muslim populations such as Trenggalek. However, the management also emphasizes the need to balance religious accommodation with the principles of inclusive public service. As a government-owned healthcare institution, Dr. Soedomo Regional General Hospital serves patients from diverse religious and social backgrounds. Therefore, the hospital must ensure that its efforts to accommodate Muslim patients do not compromise equal access to healthcare services for other community.

An important finding from this case concerns the management's perception of Sharia Hospital certification. The hospital director tends to associate Sharia certification with the transformation of a general hospital into an exclusively Islamic institution. This perception reflects a limited understanding of the actual scope of Sharia Hospital certification. In practice, certification does not require hospitals to transform their institutional identities into exclusively Islamic organizations. Rather, it encourages hospitals to integrate Sharia principles into healthcare governance while providing appropriate religious facilities and services for Muslim patients and their families who require them. Such an approach allows hospitals to accommodate Islamic values without restricting services based on religious affiliation or compromising their commitment to inclusive healthcare.

This case demonstrates that the localization of Muslim-friendly healthcare practices does not necessarily require formal Sharia certification or an explicit institutional commitment to becoming a Sharia hospital. Instead, public hospitals can accommodate local religious and cultural preferences through practical service adjustments while maintaining their universal public service mandate. At the same time, the management's perception of certification highlights the importance of institutional understanding and

policy communication in promoting Sharia Hospital certification among government-owned healthcare institutions.

The director's statement of dr. Soedomo Trenggalek Regional General Hospital was confirmed by the opinion of the Chair of Commission IV of the Trenggalek Regency Legislative Council. Ideally, hospitals should apply Sharia standards the in reality, public hospitals are not simple. Public hospitals serve all patients from various backgrounds. In this respect, careful policy is needed (Sakarudin, personal communication, February 8, 2025). The localization of Muslim-friendly hospitals has, in fact, been implemented at Dr. Soedomo Trenggalek Regional General Hospital pragmatically by providing sharia facilities and services for Muslim patients and their families. This was confirmed by Dr. Bakhtiar, Head of Services at Dr. Soedomo Trenggalek Regional General Hospital that they routinely guide patients in performing *wudu* (ablution) and *salat* (prayer), and even remind patients' families to recite zikir (prayers) when patients are in critical condition. This is already part of our work culture, even though there are no Sharia SOPs in place yet.

Procedural and legal issues surrounding government hospitals are a major problem in the certification of Sharia-compliant hospitals, as they are dependent on regulations issued by district governments and the Ministry of Health. The Supervisory Board of Dr. Soedomo Trenggalek Regional General Hospital stated that private hospitals can be more flexible. As a regional general hospital, they must follow the regulations issued by the district government and the Ministry of Health. If they plan to move towards Sharia compliance, there must be a clearer legal framework (Izzuddin Zaki, personal communication, February 8, 2025). Therefore, the construction of Sharia hospital certification at Dr. Soedomo Trenggalek Regional General Hospital was carried out pragmatically by providing facilities and services to Muslim patients and their families according to their needs. Dr. Soedomo Trenggalek Regional General Hospital is neutral in terms of healthcare inclusivity, which refers to local government and Ministry of Health regulations.

Table 2. Glocalization Patterns of Sharia Hospital Certification

Aspects of Analysis	**Muhammadiyah Hospital Lamongan**	**Islamic Hospital A. Yani Surabaya**	**RSUD dr. Soedomo Trenggalek**
Certification Status	Certified	Not Certified	Not Certified
Glocalization Process	Progressive & structured	Cultural & Substantive	Pragmatic & Neutral
Adaptation Motive	Dakwah, quality, competitiveness	Spirituality and values	Response to the majority

Attitude towards Global Muslim-Friendly Hospitals	Inspired by Malaysia, adapted to Muhammadiyah	Already Muslim-friendly internally	Potential based on instructions from the government
Form of Implementation	DSN-MUI SOP, separation of spaces, sharia contracts	Prayer, Islamic values in work culture	Facilitation of prayer rooms, halal food
Theoretical Interpretation	Glokalisasi Institusional	Cultural Resistance	Functional Accommodation

Glocalization of Sharia Hospital Certification in the Trend of Muslim-Friendly Hospitals

The idea of certifying sharia hospitals in Indonesia is inseparable from the global trend of halal tourism promoted by secular-liberal countries such as Japan, South Korea, Singapore, and Thailand. Halal tourism is offered to attract tourists from Muslim countries such as Indonesia, Malaysia, and countries in the Middle East. The global Muslim travel market showed a strong recovery in 2023, with nearly 145 million Muslim tourists, reaching about 90% of pre-pandemic levels, according to WebinTravel. By the end of 2024, the number of Muslim tourists is expected to grow by 5% compared to pre-pandemic levels, reaching 168 million. By 2028, this number is to increase to 230 million, with an estimated expenditure of US$225 billion. Thailand currently ranks 32nd as a favorite destination for Muslim tourists, according to the Mastercard-Crescent Rating Global Muslim Travel Index (GMTI 2024).

Winai Dahlan, Founding Director of the Halal Science Center Thailand, elucidated at the International Conference of The Thailand Halal Assembly 2024 conference on the Halal Route application in Bangkok on December 19, 2024, that halal tourism in Thailand continues to grow primarily because of medical tourists and travelers from the Middle East and neighboring countries. Halal Route connects them with trusted services, making their trip comfortable and satisfying. At the same conference, Sapta Nirwandar, Chairman of the Indonesia Halal Lifestyle Center, stated that this app is used, especially in non-Muslim countries such as Thailand. The app helps tourists easily find Halal restaurants, mosques, and hotels. It is a great tool for tourists and businesses.

Sapta also suggested adding other features, such as information on Muslim-friendly beaches and gender-specific facilities, to make the app even better for users in Indonesia. In recent years, the medical tourism industry has shown significant growth, with a global value estimated at over $100 billion USD and growing between 15% and 25% annually. This phenomenon has attracted the attention of not only developed countries but also developing countries, including Indonesia. One sub-sector that is gaining attention is halal medical tourism, which is in line with Sharia values and practices. This article will discuss why Indonesia needs to take part in this trend, its potential, as well as the challenges and strategies that need to be considered. Medical tourism is defined as travel undertaken by individuals abroad to obtain healthcare services. According to Carrera and Bridges, the

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purpose of this travel is for the maintenance and improvement of health, as well as the restoration of physical and mental well-being. With the rising cost of healthcare in their home countries, many patients are seeking alternatives in other countries that offer quality medical services at more affordable costs.

As awareness of health and well-being increases, many Muslim tourists are seeking medical services that are not only high-quality but also in line with Islamic values. Halal medical tourism is the response to this need, ensuring that every aspect of medical services, from treatment methods to the food provided, meets halal standards. With its large Muslim population, Indonesia has great potential to become a leading destination for halal medical tourism. According to Increasing the Appeal of the Muslim Market, the concept of halal is not only related to food but also includes health services. By assuring that the services provided are in accordance with Sharia law, Indonesia can attract more Muslim tourists from around the world. This is very important considering that the global Muslim population has reached nearly 2 billion. According to the Chairman of MUKISI, Masyudi, there are several reasons why halal values are important in healthcare services in Indonesia:

a) Building trust
   The added value of "halal" creates a sense of security and comfort for Muslim patients. They will have more confidence in receiving healthcare services at facilities that clearly prioritize halal principles, from medical procedures to friendly service. This increases customer loyalty and encourages word-of-mouth recommendations.
b) Increasing market differentiation
   In an increasingly competitive medical tourism industry, being "halal" can be a powerful differentiator. Sharia hospitals or halal hospitals can be a niche in the healthcare industry market. While many countries offer medical services, Indonesia can distinguish itself with unique halal branding, attracting consumers who are looking for medical experiences that are in line with their religious values.
c) Global marketing potential
   By promoting halal values in branding, Indonesia can enter international markets more effectively. Through marketing campaigns that emphasize halal medical services, Indonesia can attract the attention of Muslim consumers in countries with large Muslim populations, such as the Middle East and Southeast Asia.
d) Strengthening the image of the country
   Introducing halal medical tourism as part of Indonesia's identity can strengthen the country's image as a Muslim-friendly tourist destination. This will not only boost medical tourism but also general tourism, as many Muslim tourists also want to explore Indonesia's culture and natural beauty.

Therefore, Indonesia has potential in developing halal medical tourism. Therefore, a halal medical tourism promotion strategy needs to be formulated. According to Alian Setiawan in the MUKISI Webinar on Building Hospital Branding in a Competitive

Business Environment, several strategies need to be taken to increase interest in sharia hospitals as part of halal medical tourism.

First, hospitals in Indonesia need to strive to obtain more international accreditation, as well as promote halal certification to attract more Muslim medical tourists. Second, improve and develop transportation infrastructure and health facilities to support medical tourism. Ensuring accessibility for international patients is a priority. Third, a clear and attractive marketing strategy that highlights Indonesia's advantages as an important halal medical tourism destination. The use of social media and digital platforms can help reach a wider audience. Fourth, cooperation with the government, hospitals, and travel agencies to create attractive medical tourism packages that include treatment and travel experiences. Fifth, improving training for healthcare workers in understanding and applying halal principles in medical services. This is pivotal to building trust among Muslim patients.

The trend of halal medical tourism provides a golden opportunity for Indonesia to utilize its existing resources and become a leading destination for medical tourists, especially from the Muslim community. Despite the challenges, with the right strategy and commitment from all stakeholders, Indonesia has the potential to develop a competitive and sustainable medical tourism industry. By combining quality healthcare services with cultural and religious values, Indonesia can offer a unique experience that not only benefits patients but also supports local economic growth.

Globalization of Islamic Hospitals and Its Implications for Sharia Hospitals

Based on the explanation of global trends in Islamic hospitals around the world as a consequence of the development of halal tourism, we can understand that the emergence of Islamic hospitals in several countries that are not necessarily Islamic is a process of globalization. The global trend of Islamic hospitals is an accelerating process that is spreading, whereby each country is becoming increasingly interdependent with the others in the political, economic, and cultural spheres. Globalization, according to Roland Robertson, is a process of standardization that results in a single world (Maiwan, 2014).

Halal tourism, which was initially only organized by Japan, for example, was later imitated and followed by other countries around the world, including Italy and France in Europe. Halal tourism, which initially focused on the leisure sector, which includes visits to famous tourist destinations, culinary experiences, and shopping, has expanded into the healthcare sector. The uniformity of the transformation process from halal tourism to halal medical tourism that has occurred throughout the world is an international integration defined by Robertson as the result of an exchange of worldviews on products, ideas, and other cultural aspects (Robertson, 2014).

Economic aspects are driving the globalization of halal tourism, including halal medical tourism in the form of Muslim-friendly hospitals around the world. The demands of the global Muslim tourist market are the strongest reason for this global trend. The globalization of Islamic hospitals involves the creation of healthcare facilities that comply with Islamic principles and cultural values, offering services that are in line with the needs

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of Muslim patients around the world. This trend is driven by the growing Muslim population worldwide and the increasing demand for Muslim-friendly healthcare services, including prayer facilities, halal food, and adherence to Islamic ethics in medical procedures (Adinugraha & Sartika, 2019).

The potential of the halal medical tourism market has encouraged Muslim countries such as Turkey, the United Arab Emirates, Qatar, Malaysia, and Indonesia to establish Islamic hospitals with distinctive features of validation and legitimacy through sharia certification. Why are validation and legitimacy important? Muslim patients, as a potential market, need them in the context of Muslim countries. Although hospitals in these countries provide sharia-compliant facilities and services at the request of patients, there is a sense of skepticism or doubt among them about the truth of this. This is different from non-Muslim countries, where the term "Muslim-friendly" alone is enough to convince the global Muslim market that their hospitals truly provide sharia-compliant services and facilities. Robertson identified this dialogue between global and local trends as glocalization, which is the process of interaction between global trends and the local culture of a country. Instead of globalization producing a homogeneous world, it has given rise to plural entities (Wahlrab, 2022).

KH. Ma'ruf Amin, as the head of the DSN, explained that there is often confusion about halal tourism. Many people reject it because they think that the tourist attractions themselves are sharia-compliant or halal, when in fact what is meant is that the services are halal. In Beijing, they provide Islamic (halal) restaurants, prayer rooms, and so forth. In South Korea, there is a delta between two rivers that is visited by people from all over the world. There are halal restaurants and prayer rooms there. Indonesia is now ranked number one in terms of being halal and Muslim-friendly. We are considered number one in the world. Therefore, we must maintain this (Ramadhan & Santosa, 2023).

There are two important points from his statement that need to be emphasized. First, halal tourism in the medical field is a global trend that must be addressed by the world's largest Muslim country, Indonesia, to be more competitive and provide certainty to the Muslim patient market in terms of religious comfort while undergoing treatment in hospitals in Indonesia. Second, Sharia hospitals in Indonesia do not mean that they want to standardize/Islamize all hospitals. However, they provide Muslim-friendly facilities and services, including medical tourists at home and abroad, regarding the halal nature of the treatment and services provided.

The Indonesian Hospital Association emphasizes that certification does not mean to turn public hospitals into Islamic hospitals, but rather provides Muslim patients with the option to choose facilities and services in accordance with their beliefs. The explanation given by the director of Trenggalek Regional General Hospital confirms that Islamic facilities and services are widely available in public hospitals. Sharia certainty and legitimacy through certification are needed to ensure Muslim patients' interest in seeking treatment at public hospitals. This could be an indication of why many public hospitals have not yet applied for Sharia hospital certification, even though Sharia

certification for hospitals is a centralized policy of the state. They consider this to not yet be a primary concern. On the other hand, the policy of sharia hospital certification in Indonesia is clearly a globalization of Islamic hospitals around the world, which has implications for Muslim countries such as Indonesia and Malaysia. This phenomenon is a process of dependence and interaction between the global and local worlds, and the resulting social changes (Robertson, 2014).

In Robertson's view of globalization, the main aspects of Islamic hospital globalization include Islamic Hospital Tourism, which refers to seeking medical care in facilities that comply with Islamic principles, offering services such as prayer rooms, halal food, and culturally sensitive care, Halal Healthcare Standards which involve ensuring that food, medicine, and other services offered in hospitals comply with Islamic dietary laws (halal) and ethical standards, Sharia-Compliant Practices where some hospitals involve Islamic experts or advisors in complex medical decision-making processes to ensure compliance with Islamic law and ethical guidelines, Overcoming Challenges where the globalization of Muslim-friendly hospitals faces challenges such as a lack of standardization, infrastructure limitations, and the need for a regulatory framework to ensure quality and consistency, and Growing Demand where the demand for Muslim-friendly hospitals is increasing globally, driven by a growing Muslim population and a desire for healthcare services that respect their cultural and religious values (Wahlrab, 2022).

The implications of the globalization of Islamic hospitals around the world have prompted the DSN to issue sharia hospital certification in Indonesia. The Islamic legal basis for this was legitimized by the MUI Fatwa Commission with the issuance of a fatwa on sharia hospital certification. This fatwa became the basis for MUKISI to promote the implementation of sharia hospital certification in Indonesia in accordance with the social and cultural context of the country. There are two objectives of hospital certification and Sharia hospital certification. The first relates to patient safety standards, and the second relates to religious safety. If both are met by hospitals, then hospital standards are complete, not only for domestic Muslim patients but also for foreign patients.

Both categories arose from the acceleration of global trends that led to the emergence of the idea of sharia-compliant health facilities and services in Indonesia, integrating this trend with Muslim countries around the world. The result of this dialogue between global and local trends has been social change in the form of improvements to hospital services, with hospital accreditation standards being supplemented by sharia certification. This proves that what happens in the global world is interrelated and interdependent. However, this integration does not standardize the patterns and forms of local and global interactions; rather, it constructs new entities with all their characteristics, which Robertson refers to as glocalization (Alfarizi & Arifian, 2023).

Potential of the Muslim Middle Class for Sharia Hospitals

Previous debates about Indonesia's middle class did not pay much attention to Muslim groups, but acknowledged their existence as one of the drivers of change, along

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with entrepreneurial and professional middle-class groups and the officer corps. However, due to the antagonistic relationship between Suharto's New Order and Islam, Muslim groups tended to be excluded from the privileged circle that benefited from these changes, namely, entrepreneurs, professionals, and military and political managers. These groups had a common interest, not only in maintaining their comfort and status, but also in resisting the political claims of Islam (Alam, 2020).

Historically, Islamic political forces have long been the main opponents of the bureaucracy, standing at the forefront to challenge secular powers. The failure of Islamic political forces to make Islam a formal part of the state system became a catalyst for the emergence of a Muslim middle class, centered on professionals, civil servants, intellectuals, and military officers (Slama, 2023). They come from santri-priyayi families, in Geertzian terms, who send their sons and daughters to modern schools and, through this channel, encourage them to enter various sectors of the economic bureaucracy. In this way, they became professionals in government and private companies, expert staff assisting government ministers, members of parliament, directors-general, heads of sub-directorates, and various other strategic positions in the bureaucracy. This process of embourgeoisement or priyayi, in Aswab Mahasin's terms, made santri professionals see Islam no longer as an alternative to the existing system, but as a basis of inspiration for a democratic national framework for society (Smith-Hefner, 2018).

The inclusion of santri in the bureaucracy and civil service contributed to the shift in the New Order, which was marked by the accommodation of Islam in politics, as demonstrated by Suharto's personal support for the establishment of the Indonesian Muslim Intellectuals Association (ICMI) in 1990. As a consequence of these changes in Indonesia's political environment, Muslim political groups increasingly became the main supporters of the state, complete with a process of "greening" the House of Representatives and the cabinet. From within the state system, the Muslim middle class fought to give Islam a central role in politics by rejecting the goal of an Islamic state, mobilizing ecumenical religious support, promoting women's rights, and fighting for Islamic-based democratic ideals (Slama, 2017).

Fluctuations in the relationship between Islam and the state inform the dynamics and formation of Indonesia's middle class in relation to the state, making it difficult to identify the main characteristics of this class from a purely political perspective. The 'cultural capital' possessed by the middle class has become the foundation for the emergence of a civil society linked to demands for representative space in political institutions. However, the middle class also has an interest in maintaining law and order, political stability, and material prosperity, which can lead to their support for authoritarianism. Beyond political parameters, we can identify the Indonesian middle class through its performance in the public sphere and its consumerist lifestyle. Dick reminds us of the importance of consumption patterns as a characteristic of the Indonesian middle class. This argument seems reasonable because 'consumption patterns' can be seen not only as a cultural representation of a class but also as a political statement.

Consumption practices, although not political in nature, have significant political consequences (Latief, 2017).

For the most part, the consumption patterns and lifestyle of the educated urban middle class inspire the image of modern Indonesia promoted on national television and through government broadcasts, and exemplified by the nation's leaders. The growth of the urban middle class itself parallels the increasing popularity of consumption patterns associated with modernization. A personalized sense of Islam has developed in this context, allowing the middle class to express their religious identity through physical practices and purchases. This model of Islam is undeniably linked to their efforts to construct a new narrative about themselves and their place in the world from a creative blend of their own cultural heritage and global influences.

In Göle's words, this model of Islam has enabled Muslims to experience a 'process of banalization.' (Ansor, 2016). Actors from various backgrounds are involved in shaping the face of Islam in the public sphere and entering modern urban spaces without hesitation. Using global communication networks, they participate in public debates, track consumption patterns, and study market rules, while at the same time embracing individualistic, professional, and consumerist values. From this perspective, Islamic symbols appear significant for class mobility and the formation of a new middle class. Unlike the old bourgeoisie, the new middle class, according to Bourdieu, no longer prioritizes ascetic production and accumulation ethics, but rather prioritizes a morality of consumption based on credit, spending, and enjoyment. They live in a social world driven by a new economy that judges people by their consumption capacity, standard of living, and lifestyle, as well as their production capacity (Bourdieu, 2018).

Bourdieu's schema associates the new middle class with symbolic consumption and post-modernity. This allows us to investigate the new middle class's conception of lifestyle in relation to its habitus, and its concern for expanding and legitimizing its character and way of life (Featherstone, 1987). The relationship between habitus, consumption, and lifestyle proposed by Bourdieu is central to the strengthening of the symbolic capital of the new middle class, by promoting forms of culture that differ from those enshrined in traditional middle-class values, and thus, its struggle with the traditional middle class. Certainly, in Bourdieu's rather different definition of class, cultural factors appear to operate alongside economic factors. In fact, the growing awareness of the new Muslim middle class of the importance of Islamic symbols, with its willingness to engage in debate and objectify religion, is evident in the availability of religious spaces in the urban landscape of metropolitan areas and large cities.

Given the increasing demand for such spaces, government offices and businesses are building mosques and musallas, small places of worship. Elite housing complexes and shopping centers provide meeting places for listening to public lectures on Islam (majlis ta'lim). Convention centers and five-star hotels advertise venues for religious programs and Islamic study packages. Luxurious Islamic centers, with large mosques as the main buildings surrounded by training and education buildings, shops, and hotels, have been built on large plots of land in major cities such as Jakarta, Surabaya, and Makassar. The

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new Muslim middle class comes to these places to read the Qur'an, recite zikir, and the like, while discussing various aspects of Islam. In this way, Indonesian Islam has undergone a process of gentrification, supporting global high technology and consumerist Islamic tastes (Abaza, 2004).

As da'wah has become urbanized, new creative agents and popular young preachers have emerged and are working in both public and private spheres. They offer a variety of innovative da'wah programs that appeal to the new middle class. The background to this phenomenon is the Islamic revival that has swept Indonesia since the 1980s, which has had a major impact on the urban middle class's increasing demand for Islamic symbols as a mode of modern cultural expression in public spaces (Hasbullah, 2000). Islamic symbols serve as a source for the middle class's efforts to construct a new narrative about themselves and their place in the world through practices of differentiation. The differentiation carried out in various areas of daily life is drawn from history, memory, friendship, consumption, and recreational practices; their inspiration comes from various sources. The symbols themselves are subject to negotiation with class habitus. In this way, Islam has been transformed into a symbol of modernism and even elitism, and has become part of lifestyle.

In East Java, public hospitals actually accept requests from patients who want to receive gender-specific services, including for religious reasons, so that they are not treated or visited by non-mahrams. The demand from the Muslim middle class for sharia-compliant health facilities and services is clear evidence of this. Even in Islamic hospitals, not all of them automatically implement this. Sharia facilities and services are provided if patients and their families make a request. Sharia hospital certification provides opportunities and offers from the outset so that patients have an idea and a choice before choosing a place to seek treatmen

CONCLUSION

The globalization of the Muslim-friendly hospital trend in relation to sharia hospital certification in East Java in this study can be categorized as follows: Muhammadiyah Lamongan Hospital has implemented progressive and structured globalization, A. Yani Hospital in Surabaya has implemented substantial and cultural globalization, and Dr. Soedomo Trenggalek Regional General Hospital has implemented pragmatic and neutral globalization. The success of glocalization at Muhammadiyah Lamongan Hospital is supported by internal organizational readiness, missionary motivation, service quality, and global competitiveness. The certification process went smoothly because the implementation of sharia values had already been part of the system before formal certification was carried out. This reflects the institutional glocalization model.

RSI A. Yani Surabaya, although not yet formally certified, has applied Islamic values in its work culture since its inception. The hospital sees sharia certification as merely a formal procedure and places more emphasis on the "spirit" of Islamic service. Financial constraints and infrastructure readiness are the main factors preventing

certification from being applied for. This approach demonstrates a form of cultural resistance to the global trend of formal certification. As a government hospital, Soedomo Regional General Hospital does not have a specific orientation towards Sharia Hospital certification, but it still provides basic services according to the needs of Muslim patients, such as a prayer room and halal food.

The implementation of Sharia is responsive and unstructured because it depends on government policies and regulations. This approach reflects an accommodative function, namely, functional adjustments to local needs without institutional transformation. The glocalization of Sharia hospitals in Indonesia takes various forms, from institutional and cultural to pragmatic, depending on the characteristics of the hospital organization and the local socio-cultural context. These findings reinforce Robertson's theory of glocalization. Globalization does not lead to uniformity, but rather to a plurality of forms of local adaptation to global trends.

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