

Evaluation of The Implementation of Sharia-Based Pharmaceutical Service Standards (A Qualitative Case Study)

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ABSTRACT

Background: National health laws and best practices from other countries have helped Indonesia set standards for pharmaceutical services. However, there is still limited research on the application of Sharia principles in pharmacy services, particularly within community pharmacies. These standards are based on ideas from the Quran, Hadith, and fatwas from well-known Islamic scholars. They put these ideas into action by making sure that medicines don't contain any illegal substances, being sensitive to gender issues, and providing services that respect patients' dignity, as Islamic teachings say they should.

Aims: This study aims to evaluate the implementation of Sharia-based pharmaceutical service standards through a qualitative case study at the Muhammadiyah Charity Education Pharmacy. This pharmacy's unique role as an integrated platform for pharmacy education, community service, and the application of Islamic values makes it an appropriate context for examining the implementation of Sharia-compliant pharmaceutical services.

Methods: A qualitative case study design was used, involving observations and semi-structured interviews. NVivo 12 software was employed for thematic and cluster analysis. Data were coded inductively by independent researchers and validated through consensus. Pearson correlation coefficients were used to identify the strongest relationships between service quality items. The informants involved were 1 pharmacist and 3 pharmaceuticals technical staff.

Results: Reliability, responsiveness, empathy, tangibles, and assurance are the themes that emerged from this study. The studies found that in the reliability dimension, fulfilling order service and distributor reliability showed the highest correlation ($r=0.98$), emphasizing the importance of commitment and trust in sharia-based service. In the responsiveness dimension, the most significant relationship ($r=1.00$) emerged between complaint resolution and clear division of duties, reflecting the role of communication and accountability. For assurance, the highest correlation ($r=0.96$) indicated the critical role of clear, understandable information in building trust. The empathy dimension revealed that prioritizing humanity and non-discriminatory service ($r=0.52$) aligned closely with the values of justice and compassion. Lastly, in the tangibles (physical) dimension, the presence of a patient prayer space showed a strong link to perceptions of cleanliness and professionalism ($r=0.67$), although implementation was still limited.

Conclusion: By combining Islamic ethical principles with service quality metrics, the application of sharia-based service standards in pharmaceutical care improves patient satisfaction. However, some aspects still need improvement, especially the physical facilities and assurance under heavy workload. These findings provide insightful guidance on how to develop appropriate interventions, such as training programs, SOPs, and infrastructure modifications, to ensure pharmaceutical services comply with Sharia law while improving overall service quality for lawmakers, educational institutions, and businesses providing Islamic-based pharmaceutical services.

Keywords: Sharia Pharmacy, Pharmaceutical Services, SERVQUAL, Qualitative Research

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1. Introduction

Sharia-based pharmaceutical service standards are service guidelines that incorporate Islamic principles into all facets of pharmaceutical care, such as spiritual responsibility, gender sensitivity, ethical behavior, and the assurance of halal products. These guidelines, which are based on the Qur'an, Hadith, and Islamic jurisprudence, guarantee that pharmacy services adhere to sharia values and professional standards. Every activity carried out by a Muslim should be based on Islamic teachings derived from the Qur'an and Hadith, including in conducting business. A business founded on sharia principles is one that operates by considering how profits are obtained and utilized in accordance with Islamic law. A pharmacist who applies sharia principles in pharmaceutical services will gain benefits not only materially but also spiritually, achieving well-being in both this world and the hereafter. Piety in Islam means always being mindful of Allah; therefore, in running a pharmacy business, a pharmacist will avoid negative behaviors such as lying, fraud, and deception toward customers (Ariyadi, 2018). Pharmaceutical care is the pharmacist's responsibility to the patient in terms of providing and ensuring the proper use of pharmaceutical preparations to achieve the desired therapeutic outcomes (Kemenkes RI, 2016).

The SERVQUAL model, consisting of five main dimension's reliability, responsiveness, assurance, empathy, and tangibles along with fundamental Islamic ethics, is integrated into the conceptual framework of this study. Sharia law can be used to contextualize each SERVQUAL dimension: reliability reflects the values of istiqamah (consistency in goodness) and amanah (trustworthiness). Responsiveness is associated with the concepts of ihsan (providing the best service) and tabligh (communicative and informative). Assurance emphasizes justice and sidq (honesty). Empathy is consistent with the principles of ta'awun (mutual assistance) and rahmah (compassion). Physical expressions reflect the values of comfort, thaharah (cleanliness), and environments that encourage spiritual growth, such as prayer rooms.

Significant gaps still exist in the application of Sharia principles at the pharmacy level, despite the development of Sharia-based healthcare services in hospitals and the halal certification of certain pharmaceutical products. Because it exemplifies the fusion of pharmaceutical services, education, and Islamic values, the Muhammadiyah Charity Foundation Educational Pharmacy was selected. This pharmacy is relevant for a thorough evaluation of the application of sharia-based pharmaceutical service standards since it exhibits an institutional commitment to sharia principles as a member of the Muhammadiyah Charity Foundation. The absence of standard operating procedures (SOPs) governing service etiquette based on gender and spiritual values, the lack of an integrated system to ensure product halalness, physical facilities that do not support comfortable worship, and pharmacists' poor comprehension of Sharia principles are some of the main weaknesses. Pharmacy implementation is still irregular and not well documented. To determine the degree to which Sharia principles are incorporated into pharmaceutical services especially in Muhammadiyah, runs educational pharmacies, which have a high potential for implementation, this study is essential.

The network visualization in Figure 1 illustrates a map of previous research developments related to halal pharmacy, which are connected to opportunities, business, growth, and the halal value chain. In the cluster shown in orange, previous studies related to sharia hospitals demonstrate research variable relationships with theory, halal lifestyle, muslim consumers, and religiosity.

Previous studies on the perspective of Islamic economics in pharmacy marketing practices revealed that, in terms of products, some items still lack halal certification, making them not fully compliant with Islamic economic principles. However, in terms of pricing, location, and promotion, the application of Islamic economic principles has been fulfilled (Nurhasan, 2020). The implementation in sharia pharmacies reflects the principles of Good Corporate Governance by prioritizing pharmacy management based on the values of siddiq (truthfulness), tabligh (transparency), amanah (trustworthiness), and fathanah (wisdom). A previous study examined the compliance of the spatial layout and the pharmaceutical preparation storage system at the pharmaceutical logistics unit of Sultan Agung Semarang Hospital, based on the Guidelines for Pharmaceutical Service Standards in Hospitals and Islamic principles. The results showed that the compliance of the spatial layout reached 94.75%, while the storage system had a compliance rate of 90.91%. However, compliance based on Islamic principles was only 25%, which was categorized as poor (Zulfitri et al., 2024).

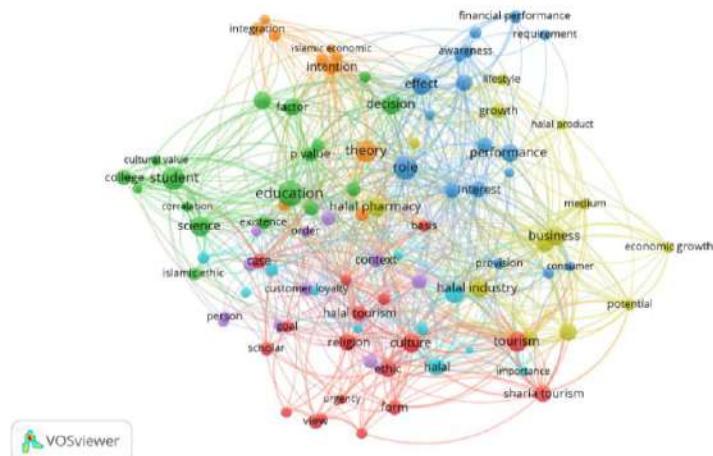


Figure 1. Network visualization of previous research variables

This study used the SERVQUAL model to measure patient satisfaction with pharmaceutical services by assessing five dimensions of service quality. The results showed that the empathy dimension had the highest score, while tangibles had the lowest score, although both still fell within the "very satisfied" category (Pazri et al., 2023). Previous studies on consumer satisfaction with service quality at Karunia Sehat Baru Pharmacy based on sharia values highlighted that the empathy dimension, when aligned with sharia principles, can strengthen the relationship between the pharmacy and consumers, creating positive interactions that benefit both parties (Fathnin et al., 2023). The use of SERVQUAL indicators which consist of Reliability, Responsiveness, Assurance, Empathy, and Tangibles enables a comprehensive evaluation of pharmacy services, not only from a technical perspective but also in terms of human interaction, which is highly important in sharia-based services. Values such as honesty, trustworthiness, justice, and empathy are part of sharia ethics and are highly relevant to the SERVQUAL dimensions. With SERVQUAL, we can measure the extent to which these values are internalized and reflected in pharmacy services. SERVQUAL-based research will identify the strengths and weaknesses of the service; provide a basis for service improvement in line with sharia expectations; enhance customer satisfaction, comfort, and loyalty; most studies on sharia-based healthcare still focus on hospitals, and few have specifically examined pharmacies as the frontline in medication services; assessed non-clinical service aspects from a sharia perspective. This study will fill a gap in the literature and expand the scope of research on sharia-based healthcare services, particularly in the context of pharmaceutical services.

Most studies on Sharia-based pharmaceutical services still use quantitative approaches that focus on patient satisfaction through surveys or SERVQUAL scores. However, few have explored in depth how Sharia principles are implemented in daily practice. A qualitative approach is crucial for exploring the perceptions, experiences, and meanings constructed by pharmacists in applying Islamic values in services. Using a qualitative case study, this research fills this gap by generating a richer, more comprehensive, and reflective contextual understanding of the implementation process of Sharia-based pharmaceutical service standards.

A review of previous research findings shows that the element of sharia-based services has a positive impact, although it is not the primary factor in determining patient preferences. This potential increases further once trust in the pharmacy's reputation and the quality of its pharmaceutical services is established. The urgency of this study lies in addressing the community's need for spiritually-based pharmaceutical services, as services aligned with sharia principles offer additional benefits, particularly for Muslim patients. Currently, Indonesian society shows a positive attitude and trend toward sharia-compliant services; however, the number of sharia-based healthcare facilities remains limited (Rizki et al., 2025). Based on the aforementioned background, the aim of this study is to evaluate the implementation of Sharia-Based Pharmaceutical Service Standards (A Qualitative Case Study at the Educational Pharmacy of Muhammadiyah Charitable Enterprise). This study examines the implementation of pharmaceutical service standards not only based on existing regulations but also from the perspective of Islamic economics and ethics. This forms the novelty of the research, as previous studies have largely focused on regulatory and managerial aspects without comprehensively integrating sharia principles.

2. Methods

Research Method

Overall, this study is non-experimental research with a descriptive-analytical and case study design. The data was collected qualitatively, which is a research method used to study natural conditions of the object, where the researcher serves as the key instrument. Data collection techniques were carried out through triangulation, data analysis was inductive, and qualitative research results emphasize meaning rather than generalization (Smit & Onwuegbuzie, 2018). This qualitative approach was conducted using two research methods: observation and interviews. The research setting was the Educational Pharmacy of Muhammadiyah Charitable Enterprise in Magelang, Central Java, during January 2025. All attributes were synthesized from a literature review, in which sharia pharmaceutical services include the dimensions of reliability, responsiveness, empathy, tangibles, and assurance (Fathnin et al., 2023).

Data Collection

The first stage of the research used the observation method, conducted by observing the pharmaceutical service processes and the availability of Standard Operating Procedures (SOPs) at the Educational Pharmacy. The aim was to understand the existing condition of pharmaceutical services at the Educational Pharmacy in the context of sharia competency implementation. This observational approach involved data collection through the human senses, by systematically and meaningfully watching and listening.

This qualitative study employed purposive sampling, which involves intentionally selecting informants based on specific criteria relevant to the research objectives. Because of their expertise, familiarity, and hands-on involvement in Sharia-compliant pharmaceutical service procedures at the Muhammadiyah Charity Board Educational Pharmacy, informants were chosen. Among the inclusion criteria that were applied were at least two years of experience working at the pharmacy where the study was conducted maintaining a current; Pharmacy Personnel Registration Certificate in compliance with relevant laws; direct participation in the provision of pharmaceutical services (as a pharmacy technician or a pharmacist). The informants involved were 1 pharmacist and 3 pharmaceuticals technical staff.

The second stage of the research used the interview method, aimed at identifying the implementation of sharia values in pharmaceutical services. A review of pertinent research on Sharia-compliant healthcare services, specifically in pharmacy practice, served as the foundation for the development of the interview guide. The purpose of the questions was to investigate how the five SERVQUAL dimensions assurance, responsiveness, empathy, tangibles, and reliability are understood and applied from an Islamic standpoint. Two academic pharmacists with backgrounds in qualitative research and Islamic pharmacy ethics reviewed the draft interview questions to increase their credibility. Their input helped to improve the questions' cultural suitability, clarity, and alignment with the study's goals. The guide was piloted on a pharmacist who satisfied the inclusion criteria but was left out of the final sample prior to official data collection. The flow, comprehensibility, and usefulness of the semi-structured questions were evaluated with the aid of this pilot. Based on the pilot, a few minor changes were made, like streamlining terminology and rewording a few questions to improve the narrative flow. Triangulation of observational data, peer discussions among research team members, and member checking during interviews to verify participant interpretations were all used to support validation.

The researcher acted as a passive observer in the pharmacy setting during the non-participatory observations. The pharmaceutical service process was the main subject of the observations, and this included: Patient consultation: face-to-face communication between the patient and the pharmacist that covers topics such as drug information delivery, language usage, and Sharia-compliant manners and service etiquette. Medication dispensing: from getting the prescription to giving the drug, including pharmaceutical technicians' participation, correctness of the process, and transaction transparency. Observance of Standard Operating Procedures: this includes observing current SOPs with regard to pharmaceutical technical aspects as well as Islamic ethics (e.g., room separation, use of Islamic attributes, and professionalism). Physical facilities include spaces that uphold Sharia principles, such as prayer rooms, cleanliness, halal signage, and, when applicable, the segregation of patient areas for men and women. The observations, which lasted four hours a day on average for a month in January 2025, covered both

peak and regular pharmacy operating hours. Field notes that methodically and reflectively detailed the context, behavior, and processes of interactions were used to collect data.

When no new themes or information surfaced from the final observations and interviews, data saturation was deemed to have been reached. All of the informants shared consistent thematic patterns that covered the SERVQUAL's five dimensions and how they relate to sharia values. The consistency of responses from informants and the triangulation of interview results, service observations, and SOP documents were used to evaluate the adequacy of the data. To preserve the credibility of the data, this procedure was strengthened with peer debriefing, audit trails, and member checking.

Data Analysis

During the discussions and in-depth face-to-face interviews, audio recordings were used. The researchers involved in the study transcribed the recordings verbatim and conducted accuracy checks. NVIVO 12 software was used to perform descriptive content analysis of the transcripts. Two independent researchers (EL and CDB) coded the translated transcript data using an inductive approach. The researchers applied standard procedures in making decisions related to coding rules and theme development, relying on consensus. Agreement on coding was reached through discussions to resolve any differences of opinion among the researchers. The identified codes were then used to determine themes and subthemes.

This study used a number of qualitative data validation techniques to preserve the validity of the results. Standard operating procedure (SOP) documents, observations, and interview results were compared to perform triangulation. To ensure accurate interpretation, informants were asked to review the summary of findings as part of the member checking process. Additionally, by recording their presumptions and possible biases at every stage of the analysis, the researchers engaged in reflexivity. To assess the coherence of codes and emerging themes, researchers also engaged in peer debriefing.

Two additional researchers evaluated, reviewed, or revised the emerging themes and subthemes, and the entire team discussed them collectively. The final report summarized the coded texts, reflecting the researchers' collective understanding of the textual data. Italicized text represents direct quotations from the informants. The results of the data analysis were visualized in the form of cluster analysis. Pearson correlation coefficients were used to identify the strongest relationships between service quality items.

Ethical Clearance

This research has obtained Ethical Clearance from the Health Research Ethics Committee (KEPK) of Universitas Muhammadiyah Magelang with No.0238/KEPK.FIKES/II.3.AU/F/2025.

3. Results

The implementation of Sharia-based services is reviewed from five dimensions, namely reliability, responsiveness, empathy, tangibles, and assurance, which are explored through interviews and observations at an educational pharmacy.

3.1. Reliability Dimensions

Based on the NVivo cluster analysis results, the highest Pearson correlation values in the reliability dimension are presented in Table 1, with a visualization of all items shown in Figure 1. The reliability of Sharia-based pharmaceutical services can be explained by several correlations that were discovered based on the findings of the Pearson correlation analysis of the reliability dimension in NVivo (Table 1). A statistical tool for evaluating linear relationships between two variables is the Pearson correlation coefficient. With values ranging from -1 to 1, this gauges how closely they are related. The absolute value of the Pearson coefficient, near to 1 when the correlation is stronger and near to 0 when it is weaker, is positively correlated with the strength of the correlation between the variables (Ahsina & Zahra, 2025).

Table 1. Clustered Table Based on Pearson Correlation (Reliability Dimension)

Code A	Code B	Pearson Correlation Coefficient
Nodes\\Reliability dimension\\Fulfilling order service as promised	Nodes\\Reliability dimension\\Fulfilling order service as promised\\Distributor reliability	0.982446
Nodes\\Reliability dimension\\Fast and accurate service	Nodes\\Reliability dimension\\Fast and accurate service\\Adequacy of staff and number of patients	0.878452
Nodes\\Reliability dimension\\Providing information accurately and honestly	Nodes\\Reliability dimension\\Providing information accurately and honestly\\Expiration date information	0.833437
Nodes\\Reliability dimension\\Providing information accurately and honestly	Nodes\\Reliability dimension\\Providing information accurately and honestly\\Drug stockout	0.723081
Nodes\\Reliability dimension\\Fulfilling order service as promised	Nodes\\Reliability dimension\\Providing information accurately and honestly\\Drug stockout	0.506230
Nodes\\Reliability dimension\\Providing information accurately and honestly\\Drug stockout	Nodes\\Reliability dimension\\Fulfilling order service as promised\\Distributor reliability	0.503746
Nodes\\Reliability dimension\\Providing information accurately and honestly	Nodes\\Reliability dimension\\Fulfilling order service as promised	0.449152
Nodes\\Reliability dimension\\Providing information accurately and honestly	Nodes\\Reliability dimension\\Fulfilling order service as promised\\Distributor reliability	0.435540

3.1.1. Reliable Service Fulfilment (Fulfilling Orders as Promised)

The highest correlation (0.982) was found between the item pair "Fulfilling order service as promised" and its subtheme "Distributor reliability," suggesting that a pharmacy's capacity to deliver on service commitments is highly influenced by distributor reliability. This demonstrates how important external supply networks distributor partners are to preserving the legitimacy of pharmaceutical services, especially when it comes to placing orders and acquiring prescription drugs.

3.1.2. Service and Workload Accuracy

A strong correlation (0.878) was found between the item "Fast and accurate service" and "Adequacy of staff and number of patients," suggesting that the adequacy of pharmacists in relation to the patient load has a significant impact on service speed and accuracy. A key component of reliability in service in Sharia-compliant pharmacies is human resource management.

3.1.3. Drug Information Transparency

Transparency in communicating actual drug stock and expiration dates has a significant impact on perceptions of service reliability, as evidenced by the high correlation between "Providing information accurately and honestly" and the subthemes "Expiration date information" (0.833) and "Drug stockout" (0.723). In addition to being a component of professional service, accurate information also reflects Sharia principles' values of integrity and openness.

3.1.4. Relationships among Subthemes

The moderate correlation found between "Providing information accurately and honestly" and "Fulfilling order service as promised" (0.449), along with other subthemes like "Distributor reliability" (0.435), suggests that the ability to meet patient needs is closely linked to information honesty. This illustrates how reliability dimensions are integrated, meaning they impact one another rather than existing independently.

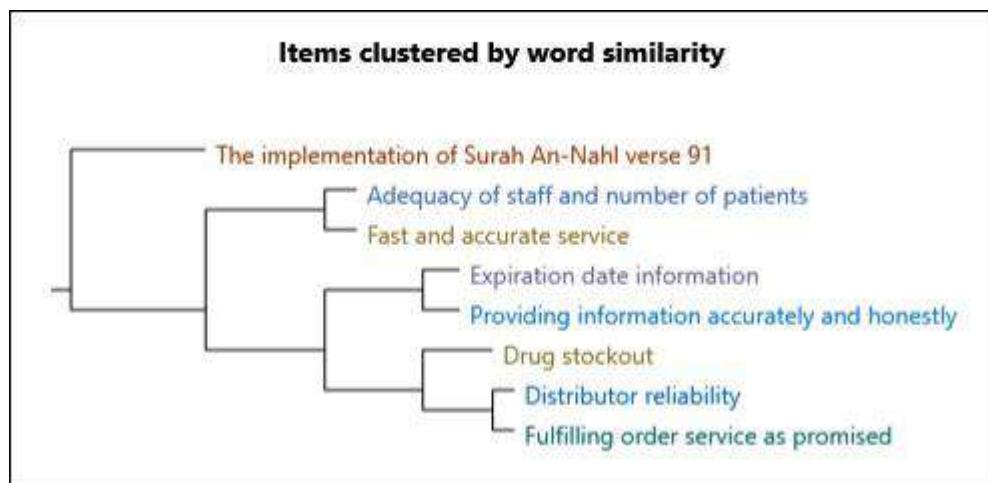


Figure 1. Item Clustered By-Word Similarity (Reliability Dimension)

The figure 1 shows the results of word clusters on the reliability dimension, where several items form an intriguing pattern of closeness in meaning. The items “Fulfilling order service as promised” and “Distributor reliability” are in a very close cluster, indicating that service certainty and distributor reliability are closely related aspects in the perception of pharmaceutical service reliability. This cluster is also close to “Drug stockout,” which reinforces the importance of drug availability as part of fulfilling service promises. The items “Providing information accurately and honestly” and “Expiration date information” are clustered together, confirming that accurate information, especially regarding drug expiration dates, is central to trustworthy service. Meanwhile, “Fast and accurate service” and “Adequacy of staff and number of patients” indicate the relationship that speed and accuracy of service are strongly influenced by the adequacy of pharmaceutical personnel. The item “The implementation of Surah An-Nahl verse 91” is separate from the other clusters, indicating that the religious value aspect has different textual characteristics but remains relevant in strengthening the principle of trustworthiness in sharia pharmaceutical services. This narrative shows that service reliability is built through a combination of information accuracy, certainty of service fulfillment, speed of service, and the application of sharia values.

3.2. Responsiveness Dimension

Based on the NVivo cluster analysis results, the highest Pearson correlation values in the responsiveness dimension are presented in Table 2, with a visualization of all items shown in Figure 2.

Table 2. Clustered Table Based on Pearson Correlation (Responsiveness Dimension)

Code A	Code B	Pearson Correlation Coefficient
Nodes\\Responsiveness dimension\\Resolving customer complaints accurately and responsibly	Nodes\\Responsiveness dimension\\Division of duties and functions in problem-solving	1.000000
Nodes\\Responsiveness dimension\\Pharmaceutical staff are easy to contact\\Supporting each other through WhatsApp group communication	Nodes\\Responsiveness dimension\\Pharmaceutical staff are easy to contact	0.937934
Nodes\\Responsiveness dimension\\Pharmaceutical staff are easy to contact	Nodes\\Responsiveness dimension\\Pharmaceutical staff are easy to contact\\Never turning off the phone	0.525531

Important conclusions were drawn from the Responsiveness dimension's Pearson correlation analysis using NVivo (Table 2), which showed how much an efficient coordination and communication system supports pharmaceutical services' responsiveness. A narrative explanation based on the items' highest correlation values is provided below:

3.2.1. Methodical Problem Solving (1.000 correlation)

The items "Resolving customer complaints accurately and responsibly" and "Division of duties and functions in problem-solving" were found to be perfectly correlated (1.000). This finding suggests that a clear division of responsibilities and functions among pharmacy staff is crucial to the accurate and responsible handling of patient complaints. This illustrates how the concepts of tanzhim (good organization) and mas'uliyyah (responsibility) serve as the cornerstone for offering responsive and solution-focused services in the context of Sharia compliant services.

3.2.2. Effective Response to Inter-Staff Communication (Correlation = 0.937)

"Supporting each other through WhatsApp group communication" and "Pharmaceutical staff are easy to contact" were found to be highly correlated. This suggests that the availability of unofficial channels of communication, like WhatsApp groups, significantly supports direct accessibility to pharmacy staff. This medium facilitates quick information sharing, fosters staff support for one another, and improves teamwork in meeting patient needs immediately. Such behavior is consistent with the Islamic tenet of *ta'awun*, or reciprocal aid.

3.2.3. Commitment to Service via Readiness (Correlation = 0.526)

Additionally, there was a moderate correlation between the sub-item "Never turning off the phone" (0.526) and the item "Pharmaceutical staff are easy to contact." This indicates that active team communication and individual willingness to stay in touch with patients are the foundations of pharmacy staff accessibility. This mindset embodies the value of *istiqamah* (consistency) and a commitment to providing patients with prompt service whenever they require it.

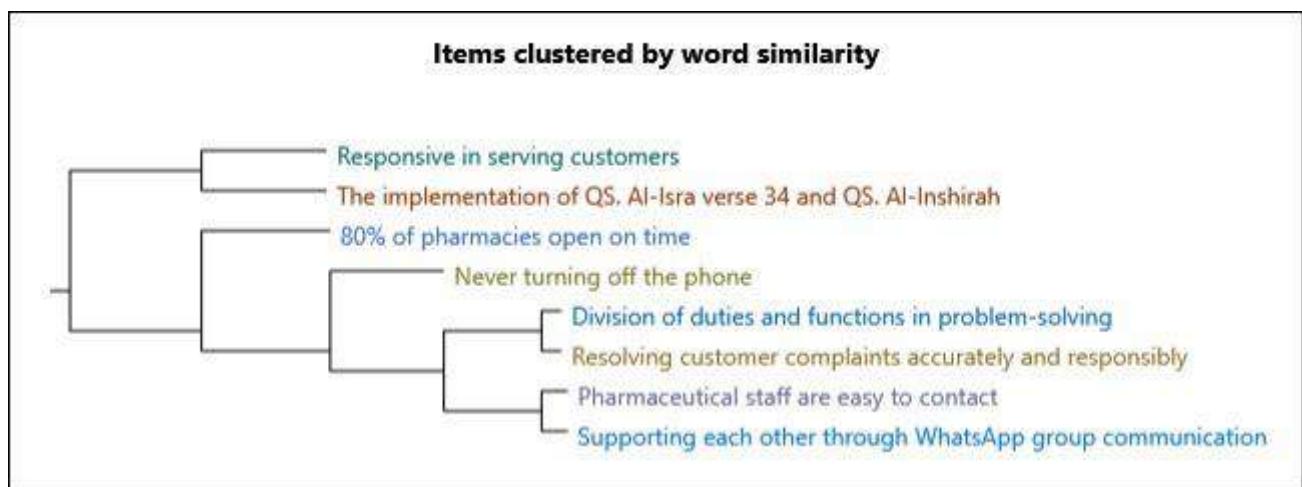


Figure 2. Item Clustered By-Word Similarity (Responsiveness Dimension)

The cluster results (Figure 2) indicate that timeliness and preparedness related items, like "Responsive in serving customers," "80% of pharmacies open on time," and "Never turning off the phone," are closely related and represent the Sharia pharmaceutical services' trustworthiness principle. In contrast, the item "The implementation of QS. Al-Isra verse 34 and QS. Al-Inshirāh" is distinct and highlights how religious values influence the dependability of services. The things that are closely related to each other "Division of duties and functions in problem-solving," "Resolving customer complaints accurately and responsibly," and "Supporting each other through WhatsApp group communication" showcase how crucial collaboration and communication are when managing complaints. By linking the responsiveness cluster with communication, the item "Pharmaceutical staff are easy to contact" upholds the importance of *ta'awun* (mutual assistance) in providing patients with timely and accessible pharmaceutical services.

3.3. Assurance Dimension

Based on the NVivo cluster analysis results, the highest Pearson correlation values in the assurance dimension are presented in Table 3, with a visualization of all items shown in Figure 3.

Table 3. Clustered Table Based on Pearson Correlation (Assurance Dimension)

Code A	Code B	Pearson Correlation Coefficient
Nodes\Assurance dimension\Ensuring that the information has been well received by the patient	Nodes\Assurance dimension\Ensuring that the information has been well received by the patient\Confirmation to the patient	0.961882
Nodes\Assurance dimension\Assurance of non-expired medications\Storage using the FEFO method	Nodes\Assurance dimension\Assurance of non-expired medications	0.834133
Nodes\Assurance dimension\Friendly and polite in service\Influenced by fatigue and service overload	Nodes\Assurance dimension\Friendly and polite in service	0.817622
Nodes\Assurance dimension\Pharmaceutical personnel have good knowledge	Nodes\Assurance dimension\Pharmaceutical personnel have good knowledge\Collaborative brainstorming among pharmaceutical professionals and across pharmacies	0.812802
Nodes\Assurance dimension\Ensuring the confidentiality of patient data	Nodes\Assurance dimension\Ensuring the confidentiality of patient data\Computer access in the pharmacy is restricted	0.748126
Nodes\Assurance dimension\Pharmaceutical personnel have good knowledge	Nodes\Assurance dimension\Pharmaceutical personnel have good knowledge\Limitations in the use of special medications	0.702617
Nodes\Assurance dimension\Assurance of non-expired medications\Product return to the distributor	Nodes\Assurance dimension\Assurance of non-expired medications	0.692996
Nodes\Assurance dimension\Friendly and polite in service\Maintaining a clear boundary between personal matters and professional responsibilities	Nodes\Assurance dimension\Friendly and polite in service	0.615198
Nodes\Assurance dimension\Assurance of non-expired medications\Regular monitoring	Nodes\Assurance dimension\Assurance of non-expired medications	0.505143
Nodes\Assurance dimension\Assurance of non-expired medications\Storage using the FEFO method	Nodes\Assurance dimension\Assurance of non-expired medications\Product return to the distributor	0.457549

The quality of pharmaceutical services can be explained by several correlations found based on the Pearson Cluster Data analysis of the assurance dimension in NVivo (Table 3).

3.3.1. Verification of Patient Knowledge

The significance of making sure patients fully comprehend the medication information given as a form of assurance to prevent misuse was highlighted by the extremely high correlation (0.962) between the item pair "Ensuring that the information has been well received by the patient" and "Confirmation to the patient."

3.3.2. Assurance of Non-Expired Drugs

The following sub-items had a strong correlation with the theme "Assurance of non-expired medications": "FEFO method of storage" (0.834), "Return of product to distributor" (0.693), "Regular monitoring" (0.505). All three outline technical protocols that help ensure the stability of pharmaceutical inventories and stop the distribution of out-of-date drugs.

3.3.3. Service ethics and friendliness

The following were significantly correlated with the theme "Friendly and polite in service": "Influenced by service overload and fatigue" (0.818), "Maintaining a clear boundary between professional responsibilities and personal matters" (0.615). This suggests that the ability of employees to maintain professionalism and the working environment both have an impact on a friendly attitude. Knowledge and Cooperation among Pharmacy Staff The following had a strong correlation with the theme "Pharmaceutical personnel have good knowledge": "Collaborative brainstorming across pharmacies and among pharmaceutical professionals" (0.813), "Restrictions in the utilization of specialized drugs" (0.703). This highlights how crucial teamwork and knowledge sharing are to delivering high quality service.

3.3.4. Pharmacy Staff Knowledge and Collaboration

The theme "Pharmaceutical personnel have good knowledge" correlated strongly with: "Collaborative brainstorming among pharmaceutical professionals and across pharmacies" (0.813), "Limitations in the use of specialty medications" (0.703). This emphasizes the importance of collaboration and knowledge updates to provide quality service.

3.3.5. Protection of Patient Data

According to information security principles, limiting access to pharmacy systems is an essential step in preserving patient data confidentiality, as the theme "Ensuring the confidentiality of patient data" with "Computer access in the pharmacy is restricted" (0.748) illustrates.

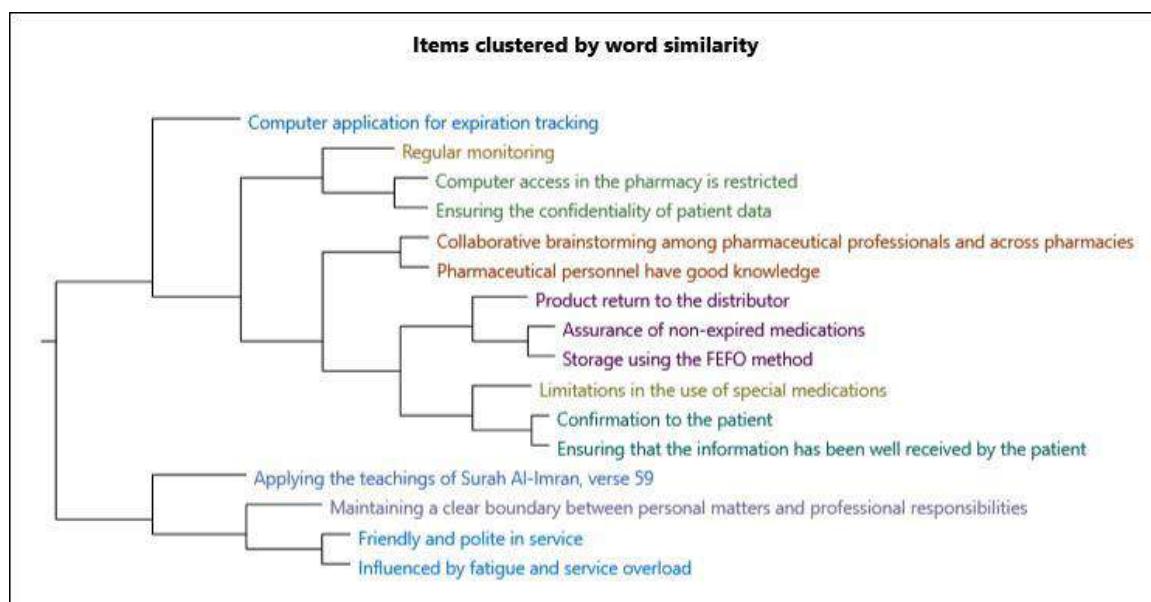


Figure 3. Item Clustered By-Word Similarity (Assurance Dimension)

The figure's five clusters (Figure 3) demonstrate the close relationships between the assurance dimension's items: first, the drug safety and data protection cluster highlight the significance of keeping an eye on expiration dates and protecting patient confidentiality; second, pharmacist knowledge and cooperation serve as the foundation for patient trust; third, protocols like FEFO storage and drug returns guarantee that patients only receive safe medications; fourth, patient confirmation of information ensures correct comprehension; and fifth, the application of religious values and service ethics, including awareness of the effects of fatigue, strengthens friendliness and professionalism in pharmaceutical services.

3.4. Empathy Dimension

The empathy dimension of pharmaceutical services is analyzed based on the results of the NVivo cluster analysis (Table 4).

3.4.1. Strong Association in the Humanity Aspect

The item pair with the highest Pearson coefficient (0.518) was "Prioritizing a sense of humanity" and "Not discriminating based on economic status." This suggests that the two items have a strong connection in meaning and a strong similarity in wording, which illustrates the importance of treating patients fairly and humanely regardless of their financial situation. Such behavior embodies the values of compassion and equality (rahmah) in pharmaceutical services that adhere to Sharia law.

3.4.2. Poor Association in Spoken communication

On the other hand, the item pairs "Asking about the patient's complaints and symptoms" and "Saying greetings (salaam), thank you, sorry, and praying for the patient" only had a coefficient of 0.115. This suggests a low correlation in wording, meaning that while both are a component of empathetic communication, the proactive action of asking about the patient's complaints is less directly linked to the use of courteous verbal expressions.

Overall, this table shows that the social justice empathy components are more conceptually integrated than the verbal communication components, which, although significant, seem more distinct in the data's word patterns. Based on the NVivo cluster analysis results, the highest Pearson correlation values in the empathy dimension are presented in Table 4, with a visualization of all items shown in Figure 4.

Table 4. Clustered Table Based on Pearson Correlation (Empathy Dimension)

Code A	Code B	Pearson Correlation Coefficient
Nodes\\Empathy dimension\\Prioritizing a sense of humanity	Nodes\\Empathy dimension\\Not discriminating based on economic status	0.517548
Nodes\\Empathy dimension\\Saying greetings (salaam), thank you, sorry, and praying for the patient	Nodes\\Empathy dimension\\Asking about the patient's complaints and symptoms	0.115000

The outcomes of the empathy dimension word clustering, which grouped five essential components of empathy-based pharmaceutical care, are shown in Figure 4. The first cluster highlights social sensitivity and respect for human values without discriminating against patients by combining the two elements of "Not discriminating based on economic status" and "Prioritizing a sense of humanity." "Implementation of the Quran, Surah Al-Qasas 77," "Asking about the patient's complaints and symptoms," and "Saying greetings (salaam), thank you, sorry, and praying for the patient" make up the second cluster. Similar terms that highlight face-to-face communication with patients and the application of religious principles that promote kindness, compassion, and decency bind all three together. This pattern highlights that while social justice and humanity are the primary pillars of empathy in Sharia-based pharmaceutical care, verbal communication and religious behavior are essential to fostering patient comfort and trust.

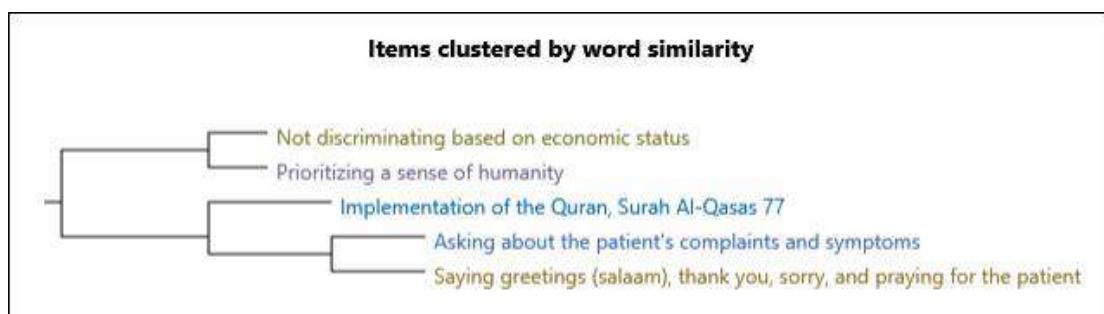


Figure 4. Item Clustered By-Word Similarity (Empathy Dimension)

3.5. Physical Dimension

Based on the NVivo cluster analysis results, the highest Pearson correlation values in the physical dimension are presented in Table 5, with a visualization of all items shown in Figure 5.

Table 5. Clustered Table Based on Pearson Correlation (Physical Dimension)

Code A	Code B	Pearson Correlation Coefficient
Nodes\\Physical dimension\\There is no prayer area for patients yet	Nodes\\Physical dimension\\There is no prayer area for patients yet\\There are two large mosques near the pharmacy	0.672537
Nodes\\Physical dimension\\There is no prayer area for patients yet	Nodes\\Physical dimension\\There is no prayer area for patients yet\\There is a prayer room for the pharmacy staff	0.636995
Nodes\\Physical dimension\\The pharmacy is strategically located or easily accessible	Nodes\\Physical dimension\\The appearance of the pharmaceutical staff is neat and covers the aurat (modesty according to Islamic guidelines)	0.036504

The physical dimension of pharmaceutical services is analyzed based on the NVivo cluster analysis results (Table 5), as follow:

3.5.1. Patient Worship Facilities and Nearby Mosque Neighborhood (Correlation = 0.673)

The items "There is no prayer area for patients yet" and "There are two large mosques near the pharmacy" have the highest correlation (0.673). This study highlights the natural differences that patients experience with the surrounding environment while evaluating the physical capabilities of pharmacy facilities. In the context of sharia-based pharmaceutical services, such an observation is related to the principle of paying attention to the benefit, where in the service provider is expected to provide easy access to worship in a form that is silent and non-toxic, including in health facilities.

3.5.2. Employee and Staff Worship Facilities (Correlation = 0.637)

The items "There is no prayer area for patients yet" and "There is a prayer room for the pharmacy staff" also have a high correlation (0.637). This finding indicates that there is a gap in worship facilities between staff and patients, which is very important to the respondents. This suggests that the principles of fairness and equality in providing assistance, especially concerning spiritual needs, are of utmost importance. From a sharia perspective, the principle of justice and the glorifying humans indicates that everyone's spiritual needs should be met in a calm manner.

3.5.3. Islamic Staff Appearance and Location Strategy (Correlation = 0.037)

The items that had the highest correlation (0.037) were "The pharmacy is strategically located or easily accessible" and "The appearance of the pharmaceutical staff is neat and covers the aurat (modesty according to Islamic guidelines)." Perceptions of staff adherence to Islamic appearance values and the pharmacy's accessibility were explained in detail by service users. Accordingly, location strategy is not entirely insensitive to staff members' religious or professional beliefs. The aspects of good appearance and service accessibility are two independent pillars that must be simultaneously examined to support holistic service.

Key concerns in the public's perceptions of Sharia-compliant pharmaceutical services are grouped in the dendrogram that results from a cluster analysis based on wording similarities in the physical dimension items (Figure 5). The respondents' emphasis on the topic of religious facilities is reflected in the close clustering of the first three items: the absence of a patient prayer room, the presence of a staff prayer room, and the existence of two mosques close to the pharmacy. A distinct but closely related theme of religious facilities includes items pertaining to parking lots and restroom cleanliness. The significance of Islamic cleanliness and appearance overall is emphasized by the items pertaining to the pharmacy's cleanliness and appearance as well as the staff's tidy and modest appearance, which form a separate cluster. Lastly, the item pertaining to the pharmacy's strategic location is the one that is located farthest away from the cluster, suggesting that opinions regarding accessibility are evaluated separately from those regarding cleanliness and religious facilities. This cluster pattern demonstrates that three major themes cleanliness/appearance, accessibility, and religious facilities are separate

but equally significant in Sharia-compliant physical pharmacy service standards.

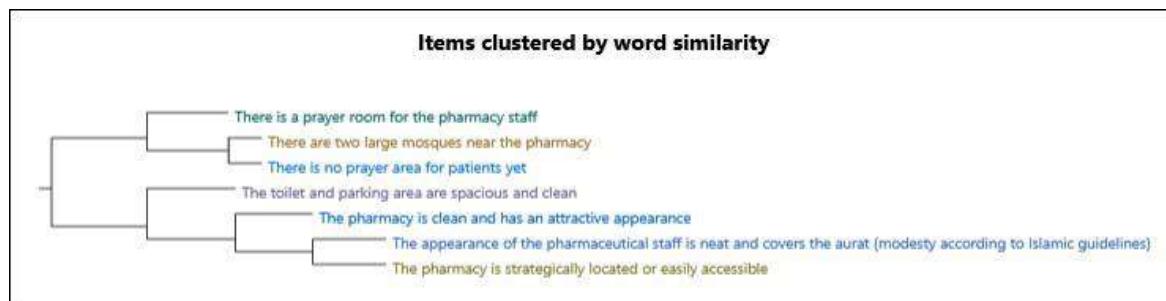


Figure 5. Item Clustered By-Word Similarity (Physical Dimension)

The three most notable service gaps were insufficient integration of empathy in clinical communication, limited educational communication during periods of high workload, and spiritual facilities (lack of a patient prayer space). Strengthening Sharia-based SOPs, offering Islamic ethics training in pharmaceutical communication, and reorganizing physical facilities to accommodate both patient comfort and worship are all necessary to close these gaps.

Observational Findings: Sharia Alignment and Gaps in Practice

During non-participatory observation at the Educational Pharmacy of Muhammadiyah Charitable Enterprise, several behaviors and conditions were found that both reflect and contradict Sharia principles in pharmaceutical services. On the positive side, staff were observed consistently greeting patients with Islamic expressions such as *salaam*, thanking them, and showing humility through apologies, reflecting values of *rahmah* (compassion), *tawadhu'* (humility), and *akhlaq* (good manners), which are integral to Islamic ethics. Staff appearance was also largely in accordance with Sharia guidelines, including modest dress and covered *aurat*, reflecting a professional and religiously respectful image.

However, certain contradictions were also apparent. One key observation was the absence of a dedicated prayer area for patients, despite its importance as part of creating a spiritually supportive environment. While the pharmacy is located near two large mosques and has a private staff prayer space, the lack of a patient-accessible worship facility limits inclusive spiritual accommodation. However, it is contrary to the Islamic values of *al-'adalah* (justice) and *ikram al-insan* (honoring human dignity). Additionally, SOPs incorporating gender sensitivity, Islamic service etiquette, or guidelines for maintaining halal assurance were found to be either lacking or not consistently implemented. The prayer room for staff, for instance, was combined with the compounding area, which may compromise privacy and cleanliness principles emphasized in *thaharah* (purity) and *ithqan* (excellence in performance).

Furthermore, during busy hours, staff were observed prioritizing speed over friendly interaction due to fatigue and workload, at times neglecting the Islamic value of *ihsan* (doing one's best) in interpersonal service. These observations underscore the need for infrastructure improvements, strengthened SOPs, and spiritual competence training to ensure alignment between Sharia principles and actual practice.

4. Discussion

4.1. Theme: Commitment to Service Reliability as a Trust in Sharia Pharmaceutical Services

Sub theme: fulfilling service promises (*al-wafa' bil 'ahd*) as a form of moral and spiritual responsibility; maintaining patient trust necessitates reliance on reliable distributors; the values of trustworthiness, honesty (*shidq*), and professionalism (*itqan*) are integrated into service practices.

In the context of implementing Sharia-based services, the reliability dimension is a crucial element that reflects the pharmacy's consistency and accuracy in fulfilling promises and meeting customer expectations. Two key sub-aspects identified through cluster analysis with the highest correlation values are fulfilling order service as

promised and distributor reliability. These aspects are directly related to the pharmacy's ability to deliver services as promised, in terms of order timing, medication quality, and accuracy in delivering prescriptions or patient requests. In Sharia-based service, fulfilling promises (*al-wafa' bil 'ahd*) is a fundamental principle emphasized in QS. Al-Ma'idah: 1 and QS. An-Nahl: 91. The strong correlation with the reliability dimension indicates that commitment to service promises is a key indicator for patients in assessing whether pharmacy services align with Sharia principles. Timely and committed service not only enhances trust but also represents part of the amanah (trust and responsibility) in healthcare services (Dusuki & Abdullah, 2024).

Distributor reliability relates to the supplier's ability to maintain the availability, authenticity, and timely delivery of stock to the pharmacy. In Sharia-based services, this aspect is linked to the concepts of honesty (*shidq*) and professionalism (*itqan*) within the supply chain. Pharmacies aiming to implement Sharia principles must ensure that their distributor partners are trustworthy and reliable, in order to avoid repeated stockouts or delays that could negatively impact patients. Reliance on inconsistent distributors will directly affect the pharmacy's ability to deliver on promised services, thereby putting the reliability of the pharmacy itself at risk.

The perspectives of pharmacist provided insight into the implementation of the reliability dimension in Sharia-based pharmaceutical services is supported by the following interview quote:

"If the order is not picked up at that moment, we need to first ensure whether there is a distributor who can deliver it. This means that when the patient is present and we do not have the medication in stock, we must confirm that the distributor we work with has the medication, is ready to ship it, and when it will arrive at the pharmacy. If we do not have clear information regarding that, we will not promise or accept the order for that medication"

(Pharmacist at the Educational Pharmacy)

This study aligns with previous research that examined the influence of pharmaceutical service quality on outpatient satisfaction, focusing on five service quality dimensions, including reliability. The findings revealed that the reliability dimension has a significant impact on patient satisfaction, highlighting the importance of pharmacies in fulfilling service promises and ensuring the availability of medications according to patient needs (Sunarto et al., 2025). Another study also discusses the importance of measuring service quality within the pharmaceutical supply chain, particularly from the distributor's perspective. Distributor reliability in delivering pharmaceutical products on time and according to specifications is a key factor in ensuring that pharmacies can fulfill their service promises to patients. This research highlights that distributor reliability directly affects a pharmacy's ability to provide consistent and trustworthy services (Parmata et al., 2016). Reliability in providing products and services that comply with Sharia principles, including fulfilling service promises and distributor reliability, is also identified as an important factor in meeting the expectations of Muslim customers (Noor, 2025).

4.2. Theme: Responsiveness as a Demonstration of Concern and Preparedness in Sharia Pharmacy Services

Subtheme: Open Communication and Clear Division of Duties in Complaint Handling

Based on Table 2, the following are item pairs with the highest correlation values, indicating similarity in context and meaning between themes: "Resolving customer complaints accurately and responsibly" and "Division of duties and functions in problem-solving" (Correlation: 1.000). These two themes are closely related, where a clear division of duties among pharmaceutical staff in handling issues greatly affects the effectiveness of resolving customer complaints. This indicates that a well-structured work system supports responsiveness in service. "Pharmaceutical staff are easy to contact" (Correlation: 0.937) also shows that, in Sharia-based services, ease of access to pharmaceutical personnel is important to provide a sense of security and prompt response to patients. Additionally, "Pharmaceutical staff are easy to contact" has a relatively high correlation with "Resolving customer complaints accurately and responsibly" (Correlation: 0.526). This indicates a fairly strong relationship between the ease of contacting pharmaceutical staff and the speed of complaint resolution. It illustrates that a quick response is not only about technical ability, but also about open communication.

The perspectives of technician provided insight into the implementation of the responsiveness dimension in Sharia-based pharmaceutical services is supported by the following interview quote:

"If there's any urgent information, we place it in the group. For example, if I'm a bit slow to respond, another staff member can reply or is aware of something urgent in the group. This means we almost never mute phone calls or the WhatsApp group. In other words, even though we're not on standby with our phones 24 hours a day, none of us keeps them on silent"

(Technicians at the Educational Pharmacy).

This finding is in line with studies that emphasize the importance of standard procedures and division of authority in pharmacies to ensure good practices and professional protection in pharmaceutical services (Brahmono *et al.*, 2023). In addition, ease of communication with pharmaceutical staff is also closely related to the speed of resolving customer complaints. Previous studies have shown that effective communication within pharmaceutical organizations plays an important role in improving product quality and customer satisfaction. This emphasizes that a quick response depends not only on technical aspects but also on the openness and effectiveness of communication between patients and pharmaceutical staff (Hidayatullah & Aesthetika, 2024).

4.3. Theme: Assurance of Security and Trust in Sharia Pharmacy Services

Subtheme: Transparent Information and Friendly Communication as Core Elements of Assurance

The highest correlation (0.96) was found in the item "*ensuring that the information provided is understandable*", indicating the foundation of patient trust in services. This means that a good understanding of information creates a strong sense of security. The items "*assurance of non-exploitation*" and "*ensuring that the information provided is understandable*" (0.83) reflect the link between communication transparency and trust in the integrity of services. The correlation between "*friendly and polite pharmaceutical staff*" and "*ensuring that the information provided is understandable*" (0.81) shows that friendly and polite staff tend to provide explanations that are easier to understand, enhancing the overall perception of service quality. The correlation between "*ensuring the confidentiality of patient information*" and "*ensuring that the information provided is understandable*" (0.75) indicates that information comprehension is often associated with confidentiality assurance, showing how effective communication correlates with trust in maintaining the privacy of personal data.

Another study highlights those good pharmaceutical services which include information and education communication, the speed of medication service, and the friendliness of pharmacy staff, are important factors in assessing patient satisfaction. This quality of service not only meets professional standards but also enhances the patient's positive perception of the services provided (Juwita *et al*, 2023). A study conducted at the Pharmacy Department of Dungus Madiun Hospital also showed that the quality of services provided by pharmaceutical staff has a significant impact on patient satisfaction. Good service quality, including the friendliness and politeness of pharmacy staff, contributes to increased patient satisfaction. Research conducted at Dr. RM. Djoelham Binjai Hospital examined the *assurance* dimension in pharmaceutical services, which includes the polite and friendly attitude of the staff. The results indicated that this aspect is significantly related to patient satisfaction, affirming that the positive attitude of pharmacy staff enhances patients' sense of safety and trust in the services provided (Hervina *et al.*, 2019).

The implementation of the *assurance* dimension in sharia-based pharmaceutical services at this pharmacy faces several challenges, including the high volume of patient visits, which causes pharmaceutical staff to prioritize speed over friendliness due to time constraints.

In addition, the perspectives of technician provided insight into the pharmaceutical staff's knowledge regarding the provision of information on special preparations needs to be improved.

"However, it's not 100% or every day that the staff here are friendly—there are certainly times when they feel exhausted. Especially at night, when fatigue sets in and there are crowds of patients, speed becomes the priority and friendliness is set aside"

“Usually, when it comes to special preparations, the patients are more familiar with them because they’ve used them before. Meanwhile, we ourselves have never even opened them. Maybe that’s also one of our shortcomings and something we’ll need to discuss further. But generally, for special preparations, if the patient requests them, they usually already know how to use them. If not, they will typically ask, and we have brochures or leaflets that explain how the medication should be used, and we provide education as well”

(Pharmacist at the Educational Pharmacy).

4.4. Theme: Empathy as a Pillar of Justice and Compassion in Sharia Pharmacy Services

Subtheme: Non-Discriminatory Service and Islamic Personal Communication

The highest correlation (0.517) was found between the items: “Prioritizing a sense of humanity” and “Not discriminating based on economic status.” This indicates that services upholding humanitarian values are closely related to fair treatment regardless of the patient’s economic status. In the context of sharia, these two items reflect the values of justice (*‘adl*) and compassion (*rahmah*). Pharmaceutical staff who prioritize humanitarian aspects tend to provide equal services to all patients, without social or economic bias. A moderate correlation was found between the items “Saying greetings (salaam), thank you, sorry, and praying for the patient” and “Asking about the patient’s complaints and symptoms” (0.115). Although the correlation is not particularly strong, the relationship remains relevant as it shows that polite verbal communication (greetings, prayers, expressions of gratitude) tends to go hand-in-hand with clinical communication (asking about complaints/symptoms). This reflects the integration of Islamic ethics and professional competence.

Previous studies have also shown that the empathy dimension, particularly those reflecting attentiveness, equality, and personal communication has a significant impact on patient satisfaction. The correlation between “not discriminating based on economic status” and “prioritizing a sense of humanity” supports these findings (Arini et al., 2023). The study at Bebesen Public Health Center found that the empathy dimension in the quality of pharmaceutical services has a significant relationship with outpatient satisfaction. This indicates that the attention and care shown by pharmaceutical staff to patients greatly contribute to improving service satisfaction (Iriyanti & Yusran, 2021). A meta-analysis examined the influence of healthcare workers’ empathetic attitudes on patient satisfaction. The results showed that healthcare providers who demonstrated empathy significantly increased patient satisfaction, with an odds ratio of 2.10 (Rahayuningsih & Cahyaningrum, 2023). A previous study at Kimia Farma Pharmacy in Rantauprapat analyzed the influence of service quality dimensions on customer satisfaction. The results showed that empathy had a positive and significant effect on customer satisfaction, with a t-value of 9.289 and a significance level of 0.000 (Broto, 2020).

The perspectives of pharmacist and technician provided insight into the implementation of the empathy dimension in Sharia-based pharmaceutical services is supported by the following interview quote:

“As for offering greetings and saying thank you, from our side, InshaAllah it is sufficient we have indeed implemented it. As for apologizing, we also do that, whether it’s due to giving the wrong change or the wrong quantity of medicine, and we don’t feel the need to make excuses. We always ask for forgiveness and the patient’s understanding”

(Technicians at the Educational Pharmacy)

“I believe, InshaAllah, it has already been implemented because the customers of Unimma Medika Pharmacy are very diverse, and I think the staff serve patients without discriminating based on their status”

(Pharmacist at the Educational Pharmacy).

4.5. Theme: Physical Environment and Facilities in Sharia Pharmacy Services.

Subtheme: Worship Space and Cleanliness as Key Aspects of Sharia-Compliant Physical Standards

The highest correlation (0.672) indicates that the presence of worship facilities, particularly a prayer room (*musholla*) for patients, is considered important and frequently appears alongside discussions related to the physical aspects of service. The item “*There is no prayer area for patients*” shows a relatively strong correlation with “*The pharmacy is clean and has an attractive appearance*” (0.637). This suggests that patients or visitors

associate a complete and clean physical environment, including the availability of a prayer area, as part of a professional and spiritually friendly service. Informants stated that “*there is no prayer area for patients*”, but also mentioned the presence of two large mosques near the pharmacy. The pharmacy provides a prayer room specifically for staff, but not yet for public use. This indicates that there is already an awareness of spiritual needs, but the implementation in terms of physical facilities is not yet comprehensive. A strategically located pharmacy is typically associated with patient accessibility and comfort, including the perception of professionalism. The neat appearance of pharmaceutical staff, in accordance with sharia values (covering the *aurat*), reflects ethics and an Islamic image. This correlation suggests that some patients or visitors may associate easy access with expectations of staff appearance that is both professional and Islamic. However, since the correlation value is still low, it may also indicate that these two aspects do not often appear together in patients' perceptions, or that staff appearance is not yet directly seen as a reflection of the overall quality of physical service.

“As for a prayer area for patients, we have not provided one yet, because we are located between two large mosques that are more suitable for performing prayers. The available prayer space for staff is combined with the compounding room, as there is some available space there”.

(Technicians at the Educational Pharmacy)

“For patient restrooms, we direct them to the public toilet, which is also very spacious and clean”

(Pharmacist at the Educational Pharmacy).

Previous studies have shown that the presence of worship facilities, such as a prayer room (*musholla*) for patients, is considered important and frequently appears in discussions about the physical aspects of service. This aligns with research emphasizing that sharia-based services that address the spiritual needs of patients can enhance their satisfaction and loyalty (Broto, 2020). The pharmacy has provided a dedicated prayer room for staff, demonstrating an awareness of the spiritual needs of employees. However, it is necessary to consider providing similar facilities for patients in order to enhance the overall quality of service. Other studies have shown that the implementation of sharia principles in service, including the provision of worship facilities, contributes to increased patient satisfaction (Alfarizi & Arifian, 2023).

In general, the pharmacy's application of Sharia-based pharmaceutical service standards shows excellent performance in the empathy, dependability, and responsiveness dimensions, where values like empathy, dependability, and organized communication are comparatively well-practiced. Staff members handled complaints with a clear division of responsibilities, constant ethical behavior, and attention to patient needs, all of which are in line with Sharia principles like *rahmah*, *amanah*, and *tanzhim*. But there were clear flaws in the tangibles and assurance dimensions. Patient confidence and the perception of the quality of care could be weakened by staff members' lack of awareness of specialized preparations and their propensity to put speed ahead of friendliness during busy times. Most significantly, there is a clear discrepancy between spiritual expectations and the actual infrastructure of services, as evidenced by the lack of a designated prayer area for patients and the inadequate SOPs pertaining to Islamic service etiquette. Strong interpersonal service fosters trust and satisfaction, but these institutional and physical support gaps may compromise the service experience's overall professionalism and comprehensive Sharia compliance. The interplay between these dimensions implies that without corresponding procedural and physical reinforcement, even robust ethical and communication practices may not be sufficient.

Theoretical Contribution: Including Islamic Moral Principles in SERVQUAL

This study shows how the SERVQUAL model can be improved by directly incorporating Islamic ethical values into each of its five fundamental dimensions: assurance, responsiveness, empathy, tangibles, and reliability. This would help to match the evaluation of service quality with the moral and spiritual demands of Muslim patients. A modified SERVQUAL model (Sharia-SERVQUAL) could be suggested to explicitly incorporate fundamental Islamic principles into its measurement framework rather than just interpreting SERVQUAL through an Islamic lens. In order to ensure that Islamic values are not viewed as ancillary interpretations but rather as essential elements of the conceptualization, measurement, and enhancement of service quality, a Sharia-SERVQUAL model would enable culturally congruent service assessment and development. For Islamic healthcare professionals, scholars, and

legislators seeking to operationalize maqāṣid al-sharī'ah (the goals of Islamic law) in patient care and service design, this adaptation would be especially helpful.

The limitation of this study lies in the use of NVivo and Pearson correlation analysis between items within the SERVQUAL dimensions, which provides an overview of strong thematic relationships but does not indicate causality. Therefore, the correlation results need to be further confirmed through a quantitative or mixed-methods approach. Since this study examines the integration of sharia values, there is a need to strengthen the evaluation instruments for service standards that are truly sharia-based in a systematic and structured manner, which, to date, are still not widely available or nationally standardize.

5. Conclusion

By employing the SERVQUAL framework to critically assess the application of Sharia-based pharmaceutical service standards, this study achieved its goal. Strong alignment with Islamic values such as trust (amanah), responsibility (mas'uliyah), honesty (siddq), and compassion (rahmah) was observed in the relatively well-executed dimensions of reliability ($r = 0.98$), responsiveness ($r = 1.00$), assurance ($r = 0.96$), and empathy ($r = 0.52$). Nonetheless, there were clear limitations in the tangibles dimension ($r = 0.67$), especially because patients lacked access to prayer facilities and there was insufficient structural support for spiritual care. These results suggest that the creation of SOPs that specifically incorporate Islamic ethics, staff training, and the improvement of infrastructure that facilitates worship should be given top priority by policymakers and pharmacy managers. Future research should employ a combination of methodologies to confirm these results and investigate the creation of a modified SERVQUAL framework, such as Sharia-SERVQUAL, that includes ethical-spiritual indicators. While moral conduct and interpersonal consideration are evident in practice, the lack of procedural and structural support may impede comprehensive Sharia compliance, highlighting the necessity of aligning infrastructure, service systems, and values.

Conflict of Interest

We declare no conflicts of interest.

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