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A Patient-Centered Hospital in Malaysia in Accordance with Maqasid Syariah Principles: A Comprehensive Review and Prospective Research Directions

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ABSTRACT

This paper presents a comprehensive review and proposes prospective research directions for the establishment of a patient-centered hospital in Malaysia that aligns with the principles of maqasid syariah. The integration of maqasid syariah, which encompasses the higher objectives and goals of Islamic law, with patient-centered care aims to create a healthcare environment that prioritizes the well-being and needs of patients while adhering to Islamic ethical principles. The review encompasses an analysis of the key principles of maqasid syariah, including the preservation of life, human dignity, justice, and holistic well-being. These research directions encompass various aspects, including healthcare facility design, communication strategies, equitable access to care, ethical considerations, and the integration of spirituality in healthcare. The outcomes of this research are expected to contribute to the advancement of healthcare practices in Malaysia by integrating Islamic values and patient-centered care principles in developing a framework that can be done in future. The proposed patient-centered hospital will not only provide high-quality care but also ensure the preservation of life, uphold human dignity, promote justice, and address the holistic well-being of patients.

Keywords: *Healthcare, Hospital design, Integrations, Maqasid syariah, Patient-centered.*

A hospital is a place where patients can receive medical care and has specialized medical professionals, support workers, and medical supplies (WHO n.d.). The phrases "hospital," "hotel," and "hospice" all derive from the Latin term "hospitium," which connotes a lodge, a refuge, or a guest-chamber for visitors (Cilliers & Retief 2002). In Mesopotamia, Egypt, and India, there were

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"healing centres" in ancient temples where sick individuals were brought to be healed by priests using rituals and magico-religious activities (Griffin 2012). The public hospital, on the other hand, was initially built during the early Christian era as a location where pilgrims, strangers, the sick, and the underprivileged might be welcomed and cared for (Riva & Cesana 2013). As a result, the early Christians valued showing hospitality. As a result of several social and cultural changes, western hospitals have transformed from benevolent guesthouses to centres of scientific competence. Changes in the economy, geography, religion, and ethnicity, as well as consumer socioeconomic level, the development of science and technology, and the perceived requirements of communities, have all contributed to this (Guenter 1999). Hospitals offer public health initiatives aimed at enhancing community health and play a vital role in local public health systems. Typical public health activities include keeping an eye on the health of the community, looking into local health risks and problems, developing policies to support both individual and community health, educating and informing people about prevention, and completing a wide range of other tasks (Institute of Medicine of The National Academics 2003).

The sociological, economic, professional, and aesthetic priorities that are prevalent at a given time are reflected in hospital designs. As a result, hospital structures actualize presumptions about disease, treatment, recovery, patient identity, and the duties of medical professionals (Bromley 2012). Patient healing was significantly impacted by hospital design as well. The literature review noted that users' fundamental understanding needs to be tied to physical and psychosocial, which are connected with hospital design and planning, by An & Lee (2010) and Asfour (2019). According to evidence, a patient's psychological condition may influence how quickly they heal. For instance, Ford et al. (2023) demonstrate that higher psychological stress levels among hospital inpatients are linked to worse patient outcomes. The practise of hospital planning and design in Malaysia has roots in the British colonial era of the nation. Public hospitals were constructed at that time with colonial rulers and immigrants in mind (Lim 2016). The design of hospitals in Malaysia can be classified into two groups: those created before and those created after independence. As may be seen in other colonial-era structures, the design was created for the colonial masters before independence. Although there wasn't a single physical design that applied to all designs, there were similarities in terms of how space was used, climatic considerations, building materials, labelling vocabulary, operational regulations, and micro-planning principles (Lim 2016). Malaysians started planning and designing hospitals after the nation gained independence in 1957. Hospitals around the nation have created standard or conventional designs that are on par with establishing a nation. Some of these initiatives include the construction of brand-new, state-of-the-art, high-tech hospitals, teaching hospitals, and intelligent hospitals, as well as the demolition of dated facilities and refurbishment of current general and district hospitals. Because their designs are the result of extensive consideration by several situated actors considering a variety of agendas, hospitals can be especially rich in meaning (Curtis et al. 2009). The crucial elements that must be taken into consideration are the spatial planning and design, which call for various measurements and will play a crucial everyday role, mostly in the transportation of supplies and equipment for overall design (Jiang & Verderber 2016). According to earlier research (Ulrich et al. 2004; Naccarella et al. 2018), hospitals that have complex construction plans and ineffective spatial wayfinding both internally and outside would be able to indirectly address this issue. In Malaysia, the hospital was advised to be designed based on these considerations, such as (i) efficiency and cost-effectiveness, (ii) accessibility, (iii) flexibility and expandability, (iv) security and safety (v) cleanliness and sanitation (vi) therapeutic environment (vii) aesthetic and (viii) sustainability (MOH 2019: 13).

Current Problems With Malaysia's Hospital Design

Despite the MOH's advice to take design consideration into account, various issues have emerged that warrant significant attention. For instance, the issue of public hospital capacity has once again come to attention in Malaysia as a result of headlines in the local media about hospitals that are overflowing with patients and have excessive wait times at the emergency rooms. According

to TheStar (Pfordten 2023), patients in several emergency rooms across the nation were forced to wait at least two days before receiving a hospital bed due to overcrowding. According to the report, wait times in Sabah government hospitals could exceed four to five days and reach up to two days. These numerous media reports were eventually corroborated by research showing that, on average, patients wait more than two hours at the public hospital in Malaysia from registration to receiving the prescription slip while their average contact time with medical staff is only 15 minutes (Pillay et al. 2011). Inadequate facilities are one of the major elements, according to staff polls on the issues causing the long wait times.

Apart from that, it is clear that the organisational principles that define modern healthcare systems around the world, including Malaysia, are the division and isolation of medical specialisations. They are set up into institutions and departments that offer the best care in their respective fields of expertise, but they are not well-connected or coordinated with the rest of the healthcare ecosystem (Amato et al. 2022). Hospitals of today are organised as separate departments, with little cross-collaboration and communication across medical sub-specialties. Moving patients around frequently has a negative impact on patient experience, overall efficiency, and capacity. A serious flaw in current hospital systems is that patients usually have to repeat their medical history and symptoms to the medical professionals from several disciplines and subspecialties. It is also common practise to request and schedule various diagnostic tests throughout departments using only a brief standard requisition, with no regard for the sharing of any further patient-specific information. This information, which is essential for the appropriate programming and interpretation of diagnostic procedures, is usually unavailable to the doctor performing the tests.

In addition, the spread of COVID-19 has caused a substantial disruption in the delivery of health services, particularly in countries with little resources (Menendez et al. 2020). This is one of the key instances that demonstrate the inadequacy of the existing hospital design. Due to this situation, the Covid-19 sickness has spread throughout the entire hospital system and is now overwhelming it (Khetrapal & Bhatia, 2020; Koh 2020). The COVID-19 pandemic has made the weaknesses in the healthcare system more apparent (Sagan et al. 2021). The COVID-19 pandemic's impacts are not only directly responsible for the disruption; indirectly, it also put pressure on the health systems and stretched others past their limits. Both preventative and therapeutic services for communicable and noncommunicable diseases have been affected by the COVID-19 pandemic (WHO, 2020; WHO, 2020). Because of the fear and worry they felt during the pandemic waves, patients were also unable to attend follow-up appointments and acute care visits (Papautsky & Hamlis 2020; Panagiotidis 2020; Park et al. 2020). As a result, many critical services have been postponed by healthcare institutions (Park 2020; Panagiotidis 2020). When it came to patients with acute and chronic illnesses who were in immediate need of emergency care, the situation got more challenging (Khetrapal & Bhatia 2020). Hospital staff members are among the categories most negatively impacted by the pandemic because of the increased risk of infection and mortality associated with their prolonged exposure to the illness (Toner & Waldhorn 2006; Shaukat et al. 2020; Koh 2020). As the pandemic approaches, there is growing fear that some of the outdated medical facilities, with an emphasis on existing structural hospital architecture, would need to cease their planning and design due to a shortage of available space and a large number of patients. owing to the Covid-19 pandemic crisis, when hospital staff members experienced physical and emotional tiredness owing to the ongoing Covid-19 workload and non-Covid-19 backlog processes, this issue has recently assumed critical importance. This might be explained by the fact that the global reactions to Covid-19 have shown underlying inadequacies in the hospital system's planning and responses (Khetrapal & Bhatia 2020; Koh 2020). To allay patients' anxieties and aid in their recovery process, Capolongo (2016) recommended that the hospital design incorporate a special requirement in the planning and design components that can accommodate the feeling of isolation and confusion.

Patient-Centred Hospital

Therefore, one of the way to solving the issues that arise from the current hospital design framework in Malaysia is through the patient-centred hospital design. The hospital setting, also known as therapeutic environments and healing spaces that incorporate landscape design, offers strong linkages to patients' recuperation and healing processes (Ulrich et al. 2004; Day et al. 2000; Wood et al. 2015; Suess & Mody, 2017; Cifter & Cifter, 2017). Therefore, a key requirement in a healthcare system's foundation is the hospital components connected to architecture that is patient-centered and spatially designed (Cifter & Cifter, 2017). This has been established based on the growing body of research and literature that has been discovered. One recent concern in the design of hospitals and health care facilities is to be patient centred, which entails putting an emphasis on enhancing the patient's experience by providing amenities and paying attention to their needs and comfort (Bromley,2012). Patient-centered care is one of the six categories of quality of care, where it is important to hear patients' perspectives on their needs and try to comprehend them in order to provide high-quality care (Institute of Medicine, 2001). Although the importance of patient-centered care is widely acknowledged, little is known about the concept's fundamentals. The Institute of Medicine defines patient-centered care as care that is respectful of and attentive to individual patient preferences, requirements, and beliefs, notwithstanding the fact that other academics have slightly different perspectives on its constituent parts. The Picker Institute later endorsed Cleary et al. (1993) well-described patient-centered design of the hospital dimensions of patient-centered care. The foundation underlying the eight components of patient-centered care, as outlined by the Picker Institute, is shown in Figure 1.

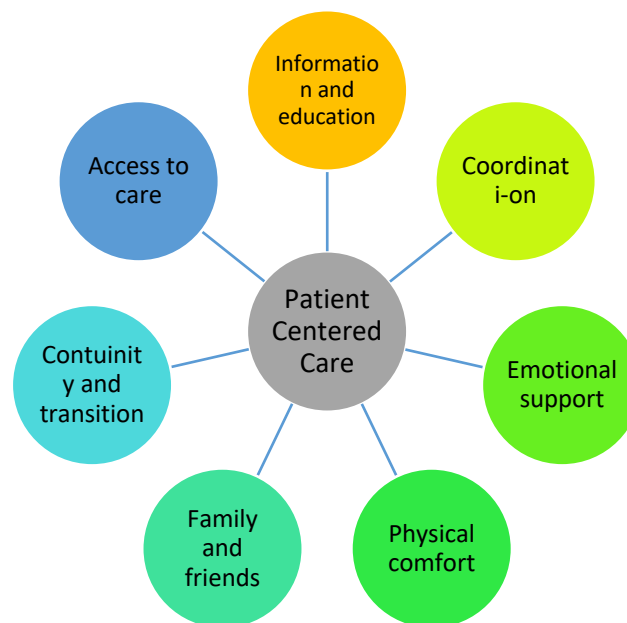


Figure 1: The Picker Institute's framework for the eight patient-centered care dimensions (Kuipers et al. 2021)

The following is a quick summary of each dimension:

1. *Respect for patients' preferences:* Patient-centered care should take into account each patient's unique needs, desires, and preferences. It should be extremely adaptable and give patients the chance to participate in choosing their medical treatment.
2. *Coordination and integration of care:* Two critical elements that influence clinical outcomes and the patient experience are provider care coordination and the timeliness of service. The patient must receive adequate and appropriate care at every checkpoint, which calls for effective and proper communication among staff, patients, and providers.

3. *Information and education:* Patients who seek treatment want to learn about their illnesses, available therapies, and what they can do to improve their health. Because of this, clinicians must make sure that their patients are informed and have access to pertinent health information.
4. *Physical comfort:* The care given to patients to effectively manage their pain, respiratory issues, and any other discomforts is the emphasis of the patient-centered care component known as physical comfort.
5. *Emotional support:* A patient's overall well-being goes beyond only their level of physical comfort. The unpleasant experience of being ill is frequently accompanied by elevated tension, worry, and anxiety. Therefore, in addition to meeting the patients' physical demands, patient-centered care must also address their emotional needs.
6. *Involvement of family and friends:* The patient's main source of support throughout his or her time in the hospital is frequently family and friends. They provide treatment, make decisions, and are involved in the patient's experience. As a result, to be truly patient-centered, treatment must involve the patient's family and friends by assisting them in their responsibilities and keeping them updated on the patient's condition.
7. *Continuity and transition:* The transition between inpatient and post-discharge care is the main focus of this aspect of patient-centered care. The smooth recovery of the patient and improve health outcomes following therapy are in both parties' best interests. This includes educating the patient, giving them the tools they need to get better, organizing any follow-up procedures or visits and giving patients access to the clinical, social, physical, and monetary support they might require later on.
8. *Access to care:* The focus of this aspect of patient-centered care is the changeover from inpatient to post-discharge care. The seamless recovery and improved health outcomes following treatment are in the best interests of the patient as well as the practitioner. This includes educating the patient and giving them the tools they need to get better, arranging any necessary follow-up procedures and appointments and giving patients access to any future clinical, social, physical, and financial support they might require.

Maqasid Syariah Principles

In applying new idea, it must also be in alignment with national administrations and governmental policies in order to be implemented in any planning or development of something. Implementing the maqasid syariah principles in governance to preserve the government's intentions as a Syariah-Based Governance (GTU-s) is one of the strategies the government is adopting (JAKIM 2017). It also included plans for the future in order to strengthen and repair the current government administration flaws in accordance with maqasid syariah's guiding principles. In order to accomplish the government's goal of achieving the yardstick and benchmark of the Malaysia Syariah Index, there is some urgency to integrate the patient-centered design with the maqasid syariah principles. The objectives of Islamic law, known as Maqasid Syariah, are a fundamental concept that evolves in conjunction with the revelations of al-Qur'an and al-Sunnah. Al-Ghazali introduced a categorization system dividing Maqasid into three levels of importance: the Dharuriyyah (Necessity), the Hajiyyah (complementaries), and the Tahsiniyyah (desirables or embellishments) (Sarkawi et al. 2017). When discussing the concept of Maqasid Syariah, Al-Ghazali referred to the five fundamental aspects of human life, encompassing the preservation of five core principles: the protection of faith, life, intellect, lineage, and property, as illustrated in Figure 2.

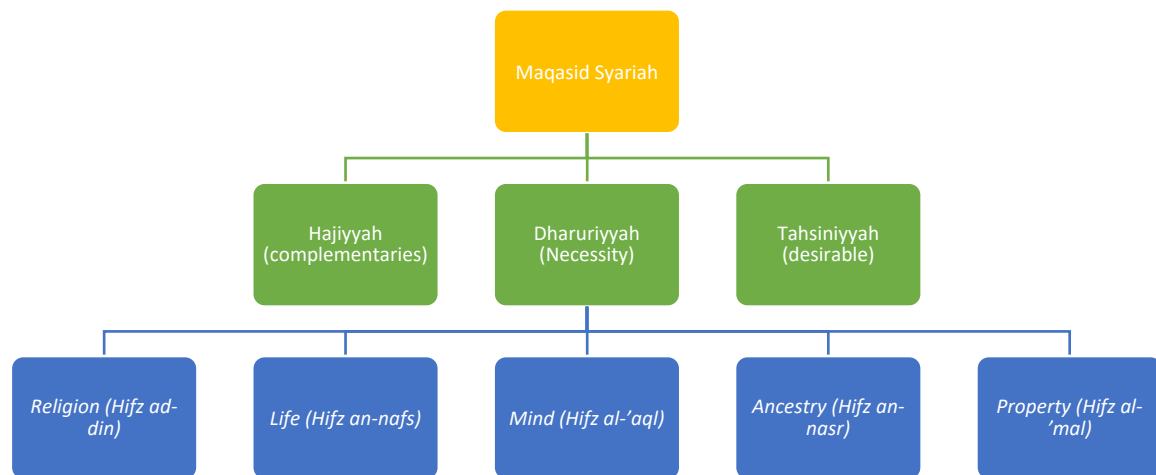


Figure 2: Adapted from Auda, J. (2008)

Maqasid syariah and patient-centered design are combined when the goals and tenets of Islamic law are in line with the idea of creating healthcare environments, services, and systems that put patients' needs, preferences, and wellbeing first. With the help of this integration, a healthcare strategy that not only complies with Islamic values but also improves the patient experience as a whole will be created. The maintenance and advancement of five fundamental elements—religion, life, intellect, lineage, and property—are included in the higher objectives and goals of Islamic law, which are referred to as maqasid syariah (Sarkawi et al. 2017). These goals offer a framework for prioritisation and decision-making in many facets of life, including healthcare. JAKIM (2018) provides a thorough explanation of each of the maqasid syariah principles in light of the Malaysian situation.

1. *Religion (Hifz ad-din)*: In the context of Malaysia, the term "protection of religion" (ad-din) refers to refraining from doing anything that might violate and destroy the fundamentals, including the defence of the nation and the status of Islam as the federation's religion as well as the freedom to practise other religions in accordance with the Federal Constitution. The government has a duty to prioritise religion above all else. The main focus should be on safeguarding Muslim religious beliefs so that devotion to Allah SWT and His Messenger takes precedence, along with allegiance to the ruling authority. A large and growing volume of research also documents the benefits of religious faith on immune functioning and vulnerability to infection, viral infection in particular (Koenig 2020).
2. *Life (Hifz an-nafs)*: The preservation of life involves establishing the conditions for life and protecting against its termination in the universal sense (Padela et al. 2018). Protection of life (hifz an-nafs) includes defending one's dignity, brotherhood and social equality, justice, spiritual and moral advancement, safety, property and respect, freedom, education, good governance, eradicating poverty and meeting the need for employment and providing opportunities for self-employment, equitable wealth and income distribution, marriage and a stable family life, family and social solidarity, lowering the crime rate, and maintaining peace and mental stability. The government is in charge of stopping violence brought on by unfair circumstances. The nation runs the risk of collapsing and losing its peace and security if life is not protected.
3. *Mind (Hifz al-'aql)*: Protection for the mind refers to defence against anything damaging. The mind has to be safeguarded and fostered with good morals and useful information. Alcohol, narcotics, and toxic films are only a few examples of the components that must be eliminated and outlawed right once in order to prevent loss and destruction of the mind and reason. In order to ensure that every citizen receives a quality education, the government must also provide the best infrastructure and educational system possible. The foundation for making development and raising a civilised race is knowledge mastery. In order to meet the challenges of globalisation, factors like integrated knowledge as well

as advancements in science and technology should be prioritised in order to produce human resources that not only have the necessary knowledge and skills but also possess high moral principles that advance the welfare of the country, race, and humanity.

4. *Lineage (Hifz an-nasr)*: This idea pertains to lineage maintenance and safeguarding. It is crucial for the development of a society that is wholesome, successful, and effective. To safeguard a community's social structure, lineage must be safeguarded. The purity of lineage will eventually be corrupted, resulting in the abolition of the dignity of religion, race, and nation. This will happen when lineage is tainted by acts that are against human nature and religion, such as adultery, sodomy, homosexuality, and bisexuality.
5. *Property (Hifz al-mal)*: Property protection entails preventing injustice and the denial of rights, as well as preventing the destruction of society's wealth and the illegal transfer of property to others. The government has a duty to defend against and outlaw any oppression, usury practises, fraud, corruption, monopolies, copyright piracy, infringement of intellectual property rights, market manipulation, and other acts that oppress and injure others. The combination of human resources, education, technological advancements, work ethics, the formulation of the appropriate financial and fiscal policies to accelerate development, access to capital through microfinancing for the underprivileged, as well as the provision of employment and employment opportunities, can all contribute to economic development.

Integration of Patient-Centred Aspects With the Maqasid Syariah Principles

Therefore, by integrating these maqasid syariah principles with the aspects of patient-centered hospital, healthcare facilities can create an environment that respects the spiritual, physical, and emotional needs of patients while upholding the values of Islamic teachings. Such a design fosters an atmosphere of compassion, dignity, and holistic care, promoting the well-being of patients and their families. Designing a patient-centered hospital based on the five maqasid syariah principles, which include the protection of faith, life, knowledge, lineage, and property, can help in creating an environment that upholds and promotes these fundamental aspects of Islamic teachings. By incorporating these principles into hospital design, healthcare facilities can better serve the holistic needs of patients and align with ethical and moral values. For example;

1. *Protection of faith*: The hospital design should prioritize the spiritual well-being of patients by creating spaces that facilitate prayer, reflection, and connection with one's faith. This can include dedicated prayer rooms, serene and contemplative areas, and access to religious resources and support. It is related to verse of Al-Quran in Surah Al-Hujurat (49:13) which emphasizes the equality of all human beings and the notion that righteousness and piety are the qualities that truly elevate individuals in the sight of Allah (Ibn Kathir). In the context of patient-centered hospital design, this verse can serve as a reminder to create an environment that respects and supports patients' diverse faith backgrounds and encourages the expression of their beliefs. To reflect the protection of faith in patient-centered hospital design, several considerations can be taken into account.
 - a. *Spiritual Spaces*: Hospital design should incorporate designated areas for prayer, meditation, and spiritual reflection (Rainey & Tanzer 2020). These spaces should be inclusive and respectful of various religious traditions, providing an environment where patients, their families, and staff can connect with their faith and find solace.
 - b. *Chaplaincy Services*: Patient-centered hospital design should support the provision of chaplaincy services. The provision of spiritual care is also recognized as a key component of high-quality patient-centered care (Ferrel et al. 2018). These services can offer spiritual support, guidance, and counseling to patients and their families, respecting their individual faith perspectives and addressing their spiritual needs during times of illness and recovery.

- c. *Ethical Considerations:* Hospital design should align with ethical principles derived from Islamic teachings. This includes respecting patients' autonomy, ensuring informed consent, and considering the ethical dimensions of medical practices and decision-making, such as end-of-life care and organ transplantation. This is related to a study by Beauchamp and Childress (2001), who found that medical ethics is based on four essential principles: beneficence, nonmaleficence, autonomy, and fairness. According to this theory, consent is a crucial element of medical ethics and continues to be important in settings where the idea of personal autonomy is greatly valued.

By incorporating these principles into patient-centered hospital design, healthcare facilities can create an environment that respects and supports patients' faiths, contributing to their overall well-being. While there may not be a specific Quranic verse directly related to the protection of faith in hospital design, the Quranic teachings emphasize the significance of faith and spirituality in the lives of individuals. Therefore, by fostering an environment that embraces and accommodates patients' diverse faith needs, patient-centered hospitals can provide holistic care that attends to the physical, emotional, and spiritual dimensions of patients' well-being.

2. *Protection of life:* The hospital should prioritize patient safety and medical ethics to ensure the preservation and enhancement of life. This includes implementing state-of-the-art equipment, adhering to rigorous safety protocols, and fostering a culture of patient safety among healthcare staff. Additionally, the design should facilitate efficient and effective healthcare delivery to minimize risks and improve patient outcomes. It is related to verse of Al-Quran in Surah Al-Maidah:

“Because of that, We decreed upon the Children of Israel that whoever kills a soul unless for a soul or for corruption [done] in the land - it is as if he had slain mankind entirely. And whoever saves one - it is as if he had saved mankind entirely. And our messengers had certainly come to them with clear proofs. Then indeed many of them, [even] after that, throughout the land, were transgressors.” (al-Maidah, 5:32)

This verse highlights the sanctity and value of human life in Islam (Ibnu Kathir). In the context of patient-centered hospital design, it underscores the importance of prioritizing and preserving the lives of patients, promoting their well-being, and providing quality healthcare services. To reflect the protection of life in patient-centered hospital design, several considerations can be taken into account:

- a. *Patient Safety:* Hospital design should prioritize patient safety measures to prevent harm and minimize the risk of medical errors (Kalender et al. 2020). This includes implementing proper infection control protocols, ensuring a safe and clean environment, and employing ergonomic design principles to minimize the occurrence of accidents or injuries.
- b. *Accessible Emergency Care:* Patient-centered hospital design should incorporate efficient and easily accessible emergency care services. This involves designing emergency departments that can accommodate critical patients promptly, ensuring clear wayfinding signage and providing well-equipped resuscitation rooms for life-saving interventions (U.S Department of Veterans Affairs 2021).
- c. *Comprehensive Healthcare Services:* Patient-centered hospital design should offer a wide range of healthcare services to address the diverse needs of patients. This includes integrating primary care, specialized medical services, and mental health support to provide holistic care that promotes overall well-being and preserves life (Funk et al. 2008).

By incorporating these principles into patient-centered hospital design, healthcare facilities can demonstrate their commitment to the protection of life. The Quranic verse

mentioned above serves as a reminder of the value of each individual's life and the moral responsibility to save lives whenever possible. Through thoughtful design considerations, hospitals can create an environment that upholds the sanctity of life, promotes patient safety, and provides quality healthcare services to enhance the well-being of patients.

3. *Protection of knowledge:* The hospital design should support a culture of learning and knowledge exchange among healthcare professionals. This can be achieved by providing well-equipped libraries, research facilities, and continuous education opportunities. Furthermore, spaces for patient education and empowerment should be incorporated, promoting health literacy and informed decision-making.

The importance of information, especially an understanding of religion, is highlighted by this, demonstrating why it is the most crucial issue. Anyone who gains knowledge should distribute it among others and act really towards them while doing so, as doing so will bring him blessing and reward that will increase for him (as-Sa'di). In the context of patient-centered hospital design, this verse can serve as a reminder of the importance of incorporating knowledge-based approaches in the planning, design, and delivery of healthcare services. To reflect the protection and promotion of knowledge in patient-centered hospital design, several considerations can be taken into account:

- a. *Education and Training Facilities:* Hospital design should include dedicated spaces for education and training purposes (Bines & Jamieson 2013). This can involve classrooms, simulation labs, and conference rooms to facilitate continuous learning for healthcare professionals, fostering a culture of knowledge exchange and professional development.
- b. *Research and Innovation:* Patient-centered hospital design should support and encourage research activities. This can include providing designated research areas, laboratories, and resources for conducting scientific studies, clinical trials, and innovative research that contributes to advancing medical knowledge and improving patient care. Additionally, action research can help the evolution of health service delivery by facilitating changes in healthcare environments (Hampshire 2000; Tanna 2005).
- c. *Information Accessibility:* Hospital design should prioritize the accessibility and availability of medical information. This can involve implementing systems and technologies that ensure easy retrieval and sharing of patient data, medical records, and research findings to facilitate evidence-based decision-making and enhance the quality of care (Alotaibi & Faderico 2017).
- d. *Collaborative Spaces:* Patient-centered hospital design should create spaces that encourage collaboration among healthcare professionals, researchers, and educators. This can include shared workspaces, interdisciplinary meeting rooms, and collaborative areas that foster teamwork, knowledge exchange, and the integration of different perspectives. The healthcare institutions may benefit from these initiatives in a number of ways, including by helping to uncover concerns and problems that can enhance professional practise and care quality (Waterman et al. 1995).

By incorporating these principles into patient-centered hospital design, healthcare facilities can create an environment that promotes the protection and dissemination of knowledge. While there may not be a specific Quranic verse directly related to the protection of knowledge in the context of hospital design, the Quranic teachings emphasize the value of knowledge and its role in guiding individuals towards understanding. Therefore, by fostering a culture of learning, research, and collaboration, patient-centered hospitals can contribute to the advancement of medical knowledge, improve patient care, and enhance the overall healthcare experience.

4. *Protection of lineage:* The hospital design should respect and accommodate the needs of patients' families, recognizing the importance of their presence and involvement in the healing process. This can be achieved by providing comfortable and welcoming waiting areas, private consultation rooms for family discussions, and accommodation facilities for overnight stays, if necessary. It is related to verse of al-Quran, al-Nisa (4:1): which explains how Allah's saying that He formed them from a single soul and dispersed them across the globe should cause them to be sympathetic and kind to one another despite their shared origin. The exhortation to be attentive of kindred relationships and the prohibition against terminating these links go hand in hand with the order to fear Him. This serves to reaffirm the value of maintaining familial ties. Just as it is necessary to satisfy your obligations to Allah, it is also necessary to fulfil your obligations to others, especially your family members (as-Sa'di). This verse highlights the interconnectedness of humanity and the significance of lineage as a divine creation. In the context of patient-centered hospital design, it underscores the importance of considering and respecting the family unit, genealogy, and the continuity of lineage within the healthcare environment. To reflect the protection of lineage in patient-centered hospital design, several considerations can be taken into account:
 - a. *Family-Inclusive Spaces:* Hospital design should incorporate spaces that accommodate the presence and involvement of family members. Designated family waiting areas, consultation rooms, and comfortable visiting spaces allow for the support and connection of family members, strengthening the bond of lineage during the healthcare journey. The benefits of having family members present on patients' clinical and psychological results are also well-documented in the literature (Happ et al. 2007).
 - b. *Culturally Sensitive Practices:* Hospital design should respect and cater to the diverse cultural practices related to lineage. This includes providing spaces for family rituals, such as newborn bonding, naming ceremonies, or religious rituals, that honor and preserve lineage. Accommodating cultural practices supports the emotional well-being of patients and their families (Padela et al. 2012).
 - c. *Privacy and Confidentiality:* Patient-centered hospital design should prioritize privacy and confidentiality (Pratiwi et al. 2022) to protect the integrity of lineage. Ensuring private rooms, separate spaces for consultations, and secure information management systems contribute to maintaining the dignity and confidentiality of patients and their families.
 - d. *Ethical Considerations:* Hospital design should align with ethical principles that uphold the preservation and protection of lineage. This includes respecting the sanctity of marriage, supporting reproductive health services, and promoting responsible genetic testing practices that do not compromise the integrity of lineage.

By incorporating these principles into patient-centered hospital design, healthcare facilities we can create an environment that upholds the value of lineage, respects the family unit, and supports the emotional well-being of patients and their families. The Quranic verse mentioned above serves as a reminder of the interconnectedness of humanity and the importance of preserving and respecting lineage within the healthcare context.

5. *Protection of property:* The hospital design should ensure the responsible use of resources and finances, considering cost-effectiveness without compromising the quality of care. This can be achieved through sustainable design practices, efficient energy and water management systems, and effective utilization of healthcare equipment and supplies. In the context of patient-centered hospital design, it emphasizes the need to consider the financial aspects of healthcare and ensure the responsible use and management of patients' wealth. To reflect the protection of wealth in patient-centered hospital design, several considerations can be taken into account:

- a. *Transparent Financial Practices:* Hospital design should promote transparency and clarity in financial matters. This includes providing clear and understandable billing statements, explaining costs and charges to patients and their families, and ensuring that financial processes are conducted in an ethical and accountable manner.
- b. *Access to Affordable Care:* Patient-centered hospital design should strive to provide access to affordable healthcare services. In line with WHO (2010), it outlines how an effective health system should be able to give the people it serves equitable access to necessary medications, medical devices, and technologies and make effective use of these resources. This may entail creating cost-effective cost-saving strategies without sacrificing quality and considering patients' financial capacities, as well as providing financial support programmes for those in need.
- c. *Efficient Resource Allocation:* Hospital design should optimize the use of resources to avoid unnecessary financial burdens. This includes implementing efficient processes and systems that minimize waste, ensuring appropriate utilization of medical supplies and equipment, and promoting cost-effective healthcare practices.
- d. *Supportive Financial Counseling:* Patient-centered hospital design should include dedicated financial counseling services to assist patients and their families in understanding their financial obligations, exploring available payment options, and accessing financial assistance programs or insurance benefits (Gesme & Wiseman 2011).

By incorporating these principles into patient-centered hospital design, healthcare facilities can contribute to the protection of patients' wealth. It helps to create an environment where financial matters are handled responsibly, healthcare services are affordable and accessible, and patients are supported in navigating the financial aspects of their healthcare journey. While the mentioned Quranic verse does not directly address the protection of wealth, it reminds us to seek strength and sustenance from Allah, which can be interpreted as seeking guidance in managing wealth responsibly and ethically within the context of patient-centered hospital design.

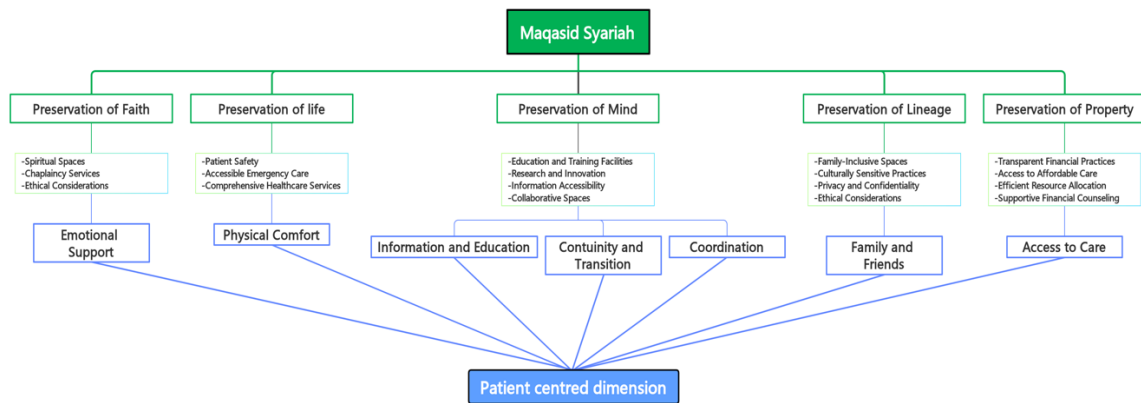


Figure 3: A preliminary patient-centered hospital framework that will be further developed (Source: Author 2023)

Overall, the integration of maqasid syariah with patient-centered design aims to create healthcare systems and environments that uphold Islamic values, respect patient autonomy, promote equity, and improve the overall patient experience. It combines the ethical principles of Islamic law with the principles of patient-centered care to create a more compassionate, inclusive, and effective healthcare approach.

As conclusion, the healthcare sector in Malaysia is rapidly evolving, and there is a growing recognition of the need for patient-centered care that aligns with Islamic values and principles. While patient-centered approaches have gained traction globally, there is a lack of comprehensive frameworks specifically designed to meet the unique needs and

values of the Malaysian context, particularly in relation to maqasid syariah principles. The existing hospital design and healthcare practices in Malaysia often fall short in prioritizing the holistic well-being of patients, which encompasses not only physical health but also their spiritual, emotional, and social needs. The absence of a dedicated framework grounded in maqasid syariah principles limits the development of healthcare facilities that truly reflect and uphold Islamic values.

The current situation highlights the urgent need for a patient-centered hospital framework in Malaysia that is specifically crafted to integrate maqasid syariah principles. Such a framework would address the lack of spiritual support, inadequate respect for patient autonomy, and limited consideration of cultural sensitivities, among other issues. Furthermore, the absence of a comprehensive framework rooted in maqasid syariah principles hinders the effective utilization of hospital resources, including finances, personnel, and medical equipment. Without a clear guidance on aligning healthcare practices with Islamic values, there is a risk of inefficiency and a missed opportunity to optimize patient outcomes.

Therefore, the problem at hand is the absence of a patient-centered hospital framework in Malaysia that encompasses maqasid syariah principles, hindering the provision of holistic care that integrates physical, spiritual, emotional, and social dimensions. Developing a framework specifically tailored to the Malaysian context would fill this gap and enable the creation of healthcare facilities that truly prioritize the well-being and values of patients while upholding Islamic principles.

Addressing this problem requires research, collaboration among healthcare professionals and scholars, and the development of a comprehensive framework that encompasses the diverse aspects of maqasid syariah principles within the context of patient-centered care in Malaysian hospitals.

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