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MODEL OF IMPLEMENTATION OF ISLAMIC COMMUNICATION VALUES IN PUBLIC SERVICES: A PARTICIPATORY STUDY AT HAJI HOSPITAL MEDAN

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ABSTRACT

Effective communication is a fundamental element in public service bureaucracies, especially in the healthcare sector, which is complex, dynamic, and directly impacts human life. However, many public institutions including government hospitals continue to face serious communication problems, such as misinformation, lack of empathy, and rigid bureaucratic interaction styles. This study aims to develop an implementable and contextual model of Islamic communication values within the bureaucratic system of public health services, using a participatory approach at RS Haji Medan, a government hospital with a strong Islamic identity. The research adopts a qualitative applied method with a Participatory Action Research (PAR) framework, involving hospital managers, medical staff, administrative personnel, and patients as active collaborators in diagnosing problems, formulating values, and testing the model. Findings show that while values such as shidq (truthfulness) and amanah (trustworthiness) are relatively applied, others like tabligh (clarity), fathanah (communicative intelligence), and ihsan (excellence with empathy) remain inconsistently practiced and depend largely on individual initiative. A five-component model was developed: (1) core Islamic values, (2) SOP for Islamic communication, (3) ethical communication guidelines, (4) internal training programs, and (5) value-based feedback systems. The pilot implementation in outpatient and emergency units demonstrated improvement in patient-staff communication, increased staff confidence, and enhanced institutional accountability. This study concludes that Islamic communication values can be translated into practical tools and procedures to humanize public service communication, especially in healthcare bureaucracies. The model is recommended for replication in similar institutions across Indonesia seeking to integrate spiritual and ethical dimensions into public service delivery.

Keywords: *Islamic communication, public service, bureaucracy, participatory research, healthcare, RS Haji Medan, ethical communication*

1. INTRODUCTION

Communication plays a fundamental role in public service bureaucracy, particularly in the complex, dynamic, and life-threatening health sector. Robbins and Judge (2013) identified communication as key to organizational effectiveness because it serves as the primary medium for conveying information, making decisions, and establishing working relationships. In public bureaucracies, quality communication not only ensures smooth workflow but also shapes public perceptions of the credibility of state institutions (Lindholm & Eriksson, 2020). Consequently, research on organizational communication and public services has expanded widely, particularly highlighting the importance of effective communication in improving service quality, bureaucratic efficiency, and public satisfaction. Classical theories such as Organizational Communication Theory (Katz & Kahn, 1978) and Public Service Motivation (Perry & Wise, 1990) emphasize that communication is a key instrument in driving responsive and professional public services. In the context of hospitals as public service institutions, communication is not merely transactional but also influences public perceptions of the ethics, transparency, and accountability of healthcare institutions (Edgar et al., 2008).

Various studies show that public service institutions still face serious communication challenges, such as misinformation, inhumane service, lack of empathy, and overly bureaucratic communication styles, which directly impact low public satisfaction with the services provided (Anderson & Hewitt, 2017). These challenges are even more pronounced in the context of government hospitals, which have a rigid, hierarchical organizational structure, high workloads, and minimal communication training emphasizing affective and spiritual aspects (Kariyawan, 2020). However, most available studies are limited to general bureaucratic communication and have not specifically explored communication approaches based on religious values, particularly Islamic ones, which could potentially provide a more in-depth ethical perspective.

Hermawan (2019), in his study of public communication in the healthcare sector, revealed that the communication model used tends to be technocratic and neglects the spiritual dimension, even though the interaction between medical personnel and patients is strongly influenced by elements of morality, trust, and empathy. Literature on Islamic communication has primarily focused on Islamic da'wah (Islamic outreach) and education, rather than on the bureaucracy or public service sectors. Several authors, such as Jalaluddin (2011) and Al-Qasimi (2005), have outlined Islamic communication principles such as shidq (honesty), amanah (responsibility), tabligh (correct communication), fathanah (intelligence), and ihsan (doing one's best), but their application in the context of public health service communication remains minimally explored in empirical studies.

Studies attempting to link Islamic values to organizational practices are often normative and fall short of developing implementable models that can be operationalized within bureaucratic systems. Research by Fauzi & Mulyadi (2021) on Islamic communication ethics in government agencies, for example, only describes ideal moral principles, without offering operational schemes, measurement indicators, or strategies for internalizing values into institutional SOPs. The gap is even more pronounced in the context of government hospitals. There is no existing model for communication based on Islamic values that has been developed in a participatory manner, directly involving bureaucratic actors—such as hospital management, healthcare workers, and patients and their families. Most communication interventions or training in hospitals are still one-way and instructional, lacking sufficient dialogue to absorb spiritual values and local wisdom. Yet, a participatory approach is crucial to ensuring the model's acceptance and sustainable implementation.

Research is needed that not only fills the gap in the literature on Islamic communication in the healthcare sector but also addresses the practical need for an implementable and contextual Islamic communication model. This research also seeks to build a bridge between Islamic ethical principles and bureaucratic communication practices, through a participatory methodology that enables the organic and applicable internalization of values in government hospital services. With this approach, the research's contribution will be significant, both in the academic theoretical realm and at the level of public service policy and management in Indonesia. Haji Hospital Medan, as a government hospital with a strong Islamic identity, presents both opportunities and challenges. Institutionally, the hospital is under government control and follows the national bureaucratic system. However, its Islamic identity should be an ethical and moral force in the delivery of services. Unfortunately, to date, there has been no internal or external communication system that explicitly adopts Islamic values within the hospital's structural and operational framework. In fact, in Islamic teachings, communication is not simply a process of conveying a message, but also a form of spiritual responsibility imbued with ethical values. Islamic communication values, as explained by Al-Qasimi (2005) and Jalaluddin (2011), include the principles of shidq (honesty), amanah (trustworthiness), tabligh (transparency), fathanah (intelligence), and ihsan (doing one's best). These five values, when integrated into a public service bureaucracy, can create communication that is not only technically effective but also morally and spiritually meaningful. Research by Ali & Mahmood (2016) shows that organizations that implement Islamic communication principles experience increased public trust and patient loyalty, particularly in the context of social service-based institutions.

The study of developing an Islamic communication model in public services, particularly in government hospitals like Medan Haji Hospital, is highly relevant and urgent. First, because the need for an ethical and spiritual communication

system is increasing amidst declining public trust in conventional bureaucratic services. Second, because Medan Haji Hospital has a strong Islamic identity, but it has not yet been structured in its communication policies. Third, because previous studies have been limited to theoretical levels, and not many have formulated an implementable model that can be directly applied in government healthcare units.

This research aims to develop a model for implementing Islamic communication values in public services, using a participatory approach at Haji Hospital, Medan. This model is expected to provide both theoretical and practical contributions to grounding Islamic communication in the healthcare bureaucracy, as well as serve as a reference for replication for other government hospitals in Indonesia seeking to strengthen values-based service ethics. Most available studies still focus on bureaucratic communication in general and have not specifically explored communication approaches based on religious values—particularly Islamic ones—which could provide a more in-depth ethical perspective. A study by Hermawan (2019) on public communication in the healthcare sector found that the communication model used tends to be technocratic and does not address the spiritual dimension, even though the interaction between medical personnel and patients is strongly influenced by morality, trust, and empathy.

Meanwhile, the literature on Islamic communication has primarily focused on Islamic da'wah (Islamic outreach) and education, rather than on the bureaucracy or public service sectors. Several authors, such as Jalaluddin (2011) and Al-Qasimi (2005), have outlined Islamic communication principles such as shidq (honesty), amanah (responsibility), tabligh (correct communication), fathanah (intelligence), and ihsan (doing one's best). However, their application in the context of public health service communication remains minimally explored in empirical studies.

Research is needed that not only fills the gap in the literature on Islamic communication in the health sector but also addresses the practical need for an implementable and contextual Islamic communication model. This research also seeks to build a bridge between Islamic ethical principles and bureaucratic communication practices through a participatory methodology that allows for the organic and applicable internalization of values in government hospital services. Given the gap between the ideal values of Islamic communication and communication practices in public service bureaucracies, particularly in government hospitals, an approach that is not only normative but also operational and contextual is needed. Medan Haji Hospital, as an As a government-owned healthcare institution with an Islamic identity, it is a strategic location to develop and test an Islamic communication model rooted in the values of honesty (shidq), responsibility (amanah), transparency (tabligh), communicative intelligence (fathanah), and compassion (ihsan). This model is expected to provide a solution to communication problems that are still bureaucratic, technocratic, and lacking a spiritual dimension.

2. RESEARCH METHOD

This research is an applied qualitative study using a Participatory Action Research (PAR) approach. This approach was chosen because it aligns with the research objective, which is to develop an implementable model for Islamic communication values in the context of public services in a government hospital. PAR allows for collaborative interaction between researchers and stakeholders at the research site, namely hospital management, medical personnel, administrative staff, and patients and their families.

This research was conducted at Haji Hospital, Medan, a government-owned healthcare institution with the unique characteristic of being a hospital with an Islamic identity. This location was chosen purposively because it is directly relevant to the research focus, which is to develop an Islamic communication model in public services. In addition to serving as a provincial-level referral healthcare facility, Haji Hospital, Medan, is also known as a healthcare service center for prospective Hajj and Umrah pilgrims, thus ensuring that religious values are an integral part of the service system and social interactions within it. Given this institutional context, Haji Hospital, Medan, is a strategic location to examine the integration of Islamic values into the communication practices of the health bureaucracy.

The research subjects included various internal and external elements of the hospital directly involved in the communication and public service processes. They were selected using a purposive sampling approach based on their role and relevance to the communication system being studied and developed. The research subjects included the Hospital Management Team, Medical Personnel (Doctors and Nurses), Administrative Staff, Patients, and Their Families.

To obtain rich, in-depth, and relevant data for the research objectives, several complementary qualitative data collection techniques were used. These techniques were designed within the framework of a Participatory Action Research (PAR) approach to capture the dynamics of communication at Medan Haji Hospital in a participatory, reflective, and contextual manner.

3. RESULT AND ANALYSIS

Communication is a key foundation in bureaucratic organizations, serving as a means for conveying information, making decisions, coordinating tasks, and building relationships between organizational actors. Robbins and Judge (2013) define organizational communication as the process of conveying meaning from one party to another through symbols, both verbal and nonverbal, with the aim of influencing actions and establishing shared understanding within a social system. In public bureaucratic organizations, communication is crucial because it affects the effectiveness of services provided to the public, the primary beneficiaries.

In public service management, communication has a more complex function because it not only involves internal interactions between organizational elements but also plays a direct role in shaping public perceptions and satisfaction with the quality of government services. Frederickson et al. (2016) emphasize that open, empathetic, and responsive public communication are key characteristics of a democratic and accountable public service. When communication is effective, coordination between units improves, public complaints can be addressed quickly, and services become more transparent and reliable. Conversely, communication failures can lead to dissatisfaction, resistance to policies, and weaken the legitimacy of public institutions.

In practice, public service bureaucracy in Indonesia, including in the health sector, still faces various serious communication challenges. Some common problems include miscommunication between medical personnel and patients, an overly formal and bureaucratic communication style, a lack of empathy in conveying information, and poor interpersonal communication skills among service staff (Handayani & Mustofa, 2021). Hierarchical organizational structures also often impede the flow of information from the bottom to the top, resulting in ineffective public feedback and complaints.

Research by Anderson and Hewitt (2017) shows that poor communication quality in government hospitals significantly contributes to increased patient complaints and decreased trust in services. In another study, Edgar et al. (2008) found that communication in the hospital context not only impacts the technical dimensions of service (such as the accuracy of medical information) but also significantly impacts patients' psychological well-being, particularly during the healing process and acceptance of medical procedures. These two studies reinforce the importance of empathetic, open, and humane communication in the public healthcare system.

Communication in public service bureaucracies, particularly in the health sector, must be understood not merely as an administrative process but as a strategic instrument that determines the success of the relationship between institutions and the public. However, a key challenge that remains largely unaddressed in the literature is how to build a communication system that is not only technically effective but also rooted in ethical and spiritual values that can strengthen trust and closeness between service personnel and the public. This provides a crucial basis for the need to develop an Islamic values-based communication model in hospital bureaucracies, one that can bridge the need for organizational efficiency with the humanitarian and religious values held by the community.

Communication, from an Islamic perspective, is not merely a technical process for conveying information, but rather a multidimensional activity encompassing spiritual, moral, and social aspects. Al-Qasimi (2005) explains that Islamic communication (al-ittishāl al-Islāmi) is rooted in the principle of monotheism and

is directed toward building public welfare, strengthening brotherhood, and upholding justice and truth. Within this framework, communication cannot be separated from moral and faith values, so every form of communication must consider its intention, method, and impact on individuals and society. Jalaluddin (2011) emphasized that communication in Islam is part of social worship aimed at conveying goodness, rejecting evil, and fostering mutual respect and compassion among people.

The core values of Islamic communication are often formulated in five basic principles: shidq (honesty), amanah (responsibility), tabligh (correct and clear delivery), fathanah (intelligence in communication), and ihsan (doing the best possible with sincere intentions). The principle of shidq teaches that truth must be at the core of the message conveyed, as lying in communication undermines trust and harms personal and organizational integrity. Amanah implies the responsibility to safeguard information, convey it accurately, and not misuse communication for harmful purposes. Tabligh refers to the importance of clarity and openness of information, which prevents manipulation or distortion of meaning. Fathanah demands intelligence from communicators in choosing the appropriate method and timing to convey a message, in accordance with the psychological and social conditions of the recipient. Finally, ihsan serves as a spiritual foundation that encourages communicators to act optimally with the intention of seeking Allah, while maintaining good manners and ethics in interactions.

Classical Islamic thought also positions communication as an activity fraught with moral responsibility. Al-Ghazali, in his Ihya Ulumuddin (The Great Conscience), emphasized that maintaining good manners and ethical speech is a reflection of one's piety. In fact, dishonest and hurtful communication can damage social relationships and become a source of slander in society. Ibn Khaldun, in the Muqaddimah (The Great Conscience of Islam), also stated that the strength of a civilization depends heavily on the regularity of communication between its citizens, which must be built on a foundation of trust, order, and mutually agreed-upon noble values.

Compared with communication theory in secular organizations, the Islamic approach has a deeper spiritual dimension. Modern organizational communication often focuses on efficiency, persuasion, or message effectiveness (Shannon & Weaver, 1949; Mintzberg, 1979), without always considering moral and religious dimensions. Meanwhile, Islamic communication assesses not only the final result but also the process and intention. Ethics is a core element of Islamic communication, where communication success is measured not only by achieving pragmatic goals, but also by the extent to which it reflects divine and human values.

Several studies have shown that implementing Islamic communication principles in public and educational institutions can increase public trust, strengthen loyalty, and create a spiritually and emotionally healthier work

environment (Ali & Mahmood, 2016; Harun et al., 2019). However, most of these studies are normative in nature and have not systematically addressed the healthcare sector. Therefore, developing an implementation model for Islamic communication within the hospital bureaucracy is crucial, not only as a means of reforming communication management but also as a manifestation of the integration of religious values into more ethical and civilized public service governance.

Several researchers have attempted to integrate Islamic values into the communication practices of public institutions, primarily to ground Islamic ethics in service systems often perceived as overly technocratic and far from humanitarian values. A study by Ali and Mahmood (2016) in government institutions in Pakistan demonstrated that communication based on Islamic values such as honesty (shidq), openness (tabligh), and responsibility (amanah) can build trust between state officials and the public. The study found that civil servants who apply Islamic communication principles tend to have higher levels of job loyalty and receive positive public recognition.

Similarly, Harun et al. (2019) in their study of public service institutions in Malaysia concluded that internalizing Islamic values in organizational communication can strengthen employee morale, improve the work climate, and enhance the institution's image. However, both studies are primarily descriptive and normative, emphasizing the importance of Islamic values in communication, but do not provide a systematic operational framework or implementation model that can be applied specifically to the context of public service bureaucracy. Studies focusing on the integration of spiritual values, including religious ones, into hospital communication are still relatively limited. However, hospitals, as healthcare institutions, present highly complex interactions between service providers and recipients, involving significant emotional, existential, and spiritual dimensions. Research by Puchalski et al. (2009) revealed that spirituality-based communication in a medical context has been shown to increase patient satisfaction, strengthen patient-healthcare provider relationships, and even accelerate recovery in some cases. This study confirms that spiritual aspects, including patients' religious beliefs and humanitarian values in communication, are crucial to consider in hospital services.

Most studies addressing spirituality in hospital communication have been developed primarily in Western contexts and have not specifically addressed Islamic approaches. In Indonesia, where the majority of the population is Muslim, and especially in government hospitals that promote an Islamic identity like Medan's Haji Hospital, ignoring the potential of Islamic values in service communication practices represents a missed strategic opportunity. Furthermore, there has been no participatory approach that directly involves hospital bureaucratic actors such as management, healthcare workers, and patients to

collaboratively develop an Islamic communication model that aligns with the real-world context and needs.

Therefore, research is needed that not only emphasizes the theoretical importance of Islamic values in public service but also develops a practical implementation model that can be applied in real-world hospital communication systems. This model is expected to address the practical need for ethical, humane, and spiritual communication governance, while strengthening the role of healthcare institutions as public service agents aligned with the community's religious values.

Participatory approaches in research and organizational policy model development have developed in response to the limitations of top-down approaches that have tended to be normative and lacking contextual relevance. One of the most prominent methodological frameworks is Participatory Action Research (PAR), which emphasizes the active involvement of stakeholders in the process of assessing, formulating problems, and collaboratively seeking solutions. Reason and Bradbury (2008) define PAR as a research approach that not only aims to generate scientific knowledge but also seeks to create social change through dialogue, shared reflection, and collective action.

In the context of public organizations, a participatory approach is particularly relevant because bureaucracies often face challenges in policy implementation due to the lack of involvement of field actors in strategy formulation. By involving management, implementing staff, and service users (such as hospital patients), formulated policies will be more responsive, realistic, and widely accepted. This aligns with Argyris and Schön's (1996) thinking on organizational learning, which states that sustainable institutional change can only be achieved if organizational members participate in the learning and decision-making process.

In the context of organizational communication, the direct involvement of communication actors is crucial because they are the ones who daily face the dynamics of interpersonal relationships, work pressures, and public expectations. Fals-Borda (1987), a pioneer of participatory methods in Latin America, emphasized that participation is not only about listening to the voices of local actors, but also creating space for them to participate in determining the direction and form of interventions. In institutional communication reform, this means that the design of communication models is not simply based on theoretical assumptions but must also explore the concrete knowledge and experiences of bureaucratic actors.

Previous studies using a participatory approach in developing organizational communication systems have shown positive results. For example, research by Cornwall and Jewkes (1995) in the public health sector showed that communication programs designed in collaboration with communities resulted in higher adoption and success rates compared to programs designed by external parties without direct user involvement. In the hospital context, involving

healthcare workers and patients in developing communication guidelines can produce models that are more sensitive to the real needs, local culture, and values held by the community.

Based on participant observation and in-depth interviews with medical personnel, administrative staff, patients, and their families, various structural and cultural communication issues were identified. Structurally, hierarchical and bureaucratic vertical communication patterns create inefficient information flow, particularly from management to technical service units. Many staff felt internal information was conveyed unilaterally without any opportunity for participation. Regarding patient care, the most common complaints were lack of empathetic communication, the use of medical terminology patients didn't understand, and delays in providing important information (such as doctor schedules, referral routes, or test results).

Culturally, several staff acknowledged that workload pressures often made them less able to maintain high-quality interpersonal interactions, resulting in transactional communication that lacked emotional support for patients. This aligns with the findings of Edgar et al. (2008), which highlighted the impact of work pressure on communication quality in hospitals. Other issues included a lack of communication training, the absence of systematic communication ethics guidelines, and the absence of an active two-way feedback system.

Interview and FGD results indicate that Islamic communication values such as shidq (honesty), amanah (trustworthiness), tabligh (openness and communication), fathanah (communicative and intelligent), and ihsan (optimal action) are generally recognized by most staff at Medan Haji Hospital. However, their implementation is not yet systematic and tends to be personal. The values of shidq and amanah are more frequently expressed in the form of transparency in conveying medical information or when staff honestly communicate service limitations. However, the values of tabligh and fathanah are not yet optimal, particularly in terms of simplifying medical language and being sensitive to patients' psychological conditions.

The value of ihsan, which reflects caring and sincerity in communication, is only practiced by a small number of staff with individual awareness and has not yet been internalized as a work culture. These findings support Jalaluddin's (2011) argument that Islamic communication values can only function effectively if they are internalized collectively through training, familiarization, and policy support. In tabular form, the following can be summarized:

Through focus group discussions (FGDs) and a series of joint reflections involving the management team, medical personnel, administrative staff, and patient representatives, a practical and contextual Islamic communication implementation model was successfully formulated. This model is not only conceptual but also designed to be operationalized through supporting documents such as SOPs, training modules, and evaluation forms. This development process

was conducted in a participatory manner, in accordance with the principles of Participatory Action Research (PAR), to ensure the model's acceptability and relevance to real-world conditions. In tabular form, the following can be summarized:

The developed model was then tested on a limited basis in two service units: the Outpatient Department and the Emergency Department (ER). Post-implementation observations and interviews showed an improvement in communication quality. Patients felt more valued, understood the information more easily, and experienced a friendlier and more empathetic communication atmosphere. For staff, training and communication guidelines helped them gain confidence and consistency in conveying information.

Institutionally, the existence of SOPs and Islamic communication indicators also provided clarity on standards and increased staff's sense of professional responsibility. The evaluation was conducted through participatory reflection and member checking with field practitioners, which yielded several inputs for model refinement, such as the need for further training, the integration of ethics indicators into performance assessments, and the need for values-based incentives.

This applicability test demonstrated that Islamic communication is not only normatively ideal but also operationally applicable, improving the quality of relationships between hospital staff and patients. This aligns with the findings of Puchalski et al. (2009), who stated that spirituality in medical communication significantly impacts positive patient perceptions and satisfaction.

4. CONCLUSION

This study aims to develop a model for implementing Islamic communication values in public services, particularly at Medan Hajj Hospital, using a participatory approach. Based on the research results and data analysis, several key conclusions were obtained as follows: Communication problems in public service practices at Medan Hajj Hospital were found to originate from structural and cultural factors, such as bureaucratic and one-way vertical communication, minimal participation space, lack of empathetic communication, and the absence of structured communication ethics guidelines. This has an impact on the low quality of staff interactions with patients, as well as limited effectiveness of internal coordination. Islamic communication values, namely shidq (honesty), amanah (trustworthiness), tabligh (openness), fathanah (communicative and intelligent), and ihsan (doing optimally), are generally recognized by staff, but their implementation is still sporadic and depends on individual awareness.

The values of shidq and amanah are relatively more visible in practice, while tabligh, fathanah, and ihsan still require strengthening through institutional systems. This research successfully developed an applicable and contextual

Islamic communication implementation model, consisting of five main components: (1) core values; (2) Islamic communication SOPs; (3) Islamic communication ethics guidelines; (4) internal training; and (5) a values-based feedback system. The development process was carried out in a participatory manner through focus group discussions (FGDs), observations, and reflections with all hospital stakeholders. The model's trials in the Outpatient and Emergency Departments (ER) showed positive results. Patients experienced more empathetic and understandable communication, while staff felt supported by the guidelines and training. Implementation of the model also increased professional accountability and management commitment to making Islamic values part of the service system. This proves that this model is not only normatively ideal, but also implementable and transformative in improving the quality of interpersonal relationships in the hospital.

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