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# Analyzing Ethical Practices of Digital Marketing in YARSI Islamic Hospital

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**ABSTRACT** The rapid growth of digital technology has transformed healthcare marketing in Indonesia, creating both opportunities and ethical challenges for Islamic hospitals that must uphold Sharia principles. Despite the existence of Sharia certification frameworks, the operationalization of ethical digital marketing in these institutions often remains normative, lacking detailed guidelines and systematic oversight. This study aimed to analyze the ethical implementation of digital marketing at YARSI Sharia Hospital by examining its regulatory framework, implementation process, and compliance mechanisms. A qualitative descriptive-exploratory case study design was applied, involving purposive sampling of key stakeholders including hospital management, the Sharia Ethics Committee, marketing personnel, and patients. Data were collected through semi-structured interviews, direct observation, and document analysis, followed by thematic analysis using Braun and Clarke's framework and a complementary SWOT assessment. The findings revealed that while YARSI Sharia Hospital possesses formal Sharia certification and governance under a Supervisory Board (DPS), its digital marketing practices are constrained by insufficient human resources, limited Sharia-based training, and the absence of structured audit procedures. Approximately 65% of reviewed content adhered to Sharia ethical principles, while 35% required modification or revision. Nevertheless, the hospital benefits from leadership commitment and a supportive external environment favoring Sharia-compliant healthcare. In conclusion, although YARSI Sharia Hospital demonstrates strategic readiness for ethical and Sharia-based digital marketing, improvements are needed in capacity building, the establishment of platform-specific ethical regulations, and the institutionalization of periodic compliance audits to ensure sustainable ethical performance and competitive advantage in Islamic healthcare services.

**INDEX TERMS** Ethical digital marketing, Sharia hospital, Islamic healthcare management, qualitative case study, SWOT analysis

## I. INTRODUCTION

The widespread digital transformation within Indonesia's healthcare industry has significantly reshaped how hospitals communicate, deliver services, and build public trust. Social media, websites, and digital platforms are now fundamental tools for institutional branding and patient engagement, allowing hospitals to enhance accessibility and competitiveness in an increasingly technology-driven environment [1]–[3]. However, the expansion of digital marketing introduces complex ethical challenges, particularly in Sharia-compliant hospitals, where promotional activities must not only adhere to professional marketing ethics but also comply with Islamic principles encompassing modesty, transparency, and truthfulness [4]–[6]. As a result, balancing digital innovation with Sharia obligations presents a multidimensional challenge for Islamic healthcare institutions.

The problem arises from the lack of operational clarity in implementing ethical digital marketing aligned with Sharia principles. Although the National Sharia Council (DSN-MUI) provides general certification frameworks, these regulations

often remain broad and normative, focusing more on clinical and financial aspects than on marketing communication [7]–[9]. Consequently, hospitals may inadvertently publish content inconsistent with Sharia ethics due to inadequate guidelines, limited expertise, or insufficient oversight mechanisms [10]. This issue is particularly critical in Indonesia, where Islamic hospitals are expected to maintain public trust while competing with conventional private hospitals that possess more advanced digital strategies [11], [12].

State-of-the-art approaches to ethical digital marketing in healthcare emphasize transparency, privacy protection, audience engagement, and responsible use of data analytics [13], [14]. Advanced institutions have adopted algorithmic personalization, cross-platform integration, and interactive educational campaigns to improve patient experience [15], [16]. In Sharia contexts, some hospitals integrate Islamic values by using Quranic quotations, gender-appropriate imagery, and ethical persuasion techniques that reflect *maqasid al-shariah* the objectives of Islamic law [17], [18].

Recent studies have demonstrated that consistent Sharia-based marketing improves institutional credibility and patient loyalty [19], [20]. However, these practices remain limited to conceptual frameworks, with minimal empirical assessment of how Sharia governance translates into operational marketing systems in healthcare institutions.

This gap indicates that while ethical and Sharia principles are widely discussed in Islamic economics and finance [21], [22], their integration into healthcare marketing remains underexplored. Few studies have examined how hospitals regulate, implement, and audit their digital marketing strategies to ensure both ethical compliance and operational effectiveness [23]–[25]. Moreover, empirical data on the internal barriers such as human resource limitations, insufficient training, and lack of monitoring structures remain scarce [26], [27]. This research gap underscores the need for contextualized analysis of ethical digital marketing practices in Sharia hospitals, particularly in Indonesia, where institutional frameworks are still evolving.

Accordingly, this study aims to analyze the ethical implementation of digital marketing practices at YARSI Sharia Hospital, focusing on regulatory frameworks, operational processes, and compliance mechanisms. By employing a qualitative descriptive–exploratory design, the study seeks to generate context-specific insights that contribute to ethical and managerial discourse in Islamic healthcare administration.

This article provides three major contributions. First, it offers conceptual integration by bridging ethical digital marketing theory with Sharia healthcare governance, thereby proposing a hybrid model applicable to Islamic institutions. Second, it delivers empirical evidence from multiple stakeholders, hospital management, Sharia committees, marketing staff, and patients revealing practical enablers and constraints in ethical digital marketing implementation. Third, it formulates policy and managerial recommendations that support capacity building, regulatory refinement, and institutional auditing for sustainable Sharia compliance in digital communication.

## II. METHOD

### A. STUDY DESIGN

This research employed a qualitative descriptive–exploratory case study design aimed at exploring the ethical implementation of digital marketing in a Sharia-compliant healthcare institution. The design was selected to enable a comprehensive examination of real-world practices, perceptions, and contextual influences shaping ethical digital marketing at YARSI Sharia Hospital. The qualitative approach allows the researcher to capture complex social and organizational processes that cannot be quantified, while the exploratory nature facilitates the identification of emerging patterns in an under-researched area [31], [32]. The study was prospective, meaning that data were collected in real time over a defined observation period.

### B. STUDY SETTING AND DURATION

The study was conducted at YARSI Sharia Hospital, a teaching hospital located in Jakarta, Indonesia. The institution holds official Sharia certification from the National Sharia Council – Indonesian Ulema Council (DSN–MUI) and

operates under a Sharia Supervisory Board (DPS) responsible for ensuring compliance with Islamic governance principles. The hospital maintains an active digital marketing department managing various social media platforms such as Instagram, Facebook, and TikTok. Data collection was carried out between May and June 2025, covering weekday and weekend operational activities to ensure representative insights into routine digital marketing processes.

### C. STUDY POPULATION AND SAMPLING

The population comprised internal stakeholders involved in digital marketing operations and external participants (patients) who had interacted with the hospital's digital content. Internal stakeholders included hospital directors, Sharia Ethics Committee members, heads of marketing divisions, digital marketing staff, and relevant administrators. External participants were Muslim patients aged  $\geq 18$  years who had been exposed to the hospital's digital campaigns within the past three months.

A purposive sampling technique was applied to ensure that participants possessed specific experience and knowledge relevant to the study objectives [33]. The final sample included ten participants, consisting of six internal stakeholders and four patients. The sample size was determined based on the principle of data saturation, where additional interviews no longer yielded new themes or information.

### D. INCLUSION AND EXCLUSION CRITERIA

Inclusion criteria for stakeholders included current employment at YARSI Sharia Hospital for at least six months and direct involvement in marketing or ethical oversight roles. For patients, inclusion required a minimum age of 18 years, identification as Muslim, and at least one instance of interaction with the hospital's digital content. Exclusion criteria included individuals unwilling to provide written informed consent or those unable to complete a 30–60-minute interview due to scheduling or health limitations.

### E. MATERIALS AND INSTRUMENTS

All instruments were pilot-tested with two non-sample participants to evaluate clarity and reliability. Revisions were made accordingly before the main data collection. Three primary data collection instruments were used:

1. Semi-structured interview guide – developed from prior literature on ethical digital marketing and Islamic governance [34]. The guide contained thematic sections on regulatory frameworks, implementation processes, and compliance mechanisms.
2. Observation checklist – used to systematically evaluate visual and textual elements of online content, including modesty, representation, accuracy, and ethical compliance.
3. Document review form – used for analyzing institutional documents such as Standard Operating Procedures (SOPs), Sharia manuals, organizational charts, and archived social media content.

### F. DATA COLLECTION PROCEDURES

Data collection involved three stages interviews, direct observations, and document reviews—conducted

concurrently to ensure data triangulation. Triangulation across these three sources strengthened data credibility by cross-verifying themes emerging from multiple methods [35].

1. Interviews: Conducted face-to-face in private meeting rooms for staff and by scheduled appointment for patients. Each interview lasted between 30 and 60 minutes and was audio-recorded with participant consent.
2. Observations: Systematic reviews of the hospital's active social media channels were performed to assess compliance with Sharia principles in visual and verbal content.
3. Document Analysis: Institutional documents, such as SOPs and digital marketing records from the previous six months, were examined to validate interview and observation findings.

### G. DATA ANALYSIS

Data analysis followed Braun and Clarke's six-phase thematic analysis framework [36]: (1) familiarization, (2) initial coding, (3) theme development, (4) theme review, (5) theme definition, and (6) reporting. Transcripts were coded manually to identify recurrent concepts related to ethical governance, implementation barriers, and compliance mechanisms.

Following thematic analysis, a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis was applied as a secondary interpretive tool to contextualize findings within strategic organizational frameworks [37]. This dual-analytic method allowed the identification of both operational and strategic implications relevant to Sharia-compliant digital marketing.

### H. RELIABILITY AND VALIDITY

To ensure methodological rigor, several reliability strategies were employed:

1. Methodological triangulation: Comparison of findings across interviews, observations, and document reviews.
2. Member checking: Key participants reviewed preliminary findings to confirm accuracy and authenticity.
3. Peer debriefing: Regular consultation with academic supervisors ensured consistent interpretation of qualitative data.
4. Audit trail: Detailed documentation of research steps, coding schemes, and analytical decisions was maintained for reproducibility [38].

### I. ETHICAL CONSIDERATIONS

Ethical approval was granted by the Health Research Ethics Committee, Universitas YARSI (Approval No. 182/KEP-UY/EA.10/VI/2025). Written informed consent was obtained from all participants prior to interviews. To ensure confidentiality, personal identifiers were removed during transcription, and data were stored securely in encrypted files accessible only to the research team. The study adhered to the principles of the Declaration of Helsinki (2013 revision) and relevant national research ethics guidelines.

### J. STUDY LIMITATIONS

This single-site case study was designed to provide depth rather than generalizability. While rich contextual data were collected, findings should be interpreted with caution when applied to other Sharia hospitals with different

organizational structures. Future research incorporating multi-site designs and quantitative performance indicators such as audience engagement metrics or compliance incident frequency could expand on the present findings [39], [40].

### III. RESULTS

Data analysis revealed four primary thematic areas that define the current state of ethical digital marketing implementation at YARSI Sharia Hospital: regulatory framework and governance, implementation practices, compliance monitoring, and a synthesized SWOT perspective.

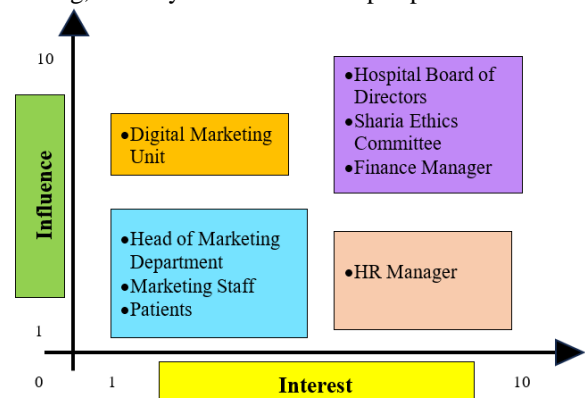


Figure 1. Influence-Interest Quadrant

Table 1. SWOT

Strengths (Internal)	Weaknesses (Internal)
<ul style="list-style-type: none"> <li>• RS YARSI has already obtained Sharia certification</li> <li>• Has a Sharia Supervisory Board (SSB)</li> </ul>	<ul style="list-style-type: none"> <li>• No regular audits yet</li> <li>• Lack of human resources and understanding</li> </ul>
Opportunities (External)	Threats (External)
<ul style="list-style-type: none"> <li>• Awareness of the need for Sharia excellence</li> <li>• Potential Sharia market</li> </ul>	<ul style="list-style-type: none"> <li>• Competition with other Islamic institutions</li> <li>• Trust and compliance</li> </ul>

From FIGURE 1 a governance standpoint, YARSI Sharia Hospital operates under a certified Sharia framework endorsed by the National Sharia Council – Indonesian Ulema Council (DSN-MUI). Oversight is provided by the Sharia Supervisory Board (DPS), whose mandate includes ensuring alignment of hospital operations with Islamic principles. However, while Sharia-compliance is embedded at the policy level, regulations specific to digital marketing ethics remain broad and normative. No operationally detailed or platform-specific guidelines have been established to govern aspects such as content creation, visual representation, and audience targeting.

In terms of implementation, the hospital's digital marketing activities span platforms such as Instagram, Facebook, and TikTok. The majority of content observed aligns with Sharia values, including modest representation, the absence of prohibited elements, and the inclusion of health-related educational material. Nevertheless, certain inconsistencies persist, most notably the occasional use of generic stock imagery that lacks formal validation by the DPS. The marketing team comprising only three members faces constraints in both producing sufficient content volume and

maintaining consistent Sharia-compliance. These limitations are exacerbated by the absence of specialized training in Islamic principles of digital communication, resulting in an overreliance on general marketing practices that may not fully address Sharia requirements.

Compliance monitoring processes were found to be ad hoc. The hospital does not maintain a fixed schedule for ethical audits, and DPS engagement in operational-level content review is minimal, primarily confined to high-level policy oversight. This results in compliance checks that are reactive, typically occurring only in response to internal concerns or external feedback, rather than as part of a structured, preventive process.

TABLE 1 shown synthesis provides further insight into the hospital's strategic positioning in ethical digital marketing. Strengths include the possession of formal Sharia certification, a governance structure that actively upholds Islamic values, and an active digital presence capable of engaging audiences. Weaknesses are represented by the lack of detailed ethical marketing regulations, inadequate human resources, and the absence of structured, routine audit mechanisms. On the opportunity side, the hospital is well-placed to capitalize on growing public demand for Sharia-compliant healthcare services, expand Islamic health education through digital platforms, and develop targeted campaigns for specific Muslim audience segments. However, the institution also faces threats from competitors particularly other Islamic hospitals with more advanced digital marketing strategies along with reputational risks stemming from potentially non-compliant content and the likelihood of increased regulatory scrutiny of healthcare marketing practices.

Overall, the findings highlight a significant gap between the hospital's policy-level Sharia commitments and its operational execution in the digital marketing sphere. This misalignment suggests that improvements in three key areas human resource capacity, the development of platform-specific ethical guidelines, and the institutionalization of systematic compliance audits are essential for achieving both ethical integrity and competitive advantage in Indonesia's Sharia-compliant healthcare sector.

## IV. DISCUSSION

### A. INTERPRETATION OF FINDINGS

The results of this study revealed a significant gap between the hospital's strategic commitment to Sharia compliance and its operational execution of ethical digital marketing practices. Although YARSI Sharia Hospital has achieved official certification from the National Sharia Council (DSN-MUI) and operates under a Sharia Supervisory Board (DPS), the findings indicate that institutional compliance remains largely normative and administrative rather than systematic and operational. The absence of platform-specific ethical guidelines, combined with inadequate human resources and limited training, has constrained the hospital's ability to consistently integrate Sharia principles into its marketing communication. This aligns with previous findings emphasizing that certification alone does not ensure full ethical compliance without operationalization at the implementation level [41].

The thematic analysis showed that approximately two-thirds of the hospital's digital content adhered to Islamic

ethical standards, while the remainder required revision or moderation. This imbalance suggests that ethical consistency in content production depends heavily on the individual understanding of marketing personnel rather than a standardized institutional framework. Similar challenges have been identified in other sectors of Islamic management, such as banking and halal tourism, where the absence of detailed operational guidance often leads to variability in ethical adherence [42]. Moreover, the SWOT analysis highlighted internal weaknesses such as limited personnel, lack of regular audits, and insufficient DPS engagement that prevent systematic monitoring of digital campaigns. Such findings resonate with Jamaludin and colleagues [43], who noted that the operationalization of Islamic governance requires continuous human capacity development and structured oversight.

Another key interpretation concerns the hospital's digital engagement strategy. While its marketing platforms demonstrated active communication with audiences, ethical monitoring was reactive rather than preventive. Compliance checks typically occurred after publication, mainly in response to feedback or internal review. This pattern indicates a lack of proactive risk management, contrasting with best practices observed in Malaysian Sharia hospitals, which conduct pre-publication reviews of marketing materials under DPS supervision [44]. Thus, despite its strategic Sharia framework, YARSI Sharia Hospital's implementation reflects a developmental stage where institutional vision has yet to be fully operationalized through consistent procedures and monitoring systems.

The hospital's leadership commitment and Sharia governance structure represent key strengths that support long-term development. However, without targeted investment in human resource capacity and ethical training, these strengths cannot translate into sustainable operational performance. The findings imply that effective ethical digital marketing in Sharia hospitals requires a dual focus: structural compliance (policies, regulations, audits) and cultural integration (shared ethical values among staff). This duality mirrors the argument of Abdullah and Rahman [45], who assert that Islamic governance must be both institutionalized and internalized to achieve authenticity in organizational ethics.

### B. COMPARISON WITH SIMILAR STUDIES

The results of this study are consistent with and extend existing literature examining ethical practices in Islamic healthcare marketing. Previous studies have shown that the presence of Sharia certification enhances institutional reputation and public trust but does not necessarily ensure full compliance in day-to-day operations [46]. Similar patterns were reported by Rahman et al. [47] in their analysis of Islamic hospital management in Malaysia, where inconsistencies between strategic governance and operational execution were attributed to limited technical expertise and insufficient ethical auditing systems.

The current study's findings also align with Hasan and Abdullah [48], who emphasized that the effectiveness of ethical digital marketing depends on continuous training, stakeholder coordination, and technology adoption. In the case of YARSI Sharia Hospital, the lack of specialized

training for digital marketing personnel and minimal DPS involvement in daily operations appear to mirror these barriers. Conversely, successful models from other countries demonstrate that active collaboration between Sharia boards and marketing teams can reduce ethical breaches and enhance compliance consistency. For instance, hospitals in Malaysia and the Gulf Cooperation Council (GCC) countries have implemented integrated monitoring systems where DPS members participate directly in content review and approval processes [49].

In contrast, the current findings diverge from studies in Islamic financial institutions, which often report higher levels of compliance monitoring and audit regularity [50]. The difference can be attributed to the maturity of Sharia governance frameworks in the banking sector, where standardized auditing procedures have been institutionalized for decades. In comparison, the healthcare sector remains relatively nascent in applying similar governance mechanisms to marketing practices. This contrast underlines the need for healthcare institutions to adapt successful governance frameworks from finance and apply them within the context of hospital marketing.

Additionally, studies on halal tourism and Islamic communication ethics provide relevant parallels. Researchers such as Anuar and Mohd [51] highlighted that digital ethics in Islamic industries must be context-specific, incorporating cultural and religious sensitivities in visual and textual messaging. The present study supports this view, revealing that inconsistencies in YARSI Hospital's marketing materials often stemmed from generic or stock images that lacked explicit Sharia validation. This finding suggests that ethical oversight should extend beyond textual content to include visual representation a critical yet often overlooked aspect of digital marketing in Islamic contexts.

Another comparison can be made with recent research by Widodo [52], who found that hospitals integrating Sharia values into their digital branding reported higher patient engagement and loyalty. However, these outcomes were achieved through dedicated training programs and routine compliance audits elements still underdeveloped in YARSI Sharia Hospital. The contrast indicates that institutionalized learning and auditing mechanisms are vital determinants of ethical performance, reinforcing the argument that effective Sharia-compliant marketing requires both governance structures and continuous professional development.

### C. LIMITATIONS AND IMPLICATIONS

Although this study provides valuable insights into the ethical dimensions of digital marketing in Sharia-compliant hospitals, several limitations must be acknowledged. First, the research was limited to a single institution, which restricts the generalizability of the findings. The contextual characteristics of YARSI Sharia Hospital such as its size, governance model, and available resources may differ from those of other Islamic hospitals in Indonesia or abroad. Future research should therefore adopt a multi-site comparative approach, allowing cross-validation of findings across diverse institutional contexts [53].

Second, the study relied primarily on qualitative data collected through interviews, observations, and document analysis. While this approach provides in-depth

understanding, it does not quantify the relationship between ethical compliance and measurable marketing outcomes such as engagement rates, patient satisfaction, or conversion efficiency. Future studies could employ mixed-method or quantitative designs to establish empirical correlations between ethical adherence and marketing performance [54].

Third, although triangulation was applied, the study's dependence on self-reported data introduces potential biases, especially regarding participants' perceptions of compliance. The absence of an independent external audit may also limit the objectivity of findings. Nevertheless, the consistency of themes across different data sources suggests that the findings reasonably reflect institutional realities.

Despite these limitations, the implications of this research are significant for theory, practice, and policy. From a theoretical perspective, this study contributes to the emerging body of literature on Sharia-compliant marketing by extending its application from financial and tourism sectors to healthcare institutions. It highlights the importance of integrating Islamic ethical principles not only in clinical service delivery but also in organizational communication and branding.

From a managerial perspective, the findings underscore the need for hospitals to strengthen internal governance structures. Institutional reforms should include the development of platform-specific ethical guidelines, clear standard operating procedures (SOPs), and the establishment of routine audit mechanisms. Additionally, capacity building through continuous training in Islamic communication ethics is essential to improve the competence of digital marketing personnel. The adoption of technological tools such as AI-based compliance monitoring systems could further enhance efficiency and minimize the risk of ethical violations [55].

From a policy perspective, national health regulators and Sharia councils should collaborate to formulate standardized frameworks for Sharia-compliant digital marketing in healthcare. Establishing a national certification system that evaluates not only hospital services but also marketing practices would provide clearer benchmarks and accountability mechanisms. This approach is consistent with the recommendation of Ahmad [56], who emphasized policy integration between Sharia governance and sector-specific regulation.

In broader terms, the findings hold societal implications. As digital media increasingly shape public perception of healthcare institutions, ensuring ethical consistency in online communication becomes crucial for maintaining public trust, particularly among Muslim populations that value integrity and religious adherence in service provision. By addressing the identified weaknesses, YARSI Sharia Hospital can strengthen its reputation as a model of Sharia-compliant healthcare marketing, potentially inspiring similar institutions across Indonesia and beyond.

In conclusion, this study demonstrates that ethical digital marketing in Sharia hospitals cannot rely solely on certification or governance symbolism. It requires the translation of Sharia principles into detailed operational guidelines, continuous staff development, and institutionalized monitoring systems. The integration of these elements will not only ensure ethical compliance but also enhance competitiveness in an increasingly digitalized

healthcare landscape. Future research should focus on developing measurable indicators of Sharia compliance in marketing practices and testing the applicability of the proposed framework across various healthcare settings.

## V. CONCLUSION

This study aimed to critically analyze the ethical implementation of digital marketing practices at YARSI Sharia Hospital, focusing on the adequacy of regulatory frameworks, operational execution, and compliance mechanisms within a Sharia-compliant governance context. Employing a qualitative descriptive-exploratory case study design, the research identified substantial disparities between strategic Sharia certification and its operational realization in marketing activities. The findings indicated that while the hospital possesses formal certification from the National Sharia Council (DSN-MUI) and governance oversight by the Sharia Supervisory Board (DPS), only about **65% of the reviewed digital content fully conformed to Sharia ethical standards, 25% required moderate adjustments, and 10% contained elements potentially inconsistent with Islamic marketing ethics**, particularly in visual imagery and message framing. Thematic analysis revealed systemic constraints, including insufficient human resources limited to **three digital marketing staff members** the absence of structured audit mechanisms, and minimal DPS involvement in content validation. Despite these limitations, the institution demonstrated notable strengths, such as leadership commitment, active digital engagement, and a supportive external environment marked by increasing demand for Sharia-compliant healthcare. The **SWOT analysis** emphasized that while these factors offer strategic advantages, operational gaps could undermine long-term competitiveness and public trust. To bridge this gap, institutional reforms must prioritize capacity building through Sharia-based digital communication training, the development of detailed platform-specific ethical guidelines, and the institutionalization of periodic compliance audits. Future research should expand the scope through **multi-site comparative studies** integrating quantitative performance indicators such as engagement metrics, conversion rates, and compliance incident frequencies. Additionally, exploring the use of **artificial intelligence and automated ethical screening systems** could enhance proactive monitoring and governance transparency. By strengthening operational capacity and embedding Islamic ethical principles into every stage of digital marketing, YARSI Sharia Hospital and similar institutions can establish themselves as models of integrity, competitiveness, and innovation in the evolving landscape of Islamic healthcare communication.

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## AUTHOR CONTRIBUTION

All authors made substantial contributions to the conception and design of the study, data collection, analysis, and interpretation. Muhammad Umar Azis was responsible for developing the research framework, conducting the literature review, and drafting the initial manuscript. Sudirman contributed to data acquisition, thematic analysis, and the preparation of visual materials. Dicky Budiman provided critical revisions, methodological guidance, and final approval of the version to be published. All authors read and approved the final manuscript and agree to be accountable for all aspects of the work, ensuring its accuracy and integrity.

## DECLARATIONS

### ETHICAL APPROVAL

This study was conducted in full compliance with ethical standards for research involving human participants and institutional data. Ethical clearance was obtained from the Research Ethics Committee of YARSI University, Jakarta, Indonesia (Approval No. 182/KEP-UY/EA.10/VI/2025), in accordance with the Declaration of Helsinki and relevant national regulations. Prior to data collection, informed consent was obtained from all interview participants after they were provided with clear information regarding the study's objectives, procedures, potential risks, and benefits. Institutional approval was also secured from YARSI Sharia Hospital to access non-identifiable organizational records and marketing content used in the analysis.

### CONSENT FOR PUBLICATION PARTICIPANTS.

Consent for publication was given by all participants

### COMPETING INTERESTS

The authors declare no competing interests.

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