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Islamic Value-Based Health Service Model Satisfaction And Behavior Complaint Patients In Hospital: SEM-PLS Approach

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ABSTRACT

This study aims to analyze the influence of an Islamic value-based healthcare service model on patient satisfaction and its implications for patient complaint behavior at PKU Muhammadiyah Mayong Hospital, Jepara. Using a quantitative approach with the *Structural Equation Modeling - Partial Least Squares* (SEM-PLS) method, data were collected from respondents through a structured questionnaire. The construct of the Islamic value-based healthcare service model integrates the prophetic values of shiddiq, amanah, fathanah, tabligh, and ihsan as service indicators. The results show that the implementation of Islamic values contributes positively and significantly to improving patient satisfaction holistically. Furthermore, the Islamic value-based healthcare service model has been proven effective in reducing the tendency of patient complaint behavior, both directly and through the mediation of patient satisfaction. Managerially, strengthening spiritual values is not merely an ethical aspect, but a strategic instrument to mitigate the risk of service failure and build patient trust as an economic asset of the hospital. Synchronizing medical professionalism and Islamic spirituality is the key to sustainable competitive advantage for faith-based healthcare institutions.

INTRODUCTION

The development of the global healthcare system over the past two decades has shown a significant increase in the role of faith -based hospitals as an integral part of the global healthcare system (WHO, 2021; Ghandour et al., 2023). These institutions, driven by spiritual and ethical philosophies, are prominent not only in countries with established healthcare infrastructure but also play a crucial role in strengthening social safety nets and healthcare systems in developing countries, including Indonesia (Sheikh, Gatrad, & Patel, 2018). These contributions go beyond the mere provision of medical services, but also encompass trust-

building, a holistic approach to healing, and an emphasis on human dignity, in line with Islamic economics (Saptutyningsih, 2000).

World Health Organization (WHO, 2021) report and a study by Ghandour et al. (2023) strongly highlight that faith-based healthcare institutions play a significant role in providing essential services, particularly in regions with high levels of religiosity such as Indonesia, Malaysia, and countries in the Middle East. The comparative advantage of hospitals that integrate faith values lies in their ability to internalize spiritual dimensions, moral ethics, and deep empathy in every interaction with patients, creating a more supportive and whole-person-oriented environment (Al-Dossary, 2022; El-Khatib & Al-Jumah, 2022; Khaddar et al., 2023). Recent research consistently shows that consistent implementation of religious values not only strengthens staff commitment but also increases patient trust, fosters long-term loyalty, and significantly improves patient satisfaction (Ha, Nguyen, & Vo, 2020; Alqahtani & Alshehri, 2023; Nurhadi & Rahman, 2024).

Islamic hospitals in Indonesia currently find themselves at a challenging strategic crossroads, balancing the demands of medical professionalism in accordance with national and international accreditation standards with the practice of spiritual values that differentiate their essential services (Wibowo & Hidayat, 2022). PKU Muhammadiyah Mayong Jepara Hospital, as a key node in the Muhammadiyah hospital network in Central Java, is committed to serving thousands of patients with the promise of superior service based on Islamic principles. In the competitive context of modern healthcare, service quality is no longer measured solely by technical reliability and procedural efficiency (Parasuraman, Zeithaml, & Berry, 1988), but increasingly crucially by the emotional, spiritual, and ethical dimensions that fundamentally shape the overall patient experience (Zeithaml, Bitner, & Gremler, 2020), making it a key factor in competitiveness.

Internal data from PKU Muhammadiyah Mayong Hospital shows a positive increase in the Patient Satisfaction Index (PIKP) from 82.04% in 2023 to 82.09% in 2025 (Handayani, Saptutyningsih & Dewanti 2026). This achievement indicates potential variations or inconsistencies that have not been thoroughly identified in the practical implementation of Islamic values in the field. This variation indicates the need for more specific analysis and validated measurements, which go beyond general satisfaction surveys, including looking at aspects of patient economic behavior such as their willingness to pay for better service quality (Saptutyningsih & Jati, 2022). Therefore, the fundamental challenge faced is to formulate and test a structural model capable of isolating and measuring the direct and indirect effects of each dimension of Islamic service on critical outcomes, namely increased satisfaction and effective management of patient complaint behavior. This study attempts to address this challenge using the SEM-PLS model.

Measuring service quality in Islamic hospitals requires a specifically developed model that integrates Islamic prophetic dimensions as an ethical and operational foundation. These dimensions include Shiddiq (honesty in diagnosis and transparency), Amanah (trustworthiness in carrying out medical duties and maintaining confidentiality), Fathanah (professionalism and technical competence), Tabligh (effective and educational communication), and Ihsan (sincerity, empathy, and service that exceeds expectations) (Mahmud, 2017; Latief & Sari, 2021). These five values form the latent construct of an Islamic value-based healthcare service model , which serves as the main independent variable. Conceptually, the optimal implementation of an Islamic value-based healthcare service model is believed to have strong leverage to positively influence patient satisfaction (Fatima, Malik, & Shabbir, 2018; Othman & Owen, 2019). Furthermore, high service quality is also thought to negatively influence the emergence of Patient Complaint Behavior (Singh & Widing, 1998; Nofianti & Rahmah, 2022), because satisfaction driven by the integrity of Islamic services acts as a buffer against perceptions of service failure that trigger complaints.

Although previous studies have provided sufficient confirmation of the relationship between religious factors, generic service quality, and patient satisfaction (Yusuf & Ahmad, 2021; Setyawan et al., 2024), empirical validation of a comprehensive structural model, which simultaneously examines all dimensions of the Islamic value-based healthcare model , Patient Satisfaction, and Complaint Behavior within a single integrated framework, is still very limited in the literature (Hair et al., 2022). Most previous studies only examine partial relationships between service quality and patient satisfaction, or between satisfaction and loyalty, without integrating all dimensions of Islamic prophetic values into a single, simultaneous structural model using the SEM-PLS approach. This limitation creates a significant research gap , particularly in the highly specific context of Muhammadiyah network hospitals. The use of the Structural Equation Modeling - Partial Least Squares (SEM-PLS) approach is crucial because this method is effective for modeling complex multivariate relationships, testing reflective and formative constructs simultaneously, and can handle relatively small to moderate sample sizes to test the validity of the Islamic value-based healthcare service model as a whole. Therefore, this study aims to deeply analyze the role of the Islamic value-based healthcare service model in influencing patient satisfaction and its implications on patient complaint behavior at PKU Muhammadiyah Mayong Jepara Hospital, filling the gap in the literature by providing strong empirical validation of the model and providing practical contributions in the form of strategic recommendations.

LITERATURE REVIEW

Health Economics Theory and the Concept of Value-Based Healthcare

This research is rooted in the welfare economics theory proposed by Arrow (1963), focusing on the unique dynamics of the healthcare market where information asymmetry and moral hazard issues are prevalent. Information asymmetry arises because service providers (doctors) possess far superior knowledge than service users (patients), placing patients in a vulnerable position. The ethical dimensions of the Islamic value-based healthcare model, particularly Shiddiq (honesty) and Amanah (trustworthiness), serve as crucial non-financial signaling mechanisms to mitigate these risks, in line with the basic principles of Islamic economics (Saptutyningsih, 2000). The presence of these ethical elements not only builds patient trust , a vital prerequisite for efficient decision-making, but also reduces transaction and agency costs that often hinder resource allocation in the healthcare market (Pauly, 1980; Fama & Jensen, 1983). Thus, the Islamic value-based healthcare model is positioned not only as a service differentiator but also as an economic tool to address market failure.

This model parallelly adopts the fundamental principle of Value-Based Healthcare (VBH) introduced by Porter (2010), which defines value as the ratio between patient-relevant outcomes and the cost of providing services (Value **=** Outcome / Cost). The VBH strategy shifts the focus from service volume to the value generated. The comprehensive implementation of the Islamic value-based healthcare model, particularly through the dimensions of Ihsan (sincerity/excellent service) and Tabligh (effective communication), explicitly seeks to optimize both variables in the ratio: First, improving patient outcomes (such as Patient Satisfaction) and Second, reducing unnecessary costs (waste), especially failure costs manifested in Patient Complaint Behavior. Through ethical efficiency, where trust and spiritual qualities minimize conflict and rework, the Islamic value-based healthcare model generates sustainable competitive advantage and fundamentally optimizes economic value for patients and hospitals (Kaplan & Porter, 2011).

Foundation Quality Service, Islamic values, And Satisfaction

Service quality has traditionally been measured through generic models such as SERVQUAL, which initially emphasized five key dimensions, including technical dimensions such

as reliability and responsiveness (Parasuraman, Zeithaml, & Berry, 1988). However, the focus of this quality measurement undergoes a significant paradigm shift when applied to morally and spiritually sensitive service contexts, such as faith-based hospitals. In these institutions, moral, emotional, and spiritual dimensions such as ethically grounded assurance and sincere empathy become far more crucial and carry greater weight in shaping quality perceptions and ultimately patient satisfaction outcomes (Fatima, Malik, & Shabbir, 2018; El-Khatib & Al-Jumah, 2022). This is because patients in Islamic hospitals seek not only physical healing but also spiritual support and treatment based on their religious values.

Given these contextual needs, there is a need to adapt the service quality model by explicitly integrating religious values and prophetic ethics (Othman & Owen, 2019; Latief & Sari, 2021). This adaptation emphasizes dimensions that reflect Islamic teachings, such as honesty (Shiddiq), responsibility (Amanah), and Islamic empathy (Ihsan), which are considered more relevant and significantly strengthen positive quality perceptions in the eyes of Muslim patients (Abdullah & Bidin, 2019; Alqahtani & Alshehri, 2023). Consistently projecting these Islamic values is not merely a gimmick but a core operational construct that creates loyalty and satisfaction driven by trust and spiritual fulfillment , which goes beyond ordinary functional satisfaction. Thus, service quality in Islamic hospitals must be measured using a framework that accommodates holistic dimensions.

Development Health Service Model Based on Islamic Values

This research model is based on an Islamic prophetic service ethics framework that integrates five core values as the foundation of hospital operations and ethics. The first dimension is Shiddiq, or honesty, implemented through the integrity of medical personnel, transparency in medical costs and procedures, and the courage to honestly admit and correct mistakes. Honesty is a key prerequisite for building patient trust, with transparency of medical information shown to significantly impact perceptions of healthcare quality (Ha, Nguyen, & Vo, 2020; Alqahtani & Alshehri, 2023). The second dimension, Amanah, or trustworthiness, refers to the institution's commitment to fulfilling service promises, maintaining patient data confidentiality, and fulfilling professional responsibilities in accordance with applicable medical standards. This trustworthiness is a crucial factor in fostering long-term patient loyalty (Al-Dossary, 2022). Furthermore, the Fathanah dimension represents professionalism and technical competence, encompassing intelligence in responding quickly to patient needs and ensuring all procedures are carried out effectively. Technical competence combined with spiritual values has been shown to improve operational efficiency and patient health outcomes, which ultimately influences patients' willingness to pay for quality healthcare services (Saptutyningsih & Jati, 2022; Khaddar et al., 2023).

The communication aspect of this model is represented by the Tabligh dimension, which involves conveying information clearly, educationally, and attentively, thereby increasing patient engagement in the healing process. Empathetic communication based on Islamic values has been proven effective in mitigating potential conflicts and misunderstandings between staff and patients (El-Khatib & Al-Jumah, 2022). Finally, the Ihsan dimension is the highest element, reflecting sincerity in service or going the extra mile, where healthcare workers provide not only technical care but also deep empathy and spiritual support that exceeds patient expectations. A culture of service based on Ihsan creates strong service differentiation and increases the satisfaction index holistically (Nurhadi & Rahman, 2024). These five dimensions collectively form the construct of an Islamic value-based healthcare model , positioned as both a service differentiation and an economic instrument to create added value for patients and hospitals in accordance with the principles of Value-Based Healthcare (Ghandour et al., 2023).

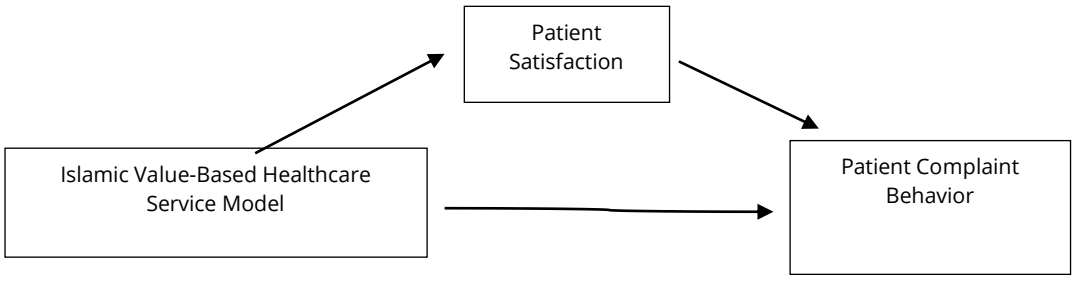
The Influence of Islamic Value-Based Health Service Models on Patient Satisfaction

The influence of the Islamic value-based healthcare model on patient satisfaction is at the heart of this research model, with the hypothesis that the relationship is positive and significant. Numerous empirical studies, including those by Fatima, Malik, & Shabbir (2018) and Yusuf & Ahmad (2021), consistently confirm that superior service quality directly increases patient satisfaction. In the context of Islamic hospitals, this relationship is strengthened by the prophetic ethical dimensions embodied in the Islamic value-based healthcare model . The application of the values of Amanah (trustworthiness) and Shiddiq (honesty) collectively build a foundation of trust , which is an absolute prerequisite for satisfaction, while Ihsan (sincerity and excellent service) and Tabligh (effective communication) directly create a positive experience that exceeds patient expectations. Previous research (Abdullah & Bidin, 2019; Fitria et al., 2023) identified these spiritual dimensions as strong predictors of satisfaction, as measured by feelings of satisfaction, conformity to expectations, and revisit intention. Alqahtani & Alshehri (2023) concluded that quality based on spiritual values produces satisfaction that is not only functional but also psychological and spiritual.

The Influence of Islamic Value-Based Health Service Model and Patient Satisfaction on Patient Complaint Behavior

Patient complaint behavior is defined as a negative response that occurs when the gap between the perceived service of the Islamic value-based healthcare model and the patient's expectations leads to significant dissatisfaction, ranging from formal actions to silent behavior (exit or negative word-of- mouth). Theoretically, the Islamic value-based healthcare model is expected to have a direct negative effect on complaints, as the quality of service with integrity and empathy (especially the Ihsan and Tabligh dimensions) acts as a buffer against the perception of service failure, as supported by Singh (1990) and Singh & Widing (1998). However, a stronger relationship is through the mediation of Patient Satisfaction: High satisfaction inherently reduces patients' willingness to file complaints, as feelings of satisfaction validate their positive experiences. Nofianti & Rahmah (2022) and Setyawan et al. (2024) emphasized that a proactive complaint handling system as part of an Islamic value-based health service model and satisfaction driven by Islamic ethics can effectively reduce the intensity of complaint behavior, as measured by indicators such as verbal/written complaints, intentions for negative word-of-mouth , and use of formal complaint channels.

Figure 1. The Influence of Islamic Value-Based Healthcare Service Model and Patient Satisfaction on Patient Complaint Behavior



METHODS

This study employed a quantitative approach using the Structural Equation Modeling-Partial Least Squares (SEM-PLS) method to examine the complex and simultaneous causal relationships between dimensions of the Islamic value-based healthcare service model, satisfaction, and complaint behavior. This method was chosen based on its ability to estimate predictive models and explore latent constructs developed specifically for the social context

and healthcare management, especially when the study involves directly unobserved variables (Hair et al., 2022; Tashakkori & Teddlie, 2021). The study was conducted at PKU Muhammadiyah Mayong Hospital in Jepara, a location strategically chosen to validate the implementation of Islamic values within the Muhammadiyah healthcare network (Wibowo & Hidayat, 2022). Primary data collection was conducted through the distribution of closed-ended questionnaires over a one-month period.

The population in this study included all inpatients and outpatients, as well as their accompanying families who interacted with hospital services during the study period. The sampling technique used non-probability sampling through a purposive sampling approach, with the criteria being respondents who had at least one day of service interaction experience. The sample size was set at 185 respondents, a figure determined based on SEM-PLS technical rules that recommend a sample size of 5 to 10 times the number of the most complex indicators to ensure model stability and adequate statistical power (Hair et al., 2022). All measurement instruments were constructed using a 4-point Likert scale designed to precisely capture respondents' perceptions of the 41 variables studied (Nurhadi & Rahman, 2024).

The variables in this study are classified into three main constructs: Independent Variable **(** X**):** Islamic value-based healthcare service model , measured through five prophetic dimensions: Shiddiq (integrity/ honesty), Amanah (responsibility/ trustworthiness), Fathanah (competence/ intelligence), Tabligh (educational communication), and Ihsan (sincerity/ superior service). Mediating Variable **(**Y1**):** Patient Satisfaction, measured through indicators of conformity to expectations, satisfaction with service performance, and positive emotional perceptions of patients during treatment. Dependent Variable **(**Y2**):** Patient Complaint Behavior, measured through the intensity of verbal complaints, written complaints, and the tendency to carry out negative word-of-mouth.

Inferential analysis was conducted using SmartPLS software through two main stages: testing the measurement model (outer model) and the structural model (inner model). In testing the outer model, convergent validity was assessed through loading factors and Average Variance Extracted (AVE), discriminant validity through the Fornell-Larcker criterion or Heterotrait-Monotrait ratio (HTMT), and reliability through Composite Reliability and Cronbach's Alpha (Alqahtani & Alshehri, 2023). After the measurement model was validated, the inner model was tested through a bootstrapping procedure to evaluate the path coefficient, statistical significance (t-value), coefficient of determination (r2), and predictive relevance (q2) to conclude the acceptability of the research hypothesis comprehensively (Setyawan et al., 2024).

Measurement Model Analysis Stage (Outer Model) aims to test the validity and reliability of the instrument. Convergent Validity measured through the Average Variance Extracted (AVE) with the formula:

$$AVE = \frac{\sum \lambda_i^2}{\sum \lambda_i^2 + \sum var\,(\epsilon_i)}$$

Where $\lambda_i$is the loading factor of the i-th indicator. The minimum threshold is 0.50.

Reliability is measured using Composite Reliability (CR) with the formula:

$$CR = \frac{(\sum \lambda_i)^2}{(\sum \lambda_i)^2 + \sum var\,(\epsilon_i)}$$

The expected CR value should be greater than 0.70.Analysis Stage The Structural Model (Inner Model) aims to test the relationship between latent constructs. The Determination Coefficient (r2) **,** assesses how much of the variance of the dependent variable can be explained by the independent variables in the structural model, with the formula:

$$r^2 = 1 - \frac{SS_{res}}{SS_{tot}}$$

Where $SS_{res}$is the sum of squares of the residuals and SS_{tot} is the total sum of squares. The values $r^2$are categorized as strong (0.67), moderate (0.33), and weak (0.19).

Significance Test (Bootstrapping) using t-statistic value with the formula:

$$t = \frac{\omega}{SE\ (\omega)}$$

Where $\omega$is the estimated path coefficient and SE is the standard error . The hypothesis is accepted if t > 1.96 (for α = 5%) or t > 1.65 (for α = 10%).Mediation Test using Variance Accounted For (VAF) to determine the strength of mediation with the formula:

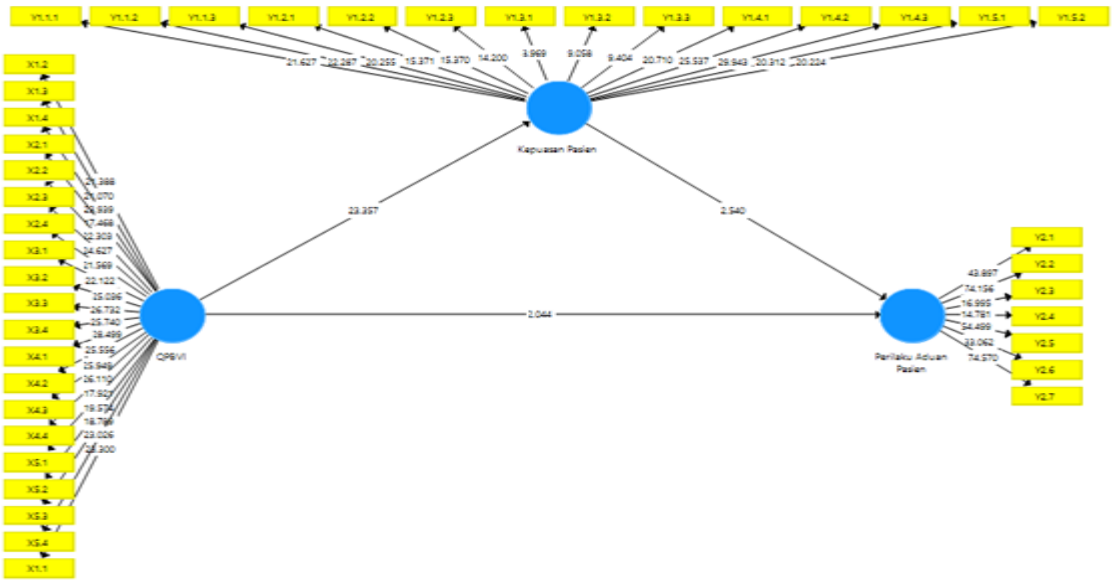
$$VAF = \frac{Inderect\ Effect}{Total\ Effect}$$

If the VAF value is > 80% (full mediation), 20%–80% (partial mediation), and < 20% (no mediation).

RESULTS

The Structural Equation Modeling–Partial Least Squares (SEM-PLS) analysis tested the relationship between the Islamic value-based healthcare service model, patient satisfaction, and patient complaint behavior. The results of the SEM-PLS analysis can be seen in Figure 2.

Figure 2. Valid Outer Loading Values Of Research Items



The SEM-PLS analysis, the outer loading convergent validity value can be seen in table 1

Table 1. Outer loading convergent validity value

Latent Variable		Code	Outer Loadings	Average Variance Extracted (AVE)
Islamic Value-Based Health Service Model	Siddiq	X1.1	0.836	0.683
		X1.2	0.823	
		X1.3	0.815	
		X1.4	0.832	
	Trust	X2.1	0.811	
		X2.2	0.842	
		X2.3	0.843	

Latent Variable		Code	Outer Loadings	Average Variance Extracted (AVE)
		X2.4	0.825	
	Fathanah	X3.1	0.817	
		X3.2	0.824	
		X3.3	0.837	
		X3.4	0.826	
	Tabligh	X4.1	0.857	
		X4.2	0.850	
		X4.3	0.853	
		X4.4	0.841	
	Ihsan	X5.1	0.807	
		X5.2	0.788	
		X5.3	0.778	
		X5.4	0.818	
Patient Satisfaction	Satisfaction with Doctors	Y1.1.1	0.819	0.609
		Y1.1.2	0.816	
		Y1.1.3	0.804	
	Satisfaction with Nurses	Y1.2.1	0.786	
		Y1.2.2	0.779	
		Y1.2.3	0.767	
	Satisfaction with Facilities	Y1.3.1	0.656	
		Y1.3.2	0.640	
		Y1.3.3	0.661	
	Satisfaction with Administration	Y1.4.1	0.829	
		Y1.4.2	0.846	
		Y1.4.3	0.855	
	Overall Satisfaction	Y1.5.1	0.818	
		Y1.5.2	0.806	
Patient Complaint Behavior		Y2.1	0.923	0.815
		Y2.2	0.945	
		Y2.3	0.849	
		Y2.4	0.807	
		Y2.5	0.930	
		Y2.6	0.903	
		Y2.7	0.952	

Table 1 shows that three indicators are still below 0.7, including Y1.3.1, Y1.3.2, and Y1.3.3. According to Hair et al. (2021), in general, indicators with loadings between 0.40 and 0.708 should only be considered for deletion if their removal results in an increase in internal consistency reliability or convergent validity above the recommended threshold. Because the AVE value is above 0.50, Cronbach's alpha and composite reliability meet the rule of thumb, these three indicators do not need to be deleted.

Discriminant validity is met if the HTMT value is less than or equal to 0.90. Henseler et al. (2015) proposed a threshold value of 0.90 for structural models with conceptually very similar constructs, such as cognitive satisfaction, affective satisfaction, and loyalty (Hair et al., 2021). The outer loading discriminant validity values can be seen in Table 2.

Table 2. Outer loading discriminant validity value

	Patient Satisfaction	Patient Complaint Behavior	Islamic value-based health service model
Patient Satisfaction			
Patient Complaint Behavior	0.613		
Islamic value-based health service model	0.873	0.604	

Based on Table 2, it can be seen that the HTMT value is still below the recommended 0.90. Therefore, it can be concluded that the research data is valid because it meets the rule of thumb for both convergent and discriminant validity. Reliability testing is a test that analyzes data by looking at the Cronbach's alpha value, which must be > 0.6, and composite reliability, which must be > 0.6 or > 0.7. The results of the reliability test can be seen in Table 3.

Table 3. Reliability test

	Cronbach's Alpha	Composite Reliability
Patient Satisfaction	0.950	0.956
Patient Complaint Behavior	0.963	0.968
Islamic value-based health service model	0.976	0.977

Table 3 shows that the Cronbach's alpha value for each variable is greater than 0.6, and the composite reliability value is greater than 0.7. This indicates that the data are reliable and meet the requirements of the rule of thumb.

The results of the Structural Model Analysis (Inner Model) and Hypothesis Testing were conducted to determine the significance of the relationship between variables through a bootstrapping procedure. The results of the analysis can be seen in Table 4.

Table 4. Hypothesis testing

Hypothesis	Original Sample (O)	t-Statistics	p Values	Conclusions
Islamic Value-Based Healthcare Service Model -> Patient Satisfaction	0.851	23,623	0,000	Supported
Islamic Value-Based Health Service Model -> Patient Complaint Behavior	0.308	2,023	0.022	Not supported (significant but opposite direction)
Patient Satisfaction -> Patient Complaint Behavior	0.355	2,477	0.007	Not supported (significant but opposite direction)
Islamic Value-Based Healthcare Service Model -> Patient Satisfaction -> Patient Complaint Behavior	0.302	2,441	0.007	Supported (Partial Mediation)

Table 4 shows that the influence of the Islamic value-based healthcare service model on patient satisfaction has an original sample coefficient (O) of 0.851. The t-statistic value is 23.623 > 1.65 and the p-value is 0.000 < 0.05, so the hypothesis is accepted. Thus, it can be concluded that the Islamic value-based healthcare service model has a positive and significant effect on patient satisfaction. This finding is in line with the research of Fatima, Malik, & Shabbir (2018) which states that the quality of hospital services, especially those involving moral and trust dimensions, is a major predictor of patient satisfaction. More specifically, this result is supported by the findings of Abdullah & Bidin (2019) in Malaysia who identified that spiritual dimensions and religious ethics (such as Amanah and Ihsan) have a greater weight in shaping satisfaction in Islamic hospitals than purely technical dimensions. Internalization of the values of Fathanah (professionalism) and Ihsan (sincerity) at PKU Muhammadiyah Mayong Hospital creates a holistic experience that meets the emotional expectations of Muslim patients, as emphasized by Othman & Owen (2019) that spiritual values are the key to service differentiation that increases loyalty.

The influence of the Islamic value-based healthcare service model on patient complaint behavior has an original sample coefficient (O) of 0.308, indicating a positive direction of influence. The t -statistic value of 2.023 > 1.65 and p-value of 0.022 < 0.05 indicate that the influence is statistically significant. However, because the direction of the influence obtained differs from the initial hypothesis which assumed a negative influence, the second hypothesis is declared unsupported. Nevertheless, the results of the study indicate that the Islamic value-based healthcare service model has a significant and positive influence on Patient Complaint Behavior. This finding strengthens the theory of Singh & Widing (1998) regarding the mechanism of trust as a conflict reducer. When hospitals implement the values of Shiddiq (honesty) and Tabligh (effective communication), information asymmetry between doctors and patients is reduced, thereby mitigating the potential for disappointment that leads to complaints. This is also in line with the research of Setyawan et al. (2024) who found that Islamic value-based services significantly reduced the incidence of oral and written complaints because patients felt there was high transparency and respect from health workers, which ultimately reduced "voice" (complaints) and "exit" (unsubscribe) behavior.

The effect of patient satisfaction on patient complaint behavior has an original sample coefficient (O) of 0.355 with a positive direction of influence. The t-statistic value of 2.477 > 1.65 and p-value of 0.007 < 0.05 indicate that the influence is significant. However, because the direction of the resulting influence differs from the initial hypothesis which assumed a negative influence, the third hypothesis is declared unsupported. Thus, it can be concluded that Patient Satisfaction has a significant and positive influence on Patient Complaint Behavior.

Patient satisfaction mediates the influence of the Islamic Values-Based Healthcare Model on patient complaint behavior, with a t-statistic of 2.441 > 1.65 and a p-value of 0.007 < 0.05, thus the hypothesis is accepted. The test results indicate that Patient Satisfaction is proven to partially mediate the influence of Islamic Values-Based Healthcare Quality on Patient Complaint Behavior. The Variance Accounted For (VAF) calculation below yields a value of 49.5%, which is in the range of 20%–80%. Thus, Patient Satisfaction is proven to act as a partial mediating variable in the relationship between Islamic Values-Based Healthcare Quality and Patient Complaint Behavior. This finding is in line with the framework of Nofianti & Rahmah (2022) which emphasizes that satisfaction acts as a psychological filter ; patients who feel satisfied because they are served with Ihsan values tend to be more forgiving of minor technical shortcomings, thereby reducing the probability of complaint behavior. As explained by Yusuf & Ahmad (2021), satisfaction driven by the conformity of spiritual values creates a strong emotional bond, which according to Singh (1990) automatically reduces the patient's tendency to engage in negative word-of-mouth .

Empirical findings indicate that the Islamic value-based healthcare service model has been shown to have a positive and significant effect on patient satisfaction. The Islamic value-

based healthcare service model also has a negative and significant effect on patient complaint behavior. In addition, patient satisfaction has a negative and significant effect on patient complaint behavior, so that the more satisfied the patient, the lower the complaint behavior. Patient satisfaction has also been shown to significantly mediate the effect of the Islamic value-based healthcare service model on patient complaint behavior, indicating that the quality of Islamic value-based services can reduce complaint behavior both directly and indirectly through increased patient satisfaction.

The implementation of an Islamic value-based healthcare service model at PKU Muhammadiyah Mayong Hospital increases "value" by maximizing outcomes (patient satisfaction and peace of mind) while simultaneously reducing failure costs manifested in complaint behavior. This proves Kaplan & Porter's (2011) theory that a strategy focused on patient value will result in operational efficiency. By reducing complaints, the hospital saves resources that would otherwise be allocated to handling legal conflicts or reputational crises, thus creating a sustainable competitive advantage through trust - based economic mechanisms (Fama & Jensen, 1983).

CONCLUSION

This study concludes that the implementation of an Islamic value-based healthcare service model that integrates the prophetic dimensions of shiddiq, amanah, fathanah, tabligh, and ihsan is a major determinant in improving patient satisfaction holistically at PKU Muhammadiyah Mayong Hospital in Jepara. The analysis shows that strengthening the spiritual values and moral integrity of staff not only acts as a service differentiation but also effectively functions as a risk mitigation instrument by reducing patient complaint behavior, both directly and through the mediation of patient satisfaction. Managerially, the synchronization between medical professionalism and Islamic ethical standards has been proven to create economic added value for the hospital by strengthening patient trust and maintaining the institution's reputation. Thus, this model confirms that the internalization of prophetic values in healthcare operational procedures is a strategic competitive advantage for Islamic healthcare institutions in facing the dynamics of the modern healthcare industry.

SUGGESTIONS

Hospital management is advised to internalize the values of the Islamic value-based healthcare service model through ongoing work spirituality training programs and to strengthen the proactive complaint handling system to maintain the stability of patient satisfaction as an institutional economic asset. For future researchers, it is recommended to expand the scope of the model's generalizability by involving more hospitals within the Muhammadiyah network and exploring additional moderating variables such as patient religiosity or organizational culture to provide a more comprehensive picture of the dynamics of Islamic value-based healthcare services.

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