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PATIENT SATISFACTION SURVEYS AND QUALITY OF CARE: AN INFORMATION PAPER OF BAZNAS FREE HOSPITAL, INDONESIA

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Abstract: *The purpose of this paper is to investigate the patient satisfaction surveys and quality of care BAZNAS free hospital development. The hospital built through the waqf and zakat integration scheme. In Islam, zakat and waqf are decidedly in Maqasid al-Shari'ah concept to overcome the poverty problem and fulfillment the basic needs. The joint elements are needed to obtain the highest utility as part of the social obligations which can contribute to improving the quality of life. The paper will demonstrate that zakat and waqf integration plays an essential role in providing a better life for the poor. The surveys conducted on May-July 2017 by the 400 patients in four different branches (Jakarta, Makassar, Sidoarjo and Pangkalpinang). This paper founds that zakat, and waqf integration has brought benefits for the poor as well the quality of life among them can be further enhanced. BAZNAS Free Hospitals has proven to play a vital role in the Sustainable Development Goals (SDG's) related to global health and well-being.*

Keywords: *Zakat, Awqaf Development, Awqaf Land, Integrating zakat.*

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Introduction

Zakat is a compulsory obligation in the faith of Islam to pay a certain part of surplus wealth to the specified beneficiaries every year. As per Islamic principles, every year, 2.5% of wealth subject to *Zakat* has to be paid by the Muslims to the eight specified heads of beneficiaries and causes. *Zakat* is compulsory to be paid by every Muslim who owns sufficient amount of wealth. In Islamic jurisprudence, if a Muslim owns an equivalent monetary sum of *Nisab*, he has to pay 2.5% of surplus wealth above the *Nisab* every year.[5]

Zakat and waqf is an important institution in an Islamic economic framework for poverty alleviation and economic welfare. Poverty rate is generally higher in Muslim majority countries, a great number of whom are located in Asia and Africa. One of the major goals of the future development agenda is to end poverty. Therefore, in this paper, we explore how much potential the integration of *zakat* and waqf institution to meet the development challenges, especially to obtain the greatest utility in the free health services for the poor.

Today, most of the Muslim majority countries are generally poorer than the other countries on average. Most of the poverty resides in Africa and Asia and bulk of the Muslim majority countries are located in these continents. It is estimated that 1.37 billion of the world total population of 7.1 billion live on $1 per day. In the 57 OIC member countries, which constitute around 1.6 billion people, 31% of the total population lives below the poverty line of $1.25 per day (Alpay & Haneef, 2015).

If we look at health expenditure as percent of GDP in the Figure, the Muslim majority countries had on average lower value as compared to the high income and the middle income countries. Muslim majority countries had on average lower availability of health infrastructure as compared to the high income and the middle income countries. This could partly be because of lower per capita income, lower health expenditure allocation as percent of total expenditure and high population growth rate in the Muslim majority countries.

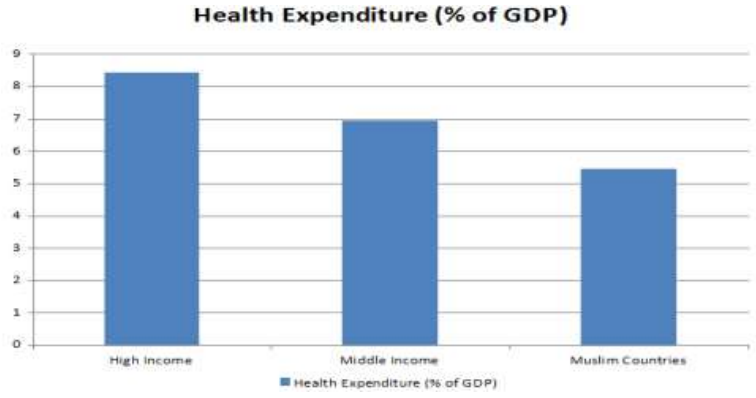

Figure 1: Health Expenditure (% of GDP)

Source: World Development Indicators (WDI), World Bank

[5] Ismail, A., & Shaikh, S. (2017). Where is the Place for Zakat in Sustainable Development Goals?. *IESTC Working Paper Series*, *1*(1). Retrieved from http://iestc.net/journal/index.php/wps/article/view/22

The paper proceeds as follows. In the next section, we discuss the interlinkages between the *Zakat-Waqf* and Maqasid al-Shari'ah. Then, in Section 3, we discuss the economic potential of Zakat-Waqf by reviewing from the previous studies. In Section 4: we look at the zakat-waqf model of BAZNAS Free Hospitals. Finally, in Section 5, result of survey benefits from the BAZNAS Free Hospitals beneficiaries.

Zakat-Waqf Economic Potential

Shaikh (2016) estimates potential *Zakat* collectible in 17 member countries of Organization of Islamic Cooperation (OIC). He finds that *Zakat* to GDP ratio exceeds Poverty Gap Index to GDP (PGI-GDP) ratio except in 3 countries with poverty line defined at $1.25 a day. He shows that the aggregate resources pooled together from the potential *Zakat* collection in 17 OIC countries will be enough to fund resources for poverty alleviation in all 17 OIC countries combined[6]. Azam et al. (2014) and M. Akram & Afzal (2014) in an empirical study for Pakistan argue that *Zakat* disbursement among the poor, needy, destitute, orphans and widows has played a significant role in poverty alleviation.

Using aggregate data for Malaysia, Suprayitno et al. (2013) find that *Zakat* distribution has a positive, but small impact on aggregate consumption[7]. Abdelmawla (2014) argue based on empirical evidence using aggregated data for Sudan that *Zakat* along with educational attainment significantly reduced poverty in Sudan[8]. Hassan & Jauanyed (2007) estimate that *Zakat* funds can replace the government budgetary expenditures ranging from 21% of Annual Development Plan (ADP) in 1983-84 to 43% of ADP in 2004-2005[9]. For Malaysia, Sadeq (1996) finds that about 73% of the estimated potential *Zakat* collection will be needed annually to change the status of hard-core poor households to a status of non-poor households in Malaysia. Ibrahim (2006) contends in an empirical study for Malaysia that *Zakat* distribution reduces income inequality. His analysis reveals that *Zakat* distribution reduces poverty incidence, reduces the extent of poverty and lessens the severity of poverty[10]. Firdaus et al. (2012) estimate the potential of *Zakat* in Indonesia by surveying 345 households. Their results show that *Zakat* collection could reach 3.4% of Indonesia's GDP, which can help in reducing poverty to a large extent.

Some other studies also show the comparative potential of *Zakat* as a superior tool for poverty alleviation among other poverty alleviation institutions. Hasbi Zaenal et al. (2017) assess the effectiveness of *Zakat* as an alternative to microcredit in alleviating poverty in Yogyakarta, Indonesia. Through the Global Poverty Index technique, the study reveals that the impact of

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[6] Shaikh, S. (2016). Zakat Collectible in OIC Countries for Poverty Alleviation: A Primer on Empirical Estimation. *INTERNATIONAL JOURNAL OF ZAKAT, 1*(1), 17-35. Retrieved from http://www.puskasbaznas.com/ijaz/index.php/journal/article/view/3

[7] Suprayitno, E., Kader, R. A., & Harun, A. (2013). "The Impact of *Zakat* on Aggregate Consumption in Malaysia", *Journal of* Islamic *Economics, Banking and Finance*, *9*(1), 39 – 62.

[8] Abdelmawla, M. A. (2014). "The Impacts of Zakat and Knowledge on Poverty Alleviation in Sudan: An Empirical Investigation (1990-2009)", Journal of Economic Cooperation and Development, 35(4), 61 – 84.

[9] Hassan, M. K. & Jauanyed, M. K. (2007). "Zakat, External Debt and Poverty Reduction Strategy in Bangladesh", Journal of Economic Cooperation, 28(4), 1 – 38.

[10] Sadeq, A. H. M. (1996). "Ethico-Economic Institution of Zakat: An Instrument of Self Reliance and Sustainable Grassroots Development", IIUM Journal of Economics and Management, 12(2), 47 – 69.

Zakat as capital assistant scheme has proven significantly increases both income and expenditure of the recipients in comparison to the microcredit programs[11].

Some studies like Nadzri et al. (2012) recommend integrating the various poverty alleviation and redistribution tools for creating synergies. The effectiveness of *Zakat* institutions may improve by collaborating with other institutions such as Microfinance institutions[12]. Shirazi (2014) suggests that the institutions of *Zakat* and *Waqf* (charitable trust) need to be integrated into the poverty reduction strategy of the Islamic Development Bank (IDB) member countries. The proceeds of these institutions should be made as part of their pro-poor budgetary expenditures[13]. Hassan (2010) suggests a model which combines Islamic Microfinance with two traditional Islamic tools of poverty alleviation such as *Zakat* and *Waq*f (charitable trust) in an institutional setup[14]. Norazlina & Rahim (2011) identify that there are many types of programs that could be funded by *Zakat* such as providing education for the poor, the establishment of schools, vocational training and rehabilitation for *Zakat* recipients to make them more productive, establishment of agriculture and cottage industries, provision of fixed asset and equipment to small business projects, provision of working capital, building of low-cost housing and providing medical treatment and health care[15].

Meanwhile, regarding waqf land potential, there are a lot of opportunities for improvement of waqf lands in the Islamic development countries. Data reveals that less than half of thousands acreage of waqf lands are having high potential for economic development. Unfortunately, there are constraints that restrict the smooth flow of land supply onto the market for development purposes. For example Healey (1992), empirically investigates the sources of waqf land supply constraints for development in Kota Bharu District, Kelantan and find ways to unlock the macro and micro factors that constrain the potential economic values of waqf lands[16]. Whereas related to this Monzer (1995) stated the permanent nature of waqf results in the accumulation of wealth for a healthy Islamic society at large. With these waqf properties that are devoted to provide capital asset that produce an ever increasing flow of revenues/usufructs to serve its objectives in Islamic society. This huge accumulation of waqf plays an important role in the social life of Muslim societies and communities[17].

[11] Hasbi Zaenal, M., Dwi Astuti, A., & Solihah Sadariyah, A. (2017). Change of the Poverty Rate Index on the Productive Zakat Impact: Case Study from BAZNAS Bantul Yogyakarta. *Puskas Working Paper Series (PWPS)*, . Retrieved from http://www.puskasbaznas.com/publication/index.php/workingpaper/article/view/58

[12] Nadzri, F. A.; A. Rahman, R. & Omar, N. (2012). "Zakat and Poverty Alleviation: Roles of Zakat Institutions in Malaysia", International Journal of Arts and Commerce, 1(7), 61 – 72.

[13] Shirazi, N. S. (2014). "Integrating Zakat and Waqf into the Poverty Reduction Strategy of the IDB Member Countries", Islamic Economic Studies, 22(1), pp. 79 – 108.

[14] Hassan, M. K. (2010). "An Integrated Poverty Alleviation Model Combining Zakat, Awqaf and Microfinance", in Seventh International Conference-The Tawhidi Epistemology: Zakat and Waqf Economy, Bangi, Malaysia.

[15] Norazlina A. W. & A. Rahim, A. R. (2011). "A Framework to Analyse the Efficiency and Governance of Zakat Institutions", Journal of Islamic Accounting and Business Research, 2(1), 43 – 62.

[16] Healey P. (1992). The Reorganisation of State and Market in Planning, Jurnal Urban Studdies, Vol.29, No 3.

[17] Monzer Khaf. (1995). "Awqaf and Its Modern Applications" in the Oxford Encyclopedia of Modern Islamic World, New York: Oxford University Press

Free Hospital Development

This section explores how the National Zakat Board (BAZNAS) Indonesia in cooperation with the waqf institution in provided necessary social and public infrastructure in the form of free health facility for the poor and to act as a permanent social safety net.

BAZNAS Free Hospital (*Rumah Sehat Baznas/RSB*) is the one of BAZNAS programs to facilitate free healthy services of the poor and also helps to accommodate the poor who needs further treatment to a bigger hospital. BAZNAS Free Hospitals until year 2016 has two categories facilities: Inside Building and Outside Building. Inside Building this form of health services delivery for the poor inside hospital building included the following services: (1) General Poly, (2) Inpatient Poly, (3) Laboratory, (4) Mass Cataract Surgery, (5) Radiology, (6) Dental Poly, (7) Maternal & Child Health Poly, (8) Healthy Family Building, (9) Specialist Poly, (10) Hypertension & Diabetes Center Poly, (10) Referral Service, (11) Social Psychology, and (12) Nutrition Poly.

Whereas outside building this form of health services delivery for the poor outside hospital building, included the following services: (1) Pre-Prosperous Family Partners, (2) Nutrition Center, (3) Healthy School Children's Program, (4) Mass Circumcision, (5) Village Drug Post, (6) Hypertension & Diabetes Center, (7) Healthy Community, (8) Healthy Cadres, (9) Tuberculosis Center, (10) Health Center, (11) Mobile Health Unit, and (12) Elderly Center.

BAZNAS Free Hospitals built by combining zakat and waqf instruments, where the land and building are financed by the waqf institution while health facilities, medicines, doctor salaries, nurse salaries and other operational costs will be funded by zakat as in figure 2. Until 2016, BAZNAS Free Hospitals has established in five cities i.e. Jakarta, Yogyakarta, Sidoarjo, Makassar, and Pangkal Pinang and has served 213,469[18] of the poor with details in Jakarta 52,429 people, Yogyakarta 49,048 people, Sidoarjo 50,851 people, Makassar 53,848 people and Pangkalpinang 5,293 people.

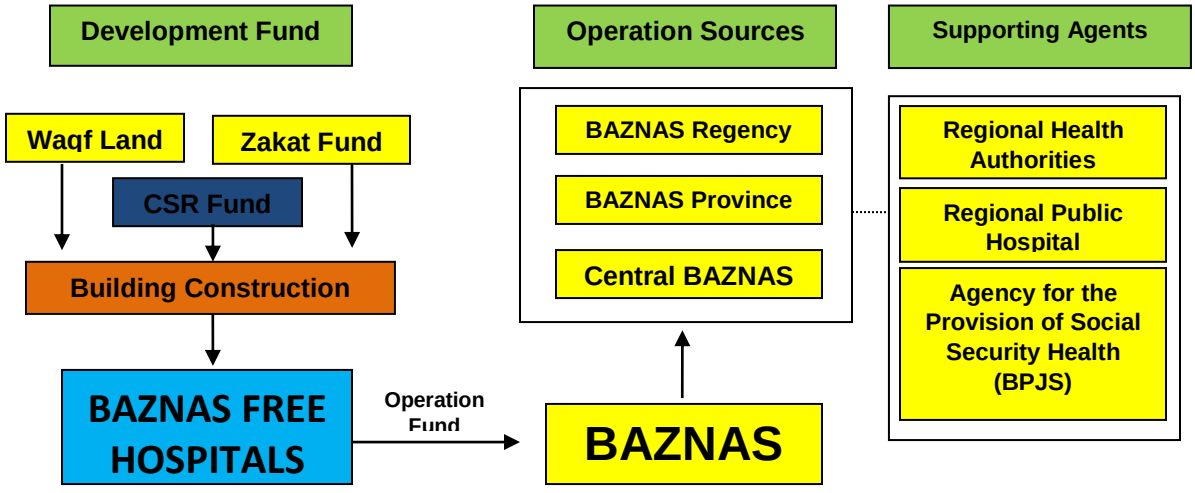

Figure 2: BAZNAS Free Hospital Financing Model

Source: Interview (2017)

[18] BAZNAS Healthy House Report, 2016

Jakarta

BAZNAS Free Hospital in Jakarta Realized in collaboration with waqf foundation of Sunda Kelapa Great Mosque which is currently located in the vicinity of Sunda Kelapa Great Mosque Complex Jl. Taman Sunda Kelapa No.16 Menteng Central Jakarta, standing on a land area of approximately 200m^2 and building area of 1000m^2. During 2016 RSB Jakarta has total services of 6211 households with a total of 19,404 people, and able to serve up to 54,429 of the poor with the composition inside building services 15,291 people and outside building services 39,138 people.

Yogyakarta

BAZNAS Free Hospital Yogyakarta realized in cooperation with waqf foundation of Universitas Islam Indonesia (UII) located in West Imogiri Road Km.7.5 Bibis Timbul Harjo Sewon, Bantul, Yogyakarta with the total land area 1.477m2 and building area 859m^2. During 2016 RSB Jakarta has total services of 7.692 households with a total of 19.887 people, and able to serve up to 51,041 of the poor with the composition inside building services 30.012 people and outside building services 21.029 people.

Sidoarjo

BAZNAS Free Hospital Sidoarjo realized in collaboration with waqf foundation Al-Chusnaini located at Street Raya Sukodono Gedangan, Sukodono District, Sidoarjo Regency, East Java. During 2016 RSB Jakarta has total services of 6.442 households with a total of 16.153 people, and able to serve up to 50,851 of the poor with the composition inside building services 19,730 people and outside building services 26,656 people.

Makassar

BAZNAS Free Hospital Makassar realized in cooperation with waqf foundation, University of Muslim Indonesia (YW-UMI) located at Jalan Urip Sumohardjo No. 264, Km 5, Karampuang, Panakkukang Makassar 90232 with land area 600m^2 and building area 383m^2.

Pangkalpinang

BAZNAS Free Hospital Pangkalpinang in cooperation with waqf foundation of PT. Timah located at Jalan R.E. Martadinata, Pangkalpinang with a land area of 2.390m^2, 840m^2 main building areas, and building area of mess 188.9m^2. During 2016 RSB Jakarta has total services of 1741 households with a total of 5.502 people, and able to serve up to 5,293 of the poor with the composition inside building services 2,905 people and outside building services 2,388 people.

Patient Satisfaction Surveys and Quality of Care: Survey 2017

This study aimed to identify the satisfaction value of services provided by BAZNAS Free Hospital or *Rumah Sehat Baznas (RSB)*. This survey based on a study conducted over a period of three months (May-July 2017) by 400 beneficiaries in four different branches RSBs (Jakarta, Makassar, Sidoarjo and Pangkalpinang).

Table 1: Demographic Characteristics

Demographic Characteristics	Jakarta	Makassar	Sidoarjo	Pangkalpinang
Gender				
Male	27.00%	22.00%	17.17%	23.00%
Female	73.00%	78.00%	82.83%	77.00%
Age				
<17	1.01%	1.00%	3.00%	4.00%
17-25	3.03%	7.00%	9.00%	10.00%
26-35	7.07%	25.00%	18.00%	19.00%
36-45	22.22%	26.00%	22.00%	20.00%
46-60	40.40%	28.00%	40.00%	23.00%
>60	26,26%	13.00%	8.00%	24.00%
Occupation				
Housewife	71.43%	66.00%	57.00%	68.37%
Student	1.02%	1.00%	6.00%	5.10%
Seller	6.12%	3.00%	5.00%	0.00%
Farmer	0.00%	0.00%	6.00%	3.06%
Employee	4.08%	6.00%	12.00%	2.04%
Others	17.35%	24.00%	14.00%	21.43%
Education				
Uneducated	2.02%	10.00%	5.05%	5.10%
Elementary	31.31%	37.00%	44.44%	36.73%
Junior High	28.28%	28.00%	23.23%	19.39%
Senior High	36.36%	24.00%	25.25%	27.55%
Others	2.02%	1.00%	2.02%	11.22%
Income (IDR)				
< 500,000	36.36%	39.39%	62.00%	44.29%
500,000-1,000,000	34.09%	35.35%	21.00%	32.86%
1,000,000-	19.32%	14.14%	11.00%	18.57%
2,000,000	9.09%	9.09%	6.00%	4.29%
2,000,000-	1.14%	2.02%	0.00%	0.00%
3,000,000				
> 3,000,000				
Family Members				
1-2 people	68.18%	30.61%	50.00%	47.06%
3-5 people	21.59%	45.92%	46.00%	45.88%
>5 people	10.23%	23.47%	4.00%	7.06%
Member of RSB				
Yes	97.73%	95.00%	98.00%	98.00%
No	2.27%	5.00%	2.00%	2.00%

Source of Info about RSB				
Friends/Relatives	85.86%	69.00%	78.00%	65.31%
Website	1.01%	0.00%	0.00%	0.00%
Newspaper	0.00%	0.00%	0.00%	0.00%
Social Media	1.01%	1.00%	0.00%	0.00%
Others	12.12%	30.00%	22.00%	34.69%
Membership Duration				
<1 year	20.62%	28.57%	18.18%	41.24%
1-3 years	26.80%	30.61%	52.53%	58.76%
>3 years	52.58%	40.82%	29.29%	0.00%
Reasons for Choosing RSB				
Reputation	21.00%	14.00%	13.00%	20.00%
Recommendation	11.00%	4.00%	12.00%	4.00%
Facilities	17.00%	37.00%	18.00%	47.00%
Location	39.00%	42.00%	42.00%	36.00%
Fee	58.00%	69.00%	79.00%	61.00%
Doctor	37.00%	50.00%	39.00%	35.00%
Insurance	2.00%	1.00%	1.00%	1.00%
Others	10.00%	12.00%	11.00%	3.00%
Transportation to get to the RSB				
Private	20.83%	37.50%	95.96%	75.00%
Public	72.92%	38.64%	1.01%	10.71%
Rent	6.25%	23.86%	3.03%	14.29%
Average Frequency of Visits	2.71 times	0 times	1.13 times	0 times
Inpatient	9.71 times	123.10 times	27.23 times	8.55 times
Polyclinic	1.88 times	0 times	1 times	0 times
Emergency Room	0 times	0 times	0 times	23 times
ICU	6.7 times	10.75 times	11 times	3.22 times
Others				
Occasion				
Medical Exam	42.00%	28.00%	56.00%	27.00%
Get Medication	65.00%	91.00%	66.00%	73.00%
Get Treatment	2.00%	0%	0%	0%
Others	1.00%	0%	12.00%	0%

Table 2: Beneficiaries Satisfaction

Item		Jakarta		Makassar		Sidoarjo		Pangkalpinang		Averages	
Service facilities			4,2		4,6		4,4		4,3		4,4
Distance			3,7		4,3		4,2		4,0		4,0
Easy access			3,8		4,5		4,3		4,1		4,2
Cleanliness			4,2		4,6		4,7		4,4		4,4
Availability and completeness			4,0		4,4		4,5		4,1		4,3
Employee membership	look	4,3	4,3	4,5	4,6	4,6	4,7	4,43	4,4	4,5	4,5
	services		4,3		4,5		4,6		4,4		4,5
	friendly		4,3		4,5		4,6		4,4		4,4
Registration officer	look	4,3	4,4	4,5	4,5	4,6	4,6	4,48	4,5	4,5	4,5
	services		4,3		4,5		4,6		4,4		4,4
	friendly		4,2		4,4		4,6		4,4		4,4
Nurses in General poly and Emergency Room	look	4,3	4,3	4,5	4,6	4,5	4,6	4,38	4,4	4,4	4,5
	services		4,2		4,4		4,5		4,3		4,4
	friendly		4,2		4,5		4,5		4,4		4,4
Doctors in General poly and Emergency Room	look	4,2	4,4	4,5	4,6	4,6	4,6	4,41	4,5	4,4	4,5
	services		4,3		4,5		4,6		4,3		4,4
	friendly		4,0		4,4		4,5		4,2		4,2
	look		4,3		4,5		4,6		4,5		4,5
Doctors in hypertension and diabetes poly	look	4,3	4,4	4,4	4,5	4,4	4,5	4,2	4,2	4,4	4,2
	services		4,3		4,5		4,5		4,2		4,2
	friendly		4,1		4,4		4,4		4,2		4,2
	look		4,2		4,4		4,3		4,2		4,2
Midwife in Mother and Child Health (KIA) Poly	look	4,0	4,1	4,4	4,5	4,5	4,5	4,26	4,3	4,33	4,3
	services		4,0		4,4		4,5		4,2		4,2
	friendly		4,1		4,4		4,5		4,1		4,3
	look		4,0		4,4		4,5		4,3		4,3
Laboratory personnel	look	4,2	4,3	4,4	4,5	4,5	4,5	4,25	4,3	4,39	4,4
	services		4,2		4,4		4,5		4,1		4,3
	friendly		4,2		4,4		4,5		4,2		4,3
	look		4,2		4,4		4,5		4,2		4,3
Pharmaceutical employee	look	4,3	4,3	4,5	4,5	4,6	4,6	4,38	4,3	4,45	4,4
	services		4,3		4,5		4,6		4,3		4,4
	friendly		4,2		4,4		4,6		4,3		4,4
	look		4,3		4,5		4,6		4,4		4,4
Dentist	look	4,2	4,4	4,4	4,5	4,4	4,5	4,21	4,2	4,36	4,4
	services		4,3		4,4		4,4		4,2		4,3
	friendly		4,1		4,4		4,4		4,0		4,2
	look		4,2		4,4		4,4		4,2		4,3

Psychologist	look	4,2	4,3	4,4	4,4	4,4	4,5	4,4	4,2	4,2	4,2
	services		4,3		4,4		4,1		4,2		4,2
	friendly		4,0		4,3		4,2		4,2		4,2
	look		4,2		4,3		4,4		4,2		4,2
Emergency medical services procedures can be done immediately (without the need for an agreement) RSB can provide all the necessary			4,1		4,3		4,4		4,1		4,2
services and has to deal with patient complaints			4,0		4,3		4,4		4,2		4,2
can accommodate the needs of patients in performing administrative processes with online systems (eg via phone, website, SMS)			3,9		4,3		4,1		4,0		4,1
RSB can provide integrated patient medical information (complete medical resume eg for referrals to other hospitals that include medical measures, lab results, etc.)			4,0		4,3		4,5		4,2		4,3
RSB has a clear, easy-to-find guide in providing direction to patients			4,1		4,3		4,5		4,2		4,3
RSB has a waiting room, treatment rooms, beds, medical equipment, medicines, toilet and adequate sanitation			4,2		4,3		4,6		4,3		4,4
RSB provides assurance to the patient if a problem arises from the medical action performed			4,0		4,2		4,5		4,1		4,2
RSB provides comprehensive medical			4,2		4,4		4,6		4,30		4,3

and pharmaceutical equipment in accordance with applicable standards										

Note Score: 1 = Very Bad; 2 = Bad; 3 = Enough; 4 = Good; 5 = Very Good

Source: Primer Data 2017 (proceed)

The results it can be concluded that the beneficiaries in average expressed satisfaction with in average value 4 (good).

Conclusion

In this paper, we explored the potential of institution of *Zakat* to meet the development challenges, especially in the Muslim world. Muslim countries on average have to travel much more distance in achieving the development targets as compared to middle income and high income countries. Since the goals are ambitious and the time-frame set for these goals is short, it is important that all-encompassing efforts are undertaken involving all sorts of institutions to make the largest leap forward. We discussed the economic potential and effects of *Zakat* by reviewing theoretical and empirical studies. We also provided our analysis which suggests that *Zakat* can play an important role in meeting sustainable development goals related to poverty, hunger, global health and well-being, quality education, decent wok and economic growth and income inequality.

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