

Factors of Halal Industry Ecosystem Development: A Study on the Islamic Hospital Industry in Indonesia

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ABSTRACT

Research Originality: This study offers originality by examining Islamic hospitals, a sector that has been rarely explored in halal industry research. It employs a quantitative approach to analyze how knowledge and perception influence public intention, with preference serving as a mediating variable, providing new empirical evidence for strengthening the halal ecosystem in healthcare services.

Research Objectives: This study aims to investigate the impact of knowledge and perception factors on public intentions to use sharia-certified hospitals, with preference serving as a mediating variable.

Research Method: A quantitative descriptive approach was employed, utilizing primary data collected through questionnaires and analyzed using the Structural Equation Modeling-Partial Least Squares (SEM-PLS) method. Respondents consisted of individuals living in areas with the presence of Islamic hospitals.

Empirical Results: The results showed that knowledge and perceptions have a significant influence on community preferences. Perceptions and preferences are also proven to affect people's intentions in choosing Islamic hospitals, while knowledge does not show a direct impact on intentions. Preference acts as a mediator in the relationship between knowledge, perception, and intentions.

Implications: The findings underscore the significance of education in enhancing public knowledge, promoting positive perceptions, and developing effective marketing and regulatory strategies to strengthen the position of Islamic hospitals within the halal ecosystem development in Indonesia.

Keywords:

halal industry; Islamic hospitals; knowledge; perception; preference; intention

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INTRODUCTION

The global halal industry is experiencing rapid growth, particularly in the food, cosmetics, tourism, and healthcare sectors. As a country with the largest Muslim population, Indonesia has significant potential to become a global hub for the halal industry. According to a report by The Royal Islamic Strategic Studies Center (RISSC), Indonesia has the largest Muslim population in the world. RISSC recorded Indonesia's Muslim population at 240.62 million in 2023. This number represents 86.7% of the total national population of 277.53 million. This large population is correlated with high consumption of halal products (Sukoso et al., 2020). The government is increasingly active in supporting the development of the halal ecosystem through strategic policies and initiatives. However, the lack of public knowledge about Islamic hospitals is an obstacle to the development of the halal industry. Islamic hospitals incorporate Islamic principles into their management, medical ethics, and patient care services. Although the public's understanding of this service is increasing, it remains relatively low. Data from BPJPH indicate that many people lack understanding of the criteria and benefits of Islamic hospitals, leading to low interest in these services.

Various issues hinder public awareness of Islamic hospitals, including a lack of adequate information, misconceptions about the modernity of services, and limited access to information. The lack of education also reduces people's appreciation of the added value of sharia-based services. These misconceptions create the perception that Islamic services are limited and lack innovation. To overcome this, efforts are needed to increase public knowledge through information campaigns and educational programs. Additionally, access to information should be expanded through social media and local communities. Introducing flagship programs that highlight positive Sharia values can also improve public perception of Islamic hospitals.

Religious values, personal beliefs, service quality, and social environment influence public preference for Islamic hospitals. Compliance with Sharia principles, trust in service quality, and availability of Sharia-compliant facilities are the main driving factors. These preferences are also often influenced by personal beliefs and values. Demand for sharia-based health services is increasing in Indonesia. However, the public perception of Islamic hospitals remains low, which has an impact on public interest. Hakim et al. (2022) found that although some people were aware of the existence of Islamic hospitals, not all had positive perceptions regarding the quality of services and the professionalism of the staff.

A lack of promotion and information is the primary reason for the low public preference for Islamic hospitals. Many people believe that these services prioritize religious aspects over medical quality. A study shows that a lack of understanding of the advantages of Islamic hospitals causes people to tend not to choose them as their primary health facility (Windasari et al., 2021). This condition confirms the gap between the advantages of Islamic services and public knowledge. With an increase in public knowledge, perceptions, and preferences towards Islamic hospitals, the halal industry ecosystem in Indonesia can develop more optimally. Effective education and promotion strategies from the government

and related institutions are necessary to enhance public awareness of the benefits of Islamic hospitals.

Numerous studies have been conducted on the development of the halal industry in Indonesia, encompassing various sectors and approaches. Asri and Ilyas (2022) examined the halal industry in a broad scope, while Andini and Darmawan (2023) focused on public preferences for Islamic hospitals, by examining the factors that influence decisions to use sharia-based health services. Then, Sumarlin et al. (2024) examined the ecosystem of halal products and services in Indonesia, while Amalia et al. (2024) analyzed the success factors for the development of halal industrial estates, particularly in the Bintan Inti Industrial Estate. Research from Annisa (2019) emphasizes the importance of building an integrated halal ecosystem to encourage Islamic economic growth, and Haryono (2023) highlights the role of public perception and institutional governance in supporting the halal ecosystem. In addition, Haqiqotus (2022) emphasizes the position of Islamic hospitals as an integral part of the halal ecosystem, covering aspects of services, food, and pharmaceuticals.

Furthermore, several studies have discussed the development of the halal industry in the context of hospitals or the Islamic health sector. Nasution et al. (2024) examined the business development strategy of Islamic hospitals for Islamic educational institutions with a SWOT approach, while Minarni et al. (2025) used a similar approach to assess the contribution of Islamic hospitals to the halal industry ecosystem. (Warsidi Warsidi, Abdurrahman Raden Aji Haqqi, 2024) mapped the operational aspects of Islamic hospitals that have obtained certification, focusing on strategy and operations based on qualitative analysis. On the other hand, Wilda et al. (2024) adopted a quantitative approach to assess consumer preferences in choosing an Islamic hospital, albeit limited to the Riau region. They found that understanding and attitude have a significant influence on patient preferences.

Additionally, aspects of patient satisfaction and service quality are widely discussed as potential areas for improvement in Islamic hospitals. Mahdalena, S. et al. (2020) found that the application of sharia-based service concepts has a significant effect on patient satisfaction at RSUD Dr. Zainoel Abidin Banda Aceh. Similar findings were reported by Prayoga et al. (2021), who evaluated the dimensions of Islamic nursing, including *Rabbaniyyah*, *Akhlaqiyyah*, *Waqi'iyah*, and *Insaniyyah*, at PKU Muhammadiyah Hospital, Yogyakarta. Feri Sumadi et al. (2021) also revealed that service quality, price, and facilities jointly affect patient satisfaction in Islamic hospitals. This is reinforced by Wardaningsih and Oktariza (2021), who demonstrate that providing exemplary service in line with Islamic values can significantly increase patient satisfaction.

Nonetheless, studies on Islamic hospitals have been conducted from various aspects; most research remains limited to case studies of specific hospitals, focusing more on operational and service aspects. Ikhwan (2024) stated that direct research linking Islamic hospitals with the development of the halal industry in Indonesia is still relatively limited. Based on these facts, this study offers novelty by examining the development of the halal industry in the context of Islamic hospitals using a quantitative approach and a broader scope, namely, comprehensively analyzing the effect of knowledge and perceptions on

public intentions in using Islamic hospitals, as well as identifying how preference plays a role as a mediating variable. This research is expected to provide a more comprehensive empirical contribution to strengthening the halal ecosystem in the Islamic hospital service sector.

METHODS

This study employed a quantitative approach using both primary and secondary data. Primary data were obtained from questionnaires distributed to people living in provinces with Islamic hospitals, including Jakarta, Banten, Central Java, West Java, East Java, Aceh, NTB, and Sumatra. The synthesis of research variables, knowledge, perception, intention, and preference, was adopted from previous studies (Alfarizi & Arifian, 2023; Ardian et al., 2023; Novriwanda & Herman, 2024; Windasari et al., 2024). Respondents were required to be aware of Islamic hospitals, regardless of whether they had used their services or not. A 5-point Likert scale was used to measure responses, ranging from 1 to 5.

The sampling technique used was simple random sampling. Based on the minimum sample requirements suggested by Hair et al. (2019), a minimum of 59 samples was needed. The final dataset consisted of 116 respondents, with the largest proportion coming from Banten (37%), West Java (31%), and Jakarta (24%). Most respondents were female (62%) and aged between 20 and 30 years.

Data were analyzed using Structural Equation Modeling with the Partial Least Squares (SEM-PLS) method through Smart-PLS software. SEM is a statistical technique that integrates factor analysis and regression to examine relationships among latent and observed variables simultaneously (Hair et al., 2019). The SEM-PLS method was chosen because it is variance-based, prediction-oriented, and suitable for complex models with latent variables and moderate sample sizes (Chin, 1998). SEM consists of two components: the measurement model, which links latent variables with their observed indicators, and the structural model, which specifies the relationships among latent variables. The general model of an SEM can be expressed in three basic equations:

$$\eta = B\eta + \Gamma\xi + \zeta \quad (1)$$

$$Y = \Delta_y \eta + \varepsilon \quad (2)$$

$$X = \Delta_x \xi + \delta \quad (3)$$

The first equation represents the structural model, which establishes the relationship among the latent variables. The components of η are endogenous latent variables; ξ are exogenous latent ones, and both are a system of linear equations with B and Γ ; ζ is a residual vector. Equations 2 and 3 represent measurement models which define the latent variables in terms of the observed variables. That is, Equation 2 links the endogenous indicators, Y , to endogenous latent variables, η , and Equation 3 links the exogenous indicators, X , to the exogenous latent variables ξ . In addition, ε both /and δ are the residuals (Pakpahan et al., 2017).

Figure 1. Research Framework

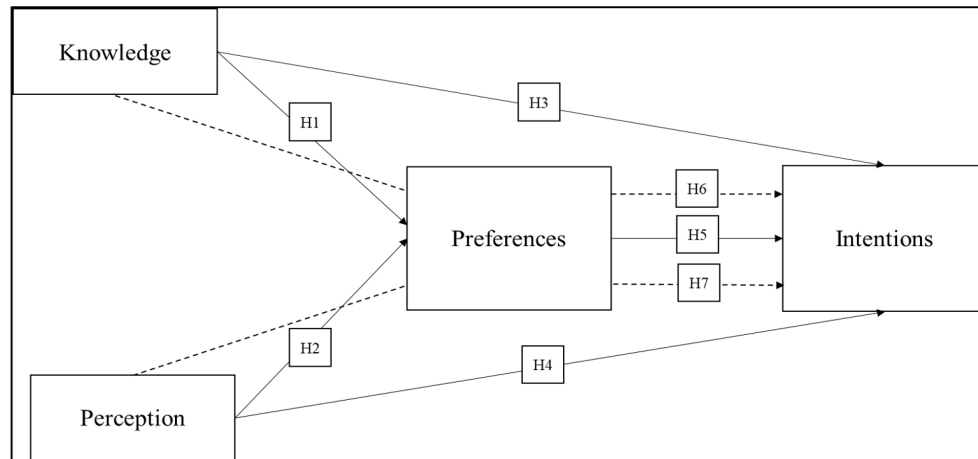


Figure 1 presents the research framework, which illustrates the relationships among knowledge, perception, preference, and intention in Islamic hospitals, with preference as a mediating variable. Based on this framework, several hypotheses are formulated for empirical testing.

RESULTS AND DISCUSSION

This research was conducted on 116 respondents. Table 1 explains the results of descriptive statistical tests of each variable. Based on the results in Table 1, it can be seen that the average respondent's answer to all variables is mostly “agree”.

In PLS-SEM, the structural model illustrates the relationships (paths) between constructs, while the measurement model (also referred to as the outer model) depicts the relationships between constructs and their indicator variables. Measurement models can be distinguished for exogenous latent variables, which explain other constructs, and endogenous latent variables, which are explained by other constructs. (Hair et al., 2021). To assess the outer model using data analysis techniques with SmartPLS, several criteria are evaluated, namely convergent validity, discriminant validity, and reliability.

Tabel 1. Descriptive Statistics

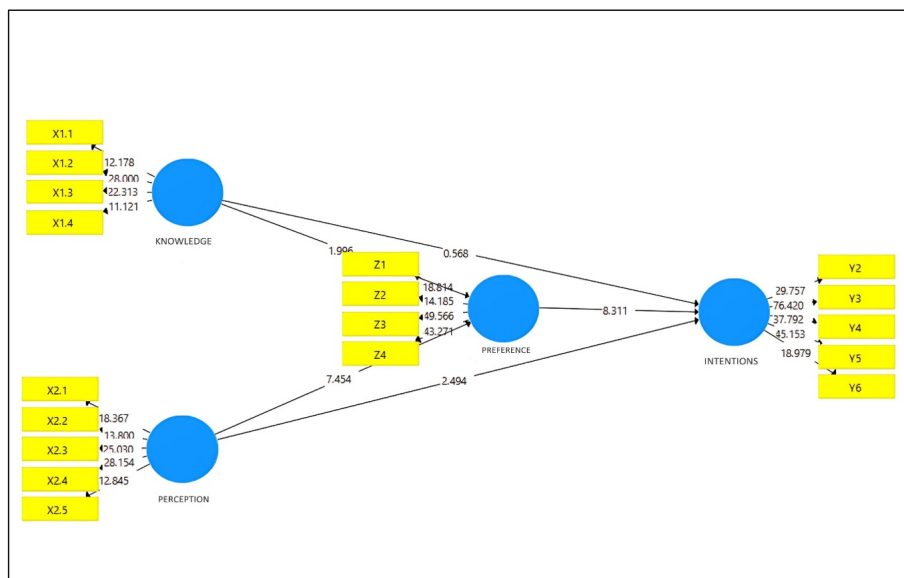
Variabel	N	Min	Max	Mean	Standard Deviation
Knowledge	116	5	25	18,77	3,65
Perception	116	5	25	20,33	3,72
Preferences	116	4	20	15,66	3,08
Intentions	116	12	30	24,74	3,99
Valid N	116				

Source: Primary data processed.

Based on the model in Figure 2, it can be seen that all indicators have a loading factor of more than 0.70, indicating that all constructs have met the requirements for convergent validity. Therefore, these indicators are deemed valid and suitable for analysis.

There are three methods for assessing discriminant validity in a study using Smart PLS. One of them looks at the Heterotrait-Monotrait Ratio (HTMT), where the validity of the discriminant construct is fulfilled, and has an HTMT value below 0.90. The results of the Heterotrait-Monotrait Ratio test are shown in Table 2. The results of data processing in Table 2 indicate that the HTMT of each variable is less than 0.90, meaning the construct meets the discriminant validity requirements and is classified as good.

Figure 2. Output Outer Model



Tabel 2. Heterotrait-Monotrait Ratio (HTMT)

	Knowledge	Perception	Intentions	Preferences
Knowledge				
Perception	0,746			
Intentions	0,530	0,739		
Preferences	0,637	0,772	0,858	

Source: Smart-PLS, data processed.

Reliability is an important requirement for each construct to be analyzed, with a Cronbach's alpha value above 0.6 and composite reliability above 0.7 indicating high reliability (Ghozali & Latan, 2015). The results of the reliability test are presented in Table 3. Table 3 shows that the Cronbach's alpha and composite reliability values have exceeded or met the minimum value requirements. Thus, all constructs/variables have good reliability.

Tabel 3. Composite Reliability dan Cronbach's Alpha

	Cronbach's Alpha	Rho_a	Composite Reliability	Average Variance Extracted (AVE)
Knowledge	0,826	0,831	0,885	0,659
Perception	0,889	0,892	0,919	0,694
Intentions	0,93	0,936	0,947	0,781
Preferences	0,868	0,89	0,91	0,717

Source: Smart-PLS, data processed.

Table 4 shows that R-squared explains the substantive influence between the independent variable and the dependent variable. The interpretation of the R-squared value that will be generated is as follows: 0.75 (strong), 0.50 (moderate), and 0.25 (weak) (Ghozali & Latan, 2015). The adjusted R-squared value indicates that the knowledge and perception variables simultaneously explain preferences by 48.6% (moderate category), while the remaining 51.4% is influenced by other variables not hypothesized. For the intentions variable, the adjusted R-Square value of 64.4% indicates that knowledge, perceptions, and preferences simultaneously explain intentions with a moderate to strong category. In comparison, other variables outside the model influence the remaining 35.6%.

Tabel 4. R-Square Value

	R Square	R Square Adjusted
Intentions	0,654	0,644
Preferences	0,495	0,486

Source: Smart-PLS, data processed.

Q-Square is used to evaluate the quality of model predictions and parameter estimates. This value is considered to have good predictive relevance if it is greater than 0, with an interpretation of 0.02 as weak, 0.15 as moderate, and 0.35 as strong (Ghozali & Latan, 2015), while a value close to zero indicates increasingly optimal model performance. Table 5 above shows that the Q-Square value for the preference variable is 0.340 and for the intentions variable is 0.490, indicating that both have predictive relevance that falls into the moderate to strong and strong categories, respectively.

Tabel 5. Q-Square Value

	SSO	SSE	Q ² (=1-SSE/SSO)
Knowledge	464,000	464,000	
Perception	580,000	580,000	
Intentions	580,000	295,539	0,490
Preferences	464,000	306,465	0,340

Source: SmartPLS, data processed.

Hypothesis testing using the bootstrapping method is employed to determine whether a construct affects other constructs, as indicated by the t-statistic value and the parameter coefficient of the effect (Ghozali & Latan, 2015). The criteria in this study are based on the probability value (p-value) with a significance level of 5%. If the p-value <0.05 and the T-statistic > 1.9808, then the hypothesis is accepted.

The results of hypothesis testing show that knowledge affects preferences, as shown by the t-statistic, which is 1.996, greater than the t-table (1.996 > 1.989), and with a p-value of 0.048 <0.05. Table 6 shows that knowledge has a positive and significant influence on people's preferences in using Islamic hospitals. This finding suggests that the greater the community's knowledge about Islamic hospitals (for example, services, Sharia principles, and benefits), the higher their preference for Islamic hospitals. The knowledge factor makes a significant contribution to shaping people's intentions and choices. This finding aligns with the research of Windasari et al. (2024) and Rahman et al. (2021), which shows that consumer knowledge about halal services and Sharia-friendly hospitals increases patient preference and loyalty. Research by Rashid et al. (2024) also supports the notion that health workers' knowledge of Sharia programs influences their attitudes and service practices. This result indicates that, from both the user's and service provider's perspectives, knowledge is a key factor in shaping the preferences and service quality of Islamic hospitals. This finding aligns with the theory of consumer behavior, which suggests that the deeper a consumer's knowledge, the more it will influence decision-making in accordance with personal needs and preferences.

Tabel 6. Tabel Path Coefficient & Test of Intervening Effect

Hypothesis	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values	Decisions
Knowledge → Preferences	0,179	0,191	0,09	1,996	0,048	Accepted
Perception → Preference	0,575	0,562	0,077	7,454	0,000	Accepted
Knowledge → Intentions	-0,053	-0,038	0,093	0,568	0,571	Rejected
Perception → Intentions	0,272	0,258	0,109	2,494	0,014	Accepted
Preferences → Intentions	0,629	0,64	0,076	8,311	0,000	Accepted
Knowledge → Preferences → Intentions	0,113	0,12	0,054	2,07	0,041	Accepted
Perception → Preferences → Intentions	0,362	0,361	0,074	4,865	0,000	Accepted

Source: SmartPLS, data processed.

This study demonstrates that community perceptions also have a positive influence on preferences. These results align with those of Rahman et al. (2021), who found that positive perceptions of Sharia services contribute to patient loyalty and satisfaction. Wardaningsih and Oktariza (2021) also confirmed that positive perceptions of nurse

behavior in accordance with Islamic values increase patient trust. In the Indonesian context, a KNEKS study by Windasari et al. (2021) and Firdaus and Nafik (2018) reveals that the perception of sharia aspects in health services is a significant determinant in shaping people's preferences. This result suggests that positive perceptions of Islamic hospitals, including confidence in service quality and adherence to Sharia principles, positively influence people's preferences. This result underscores the importance of good perceptions in attracting people to choose sharia-based services.

The results of hypothesis testing show that knowledge does not affect intentions. The findings of this study align with those of Rochmiati et al. (2021), which suggest that knowledge and religiosity do not have a significant impact on patient interest or decisions regarding the choice of Islamic hospitals. The results show that knowledge does not have a significant influence on public intention to use Islamic hospitals directly. This suggests that although people are aware of Islamic hospitals, it does not directly influence their intention to use them. Other factors, such as perception and preference, are more significant mediators in forming intention. This study suggests that although people are aware of Islamic hospitals, their use does not necessarily follow from this awareness. Other factors, such as perception and preference, appear to be more significant mediators in forming intentions.

Furthermore, the public's perception of Islamic hospitals has been proven to have a significant influence on their intentions for using them. This finding aligns with Rahman et al. (2021), which demonstrates that positive perceptions of Sharia services lead to increased patient loyalty and satisfaction. Wardaningsih & Oktariza (2021) also found that perceptions of Islamic nursing behavior have an impact on patient satisfaction and interest. In addition, Ardian et al. (2023) asserted that the application of sharia values in health services contributes to increasing public interest in sharia services. This finding suggests that positive perceptions of Islamic hospitals, including trust in sharia-compliant services, medical quality, and adherence to Islamic ethics, can encourage people to be interested in utilizing these services.

The people's preferences for Islamic hospitals significantly influence their intentions to use them. This finding aligns with Rahman et al. (2021), who state that preferences formed from positive perceptions of Sharia compliance and service quality encourage loyalty and intention to reuse Islamic hospital services. In addition, Firdaus and Nafik (2018) also found that the sharia values on which preferences are based contribute significantly to patients' intention to choose these services. Thus, preference is proven to be a strong determinant of behavioral intention. These results suggest that preferences formed from positive knowledge and perceptions play a significant role in increasing people's interest. In other words, when people prefer Islamic hospitals, their interest in using these services also increases.

The results of testing the intervening effect show that knowledge affects intentions through preference. The results of this study align with those of Wilda et al. (2024), which show that knowledge increases the decision to use Islamic hospitals through aspects of attitude and preference. In addition, these results are reinforced by previous findings,

which confirm that intention or interest can be formed through the mediation path of knowledge and attitude (Eid et al., 2024; Mafabi et al., 2017). Preference acts as a mediator between knowledge and interest, implying that knowledge does not directly influence interest; instead, knowledge can influence preference, which then increases people's interest in the subject. Preference serves as an important link that converts knowledge into a genuine interest in using Islamic hospitals.

In addition, the results of testing other intervening effects show that perception affects intentions through preference, which is indicated by the calculated t value of 4.865, greater than the t table ($4.865 < 1.989$), and with a p -value of $0.000 < 0.05$. This study aligns with Rahman et al. (2021), which demonstrates that perceptions of Islamic service quality influence intention through satisfaction as a mediating variable. Rasyidah et al. (2024) also demonstrate that people's perceptions of Sharia services shape their preferences, which in turn trigger interest in Islamic hospitals. Similar results indicate that perceptions of Sharia service standards influence loyalty through attitudes and preferences (Ngatindriatun et al., 2024). Preference is also proven to mediate the relationship between perception and intentions. The positive perceptions that people have towards Islamic hospitals influence their preferences, which then drive interest in using the service. This result confirms that good perceptions need to be managed to strengthen people's preferences, thereby increasing their interest. The results show that both knowledge and perceptions play a significant role in shaping people's preferences towards Islamic hospitals. The preference has a significant impact on people's intentions, both directly and as a mediator in the relationship between knowledge and perception of intentions.

CONCLUSION

This research aims to analyze the influence of knowledge and perception on intentions, as well as the role of preference as a mediating variable in shaping people's intentions for using sharia hospitals, contributing to the development of the halal industrial ecosystem in Indonesia. The results of this study indicate that knowledge and perception have a significant impact on people's preferences for Sharia hospitals. A good understanding of services and Sharia principles increases people's preferences, while positive perceptions, especially regarding service quality and conformity with Sharia principles, also strengthen these preferences. However, knowledge does not directly influence intentions; instead, it influences them through preferences. This study confirms that preference has become a mediator variable that encourages people's intentions to use Sharia hospitals. Overall, these factors interact with one another to shape public intentions regarding sharia hospital services.

Theoretically, this research contributes to the literature on halal industry and health services by providing empirical evidence on the role of consumer knowledge, perception, and preference in shaping behavioral intention. Practically, the results underscore the importance of public education programs, reputation management, and targeted marketing strategies in enhancing the attractiveness of shariah hospitals. Shariah hospitals' management should strengthen positive perceptions through testimonials, certification disclosure, and

involvement of religious authorities, while designing marketing campaigns that emphasize the unique value of sharia-based services.

This study is limited to four primary constructs: knowledge, perception, preference, and intention. Future research could expand the sample size, include more diverse demographic profiles, conduct longitudinal studies, and extend the model by incorporating additional variables such as trust, satisfaction, religiosity, or perceived value, which may provide a deeper explanation of public behaviors toward Islamic hospitals.

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