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Barriers to Effective Health Waqf Implementation: An In-Depth Exploration

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ABSTRACT

Health Waqf is of prominent importance for being the source of provision of sustainable funding for healthcare services, especially in areas where resources are limited and insufficient. However, such initiatives are not always implemented successfully because of the numerous challenges that Waqf institutions face. Therefore, the objective of this study is to explore the different barriers and challenges faced by Waqf institutions in their attempt to implement health Waqf in Malaysia. This study particularly focuses on the sustainability and operational challenges experienced by SIRC in implementing health Waqf initiatives effectively. The qualitative investigation was carried out with the use of four case studies of selected Waqf institutions, particularly selected SIRC in Malaysia and the method of analysing the collected data was thematic analysis. Data were collected through in-depth interviews with top management personnel directly involved in health Waqf implementation. Four themes were identified from the findings, and they include (i) community awareness of health Waqf, (ii) funding for health Waqf, (iii) human capital expertise, and (iv) regulations and laws. The results provide a contribution to the theoretical literature on the issue and give some guidelines to Waqf institutions in developing strategies that would be effective in achieving their primary objective of supporting the national healthcare system. The findings also provide practical insights for SIRC in strengthening governance, funding sustainability, and effective management practices for health Waqf implementation in Malaysia.

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1. INTRODUCTION

In Malaysia, health waqf has attracted significant attention as a potential measure to expand healthcare access for the impoverished (Rusydiana et al., 2023; Sulistyowati et al., 2022). To date, research trends in the health sector suggest that Malaysia is the largest contributor to promoting health Waqf initiatives (Sanusi and Shafiai, 2015; Sulaiman and Alhaji Zakari, 2019; Aldeen et al., 2020). This implies a growing inclination and involvement in Malaysia in the use of Waqf for healthcare objectives. Waqf, one of the major economic institutions in Islam, is traditionally applied to mosques, religious schools, and cemeteries (Yasin, 2023). However, in recent times, the health Waqf has become one of the efforts to enhance access to specialized medical treatment and to reduce the financial burden on those who cannot afford it.

One factor that influenced the success of the health Waqf in Malaysia was its adaptability to changes in the healthcare environment. In contrast, conventional financial approaches are struggling to meet the healthcare needs of an increasing population (Ghorbani, 2022). Health Waqf, on the other hand, offers a long-term solution to the problem by providing steady funding for healthcare services (Mohamed & Aris, 2021). The perennial nature of Waqf assets ensures that resources are available at all times to address emergent health concerns. With this continued financial flow, the healthcare system can become stronger and more able to adapt to the increasing challenges. This approach aligns with Malaysia's goal of developing a powerful and inclusive healthcare infrastructure well-positioned to address the changes and dynamics of the healthcare community.

Additionally, Malaysia's existing efforts to encourage the inclusion of Waqf in various socio-economic development projects are also highlighted through the development of new frameworks, including the Waqf-Takaful compensation model (Rusydiana et al., 2023). Despite the growing tendency of the general public to contribute to monetary Waqf for health-related purposes, the current circumstances are slowly changing people's perception of Waqf beyond its original meaning. As a result, the notion of health Waqf in Malaysia is evolving to address modern healthcare needs and advance socio-economic development.

Although public understanding of Waqf is limited, a recent investigation indicates that many are increasingly willing to contribute to the health fund. In fact, it is anticipated that these small yet significant changes may soon exceed the current standard (Al-Hanawi et al., 2020). As a result, the health Waqf can be regarded not only as a historical notion in the country but also as a transformative force that addresses modern healthcare challenges and promotes socio-economic development. Currently, one of the aspirations of the Waqf institutions is to educate the public and increase public understanding of the topic to persuade them to contribute more to cash funds for health purposes (Sukmana, 2020). However, despite the growing development of health Waqf initiatives in Malaysia, limited studies have specifically examined the actual barriers and sustainability challenges faced by Waqf institutions, particularly SIRCs, in implementing these initiatives effectively (Mahmud & Noordin, 2024; Sukmana, 2020). Therefore, a deeper understanding of these implementation barriers is important to strengthen the sustainability and effectiveness of health Waqf practices in Malaysia.

Thus, this research aims to explore the challenges faced by Waqf institutions in implementing the health Waqf. It is important to understand the obstacles to ensuring the sustainability of the Waqf's health,

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as it is a critical instrument in Islamic social financing. Unless these challenges are identified and addressed, they may harm the country in the long run. It is anticipated that the findings of the present study will be practical for Waqf institutions in developing strategies to achieve the sustainability of health Waqf, in line with the objective of serving the ummah.

2. LITERATURE REVIEW

2.1 Definition of health waqf

The concept of health Waqf is defined as a form of charity within Islamic finance, where it is the allocation of assets or funds for the purpose of health services and care in particular (Al-Daihani & Che Abdullah, 2023). It is also aimed at addressing society's needs and promoting social welfare. Health Waqf is one of the important tools in reducing inequality in the healthcare system. It provides that everybody is served with regard to their social stature (Aziza, 2023).

Another definition of health Waqf is the use of various resources, such as cash, property, and facilities, to strengthen the healthcare system and the community. In a study conducted by Rusydiana et al. (2023), it was revealed that nowadays Waqf funds are commonly used to build health clinics, fund medicines, and support financial programs to improve the overall health of the community. Health Waqf also plays a role in facilitating the development of health infrastructure, e.g., hospitals and treatment facilities, as well as the supply of healthcare equipment. In short, efficiency through the proper use of health Waqf can reduce the cost of medical expenses for the underprivileged, thus ensuring them access to quality treatment.

Therefore, a health Waqf is a form of Waqf that emphasizes supporting the health sector by providing assets or funds to benefit the community. Its main purpose is to ensure that less fortunate people can access quality, accessible health services through sustainable sources of financing. These health Waqf funds or assets may be used to establish and maintain health institutions, such as hospitals and clinics, and to provide low-cost treatment to the community, especially the less fortunate. Apart from that, the health Waqf is also important in supporting and developing a more just and sustainable health system.

2.2 Current development of health waqf in Malaysia

In Malaysia, the implementation of health Waqf has increasingly attracted the attention of State Islamic Religious Councils (SIRC), Waqf institutions, and Islamic-related organizations as an alternative mechanism to support healthcare services, particularly for low-income and underprivileged communities (Mohamed Daud et al., 2024). The growing healthcare costs and increasing demand for quality healthcare services have encouraged various institutions to explore health Waqf as a sustainable source of social financing (Raja Adnan et al., 2022). In line with this development, several SIRC and Waqf institutions have introduced initiatives related to healthcare assistance, dialysis centres, hospital collaborations, medical equipment contributions, and healthcare funds for eligible beneficiaries

Among the notable examples of health Waqf initiatives in Malaysia is the establishment of Hospital Waqaf An-Nur, operated by Johor Corporation through WANCorp, which provides affordable healthcare services to the community regardless of religious background (Kamaruddin, 2019). In addition, several SIRC, such as Majlis Agama Islam Selangor (MAIS), Majlis Agama Islam Wilayah Persekutuan (MAIWP), and other Waqf-related institutions, have actively supported healthcare through medical assistance funds,

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dialysis support, and collaborations with healthcare providers. Furthermore, Yayasan Waqaf Malaysia has also been involved in strengthening Waqf initiatives in health through strategic cooperation and community-based healthcare projects. These initiatives demonstrate that the health Waqf has become increasingly relevant in supporting the Malaysian healthcare ecosystem and enhancing social welfare. It also contributed to improving healthcare accessibility for low-income communities, reducing patients' financial burden, and supporting the provision of healthcare services through community-based Islamic social financing mechanisms (Noorhidayu et al., 2024).

Despite the encouraging development, previous studies have highlighted that the implementation of health Waqf in Malaysia still faces several challenges related to governance, funding sustainability, public awareness, legal frameworks, expertise, and operational management (Abd Aziz et al., 2025). Some health Waqf initiatives are highly dependent on public donations and external collaborations, which may affect the continuity and sustainability of healthcare programs. In addition, limitations in professional expertise, inefficient management systems, and a lack of public understanding regarding health Waqf continue to affect the effectiveness of implementation among Waqf institutions (Mahmud & Noordin, 2024). Therefore, understanding the Malaysian context of health Waqf implementation is important to provide clearer insight into the actual practices, experiences, and challenges faced by SIRC and related institutions in sustaining health Waqf initiatives.

Although the development of health Waqf initiatives in Malaysia has shown encouraging progress, studies focusing specifically on the sustainability challenges SIRC faces in implementing health Waqf remain limited. Most previous studies primarily discussed general Waqf management issues or broader Islamic social finance perspectives, rather than the practical sustainability challenges faced by SIRC in the health sector. Therefore, further investigation is necessary to provide a deeper understanding of the sustainability issues, operational experiences, and implementation challenges encountered by SIRC in managing health Waqf initiatives in Malaysia.

2.3 Overview of health waqf

In the health field, Waqf has a strong potential to sustain healthcare services, particularly for the less privileged (Jamilu, Audu, and Zainab, 2022). Today, the rising cost of healthcare is a significant burden for many (Akmal et al., 2021). Therefore, Waqf, which is the cash, real estate, and building sources, is rumoured to be financially able to overcome the difficulties of the current times (Sukmana, 2020). Waqf has made a significant contribution to the development of the healthcare system by supporting infrastructure for better health delivery and addressing the community's socio-economic challenges. In reference to the health Waqf in particular, its application can be seen in the establishment of institutions, such as clinics and hospitals, to provide healthcare services to the public (Fawwaz et al., 2021).

The use of Waqf funds in the health sector is based on the welfare of the people (Jamaluddin and Hassan, 2021). With the aim of addressing economic issues and investing in sectors such as healthcare, research, and sustainable development, Muslimin et al. (2022) have identified strategic cash investments in Waqf. Simply put, the Waqf application as an area of healthcare is highly relevant in the maintenance of the healthcare system and provision within Islamic civilization (Pamungkas & Zaki, 2021).

Moreover, Waqf institutions have a vital role in contributing to healthcare services in meeting the needs of the community (Conteh, Damkar & Albakri, 2020). Sustainable funding sources can support the operation of healthcare programs and ensure the delivery of quality services to the needy through the health

https://doi.org/10.24191/eaj.v15i1.10793

Waqf. Historically, the health Waqf was first established in hospitals that adopted a management model with minimal intervention from central authorities. Back then, it was developed with the major focus being to encourage community involvement in the ability to offer free health services (Raja Adnan, Mutalib & Aziz, 2022). This strategy aligns with the fundamental concept of Waqf, which serves as a valuable guide for society.

Lastly, the integration of Waqf in modern healthcare in the form of sustainable funding can be used for operations to enhance the quality of services, along with promoting sustainability and social equity (Wijaya, 2023). By strategically leveraging Waqf resources, health outcomes can be improved and healthcare gaps addressed. To conclude, the use of health Waqf can be beneficial for improving digital health technologies, modernizing, optimizing resources, and improving patient outcomes. Moreover, strategic partnerships and community engagement ensure a healthcare system that is more inclusive, resilient, and effective.

2.4 Previous study challenges on the health waqf

2.4.1 Public awareness

Health Waqf has become the topic of closer attention as a possible solution to healthcare problems in Muslim-majority countries (Ascarya, 2022; Sulistyowati et al., 2022b). In Islamic culture, Waqf has a history of serving as a sustainable paradigm for social well-being. However, despite its good intentions, the health Waqf's control mechanism is facing various challenges that prevent it from being effective. A major hindrance is that the knowledge and understanding of the problem by the rest of the population are lacking (Wan Musa et al., 2021).

Based on several studies, many donors and recipients lack the necessary knowledge of Waqf, including its overall impact on healthcare and its formation and management. This ignorance may make them not want to join and contribute to such initiatives, which may constrain their overall success (Abu Talib et al., 2020; Sulistyowati et al., 2022). Numerous studies have established the significance of educational endeavours and awareness campaigns in increasing the understanding of the subject matter of health Waqf (Akmal et al., 2021b). For example, community involvement and target-based educational courses are relevant to the reversal of the concept and to increasing visibility and building trust among prospective stakeholders. In the Malaysian context, previous studies also reported that public understanding of the concept and role of health Waqf remains relatively limited, particularly in distinguishing it from other charitable instruments such as zakat and sadaqah. This situation may affect community participation and long-term contribution towards health Waqf initiatives.

2.4.2 Legal and regulatory framework

The legal and regulatory system plays an instrumental role in the success of the health Waqf schemes (Alasmari et al., 2021; Owusu Sekyere et al., 2022). The lack of a well-updated and specified legal framework at times makes it very difficult for donors and administrators to contribute to a health Waqf. Also, issues of property rights, taxation, and governance mechanisms can impede the establishment and operation of health Waqf programs. To reduce these disadvantages, Sowtali (2021) mentioned that there is a necessity for the government to enforce detailed legal policies, which directly address the dynamics of health Waqf.

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A clear legal strategy can provide security and support, helping people and organizations join the health Waqf with confidence. When analysing the regulations governing the topic, it is indisputable that those in use today are developed with a comprehensive and balanced understanding of current management practices to strengthen Waqf's capacity. This includes the regulations that provide legal certainty to the Waqf, its trustees (nazir), and its assets (mawquf alayh), which help in the effective and efficient utilization of Waqf assets (Emha et al., 2022).

To make health Waqf assets viable and efficient, effective governance and management practices must be implemented. Other authors (Abas & Raji, 2018; Umar & Aliyu, 2019) have introduced the fact that there is no effective administration or transparency in the existing Waqf, which is negatively affecting the Waqf's management effectiveness. The predominant issues raised are related to recruiting effective administrators, maintaining integrity, and developing more open systems of management (Siswantoro et al., 2018; Ahmad Sanusi et al., 2021; Sulistyowati et al., 2022). Besides, deficiencies in management, knowledge, and skills, and ineffective monitoring processes have been found to affect the effectiveness of health Waqf programs (Aldeen et al., 2020; Zulkifli et al., 2022). The absence of well-established legal systems, alongside the emergence of vague laws, creates confusion and complications for contributors and administrators as they fulfil their concurrent duties. In Malaysia, the administration of Waqf under different SIRC may also create variations in governance practices, management procedures, and implementation approaches across states. This situation may indirectly affect the standardization and efficiency of health Waqf management.

2.4.3 Lack of funds

Inadequacy of funds can be one of the problems with developing and maintaining essential medical sites (Debie et al., 2022; Laar et al., 2021). It is a well-established fact that constructing hospitals, clinics, treatment centres, and other health facilities require enormous capital. It is not possible to build and sustain high-quality healthcare facilities without adequate funding. On top of that, if the facilities are completed successfully, the success may lead to a shortage of beds, obsolete equipment, and a shortage of medical professionals. Also, there is a possibility that insufficient funds lead to a lack of preventive medical programs or community healthcare programs (Ramanadhan et al., 2020). Besides this, it is important to remember that the notion is not only about treating patients in community health, but also about preventing disease and promoting health awareness among people.

When there is not enough money, programs like public health screening, health awareness campaigns, and vaccine provision can be affected. This, in turn, will induce the rise of preventable diseases and disabilities. Also, the issue, if left to persist, poses a barrier to the poor and needy regarding access to healthcare services (Tirgil et al., 2019). Providing quality healthcare services that are accessible to people, irrespective of their economic well-being, is one of the primary objectives of public health. Nevertheless, in the absence of sufficient funds, organizations might find the process difficult, leading to disparities in the delivery of healthcare services. Several Malaysian health Waqf initiatives are still dependent on periodic public donations and external support to sustain healthcare assistance programs and operational expenditures. The increasing healthcare costs and long-term maintenance requirements may create additional financial pressure for Waqf institutions.

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2.4.4 Asset maintenance

The health Waqf asset maintenance is an issue that involves many aspects closely connected to successful maintenance and proper management. Within the context of health Waqf, hospitals, clinics, medical centres, and other healthcare-related equipment are, among others, the property of health Waqf and are used on behalf of society. Asset maintenance is often linked to the Waqf institution's financial capacity to invest and ensure the effectiveness and optimal performance of its assets. According to Sulistyowati et al. (2022), in certain areas, the Waqf funds collected are sufficient only for asset purchases, not for periodic maintenance costs. This ultimately led to a deterioration in the asset's functionality, rendering it unable to perform its intended functions (Abas & Raji, 2018).

Apart from that, the maintenance of health Waqf assets is closely tied to the availability of funds for their upkeep (Nor & Sarib, 2021). Even though many donors contribute assets such as real estate and cash to build health facilities, they most often do not allocate funds for maintenance (Amin, Hassan, and Shaikh, 2023). As a result, Waqf institutions often depend on inconsistent contributions from the community and the government to cover these costs. This, in turn, causes asset condition to deteriorate and reduces their quality, putting patients who use them at risk. As such, most studies agreed that financial resources are the main challenge in maintaining Waqf assets, followed by maintenance issues arising from inefficient management systems. Ineffective maintenance systems in public hospitals contribute to poor asset management, indirectly impacting operations and creating inefficiencies (Mutia, 2018). Therefore, a stable financial source is important to sustain and enhance the Waqf asset, enabling it to continue benefiting the community.

2.4.5 Accountability

Accountability is also seen as a major challenge in implementing the health Waqf. In particular, it addresses transparency and accountability in management processes (Erny Arianty et al., 2023). Accountability means the ability and the capacity of the Waqf institutions to ensure that all actions and decision-making processes are anchored on principles, which can be held accountable to such stakeholders as donors and beneficiaries (Osman & Agyemang, 2020). As far as the health Waqf is concerned, the effectiveness of its fund management and the quality of its transparency can be doubted in the absence of an appropriate system of accountability. If left unaddressed, people might also cast doubt on the institution's ability.

One of the challenges in this regard is the incompetence of fiscal reporting mechanisms in ensuring accountability in the performance of the health Waqf (Wilantini et al., 2023). Waqf institutions must ensure their financial reports are fair and complete to be audited and reviewed accordingly. In accordance with the rule, the financial reporting weakness may be supported by the inaccessibility of technological resources and the absence of qualified human resources able to control the funds professionally (Rahman et al., 2024). This, in turn, implies that Waqf institutions could be globally susceptible to mismanagement of funds when allocating resources to the critical health sector.

In addition to that, the issue of performance management and evaluation of implementing the health Waqf is also a threat that leads to the inability to be sustainable and accountable (Sulistyowati et al., 2022). This is because there is no effective monitoring system to ensure that Waqf funds are fully utilized to serve public health needs. This also includes verifying that funds are used to achieve the set objectives, such as purchasing medical equipment and building health facilities. When Waqf institutions fail to properly

https://doi.org/10.24191/eaj.v15i1.10793

monitor and evaluate performance, it can adversely affect resources and hinder the achievement of the intended objectives. Furthermore, in cases where the issue is not resolved, the support and trust of the community towards the Waqf institution may be compromised (Febriandika, 2022). Suppose the institution lacks an effective mechanism for communicating how Waqf funds are used. In that case, it will certainly increase suspicion and undermine donors' confidence in continuing to contribute to the health Waqf.

Although previous literature has extensively highlighted accountability and asset maintenance as major challenges in Waqf management, these themes may not necessarily emerge as the most dominant issues across all institutional contexts. In the Malaysian health Waqf environment, some institutions may place greater emphasis on operational sustainability challenges such as funding continuity, stakeholder collaboration, governance practices, and human capital expertise, depending on their organizational experiences and implementation approaches. This indicates that the challenges faced by health Waqf institutions may vary according to the institutional setting, management structure, and level of health Waqf development. Therefore, further exploration within the Malaysian SIRC context remains important to understand the specific realities and sustainability challenges experienced by health Waqf institutions. Previous Malaysian studies also highlighted the importance of strengthening transparency practices, digital reporting systems, and stakeholder communication to enhance public trust towards Waqf institutions.

Based on the literature analysis, the conceptual framework depicted in Figure 1 has been developed:

Fig. 1. Conceptual framework of challenges in health waqf

Source: Author's own data

3. METHODOLOGY

The qualitative approach, as described by Baxter & Jack (2015) was employed in this study to analyse the complex phenomena under investigation within their respective contexts. Additionally, following Silverman's (2016) suggestion, several case studies were conducted to yield more extensive results. This

selected approach gave in-depth information about phenomena through the collection of empirical data (Dresch et al., 2015). Also, the qualitative data were systematically coded and analysed using ATLAS.ti 25, which supported the development of themes, the identification of patterns, and the organization of large amounts of textual data in the analytic phase.

3.1 Selection of cases

The method used was purposive sampling, which is suitable when selecting more informative cases (Djamba & Neuman, 2002). It is a methodology that has been extensively applied in qualitative studies to identify and select information-rich cases that can be used most efficiently given limited resources (Sharp, 2003). As stated by Cresswell and Plano Clark (2011), the Malaysia approach involves identifying and selecting personnel, or groups of personnel, who are highly informed or knowledgeable about the phenomenon of interest. In this study, four Waqf institutions were selected and analysed.

The sample criteria were the following: (i) Waqf institutions that implemented and managed health Waqf for at least one year; and (ii) representatives of Waqf institutions who have practical experience and direct involvement in the implementation of health Waqf. The selected cases comprised SIRC that met the established criteria, particularly those that had experience in implementing and managing health Waqf initiatives. The selected SIRC also represented diverse organizational experiences and practices in implementing health Waqf programs, enabling the researcher to obtain diverse perspectives on operational practices, challenges, and the sustainability of health Waqf initiatives.

Overall, the sample of management from various Waqf institutions was selected to include four cases that met the developed criteria. The conducted method was consistent with Silverman (2016), who argues that cases identified through qualitative methodology are theory-oriented rather than statistical. Qualitative research has no specific guidelines on how to determine an adequate sample size; therefore, the sample size was determined according to the goals of this research, time constraints, and available resources (Vasileiou et al., 2018).

This study involved four selected SIRC that met the established research criteria. The selection of four cases was considered appropriate, as the interview data provided consistent and recurring insights into the implementation and sustainability of health Waqf initiatives. During the analysis, similar themes and issues emerged across the cases, particularly in governance, funding, stakeholder collaboration, public awareness, and human resource management. Data collection was stopped after four cases because the information obtained had become repetitive and no new themes emerged, indicating data saturation (Bowen, 2008). The later interviews did not generate substantially different findings, suggesting that sufficient information had been obtained to address the research objectives. Therefore, the four selected cases were considered adequate to provide a meaningful and in-depth understanding of the phenomenon under study.

To ensure compliance with research ethics and to address the confidentiality concerns of the institutions involved, all selected SIRC were anonymized and represented using specific coding identifiers throughout the study. This approach was adopted to protect the institutions' identities while maintaining the credibility and trustworthiness of the research findings.

3.2 Data collection

To enhance the reliability of a qualitative study, the protocols were improved multiple times (Castillo-Montoya, 2016; Yeong et al., 2018) to enhance the value of the information that was gathered during the

https://doi.org/10.24191/eaj.v15i1.10793

interview. Furthermore, an in-depth interview was included to augment the understanding of the complex characteristics of the phenomena being examined. This technique of in-depth interview was used to obtain individual perspectives on one or a few carefully specified topics (DiCicco-Bloom & Crabtree, 2006). In this research, interviews were conducted with top management representing the Waqf institutions. Each interview and discussion lasted around 40 to 50 minutes. The sessions were recorded with the participants' approval, and the researchers transcribed the data immediately thereafter.

3.3 Data analysis

Thematic analysis was used to analyse the study findings and to answer the research question. By doing so, important themes and subtopics, which were further adopted as units of analysis, were identified (Guest et al., 2020). A strict methodology of handling subjective experience is more appropriate for social work research as a means of attaining social justice, regardless of the option of thematic analysis (Labra et al., 2020).

Six steps were performed in the thematic analysis. Initially, audio recordings of individual or group interviews conducted as part of the study were transcribed. Then, the researcher examined the transcript to identify the most important meaning of the participant's testimony on the phenomenon under investigation. The identified relevant materials were used to create the starting code for the available level of analysis. In the beginning, researchers started the process of data collection based on imagined equations or patterns, referred to as the initial code (Braun & Clarke, 2019). Subsequently, themes or categories were identified as data or phrases that clearly and precisely represented the signs described by those interviewed regarding the phenomenon under investigation. These themes were informed by coded data that were collected to identify equations or patterns (Creswell & Poth, 2018).

In the third phase, a comprehensive investigation of the explored phenomenon was conducted, followed by an evaluation before moving to the fourth phase. Even though the fourth phase depends on the third to commence, experienced researchers in thematic analysis generally perform both phases simultaneously. As for the fifth phase, it was divided into two main stages. In the first stage, themes and subthemes were thoroughly reviewed. The thematic matrix must be extensively analysed to determine the validity of the hierarchical connection and verify that the terms presented at both stages correspond to the meanings suggested by the codes (Clarke & Braun, 2016). A review of the names assigned to the themes was conducted to ensure their integrity was not in doubt. The second stage was interpretative, consisting of defining ideas, concepts, and subthemes during the sixth phase of in-depth analysis. Different presentations and discussions among each other were presented in the sixth phase (Labra et al., 2020).

4. FINDINGS

The participants of this study were top management personnel from the Waqf institutions that were actively involved in managing the Waqf in healthcare centres. Table 1 shows the profile of the participants.

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Table 1. Participants' profile

Number of cases	Code	Participant level	Type of health waqf
1	P1	Top Management	Medical assistance and medical equipment
2	P2	Top Management	Medical assistance and dialysis centre
3	P3	Top Management	Medical aid and medical equipment
4	P4	Top Management	Waqf hospital, medical aid, haemodialysis machines, and medical

Source: Author's own data

The findings were divided into four thematic groups based on the codes and categories of the barriers faced by Waqf institutions during the implementation of the healthcare Waqf. Four barriers were determined from the interview sessions, namely: (i) Lack of Community Awareness of Health Waqf, (ii) Lack of Funding in Implementing Health Waqf, (iii) Human Capital Expertise, and (iv) Regulation and Laws. Figure 2 shows the distribution of themes that have been analysed for this study:

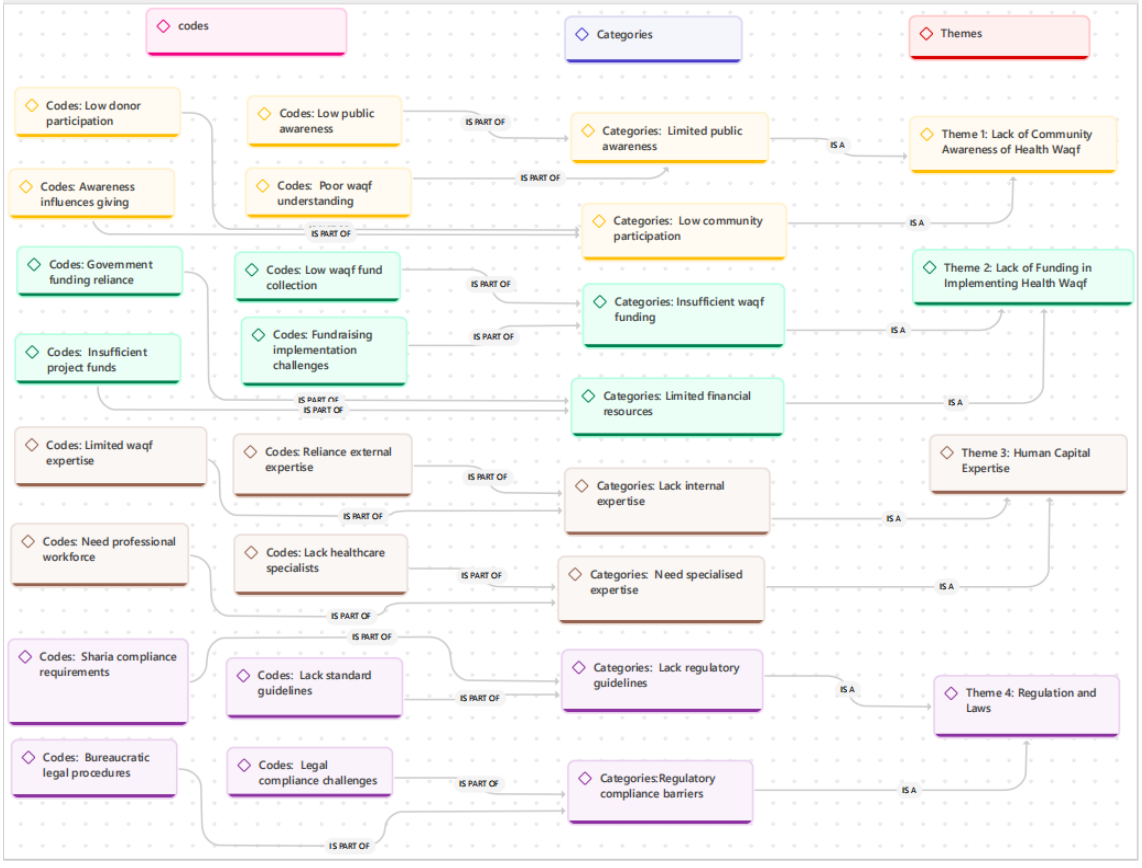

Fig. 2. The distribution of themes using ATLAS.ti 25

Source: Author's own data

4.1 Theme 1: Lack of community awareness of health waqf

One of the major themes that emerged from the findings was the lack of community awareness regarding health Waqf. All participants highlighted that low public understanding and awareness significantly affected community participation and contributions toward health Waqf initiatives. The findings indicate that community understanding remains an important factor influencing public involvement in health Waqf programmes. P4 stated:

"... It becomes a challenge if the community does not assist this endeavour because the foundation of Waqf is based on public contributions. Awareness is very important, and it is still at a low level... Therefore, it becomes a challenge to carry out the implementation process." (P4)

Furthermore, it was found that a lack of awareness about health Waqf is a primary factor in reducing donations. The community's limited understanding of the significance of the health Waqf in supporting the development and maintenance of health infrastructure delineates their motivation and decision to contribute. As mentioned by the participants:

"This challenge relates more to the understanding of the general public regarding Waqf itself, so perhaps some people are still unclear about the concept of health Waqf. So, when we attach Waqf to health, we want to convey information about how we can care for and facilitate something appropriate for the needs of patients. That is the obstacle we face in terms of public understanding..." (P1)

"We look at the number of Waqf contributors... from this perspective, when we mention Waqf donors... we see the challenge and focus in raising awareness among the people to engage in Waqf. The number of contributors is low due to a lack of awareness." (P2)

In addition, participants highlighted that the community is more likely to contribute when they are able to observe the development and visible impact of health Waqf projects. This suggests that public confidence and trust are closely associated with visible project progress and transparent implementation. One participant explained:

"Our community may think that if the government injects 10 billion directly, it would be easier to build a hospital... But through the approach of Waqf, we collect funds from the public... Every single person, including corporations like GLC, contributes RM 10 each. Moreover, the public likes to give when they see the project... *Hence, people are more likely to donate when they see progress in the form of structural pillars or signboards. Awareness in the community is needed." (P3)*

Overall, the findings demonstrate that limited community awareness and understanding remain major challenges in implementing health Waqf initiatives. The issue not only affects public participation but also influences the sustainability of fundraising efforts and the continuity of health Waqf projects.

4.2 Theme 2: Lack of funding in implementing health waqf

Another major challenge identified by the participants was the lack of funding in implementing health Waqf initiatives. Participants emphasized that financial limitations continue to affect the development and sustainability of healthcare-related Waqf projects. The findings suggest that financial sustainability remains highly dependent on continuous public contributions and external support. The participants highlighted that:

https://doi.org/10.24191/eaj.v15i1.10793

"The contribution to this Waqf is still low...the collection amount is low, and when we turn to the number of Waqf contributors themselves, it's also low." (P2)

"The obstacle lies in fundraising, actually... the government can inject whatever amount directly into the Waqf, maybe it's called directly injecting funds... This health Waqf is directly funded with 1 billion or even 10 billion of the government's Waqf funds. However, we must also consider the more general concept of Waqf, which imposes the participation of all Muslims. So, if a single individual can donate RM10 per month, imagine how many there are in the Muslim community and how much we can potentially collect. We want to find sustenance from there. The obstacle lies in fundraising, actually... fundraising." (P3)

A funding shortage is one of the major limitations in establishing health Waqf projects, which can improve health outcomes for the communities involved. As society's medical needs continue to rise, it is more important to find a solution to this issue. Various aspects of the health Waqf projects can be affected by financial constraints, including medical equipment procurement, medical infrastructure development, medical care provision, and community health prevention and enhancement. As pointed out by one respondent:

"Alright, from my perspective, the biggest obstacle is in terms of funding... how are we going to obtain funds? For example, if the project requires millions, we might not have that much in terms of funding…" (P4)

In addition, several participants emphasized the importance of government support in strengthening health Waqf initiatives. The responses indicate that collaboration between Waqf institutions and government agencies is important to ensure the long-term sustainability of health Waqf programmes. P1 mentioned:

"The most difficult aspect that I see is the funding... the others I do not see... Most of these issues are related to funding... the hope has been placed on the government to assist in further enhancing this health Waqf fund..." (P1)

4.3 Theme 3: Human capital expertise

The findings also revealed that the lack of human capital expertise is a significant challenge in implementing health Waqf initiatives. Participants emphasized the importance of having qualified personnel with expertise in management, Islamic affairs, finance, healthcare, and administration to ensure the effectiveness of health Waqf implementation. The findings demonstrate that human capital expertise is essential in supporting the operational and managerial sustainability of health Waqf institutions. P2 explained:

"The issue of human capital for Waqf institutions is a global issue, which means all states, irrespective of their status, experience this issue. Those in charge of Waqf affairs must have knowledge in Islamic Studies because we know that the affairs of Waqf are mostly related to fatwas and the enactment of Islamic affairs. They need to be well-versed in such matters. It would be hard for individuals new to other disciplines to understand such issues. However, I think that expertise in Islamic jurisprudence should be given priority. Nonetheless, it cannot be the only aspect; they have to be willing to experience other aspects in other fields…" (P2)

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The lack of human capital expertise causes many institutions to rely on external sources for specific services. The dependency is detrimental because of the outsourcing costs, which put significant pressure on the organization and the community. The need to outsource for expert resources increases when resources are limited or inadequate. High costs are also often associated with external support, whether through service contracts or sponsorship. As a result of this, the institutions may be compelled to spend a substantial sum of money on the employment of external expertise. During the interview, P3 said:

"Yes, there is a challenge with human capital. The existing workforce is not that large; we have 44 people, and my unit consists of only 3 people. We have to depend on third parties, outside resources, and outsourcing for various tasks. For example, in our development projects, such as IT, we cannot develop systems in-house; we need to outsource and pay for the services of others. This has interconnections with financial, resource, legal, and human resource constraints…" (P3)

A lack of skills in the medical field to aid the implementation of the health Waqf was another weakness that came to light. This is because, after building a hospital, for example, the facility requires a specialized, experienced healthcare workforce to manage it. However, the lack of this type of healthcare expertise within Waqf institutions means they must rely on external sources to operate. According to one participant:

"Our land is intended for building a specialist Waqf hospital…We need experts with healthcare backgrounds... There's no cardiac specialist available, so any issues related to the heart require referral to the National Heart Institute. When it comes to the National Heart Institute, we understand that treatment isn't a one-day thing... It often requires staying overnight for two or three days... This makes it difficult for the parents to bring their sick children to the National Heart Institute as they must travel all the way to Kuala Lumpur, not to mention the associated costs…" (P4)

"Indeed, we require specific expertise, especially from the financial management aspect, such as accounting, as it is related to our funds. We need professionals in accounting, as well as corporate figures, to lead the Waqf efforts. Qualified labour in the medical sector is also one of the demanded sources. I understand this as a desperate need in terms of health Waqf..." (P1)

4.4 Theme 4: Regulation and laws

Lastly, the findings identified regulatory and legal challenges as important barriers in implementing health Waqf initiatives. Participants explained that differences in regulations, legal procedures, and administrative requirements across states create difficulties in managing health Waqf projects. This reflects the decentralized structure of Waqf governance in Malaysia, where each state operates under different enactments and administrative procedures. P1 stated:

"We need to have guidelines or a system that we can use as a parameter …to have a common understanding in managing Waqf assets, such as healthcare Waqf assets, meaning there should be a standard set of guidelines…" (P1)

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Furthermore, specific regulations and laws are highly important and needed to facilitate all aspects of the health Waqf. This is because the process of expanding the Waqf infrastructure, such as hospitals, clinics, and treatment centres, is subject to numerous barriers, including bureaucratic issues, which might influence the establishment of a health Waqf. There should also be clear and specific regulations or laws that could help in streamlining the process for the management of health Waqf. Considering that the management of Waqf is based on Islamic legal principles, there is a need for the involved parties to review and reassess its requirements. The participants revealed that:

"We are facing legislation issues. It doesn't comply with this act because there are some things that the authority requires to be done by the hospital, meaning it's not as simple as implementing it unless we can comply with these acts... That's where the challenge lies…" (P2).

"Laws... bureaucracy...when we have completed building the hospital, operating and managing it lies with the operator...there will be problems regarding how we will place doctors there...how we will place nurses there... about the laws that need to be referred to for registering the building constructed using Waqf land..." (P3)

"Fatwa... So, we'll clarify this first; it might seem like an obstacle, but we want to clarify it in terms of the law. Yes, the law is the reason why it is important to make sure that the building we construct doesn't contradict Sharia law..." (P4)

5. DISCUSSION

The research was grounded in the experiences of the selected Waqf institutions that have already implemented health Waqfs across various aspects, such as building hospitals and clinics, and acquiring haemodialysis machines and medical equipment. According to the participants, community awareness is the first critical barrier to achieving goals related to the implementation of the health Waqf. The fact that the community has a low awareness is primarily caused by their lack of understanding regarding the concept of Waqf in the community (Nurhidayat et al., 2022; Senjiati & Yadiati, 2021). Specifically, the future of Waqfs in facilitating the community's socio-economic life remains unknown to many people. Moreover, cultural values are also facing the challenge of being marginalized by social and economic transformations, as are the traditional values attributed to Waqfs.

Therefore, it is significant to change the position of Waqfs by increasing the rate of awareness and trust in the Waqf institution to address these problems (Hasan & Shauki, 2022). With the increasing dominance of consumerism and individualistic culture, society shifts more toward the focus on people's desires than the collective interest (Emeka et al., 2019). This can lead to a lack of interest or commitment to the concept of Waqfs, which ideally aims to promote collective well-being. Moreover, the changes in social paradigms, from more individualistic to more collective and inclusive in the understanding and application of the values of Waqfs, prevent Waqf institutions from achieving their objectives. As an institution responsible for the management of Waqf assets, they should be proactive in their utilization in line with educational and communication strategies to raise awareness of the benefits and opportunities of Waqf in enhancing the common good. Therefore, we propose that:

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A higher level of public awareness about the importance and concept of health Waqf will encourage the people to contribute and participate in supporting the development of this instrument (P1).

Next, the research also noted the inadequacy of funds to finance the health Waqf. A lack of awareness of the fundraising challenge is a significant obstacle to Waqf institutions realizing their missions and goals, for several reasons. Firstly, the public is not aware of the importance of the health Waqf, hence making them less interested in donating (Sanusi & Shafiai, 2015). Secondly, competition with charitable organizations and other institutions that are equally in need of public donations must be addressed. On the other hand, Waqf fund management is complex and needs specialized knowledge to achieve its best use and benefits (Abas & Raji, 2018; Maripatul Uula, 2022). Additionally, socio-economic factors, such as rising living costs or economic instability, can affect people's inclination to contribute to Waqf. Therefore, Waqf institutions need to address these issues by developing effective strategies to enhance their fundraising efforts. As such, it can be assumed that:

In order to implement health Waqf, funding is very crucial, as it is the agent behind the development of this instrument in order to grow and bring benefit to the community (P2)

The other theme identified was the challenge of human capital expertise. Expertise in different areas is of high importance in the management of health Waqf, as it entails complex aspects that can have a major impact on society (Umar & Aliyu, 2019). For instance, in the field of medicine and healthcare, expertise in the area enables Waqf institutions to efficiently manage the corresponding assets, including the maintenance of hospitals, clinics, and community health facilities. For that, a profound understanding of healthcare provision, disease treatment, and community needs is necessary.

In addition, knowledge of administrative matters in the field is important for health Waqf management (Effendi, 2020). This is knowledge of the laws concerning Waqf, healthcare-related legislation, and the Waqf's process of administering. Apart from that, both financial and accounting expertise are essential for Waqf institutions to manage their assets (Umar & Aliyu, 2019). This refers to investment management, long-term financial planning, and the generation of transparent and detailed financial reports. In short, sound financial decisions are of prime importance to make health Waqf operations sustainable. It can, therefore, be postulated that:

Diversity in expertise is very important for Waqf institutions to manage the health Waqf. It can contain a variety of specialized people's needs, such as management, finance, development, medical, and healthcare (P3).

The last theme discovered in this study concerned regulations and law. Consistency in rules and legislation governing the administration of health Waqf should be maintained to provide a legal framework for Waqf institutions to operate within. Without uniformity in state Waqf laws, no efforts can be made to strengthen Waqf management to commence widespread development in Malaysia (Syed Abdul Kader, 2016). Moreover, the existence of consistent legislation on the matter of interest will also facilitate the development of national trust in the health Waqf as a professional and trustworthy institution. If there are no consistent rules, there will be a risk of misunderstandings and inconsistencies in administrative

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processes. This might result in inefficiencies in healthcare delivery and inequities in public access to these services.

A standard legislative framework can guarantee that policies and strategies are developed in a way that makes Waqf institutions more viable, both at the federal and regional levels (Ihsan & Mohamed Ibrahim, 2011). Negotiations between the federal and state governments may also be held to improve the current Waqf management and formulate national policies and development plans related to the health Waqf. Last but not least, procedures to reform Waqf legislation should be carefully considered, taking into account varied interests. Hence, it can be proposed that:

P4: Regulations and laws are essential in the implementation of health Waqf as they provide guidance and parameters for Waqf institutions to follow.

6. CONCLUSION

Several major conclusions may be drawn from the survey's comprehensive results. Firstly, it is clear that the community does not completely understand the relevance and effect of supporting health Waqf projects. This lack of understanding is a great impediment to the establishment and support of public health programs. Without adequate knowledge, the majority of the population will be unaware of how their contributions support healthcare infrastructure and services. Consequently, efforts to raise awareness and knowledge of Waqf in relation to community health are highly significant and need to be undertaken to secure the community's support and contributions.

Other than that, insufficient funding also appears to be a major obstacle to the effective implementation of health Waqf schemes. Notably, despite the possible benefits that health Waqf activities can bring, funding shortages cannot be underestimated and may be the reason this practice is not widely spread. The constant need for external funding increases the problem and imposes an additional financial burden on the institution. The government's intervention and support are therefore essential for reducing the funding gap and ensuring that health Waqf initiatives are implemented through effective strategies.

In addition, there is a lack of human capital expertise, which makes the execution of health Waqf projects more difficult. The multiplicative nature of the problem is evident across the skills required, including an understanding of Islam and hospital management. The institutions are likely to face the challenge of identifying the appropriate persons to oversee the various aspects of the execution of the health Waqf, which is reflected in a circle of excessive dependence on external resources and increased spending. Addressing this dilemma will involve allocating resources to training and capacity development programs that produce professional employees competent to manage health Waqf projects.

Besides, the lack of uniform standards and laws for the application of health Waqf procedures further complicates the use of Waqf assets at national and international levels. To address legal and regulatory compliance issues and ensure the most favourable terms for managing the health Waqf's assets, it will be important to clarify the principles and protocols. In brief, resolving these obstacles can only be achieved through collaboration with all actors in the operation, which entails the formulation of comprehensive laws tailored to the unique needs of the health Waqf programs.

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In conclusion, the involvement of different stakeholders, including the government, religious groups, and community members, in addressing the research issues would help address the problems presented in this research. The use of the right regulatory framework, sufficient funding, the involvement of human resources, and guidance for the population are all part of efforts to realize the full potential of the health Waqf to increase access to health care and deliver greater benefits to communities. It is through such challenges that stakeholders can leverage the transformational nature of health Waqf to work together toward realizing a viable, sustainable impact on the health and well-being of the people.

7. IMPLICATION

7.1 Theoretical implications

Based on the results of this study, several theoretical implications can be discussed. This study explores the obstacles faced by Waqf institutions in implementing the health Waqf. Due to the limited number of previous studies on the issue, there are constraints on explaining in depth the challenges these institutions face. As such, novel findings from this study produce new related themes, namely community awareness, funding, and human capital expertise, that can contribute to the enrichment of literature for this theory and may be useful in guiding future studies.

7.2 Managerial implication

From a management perspective, the findings on challenges in implementing the health Waqf are useful for understanding the management procedures of this instrument. Given the growing development of health Waqf, Waqf institutions must develop more effective approaches to address the challenges so that this instrument can benefit the community. In particular, clear strategic planning and appropriate actions are needed to identify and achieve long- and short-term goals. This includes setting performance goals, action plans, and activities aligned with organizational goals.

Furthermore, the results of this study can help Waqf institutions understand the effectiveness of management as a means of sustainability of resources such as funds, assets, human resources, and health facilities. This calls for efficient planning to utilize resources and for constant checks to enhance performance. Additionally, this study can help SIRC ensure effective management, including effective communication with all stakeholders, including the local community, beneficiaries, and local authorities. Some benefits include effective communication in introducing health Waqf programs, community support, and clear explanations of the benefits to all parties involved.

In addition, this study provides several practical policy recommendations for SIRC in strengthening the sustainability of health Waqf implementation. The findings suggest that SIRC should develop more comprehensive governance guidelines and standard operating procedures specifically for health Waqf management to improve transparency, accountability, and operational efficiency. Furthermore, SIRC may consider establishing a dedicated health Waqf unit comprising individuals with expertise in healthcare management, finance, and Shariah administration to strengthen implementation. The study also highlights the importance of strengthening strategic collaboration among SIRC, government agencies, healthcare institutions, and the corporate sector to diversify funding sources and improve healthcare services for beneficiaries. Moreover, digitalization initiatives such as online Waqf contribution platforms, integrated management systems, and digital reporting mechanisms should be strengthened to increase public trust,

https://doi.org/10.24191/eaj.v15i1.10793

accessibility, and stakeholder engagement. Continuous training and capacity-building programs for Waqf officers are also important for improving managerial competencies and supporting the long-term sustainability of health Waqf initiatives.

8. LIMITATION AND FUTURE RESEARCH

Further studies on health Waqf can be conducted by applying appropriate models in community-based settings. These involve an examination of the efficacy of models used in other nations and the way they can be transposed to Malaysia. In addition, another aspect of need is the socio-economic contribution of the health Waqf to the poor, which should receive greater attention. A study could be conducted to determine the health Waqf's contribution to improving quality of life, reducing treatment costs, and supporting economic development in the community.

In addition, the effectiveness of institutional management of health Waqf should also be explored. The analysis should encompass the experiences and provide recommendations to effectively ensure the sustainability of Waqf funds. Factors that contribute to the success of health Waqf, such as community awareness, government support, and participation by non-governmental organizations (NGOs), also need to be further examined. Finally, technological innovation in health Waqf management, including the use of digital platforms or blockchain, should also be considered to enhance efficiency and clarity in fund management.

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10. CONFLICT OF INTEREST STATEMENT

The authors hereby declare that there are no conflicts of interest, whether financial, personal, professional, or institutional, that could have influenced, or be perceived to have influenced, the conduct of this study, the analysis of the findings, or the reporting of the research outcomes. All authors have contributed to this research objectively and independently.

11. AUTHORS' CONTRIBUTIONS

Nurul Aien conceived and developed the research idea, designed the study, conducted the literature review, collected and analysed the data, interpreted the findings, and prepared the original manuscript draft. She also coordinated the research activities, managed the manuscript revision process, and integrated all comments and feedback throughout the study. Noraina Mazuin provided overall supervision of the research, guided the development of the conceptual framework and methodology, and critically reviewed the manuscript to enhance its academic quality. Puteri Fadzline contributed to the refinement of the research design, data interpretation, and manuscript revision, while providing expert feedback on the study findings.

Noreen Noor reviewed the literature, evaluated the findings, and provided constructive comments to improve the clarity and quality of the manuscript. All authors reviewed and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

12. DECLARATION OF GENERATIVE AI IN THE WRITING PROCESS

The authors used Grammarly solely for language editing purposes, including grammar checking and improving the clarity and readability of the manuscript. All research content, interpretations, analyzes, and conclusions were developed by the authors. The authors take full responsibility for the accuracy, originality, and integrity of the manuscript.

13. DATA AVAILABILITY/SUPPLEMENTARY MATERIALS

The data used in this study are not publicly available due to confidentiality considerations. Data may be obtained from the corresponding author upon reasonable request.

14. ETHICS STATEMENT

This study was conducted in accordance with established ethical research principles involving human participants. Participation was voluntary, and all participants were informed about the purpose of the study prior to data collection. The anonymity and confidentiality of participants were strictly maintained, and informed consent was obtained from all participants before they completed the questionnaire.

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