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# The Impact of Digital Work Culture (Always on and Quick Response) on Workarounds Behavior among Healthcare Workers at Rumah Sehat Terpadu (RST) Dompet Dhuafa Hospital

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***Abstract***

*This study aims to explore the dynamics of digital work culture and its impact on the professional practices of healthcare workers at Rumah Sehat Terpadu Dompet Dhuafa Hospital (RS RST DD), focusing on the principles of always on and quick response. Using a qualitative approach with thematic analysis, the study draws on in-depth interviews with 12 participants, including healthcare professionals (doctors, nurses, midwives, and pharmacists), administrative staff, SKDP staff, medical record officers, as well as heads of units and departments. The findings reveal that digitalization enhances coordination efficiency and clinical decision-making. Four main themes emerged: Perceptions of digital work culture characterized by always on and quick response patterns; practices of digital technology utilization; the emergence of workaround behaviors as adaptive responses to system barriers; and the impact of digitalization on professional balance and humanistic values.The results indicate that digital work culture improves efficiency, collaboration, and team responsiveness in patient care. However, the constant expectation to stay connected and responsive also generates psychological pressure, emotional exhaustion, and a decline in empathetic interactions between healthcare workers and patients. Within a value-based institutional context, this phenomenon underscores the urgent need for a humanistic and spiritual design of digital work systems one that not only prioritizes efficiency but also preserves empathy, meaningful communication, and the spirit of service as an act of worship. This study emphasizes the importance of organizational policies that promote digital literacy, healthy work boundaries, and the preservation of humanistic values in healthcare services.*

***Keywords:*** *Digital Work Culture, Always On, Quick Response, Workarounds, Human Values, Professional Balance, Healthcare Services.*

## INTRODUCTION

Digital transformation within healthcare institutions has not only restructured operational systems but has also fundamentally reshaped patterns of human interaction, organizational culture, and value orientation in clinical practice. The increasing reliance on Health Information Systems, Electronic Medical Records (EMR), and digital communication platforms has intensified the pace of coordination and clinical decision-making. However, beyond its instrumental function, this transformation introduces a complex socio-cultural shift, particularly in how healthcare workers negotiate professional responsibilities, personal boundaries, and ethical commitments in a digitally mediated environment. The adoption of digital technology in healthcare services directly affects both performance and workload, especially when it is not accompanied by organizational readiness and an adaptive work culture (Jeilani & Hussein, 2025).

The “always on” work culture, as described by Nguyen (2024), reflects the expectation that healthcare professionals remain constantly available to provide services even beyond formal working hours. Meanwhile, “quick response” represents the demand for speed and accuracy in responding to dynamic clinical situations that require immediate action. These cultural patterns are considered to enhance organizational responsiveness, strengthen cross-team coordination, and accelerate clinical decision-making, thereby positively influencing the quality of patient care. Sulistiyo et al., (2023) notes that digital

transformation has driven organizational culture shifts toward more flexible, collaborative, and adaptive work patterns. Similarly, Trinanditya (2025) asserts that integrated digital transformation strategies within hospital service systems contribute to improved operational efficiency and service quality.

Namun, di balik manfaat efisiensi tersebut, terdapat ketegangan mendasar antara teknologi dan humanisme yang menjadi fokus utama dalam perspektif Ilmu Sosial dan Humaniora. Transformasi digital tidak hanya mengubah proses operasional, tetapi juga secara fundamental menggeser interaksi manusia, dinamika budaya, dan pergeseran nilai dalam organisasi kesehatan dari pendekatan perawatan yang berbasis empati dan hubungan interpersonal tradisional menjadi interaksi yang dimediasi teknologi. Pola "always on" ini memperburuk ketegangan tersebut melalui fenomena *technostress*, yaitu stres yang timbul akibat ketidakmampuan individu beradaptasi dengan teknologi informasi dan komunikasi (ICT) atau penggunaannya yang berlebihan. Dimensi utama technostress mencakup techno-overload (beban kerja informasi berlebih), techno-invasion (penetrasi teknologi ke ruang pribadi), techno-complexity (kerumitan sistem), techno-insecurity (ketakutan kehilangan pekerjaan), dan techno-uncertainty (ketidakpastian perubahan teknologi) (Lara-Aranda et al., 2025; Nazli et al., 2026). Techno-invasion khususnya menyebabkan pekerja kesehatan merasa harus tetap terhubung secara terus-menerus, sehingga meningkatkan tekanan psikologis dan kelelahan emosional.

Teori Batas (*Boundary Theory* atau work-life boundary management theory) semakin memperjelas mekanisme ini: teknologi digital mengaburkan batas antara ruang publik (kerja) dan privat (rumah) yang sebelumnya jelas dipisahkan oleh lokasi fisik dan waktu kerja formal. Dalam konteks "always on", transisi peran kerja-pribadi menjadi sulit, mengurangi detachment psikologis dan memperburuk konflik work-life (Nazli et al., 2026). Di konteks budaya Timur seperti Indonesia, di mana nilai kolektivis, hierarki organisasi yang tinggi, dan ekspektasi responsivitas komunal dalam pelayanan kesehatan cenderung memperkuat dinamika ini, studi psikologi industri dan sosiologi digital menunjukkan manifestasi unik technostress pada pekerja rumah sakit selama adopsi EMR termasuk peningkatan beban administratif dan kurangnya dukungan psikososial yang berorientasi manusia (Nazli et al., 2026; Yanto et al., 2026). Hal ini menandakan pergeseran nilai budaya dari humanisme tradisional menuju efisiensi digital yang berpotensi menggerus aspek relasional dan spiritual pelayanan.

On the other hand, the expectation to remain constantly available and respond without pause can lead to psychological pressure and emotional exhaustion. Koppel (2008) and Tarafdar (2023) emphasize that continuous digital vigilance in the workplace may trigger digital burnout, which in the long term increases the risk of workaround behaviors deviations from standard procedures in response to system limitations or technological constraints. Workarounds are often employed to maintain operational flow in urgent situations or when digital systems fail to meet clinical needs effectively. However, according to Ruder (2022), such practices pose risks to patient safety, obscure clinical accountability, and foster reliance on undocumented informal systems.

In Islamic value-based hospitals such as RST Dompet Dhuafa, balancing digital efficiency with humanistic and spiritual values is crucial. Technology integration must continue to uphold empathy, ethics, and spiritual principles, aligning with the concept of rahmatan lil 'alamin (Huda & Nasution, 2022; Ismail & Rahman, 2024). Ismail & Rahman (2024) emphasize that digital transformation in healthcare institutions must be aligned with organizational culture to avoid neglecting essential humanistic aspects of service. Therefore, implementing a digital work culture in value-based hospitals requires transformative leadership capable of balancing digital productivity with the psychological well-being of healthcare workers.

## METHOD

### Research Design

This study employed a descriptive qualitative approach using a single case study strategy at Rumah Sehat Terpadu Dompet Dhuafa. This design was selected to enable a contextual and in-depth examination of the dynamics of digital work culture particularly the *always-on* and *quick response* patterns and their implications for the emergence of workaround behaviors in healthcare service practices. The case study approach facilitates a holistic understanding of contemporary organizational phenomena within their real-life setting, especially when the boundaries between the phenomenon and context are not clearly evident.

### Subjects and Participants

The study involved 12 participants selected through purposive sampling based on their direct involvement in the hospital's digital system utilization. The inclusion criteria comprised healthcare professionals (doctors, nurses, and midwives), administrative staff (admission officers and SKDP

personnel), medical records staff, as well as unit coordinators or heads, each with a minimum of two years of work experience. To enhance transparency and analytical rigor, the profiles of participants are presented in an anonymized format as follows:

**Table 1.** Informant Profile Based on Roles and Involvement in the Hospital Digital System

| Informant Code | Profession/Role | Unit/Functional Area | Years of Experience | Involvement in Digital Systems |
|---|---|---|---|---|
| I1 | Physician | Medical Services | ≥ 2 years | Data-driven clinical decision-making |
| I2 | Nurse | Nursing Services | ≥ 2 years | Patient data entry and condition monitoring |
| I3 | Midwife | Maternity Services | ≥ 2 years | Service documentation and SIMRS utilization |
| I4 | Pharmacist | Pharmacy Unit | ≥ 2 years | Digital prescription management and e-prescribing |
| I5 | Administrative Staff (Admission) | Patient Registration Administration | ≥ 2 years | Patient data input and registration system management |
| I6 | SKDP Staff | Administrative Certification Unit | ≥ 2 years | Digital administrative data processing |
| I7 | Medical Records Officer | Medical Records Unit | ≥ 2 years | Electronic medical records management |
| I8 | Emergency Nurse | Emergency Department | ≥ 2 years | Rapid response and real-time coordination |
| I9 | Midwife | Maternity Services | ≥ 2 years | Adaptation to digital system utilization |
| I10 | Physician | Medical Services | ≥ 2 years | Clinical coordination through digital platforms |
| I11 | Unit Head | Unit Management | ≥ 2 years | Operational monitoring and decision-making |
| I12 | Unit Coordinator/Department Head | Service Management | ≥ 2 years | System oversight and cross-unit |

The table 1 demonstrates that the distribution of informants reflects a *multi-perspective sampling strategy* encompassing clinical, administrative, and managerial dimensions. This composition methodologically strengthens the study's credibility and analytical depth, as it enables a comprehensive exploration of digital work culture from multiple structural positions within the hospital organization. Furthermore, the direct involvement of all informants in digital systems provides a strong justification for the use of purposive sampling based on *information-rich cases*, ensuring the relevance and rigor of the empirical data.

**Data Collection Techniques**

Data were collected through three complementary techniques:

1. Semi-structured interviews (approximately 60 minutes each), aimed at exploring participants' perceptions of digital work culture, their experiences with healthcare information systems, and the emergence of workaround practices.
2. Participant observation, conducted to examine workflow patterns, real-time interactions with digital systems, and situational triggers that prompted informal adaptations.
3. Document analysis, involving standard operating procedures (SOPs), SIMRS guidelines, and institutional digitalization reports to contextualize organizational policies and operational practices.

**Instrument Development**

The primary instrument in this study was the researcher as a human instrument, enabling adaptive and reflexive engagement with the field. The interview guide was developed based on a comprehensive literature review on digital work culture and organizational adaptation to technology. It was subsequently refined through iterative review to ensure clarity, relevance, and contextual alignment with healthcare service environments.

**Data Analysis and Trustworthiness**

Data analysis was conducted using thematic analysis following the six-phase framework proposed by Braun and Clarke, ensuring methodological transparency and analytical depth. The analytical process involved:

1. Familiarization with the data: All interview transcripts and field notes were read repeatedly to achieve immersion and identify initial patterns of meaning.
2. Generating initial codes: Open coding was conducted inductively by labeling meaningful data segments related to digital work practices, response expectations, and workaround behaviors. Coding was performed manually to preserve contextual sensitivity.
3. Searching for themes: Codes were systematically grouped into broader categories based on conceptual similarity, forming candidate themes that reflected recurring patterns across participants.
4. Reviewing themes: Candidate themes were reviewed and refined by comparing them against the coded data and the entire dataset to ensure internal coherence and external distinctiveness.
5. Defining and naming themes: Each theme was clearly defined, with explicit boundaries and analytical focus, capturing the essence of the phenomenon under investigation.
6. Producing the report: Final themes were organized into a coherent narrative supported by empirical data excerpts to ensure interpretative validity.

The determination of final themes was based on their recurrence across participants, explanatory power in capturing the phenomenon, and alignment with the research objectives.

To ensure trustworthiness, this study applied several validation strategies, including source triangulation (across participant roles), method triangulation (interviews, observations, and documents), member checking (participants reviewed key interpretations), and the maintenance of an audit trail documenting all analytical decisions. These procedures enhanced the credibility, dependability, and confirmability of the findings.

## RESULT AND DISCUSSION

**Research Findings**

The findings of this study are presented based on a thematic analysis of interviews with 12 participants, consisting of healthcare professionals (doctors, nurses, midwives, pharmacists), administrative staff, SKDP officers, medical records staff, as well as unit coordinators/heads and department or installation heads. The findings are categorized into four main themes:

1. Healthcare Workers' Perceptions of Digital Work Culture (Always On and Quick Response)

   Interview results indicated that nearly all participants recognized the benefits of digital work cultureparticularly the "always on" and "quick response" patterns in enhancing team coordination and accelerating clinical decision-making. Healthcare workers reported that monitoring patients and accessing information in real time became easier, thereby improving service efficiency. However, the expectation to remain constantly available and respond promptly generated psychological pressure, work-related stress, and emotional exhaustion.

   One participant (a Unit Coordinator) stated:*"Sometimes I feel like I'm never truly 'off.' Even after leaving the hospital, there are messages or coordination via WhatsApp that I must respond to immediately. It feels like I'm always on duty, even when I'm not at the hospital. Over time, it's mentally exhausting I feel like I have no personal space."*

   Similarly, a participant (a Head of Unit) noted: *"I feel like I must always be on alert, even on weekends. If there's an update on a patient's condition or a schedule change, it immediately appears in the group. There's no pause to truly rest. Sometimes I get anxious if I haven't checked my phone, fearing I might miss something important."*

This phenomenon aligns with Derks et al., (2022), who highlighted that the always on and quick response culture reinforces preparedness but can blur the boundaries between work and personal time, affecting the psychological well-being of healthcare workers.

2. Practices and Challenges in Using Digital Technology in Service Delivery

   Nearly all participants acknowledged that the implementation of SIMRS, online communication applications, and electronic documentation facilitated administrative tasks and accelerated patient service workflows. Patient data became more accessible, eliminating the need to repeatedly search for physical files. However, alongside these benefits, challenges arose that impacted healthcare workers' psychological well-being, including technical issues such as system delays or errors, which caused confusion and stress. This phenomenon reflects a shifting boundary between work and personal time, further blurring work-life balance.

   An Admission Staff participant explained: *"When the SIMRS system is slow or encounters an error, we get confused. Services can be disrupted, and sometimes we have to find shortcuts like writing on paper or using personal data plans to keep serving patients. If we register patients late or do not respond immediately, it feels like we're seen as unprofessional. That's stressful."*

   Similarly, an SKDP staff participant stated: *"Digital systems are indeed helpful, especially for accessing patient data and quickly filling out SKDP forms. But sometimes I feel overwhelmed because I have to constantly monitor notifications from multiple applications. Plus, if the system fails or the network is slow, work gets delayed and piles up."*

   A Midwife participant added: *"I'm still learning to use the new system. Sometimes I have to ask colleagues who know it better. But if they're busy, I feel pressured."*

   These findings reinforce Oliver & Hägg (2023) and Zhang & Lee (2024), who noted that adopting digital technology not only improves administrative efficiency but also shapes new work patterns emphasizing real-time collaboration, information transparency, and data-driven decision-making.

3. Emergence of Workaround Behaviors

   Nearly all participants admitted that workaround practices helped overcome technical barriers or limitations of digital systems, such as SIMRS disruptions, delayed data access, or overly complex procedures. Workarounds allowed patient services to continue smoothly and were seen as pragmatic improvisations in urgent situations. However, these practices also posed risks.

   A Nurse participant shared: *"When the system is slow, I sometimes write things down on paper first and input them later. But sometimes I forget or the data ends up incomplete. The procedures are long, and patients need quick service. So I take shortcuts, even though I know it's not in line with the SOP."*

   A Doctor participant added: *"If there's an urgent case, I coordinate directly via personal WhatsApp. But sometimes I forget to record it in the system, so there's no trace."*

   A Pharmacy participant noted: *"Sometimes the e-prescribing system is slow or inaccessible, so we have to write manually first to prepare the medication. Later, we input it back into the system once it's operational. It's not ideal, but waiting for the system to recover could make patients wait too long."*

   These findings align with Koppel et al., (2022), who define workaround behavior as temporary improvisations or deviations from standard procedures to achieve work goals more quickly or efficiently. Tarafdar & Qian (2023) emphasized that workarounds can pose patient safety risks and reduce team coordination effectiveness.

4. Impact of Digital Work Culture on the Balance Between Professionalism and Humanism

   Digital work culture at RST Dompet Dhuafa has significantly enhanced service quality. Digital technology accelerates workflows, strengthens inter-unit collaboration, and improves team responsiveness, contributing to overall service improvement. However, these advancements also present challenges to fundamental aspects of healthcare professionalism, namely humanistic values and Islamic service principles, which are core to the institution. The pressure to remain constantly "responsive" in a digital work environment can reduce opportunities for warm, empathetic interactions with patients. Therefore, RST Dompet Dhuafa faces the strategic opportunity to design digital work systems that not only prioritize efficiency and speed but also allow for empathy, meaningful communication, and service that aligns with Islamic values.

A Pharmacy participant stated: *"Patients need direct attention, like greetings and personal warmth, but sometimes I'm too focused on inputting data into the system. Interactions feel rigid and less warm, even appearing unfriendly."*

An Emergency Room Nurse noted: *"Digital sophistication is very helpful, but behind this convenience lies a major challenge in maintaining the human touch central to our profession. Sometimes focusing on screens causes us to miss eye contact with patients or fail to notice anxious expressions from waiting families. The system demands quick responses, but it doesn't always allow space for deep empathy. In the ER, we're required to be 'always ready' and 'responsive,' because every second isn't just about data it's about real human hope, fear, and life."*

These findings align with Sabilla & Wartini (2023), who reported that digitalization contributes to technostress, digital fatigue, and decreased quality of human interactions in organizations. Rahmawati (2024) highlighted that hustle culture reinforced by digital technology can sacrifice personal time and mental health for productivity. Kurniawan & Aruan (2023) added that digital pressures in hospitals can disrupt humanistic principles such as empathy, clinical reflection, and interpersonal communication, underscoring the need for management strategies that balance digital efficiency with human values.

**Discussion**

This study advances the analysis of digital work culture at RST Dompet Dhuafa by moving beyond descriptive accounts toward a higher level of theoretical abstraction. Rather than reiterating empirical findings, the discussion interprets the identified themes always-on responsiveness, digitalized service practices, workaround behaviors, and tensions between professionalism and humanism through integrative conceptual lenses, particularly *organizational resilience*, *adaptive governance*, and the *ethics of care*. In doing so, the study positions digital work culture not merely as a technical transformation but as a socio-organizational reconfiguration that reshapes norms, authority, and moral reasoning in healthcare practice.

First, the prevalence of workaround behaviors should not be interpreted solely as procedural deviations, but rather as manifestations of organizational resilience. In complex healthcare environments characterized by uncertainty, time pressure, and technological imperfections, frontline workers actively construct adaptive responses to sustain service continuity. These findings resonate with the notion that resilient organizations are not those that strictly adhere to formal protocols, but those capable of flexibly responding to disruptions while maintaining core functions. In this context, workaround practices such as manual documentation, delayed data entry, or the use of non-official communication channels represent situated forms of *adaptive capacity*. However, the empirical evidence suggests that these practices are not driven by opportunism or negligence, but by a moral logic grounded in the ethics of care. Healthcare professionals perceive timely patient care as a higher ethical priority than strict procedural compliance. This reflects a relational moral framework in which responsibility is defined through attentiveness, responsiveness, and situational judgment rather than rule-based formalism. Consequently, when digital systems fail to align with the immediacy of clinical needs, workers justify workaround behaviors as ethically appropriate actions to prevent harm and ensure patient safety. This finding extends Koppel et al. (2022) by demonstrating that workarounds in healthcare are not merely technical improvisations, but morally embedded practices shaped by professional values and care-oriented ethics.

Second, these adaptive practices can also be interpreted through the lens of adaptive governance, wherein decision-making authority becomes increasingly decentralized and fluid in response to operational demands. The reliance on informal communication platforms, particularly messaging applications, indicates a shift from rigid bureaucratic coordination toward more networked and responsive forms of governance. This transformation suggests that digital tools do not simply enhance efficiency but reconfigure institutional control mechanisms, redistributing agency from formal hierarchies to frontline actors. From a sociological perspective, the widespread use of WhatsApp as a coordination medium exemplifies how digital communication reshapes organizational structure. Traditional hierarchical communication typically mediated through formal reporting lines is increasingly supplanted by horizontal, real-time interactions across professional roles. This shift facilitates rapid decision-making and enhances responsiveness, particularly in emergency contexts. However, it simultaneously blurs authority boundaries, weakens formal accountability structures, and creates expectations of constant availability. In this sense, digital platforms function as *structuring agents* that reorganize power relations within the hospital, transforming coordination from institutionally regulated processes into socially negotiated practices.

Third, the always-on and quick-response culture can be theoretically situated within the framework of technostress creators (Tarafdar et al., 2020), which conceptualizes digital technology as a source of psychological strain due to continuous connectivity and responsiveness demands. The findings demonstrate

that while such a culture enhances organizational readiness and service efficiency, it also generates cumulative pressures that affect healthcare workers' well-being. Importantly, this study extends prior research (Derks et al., 2022; Sabilla & Wartini, 2023; Rahmawati, 2024) by showing that technostress in healthcare is not merely an individual-level phenomenon but is structurally embedded within organizational expectations and digitally mediated workflows. The erosion of work-life boundaries thus emerges as a systemic consequence of digital governance rather than a purely personal coping issue.

Fourth, the tension between digital efficiency and humanistic care reflects a broader contradiction within contemporary healthcare systems: the coexistence of instrumental rationality (efficiency, speed, data-driven decision-making) and substantive rationality (empathy, ethical reflection, spiritual values). At RST Dompet Dhuafa, this tension is further intensified by the institution's Islamic value framework, which emphasizes compassion (*rahmatan lil 'alamin*) and sincerity in service. The findings suggest that when digital systems prioritize measurable outputs over relational engagement, they risk marginalizing the affective and spiritual dimensions of care. This supports Kurniawan & Aruan (2023) and Huda & Nasution (2022), who argue that value-based healthcare institutions must actively integrate technological innovation with humanistic and ethical principles.

Importantly, the coexistence of workaround practices, informal communication networks, and technostress dynamics indicates that digital transformation in healthcare is inherently non-linear and negotiated. Rather than producing uniform improvements, digitalization generates new forms of dependency, vulnerability, and adaptation. In line with Edmondson (2021), these findings highlight that adaptive behaviors can contribute to organizational learning only when systematically recognized and integrated into institutional design. Without such mechanisms, informal practices risk becoming normalized in ways that undermine accountability, data integrity, and patient safety.

Therefore, the study proposes a conceptual shift toward a human-centered and spiritually grounded model of digital work culture, in which efficiency is balanced with ethical reflexivity and relational care. Such a model requires: (1) the redesign of digital systems to better align with clinical workflows; (2) the formal recognition of adaptive practices as sources of organizational learning; and (3) the integration of spiritual and humanistic values into performance and communication frameworks. By embedding these elements, healthcare organizations can move beyond reactive adaptation toward proactive resilience.

In conclusion, this study contributes to the literature by demonstrating that digital work culture in healthcare operates as a complex socio-technical system shaped by resilience, moral reasoning, and shifting governance structures. The case of RST Dompet Dhuafa illustrates that the sustainability of digital transformation depends not only on technological sophistication but also on the capacity to harmonize efficiency with humanistic and ethical imperatives.

## CONCLUSION

This study confirms that the digital work culture at RST Dompet Dhuafa, grounded in Islamic values, is crucial for integrating the principle of *rahmatan lil 'alamin* as an ethical and spiritual foundation within digital work systems. This approach has brought fundamental changes to the dynamics of healthcare service delivery. Digital transformation through the implementation of SIMRS, online communication, and electronic documentation systems has demonstrably contributed to enhanced efficiency, faster decision-making, and cross-unit coordination. The success of digitalization aligns with the hospital's commitment to improving quality and patient safety, which are central to hospital accreditation. A work culture oriented around the principles of always-on and quick-response has been shown to strengthen healthcare workers' readiness to provide fast, accurate, and data-driven services. These findings indicate that digital technology adoption reinforces real-time collaboration and information transparency within modern healthcare systems.

However, alongside these achievements, the study also reveals paradoxes arising from the pressures of digital work culture. The demand to remain continuously responsive and connected generates psychological stress, emotional exhaustion, and potential declines in the quality of interpersonal interactions between healthcare workers and patients. Several participants reported that focusing on computer screens or digital systems often caused them to miss opportunities for eye contact, warm greetings, or showing empathy toward patients and their families. This situation illustrates a shift in the meaning of professionalism from empathy-based care toward system-driven efficiency. Furthermore, the phenomenon of workarounds emerged as an adaptive strategy to balance the demands of digital speed with the realities of clinical service. Healthcare workers often take improvisational steps, such as manually recording information or using personal applications, to ensure smooth service delivery when digital systems experience disruptions. While

effective in the short term, these practices carry risks to data integrity and service quality consistency if not managed systematically.

Thus, this study emphasizes the need for digital management strategies that balance technological efficiency with humanistic values. In the context of RST Dompet Dhuafa, which is grounded in Islamic principles, an ideal digital work culture should not only prioritize speed and accuracy but also integrate spirituality, empathy, and sincerity as core service values. The implementation of technology in hospitals should not solely pursue efficiency; it must also preserve empathy, meaningful communication, and service imbued with the spirit of worship. A human-centered and spiritually grounded work system is key to ensuring that digitalization does not diminish the meaning of service as a form of worship in the healthcare profession but rather strengthens it as a holistic dedication to humanity and God, guided by mercy. This principle safeguards the balance between professionalism and humanism, while reinforcing RST Dompet Dhuafa's position as a pioneering Islamic hospital that harmonizes technological advancement with the spiritual values of care.

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