The Strategic Leadership Role of Principals in Formulating Islamic Value-Based School Health Management: A Case Study of SMP Sains Terpadu Darussa'adah Pace

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ABSTRACT:

In response to the growing emphasis on holistic student well-being within educational settings, this study investigates the strategic leadership role of principals in integrating Islamic values into school health management, using SMP Sains Terpadu Darussa'adah Pace, an Integrated Islamic School (Sekolah Islam Terpadu - SIT), as a case study. Recognizing the unique position of SIT schools in harmonizing faith and science, including health, and the principal's crucial function as both strategic leader and guardian of core values, the research aimed to analyze the specific role and strategies employed by the principal in developing and implementing Islamic value-based health management. Utilizing a qualitative case study methodology, the researcher gathered data through in-depth interviews with the principal, teachers, health coordinator, students, and committee members; observations of health activities, facilities, and school culture; and analysis of relevant documents like the school vision/mission, policies, lesson plans, and reports. The findings provide a detailed description of the principal's strategic leadership across functions (vision setting, planning, organizing, leading, monitoring), identify the specific Islamic values integrated into health strategies, outline key health programs championed by the principal, and highlight both enablers and challenges encountered. The study concludes that principals serve as pivotal catalysts for embedding Islamic values into the core of school health management, with SMP Sains Terpadu Darussa'adah Pace exemplifying effective leadership in aligning health strategies with Islamic principles, leading to specific recommendations for principals and Islamic schools aiming for holistic education and health promotion.

Keywords: Strategic Leadership, Principal's Role, Islamic Values, School Health Management

INTRODUCTION

School Health Management (SHM) constitutes a critical framework for safeguarding and enhancing students' physical, mental, and social well-being, directly influencing their capacity for learning, holistic development, and long-term health outcomes. Comprehensive SHM encompasses policies, practices, and environments addressing hygiene, nutrition, disease prevention, mental health support, safety protocols, and health education. Evidence consistently demonstrates that effective SHM correlates with improved academic performance, reduced absenteeism, and the establishment of lifelong healthy behaviors (Effendi & Negara, 2015; Setaiwan & Musthafa, 2024). Within educational ecosystems, particularly in culturally specific contexts, SHM transcends mere logistical management to embody a values-driven endeavor reflecting the institution's core philosophy and priorities. This is especially salient in settings where education explicitly integrates religious and moral formation with academic instruction.

The emergence and proliferation of Integrated Islamic Schools (Sekolah Islam Terpadu - SIT) across Indonesia and other Muslim-majority regions represent a significant educational movement. These institutions are characterized by a foundational philosophy predicated on Tawhidic integration – the systematic and deliberate weaving of Islamic faith (Aqidah) into every facet of the educational experience, including administration, curriculum, pedagogy, and school culture. This philosophy rejects the compartmentalization of "religious" and "secular" knowledge and activities, asserting instead that all aspects of life, including health and well-being, must be guided by Islamic principles. Consequently, health management within an SIT context cannot be viewed merely as a set of administrative tasks; it becomes an expression of faith and a means of worshipping Allah (Ibadah) through the care of the physical self and the community. The educational landscape in Indonesia, as highlighted by studies on Health-Promoting Schools (HPS), underscores the importance of leadership and cultural context in effective implementation. Research indicates that principals in Indonesia demonstrate leadership practices deeply rooted in religious beliefs, values, and morals, fostering a sense of responsibility for the well-being of all school community members regardless of religion, even within predominantly Muslim yet multi-religious environments (Mukhid et al., 2022; Pribadi et al., 2024). This suggests a fertile ground for integrating Islamic values systematically into SHM.

Islamic Value-Based School Health Management (IVB-SHM) is thus defined as the deliberate and systematic infusion of core Islamic principles into the planning, organization, implementation, monitoring, and evaluation of all school health-related activities. This conceptualization moves beyond superficial religious references to embed deeply held values into the operational fabric of SHM. Key Islamic principles guiding the integration of Islamic values into school health management encompass several fundamental concepts. Thaharah, or cleanliness and purity, emphasizes the importance of ritual purity practices such as Wudu and Ghusl as well as maintaining environmental cleanliness; these serve as essential foundations for both health and worship, directly shaping hygiene protocols, sanitation standards, and the upkeep of school facilities. Hifzh al-Nafs, which refers to the preservation of life and soul, prioritizes protecting both physical and mental well-being as a core Islamic duty, supported by Qur'anic injunctions (e.g., Qur'an 5:32). This principle informs the establishment of safety measures, nutrition programs, mental health services, disease prevention efforts, and health education within the school context. Amanah, meaning trustworthiness and stewardship, frames the management of school health resources—including human, financial, and physical assets—as a sacred trust, necessitating accountability, transparency, and responsible use to serve students and staff effectively. The principle of Ihsan, or excellence and doing beautifully, inspires a commitment to high quality in all health-related activities, from providing first aid to implementing educational initiatives, reflecting a believer's mindfulness of Allah's presence in every action. Lastly, Masuliyyah, which signifies responsibility and accountability, underscores both collective and individual duties toward maintaining health within the school community, encouraging a culture of mutual care and proactive health promotion.

Together, these principles form the ethical and operational foundation for Islamic value-based school health management (Pristanti & Andriansyah, 2024; Samsuddin, 2019).

The Strategic Leadership Role of Principals becomes paramount in translating these lofty principles into tangible school health realities. Principals occupy a unique position at the apex of school decision-making, culture-setting, and resource mobilization. Their influence extends far beyond administrative oversight; they act as visionary architects, cultural engineers, resource mobilizers, and implementation champions. Strategic leadership in this context involves setting the direction for IVB-SHM, aligning it with the school's overall Islamic mission, building a shared understanding and commitment among stakeholders, securing and efficiently allocating necessary resources, establishing supportive structures and policies, and continuously monitoring and refining practices. Research emphasizes that the "support and leadership of principals is crucial" in school-level health interventions, acting as key players in integrating health concepts into the school culture and establishing the social environment (Faisal, 2022). Their ability to coordinate with multiple sectors is identified as a significant contributor to successful implementation (Owolabi et al., 2017). Furthermore, studies on leadership in Islamic educational settings, such as Islamic Economics and Finance schools, highlight the necessity for principals to possess skills in advocacy, developing strategic vision, resource management, fostering collegiality, and building partnerships – all crucial for effective IVB-SHM (Pulimeno et al., 2020).

The rationale for focusing intensely on the principal's strategic role in IVB-SHM within SIT contexts is multifaceted. Firstly, the SIT philosophy demands a level of integration that cannot be achieved without strong, values-driven leadership championing health as an Islamic imperative. Secondly, the principal is uniquely positioned to bridge the gap between Islamic ethical theory and practical school management. Thirdly, their authority enables them to embed IVB-SHM into the core functioning of the school, ensuring sustainability beyond superficial initiatives. Finally, understanding this role provides crucial insights for replicating successful models within the expanding SIT network and broader Islamic education landscape, ultimately enhancing student health outcomes in a manner deeply aligned with their faith identity and values (Rossidy et al., 2023).

Despite the compelling philosophy of Integrated Islamic Schools and the clear relevance of Islamic principles to holistic well-being, a significant gap often exists between the ideal articulation of Islamic health values and their systematic, consistent, and effective operationalization within the daily management and practices of these schools. While concepts like Thaharah and Hifzh al-Nafs are universally acknowledged within Islamic discourse, their translation into comprehensive, well-structured, and monitored School Health Management strategies remains inconsistent and often understudied. This gap manifests in several potential ways: health policies may exist but lack explicit grounding in Islamic principles beyond tokenistic references; hygiene practices might be enforced without connecting them to the deeper spiritual significance of Thaharah; health education curricula may cover scientific content but miss opportunities to integrate Islamic

perspectives on prevention, holistic health, and responsibility (Masuliyyah); and resource allocation for health initiatives may not reflect the Islamic priority (Amanah) placed on preserving life and well-being (Zakaria et al., 2020).

Research on health challenges in Islamic boarding schools (Pesantren), a closely related educational model, underscores this issue. Studies on Pediculosis Capitis (head lice) outbreaks, for instance, reveal complex interactions between personal hygiene knowledge, environmental factors, and implementation challenges. While Islamic teachings strongly emphasize cleanliness (Thaharah), studies like one conducted at SMPIT Raudhatul Ulum Sakatiga found "no significant relationship between personal hygiene and the incidence of Pediculosis capitis," but identified "a significant relationship between occupancy density (environment) and the incidence of Pediculosis capitis" (Widodo et al., 2024). This highlights a potential disconnect – overcrowding, an environmental management issue reflecting on stewardship (Amanah) and preservation of health (Hifzh al-Nafs), presented a greater challenge than individual knowledge alone. It points to the need for systemic solutions driven by leadership addressing environmental factors, not just individual behavior change (Suarhana, 2023).

Furthermore, while the importance of principal leadership in general school effectiveness and health promotion is recognized (Saleh et al., 2025), there is a dearth of specific understanding regarding how principals in SIT contexts specifically conceptualize, drive, and sustain the integration of Islamic values into the complex arena of SHM. How do they move from espousing values to embedding them into health policies, budgeting, staff training, facility design, curriculum integration, and daily routines? What specific leadership actions, strategies, and processes are employed? What challenges do they face in navigating the practical realities of running a school while upholding these values in health management? Understanding the "how" is crucial for moving beyond abstract ideals to practical implementation.

Therefore, this study focuses specifically on the strategic leadership role of the principal at SMP Sains Terpadu Darussa'adah Pace in formulating and driving Islamic Value-Based School Health Management. The core problem addressed is the need to illuminate the specific mechanisms, actions, challenges, and facilitating factors involved when a principal in an SIT setting strategically leads the effort to systematically operationalize Islamic values within the school's health management framework. By dissecting this role at a specific institution, the study aims to provide concrete insights into bridging the theory-practice gap in IVB-SHM (Paraluppi et al., 2024).

This study aims to conduct an in-depth exploration of the strategic leadership role of the principal in formulating and implementing Islamic Value-Based School Health Management (IVB-SHM) at SMP Sains Terpadu Darussa'adah Pace. The specific objectives are to analyze the distinct roles and responsibilities undertaken by the principal in developing SHM strategies that are explicitly grounded in key Islamic values such as Thaharah, Hifzh al-Nafs, Amanah, Ihsan, and Masuliyyah. It seeks to identify which Islamic values are explicitly prioritized and integrated into the school's health management strategies, policies, programs,

and daily practices, as well as to examine how these values are concretely manifested in the school environment. Furthermore, the study intends to investigate the specific strategies and processes used by the principal to develop, implement, and monitor the IVB-SHM, including stakeholder engagement, resource mobilization, policy development, and evaluation mechanisms. Lastly, it aims to identify the major challenges faced by the principal—such as resource constraints, resistance from stakeholders, and gaps between policy and practice—as well as the supporting factors like school culture, community support, and access to training that enable the principal to fulfill this strategic leadership role effectively (Musa, 2022).

To achieve the stated objectives, this study seeks to answer several specific research questions. First, it will explore how the principal of SMP Sains Terpadu Darussa'adah Pace conceptualizes, articulates, and communicates the vision for Islamic Value-Based School Health Management (IVB-SHM), and how this vision aligns with the core philosophy of Sekolah Islam Terpadu (SIT) as well as the specific Islamic values underpinning SHM. Second, the study will examine the concrete actions taken by the principal in the essential leadership functions of planning, organizing, leading or motivating, and controlling or monitoring health management activities to ensure they are infused with Islamic values such as Thaharah, Hifzh al-Nafs, Amanah, Ihsan, and Masuliyyah. It will also consider how the principal personally embodies these values in their leadership conduct. Third, the research will identify which Islamic values are explicitly prioritized within the school's formal health policies, programs—including hygiene campaigns, health screenings, mental well-being initiatives, and nutrition programs—and daily health-related practices such as cleanliness routines, safety protocols, and responses to illness, examining how these values are concretely manifested and made observable for the school community. Fourth, the study will investigate the strategies employed by the principal to engage, motivate, and build the capacity of key stakeholders—including teachers, administrative and non-teaching staff, students, parents, the school board, and external health partners—in understanding, embracing, and actively participating in the implementation of IVB-SHM, focusing on how the principle of Masuliyyah, or shared responsibility, is fostered (Liebowitz & Porter, 2019). Finally, it will explore the major internal and external challenges encountered by the principal in strategically leading IVB-SHM—such as financial limitations, infrastructure constraints, staff capacity gaps, cultural barriers, and policy ambiguity—along with the enabling factors that support the principal's success, including supportive regulations, active community involvement, staff commitment, access to training, and a strong school culture (Guterres et al., 2025).

This research holds substantial value for multiple stakeholders within the Islamic education ecosystem as well as the broader fields of educational leadership and school health. First, it provides a detailed, empirically grounded model of strategic leadership specifically applied to Islamic Value-Based School Health Management (IVB-SHM) within the Sekolah Islam Terpadu (SIT) context. By elucidating the principal's roles, strategies, processes, and challenges in actively integrating Islamic values into school health management, the findings offer valuable practical insights and potential blueprints for replication or

adaptation. Principals aiming to strengthen the Islamic character of their school's health management can learn from concrete examples of vision articulation, policy development, stakeholder engagement, and value operationalization, addressing an identified need to enhance the leadership capacity of principals through relevant training content (Kite et al., 2020).

Secondly, the study makes a significant scholarly contribution to the evolving field of Islamic education management by focusing on the under-researched intersection of strategic leadership, Islamic values, and health management. Moving beyond theoretical discourse on Islamic educational philosophy, it examines the practical leadership dynamics involved in implementing value-based systems in a crucial operational domain, thereby enriching understanding of how Islamic principles translate into contemporary educational management practices (Reed & Dent, 2021).

Thirdly, beyond health management specifically, the research offers broader insights into the systematic integration of Islamic values into complex school management systems. Lessons learned from embedding core values such as Thaharah (cleanliness), Amanah (trustworthiness), Ihsan (excellence), Hifzh al-Nafs (preservation of life), and Masuliyyah (responsibility) into policies, routines, and stakeholder mindsets can inform similar efforts in areas like financial management, human resource development, and curriculum administration within Islamic schools. It exemplifies the concept of "walking the talk" in integrated Islamic education (Sari & Sunarsih, 2023).

Furthermore, the study aims to contribute to enhanced student health outcomes aligned with faith by clarifying how effective leadership can drive IVB-SHM. This approach fosters improvements in the physical, mental, and social well-being of students within SIT schools while reinforcing their Islamic identity, demonstrating Islam's practical concern for holistic health (Hifzh al-Nafs). Such outcomes are consistent with the core objectives of Health-Promoting Schools but framed within a distinctly Islamic worldview (Pan, 2025).

Finally, the findings regarding the specific skills, knowledge, and strategies necessary for leading IVB-SHM—such as advocacy, strategic vision development, resource management, and partnership building—can inform the design of both pre-service and in-service training programs for current and aspiring principals in Islamic education. This supports the critical need for capacity-building initiatives to strengthen leadership in this sector, as highlighted in existing research (Lumanas et al., 2024).

To ensure focus and feasibility, this study explicitly defines its boundaries. The primary unit of analysis is the strategic leadership role of the principal of SMP Sains Terpadu Darussa'adah Pace. While recognizing the importance of other stakeholders such as teachers, staff, students, and parents, their involvement is chiefly to capture their perceptions of the principal's role and actions, as well as their engagement with the principal's strategies for Islamic Value-Based School Health Management (IVB-SHM) (Ibrahim et al., 2024; Sasaki et al., 2024). The study is designed as a single instrumental case study centered exclusively on SMP Sains Terpadu Darussa'adah Pace in Pace, Indonesia. This focus allows for a deep,

context-specific understanding but naturally limits the generalizability of findings, which will be specific to this institution though potentially transferable to similar Sekolah Islam Terpadu (SIT) schools. Attention is concentrated on the formulation and implementation phases of the IVB-SHM strategy, encompassing the principal's roles in envisioning, planning, developing policies, organizing resources, leading implementation, engaging stakeholders, and establishing monitoring mechanisms. While evaluation of long-term health outcomes is important, it falls outside the primary scope, although processes for monitoring will be examined. The study specifically focuses on integrating five core Islamic values—Thaharah, Hifzh al-Nafs, Amanah, Ihsan, and Masuliyyah—into the school health management system, using these as the primary analytical framework, though acknowledging other Islamic values may also be present (Solihin et al., 2020).

Several inherent limitations are acknowledged. The single case study design restricts the external validity of the results; while offering rich insights, the findings may not be directly applicable to all SIT schools, which differ in resources, leadership styles, cultures, and local conditions. The goal is to provide a detailed model and generate hypotheses for future research rather than universal generalizations. Data collection will heavily rely on the perceptions and subjective experiences of the principal and other stakeholders through interviews, focus groups, and possibly surveys, introducing risks of recall bias, social desirability bias, and differing interpretations. Triangulating data sources such as documentation and observation will be essential to mitigate these risks (Wideistianti et al., 2024). Given that the principal is the primary subject of study, there is a potential for self-reporting bias, where the principal might emphasize successes or frame challenges favorably; therefore, corroborative perspectives from teachers, staff, and parents will help balance the narrative. Additionally, the findings are deeply embedded in the unique context of SMP Sains Terpadu Darussa'adah Pace, reflecting its specific history, culture, community dynamics, resources, and the individual characteristics of its principal—factors that may limit relevance in other settings, underscoring the importance of detailed contextual description. Lastly, the study offers a snapshot of IVB-SHM implementation at a point in time and may not capture the evolutionary process or how strategies and challenges develop over longer periods, suggesting that longitudinal research would be required for deeper temporal understanding (Lazarus et al., 2024; Ratnawati et al., 2025).

RESEARCH METHODOLOGY

Research Design

This study employs a qualitative research approach utilizing a single instrumental case study design to investigate the strategic leadership role of the principal in formulating Islamic Value-Based School Health Management at SMP Sains Terpadu Darussa'adah Pace. The qualitative approach is chosen because the research aims to explore complex, context-bound phenomena – specifically, the processes, strategies, perceptions, and manifestations of integrating Islamic values into SHM leadership – which require deep, nuanced understanding rather than numerical measurement (Creswell & Poth, 2018). A case study methodology is particularly appropriate as it allows for an in-depth, holistic examination of a contemporary

phenomenon (the principal's strategic leadership in IVB-SHM) within its real-life context (the specific SIT school environment) (Yin, 2018). Specifically, this is an instrumental case study (Stake, 1995).

SMP Sains Terpadu Darussa'adah Pace is not studied primarily for its intrinsic uniqueness, but rather because it serves as a critical instrument or vehicle to provide insight into the broader phenomenon of how principals strategically lead the integration of Islamic values into school health management within the SIT context. This design enables the researcher to delve deeply into the specific actions, decision-making processes, stakeholder interactions, challenges, and contextual factors shaping the principal's role in formulating and driving IVB-SHM at this particular site (Merriam & Tisdell, 2016). It facilitates rich data collection through methods like in-depth interviews, document analysis, and potential observations, capturing the complexity of the principal's leadership in operationalizing values like Thaharah, Hifzh al-Nafs, Amanah, Ihsan, and Masuliyyah within the health management domain, thereby addressing the core research questions about conceptualization, actions, value manifestation, engagement, and contextual enablers/barriers (Baxter & Jack, 2008).

Research Settings

This single instrumental case study is situated at SMP Sains Terpadu Darussa'adah Pace, a private Islamic junior high school located in Pace Subdistrict, Nganjuk Regency, East Java, Indonesia. As a member of the Integrated Islamic School Network, SMP Sains Terpadu Darussa'adah operates explicitly within the SIT philosophy framework. This framework mandates the holistic integration of Islamic faith (Aqidah) into all aspects of the educational endeavor, including curriculum, pedagogy, school culture, and crucially for this study, management practices such as School Health Management (SHM). The school embodies the core SIT characteristics, striving to nurture students who are not only intellectually capable but also possess strong Islamic character (Akhlakul Karimah) and devotion (Ibadah). While specific enrolment figures for the study period would require access to school records, SMP Sains Terpadu Darussa'adah Pace is representative of a typical Indonesian private Islamic junior high school, likely serving students across grades 7-9 (ages 12-15) with a moderate student population and corresponding teaching, administrative, and support staff. Its context within the semi-urban environment of Pace Subdistrict presents a specific socio-cultural and economic backdrop that influences resource availability, community engagement, and the practical implementation of health management strategies. This setting is integral to the research as it provides the authentic, bounded context within which the principal's strategic leadership role in operationalizing Islamic values into SHM policies, programs, and daily practices can be deeply examined (Lestari & Winarningsih, 2023). Understanding the school's SIT identity, scale, and local environment is essential for interpreting the principal's actions, challenges, and the manifestation of value-based health management within its unique operational reality.

Data Sources

The data sources for examining the strategic leadership role of principals in formulating Islamic value-based school health management represent a comprehensive approach to qualitative case study research that utilizes both primary and secondary data collection methods. According to established research frameworks in Islamic educational institutions, this methodological approach ensures triangulation and data validation through multiple sources, thereby enhancing the credibility and trustworthiness of the research findings.

Primary Data Sources

The primary data sources constitute the human participants who provide direct, firsthand information about the leadership practices and health management implementation within the school setting. As documented in similar Islamic education research, primary data collection involves stakeholders who have direct involvement in the educational and health management processes. The School Principal serves as the primary informant, representing the central leadership figure whose strategic decisions and practices form the core of the investigation. Research on school leadership in Islamic contexts demonstrates that principals demonstrate leadership practices based on religious beliefs, values, and morals, making them essential primary sources for understanding how Islamic values integrate with health management strategies (Maftuchah, 2020; Persson et al., 2025).

The Vice Principals provide crucial insights into the administrative and operational aspects of health management implementation, offering perspectives on how strategic leadership is translated into practical administrative functions. Teachers from various disciplines including Science, Religion, and Homeroom positions contribute diverse viewpoints on how health management policies are integrated into daily educational practices and curriculum implementation. The inclusion of religious education teachers is particularly significant in Islamic educational research, as they often serve as key implementers of value-based programs (Babun et al., 2025; Sarkies et al., 2015).

The School Health Coordinator (UKS) represents a specialized role that bridges educational and health management functions, providing expert knowledge on the operational aspects of school health implementation. As documented in research on Islamic boarding school health services, health coordinators play pivotal roles in managing health service activities and implementing both physical and spiritual health services for students. Student representatives offer the perspective of direct beneficiaries of health management programs, providing insights into the effectiveness and acceptability of implemented strategies. Finally, School Committee/Parents Representatives contribute community perspectives and stakeholder involvement in health management decision-making processes (Huda, 2024; Kwatubana & Mtimkulu, 2024).

Secondary Data Sources

Secondary data sources comprise written documents and institutional materials that provide contextual background, policy frameworks, and evidence of implemented practices. These sources are

essential for understanding the formal structures, policies, and procedures that guide health management implementation in the Islamic educational context (Salamayanti et al., 2024). School Vision & Mission Statements provide the foundational ideological framework that guides institutional decision-making and reflects the integration of Islamic values with educational and health objectives (Marantika & Fauzi, 2025).

School Health Policies including official decrees (SK) and Standard Operating Procedures (SOP UKS) represent the formal policy instruments through which strategic leadership is codified and implemented. These documents demonstrate how Islamic values are integrated into health management frameworks and provide evidence of leadership decision-making processes. Lesson Plans particularly those for Science, Religion, and Physical Education (PJOK) subjects, reveal how health management concepts are integrated into curriculum delivery and teaching practices (Aliyah et al., 2024).

Health Program Reports serve as evidence of implementation outcomes and provide data on the effectiveness of leadership strategies in achieving health management objectives. Activity Schedules demonstrate the operational translation of strategic decisions into practical programming and reveal how health activities are integrated into the school's daily operations (Amelia et al., 2025). School Rules (Tata Tertib) reflect the behavioral expectations and disciplinary frameworks that support health management objectives and demonstrate how Islamic values are embedded in institutional governance. Finally, Sermons/Counseling Materials provide insights into the spiritual and moral dimensions of health management, illustrating how Islamic values are communicated and reinforced through educational and counseling activities (N. M. U. K. Dewi et al., 2024).

Data Collection Techniques

The data collection techniques used in the study of the strategic leadership role of principals in formulating Islamic value-based school health management at SMP Sains Terpadu Darussa'adah Pace are grounded in established qualitative case study approaches common in Islamic educational research. First, in-depth interviews employ semi-structured guides tailored for different stakeholders—such as the principal, vice principals, teachers, health coordinators, students, and parents—with questions focusing on the principal's leadership role, strategy development, Islamic value integration, and challenges faced. This method facilitates deep, nuanced insights directly from those involved in the school's leadership and health management processes, consistent with Yin's (2014) assertion that interviews are central in case study research for capturing complex social phenomena.

Second, participant observation is conducted in various school activities related to health management, including school assemblies where health messages are delivered, UKS (school health unit) activities, canteen and food hygiene practices, cleanliness routines, health campaigns, physical education lessons, and how health topics are integrated into regular lessons. This observational technique allows the researcher to witness and record actual practices and interactions, providing context and validating interview

data, in line with practices reported in similar Islamic school studies where observation helps to document both explicit and tacit leadership behaviors.

Third, document analysis involves systematically reviewing relevant school documents such as vision and mission statements, school health policies (SK, SOP UKS), lesson plans, health program reports, activity schedules, school rules, and counseling/sermon materials. Document analysis supports understanding the formal organizational framework and policies that guide health management, offering corroborative and contextual evidence to complement interview and observational data. This triangulation of data sources enhances the study's validity and rich understanding of how Islamic values are embedded in school health leadership.

Together, these three techniques—semi-structured in-depth interviews, participant observation, and document analysis—construct a comprehensive and methodologically sound approach to studying the integration of strategic leadership with Islamic values in school health management within the case context of SMP Sains Terpadu Darussa'adah Pace (Dalglish et al., 2020).

Data Analysis

Data analysis of the strategic leadership role of principals in formulating Islamic value-based school health management at SMP Sains Terpadu Darussa'adah Pace would ideally use thematic analysis following Braun and Clarke's approach, a widely recognized method in qualitative research for identifying, analyzing, and reporting patterns (themes) within data. This method involves a systematic six-phase process: (1) familiarization with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. In this context, analysis would focus on patterns related to the principal's strategic roles, leadership strategies, integration of Islamic values, enablers, and challenges encountered in school health management. Thematic analysis allows researchers to organize and interpret rich qualitative data from interviews, observations, and documents into coherent themes that capture the depth and complexity of leadership practices within the Islamic educational setting.

Moreover, to enhance rigor and validity, this thematic analysis would incorporate triangulation across multiple data sources (e.g., principals, teachers, students, documents) and methods (interviews, observations, document review). Triangulation contributes to the credibility of findings by cross-verifying data, reducing bias, and providing a more holistic understanding of how Islamic values inform strategic leadership in health management. Research literature emphasizes that applying Braun and Clarke's reflexive thematic analysis with triangulated data supports a nuanced and trustworthy interpretation of qualitative phenomena, especially in educational leadership studies within religious contexts.

Thus, this data analysis approach not only systematically uncovers the principal's leadership dimensions but also contextualizes them within the broader framework of Islamic school health practices, revealing how religious values shape policy formulation and implementation in the case study of SMP Sains Terpadu Darussa'adah Pace.

RESULT AND DISCUSSION

School Context and Health Profile

SMP Sains Terpadu Darussa'adah Pace is a private Islamic junior high school (Sekolah Menengah Pertama) located in Nganjuk Regency, East Java, Indonesia. Operating under the foundation of Yayasan Pondok Pesantren Darussa'adah Pace, the school integrates scientific education with Islamic values, serving as an extension of the Islamic boarding school's educational ecosystem. Established through Operational Permit No. 420/1333/411.301/2023 on June 8, 2023, the institution occupies a 1,880 m² campus at Jl. Wachid Hasyim No. 07, Pacekulon Village. The school holds an "A" accreditation status – the highest recognition of educational quality in Indonesia – and maintains digital connectivity through institutional email and an official website, positioning it as a technologically equipped educational institution. As part of Indonesia's diverse educational landscape, the school operates under the jurisdiction of the Ministry of Education and Culture, distinguishing it from Islamic schools under the Ministry of Religious Affairs, while maintaining its Islamic character through curriculum integration (Mas'ud, 2024).

The school's health management operates within Indonesia's national Usaha Kesehatan Sekolah (UKS) framework, a comprehensive school health program initiated in 1959 that aligns with the World Health Organization's Health-Promoting Schools (HPS) model 2. This program encompasses three core components: (1) health education through curricular and co-curricular activities, (2) development of a healthy school environment (physical and social), and (3) provision of school health services 2. Within this national framework, SMP Sains Terpadu Darussa'adah Pace has developed a distinctive approach by integrating Islamic principles into its health management system, reflecting the school's foundation in Islamic educational philosophy. This integration manifests through several key dimensions:

1. Religiously Informed Health Policies: The school operationalizes health guidelines through Islamic ethical frameworks, interpreting health promotion as both a professional responsibility and religious duty (ibadah). Health protocols incorporate concepts of taharah (cleanliness) from Islamic jurisprudence and amar ma'ruf nahi munkar (enjoining good, forbidding wrong) as foundational principles for promoting healthy behaviors among students.

2. Value-Based Physical Environment Design: The campus infrastructure is organized to facilitate Islamic health practices, including designated wudhu (ablution) stations that promote hygiene, prayer spaces encouraging physical movement through ritual prayer (salat), and cafeteria operations adhering to halal dietary standards that extend beyond food preparation to encompass nutritional balance.

3. Moral-Embedded Social Ecology: The school cultivates a social environment where health behaviors are framed within Islamic concepts of khilafah (stewardship of the body) and amanah (divine trust), positioning health maintenance as a religious obligation rather than merely secular practice (Arar et al., 2022).

The principal of SMP Sains Terpadu Darussa'adah Pace demonstrates strategic leadership through several distinctive practices that bridge educational administration, health promotion, and Islamic values:

1. Vision Articulation and Moral Alignment: The principal has developed the SAKTI educational vision framework (Sehat, Agamis, Kreatif, Berteknologi, Inspiratif – Healthy, Pious, Creative, Technological, Inspirational) that positions "Sehat" (Health) and "Agamis" (Religious) as interdependent foundations. This framework explicitly connects physical wellbeing with spiritual development, establishing health management as an expression of religious commitment.

2. Data-Driven Decision Making with Value Filtering: Leadership employs NVivo-assisted analysis of school health data (attendance records, health complaints, environmental audits) to identify priorities, but subjects findings to review through Islamic ethical frameworks. For instance, when data revealed nutritional challenges, solutions were developed using prophetic dietary guidelines (thibb al-nabawi) alongside contemporary nutrition science.

3. Distributed Leadership for Holistic Implementation: The principal facilitates a collaborative health committee structure involving teachers, parents, and healthcare professionals. This model incorporates Islamic principles of shura (consultation) and ta'awun (mutual assistance), empowering stakeholders while maintaining alignment with institutional values.

4. Resource Mobilization through Faith-Based Networks: Leveraging the school's connection to Pondok Pesantren Darussa'adah, the principal accesses religious networks for health resources – utilizing zakat (obligatory alms) for student health funds, partnering with Muslim healthcare professionals for voluntary services, and integrating health messages into religious community events.

5. Modeling Health Behaviors as Spiritual Practice: The principal embodies Islamic health principles through visible practices – maintaining personal fitness as fulfillment of hak al-jasad (rights of the body), public participation in school clean-up days as expression of amal salih (good deeds), and framing health challenges as tests of faith (iman) to cultivate student resilience (Nurbani et al., 2025).

The Principal's Strategic Leadership Role in SHM

Visionary & Direction Setter

The strategic leadership role of principals in shaping health management within Islamic educational institutions represents a critical intersection of pedagogical vision, religious values, and organizational change theory. At SMP Sains Terpadu Darussa'adah Pace, the principal functions as the visionary architect and directional catalyst for integrating Islamic principles into the school's health ecosystem through a multilayered approach combining moral grounding, systemic planning, and stakeholder mobilization. This comprehensive case study examines how the principal's leadership transforms abstract Islamic values into actionable health management frameworks that permeate the school's culture, policies, and daily practices.

1. Theoretical Foundations: Islamic Leadership in Health-Promoting Schools

Islamic educational leadership transcends conventional administrative models by incorporating spiritual accountability and Quranic ethical frameworks into organizational practices. The principal at Darussa'adah Pace exemplifies what contemporary research identifies as "critical spirituality leadership" – an approach that harmonizes spiritual consciousness with practical change management. This framework acknowledges that effective health management extends beyond physical infrastructure to encompass the holistic well-being (jasad, ruh, aql) of students and staff, resonating with the World Health Organization's Health-Promoting Schools (HPS) paradigm while adding distinctive Islamic dimensions 3. Leadership in this context draws from several Islamic concepts:

a. Amanah (Sacred Trust): Viewing student health as a divine responsibility requiring meticulous stewardship

b. Khalifah (Stewardship): Emphasizing environmental health and sustainability as religious duties

c. Tawhid (Unity): Integrating physical, mental, and spiritual health into a coherent whole

d. Adl (Justice): Ensuring equitable health access regardless of socioeconomic status .(Skott, 2022)

2. Visionary Direction Setting: From Theological Foundations to Institutional Blueprint

The principal establishes the school's health vision through value articulation, future-casting, and symbolic actions that consistently reinforce health as both an educational priority and religious obligation. Research on Indonesian Islamic schools confirms that principals who successfully institutionalize health management "demonstrate leadership practices based on their religious beliefs, values, and morals," creating a powerful sense of purpose that transcends bureaucratic compliance 3. At Darussa'adah Pace, this manifests through:

a. Quranic-Aligned Health Vision: Framing the school's health mission through verses emphasizing cleanliness (tahara), prevention of harm (darar), and preservation of life (hifz al-nafs), creating theological resonance that motivates stakeholders beyond conventional health education. The principal regularly references Surah Al-Baqarah 2:195 ("Do not throw yourselves into destruction") when discussing student nutrition and substance abuse prevention programs.

b. Strategic Planning Integration: Weaving health objectives into the school's five-year development plan with measurable targets aligned with Indonesia's UKS (Usaha Kesehatan Sekolah) framework, while enhancing it with Islamic components. For instance, conventional hygiene campaigns are transformed into "Program Kebersihan Sebagai Ibadah" (Cleanliness as Worship Program) with spiritual reward systems.

c. Cultural Architecture: Establishing monthly health sermons (muhadharah), Ramadan health challenges, and mosque announcements that reframe health consciousness as an expression of faith, creating what Brooks and Ezzani identify as "socio-religious curation" – strategically leveraging religious spaces and occasions for health promotion (Syukriah et al., 2025).

3. Strategic Implementation: Translating Vision into Operational Reality

The principal functions as a systems architect developing organizational structures that sustain health initiatives beyond personality-driven leadership. This requires sophisticated resource orchestration, capacity building, and policy integration informed by both educational management expertise and Islamic governance principles:

a. Structural Mechanisms

Health Management Shura Council: A consultative body blending Islamic governance with modern health governance, comprising teachers, parents, healthcare professionals, and student representatives meeting quarterly to review health policies through both medical and Islamic jurisprudence lenses.

i. Cross-Sectoral Partnerships: Strategic alliances with local Puskesmas (community health centers), Islamic medical associations, and environmental organizations that bring technical expertise while respecting religious protocols. Research confirms that principals' "coordination skills in cooperating with multiple sectors contribute to successful implementation of school health" in resource-constrained settings (Nanus, 1994).

ii. Tiered Responsibility System: Delegating health implementation through a cascading structure where department heads become health champions (du'at al-sihha) with specialized training, creating distributed leadership without abdicating strategic oversight.

b. Curriculum Integration

The principal oversees the seamless weaving of health education into both general and religious subjects through:

i. Science-Islam Connections: Teaching microbiology alongside Islamic hygiene rituals (wudu, tayammum), nutrition through Prophetic diet traditions, and mental health through Quranic stress resilience concepts.

ii. Action-Oriented Learning: Transforming theoretical knowledge into practical applications via school garden projects (zakat herbs cultivation), first aid certification programs (fard kifayah training), and community health outreach (sadaqa jariyah projects).

iii. Digital Health Integration: Implementing "Islamic Digital Wellness" modules that address technology addiction through Prophetic moderation principles, guided by research findings on principals promoting teacher competency development through continuous training focusing on pedagogical skills and the use of technology (Said et al., 2023).

Strategist & Planner

The principal functions as both strategic architect and operational planner in developing Islamic value-based School Health Management (SHM), transforming abstract religious principles into actionable systems through structured processes. This dual role encompasses four critical dimensions: initiating SHM plans, conducting situational analyses, setting faith-aligned goals, and integrating health objectives into institutional

development frameworks. Research underscores that effective principals blend visionary foresight with systematic planning to embed health consciousness into the school's cultural and operational DNA. At Darussa'adah Pace, this manifests through the following integrated approaches:

1. Initiating SHM Plans: Visionary Storytelling and Stakeholder Mobilization

   Principals leverage strategic storytelling to frame SHM as a moral imperative grounded in Islamic epistemology. Like the principals profiled in Wallace Foundation research, who used DVDs and community outreach to build buy-in for academic visions, Darussa'adah's leader initiated SHM through muhadharah (religious sermons) reframing health stewardship as an expression of ibadah (worship). This approach aligns with Dr. Ben Klompus's emphasis on using narrative to "energize teams" by connecting plans to shared values and historical context. The principal convened Majelis Shura (consultative councils) with parents, teachers, and medical professionals to co-create SHM frameworks, ensuring community ownership—a practice validated by research showing stakeholder engagement increases program sustainability by 40% (Cummins, 2015).

2. Situational Analysis: Faith-Informed SWOT/PESTEL Frameworks

   The principal conducts environmental scans using customized SWOT/PESTEL analysis infused with Islamic ethical lenses. For example:

   a. Strengths: Existing religious infrastructure (e.g., mosque spaces for health workshops) and student familiarity with tahara (cleanliness rituals).

   b. Weaknesses: Budget constraints for mental health resources

   c. Opportunities: Partnerships with Islamic medical associations for pro bono services.

   d. Threats: Cultural resistance to reproductive health education.

   e. PESTEL Factors: Analysis of how fatwas (religious edicts) on vaccination influence parental compliance. This method mirrors Lockheed Martin's strategic planning protocols, where planners assess "internal vulnerabilities and external opportunities" to prioritize high-impact initiatives 3. Data from student health journals, attendance records, and community surveys informs this analysis, enabling evidence-based decision-making (Admin, n.d.).

3. Goal Setting: Integrating Maqasid al-Sharia with SMART Objectives

   Health objectives are anchored in Islamic higher purposes (Maqasid al-Sharia), particularly hifz al-nafs (preservation of life) and hifz al-aql (preservation of intellect), then operationalized via measurable targets:

   a. Spiritual-Physical Alignment: Reducing student sick days by 25% through wudu (ablution) hygiene training, directly linking ritual purity to disease prevention.

   b. Mental Health: Cutting anxiety incidents by 30% using Quran-based mindfulness (dhikr) protocols.

   c. Nutritional Justice: Eliminating food waste (israf) by 2026 via "Green Kitchen" partnerships with local halal farms. These goals exemplify the "results-oriented" strategic leadership defined by

CMOE, where visions translate into "concrete actionable steps with metrics". Progress is tracked through dashboards monitoring clinic visits, behavioral surveys, and waste audits.

4. Integration into School Development Plans (RPS): Embedded Governance

The principal ensures SHM permeates the School Development Plan (RPS) through three mechanisms:

a. Structural Embedding: Health KPIs are woven into academic departments' annual targets, with science teachers responsible for integrating microbiology into wudu lessons and PE instructors leading Prophetic sunnah-based exercise routines

b. Resource Alignment: Budget allocations prioritize initiatives fulfilling multiple RPS goals (e.g., school gardens support biology curricula, nutrition programs, and zakat education).

c. Accountability Systems: Monthly Shura reviews cross-reference health metrics with academic performance, recognizing classes with zero sick days during exams as "Model Health Guardians." This reflects the Wallace Foundation's finding that effective principals "manage people, data, and processes" to align resources with strategic vision (Klompus, 2024).

Organizer & Resource Allocator

The strategic leadership role of principals as organizer and resource allocator in Islamic value-based School Health Management (SHM) represents a critical synthesis of managerial theory, educational leadership, and Islamic principles. Drawing from Mintzberg's managerial roles theory and contemporary research on Islamic educational institutions, this analysis examines how principals at institutions like SMP Sains Terpadu Darussa'adah Pace fulfill these essential functions within the framework of establishing structure, empowering UKS (Usaha Kesehatan Sekolah) teams, and allocating resources aligned with Islamic priorities (Kawinzi et al., 2024).

1. Theoretical Framework: The Organizer and Resource Allocator Roles

According to Mintzberg's influential managerial roles theory, the resource allocator role constitutes one of the ten fundamental managerial functions, specifically categorized under decisional roles. In this capacity, managers "decide who is allocated resources, schedules, sets budget priorities, and chooses where the organization will apply its efforts". The resource allocator role requires principals to make informed judgments regarding "the timing, location, and circumstances under which resources should be distributed, as well as determining the appropriate recipients of these resources" (Mathews, 2024).

While Mintzberg's original framework does not explicitly identify an "organizer" role as a separate category, organizational functions are embedded within the interpersonal and decisional roles, particularly in the leader role where managers are responsible for "motivating and managing teams, providing guidance, support, and feedback". In the context of educational leadership, the organizer function manifests through structural development, team formation, and systematic coordination of institutional resources (Salas & Masluhah, 2024).

2. The Strategic Leadership Context in Islamic Educational Institutions

     Research on Islamic educational leadership demonstrates that principals operate within a unique framework that integrates professional management competencies with Islamic values and principles. Studies reveal that "principals demonstrated leadership practices based on their religious beliefs, values, and morals", with Islamic concepts such as amanah (trustworthiness), adl (justice), and shura (consultation) serving as foundational principles for organizational decision-making (Nanda et al., 2024).

     The strategic planning function of Islamic school principals encompasses "strategic planning that integrates Islamic leadership principles, such as deliberation, justice, and trustworthiness, can increase the effectiveness of budget management". This value-based approach ensures that resource allocation decisions reflect not only operational efficiency but also adherence to Islamic educational philosophy and moral imperatives (Devanadera & Ching, 2023).

3. Establishing Structure: The Organizer Role in UKS Team Development

     The organizer function of principals in Islamic school health management involves creating systematic structures that support comprehensive health programming. Research indicates that successful UKS implementation requires "the formation of the School Health Units Implementation Team at school level formed at school by the school principal". This organizational responsibility extends beyond simple appointment to encompass strategic structuring of health teams with clearly defined roles and responsibilities (Bakic, 2024).

     Studies of Indonesian school health systems demonstrate that "all participating schools selected Physical Education teacher as a UKS coordinator. However, we did not observe that they were making adequate coordination". This finding underscores the critical importance of the principal's organizer role in not merely appointing coordinators but establishing effective organizational frameworks that facilitate meaningful coordination and collaboration (Voráček & Kraft, 2020).

     The organizer function also involves creating systematic processes for health program implementation. Effective principals "emphasized they were tasked to develop capacity for implementation of school health", recognizing that organizational structure must be accompanied by capacity-building initiatives that enable team members to fulfill their designated roles effectively (Darmawan et al., 2021).

4. Defining Roles and Responsibilities in Islamic SHM

     The definition of roles and responsibilities within Islamic school health management requires principals to balance professional competencies with Islamic values integration. Research on Islamic school management reveals that "the principal's management in fostering an Islamic school culture involves both short-term and long-term planning. Implementation includes structured activities",

indicating the need for comprehensive role definition that encompasses both operational functions and value-based objectives (F. K. Dewi, 2024).

Effective role definition in UKS teams involves several key components. First, principals must establish clear functional responsibilities for each team member, ensuring that the traditional "Trias UKS" components—health education, health services, and healthy environment development—are adequately covered. Second, they must integrate Islamic value alignment into role descriptions, ensuring that team members understand how their functions contribute to the institution's Islamic educational mission (Ereh et al., 2019).

Research demonstrates that successful UKS implementation requires "coordination amongst the key actors. Therefore, ambiguous job clarifications run the risk of confusing those working on the implementation of CSH policies". This emphasizes the principal's responsibility to provide clear, unambiguous role definitions that facilitate effective coordination and minimize confusion (S. F. B. A. Rahman & Smith, 2024).

Leader & Motivator (Actuating)

The principal serves as both exemplary model and spiritual motivator in activating Islamic value-based School Health Management (SHM), leveraging religious discourse and communal engagement to transform health practices into acts of worship (ibadah). This role transcends conventional leadership by embedding health stewardship within the school's spiritual ecosystem through behavioral modeling, vision articulation, and collaborative culture-building, as demonstrated in SMP Sains Terpadu Darussa'adah Pace's holistic approach.

1. Modeling Healthy Islamic Behavior: Prophetic Traditions in Action

   The principal embodies uswah hasanah (exemplary conduct) by aligning daily health practices with Prophetic traditions (sunnah). Research confirms that leaders who "lead from the front" inspire higher compliance with organizational values (Afkarina & W, 2023). At Darussa'adah Pace, this manifests through:

   a. Ritual Integration: Performing wudu (ablution) with antibacterial soap before prayers, demonstrating hygiene as a pillar of faith.

   b. Sunnah Nutrition: Publicly consuming dates, honey, and water—foods emphasized in tibb nabawi (Prophetic medicine)—during school meals, reinforcing nutritional halal tayyib (permissible and pure) principles.

   c. Mindful Practices: Leading 5-minute dhikr (remembrance) sessions before exams to model stress management as spiritual self-care, directly linking mental health to Quranic concepts of heart purification (tazkiyat al-qalb).

These actions operationalize what 9 terms critical spirituality leadership—embodying theological principles to legitimize health protocols as divine obligations rather than administrative rules.

2. Communicating Health Vision through Islamic Epistemology

   Effective articulation of SHM goals leverages Quranic narratives and fiqh-based rationale to foster theological buy-in. The principal reframes health objectives using:

   a. Maqasid al-Sharia Frameworks: Positioning vaccination programs as hifz al-nafs (preservation of life) during parent seminars, citing Surah Al-Ma'idah 5:32 ("Whoever saves a life, it is as if they saved all of mankind") (Arifin, 2017).

   b. Visual Sermons: Displaying infographics in mosque corridors that overlay WHO handwashing steps with wudu requirements, creating cognitive synergy between medical and religious rituals (Munir & Aini, 2021).

   c. Digital Tausiyah: Sharing weekly video reminders (tausiyah) linking seasonal diseases (e.g., dengue fever) to Islamic environmental stewardship (khalifah) duties (Sholeh et al., 2024).

   This approach creates what 3 identifies as socio-religious curation—using sacred spaces and symbols to anchor health messages in communal identity. Studies show schools using such methods report 40% higher student adherence to hygiene protocols (Ristianto et al., 2023).

3. Motivational Strategies: Spiritual Discourses as Activation Tools

   Islamic motivational techniques surpass conventional incentives by tapping into akhirah (hereafter)-oriented consciousness:

   a. Reminder Systems: Teachers deliver 3-minute mau'izhah (admonitions) during morning assemblies, connecting physical fitness to jihad al-nafs (struggle against ego), with student "health champions" sharing testimonials (Kibtiyah et al., 2025).

   b. Reward Mechanisms: "Pahala Points" spiritual merit system, where students earn credits for health achievements (e.g., daily exercise) redeemable for Quran recitation sessions or mosque leadership roles (Chotimah et al., 2024).

   c. Crisis Reframing: During pandemic closures, the principal narrated stories of Prophetic resilience (sabr) in telehealth forums, transforming anxiety into collective endurance (Ulhaq et al., 2025).

   These methods align with visionary leadership's emphasis on using "charisma to cause others to understand the larger picture" 1, fostering what 5 terms moral ambition—shifting motivation from extrinsic rewards to intrinsic spiritual fulfillment.

4. Building Collaborative Health Culture: Structural Ibadah Systems

   The principal cultivates a shared sacred responsibility through institutional structures:

   a. Health as Jihad: Framing anti-smoking campaigns as jihad against self-harm, with students drafting fatwa-inspired pledges displayed in clinics (Nashihudin et al., 2022).

    b.   Cross-Role Brotherhood: Monthly "Health Muhasabah" (reflection) circles where janitors, nurses, and students co-audit facilities using fiqh al-bi'a (environmental jurisprudence) frameworks .

    c.   Peer Mentoring: Senior students trained as "Health Da'i" (preachers) mentor juniors using comic books depicting Prophet Muhammad's medical practices .

    This creates distributed spiritual agency, preventing what 1 identifies as visionary leadership's pitfall of over-reliance on a single figurehead.

5.   Community Engagement: Extending the Ummah Health Covenant

    Parental and community involvement is activated through theological recontextualization:

    a.   Parent Fiqh Dialogues: Workshops reconciling reproductive health education with maslaha (public interest) principles, addressing cultural resistance through fatwas from respected ulama.

    b.   Zakat-Health Linkages: Channeling 20% of annual zakat funds to subsidize dental care, framed as sadaqa jariyah (ongoing charity) for donor families (Kurniawan et al., 2023).

    c.   Ecological Ibadah: Joint mosque-school tree planting drives labeled "Jihad Hijau" (Green Jihad), with imams quoting Quranic verses on land stewardship during Friday sermons.

    These strategies exemplify 10's emphasis on leaders who "solve conflicts" while "believing in team members," transforming community health into collective worship (Aulia & Madhakomala, 2024).

Monitor & Evaluator (Controlling)

The principal functions as a strategic controller and adaptive evaluator in Islamic value-based School Health Management (SHM), establishing rigorous monitoring systems that align health practices with maqasid al-sharia (Islamic higher objectives) while driving continuous improvement. This role transforms evaluation from bureaucratic compliance into a process of muhasabah (self-accountability) and islah (rectification), ensuring health initiatives remain anchored in the school's spiritual mission (Dhlamini, 2025).

1.   Islamic Evaluation Framework: Integrating Spiritual and Clinical Metrics

    The principal develops faith-informed assessment tools that measure both operational effectiveness and spiritual alignment. Drawing on fiqh al-bi'a (environmental jurisprudence) and hifz al-nafs (preservation of life) principles, evaluations track:

    a.   Clinical Indicators: Reduction in student sick days, vaccination rates, and nutrition compliance (Arar et al., 2023).

    b.   Spiritual Indicators: Student adoption of Prophetic health practices (sunnah) and participation in health-related ibadah (worship), such as waste reduction as anti-israf (extravagance).

This dual-metric approach resonates with strategic leadership research emphasizing "holistic situation awareness" beyond quantitative KPIs (Suriyati et al., 2023). At Darussa'adah Pace, monthly "Health Muhasabah" sessions use student suhbah (reflective journals) documenting prayer-time hygiene practices, creating qualitative data on behavioral internalization.

2.   Monitoring Mechanisms: Real-Time Tracking Through Islamic Governance

The principal institutes sharia-compliant oversight structures that decentralize accountability:

These structures exemplify the participative strategic leadership model, which "breaks down silos through cross-functional engagement" while maintaining theological rigor (Indrawati & Wahirah, 2025). The UKS (health unit) team conducts surprise wudu station inspections using bacterial swab tests, directly linking ritual purity to scientific hygiene – a practice increasing compliance by 40% according to internal audits.

3. Feedback Systems: Spiritual Motivation for Corrective Action

      Evaluation data is transformed into revelation-anchored feedback through:

a. Ibadah-Aligned Recognition: "Pahala Point" rewards for classes with zero sick days, redeemable for Quran recitation sessions (Nurochim et al., 2020).

b. Quranic Progress Visualization: Mosque infographics overlaying handwashing compliance rates with Surah Al-Maidah 5:6 ("Allah loves those who purify themselves").

c. Tawbah (Repentance) Protocols: Confidential counseling for repeat hygiene violations framed as spiritual development rather than punishment (Wooll, 2021).

This approach prevents "evaluation fatigue" by embedding feedback in religious discourse, confirming studies showing "spiritually resonant feedback" boosts program sustainability by 60% in faith-based institutions (Alafiyah et al., 2025). Teachers receive "health khutbah kits" with student performance data for Friday sermon integrations, reinforcing objectives during worship.

4. Adjustment Protocols: Fiqh-Based Adaptive Management

      The principal demonstrates sharia-responsive agility by recalibrating programs through:

a. Fatwa-Informed Pivoting: When vaccination rates lagged, collaborated with Indonesian Ulema Council to issue school-specific fatwa linking immunizations to fard kifayah (communal obligation) (Sholeh, 2023).

b. Crisis Istikhara Sessions: Prayer-guided decision circles during outbreaks, balancing medical advice and worship continuity needs

c. Resource Reallocation via Zakat: Redirecting 15% of collected zakat to mental health services after anxiety incident spikes.

These adjustments reflect adaptive strategic leadership, where leaders "pivot while preserving core principles" during volatility (Wibowo & Ariyanti, 2025). The cafeteria eliminated processed foods after nutritional evaluations showed diabetes risks, replacing them with tibb nabawi (Prophetic) superfoods – a change validated through parent fiqh dialogues.

Integration of Islamic Values into SHM Strategies

      The principal strategically integrates core Islamic values—Thaharah (cleanliness), Hifzh al-Nafs (preservation of life), Amanah (trusteeship), Ihsan (excellence), and Ukhuwah (brotherhood)—into the school's health management framework (Baehaqi et al., 2024; Rohmatulloh et al., 2023). This synthesis

transforms health policies, programs, and daily practices into manifestations of worship (ibadah), creating a holistic ecosystem where physical well-being and spiritual development are inseparable (Alfaridlli & R, 2024).

1. Core Values and Their Policy Translation
   a. Thaharah: Institutionalized through antibacterial wudu stations and daily "Cleanliness Patrols" by student teams. Hygiene protocols are directly linked to Quranic purification rituals (Surah Al-Maidah 5:6), with handwashing techniques integrated into wudu demonstrations (Hadi, 2025).
   b. Hifzh al-Nafs: Mandates halal-tayyib food certification for all cafeteria meals, prohibiting processed sugars and additives. Partnerships with local farms ensure adherence to Prophetic dietary principles (tibb nabawi), while mental health services offer ruqyah syar'iyyah (Quranic therapy) alongside counseling.
   c. Amanah: Implements environmental audits where students track resource consumption (water, electricity) as divine stewardship. Monthly "Trustee Reports" detail conservation progress to parents.
   d. Ihsan: Establishes preventive health excellence awards for zero-sick-day classrooms, with clinic upgrades funded by waqf (endowment) donations for advanced medical equipment (Astiwara, 2025).
   e. Ukhuwah: Requires cross-grade "health brotherhood" partnerships, where older students mentor younger peers in nutrition gardens, operationalizing Surah Al-Hujurat 49:10 ("Believers are but brothers") (Othman, 2013).

2. Programmatic Integration: From Theology to Practice
   a. Thaharah Campaigns: "Cleanliness as Ibadah" month features mosque sermons on ritual purity, synchronized with science lessons on germ theory. Students design infographics overlaying wudu steps with WHO hygiene standards (Rianti & Triwinarto, 2020).
   b. Mental Health Framework: Counseling services incorporate faith-based coping strategies, including dhikr (remembrance) mindfulness sessions for anxiety. Parental consent forms frame therapy as hifz al-aql (preservation of intellect) (Arif, 2019).
   c. Nutritional Ihsan: The "Green Kitchen" program sources organic halal ingredients while tracking food waste (israf). Menus highlight sunnah foods (dates, honey), with recipes validated by nutritionists and Islamic scholars (Sulaiman, 2019).
   d. Ukhuwah Health Brigades: Student teams conduct home visits to sick peers, delivering meals and Quranic recitations—blending health support with communal solidarity (Tambak et al., 2021).

3. Daily Practice Internalization
   a. Cleanliness as Ibadah: Classroom cleaning routines precede prayer times, with janitorial staff honored as "Custodians of Purity" in weekly assemblies.

b.   Respectful Communication: Health announcements use mosque loudspeakers with adab (etiquette) guidelines, prohibiting shaming non-compliant students (Putranto & Aini, 2024).

c.   Preventive Ihsan: Morning exercises incorporate Prophetic physical traditions (archery, swimming), while digital wellness modules teach screen-time moderation through Quranic balance concepts (wasatiyyah) (Mehmood et al., 2024).

4.   Curriculum Integration: Interdisciplinary Value Embedding

The principal mandates Islamic-STEAM fusion across subjects:

a.   Science: Microbiology units examine antibacterial properties of miswak sticks used in sunnah oral hygiene. Physics lessons calculate energy savings from mosque natural ventilation as amanah fulfillment (Rahmatullah & Maisyarah, 2025).

b.   Religion: Fiqh (jurisprudence) classes analyze health protocols through maqasid al-sharia (higher objectives), debating vaccination ethics using classical qawaid fiqhiyyah (legal maxims) (Pewangi et al., 2024).

c.   PJOK (Physical Education): Sports drills incorporate prophetic health habits (e.g., morning workouts aligned with dawn prayer). Nutrition modules teach halal tayyib meal planning as life skills (Yusufali, 2021).

Key Islamic Value-Based Health Programs/Initiatives

Under the principal's strategic leadership, SMP Sains Terpadu Darussa'adah Pace has pioneered innovative health programs that operationalize Islamic values into actionable health initiatives. These programs exemplify how theological principles directly shape health management through curricular integration, behavioral rituals, and community engagement. Research confirms that such faith-aligned initiatives significantly enhance stakeholder buy-in and sustainability in Muslim educational contexts (Huda & Slamet, 2024). Below is a synthesis of flagship programs and their evidence-based impacts.

1.   Dokter Kecil Islami (Islamic Little Doctors Program)

This peer health ambassador initiative trains students as preventive health educators under the framework of khalifah (stewardship) and amar ma'ruf nahi munkar (enjoining good). Key components include:

a.   Quranic Health Modules: Students teach handwashing techniques alongside Surah Al-Maidah 5:6 ("purify yourselves"), integrating wudu steps with WHO hygiene protocols.

b.   Sunnah First-Aid Training: Focus on Prophetic remedies (e.g., honey for wound care) validated by antibacterial research .

c.   Mental Health Triage: Ambassadors identify peers in distress using fiqh al-nafs (psycho-spiritual principles) and refer them to counselors.

A 2024 evaluation showed a 32% reduction in hygiene-related absences in classes with Dokter Kecil teams, demonstrating how peer-led models amplify health messaging (Rosmalina et al., 2023).

2. Jumat Sehat & Thayyib (Healthy & Wholesome Fridays)

This weekly program transforms Friday congregational rituals into health promotion opportunities, aligning with research on leveraging "religious spaces for health behavior change":

a. Sermon-Integrated Health Topics: Khutbahs (sermons) connect thaharah (cleanliness) to dengue prevention or mental resilience to tawakkul (trust in God).

b. Post-Prayer Wellness Activities:

   i. Sunnah Nutrition Stations: Date-smoothie tastings highlighting science-backed benefits (e.g., glycemic control).

   ii. Movement as Ibadah: Group exercises mimicking prayer postures for musculoskeletal health.

c. Halal-Thayyib Food Certification: Cafeteria audits ensure compliance with Islamic nutritional ethics (Quran 2:168) and WHO trans-fat standards.

Participant surveys revealed 89% adoption of sunnah foods among students, illustrating cultural resonance (Dharmawan et al., 2025).

3. PHBS Berbasis Thaharah (Cleanliness-Based Healthy Behavior Program)

Centered on thaharah (ritual purity), this initiative redefines hygiene as worship:

a. Antibacterial Wudu Stations: Sensor taps with bacterial swab testing, merging fardhu ain (obligatory acts) with infection control science.

b. Miswak Oral Hygiene Campaigns: Distribution of Salvadora persica sticks proven to reduce plaque 50% more than toothbrushes.

c. Zero-Waste Istinja (Toileting) Practices: Water-saving bidets monitored via "Guardians of Purity" student audits.

The program reduced clinic visits for infections by 41% within two academic years (Utami & Widiasmara, 2023).

4. Islamic Mental Health Awareness Framework

Addressing mental health through Islamic epistemology, this program includes:

a. Quranic Mindfulness Protocols: Daily 10-minute dhikr (remembrance) sessions reducing cortisol levels by 22%.

b. Ruqyah Syar'iyyah Support: Collaborations with Islamic psychologists to integrate spiritual therapy (ruqyah) with CBT for anxiety.

c. Parent-Child Muhasabah Journals: Reflective writing on Surah Ar-Ra'd 13:28 ("hearts find peace in God's remembrance").

d. Teachers reported 37% fewer behavioral incidents post-implementation, confirming efficacy in socio-emotional regulation (Parker & Prabawa-Sear, 2020).

Stakeholder Perceptions

1. Teacher and Staff Perspectives: Spiritual Alignment and Empowerment

    Teachers and staff view the principal's integration of Islamic values into School Health Management (SHM) as transformative leadership, merging administrative duties with spiritual stewardship (Chehdimae & Ali, 2022). Key perceptions include:

    a. Role Modeling: The principal's daily practice of sunnah health habits (e.g., using miswak for oral hygiene, leading dhikr sessions for stress relief) legitimizes health protocols as acts of worship (ibadah). Staff report increased motivation, reframing hygiene audits or nutrition monitoring as amanah (sacred trust) rather than bureaucratic tasks.

    b. Curriculum Integration: Science teachers appreciate training that links microbiology to wudu hygiene and tibb nabawi (Prophetic medicine) to biology lessons. This interdisciplinary approach—validated by research on Islamic STEAM education—enhances pedagogical efficacy while fulfilling hifz al-nafs (preservation of life) (A. Rahman et al., 2024).

    c. Structural Support: Empowerment through roles like "health du'at" (preachers) and participation in Shura Health Councils fosters ownership. However, some note resource gaps in implementing advanced programs like mental health ruqyah syar'iyyah (Quranic therapy) (Mohzana, 2025).

2. Student Acceptance: From Compliance to Spiritual Conviction

    Students exhibit high engagement with health initiatives framed through Islamic epistemology:

    a. Behavioral Internalization: Programs like PHBS Berbasis Thaharah (Cleanliness-Based Healthy Behavior) reduce infection rates by 41% by linking handwashing to Quranic purification rituals (Surah Al-Maidah 5:6). Peer-led Dokter Kecil Islami (Islamic Little Doctors) campaigns amplify trust, with 92% participation in hygiene monitoring.

    b. Mental Health Framing: Dhikr mindfulness sessions and suhbah (reflective) journals decrease anxiety by 37%, perceived as spiritual self-care rather than clinical intervention. Students report viewing cafeteria halal tayyib standards as expressions of ihsan (excellence in worship) (Sa'in et al., 2024).

3. Parental and Community Views: Theological Resonance and Tensions

    Parents acknowledge the principal's success in aligning health management with maqasid al-sharia (Islamic higher objectives), though challenges persist:

    a. Trust in Faith-Based Framing: Vaccination drives and reproductive health education gain acceptance when justified as fard kifayah (communal obligation) via fiqh dialogues. The Green Kitchen initiative, which eliminates israf (waste), receives praise for merging nutritional science with Quranic ethics.

    b. Concerns Over Innovation: Some parents initially resisted yoga-based flexibility training, requiring principal-led negotiations with the Indonesian Ulema Council to modify poses and rebrand routines

as "Sunnah Stretches." Others requested increased transparency in zakat fund allocations for mental health services (Susanto et al., 2023).

4. Challenges Across Stakeholders

   a. Resource Constraints: All groups note dependence on waqf (endowments) for clinic upgrades, urging sustainable financing models.

   b. Curriculum Tensions: Teachers seek clearer guidelines for reconciling evidence-based health content (e.g., reproductive anatomy) with classical fiqh texts.

   c. Evaluation Gaps: Parents suggest hybrid metrics (e.g., spiritual "Pahala Points" + clinical KPIs) to track holistic impacts (Tufani, 2024).

Challenges and Supporting Factors

The strategic leadership role of principals in formulating Islamic value-based School Health Management (SHM) at SMP Sains Terpadu Darussa'adah Pace faces several significant challenges alongside key supporting factors that influence effectiveness. Among the main challenges are resource limitations, which constrain the availability of facilities, personnel, and program funding necessary to implement comprehensive health initiatives. Resistance to change within school culture and among stakeholders can impede the adoption of new health practices, particularly when balancing the rigorous demands of academic performance with health program priorities (Anggraeni et al., 2025). Principals also face the complex task of ensuring the consistent application of Islamic values across all aspects of SHM amid external pressures such as governmental regulations, community expectations, and socio-cultural dynamics that may sometimes conflict with school practices (Supeno et al., 2023).

Supporting these challenges are several critical enabling factors. A strong School Improvement Team (SIT) network provides collaborative support and shared leadership, which bolsters program implementation and sustainability. The commitment of dedicated teachers and staff, who embrace the Islamic health vision and actively participate in health initiatives, is vital for success (Harun et al., 2024). The presence of a supportive school committee that aligns with the Islamic ethos helps in mobilizing resources and facilitating community acceptance. Central to all these factors is the principal's credibility and religious knowledge, which underpin their ability to inspire trust, model Islamic values, and lead effectively in a faith-integrated context. This credibility enhances stakeholder confidence and facilitates alignment of health practices with Islamic teachings (Sarnoto, 2021).

Research in Islamic educational contexts, including studies on school principal leadership in Indonesia and other Muslim-majority settings, underscores that principals who integrate religious beliefs with professional leadership skills are better equipped to overcome resource and cultural barriers. These principals effectively coordinate multi-sector cooperation, motivate staff through shared Islamic values, and develop capacity within school health teams (Moslimany et al., 2024). Conversely, challenges such as resistance to change and external pressures require principals to exercise adaptive leadership, negotiate

stakeholder concerns, and maintain strategic focus on both academic and health objectives. Overall, the interplay between these challenges and supporting factors shapes the successful strategic leadership of principals in Islamic value-based SHM, ensuring holistic well-being and ethical development in schools like SMP Sains Terpadu Darussa'adah Pace (Fahmi, 2025).

Discussion

The strategic leadership role of principals in formulating Islamic value-based School Health Management (SHM), as exemplified by SMP Sains Terpadu Darussa'adah Pace, can be effectively interpreted through both traditional and contemporary leadership theories integrated with Islamic educational values. Principals enact strategic leadership by consciously blending managerial roles—such as organizing, resource allocation, monitoring, and motivating—with a strong grounding in Islamic principles like amanah (trustworthiness), ihsan (excellence), and ukhuwah (brotherhood). This value-based approach makes their leadership unique and effective as it transcends conventional administration to include moral and spiritual dimensions, fostering a holistic school health culture that aligns health promotion with Islamic ethics (Pebriantika et al., 2020).

The principal's modeling of healthy Islamic behaviors, effective communication of a health vision rooted in Islamic rationale, and motivating staff and students through Islamic discourse operationalize the vision of Islamic SHM in daily school life (Saputra et al., 2025). The collaboration and consultation emphasized in Islamic leadership principles (shura) support the creation of an inclusive, participatory school environment where the School Improvement Team (SIT) plays a critical role by sharing leadership responsibilities. The SIT context influences the principal's role by facilitating distributed leadership, enabling more effective coordination, problem-solving, and shared ownership of health initiatives, which research shows are key to sustaining school health programs (Erlangga et al., 2024).

Comparatively, literature on principal leadership and SHM underscores common themes of transformational leadership, strategic management, and the necessity of distributed leadership to support health promotion within schools. What distinguishes principals in Islamic schools is the embedding of faith-based values into all dimensions of leadership, which strengthens staff motivation, stakeholder trust, and community engagement, ultimately enhancing educational and health outcomes (Pardosi & Haryaka, 2023). Studies of school health leadership in Indonesia and similar contexts highlight that principals who integrate religious beliefs with professional skills are better positioned to overcome resource and cultural challenges, coordinate multiple sectors, and foster health-promoting school cultures. Thus, the principal at SMP Sains Terpadu Darussa'adah Pace exemplifies a strategic leader whose approach is both contextually grounded and value-driven, addressing the research questions by demonstrating that effective Islamic value-based SHM leadership requires a dynamic, ethically informed, and collaborative leadership style embedded within a supportive organizational and community framework (Halima et al., 2025).

CONSLUSION

The strategic leadership role of principals in formulating Islamic value-based School Health Management (SHM) at SMP Sains Terpadu Darussa'adah Pace exemplifies a comprehensive integration of managerial competencies with deeply rooted Islamic educational values. As shown in studies of Islamic educational leadership, the principal acts not only as an organizer, resource allocator, leader, motivator, monitor, and evaluator but also as a moral exemplar whose actions are guided by core values such as amanah (trustworthiness), ihsan (excellence), and ukhuwah (brotherhood). This integration ensures that health programs are not merely operational efforts but embody the holistic development of students' physical, spiritual, and moral well-being. The principal's strategic approach, supported by a strong School Improvement Team (SIT), fosters collaborative participation, continuous capacity building, and community engagement grounded in Islamic principles like shura (consultation) and ta'awun (mutual assistance). Despite challenges such as limited resources and balancing academic demands, the principal's credibility, religious knowledge, and value-driven leadership inspire trust and commitment among stakeholders, enhancing the effectiveness and sustainability of SHM initiatives.

Research in Islamic education consistently confirms that such faith-integrated leadership enhances educational quality, health outcomes, and character formation, positioning principals as pivotal agents in realizing holistic, value-based school health management. Thus, the case of SMP Sains Terpadu Darussa'adah Pace illustrates that effective Islamic value-based SHM leadership requires dynamic strategic management synergized with ethical and spiritual guidance, offering a replicable model for other Islamic schools striving for balanced health and educational excellence.

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