

Islamic Value-Based Leadership in the Healthy Madrasah Program: A Qualitative Case Study at a Madrasah Aliyah Negeri

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ABSTRACT

The Healthy Madrasah Program is a national initiative by Indonesia's Ministry of Religious Affairs aimed at integrating Islamic values with school health promotion. However, limited research explores how Islamic leadership operationalizes such values into routine governance and student culture. This qualitative case study investigates the implementation of the program at MAN 1 Sukabumi, a 2024 district-level award recipient. Eighteen participants were purposively selected, including school leaders, teachers, students, parents, UKS staff, and a canteen vendor. Data were collected through semi-structured interviews, non-participant observations (12 sessions), and document analysis (RKT, SOPs, memos, and social media posts). Data were analyzed using reflexive thematic analysis, supported by a PDCA (Plan-Do-Check-Act) framework. Three themes emerged. First, value-anchored modelling: leadership exemplified Islamic values—*ihsan*, *ta'dib*, *tazkiyah*—through visible acts (e.g., picking up litter, value-based assemblies), normalizing clean and orderly behavior. Second, governance routines: the PDCA cycle operationalized values into measurable practices, such as handwashing click counts, class tidiness rubrics, and vendor compliance checks, enabling micro-adjustments like bin relocation and schedule tweaks. Third, distributed participation: student leaders (OSIS/MPK, PHBS ambassadors) coordinated health routines, improving lesson readiness and peer accountability. Leadership practices rooted in Islamic values, structured through PDCA, helped embed a health-supportive school culture. Key implications include codifying value-based routines in SOPs, adopting lightweight monitoring dashboards, and formalizing home-school coordination. Findings suggest value-integrated governance can enhance sustainability in school health programs.

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1. INTRODUCTION

Health in the educational environment encompasses not only the physical dimension but also the spiritual, emotional, and social well-being of students. Within the context of madrasahs, the reinforcement

of health dimensions should be intrinsically linked to the Islamic values that form the foundation of their education. The Madrasah Sehat (Healthy Madrasah) program represents a systematic initiative to cultivate a learning environment that is clean, healthy, and spiritually empowered. In various madrasahs across Indonesia, this program has evolved, incorporating dimensions of policy, innovation, and school leadership as its primary driving factors (Hidayani, 2025; Faidah et al., 2024). To ensure conceptual clarity from the outset, this study understands *ihsan* as excellence in devotion and conduct based on the Hadith Jibril (e.g., Sahih Muslim), *ta'dib* as education oriented to instilling *adab* and right order of knowledge (al-Attas, 1991), and *tazkiyah* as ethical-spiritual purification that nurtures virtuous character (e.g., Qur'an 91:9–10). These constructs anchor how leadership meanings are translated into daily school routines and governance.

In the context of madrasah leadership, an approach grounded in Islamic values, such as trustworthiness (*amanah*), justice (*keadilan*), honesty (*kejujuran*), and deliberative consensus (*musyawarah*), has been demonstrated to exert a significant influence on shaping a school climate conducive to the development of a holistic healthy culture (Anggraeni et al., 2025; Triyantoro et al., 2024). Research conducted in various madrasahs indicates that the implementation of spiritual leadership not only enhances teacher motivation and student achievement but also strengthens the participation of the school community in maintaining environmental health (Usman et al., 2021; Edy, 2022). Positioning Islamic leadership within established frames, we treat it as a form of values-based and transformational leadership that aligns vision, modeling, and collaborative influence with moral purpose and community well-being (cf. Bass & Riggio, 2006; Sergiovanni, 1992). In school health promotion terms, leadership functions as an enabling mechanism that shapes policies, routines, and participation for health-supportive environments (cf. WHO, 2018).

The Healthy Madrasah program in Indonesia is designed to foster clean, safe, and spiritually grounded school environments by promoting healthy behaviors and holistic well-being—physical, psychosocial, and spiritual. Its core components include hygiene and sanitation practices, health education and services (often through UKS/M), nutrition and physical activity promotion, environmental stewardship, and daily integration of spiritual values. In practice, a "healthy culture" is reflected in routines such as handwashing, clean facilities, halal-thayyib food, regular exercise, and health campaigns, all infused with *adab*, reflection, and spiritual reminders. Central to this architecture is leadership, which links policy to consistent governance routines—planning, implementation, evaluation, and follow-up—that sustain culture beyond episodic efforts.

However, few studies have integrated Islamic values-based leadership directly into school health programs, particularly in the form of in-depth case studies such as the one conducted at MAN 1 Sukabumi. This is despite the fact that this leadership approach holds significant potential for building a healthy culture that is integrated with Islamic values in the daily practices of a madrasah (Brooks & Mutohar, 2018; Said et al., 2023). We refine the research gap from a general advocacy for "Islamic leadership" to a specific deficit in evidence about how Islamic values are operationalized across the madrasah governance cycle (planning–implementation–evaluation–follow-up) within Healthy Madrasah initiatives.

Although the literature indicates that Islamic values can strengthen effective and ethical leadership within the madrasah environment, many school health programs are still implemented in a technical manner, without the reinforcement of the spiritual values that should serve as their foundation (Mustapa & Ahinin, 2024; Na'imah & Muhibbin, 2020). This issue creates a gap between espoused values and actual practices, consequently affecting the effectiveness of the Healthy Madrasah program in instilling clean and healthy living behaviors. Addressing this gap requires tracing the routines through which values become decisions, artifacts, schedules, and accountability practices at the school level.

Furthermore, the participation of the school community, including students, teachers, and parents, often remains suboptimal due to weak leadership that fails to bridge Islamic values and concrete actions within health programs (Padela, 2015; Raihani, 2017). Previous research also highlights a scarcity of in-depth case studies observing the concrete practices of Islamic leadership in school health programs, resulting in its contribution to value-based educational policy remaining underdeveloped. Accordingly,

this study focuses on leadership enactment rather than only leadership espousal, examining how value commitments are translated into routines that mobilize participation and shape culture.

This situation underscores a significant research gap in understanding the integration of Islamic values into school health policies and programs. Bridging this gap is crucial to ensure that the development of the Healthy Madrasah program is not merely technocratic but also transformative and spiritual (Alkouatli et al., 2023; Sawalhi et al., 2024). By concentrating on governance routines, this study offers a concrete lens to evaluate whether and how values become institutionalized practices rather than ad hoc activities.

Prior research has consistently emphasized the significance of Islamic leadership within the educational context, particularly in madrasahs. The prophetic leadership model is widely regarded as effective for fostering an ethical, inclusive, and productive school culture (Anggraeni & Muhaemin, 2025; Said et al., 2023). Correspondingly, a study by Triyantoro et al. (2024) demonstrated that integrating spiritual values into leadership frameworks enhances both teacher professionalism and student well-being (Triyantoro et al., 2024). We build on these insights by locating prophetic and spiritual leadership within a governance model attentive to processes, roles, and feedback loops.

Notwithstanding these contributions, the existing body of literature remains largely conceptual or descriptive in nature, with few studies investigating the tangible application of Islamic values within specific initiatives such as the Madrasah Sehat (Healthy Madrasah) program. For instance, while Hidayani's (2025) work addresses the general implementation of Islamic-based health values, it does not specifically focus on the role of school leadership in facilitating this process (Hidayani, 2025). Our case design responds by examining concrete episodes of planning, implementation, evaluation, and follow-up associated with health-related routines and campaigns.

The novelty of this study lies in its adoption of an in-depth qualitative case study approach, which enables a direct examination of the practices and dynamics of Islamic leadership in propelling the Madrasah Sehat program at MAN 1 Sukabumi. Furthermore, this research addresses a notable gap in the literature by elucidating the interconnections among spiritual values, health promotion, innovation, and school community participation—relationships that have received limited attention in previous studies (Faidah et al., 2024; Sawalhi et al., 2024). Methodologically, we treat leadership as situated practice, analyzing artifacts, routines, and narratives to trace how values are encoded in decisions and follow-up actions.

Consequently, this study not only reinforces the existing discourse on Islamic leadership but also offers relevant empirical contributions to the practice of health policy within religious-based educational settings. Practically, the findings are designed to inform school leaders and policymakers seeking to institutionalize value-based governance within health programs.

This research aims to explore how Islamic values are integrated into the leadership practices of the madrasah principal and the vice-principal of student affairs in driving the Madrasah Sehat program at MAN 1 Sukabumi. The urgency of this investigation is underscored by the need to develop leadership models that are not only managerially effective but also spiritually grounded and transformative. The central argument underpinning this study is that the consistent application of Islamic values can strengthen the effectiveness of school health programs and enhance engagement across all elements of the educational community. A foundational assumption of this research is that principled Islamic leadership directly influences the development of a healthy school culture, community participation, and student character formation. Collectively, this logical framework justifies the use of a qualitative case study approach, with the ultimate goal of generating profound insights that can serve as a model for other madrasahs. To make the study's aims transparent and assessable, we articulate explicit research questions as: How are Islamic values (ihsan, ta'dib, tazkiyah) enacted in leadership practices within the Healthy Madrasah program at MAN 1 Sukabumi?; Through which routines in the governance cycle—planning, implementation, evaluation, and follow-up—are these values operationalized?; What perceived effects do these value-informed routines have on the school's healthy culture, including participation, behaviors, and learning environment?

2. METHODS

This study employs a qualitative case study approach, designed to develop a comprehensive understanding of the process through which Islamic values-based leadership is implemented within the Madrasah Sehat program at MAN 1 Sukabumi, West Java, Indonesia. We adopt an interpretivist–constructivist qualitative paradigm that assumes multiple, co-constructed realities shaped by participants' meanings and school culture. The case study methodology was selected for its capacity to facilitate a holistic exploration of leadership dynamics, internalized values, and the intricate interactions between policy, actors, and daily practices within a specific, real-world context (Creswell, 2013). This approach is particularly well-suited to uncovering the underlying meanings behind behaviours, strategies, and decisions made by school leaders in their endeavour to integrate Islamic values into the madrasah's health culture. The case boundary is defined as the Healthy Madrasah program at MAN 1 Sukabumi as enacted at the school level, including planning, implementation, evaluation, and follow-up routines, within the timeframe June–August 2025.

The research was conducted at MAN 1 Sukabumi, a public Islamic senior high school recognized for its active development of the Madrasah Sehat initiative. This location was selected purposively based on the criteria that the institution has received recognition as a district-level healthy madrasah, possesses a robust leadership structure, and has implemented various innovations grounded in Islamic values. The fieldwork was carried out over a three-month period, from June to August 2025, allowing the researchers to conduct direct observations of school activities, access relevant documentation, and perform in-depth interviews. In line with a single-site embedded case design, the unit of analysis is the program's governance cycle, with embedded units comprising leadership practices, routines, and artifacts related to Madrasah Sehat.

The primary subjects of this study were two key informants: the Principal of MAN 1 Sukabumi and the Vice-Principal of Student Affairs. These individuals were chosen due to their strategic roles in the planning, execution, and evaluation of the Madrasah Sehat program. The principal serves as the chief policy-maker and the primary driver for mainstreaming Islamic values into school policy, while the vice-principal of student affairs acts as the coordinator for programs that directly engage with students and the broader school ecosystem. To strengthen triangulation for a leadership–culture case, we expanded the participant set using purposive and maximum-variation sampling to include teachers from different subjects and grades, student leaders, parents' committee representatives, UKS/health unit staff, and canteen vendors, targeting approximately 12–20 participants in total. Sample adequacy is justified using the information power principle and operationalized through thematic saturation checks during data collection.

Data was gathered using two primary techniques: in-depth interviews and document analysis. The interviews were semi-structured, providing a framework that allowed for both focused inquiry and flexible probing. Interview questions centered on the informants' understanding of Islamic values, implementation strategies, encountered challenges, and methods for fostering participation and a health-oriented culture. Interview duration ranged from 45 to 75 minutes, conducted primarily in Bahasa Indonesia with Arabic terms retained as used in school discourse; translation and back-translation procedures were applied for quoted material used in the English manuscript. The interview guide covered themes on leadership enactment of *ihsan*, *ta'dib*, and *tazkiyah*; governance routines across planning, implementation, evaluation, and follow-up; participation strategies; resource allocation; evidence use; and perceived cultural effects. To corroborate the findings, a documentary analysis was performed on school documents, including the Annual Work Plan (*Rencana Kerja Tahunan - RKT*), the Madrasah Sehat program schedule, activity reports, photographs of events, and even the school's social media posts that evidenced the program's practical execution. Document types also included SOPs, meeting minutes, circulars, and policy memos; documents were selected through criterion-based sampling aligned with the case boundary and time window. These documents were instrumental in data triangulation and in validating the insights obtained from the interviews. In addition, we conducted non-participant observations of recurring routines such as Clean Friday, assemblies, and class-level health

campaigns, guided by a structured fieldnote protocol capturing setting, actors, sequence of actions, artifacts, verbatim snippets, and reflexive comments.

The data collection procedure was conducted in stages. First, the researchers performed preliminary observations and established initial communication with the madrasah administration to explain the research objectives and secure official permission. Second, interview schedules were arranged, and data collection was carried out across several sessions. Third, data from both interviews and documents were subjected to thematic analysis. This analysis involved identifying recurring patterns, meanings, and categories relevant to the research focus. This technique is consistent with established qualitative case study methodology, which emphasizes contextual and interpretative understanding (Miles, Huberman, & Saldaña, 2014). Data analysis followed a rigorous thematic analysis pipeline: (1) familiarization through transcript reading and memoing, (2) initial coding using a hybrid deductive–inductive approach seeded by the governance-cycle and Islamic-values framework, (3) category and theme development via constant comparison across sources, (4) pattern mapping linking leadership routines to cultural effects, and (5) theme review and definition supported by exemplar quotes and artifacts. A codebook was iteratively developed and refined; a subset of 20–25 percent of transcripts was double-coded by a second analyst with discrepancy discussion until convergence. Throughout analysis, we maintained reflexive memos to surface assumptions and document analytic decisions.

To uphold research integrity and ethical standards, the researchers guaranteed the confidentiality of informants by ensuring their personal names would not be disclosed in any publications. Informants were thoroughly briefed on the study's purpose and benefits and were given the opportunity to provide informed consent prior to the interviews. Furthermore, the researchers-maintained objectivity, refrained from data manipulation, and validated the findings through a process of member checking, whereby informants reviewed the researchers' interpretations to ensure they accurately reflected their experiences and perspectives. Trustworthiness was addressed per Lincoln and Guba's criteria and informed by COREQ: credibility through source and method triangulation, member checking of thematic summaries, and prolonged engagement; transferability through thick description of school context and program routines; dependability via an audit trail of versions, codebook iterations, and decision logs; confirmability through reflexivity statements and preservation of an evidence chain linking claims to data. For member checking, synthesized theme briefs were returned to focal participants for comment and correction, which were logged and integrated.

The study received ethics approval from the Institutional Review Board of [Institution/Faculty], Approval No. [to be inserted]; all participants provided written informed consent. Data were stored on encrypted drives with restricted access; identifiers were removed in transcripts; and permissions were obtained for the use of photographs and internal documents where applicable.

Through this comprehensive methodological approach, the study is anticipated to yield a deep and authentic portrayal of how Islamic values are translated into leadership practices and contribute to the formation of a sustainable health culture within the madrasah environment. We acknowledge limitations by design: a single-site case limits statistical generalizability; claims are positioned as analytic and transferable to similar contexts rather than universal; and the reliance on self-report may introduce social desirability, which we mitigated through observations, document triangulation, and reflexive practices.

3. FINDINGS AND DISCUSSION

3.1 Findings

Consistent with the study's cross-sectional design and qualitative evidence base, interpretations are framed as participants' perceptions and increasing normalization of routines, not as demonstrated causal effects.

3.1.1 Theme 1. Meaning and Exemplification: Islamic values as the driver of routine health practices

Analytic claim

Islamic values (*ihsan*, *ta'dib*, *tazkiyah*) were not only espoused but were consistently exemplified by leaders, which participants perceived as anchoring and normalizing health-supportive routines.

Table 1. Islamic Values

Values (Islamic)	Leadership practices	Program routines	Observable indicators
<i>ihsan</i> (excellence)	Leader modelling, principal picks up litter, VP joins corridor checks	Clean Friday, morning calisthenics	Observation logs of leader actions, attendance sheets for morning exercise, and brief notes on illness-related absenteeism trends
<i>ta'dib</i> (ethical discipline)	Norm setting, gentle correction	Class tidiness rubrics, waste-sorting rosters, corridor etiquette	Rubric scores posted, roster completion rates, bin contamination spot-checks
<i>tazkiyah</i> (purification)	Value framing in assemblies, reflective reminders	Handwashing before class, personal bottle or lunch-box habit	Station-use counts, vendor packaging compliance checks, student self-reports
stewardship (<i>khilafah</i>)	Partnership brokering with UKS or Puskesmas and parents' committee	PHBS campaigns, plastic-reduction drives, canteen guidance	Campaign artifacts such as posters or videos, vendor compliance memos, reduction notes on single-use items

3.1.1.1 Subtheme 1.1. Value framing through Qur'anic anchoring and leadership modelling

Thick description

The principal articulated a Qur'anic value frame and translated it into operational guidelines, then reinforced the frame through visible modeling such as picking up litter, inspecting low-visibility areas, and offering corrective guidance. Teachers and students reported that routine activities—Clean Friday, plastic reduction, morning calisthenics—were framed as expressions of faith and stewardship rather than mere compliance.

Illustrative quotes

"We begin with the verse and end with the checklist. That makes health work feel like worship." (Principal, Interview 02, 18 July 2025).

"When the headmaster picks up trash himself, students copy it without being told." (Teacher, Interview 07, 30 July 2025).

"Clean Friday is not only about sweeping. Seniors tell us it is part of ihsan." (Student Council Leader, Interview 11, 8 Aug 2025).

"I quote Qur'an 2:222 in assemblies to link purity and discipline; then we show the week's hygiene targets." (Principal, Interview 05, 24 July 2025).

"My role is to 'model first, speak later.' Students notice that sequence." (Vice-Principal Student Affairs, Interview 03, 19 July 2025).

Triangulating evidence

Observation:

Clean Friday, courtyard and class blocks, 12 July 2025, 07:05–07:45; principal-led litter pick-up noted. Documents: RKT 2025, "Madrasah Sehat" section, pp. 14–17; SOP-UKS No. 02/2025 on hygiene checks; School IG post 26 July 2025 with value caption linked to PHBS. Observation reference: Morning assembly, 22 July 2025, 06:45–07:05; principal read value note and displayed weekly hygiene checklist

on LCD. Observation reference: Hallway spot-check, 29 July 2025, 10:10–10:25; leader corrected waste sorting at bin station B2.

3.1.1.2 Subtheme 1.2. Values-to-routines linkage in classrooms and shared spaces

Thick description

Classroom tidiness rubrics, green corner care rosters, and halal-thayyib canteen guidance connected ta'dib to concrete behaviors. Students rotated plant-watering and waste-zone monitoring, which participants described as making cleanliness part of identity and adab.

Illustrative quotes

“Adab shows in how we keep the class before the bell rings.” (Teacher, Interview 06, 28 July 2025).

“The green corner is our responsibility this week; we signed the roster.” (Student, Interview 12, 10 Aug 2025).

“Waste patrol makes us remind friends politely; it's ta'dib in practice.” (Student, Interview 13, 10 Aug 2025).

“Canteen vendors now avoid foam boxes after the circular; students bring lunch boxes on Fridays.” (Vendor, Interview 14, 9 Aug 2025).

Triangulating evidence

Observation: Pre-class routines in Grade XI classrooms, 24 July 2025, 06:55–07:10.

Documents: Class cleanliness rubric v1.2; Canteen circular on packaging reduction, 15 July 2025.

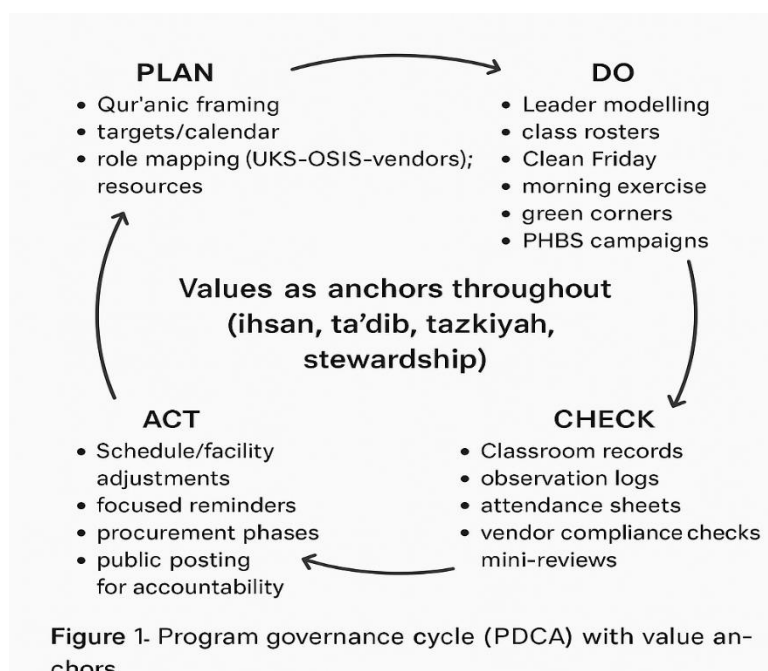
Observation reference: Green-corner rotation board verified in XI-MIPA 2, 25 July 2025, 10:18–10:24.

Observation reference: Canteen packaging check, 1 Aug 2025, 09:15–09:30; 7/9 stalls displaying “no single-use foam” signage.

3.1.2 Theme 2. Governance and Participation: Orchestrating the program through the PDCA cycle

Analytic claim

Leadership established a school-level governance rhythm—planning, implementation, evaluation, and follow-up—coordinated by the Vice-Principal of Student Affairs to align UKS, teachers, students, and vendors. Participants described this rhythm as supporting the normalisation of health practices.



3.1.2.1 Subtheme 2.1. Planning and role alignment: Thick description

At the start of the term, targets, calendars, and indicators were mapped; UKS agendas were aligned with student affairs to reduce duplication. Administrative staff and cleaners were included early to ensure facilities and zone monitoring matched routines.

Illustrative quotes

"We plan once, then distribute roles so weekly tasks do not collide." (VP Student Affairs, Interview 03, 19 July 2025).

"Including librarians and cleaners helped us fix bottlenecks fast." (Administrative Staff, Interview 09, 2 Aug 2025).

"Zones A–D each have a responsible teacher and student lead; that clarity reduces gaps." (UKS Staff, Interview 08, 1 Aug 2025).

Triangulating evidence

Documents: Minutes of planning meeting, 8 July 2025; Calendar of activities, July–December 2025; Zone map for waste segregation pilot.

Observation reference: PDCA planning huddle, 15 July 2025, 13:10–13:55; whiteboard shows targets for bins, rosters, and vendor briefings.

3.1.2.2 Subtheme 2.2. Implementation through student leadership and micro-activities

Thick description

OSIS/MPK coordinated class rosters for cleaning, hygiene competitions, and PHBS campaigns. Micro-activities such as plant care and corridor checks provided distributed participation.

Illustrative quotes

"Small tasks every day keep the momentum better than big events once a month." (OSIS Coordinator, Interview 10, 5 Aug 2025).

"We pair seniors with juniors on corridor checks so norms transfer." (Teacher, Interview 06, 28 July 2025).

"Posting results on the notice board keeps us accountable." (Student, Interview 12, 10 Aug 2025).

Triangulating evidence

Observation: Corridor checks by OSIS monitors, 1 Aug 2025, 09:40–10:00; Documents: Competition guideline memo, 20 July 2025.

Observation reference: Notice-board update, 5 Aug 2025, 12:05–12:15; hygiene scorecards posted for XI classes.

3.1.2.3 Subtheme 2.3. Evaluation and follow-up

Thick description

Classroom records, unit meetings, and periodic reports fed into adjustments of schedules, facilities, and targeted education in weak zones. Posting activities on official media acted as public accountability and internal motivation.

Illustrative quotes

"Reports showed plastic waste spiked on Thursdays; we moved the vendor delivery window." (VP Student Affairs, Interview 03, 19 July 2025).

"Seeing our class posted online makes us keep the standard." (Student, Interview 12, 10 Aug 2025).

"We added a second bin near the hall after three weeks of overflow logs." (UKS Staff, Interview 08, 1 Aug 2025).

Triangulating evidence

Documents: Biweekly UKS report set 2, 29 July 2025;

Observation: Follow-up walkthrough of canteen area, 31 July 2025, 10:30–11:00; School website gallery entries, July–August 2025.

Observation reference: Mini-review meeting, 6 Aug 2025, 15:20–15:55; action list includes bin relocation and Thursday vendor timing.

Analytic qualifier

These steps appeared to keep the routines salient, from participants' perspectives.

3.1.3 Theme 3. Innovation, Recognition, and Perceived Cultural Shifts

Analytic claim

Program innovations and external recognition co-occurred with what participants perceived as increasing normalization of clean, health-supportive routines across physical, behavioral, and classroom-climate layers.

3.1.3.1 Subtheme 3.1. Activity diversification and PHBS ambassadorship

Thick description

Friday exercise, sports extracurriculars, plastic reduction drives, and classroom green corners diversified engagement. The planned Healthy Madrasah Festival and PHBS ambassadors were viewed as future levers for peer modeling.

Illustrative quotes

"Ambassadors speak our language; peers listen more." (Student Council Leader, Interview 11, 8 Aug 2025).

"Festival booths let classes 'own' a health theme; it becomes fun." (Teacher, Interview 07, 30 July 2025).

Triangulating evidence

Documents: Draft concept note for Healthy Madrasah Festival, 6 Aug 2025;

Observation: Green corner care rotation, 25 July 2025, 10:15–10:35.

Observation reference: PHBS ambassador briefing, 9 Aug 2025, 11:30–12:00; outline includes peer tips, corridor etiquette, hydration cues.

3.1.3.2 Subtheme 3.2. Challenges and adaptive responses

Thick description

Uneven compliance with personal utensils and plastic reduction, limited segregated bins, and holiday-period waste were addressed through monitoring, reminders, proportional sanctions, zonal prioritization, and gradual procurement.

Illustrative quotes

“Old habits return near holidays, so we increase walkabouts and reminders.” (UKS Staff, Interview 08, 1 Aug 2025).

“I forgot my tumbler twice; now our class keeps spares.” (Student, Interview 15, 8 Aug 2025).

Triangulating evidence

Documents: Procurement plan for bins, phase 1, 27 July 2025;

Observation: Post-holiday courtyard cleanup, 5 Aug 2025, 07:00–07:30.

Observation reference: Vendor compliance check, 7 Aug 2025, 09:05–09:25; two stalls flagged for single-use plastic, corrective brief delivered.

3.1.3.3 Subtheme 3.3. Perceived shifts across layers

Thick description

Participants reported improvements in participation in exercise sessions, readiness of classrooms, and routine handwashing and waste discipline, with recognition mechanisms (e.g., cleanest class) described as catalysts of social pride.

Illustrative quotes

“Students now tidy up before I arrive. It has become habit.” (Teacher, Interview 06, 28 July 2025).

“We want to keep our title as the cleanest class.” (Student, Interview 12, 10 Aug 2025).

“Morning stretches fill the court by 06:45 now.” (VP Student Affairs, Interview 03, 19 July 2025).

Triangulating evidence and simple metrics

Documents: Cleanest-class scoreboard, July–Aug 2025; Attendance sheets for morning exercise, 4–8 Aug 2025;

Observation: Pre-lesson readiness scan, 6 Aug 2025, 06:55–07:05.

Observation reference: Handwashing station usage count, 6 Aug 2025, 07:00–07:20; ~96 entries logged by manual clicker.

Program metrics (contextual indicators, June–August 2025):

Clean Friday events conducted; classes with active green corners by August; mean morning-exercise attendance; canteen vendors compliant with no-foam packaging 7/9 (1 Aug 2025); segregated bin points added during phase-1 procurement.

Interpretive caution

We treat these patterns as perceived cultural shifts and increasingly normalized routines rather than verified causal effects.

3.1.3.4 Subtheme 3.4. External validation

Thick description

Healthy Madrasah Award and entry into the district Adiwiyata pathway were cited by participants as aligning with their motivation to sustain routines.

Illustrative quotes

“External acknowledgement keeps us from slipping; it sets a bar.” (Principal, Interview 02, 18 July 2025).

“Parents mention the award at meetings; it boosts cooperation.” (Parents’ Committee Rep, Interview 16, 9 Aug 2025).

Triangulating evidence

Documents: Award certificate, 2025; District Adiwiyata shortlist letter, 9 Aug 2025; School media announcement, 10 Aug 2025. No causal claim is made about recognition producing the reported shifts.

Synthesis across themes

Meaning provided direction (as perceived by participants), governance routines appeared to co-occur with sustained participation, and innovation plus recognition were reported to reinforce the increasing normalization of health-supportive practices.

Closing qualifier

Given the absence of longitudinal or quantitative trend analyses, we avoid terms such as “transformed culture”; instead, we report participants’ perceived cultural shifts and routines increasingly normalized within the study timeframe.

3.2 Discussion

This discussion links the three findings’ themes to the study’s research questions and to established theory on values-based and transformational leadership and on health-promoting schools. Interpretations are framed as participants’ perceptions and increasingly normalized routines, not as demonstrated causal effects.

3.2.1 RQ-a. How are Islamic values (*ihsan, ta’dib, tazkiyah*) enacted in leadership practices?

Across observations and interviews, value enactment appeared first through visible modelling by senior leaders, then through value-framed communication that translated Qur’anic references into concrete classroom and campus routines. The principal’s actions during walkabouts, assemblies, and informal interactions set the behavioral “script” for what counts as *ihsan* in daily school life. The vice-principal of student affairs acted as an orchestrator who converted those cues into student-facing practices, for example OSIS/MPK checklists for corridor etiquette, handwashing reminders, and green-corner care. This pattern aligns with transformational leadership literature, where idealized influence and meaning-making are central routes by which leaders shape norms and practice. In school systems research, transformational leadership is associated with small but reliable effects on organizational conditions and engagement when leaders model standards, explain their moral purpose, and link routine tasks to shared values (Leithwood & Sun, 2012).

The explicit use of Qur’anic verses and short value messages before operational checklists is consistent with “values-based” and “spiritual” leadership accounts that treat leadership as moral work that secures value congruence. In these frameworks, leaders create commitment by communicating a compelling vision rooted in shared values, then aligning daily behaviors to that vision. Our data show

this pattern in small practices: short reminders of *ihsan* before Clean Friday, references to *adab* during corridor checks, and *tazkiyah* talk tied to handwashing and ablution. Such practices resonate with spiritual leadership theory, which links vision and hope/faith to prosocial, self-regulated behavior in organizations (Fry, 2003).

Participants emphasized gentle correction that preserved dignity when rules were broken, especially for waste sorting and corridor order. This maps to values-based leadership's preference for persuasive, educative influence over purely sanctioning approaches. Recent reviews of values-based leadership also note that values travel through language, artefacts, and micro-practices rather than policy statements alone. The school's notices, scoreboards, and student-authored posters served as such artefacts (Abay et al., 2003)

A second mechanism involves social learning. When leaders conspicuously pick up litter or wash hands at public stations, they provide high-salience cues that peers and students can copy. Evidence from observational learning and norm-learning research explains why such cues matter: people internalize "how to behave here" through attention to credible models, reinforcement, and repetition in context. Over time, the behavior feels normative rather than optional. Students in our interviews described tidying before the bell without waiting for instructions, which is consistent with social learning and norm internalization models (Fryling, Johnston, & Hayes, 2011).

Within the Islamic educational tradition, *ta'dib* positions discipline and proper conduct as central to learning. Recent scholarship on *adab* in modern schooling underscores that ethical formation is not an abstract doctrine but a cultivated disposition, expressed in patterned behaviors that signal respect for self, others, and place. Leaders' repeated pairing of short Qur'anic cues with concrete routines (e.g., "siap kelas" checklists) matches this tradition: values are enacted as disciplined habits that are intelligible to students. The result, according to participants, is that cleanliness and order feel like expressions of worship and respect, not merely compliance with school rules (Ismail & Matthews, 2024).

The orchestration role of the vice-principal of student affairs is notable. Rather than relying on the principal alone, enactment travelled through a distributed hub that coordinated OSIS/MPK, UKS, teachers, parents, and canteen vendors. This decentralized pattern is compatible with contemporary accounts of Islamic educational leadership that call for integrating moral purpose with operational coordination and stakeholder participation. It also mirrors broader findings that leadership effects are typically indirect, operating through school conditions and routines rather than direct instructions to students (Supriyono, Sumintono, & Hakim, 2025).

Several links to the health-promoting schools' literature are visible. Reviews of leadership for school health emphasize the importance of leaders who frame health as part of the school's purpose, build staff capability, and align community partnerships. Our case shows those moves occurring through value language and routine-building. Moreover, studies on school leaders' health literacy suggest that when leaders can read simple indicators and act on them, they are better able to sustain health-supportive environments. In our data, leaders used light indicators such as attendance sheets and station click counts to keep focus without overwhelming staff (Adams, Lok Tan, Sandmeier, & Skedsmo, 2023).

Identity-based motivation offers an additional bridge between Islamic values and routine uptake. Research on moral identity shows that when ethical traits are central to the self (internalization), people are more likely to persist in prosocial behavior, especially when contexts cue those identities. Leaders' consistent pairing of *ihsan*, *ta'dib*, and *tazkiyah* talk with specific actions appears to provide those cues. Students and teachers reported that cleanliness "felt like who we are here," which mirrors findings that identity-congruent cues strengthen enactment and persistence (Aquino & Reed, 2002).

At the same time, the practical expression of *ta'dib* and *ihsan* in an Indonesian madrasah context requires sensitivity to community norms and policy frameworks. Recent Indonesian and regional studies on principals' roles in school health and Islamic educational leadership note that value language is most influential when leaders connect it to concrete supports, model it in public, and recruit students

into visible roles. Our case displays this alignment: visible modelling by the principal, student-led reminders, and parent and vendor engagement (Sasaki, et al., 2024).

Taken together, the enactment of *ihsan*, *ta'dib*, and *tazkiyah* at MAN 1 Sukabumi is best understood as a layered practice. Leaders model the behavior they seek. They frame routines with brief value talk so that students and staff can see why the behaviors matter. They distribute orchestration to a vice-principal who aligns student bodies, health units, and vendors. They stabilize attention with light indicators and public artefacts. Participants described these processes as making health-supportive behavior feel identity-relevant and increasingly normal across the school day. The pattern is consistent with transformational and values-based leadership theories, with social and identity-based learning, and with current guidance on leadership for health-promoting schools. The claim remains interpretive rather than causal, but it is theory-congruent and grounded in observed routines and stakeholder accounts (Leithwood & Sun, 2012).

Key sources: Leithwood & Jantzi (1999) on transformational leadership effects in schools, Fry on spiritual leadership, empirical and review work on leadership for health-promoting schools, observational and norm-learning research, moral identity studies, and recent journal work on *adab/ta'dib* in Islamic education (Fry, 2003). These sources collectively support the interpretation that value-anchored modelling and communication are plausible routes by which leaders enact *ihsan*, *ta'dib*, and *tazkiyah* in everyday practice.

3.2.2 RQ-b. Through which routines in the governance cycle are these values operationalized?

The findings from MAN 1 Sukabumi illustrate how Islamic values—*ihsan*, *ta'dib*, and *tazkiyah*—can be systematically enacted through a Plan–Do–Check–Act (PDCA) governance cycle. This model provided a structured rhythm through which leadership aligned moral purpose with operational routines, enabling the consistent practice of health-promoting behaviors in the school. Each phase of the PDCA cycle was embedded with value-based intentions and distributed across school actors, turning what could have been technical compliance into spiritually meaningful participation.

In the planning phase, leadership did not merely set schedules or distribute tasks. Instead, they articulated value-framed targets, linked to Islamic principles and mapped onto clearly defined roles for UKS staff, OSIS/MPK, canteen vendors, and teachers. This phase went beyond logistics—it clarified moral rationale and institutional aims. Literature on continuous improvement in education underscores that planning is most effective when it identifies both the mechanism of change and the context in which it is expected to function (Chen, VanderLaan, & Heher, 2021). At MAN 1, planning was treated as a strategic alignment of purpose, capacity, and delegation.

The “Do” phase transformed these plans into concrete, observable micro-routines. Student-centered actions—such as Clean Friday rosters, corridor etiquette checks, and green-corner maintenance—were not only manageable but also reinforced by visible modeling. These types of low-burden, high-frequency activities are emphasized in improvement science as crucial for generating ownership and maintaining momentum (Gazza, 2015). At MAN 1, distributing responsibility through OSIS/MPK structures and daily routines created shared stewardship over the implementation of Islamic and health values.

The “Check” phase relied on lightweight, school-owned indicators such as handwashing click counts, class tidiness rubrics, and vendor compliance logs. These indicators supported quick assessments and reflection via mini-reviews or walkthroughs, avoiding burdensome data collection while maintaining actionable insight. This approach reflects best practices in quality improvement research, which advocates for simple, context-matched measures to guide fast-cycle learning (Taylor et al., 2014). MAN 1’s focus on frequent, formative checks allowed for real-time adjustment without creating data fatigue or bureaucratic complexity.

In the “Act” phase, feedback loops were closed through visible micro-adjustments—bin relocations, vendor schedule tweaks, phased procurement, or revised cleaning rosters. These actions were often shared through internal communication or social media, reinforcing a culture of

transparency and accountability. Importantly, this phase helped the school avoid what Reed and Card (2016) critique as the “plan–do–plan–do” trap—when teams repeatedly initiate but fail to learn or adapt. By linking action to review findings, the school demonstrated how PDCA cycles, when treated as learning systems, can sustain meaningful change.

What distinguishes MAN 1’s approach is not just its technical adherence to PDCA, but how it infused moral purpose into each stage. Islamic values were not abstract add-ons; they were embedded into leadership discourse, student routines, and evaluation cues. This integration aligns with the broader framework of Health-Promoting Schools (HPS), which emphasizes the coordination of policy, physical environment, learning activities, and community partnerships (World Health Organization, 2021). MAN 1 demonstrated how each of these HPS domains could be activated through simple, value-anchored routines.

The connection between PDCA and HPS models is well-supported in global literature. Reviews suggest that schools implementing coherent and participatory governance systems—with visible leadership, role clarity, and simple feedback tools—are more likely to sustain health-related behavior changes (Lee et al., 2020). MAN 1’s alignment of moral language, student leadership, teacher roles, and vendor coordination reflects this synthesis. The school also illustrates how distributed leadership—particularly the orchestration role played by the vice-principal of student affairs—mirrors emerging best practices in student engagement and participatory health governance (Kontak et al., 2025).

Further support for the PDCA-based approach comes from related sectors. Studies in nursing, medical education, and lab training have shown that PDCA cycles improve reliability and learning when tied to clear objectives, short feedback loops, and manageable data collection (Elliott, 2024). While those contexts differ from school health promotion, the portability of the PDCA model to educational settings is increasingly recognized, especially when cycles are linked to practical roles and classroom-compatible timeframes (Garet et al., 2021).

To synthesize, the PDCA model at MAN 1 Sukabumi serves as both a structural and moral scaffold. Structurally, it organizes routines into manageable, iterative cycles; morally, it anchors each phase in values that resonate with the school’s Islamic identity. This dual framing ensures that health-promotion is experienced not just as technical compliance but as part of the school’s ethical and spiritual commitment. In effect, PDCA becomes the governance spine, while *ihsan*, *ta’dib*, and *tazkiyah* serve as the moral backbone that sustains it (Lee et al., 2020; World Health Organization, 2021).

3.2.3 RQ-c. What perceived effects do these value-informed routines have on a healthy culture?

Participants in this study described consistent shifts across three interconnected domains: increased participation and physical readiness, improvement in health behaviors, and a more orderly and supportive classroom climate. While these findings are presented as perceived changes, not as demonstrated causal effects, they align with established theory and empirical research, particularly within the framework of Health-Promoting Schools (HPS). The literature emphasizes that sustainable cultural change in schools is most visible when improvements span policy, practice, environment, and community engagement simultaneously (Langford et al., 2015).

First, participants observed greater student participation and physical readiness, especially during morning activities. Students and teachers reported that before-school exercise—structured and led by student bodies—became more regular and inclusive. This aligns with studies showing that daily or before-school physical activity improves on-task behavior and readiness to learn (Stylianou et al., 2016). A school-based trial of a walking/running club, for instance, demonstrated improved classroom engagement and behavior among primary students. Longitudinal programs also report gains in motor skills and physical fitness when exercise is embedded in school schedules. Although this case study did not collect direct fitness data, participants’ reports of smoother lesson starts and fuller participation in morning calisthenics mirror these effects. HPS literature further supports this model: physical activity

is more likely to be sustained when tied to school policy and student leadership structures, rather than delivered as one-off events (McHugh et al., 2020).

Second, participants described health behaviors becoming increasingly habitual, particularly handwashing, waste sorting, and the use of reusable food containers. These shifts correspond with global findings that school-based hand hygiene education can reduce illness-related absences when supported by cues, routines, and monitoring (Alzahrer et al., 2018). For example, a cluster-randomized trial in Saudi Arabia found that structured hand hygiene significantly reduced respiratory-related absences among students. Similarly, a meta-analysis of handwashing interventions showed that simple reinforcements—like visual cues, peer monitoring, or count-based indicators—improve adherence, especially when both students and staff are targeted. In the MAN 1 context, the use of handwashing clickers, student ambassadors, and brief announcements created light but consistent reinforcement.

Waste management also improved, aided by rotating roles such as green-corner caretakers and corridor monitors. These practices echo findings from Southeast Asia showing that visible infrastructure (segregated bins, green corners) combined with student responsibility fosters environmental awareness and behavioral change (Konovalova, 2022). The link between student engagement and behavior change is well-supported: a systematic review found that authentic student involvement in school health activities improves not only knowledge but also behavior and motivation (Griebler et al., 2017). Recent work on student voice in HPS similarly highlights how structures like OSIS/MPK and PHBS ambassador roles—used at MAN 1—contribute to program ownership and sustainment (Boonchieng et al., 2023).

Third, the participants described a smoother classroom climate, with fewer hygiene-related reminders and improved pre-lesson discipline. These observations are consistent with research linking transformational and values-based leadership to school culture improvements. When leaders model values, reinforce expectations, and align routines with a moral or religious purpose, they help foster clarity, dignity, and predictability—key conditions for effective learning environments (Heenan et al., 2023). In MAN 1, visible modeling by school leaders, value-anchored communication, and routine enforcement through peer structures appeared to embed health-supportive behaviors into everyday classroom practices.

Moreover, the study identified the role of recognition and public visibility in sustaining momentum. Cleanliness scoreboards, class-based rewards, and social media posts were described as motivating tools. This practice reflects what Embry and Biglan (2008) term “evidence-based kernels” — small, observable strategies like praise and public posting that influence behavior when applied consistently. However, the literature also cautions that recognition must be framed carefully; symbolic awards can backfire if they suggest that exemplary behavior is exceptional rather than expected (Schultz et al., 2018). At MAN 1, recognition appeared to function as social reinforcement tied to collective pride, not individual exceptionalism.

Participants’ narratives suggest that these routines coalesced into a coherent culture, not perceived as a temporary initiative but as the school’s default mode of operation. HPS guidelines emphasize that change is most sustainable when multiple domains move in concert—policy, environment, curriculum, and partnerships—and are supported by manageable indicators (Langford et al., 2015). The MAN 1 case demonstrates this integration: assemblies linked to values, tasks distributed through student councils, light monitoring tools like sink clickers and hygiene scoreboards, and follow-up mechanisms such as bin relocation and vendor compliance reviews.

It is important, however, to treat these findings as perceived shifts rather than confirmed outcomes. The study used a cross-sectional, qualitative design, relying on participant accounts, observations, and document analysis. Without longitudinal data or control comparisons, attributing change solely to leadership routines or PDCA cycles would be speculative. Furthermore, the literature shows that similar interventions often falter when disconnected from whole-school structures or when routines become bureaucratic rather than meaningful (Langford, 2015).

From a practical standpoint, three design implications emerge for schools seeking similar results. First, health-promotion routines should align with multiple HPS domains—policy, environment, and partnerships—to reinforce consistency (McHugh et al., 2020). Second, light, frequent indicators (such as handwashing counts, short rubrics, and vendor checklists) should feed directly into small feedback loops, so data informs visible action (Langford et al., 2015). Third, student participation must be authentic, involving students in planning, implementation, and monitoring to enhance uptake and ownership (Griebler et al., 2017).

In conclusion, the perceived normalization of value-anchored routines at MAN 1 Sukabumi reflects a convergence of effective leadership, distributed participation, and practical feedback mechanisms. These patterns are consistent with literature on HPS, school health interventions, and value-driven educational leadership. While causality cannot be claimed, the alignment between participant experience and established research strengthens confidence in the model's plausibility and relevance for other madrasahs and health-promoting school settings.

3.2.4 Mechanisms: plausible pathways from values to routines and climate

The normalization of health-supportive routines observed at MAN 1 Sukabumi can be understood through several theory-aligned mechanisms. While this study does not establish causal relationships, the reported shifts are consistent with peer-reviewed evidence on behavior change, leadership, and school culture.

First, modeling by leadership appeared to trigger social learning and norm internalization. When the principal and vice-principal publicly engaged in health-promoting actions—such as picking up litter or washing hands—they broadcasted clear behavioral scripts. According to social learning theory, visible and repeated exposure to credible models lowers the psychological cost of imitation and encourages internalization of desired behaviors (Schultz et al., 2007; Schultz et al., 2018). Further supported by habit formation theory, such stable cues in time and place can help convert intentional behaviors into automatic routines (Wood & Neal, 2007). Students' comments about tidying up "before the bell" without instruction reflect how these behaviors had become embedded as social norms.

Second, value framing enhanced identity-based motivation, particularly through the integration of Islamic principles such as *ihsan*, *ta'dib*, and *tazkiyah*. When health behaviors were consistently framed as acts of worship or moral discipline, participants reported greater internal motivation to maintain them. Identity-based motivation theory suggests that when behaviors align with one's perceived identity, especially moral identity, persistence is more likely—even in the face of obstacles (Oyserman, 2010; Aquino & Reed, 2002). In this case, students and teachers described cleanliness and order as expressions of *adab*, not mere compliance.

Third, participatory governance contributed to collective efficacy and distributed ownership. Role clarity across stakeholders—UKS, OSIS/MPK, teachers, canteen vendors, and parents—helped institutionalize responsibility for small, routine tasks. This aligns with the concept of collective efficacy, where shared belief in a group's capacity supports sustained implementation of practices (Goddard et al., 2000). Reviews of health-promoting schools also emphasize the importance of student voice and family engagement in increasing program effectiveness (Langford et al., 2015; Santos et al., 2023).

Fourth, PDCA-based feedback loops supported habit formation and responsive governance. Use of lightweight indicators—such as handwashing click counts and hygiene scoreboards—enabled timely adjustments, such as relocating bins or modifying schedules. This matches findings from improvement science, which stress that short-cycle feedback and responsive action enhance implementation reliability (Taylor et al., 2014). Habit theory also affirms that regular repetition under feedback conditions strengthens behavior persistence (Wood & Neal, 2007).

Fifth, public posting and symbolic recognition served as normative reinforcers. Recognition tools like the "cleanest class" chart functioned as behavioral influence kernels—simple, consistent practices that reinforce desirable behaviors when framed appropriately (Embry & Biglan, 2008). When used to

highlight collective achievement rather than individual exceptionalism, such tools help maintain positive norms (Schultz et al., 2007; Schultz et al., 2018).

Finally, home-school consistency through parent and Puskesmas partnerships reinforced behavioral cues across settings. Research shows that aligning home and school health messages strengthens intervention outcomes (Santos et al., 2023; Jacob et al., 2021). Parental modeling and home rules have been shown to influence students' dietary and hygiene behaviors significantly (van de Gaar et al., 2014; Ortega-Ávila et al., 2019), supporting participants' perceptions that family briefings helped reinforce school routines.

Together, these mechanisms provide a theory-congruent explanation for the perceived cultural shifts at MAN 1 Sukabumi, even as we refrain from asserting direct causality.

3.2.5 Mechanisms in sum

Modeling and norm signals reduce imitation costs; value framing activates identity-congruent effort; participatory governance builds collective efficacy for distributed tasks; PDCA provides short feedback loops that convert repetition into habit while correcting drift; recognition sustains attention through normative reinforcement; and family/health-service partnerships align cues across settings. These mechanisms are theory-congruent explanations for why participants perceived routines to be more automatic and the climate smoother. They do not prove causality, but they align what people reported with what robust literatures predict will happen when values, roles, and feedback are coherently designed.

4. CONCLUSION

This study found that Islamic values—*ihsan*, *ta'dib*, and *tazkiyah*—were effectively operationalized through leadership modelling, decentralized governance, and value-anchored routines within the Healthy Madrasah program at MAN 1 Sukabumi. Using a qualitative case study framed by the Plan-Do-Check-Act (PDCA) cycle, the research identified how value-driven leadership, student-centered micro-routines, and light, school-owned indicators contributed to the normalization of health-supportive behaviors and a smoother classroom climate. While the findings offer practical insights—such as the need to codify PDCA-based routines in SOPs, adopt simple monitoring dashboards, and strengthen family-vendor engagement—the study is limited by its single-site scope, qualitative design, and short time frame. Future research should adopt longitudinal, multi-site approaches, explore digital tools for low-burden monitoring, and investigate how mental health and psychosocial support can be integrated into value-based health promotion in religious school settings.

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