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MEASURING PATIENT SATISFACTION FROM ATTITUDE TOWARD COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) MODERATED BY PATIENT RELIGIOSITY

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ABSTRACT

This research aimed to determine whether religiosity was able to be a moderator and strengthen the role of attitudes on Complementary and Alternative Medicine (CAM) as the originator of patient satisfaction in 'sangkal putung' treatment. The research applied a quantitative method with accidental sampling technique. The number of research respondents was 90 people aged 18 to 67 years old who visited the 'sangkal putung' at least twice and conducted treatment in the last 10 years. The research instrument used was Scale for Attitude towards CAM (SACAM) with the reliability of 0,843, PSQ-18 (Patient Satisfaction Questionnaire-Short Form) with the reliability of 0,859, and the Religiosity Scale was modified and rearranged based on the dimensions of religiosity by Stark & Glock with the reliability of 0,929. The research indicates that religiosity has a significant effect to strengthen the role of attitudes toward CAM as the originator of the treatment satisfaction of 'sangkal putung' patients. It means that the higher patient's religiosity, the higher role of attitude towards CAM as the originator of the treatment satisfaction of 'sangkal putung' patients. Around 32,1% of the attitudes role towards CAM works as a source of patient satisfaction of 'sangkal putung' treatment.

Keywords: *patient satisfaction, patient religiosity, Complementary and Alternative Medicine (CAM)*

INTRODUCTION

Bone injury may cause a fracture, both local and partial fractures. According to the Ministry of Health, the fracture is defined as a condition of discontinuity in the bone that may be caused by accidents or degenerative processes and pathology (Apriliwati et al., 2017). The most common causes of fracture are accidents, both traffic accidents and work accidents, and other causes. Based on the research conducted by Agarwal-Harding et al. (2015) and Apriliwati et al. (2017), the average of fractures incidence associated with traffic accidents is 14,5 and 4,2 per 100.000 people globally. The effort required by the individual to be healed from injury is by treatment. Types of treatment in Indonesia that can be used are in the form of non-medical and medical treatment. Non-medical treatment is an attempt to obtain healing through practices and sciences which are not related to medical science, such as the use of traditional ingredients or herbs, while medical treatment is an effort performed to obtain healing through medical science.

According to Dunn (in Setyoningsih & Artaria, 2016), human behavior in dealing with health problems is not random behavior, but a selective, planned, and patterned behavior in a health system that integrates into the culture of the community concerned. So, the number of alternative and Complementary Alternative Medicine (CAM) consumer in Indonesia indicates the amount of interest to utilize the treatment. Basic Health Research Data (Riskesdas) in 2013 showed that 77,8% of households utilized traditional healthcare applying skills without instruments, and 49,0% of households utilized herbs (Ministry of Health, 2013).

According to the National Centre for Complementary and Alternative Medicine (NCCAM), CAM is a diverse group of medical and health care systems, practices, and products that currently are not considered part of conventional medical treatment (Bahall & Legall, 2017). Alternative and complementary medicine which until now is known and in demand by the community is *sangkal putung* treatment. This treatment focuses on the efforts to restore abnormal limb function due to fractures or the like. In other hand,

sangkal putung still has pro and contra from various circles, including statement that CAM is part of pseudoscience due to the principles that come from intuition, anecdotes, and community traditions, which means that CAM is based on personal opinion, other's opinion, and ancestor's opinion (Besaans, 2014). This treatment superiority, such as affordable medical expense does not require surgery, the faster healing process, uncomplicated treatment procedure, and minor treatment side effects makes this treatment attractive to the public.

Sangkal putung treatment in Indonesia has been regulated in the Law of Ministry of Health (2007) on the Implementation of Alternative-Complementary Medicines at Health care facilities. Efforts to treat patients by using *sangkal putung* are performed using hand skills. So that this treatment is included in the scope of manual healing method. In addition, in some cases, the treatment using *sangkal putung* can be harmful to the patient due to a failure during the treatment that has an impact on disability or impaired function in standing or walking. According to the staff of SMF Orthopedics and Traumatology of dr. Soetomo Regional Public Hospital, namely dr. Pramono Ari Wibowo SpOT, most of the patients who come to dr. Soetomo Regional Public Hospital Surabaya are patients who have come to *Sangkal putung*; even those patients come in severe conditions (Kominfo Jatim, 2014).

Aside from the existing risk factors, the large number of patients who utilize *sangkal putung* treatment is due to the practitioner's ability who are experts in treating the patients. Consequently, the patients are satisfied. Campbell (1999) has defined patient satisfaction as a consumer's view on the health services received and treatment results obtained (Ross & Venkatesh, 2015). Information propagated in public regarding *sangkal putung* treatment can affect perceptions and shape people's attitudes toward the treatment. Information propagation can be obtained either by means of electronic media or through communication (word of mouth). Maio and Haddock (2009) have defined attitudes as a comprehensive evaluation of an object based on cognitive, affective, and behavioral information (Mercer & Clayton, 2012). It means that each individual has a positive and negative reaction to a person, object, and idea or opinion.

The public can understand that in order to obtain recovery, *sangkal putung* practitioners intend to provide the best healthcare, but people do not believe that practitioners know the best for the patient health and only God knows (Rumun, 2014). So, in this case, the religion aspect appears related to individual health. The concept of religiosity in relation to health arises when individuals have severe conditions such as severe illness (acute), then the intensity of getting closer to God increases. However, the religious intensity or religiosity of each individual is different. According to Stark and Glock (1968), religiosity is defined as the state or quality of a person in his/her commitment to a religion. The element of religiosity in the use of treatment, especially CAM has the potential to achieve psychological well-being in patients, one of which is marked by self-acceptance against the pain. Patients who acknowledge and accept the illness will bring out their inner strength and seek healing by performing the medical treatment as well as rituals. High religiosity in patients has greater potential to utilize treatment, especially CAM (Heathcote et al., 2011). Consistent with the findings of McCurdy et al. (2003) that are cited by Heathcote et al. (2011) have explained that patients who live in families who consider themselves as very religious tend to continue to use CAM than families who consider themselves as not religious person. Therefore, the patient's religiosity can affect the treatment use, which is conformable with their beliefs.

This research is conducted to find out whether religiosity has an effect of strengthening or weakening the role of attitudes towards CAM as the originator of patient satisfaction of *sangkal putung* treatment. Therefore, the researchers used attitude theory proposed by Rosenberg et al. (1960), which is referred to as the Tripartite Model of Attitude Structure consisting of cognitive, affective, and conative aspects. Furthermore, the theory of religiosity proposed by Stark and Glock (1968) consists of religious beliefs, religious practice, religious experience, religious knowledge, and religious effect aspects. Then, the theory of patient satisfaction proposed by Ware et al. (1983) consists of seven aspects, namely general satisfaction, interpersonal manner, technical quality, communication, financial aspect, time spent with the doctor, and accessibility as well as convenience. The results of this research can be useful as a theoretical and practical base for making therapeutic decisions for the community regarding the treatment; become study about health phenomena in social society in terms of psychology; and as a source of reference for future researchers in conducting research on the same theme, but from a different perspective.

METHODS

The method used in this research is quantitative that aims to find out whether religiosity has the effect to strengthen or weaken the role of attitudes toward CAM in increasing patient satisfaction of *sangkal putung* treatment. The number of participants as the sample is 90 people aged 18-67 years old that come to *sangkal putung* at least twice, and receive treatment in the last 10 years. The sampling technique is conducted by using accidental sampling. The measurement in this research uses three scales, namely SACAM (Scale for Attitude towards CAM), PSQ-18 (Patient Satisfaction Questionnaire-Short Form), and Religiosity Scale. The three scales used are Likert scale, in which participants are asked to choose one of the four alternative answers provided, namely (SD) Strongly Disagree, (D) Disagree, (A) Agree, and (SA) Strongly Agree.

SACAM Scale (Scale for Attitude towards CAM) is compiled by Araz and Harlak (2006), and trans-adaptation, as well as modification, are performed by the researchers with scale reliability of 0,843 (high). This scale consists of eight items of favorable and unfavorable statements based on three attitudes, namely: (1) cognitive, (2) affective, and (3) conative. While on PSQ-18 scale (Patient Satisfaction Questionnaire Short-Form) has been simplified by Marshall and Hays (1994) and trans-adaptation as well as modification are performed by the researchers which resulted in scale reliability of 0,859 (high). This scale consists of 11 items of favorable and unfavorable statements based on seven dimensions of patient satisfaction, namely: (1) general satisfaction, (2) interpersonal manner, (3) technical quality, (4) communication, (5) financial aspect, (6) time spent with doctor, and (7) accessibility as well as convenience. Furthermore, the Religiosity scale in this research results in scale reliability of 0,929 (very high). This scale is modified and rearranged by the researchers based on five dimensions of religiosity according to Stark and Glock (1968), namely:

(1) religious beliefs, (2) religious practice, (3) religious experience, (4) religious knowledge, and (5) religious effects. This scale consists of 35 items of favorable and unfavorable statement items with scale reliability of 0,929 (very high).

Normality test in this research is performed using statistical tests of Kolmogorov-Smirnov with a significance level $\alpha = 5\%$ ($p > 0,05$). Linearity testing aims to ascertain whether the data is in line with the linear lines or not. These assumptions can be determined by looking for values of Deviation from Linearity in the ANOVA table with significance value $\alpha = 5\%$ ($p > 0,05$). Heteroscedasticity test results show that in the picture of scatter plot, there are points spreading randomly, both above the zero and below the zero of Y-axis. Besides, the points on the plot do not form a certain regular pattern.

The data analysis techniques used in this research are simple linear regression and PROCESS techniques. Both analytical techniques are performed using SPSS assistance for Windows version 21.0. After processing the data, the researchers interpreted the results and connected to the theory used. Beliefs and hopes for treatment success arise due to learning from social-cognitive theory on individuals. According to Bandura and Adams (1977), personal judgments based on their ability to conduct behavior are referred to as self-efficacy. Self-efficacy is a belief that is part of the attitude because of the expectations and beliefs included in. Beliefs in a person have a central role that can affect the way a person feels, thinks, motivates themselves, and how they behave (Bandura, 1999; Zlatanović, 2015).

Meanwhile, the role of religiosity in patient's sangkal putung treatment can contribute to the perceived treatment satisfaction because of the belief and practice of religiosity in individuals that are considered important for the patients' health related to decision making, coping, social support, commitment to treatment, use of medication complementary, and psychological well-being obtained (Rumun, 2014). Then, the high expectations of patients regarding the religious beliefs and practices they performed are supported by the results of the treatment received (Rumun, 2014). Religiosity aspect will also play a role in the psychological condition of patients such as reducing symptoms of depression due to the illness as well as faster recovery, reducing anxiety, decreased suicide rates, as well as impacting on the low number of mortality (Oxhandler et al., 2017).

Religious expectations, beliefs, and practices in patients' attitudes and religiosity have contributed to increase their satisfaction with the treatment obtained. As patient satisfaction is based on the combination of strengths of belief about the specific attributes of the experience in obtaining health care (access, efficiency, cost, comfort) and evaluation of these experiences (Brien, 2009). Therefore, the researchers want to determine whether religiosity has the effect to strengthen or weaken the role of attitudes towards CAM (Complementary and Alternative Medicine) as the originator of the patient satisfaction of sangkal putung treatment. Based on that description, the theoretical framework in this research can be seen in Figure 1.

Based on the description of previous theoretical framework (Figure 1), the hypothesis of this research is as:

Ha_1: There is a role of attitude towards Complementary and Alternative Medicine (CAM) as the originator of the patient satisfaction of *sangkal putung* treatment.

Ha_2: Religiosity has the effect to strengthen or weaken the role of attitude towards CAM as the originator of the patient satisfaction of *sangkal putung* treatment. The higher level of religiosity in patients will further strengthen the role of attitudes toward CAM to the patient satisfaction of *sangkal putung* treatment.

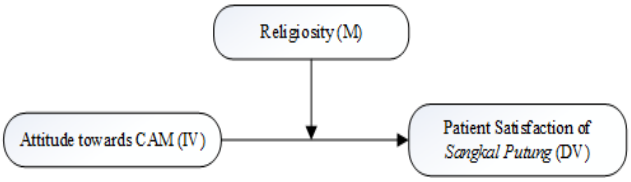

Figure 1 Theoritical Framework

RESULTS AND DISCUSSIONS

The results of demographic data indicate that people who seek treatment in *sangkal putung* are dominated by men aged 18-33 years old. Most of the people are students with the latest educational background of junior-senior high school with income <IDR 1,000,000 in one month. Most of the subjects received *sangkal putung* treatment in 2014-2018, and they returned to repeat the treatment for 2-5 times. The demographic data description of this research is presented in Table 1.

Table 1 Research Subject Description

Demographic Data	Category	Total	Percentage
Gender	Male	56 subjects	62 %
Age	18 - 33 years old	63 subjects	70 %
Employment	Student	47 subjects	52 %
Latest Educational Background	Junior - Senior High School	66 subjects	73 %
Monthly income	<IDR 1.000.000	50 subjects	56 %
Visits	2-5 times	79 subjects	88 %
Year	2014 – 2018	58 subjects	64 %

Variables components analysis in this research is conducted to explain the high value of each research variable aspect. Based on the value of each aspect, the most dominant aspect in explaining the attitude, religiosity, and satisfaction of participants in *sangkal putung* treatment can be determined. Based on Table 2, it can be seen that the affective aspect has the highest mean. This shows that the positive attitude of patients towards CAM is largely affected by the affective aspects or emotional responses of feelings and sensations arising. Then, from Table 3, it can be seen that the high religiosity of *sangkal putung* patients is mostly affected by religious practices or worship behaviors and obedience performed to show commitment to their religion. In addition, based on Table 4, it can be seen that the increase in patient satisfaction of *sangkal putung* treatment is largely affected by the financial aspects or aspects related

to payment for health care.

Table 2 Score Analysis of Component Variables Attitudes toward CAM

Dimensions	No. Item	All Subject Score	Mean	Total Mean
Affective	5	260	2,889	8,878
	3	277	3,078	
	8	262	2,911	

Table 3 Score Analysis of Religiosity Variable Component

Dimensions	No. Item	All Subject Score	Mean	Total Mean
Religious Practice	3	308	3,422	31,766
	6	321	3,567	
	23	291	3,233	
	24	306	3,400	
	16	318	3,533	
	17	327	3,633	
	18	331	3,678	
	34	322	3,578	
	35	335	3,722	

Table 4 Component Score Analysis of Satisfaction Variables on Patient Satisfaction of *Sangkal Putung* Treatment

Dimensions	No. Item	All Subject Score	Mean	Total Mean
Financial	4	268	2,978	6,078
Aspect	9	279	3,100	

Based on the normality test, the attitude variables towards CAM results significance value of 0,077 (p> 0,05), religiosity variables result significance value of 0,086 (p> 0,05), and patient satisfaction of *sangkal putung* treatment variables result significance value of 0,152 (p> 0,05). These results indicate that the variables used in this research are able to satisfy the assumptions of normality as well as distributed normally. The normality test results in this research are shown in Table 5.

Table 5 Normality test of Kolmogorov-Smirnov (KS)

Variables	Significance Value	Information
Attitude towards CAM	0,077	Normal Distribution
Religiosity	0,086	Normal Distribution
Patient satisfaction of *sangkal putung* treatment	0,152	Normal Distribution

The linearity test results in this research are shown in Table 6. Based on Table 6, the significance value of attitude toward CAM variable with patient satisfaction of *sangkal putung* treatment variable is 0,279, and the significance value of religiosity variable with patient satisfaction of *sangkal putung* treatment variable is equal to 0,140. It means that both of these values are greater than the significance level α = 5% or 0,05. Therefore, it can be concluded that the three variables in this research fulfill the linearity requirements.

Table 6 Linearity Testing (Deviation from Linearity)

Variables	Significance Value	Information
Attitude towards CAM (Complementary and Alternative Medicine)*Patient Satisfaction of *Sangkal Putung* Treatment	0,279	Linear (Sig. > 0,05)
Religiosity* Patient Satisfaction of *Sangkal Putung* Treatment	0,140	Linear (Sig. > 0,05)

The heteroscedasticity test results in this research are shown in Figure 2. In addition, based on statistical analysis, the heteroscedasticity test results in significance coefficient of 0,478 for attitude variables toward CAM and 0,078 for religiosity variables. Both coefficients have greater value than the significance level α = 5% or 0,05. Based on the results of the scatter plot and statistical analysis, it can be concluded that there is no heteroscedasticity in the regression model of this research.

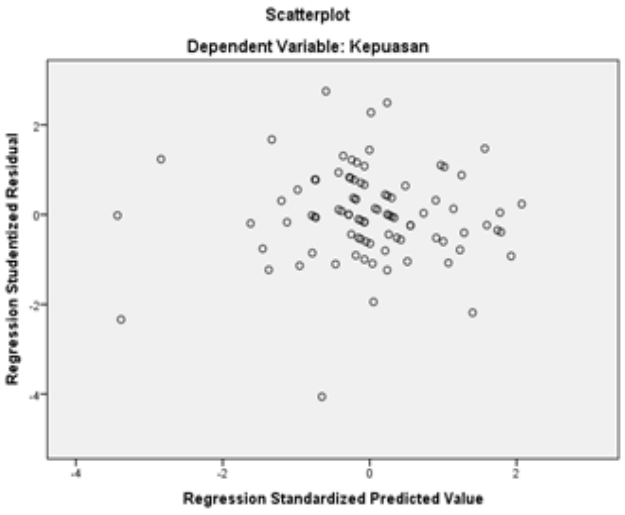

Figure 2 Heteroscedasticity Test Results (Scatter Plot)

Hypothesis testing is performed by using simple linear regression to determine the effect of independent variables, namely the attitude towards CAM of the dependent variables, namely the patient satisfaction of *sangkal putung* treatment. The significance test results on the attitude variables towards CAM in predicting patient satisfaction

of *sangkal putung* treatment results in coefficient rxy of 0,567 with a p-value of 0,000 (p <0,05) so that it is the evidence to reject the null hypothesis. Analysis results on the effect size this research is 0,567, which is categorized as the large effect (r> 0,50) and analysis of Bayes Factor resulted in BF10 of 14391601 (BF10> 100) so that it is firm evidence to support the first alternative hypothesis proposed in this research. The attitude role shown in the value of R square contributes to the patient satisfaction of *sangkal putung* treatment of 0,321 or 32,1%. Analysis of moderator variables is conducted to find out whether there is an increase or decrease in the relationship strength of the independent variables to the dependent variables after the moderator variables are included in the regression model. This analysis is conducted by using PROCESS techniques of Hayes (2013) that uses SPSS version 21.0 software. The results of the PROCESS analysis in this research are shown in Table 7. Based Table 7, it can be determined that the Int_1 coefficient (religiosity attitude) has an effect of 0,019 with p equal to 0,012 (p <0,05). Therefore, it can be concluded that the religiosity variables (M) act as the moderator.

Table 7 PROCESS Analysis of Moderator Variables

Model	coeff	se	t	P	LLCI	ULCI
Int_1	0,0193	0,0075	2,5655	0,0120	0,0043	0,343

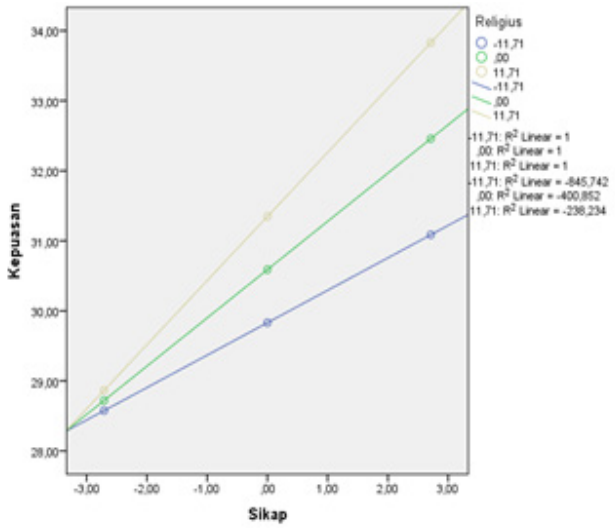

Figure 3 Moderator Variable Analysis Results (Scatter Plot)

Based on Figure 3 (Scatter Plot of Moderator Variable Analysis Results), it can be determined that high religiosity in patients can strengthen the role of attitude towards CAM as the originator of patient satisfaction of *sangkal putung* treatment. It means that the higher religiosity in patients, the more positive attitudes role towards CAM as the originator of patient satisfaction of *sangkal putung* treatment. Therefore, these results can support the second alternative hypothesis of this research.

The results of hypothesis testing by using simple linear regression show that attitude towards CAM plays a role in increasing the patient satisfaction of *sangkal putung* treatment. This is indicated by significance value of 0,000 (p <0,05). Therefore, it can be seen that the attitude towards CAM has a significant effect on the patient satisfaction of *sangkal putung* treatment. Besides, the coefficient of determination (R Square) is 0,321, which means that the attitude toward CAM can explain if the patient satisfaction of *sangkal putung* treatment variable is 32,1% and the rest of 67,9% are not investigated factors. The attitude consisting of positive and negative views on an object, individual, and idea is one of the predictor variables of the expectations or hopes toward this treatment. Likewise, the patient's attitude towards CAM especially in *sangkal putung* treatment will be the originator of treatment satisfaction that will be obtained because there are hopes and beliefs in individual attitudes that will provide expectation on the results of the treatment. The more positive attitude towards CAM, then it will provide a positive impact on the patient satisfaction of *sangkal putung* treatment.

One of the supporting research is research by Huang and Furnham (2013), which aims to investigate the attitude of Chinese society to the use of complementary and orthodox medicine. The results of this research indicate that not only complementary treatment patients who have the belief that complementary medicine is better than Chinese orthodox medicine. It means that the determined therapeutic decisions can be affected by the patient's beliefs or attitudes towards the treatment. In addition, religiosity, as a moderator variable significantly strengthens the role of attitudes toward CAM as the originator of patient satisfaction of *sangkal putung* treatment with the effect of 0,019. This finding is supported by the research conducted by Benjamins (2006), who finds that religion is positively related to the level of patient satisfaction. In particular, the high religious level is significantly associated with high satisfaction in one's health care. High satisfaction is seen in more religious individuals that is derived from religious beliefs and teachings in general, and aspects of socialization that originate from individual involvement in religious organizations.

The satisfaction of health care for religious individuals comes from the belief that health care providers are intermediaries of God. If healthcare providers are believed to be guided by higher beings, the practitioners tend to be considered more trustworthy and even more skilled, which then will increase patient satisfaction. Moreover, individual participation in religious organizations can also affect individual attitudes. Two older research by Bahr and Martin (1983); and Schoenfeld (1978) have found that the presence of someone in the church is related to their beliefs in others. The more individuals often attend church, the greater their level of trust. This also relates to the attitude of the community towards the practitioners of *sangkal putung* treatment. The community entrusts their health to health care providers they believe, which is one of the ways of religion role in affecting patient satisfaction.

The secondary analysis is conducted based on the demographic data of subjects obtained to increase the diversity of research results. The analysis results describe that most of the people who go to *sangkal putung* are dominated by male of 62%, with the highest number of patients aged 18-33 years old of 70%. Most of the patients who go to sangkal putung are students, of 52% with junior and senior high school educational level of 73%. The subjects who are mostly students are related to the amount of income earned. Therefore, the income of fewer than one million rupiahs is the amount of income that is mostly dominated by participants of 56%. The next results show

that most people returned to have the next treatment of 2-5 visits or 88% in 2014 to 2018, which is 64%.

Furthermore, the component score analysis on attitude toward CAM results in the highest mean value on the affective dimension. This shows that the positive attitude of the *sangkal putung* patient towards CAM is mostly affected by the affective aspects or emotional responses to feelings and sensations arising. The analysis of the religiosity variable component results the highest mean on the dimension of religious practice. This shows that the high level of religiosity of *sangkal putung* patients is largely affected by religious practices or worship behaviors and obedience performed to manifest commitment to their religion, such as worship, prayer, fasting, and other practices that can improve one's religiosity. The analysis of component scores on the variable of patient satisfaction of *sangkal putung* treatment results in the highest mean value in the dimension of the financial aspect. It can be interpreted that the increase in patient satisfaction of *sangkal putung* treatment is largely affected by the financial aspects or aspects related to payment for health care. The highest satisfaction in this aspect is assumed by the existing of sincere tariff or payments that can be adjusted to the patient's economic ability. The financial aspect has the highest value that is also associated with the average of patient's income in which less than one million rupiahs monthly since most participants are graduated from junior and senior high school.

Regression equation analysis results the following equation: Y = 16,164 + 0,639X. The regression equation shows that the regression coefficient for constants is 16,164. It means that if the attitude towards CAM (X) variable is zero or constant, then the patient satisfaction of *sangkal putung* treatment variable (Y) increases by 16,164. The attitude towards CAM (X) variable results coefficient parameter of 0,639. This means that if there is an increase in attitude towards CAM (X) variable by 1%, then patient satisfaction of *sangkal putung* treatment variable (Y) will increase by 0,639.

CONCLUSIONS

Based on the research results, it can be concluded that the attitude towards CAM has a role of 32,1% toward the patient satisfaction of *sangkal putung* treatment. In addition, religiosity has a significant effect in strengthening the role of attitude towards CAM as the originator of the patient satisfaction of *sangkal putung* treatment. The higher level of religiosity in patients will further strengthen the role of attitudes toward CAM as the originator of patient satisfaction of *sangkal putung* treatment.

The research implications that can be put forward are that the results of this research can be used as evaluations and inputs for traditional medicine related to the types of treatment services that need to be improved, both from the medical environment and practitioners as treatment. Aside from being an input for traditional medicine, the results of this research can be input for conventional or medical treatment to obtain information on the advantages of traditional medicine, so that medical treatment can imitate the quality of traditional medical services to gain interest and trust from the public. This research has limitations including the limitation of subject age between 18-67 years and research criteria regarding the number of visits can limit the acquisition of the number of subjects. Besides, the criteria for treatment time determined by researchers is less effective in proving whether patients treated in the past 10 years still have clear memories of treatment experience and the quality of treatment services received. Suggestions for the next researcher are discussing the reasons for patients choosing alternative and complementary treatments to obtain healing, as well as completing the diversity of research results by compiling attitudes categorization towards Complementary and Alternative Medicine (CAM), and patient satisfaction with *sangkal putung* treatment in terms of respondents gender.

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