

**RESEARCH ARTICLE****Knowledge, religiosity, and decision to use Sharia hospital services among residents in Central Java, Indonesia****Amelia Wilda¹, Sabrina Mutiara Putri², Bintang Ananda Afrilianti Vinalisa³, Reefa Dyah Salsabila⁴, Putri Sirry Nafisatussalimah⁵, Arifin Santoso⁶, Indriyati Hadi Sulistyaningrum^{7*}**¹⁻⁷Faculty of Pharmacy, Universitas Islam Sultan Agung, Semarang City, Indonesia*Corresponding author, email: indriyati@unissula.ac.id**ARTICLE INFO****ABSTRACT****Keywords:**Sharia Hospital
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The increasing tendency of society to apply Sharia principles in all aspects of life today is supported by the presence of Sharia hospitals that integrate Sharia values in the administration of healthcare services and patient care standards as regulated in the fatwa of the National Sharia Council (Dewan Syariah Nasional) (No. 107/DSN-MUI/X/2016). Knowledge refers to everything known by an individual that can affect behavior. Meanwhile, religiosity is an individual's level of religious commitment that reflects the extent of belief in the values and expectations of the religion they adhere to or practice; in this study, it is the Muslim community. This research examined the relationship between knowledge related to Sharia hospitals, religiosity, and the decision to use Sharia Hospital services among residents in Central Java, Indonesia. This was a cross-sectional study. Data were collected through the questionnaires using snowball sampling. The research results indicate that knowledge and religiosity, both partially and simultaneously, affect the decision of the Central Java residents to use Sharia hospitals for medical treatment, with a p-value ≤ 0.000 . In addition, knowledge has an effect of 10.2%, while religiosity has an effect of 23% on the residents' decision to use medical treatment at Sharia hospitals. In conclusion, knowledge and religiosity significantly affect the decision to opt for Sharia hospital services for medical treatment.

1. Introduction

The behavior patterns of the Indonesian population have undergone a significant shift in the utilization of healthcare services. Previously, people tended to self-medicate or purchase medicines independently, but now, more people tend to visit clinics and hospitals for medical treatment. This has led to a positive response, resulting in increased demand for healthcare services in both quality and quantity (Sa'adah, 2022).

Indonesia, the world's most populous Muslim-majority country (Nasreddin, 2021), needs a Sharia healthcare industrial ecosystem that protects the

people's faith and ensures compliance with their religion. Sharia hospitals in Indonesia are established based on the fatwa of the National Sharia Board- Indonesian Ulema Council or *Dewan Syariah Nasional Majelis Ulama Indonesia* (DSN-MUI, 2016). Sharia hospitals provide healthcare services and strive to uphold Islamic values in their implementation (Sulistiyowati *et al.*, 2019).

The increasing concern of the Muslim community for implementing Sharia principles in all aspects of life underscores the need for adequate Sharia healthcare services in terms of quality and quantity. Currently, there are 17 certified Sharia hospitals, with 5 of them located in the province of Central Java. This includes ten hospitals undergoing recertifications, four

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being surveyed for certifications (istiqomah survey), 8 undergoing pre-surveys, 18 in the mentoring process, and 17 in the registration assistance process (MUKISI, 2023).

A study on the community's perception regarding the need for Sharia hospital services in Yogyakarta indicated that 53% of the population strongly agree, and 47% agree that the healthcare system in Sharia hospitals is by Islamic law (Rulyandari *et al.*, 2020). Community satisfaction with Sharia healthcare services is reported to be good (Maharani *et al.*, 2021). The decision of the community to choose Sharia hospitals is affected by religion and depends on the level of religious commitment of individuals, known as religiosity (Mat *et al.*, 2021).

The quality of service affected patients' decision to be admitted to the Sultan Agung Islamic Hospital, Semarang. Meanwhile, religiosity and knowledge about Sharia hospitals do not influence the decision to choose a Sharia hospital (Rochmiati *et al.*, 2021).

Despite the growing concern for applying Islamic Sharia in various aspects of life, there is a limited number of Sharia hospitals. As the government makes efforts to increase the number of Sharia hospitals, it raises questions about how knowledge of the community plays a role in the decision-making when choosing Sharia hospitals for medical treatment. Additionally, the level of religiosity, which represents an individual's commitment to practicing all aspects of their religious beliefs in daily life, also affects their decision to choose a Sharia hospital. Thus, this research will examine the influence of knowledge and religiosity on the intention to use Sharia hospital services among Central Javanese residents.

2. Materials and Methods

2.1. Study design

This research was designed as a cross-sectional study. The ethical clearance for this study was obtained from the Health Research Bioethics Committee, Faculty of Medicine, Universitas Islam Sultan Agung, Semarang (No. 238/VI/2023).

The population of this study consisted of the entire population residing in Central Java, using a nonprobability sampling technique of a snowball sampling method based on the eligibility criteria. The sample for this research included individuals who met the following inclusion criteria: (1) Residing in Central Java Province; (2) being Moeslem; (3) Undergoing treatment at Sharia hospitals located in Central Java (Sultan Agung Islamic Hospital, PKU Muhammadiyah Wonosobo Hospital, Klaten Islamic General Hospital, PKU Muhammadiyah Temanggung Hospital, Amal Sehat Wonogiri Hospital); (4) willing and able to

complete the questionnaire, and (5) Age ≥ 17 years.

The number of samples in this study was determined using in's forIn's based on the total population of Semarang, 36.742.502 people (Central Statistical Agency of Central Java, 2021)

2.2. Data collection

The data were collected from questionnaires administered in person to the Central Java residents from July 2023 to September 2023. The description of variable categories explains respondents' perceptions regarding the effect of knowledge about Sharia hospitals and religiosity on the decision to choose Sharia hospitals. The variables of expertise, religiosity, and the decision to select a Sharia hospital were divided into five categories (Table 1). These categories were determined based on intervals calculated from each variable's maximum and minimum scores.

$$\text{intervals} = \frac{\text{Highest total score} - \text{Lowest total score}}{\text{number of categories}}$$

Table 1. Categorization of score ranges for each variable

Category	Score Range		
	Knowledge	Religiosity	Decision
Very Low	7-13	15-27	10-18
Low	14-19	28-39	19-26
Moderate	20-25	40-51	27-34
High	26-31	52-63	35-42
Very High	32-35	64-75	43-50

2.3. Data analyses

A descriptive analysis was conducted for respondents' characteristics, including gender, age, education, and the hospital where respondents sought treatment. Meanwhile, multiple linear regression analysis was employed to examine the effect of knowledge and religiosity on the residents' decision to choose Sharia hospitals for medical treatment. The assumptions that need to be met in multiple linear regression analysis are the normality test, multicollinearity test, and heteroscedasticity test. The normality testing was conducted using the Kolmogorov-Smirnov test. The test result showed a significance value of >0.05 . The influence of knowledge and religiosity was also examined partially (T-test) and simultaneously (F-test). Statistical analysis was performed using the Statistical Package for Social Sciences (SPSS) with a significance level set at 5% ($p\text{-value} > 0.05$). Multiple linear regression analysis was conducted to determine the effect of knowledge and religiosity variables on choosing Sharia hospitals for medical treatment. The regression equation used is:

$$Y = \alpha + b_1 X_1 + b_2 X_2 + e$$

Table 2. Respondent Characteristics

Characteristics	n (%)
Gender	
• Male	162 (40.5)
• Female	238 (59.5)
Age	
• 17-20 years	35 (8.8)
• 21-40 years	227 (56.8)
• 41-60 years	118 (29.5)
• >60 years	20 (5)
Education Level	
• Elementary School (SD)	39 (9.8)
• Junior High School (SMP)	30 (7.5)
• Senior High School (SMA/SLTA)	181 (45.3)
• Diploma (D1/D3)	34 (8.5)
• Bachelor's Degree (S1)	110 (27.5)
• Master's/Doctoral Degree (S2/S3)	6 (1.5)
Sharia Hospitals	
• Sultan Agung Islamic Hospital Semarang	93 (23.3)
• PKU Muhammadiyah Wonosobo Hospital	60 (15)
• Klaten Islamic General Hospital	95 (23.8)
• PKU Muhammadiyah Temanggung Hospital	77 (19.3)
• Amal Sehat Wonogiri Hospital	75 (18.8)

Where Y is the decision to use Sharia hospital services, X1, and X2 are two independent variables (knowledge, religiosity), and b is the estimated regression coefficients of respective independent variables. e is the model error, i.e., the variation of the estimate of Y concerning the actual.

3. Results

3.1 Demographics of Participants

The total number of research respondents who completed the questionnaire was 400 participants, consisting of 59.5% female and 40.5% male. The majority (56.8%) of respondents were between the ages of 21 and 40, with 45.3% of respondents having a high school level of education. The demographics of the study sample are reported in Table 2. Most respondents (71.5%) had a high level of knowledge. Most of the respondents (81.75%) had a very high level of religiosity. Most of the respondents (47.25%) had a high level of decision in choosing Sharia hospitals for medical treatment. Table 3 shows the categories of knowledge level, religiosity, and resident decision in choosing Sharia hospital research respondents,

3.2 The relationship between knowledge and religiosity toward intention to use Sharia hospital services among residents in Central Java

The normality test showed all variables' normal distribution ($p > 0.05$). The multicollinearity test resulted in Variance Inflation Factor (VIF) values for

Table 3. Categories of knowledge level, religiosity, and resident decision in choosing Sharia hospitals

Category	Frequency (%)
Knowledge	
• Very High	88 (22)
• High	286 (71.5)
• Moderate	25 (6.25)
• Very Low	1 (0.25)
Religiosity	
• Very High	327 (81.75)
• High	69 (17.25)
• Moderate	4 (1)
Decision	
• Very High	187 (46.75)
• High	189 (47.25)
• Moderate	24 (6)

the knowledge and religiosity variables < 10 (1.145) and tolerance values > 0.10 (0.874). Therefore, it can be concluded that there was no multicollinearity among the independent variables. Furthermore, the heteroscedasticity test with the Spearman rho method resulted in significance values > 0.05 for the knowledge and religiosity variables. Hence, it can be concluded that no heteroskedasticity was present. Thus, all assumptions were met, and the multiple linear regression test can be continued.

The regression equation obtained is as follows:

$$Y = 5.465 + 0.348 X_1 + 0.418 X_2 + e$$

Based on the regression equation, the explanations are as follows:

Table 4. Results of the coefficient of determination test

Variable	R ²	Standardized Beta Coefficient	Pearson Correlation	Partial Determination Coefficient	% Effect
Knowledge	0.332	0.251	0.406	0,102	10.2%
Religiosity		0.437	0.526	0,23	23%

a = Constant = 5.465

This indicates that when the knowledge and religiosity variables are constant, the decision of the community to choose Sharia hospitals for medical treatment is valued at 5.465

b1 = Regression coefficient for the resident's knowledge about Sharia hospitals = 0.348

This indicates that knowledge positively affects the decision variable to choose Sharia Hospital. In other words, for every increase in the knowledge variable, the decision to select a Sharia hospital for medical treatment increases by 0.348

b2 = Regression coefficient for the religiosity of the residents = 0.418

This indicates that religiosity positively and significantly affects the decision variable when choosing a Sharia hospital. In other words, for every increase in the religiosity variable, the decision to a Sharia hospital for medical treatment increases by 0.418

e = Other factors that are unexamined

The simultaneous effect of the F-test showed that the residents' knowledge about Sharia hospitals and the religiosity of the residents had a significant ($p < 0.05$) impact on the decision of the residents to choose Sharia hospitals for medical treatment. The partial effects test showed that the knowledge and religiosity variables have a positive and significant ($p < 0.05$) effect on the decision of the community to choose Sharia hospitals for medical treatment. Table 4 explains that the coefficient of determination is 0.332, which means that simultaneously, the independent variables (knowledge and religiosity) influence the dependent variable (the decision to choose Sharia hospitals for medical treatment) by 33.2%. In comparison, the remaining 66.8% is affected by other variables not discussed in this study.

4. Discussion

In this research, residents' knowledge positively and significantly affects the residents' decision to choose Sharia hospitals for medical treatment. The knowledge about Sharia hospitals among the people of Central Java shows that most residents have a high level of expertise, 71.5%, and very high knowledge at 22%. This indicates that the resident agrees that overall services, from Sharia-compliant economics to Sharia services and consumables in Sharia hospitals, are by

Islamic Sharia principles. A high level of knowledge corresponds to a high preference for choosing Sharia hospitals for medical treatment. Latifah (2020) reported that the community's preferences for Sharia hospitals in Surabaya City, with a sample size of 217 respondents, found that 68.8% of people with good knowledge prefer Sharia hospitals. Only 7.1% of people with lower knowledge have a low preference, and the lowest preference level for the presence of Sharia hospitals is among people with lower knowledge, which is 71.4%. This proves that the better the level of public knowledge, the higher their preference for choosing Sharia hospitals for medical treatment. Interest in Sharia hospitals is not limited to the Muslim community but is also shared by non-Muslims (Simahatie *et al.*, 2016). There is no discrimination in terms of services for patients, whether they are Muslims or non-Muslims.

In this research, the religiosity of the resident has a positive and significant effect on the resident's decision to choose Sharia hospitals for medical treatment. As measured using a questionnaire, the level of religiosity among the people of Central Java shows that the majority have a very high level of religiosity, 81.8%, and 17.3% have a high level of religiosity. This may be affected by the distribution of respondent data to a resident with a relatively high level of religious intensity, such as in worship areas. Even when explained based on religiosity indicators, the resident has a very high level regarding ideology, public worship, personal worship, and religious experiences. In contrast, the intellectual indicator level is high. These results illustrate that the resident understands the teachings of their religion and is earnest in their religious practices because religiosity reflects the extent of an individual's belief in and commitment to the values and expectations of their faith. As a factor in choosing products or services, religiosity affects the preference for selecting Sharia hospitals (Mat *et al.*, 2021). Religiosity plays a significant role in determining a person's intention to choose halal products. Consuming halal products is an obligation for Muslims. Shahid *et al.* (2018) reported that religiosity is the primary motivation for consuming halal products, just as in the services of Sharia hospitals, which adhere to the standards of using halal products in their service delivery.

The level of preference among the people of Central Java in their decision to use medical treatment

at Sharia hospitals indicates that the majority have a high preference, with 47.3% having a high preference and 46.8% having a very high preference for choosing Sharia hospitals. A high level of preference among the residents suggests that they utilize the services of Sharia hospitals with the expectation of fulfilling their needs as Muslims and agreeing that Sharia hospitals adhere to Islamic principles effectively in healthcare services. Patient satisfaction with their experience at Sharia hospitals falls into the very high category. Satisfied patients will likely express future intentions to reuse the services (Rahman *et al.*, 2018). Satisfied patients favor healthcare service providers' long-term success (Iranmanesh *et al.*, 2018). Patient satisfaction with Sharia hospitals can serve as a basis for their preference to return to the same Sharia hospital in the future. Patient satisfaction at Sharia hospitals can be affected by Sharia-compliant facilities, the quality of medical services provided by doctors and healthcare professionals, medical expertise, and administrative procedures. Patient satisfaction affects loyalty and can lead to positive word-of-mouth effects (Alfarizi & Arifian, 2023).

The obtained linear regression equation explains that the value 5.465 represents the intercept/constant. The regression estimation coefficient for the knowledge variable is 0.418, and the regression estimation coefficient for the religiosity variable is 0.348. The regression coefficient for the knowledge level, which is 0.418, is optimistic. This means that the residents' preference for choosing Sharia hospitals for medical treatment will increase when knowledge is increased. Conversely, if knowledge decreases, the resident's preference for choosing Sharia hospitals for medical treatment will decrease. An increase in the knowledge level by one unit will increase the resident's preference for choosing Sharia hospitals for medical treatment by 0.418, and conversely, a decrease in knowledge will have the opposite effect. The same principle applies to the regression coefficient value for religiosity, 0.348 (Kurniawan & Puspitaningtyas, 2016).

In this research, religiosity is the variable that has the most significant effect on the resident's decision to choose Sharia hospitals for medical treatment. This is evidenced by the partial coefficient of determination for religiosity, which is higher than that of the knowledge variable. Religiosity has an effect of 23%, while knowledge has an impact of 10.2% on the community's decision to choose Sharia hospitals for medical treatment. This effect is higher than that of a study (Sutrisno *et al.*, 2018), which correlates the level of patient knowledge with the decision to use healthcare services at Yakssi Gemolong Islamic Hospital. The religiosity level of the patients is at a moderate index,

and there is an effect of the patients' religiosity level on the decision to use healthcare services at Yakssi Gemolong Islamic Hospital with a percentage of 10%. Knowledge and religiosity simultaneously have a 33.2% influence on residents' decision to use Sharia Hospital for treatment. The remaining 66.8% is influenced by other factors, such as service quality, satisfaction, situational, price, and location.

To increase resident knowledge about Sharia hospitals, they must continually improve the quality of Sharia services to increase patient satisfaction. Patients who are satisfied with the services they receive tend to show future intent to reuse (Sudarsono & Nugrohowati, 2020). This can also become a strength in spreading information to increase public knowledge about Sharia hospitals. Research (Windasari *et al.*, 2021) states that word of mouth is far more effective in affecting healthcare decisions. Apart from that, Sharia hospitals can carry out ongoing outreach to the residents in introducing Sharia hospitals by continuing to maintain Sharia services according to standards. This can enhance or expand information about Sharia certification in hospitals. Sharia Hospital services increase patient satisfaction with healthcare services (Syofwan *et al.*, 2020).

5. Conclusions

Knowledge and religiosity affect the residents' decision to use Sharia hospital services for medical treatment. Good service quality will enhance patient satisfaction in seeking medical care. It will serve as the foundation for their future preference and as robust word-of-mouth information to increase public knowledge about Sharia hospitals.

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