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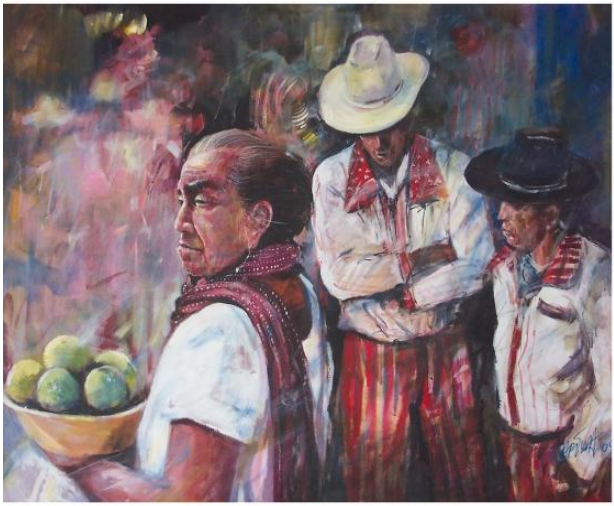

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The satisfaction level of Muslim patients analysis toward Islamic dental health services

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Abstract

The needs of Muslim patients regarding health services might be different from others, including needs in dental health services. To analyze the level of satisfaction of Muslim patients against Islam-based dental health services in Islamic dental clinics. The results showed that there were 11 elements in 5 dimensions of Seroquel that the performance of health care providers had met the interests of high patients. The Islam-based dental health services are good and need to be maintained by the health service providers. This can be the foundation of the Islamic-based dental health service standards.

Keywords: Patient satisfaction, Satisfaction level, Islamic dental clinic, Consumer behavior.

El nivel de satisfacción del análisis de pacientes musulmanes hacia los servicios de salud dental islámicos

Resumen

Las necesidades de los pacientes musulmanes con respecto a los servicios de salud pueden ser diferentes a las de otros, incluidas las necesidades de los servicios de salud dental. Analizar el nivel de satisfacción de los pacientes musulmanes contra los servicios de salud dental basados en el Islam en las clínicas dentales islámicas. Los resultados mostraron que había 11 elementos en 5 dimensiones de Seroquel que el desempeño de los proveedores de atención médica había satisfecho los intereses de los pacientes de alto nivel. Los servicios de salud dental basados en el Islam son buenos y deben ser mantenidos por los proveedores de servicios de salud. Esta puede ser la base de los estándares de servicios de salud dental con base islámica.

Palabras clave: Satisfacción del paciente, Nivel de satisfacción, Clínica dental islámica, Comportamiento del consumidor.

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1. INTRODUCTION

Muslim population in the world was recorded at 1.7 billion people in 2014 and predicted to increase to 2.2 billion in 2030. Every year, Muslim population in the world continues to increase by 1.5% which is twofold compared to the growth of non-Muslim population. [1] Indonesia is a developing country with the most Muslim population. According to the Indonesian statistical center in 2010, Muslim population in Indonesia reached 207,176,162 people and East Java was the second most populous Muslim after West Java. In addition, Muslim population reaches 2,393,070 people in Surabaya. This indicates that Islam is the religion with the most followers in Surabaya. The high number of Muslim population in Indonesia, especially in Surabaya, is due to the need for adjustments to market needs in various fields, especially in the health sector.

Patients do not only focus on medical care, but also tend to pay attention to safety and comfort aspects in this globalization era even though they have to pay more. This requires the health care providers to place patients as the main focus of service. [2] Client-orientation is considered as the top strategy of companies around the world, especially service providers such as hospitals and clinics. The quality of health services is a major factor that supports patient satisfaction with services that have been received.[3] A health care provider must constantly provide services that are reliable and can meet the needs of patient health services to increase patient satisfaction.[2]

The health services need of Muslim patients would be different for each individual. For instance, some Muslim patients who receive health services that are not in accordance with Islamic values may face inner conflicts related to Islamic ethics and culture. Thus, Muslim patients may have expectations that need to be conveyed about Islamic health services. If it is not fulfilled, so it would create poor clinical experience or get lower satisfaction. For instance, when Islam commands that two non-mahram not be alone in a room so that a woman's honor is protected. If this is not met, then the patient may feel uncomfortable. It means that the health care provider needs to pay attention to these needs. [4] This study aimed to analyze the satisfaction level of Muslim patients with Islamic-based dental health services in Islamic dental clinics.

2. METHODOLOGY

This study used an observational research with cross sectional approach. The population in this study was Muslim patients who visited the dental clinic at Surabaya, Jemursari Islamic General Hospital, Surabaya Islamic Hospital, PIH HMI Clinic, Mojo Red Crescent Clinic, and Randu Red Crescent Clinic. Sampling in this study used a simple random sampling cluster of 138 people. Study variables included patients, individual characteristics, and patients' behavior.

The primary data were obtained by means of a Likert scale questionnaire. The acquired data were tabulated and analyzed using SERVQUAL and Importance-Performance Analysis (IPA) methods.

3. RESULTS AND DISCUSSION

The participated respondent data was classified by its characteristics, then tabulated and presented on Table 1. Based on the acquired data, it can be illustrated that the most respondents who visited the Islamic dental services actually preferred to visit the General Dentist Practice with a total of 43 people and a percentage of 31.2%.

This study also examined the importance of several aspects, such as service lists and hygiene, which are considered as the basics requirements for health services (Table 2). For the Islamic aspects, the importance of making a brief break at prayer time, the display of cut verses or hadiths, worship procedure posters in health service area, and the availability of prayer room in the health service area. Most respondents need a suitable prayer room in the health service area (61.6%), and agreed they have provided nice suitable ones (89.9%).

Subsequently, the dimension of reliability from Islamic dental health care were also examined. The patients expect the same as health care in general, such as treatment plan and procedure explanation,

dentists' courtesy, and staff hospitality, which mostly met their expectations (Table 3). Concerning on the Islamic aspects, according to the data, it was found 52.9% respondents agreed that explanation about the substance and its origins that contained in drugs and materials used was considered important. However, only 35.5% respondents thought that it was explained thoroughly. As 68.1% respondents assumed that pray before treatment is necessary, only 16.7% thought that it has been well done (TERESO ET AL 2018).

Based on the observation of responsiveness aspects, mostly respondents expected that the dentist can give the appropriate answers of their questions (73.9%) also explain the care cost (92.8%), and these expectations is fulfilled (Table 4). As many as 61.6% respondents considered that the ability of dentists in discussing with patients about Islamic principles in dentistry treatment is important, and as many as 52.9% of respondents considered that the ability of dentists in discussing Islamic principles in dentistry was good.

In respect of empathy dimension (Table 5), 76.8% respondents found that cost fairness is important, and 88.4% respondents considered the cost worth the treatment they get. Besides, 89.1% respondents agreed that the dental practice in Islam-based dental health cares are professional, without practice of seclusion, which according to 76.8% respondents is important. In regards of payment method, the Muslim also pay attention to the system without credit and installment

(94.9%) and their cooperation with non-sharia insurance companies (68.1%).

The observation of assurance aspect is tabulated in Table 6, which generally, fulfill the respondents' expectations. However, the practice of treatment by the same-sex dentist (45.7%) and the use of halal certified medicine and dental materials (91.3%) seems to be difficult to do, even though according to 65.6% and 92% respondents, they are important.

The graph showed the location of each element in each quadrant. Quadrant I depicted that the patient's interests were low but the performance provided by health services was high. Quadrant II showed that the interests of patients and the performance provided by health services were equally high. Quadrant III illustrated that the patient's interests and the performance of health services was equally low. Quadrant III showed that the high importance of the patient and the performance of the health service was low thus it did not meet patient expectations.

According to the data of this study, there are two elements that have a low level of importance. While the performance provided by health service providers is quite high. It is illustrated in the quadrant I. This indicates that there is a gap between patient expectations and the performance provided by health care providers. The first element is about the patient's freedom of choice. As many as 30.4% of patients

are hesitate about choosing the treatment for them, even though 90.6% of respondents indicate that health care providers had given patients the freedom to choose. This shows that the patient does not know yet that they have the right to decide what treatment to choose.

Based on study conducted by VAHDAT ET AL (2014), [5] involving patients in decision making would increase patients' efforts in maintaining their own health hence patients would have responsibility for their own health conditions. Besides, the participation of patients in determining the care to be undertaken would also be more suitable with the financial condition and the patient's ability to bear the risk of the selected treatment thus it would have an impact on patient satisfaction itself. The most important thing about patient freedom in determining care is patients have rights that are part of justice for consumers and must be fulfilled by health care providers. [6]

The second element in the quadrant I is fairness in the healthcare cost based on the treatment type. This study shows that there are 3.6% of respondents who consider that the cost of treatment does not need to be considered based on the treatment they get. As many as 19.6% are doubtful about adjusting the cost to the care received by patients even though as much as 88.4% of respondents considered it is good. This may occur due to the patient considers that the treatment they get are not the things that most affect the cost of care. High and low maintenance costs are relative. Study conducted by

ALLARD AND GRIFFIN (2017) showed that effective design of product communication can make different perceptions on product prices where consumers feel the price to be paid is in accordance with the product offered. [7] It can be assumed that the patient feels the price to be paid is fair or appropriate if the patient gets the right information about the treatment they get.

According to the book of FATAWA IBN TAIMIYAH IN M. BUKHORI (2017), there were several factors that affect the price of a service product, including the consumer's desire (al-Raghbah) to obtain a product, the number of consumers who request the product (demander or thullab), social status and quality of consumers (al-mu'awid), and the type of payment used in the transaction. This shows that there are various factors that influence the high and low prices of a product. [8]

Quadrant II is a quadrant in which the level of importance and the performance level of a service are both highly valued. In table 5.25 depicts eleven elements are in quadrant II. The elements in the second quadrant are elements that are already good and need to be maintained by the health service provider.

Quadrant III is a quadrant where the level of importance and level of performance of a service is low value. This does not affect the level of patients' satisfaction despite being a low priority in improving hospital services. The elements contained in quadrant II are seven

elements. The first element is a display of verses or hadith in the health service area. As many as 63.1% of respondents felt that the display of verse fragments and hadiths in the treatment area is important whereas 36.2% of respondents considered that the performance of health care providers in providing displays of verse and hadith had not been good.

Based on study conducted by Sabry and Vohra (2013) shows that there is a large influence of spirituality and Islamic religion on the mental health of patients. Al-Qur'an as a reference to the practice of psychiatry has a good impact on patients, one of them is patients who have depression and anxiety. This study mentioned that in anxiety disorders patients are given treatment based on the Qur'an 3 verse 159. [9]

The verse advises humans to submit to God. The verse also implies that Allah is the God who governs all affairs. This is an implementation of monotheism so humans do not need to worry about anything. This also applies a clipped verse or hadith in the service area in the dentistry world where the patient would remember the greatness of Allah and this would reduce anxiety in the patient during treatment.

The second element in quadrant III is the appeal of worship procedures in the health service area where 82.6% of patients considered that the appeal of worship procedures in the health service area is important however 63% of respondents assess the performance of health service providers in providing appeals worship procedures

are not good or do not exist. One of the obligatory services performed by Muslims is prayer. Muslims who would offer prayers must clean themselves by performing ablution. Ablution is also part of worship which is a light activity but must be conducted before prayer. Ablution procedures related to the world of dentistry are gargling three times. [10]

There are things that may and may not be performed by the patient, including cleaning teeth next to the extraction site and rinsing hard. This would trigger the loss of blood clots and increase the risk of dry socket due to inflammation. Dry sockets are caused by bone opening due to loss of blood clots and often a patient cannot prevent the entry of food into the socket thus it causes inflammation. Inflammation that occurs would cause acute pain and can cause halitosis or bad breath and pain in the lower jaw. [11] Hence, to avoid the occurrence of dry socket, a patient needs to know how to rinse properly including when performing ablution.

The third element located in quadrant III is praying before starting treatment where 32.9% of respondents do not consider praying before starting treatment is important even though as many as 71% of respondents consider that dentists have invited patients to pray before starting treatment. This is unfortunate because praying is an important thing to do before doing anything including dentistry treatment. Praying before starting treatment has many psychological benefits

such as mental relaxation so as not to strain before treatment, raising expectations, reducing anxiety, and as a meditation for patients. [12]

The fourth element in quadrant III is cooperation with conventional / non-Islamic insurance. In this data, 68.1% of respondents thought that cooperation with conventional insurance was important while 63% of respondents considered that collaboration with health service providers was good. In this case, a high level of importance in providing bad value insurance due to the theory used is a theory that is counter to conventional insurance.

The principle of implementing conventional insurance with Islamic insurance is distinguished based on its principles. If you look at the principles and operational system of Islamic insurance, the implementation of Islamic insurance is not solely for profit. The difference between conventional insurance and Islamic insurance is the conventional insurance is not in line with Islamic sharia because of the existence of maisir, gharar, and usury which is forbidden in muamalah, whereas Islamic insurance is not so. There is no sharia supervisory board in conventional insurance because the principle is not based on Islamic sharia. Conventional insurance uses a sale and purchase agreement, however Islamic insurance uses a tabarru contract ', tijarah, mudlarabah, wakalah, wadiah, syirkah, and so on (AHMED RIDLWAN, 2016).

The next element is treatment conducted by dentists who have the same sex and do not have seclusion during the treatment. Based on table 5.26, it is found that 5.8% of respondents considered that avoiding khalwat is not important and 17.4% of respondents are doubtful about avoiding khalwat although 89.1% of respondents feel that the health service provider has avoided khalwat by bring nurses or third parties in the treatment room.

Treatment performed by a dentist who has the same sex with the patients, would be able to reduce the chance of khalwat in a negative meaning, khalwat is an act of being together in a lonely place or avoiding other people's views between a man and a woman who is not a mukhrim and not in marriage. Based on this understanding, khalwat between men and women without being accompanied by mahram, the law is haram, although both do not do things that violate the teachings of Islam because the prohibition is aimed at the khalwat actions. It is emphasized in the Qur'an which means as follows:

"... and do not approach adultery; verily adultery is a cruel act and a bad way."(qs al-isra verse 32). The above verse forbids two things at once: (a) adultery; and (b) all behaviors that are close to adultery. This includes both of the opposite sex who are not mahram without being accompanied by a mahram or khalwat. [13]. Quadrant IV is a quadrant where the level of importance is high but the performance provided by the health service provider is low. This indicates that there is a gap expected by patients with the existing

situation. There are four elements in quadrant IV, namely a list of treatments that can be read by patients, markers of prayer time in the service room, transparency of components in medicine and dentistry, and notification of drug content or dentistry.

The elements located in quadrant IV need to be a top priority for hospital services to be further developed and improved. Improvements can be made by improving hospital performance. It can be started from providing a list of treatments, prayer time markers, transparency of drug components, and dental materials, and notification of drug content or dental materials thus patient satisfaction can be increased because what they need has been obtained. [14]

Figure List

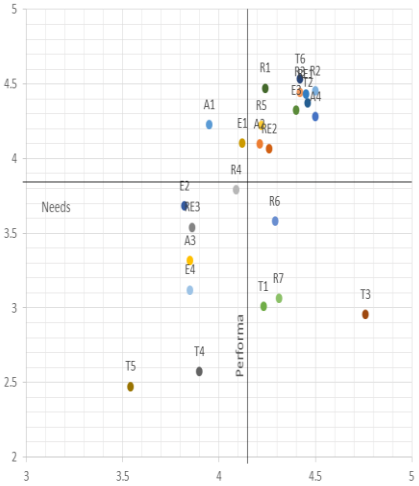

Figure 1: Quadrant of Muslim Patient Satisfaction in Islamic Dental Health Services

Information

Q1: List of treatments that can be read by the patient.

Q2: Cleanliness of the health service area.

Q3: Prayer time notification in the service room.

Q4: Display verses or hadith in the health service area.

Q5: Appeal for worship procedures in the health service area

Q6: Prayer room availability in the health service area.

R1: Dentist's explanation regarding the treatment of the patient

R2: The dentist's courtesy and clarity in explaining

R3: Hospitality health care staff

R4: Pray before starting treatment

R5: Suitability of dentist's clothes to Islamic law

R6: Transparency of components in drugs and dentistry materials

R7: Patient's notification and consent for the drug content or dental material.

Re1: Willingness of dentists to answer patient questions

Re2: Description of patient care costs

Re3: The ability of dentists to discuss Islam in dentistry.

E1: Fairness in maintenance costs.

E2: No seclusion during the treatment.

E3: Payment without debt and installment systems.

E4: Cooperation with conventional / non-sharia insurance.

A1: The patient's freedom of choice.

A2: Comprehensive treatment.

A3: Treatments by the same-sex dentists

A4: The use of halal certified medicines and dentistry materials.

4. CONCLUSION

Based on the results of the study, it can be concluded that Islamic-based dental health services are good and need to be maintained by the health service providers, this can be the foundation in the standard of Islamic-based dental health services.

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