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Indonesian Christian Community's Perspective on Pharmacists and Medicine

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Abstract

The use of drugs and the responsibility of pharmacists in the treatment process for the Indonesian Christian community face challenges in understanding biblical health doctrines especially in the use of drugs and the provision of advice by pharmacists. The view that medicine as a product of science is contrary to faith and belief in God's care for the health of the human body is a theological distortion. The pharmacist's role is equated with relying on humans and not relying on God. This study assesses perspectives on medicine and pharmacists in the Indonesian Christian community. This research is a descriptive study using questionnaire. Respondents were randomly selected from all provinces in Indonesia following the proportion of the Christian population in the province. The validity and reliability of the questionnaire were tested using the composite reliability (CR) method and Cronbach's alpha with a significance level of 5%. The questionnaire was assessed using a Likert scale and the results were classified into very good, good, and poor. This study shows the community's perspective on medicine still needs to be improved (32.6% very good, 40.6% good, and 26.8% poor). For Indonesian Christian community, the hesitation to use medicine is caused by the teaching that faith and God's promises in the Bible are sufficient to heal and maintain human health. While the perspective of pharmacists in the treatment process shows better results (45.4% very good, 36.2% good, and 18.4% poor).

Keywords: Perspective on Medicine, Perspective on Pharmacists, Christian Community

1. Introduction

1.1 Introduce the Problem

Research conducted by the Lutheran General Hospital of Park Ridge, Illinois for many years states that there is a relationship between medicine and religion. The success of treatment is strongly influenced by the faith views of the patient and his family (Marty et al., 1983). Some doctrines of faith cause patients not to believe in medicine and all things related to health sciences. The teaching of faith will cause difficulties for medical and pharmaceutical personnel in carrying out their professional practice. Indonesia is one of the countries where Christians are a minority so that their religious life becomes more serious. Therefore, this research is very important to do to get

an idea of how big the obstacles are for Christian patients and families in receiving treatment and the role of pharmacists in pharmaceutical services.

1.2 Explore Importance of the Problem

Research on the perspective of the Christian community in Indonesia on health services and health workers related to the concept of religious theology has never been done. A Christian theological review of the biblical concepts of faith and medicine has been carried out by Jacquart (2011), Keenan (1996), and Lange (2017). The research that has been done has never observed the perspective of the community directly, so the authenticity of this research is the first time that observations have been made in the community. This research is very necessary, especially for pharmacists who practice in pharmacies and are in areas where the population is mostly Christian. Pharmacists can make a strategy of approaching the community by considering their theological views and can carry out their functions as educators to support the health of the local community.

After understanding the theological objections to using drugs, pharmacists can develop educational strategies without bringing up doctrinal issues. Likewise, pharmacists who understand the community's view of their roles and functions will be able to be more active in approaching and not waiting for people to look for them at the pharmacy.

1.3 Describe Relevant Scholarship

Pharmaceutical care aims to improve the patient's quality of life or change the sick state to be healthy by means of drug treatments. As stated by WHO, health is a condition of a complete physical, mental, and social well-being, and not limited to the absence of disease (Callahan, 1973). Health is not always related to medicine and medical treatment, but also requires the role of competent people in mental and social well-being. Religion and spiritual mentoring by religious leaders are an effort to improve mental and social well-being. In comparison to other countries, developing countries have a lower standard of life, more underdeveloped industries, and a low human development index. Accessible, qualified, and responsive human resources are widely agreed upon by policymakers, researchers, and practitioners as a significant driver of population health (Huber et al., 2011).

1.4 Hypotheses and Research Design

The Indonesian government has created a public education program about drugs and the role of pharmacists in treatment called the GeMa CerMat program or the smart community movement using drugs since 2015 and has been implemented in an intensive education program for the community to the smallest regional level (Komala et al., 2019 and Mursiti et al., 2020).

Therefore, the hypothesis in this study is that the perception of the Indonesian Christian community towards drugs and the role of pharmacists is very good.

This research is a descriptive study. The measuring instrument used is a questionnaire with a Likert scale.

Table 1 : Design Research Variables and Parameters

Variable	Indicator	Code
Perspective on medicine	1. Medicine is the result of science and is not taught in the Bible	M1
	2. Christians should believe that only by faith (without any medicine) can they be healed	M2
	3. When a Christian is sick and takes the medicine, he doesn't believe that God can heal him	M3
	4. By Jesus wounds you have been healed (1 Peter 2:24b). That's why the Lord Jesus has guaranteed His children to stay healthy and don't need medicine anymore	M4
	5. The Lord Jesus during his ministry of healing the sick and even raising the dead never used medicine, therefore Christians should not use medicine either	

		M5
Perspective pharmacist	on 1.	Cursed is the one who trusts in man, who draws strength from mere flesh and whose heart turns away from the Lord (Jeremiah 17:5), therefore Christians should not need a pharmacist in their treatment P1
	2.	Pharmacists do pharmaceutical work on an intellectual basis and rely on knowledge. This is against the teachings of the Bible P2
	3.	Pharmacists in pharmaceutical services to patients rely on drugs of good quality and clinically tested
	4.	Pharmaceutical services provided by pharmacists are intended for non-Christians P3
	5.	I trust the advice given by the pastor at church more than the advice given by the pharmacist at the pharmacy P4
		P5

2. Method

2.1 Subjects

The population in this study was all Indonesian Christian communities spread across 34 provinces in Indonesia. Samples were taken from each province depend on the number of Christians in the province. The more Christians there are, the more samples are taken. This research ensures that there is data from every province in Indonesia so that it can represent the population of the Indonesian Christian community.

The sample obtained at random is the result of a sampling process carried out through several stages.

2.1.1 Process at the ministry of religion in each province

Each province in Indonesia has a ministry of religion that has church data and the number of members from each church. This study obtained data on churches and the number of Christian residents in the province from the provincial ministry of religion.

2.1.2 Data collection through the church.

After getting the church data and contact persons from the church, the next step is to collect questionnaire data from the congregation who attended after the service was over.

2.1.3 Questionnaire selection process

All questionnaires collected were selected and discarded incomplete questionnaires. After that the questionnaires from each province that have been selected, are taken with the required number at random sampling.

Table 2 : Number of Data Each Province

Island	Province	Sample Data
Sumatera	1. Nanggroe Aceh Darussalam	5
	2. North Sumatera	96
	3. South Sumatera	5
	4. West Sumatera	5
	5. Bengkulu	5
	6. Riau	17
	7. Riau Islands	6
	8. Jambi	5
	9. Lampung	5

	10. Bangka Belitung	5
Kalimantan	11. West Kalimantan	17
	12. East Kalimantan	5
	13. Central Kalimantan	5
	14. South Kalimantan	5
	15. North Kalimantan	7
Java	16. Special Capital District of Jakarta	25
	17. Banten	5
	18. West Java	27
	19. Central Java	20
	20. East Java	22
	21. Yogyakarta	5
Bali and Nusa Tenggara	22. Bali	5
	23. West Nusa Tenggara	5
	24. East Nusa Tenggara	55
Sulawesi	25. Gorontalo	5
	26. West Sulawesi	6
	27. Central Sulawesi	15
	28. North Sulawesi	49
	29. Southeast Sulawesi	5
	30. South Sulawesi	5
Maluku and Papua	31. North Maluku	9
	32. Maluku	22
	33. West Papua	14
	34. Papua	64

2.2 Measurement Questionnaire

Each questionnaire statement was given a score of 1 to 5, so for each perspective variable the score range is 5 to 25. All the questionnaire statements are negative statements, therefore the highest score on the answer strongly disagrees, while the lowest score on the answer strongly agrees. The scoring classification is divided into very good, good, and poor. The score is classified to be very good if it gets score 18-25, good if gets score 11-17, and poor if gets score 5-10.

2.3 Analysis Methods

Convergent validity testing with a significance level of 0.05. The questionnaire is considered valid if the convergent validity test of the loading factor value is equal to or more than 0.7 and the AVE value is greater than 0.5. The reliability test uses two methods, Cronbach's alpha and composite reliability. Cronbach's alpha measures the lower limit of the reliability value of a construct, while composite reliability measures the actual value of the reliability of a construct. However, composite reliability is considered better in estimating the internal consistency of a construct. The rule of thumb used for Composite Reliability values is greater than 0.7 and Cronbach's alpha value is greater than 0.7.

2.4 Ethical Clearance

This study was designed and conducted following the Declaration of Helsinki. This study's aim and the measurement details were explained to the subjects orally and in writing in advance, and measurement was conducted after their written consent was obtained. The measurement was started after obtaining the consent of the member in charge of the ethical review at the Research Ethics Commission, Directorate of Research, Gadjah Mada University.

3. Results

Convergent validity relates to the principle that the manifest variables of a construct should be highly correlated.

Table 3 : Validity and Reliability Analysis

Variable	Indicator (Statement)	Load Factor	Composite Reliability	Cronbach's alpha	AVE
Perspective medicine	on M1	0.798	0.811	0.878	0.631
	M2	0.935			
	M3	0.865			
	M4	0.719			
	M5	0.832			
Perspective pharmacist	on P1	0.987	0.908	0.826	0.766
	P2	0.769			
	P3	0.841			
	P4	0.865			
	P5	0.894			

Convergent validity was assessed based on the loading factor value between 0.719 until 0,987 and the AVE value 0.631 and 0.766. Meanwhile, reliability is assessed based on the Composite Reliability (CR) value 0.811 and 0.908 and Cronbach's alpha values 0.878 and 0.826. From these results it is concluded that all the questions used meet the validity and reliability requirements.

Table 4 : Normality Test

	Unstandarized residual
N	531
Kolmogorov-Smirnov Z	.939
Asymp. Sig. (2-tailed)	.307

The normality test aims to find out whether the research variables have a normal distribution or not. This study uses the Kolmogorov-Smirnov Test with = 5% if $p > 0.05$ then the data distribution is declared to meet the assumption of normality, otherwise if $p < 0.05$ it is interpreted as abnormal. The test value of $p = 0.939$ so that it meets the requirements in the data normality test.

The following results are a recapitulation of the entire sample who filled out the perspective questionnaire on medicine. Classification of percentages according to the method described previously.

Table 5: Perspective Result of Medicine

Questionnaire Statement	Very Good	Good	Poor
1. Medicine is the result of science and is not taught in the Bible	21%	39%	40%
2. Christians should believe that only by faith (without any medicine) can they be healed	28%	45%	27%
3. When a Christian is sick and takes the medicine, he doesn't believe that God can heal him	47%	32%	21%
4. By Jesus wounds you have been healed (1 Peter 2:24b). That's why the Lord Jesus has guaranteed His children to stay healthy and don't need medicine anymore	32%	49%	19%
5. The Lord Jesus during his ministry of healing the sick and even raising the dead never used medicine, therefore Christians should not use medicine either	35%	38%	27%

Average	32.6%	40.6%	26.8%
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The following results are a recapitulation of the entire sample who filled out the perspective questionnaire on pharmacist. Classification of percentages according to the method described previously.

Table 6: Perspective Result of Pharmacist

Questionnaire Statement	Very Good	Good	Poor
1. Cursed is the one who trusts in man, who draws strength from mere flesh and whose heart turns away from the Lord (Jeremiah 17:5), therefore Christians should not need a pharmacist in their treatment	43%	39%	18%
2. Pharmacists do pharmaceutical work on an intellectual basis and rely on knowledge. This is against the teachings of the Bible	52%	41%	7%
3. Pharmacists in pharmaceutical services to patients rely on drugs of good quality and clinically tested			
4. Pharmaceutical services provided by pharmacists are intended for non-Christians	62%	23%	15%
5. I trust the advice given by the pastor at church more than the advice given by the pharmacist at the pharmacy	42%	46%	12%
	28%	32%	40%
Average	45.4%	36.2%	18.4%

4. Discussion

The results of this study indicate that the hypothesis made previously was not fulfilled. The percentage of participants who have a very good perspective on drugs and pharmacists is not dominant. There are still many participants who have a pretty good perspective, even a few who have a less good perspective.

4.1 Community Perspective on Medicine

Questionnaire statements about the perspective on medicine consist of 5 negative statements. The results of this study indicate that most are still hesitant to determine their attitude when given the conflict between medicine as a result of science and faith and the Bible. Most of the respondents' answers are in the good group (40.6%) showing indecision in taking a stance because there are still 26.8% participants who have the wrong perspective by considering medicine as the opposite of faith and the Bible, and only 32.6% can harmonize medicine as a means of faith and cannot be contradicted by the Bible. The best response was obtained from the third statement which shows the perspective of using medicine when sick does not mean not believing in God. The worst response was obtained from the first statement which shows the view of medicine as a product of science only and is mentioned in the Bible. The teaching of practical theology in the field of health and medicine in the church is found to be lacking so that the results of this study indicate the doubts of the Indonesian Christian community regarding the position of medicine in the context of theology, especially with regard to faith and the Bible.

This misperception about medicine is the result of distortion as described by Jacquart (2011), Keenan (1996), and Lange (2017). Medicine is a product of science created by humans so that it is contrary to the faith which references that by the stripes of Jesus (1 Peter 2:24b), healing must occur. The theological view of medicine as a product of God's creation through the human mind so that it becomes a means for God to heal His people is not conveyed completely and correctly by the church, causing doubts in the Christian community in Indonesia.

4.2 Community Perspective on Pharmacist

The assessment of the perspective of the Indonesian Christian community on pharmacist shows better results than the perspective on medicine. Most of the respondents gave a very good response (45.4%) and only 18.4% gave a poor response.

The best response resulted from 3rd statement which stated the duties and responsibilities of pharmacists in providing safe and quality drugs to patients in order to meet the expected therapeutic goals. This community has understood the role of pharmacist in the health system in the field of pharmaceutical services. The worst response was obtained from 5th statement where health advice from a pharmacist was considered less than advice from a church pastor. The responsibility to provide pharmaceutical services including counseling and assistance in taking medication is the responsibility of the pharmacist and this responsibility cannot be replaced by other professions. Meanwhile, the pastor in the church is responsible for health and spiritual growth in a different field from physical health.

Pharmacist and pastor cannot be compared which one is more important and which one is less important, because both are equally important and responsible for physical and spiritual health. Pharmacy services from a pharmacist are absolutely necessary in the treatment of patients. While the pastoral care of a pastor is absolutely necessary for the growth of the church.

4.3 Limitations and Future Prospects

This study does not separate participants based on the classification of church denominations because it is still an preliminary study that takes the entire population of Christians in Indonesia. Thus further research can separate the denominations by taking the scope of the regional area so that the total population per denomination can meet good research qualifications.

The results of this study suggest that the government cooperates with local church leaders in providing education about medicine and the role of health workers in improving the health quality of Indonesian people.

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