

The Relationship Between Interpersonal and Intrapersonal Religious Commitment in Choosing Shariah Compliant Hospital in Malaysia

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Abstract

Religion and religiosity are frequently explored topics in consumer behavior. It demonstrates how religion influences both individual and society views and behaviors. Religiosity has two dimensions: intrapersonal and interpersonal. It is one of the most influential variables in people's lives. This study aims to identify the level of intrapersonal and interpersonal religious commitment among respondents and the relationship between their religious commitment and choosing a shariah compliance hospital. This quantitative research involved 30 samples from OUM academic staff. The Religious Commitment Inventory (RCI-10) developed by Worthington et al. (2003) was used to assess this religiosity. A 5-point Likert scale was used to assess each construct's items. According to the findings of this study, the respondents have a high level of intrapersonal and interpersonal religious commitment, and there is a strong relationship between intrapersonal and interpersonal religious commitment. The study also found that religious commitment and choosing a Shariah Compliance Hospital have a significant moderate relationship.

Keywords: religiosity, shariah compliance hospital, RCI-10.

Abstrak

Agama dan keberagamaan adalah topik yang kerap dibincangkan dalam konteks tingkah laku pengguna. Ia menunjukkan bagaimana agama mempengaruhi pandangan dan tingkah laku individu dan masyarakat. Keberagamaan mempunyai dua dimensi iaitu intrapersonal dan interpersonal yang mana kedua-duanya dianggap sebagai pembolehubah yang paling berpengaruh dalam kehidupan manusia. Kajian ini bertujuan mengenal pasti tahap keberagamaan (intrapersonal dan interpersonal) dalam kalangan kakitangan OUM dan hubungan antara komitmen agama mereka dengan pemilihan hospital patuh syariah. Penyelidikan kuantitatif ini menggunakan soal selidik berstruktur. Religious Commitment Inventory (RCI-10) yang dibangunkan oleh Worthington et al. (2003) digunakan untuk menilai keberagamaan. Skala Likert 5 mata digunakan untuk menilai setiap item konstruk. Berdasarkan dapatan kajian ini, responden mempunyai tahap keberagamaan yang tinggi dan terdapat perkaitan yang kuat antara komitmen agama intrapersonal dan interpersonal. Kajian juga mendapati komitmen agama dan pemilihan hospital patuh syariah mempunyai perkaitan sederhana yang signifikan.

Keywords: Keberagamaan, hospital patuh syariah, RCI-10

1.0 INTRODUCTION

Religion and religiosity are factors that are often discussed in most consumer behaviour texts. It shows that religion plays a significant role in shaping individual and societal attitudes and behaviors. In addition, it also shows the current global resurgence of organized religiosity (Arnould, Price and Zinkhan 2004; Madni, Hamid, & Rashid 2016). Religiosity is a part of consumers' core values and fundamental beliefs, which is an extremely important cultural factor that plays a vital role in influencing their attitudes and behaviors (Madni, Hamid, & Rashid, 2016; Shukor & Jamal, 2013).

The permissibility of a product becomes a mandatory requirement for every consumer, especially Muslim consumers. These values can be in the form of religious significance because one's diversity is the basis for selecting or using an outcome. After all, commitment to religion can influence consumers' orientation regarding consumption patterns or the use of their products and behavior (Said, et al., 2014). Besides religious values, consumer attitudes can also be influenced by psychological factors, such as trust in halal products because faith is an important attribute of beliefs that can affect human behavior especially when it comes to the buying and selling process (Nasser et al., 2014).

Religiosity is the degree to which an individual is committed to his or her religion, as evidenced by attitudes and behavior (Johnson, 2001). However, much of the research on religiosity and compliance products has ignored the relationship between intrapersonal and interpersonal religiosity in product selection.

The existing research model was founded on the postulates of the Theory of Reasoned Action (TRA) in order to investigate customer preferences for Shariah-compliant hospitals and their intent to choose such products. In the context of shariah-compliant hospital preference, TRA is the most relevant theoretical model. First, it explicitly incorporates subjective norms into the attitude formation process (Ajzen and Fishbein, 1980). Thus, it not only measures an individual's attitude toward an object, but also takes into account the role of reference groups in shaping and reinforcing such attitudes (Lada et al., 2009; Lutz, 1991). The possibility of subjective norms influencing such attitudes and intentions to choose shariah compliant preferences can aid in explaining the role of reference groups in particular and society in general in forming such attitudes (Ajzen and Fishbein, 1980). Furthermore, this research investigates the role of inter- and intra-personal components of religiosity in predicting intention to choose a shariah compliant hospital.

Greater awareness of the need to consume only halal products and receive halal services has spurred a rising number of Muslims to seek out Shariah-compliant healthcare services (Shaharom et. al., 2018). In Malaysia, the development of such services began when a few hospitals began offering Shariah-compliant treatments under the banner of a "worship-friendly hospital". A Shariah-compliant hospital offers healthcare services that are in line with Islamic principles and legal doctrines pertaining to hospital governance (Abdurrokhman & Sulistiadi, 2019).

Malaysia had its first Islamic healthcare institution with the establishment of Pusat Rawatan Islam (Islamic Treatment Centre) in Kuala Lumpur in 1984. Fully owned by the Federal Territory Islamic Religious Council, it incorporates Islamic principles in the provision of medical services to the public. Its staff, patients, and visitors were provided with adequate worship facilities, especially for the five daily prayers (Syed Tahir, 2020). However, it did not provide Shariah-compliant healthcare services totally. This however was achieved by the al-Islam Specialist Hospital in Kampung Baru, Kuala Lumpur, which opened its doors to the public in 2006. It was one of the first hospitals to offer Shariah-compliant healthcare services in Malaysia, a step which was followed by various other healthcare facilities afterward.

Earlier in 2005, the Islamic Hospital Consortium (IHC) was set up to facilitate contact and cooperation among its members in the field of healthcare services, as well as to strengthen ethical medical practices and hospital administration based on Islamic principles (Islamic Health Consortium, 2016). The consortium ensured that the staff and services of member hospitals were Shariah-compliant. Some government hospitals, such as the Sultan Abdul Halim Hospital and Selayang Hospital, also adopted this practice (Shariff et al., 2018).

Shariah-compliant hospitals can assist in elucidating the function of reference groups in particular and society in general in the formation of such attitudes (Ajzen & Fishbein, 1980). The investigation of Muslim attitudes towards Shariah-compliant hospitals is important in Islamic societies such as Malaysia, where very little research has been done in this area. Nonetheless, the growth of many private hospitals has shifted society's perception of them from blind trust to varying degrees of skepticism. A strong and positive attitude towards Shariah-compliant hospitals and a subsequent preference for such hospitals, highlight their increasing significance in the country.

Recently, many hospitals are pursuing shariah standards in their operations as well as their services. Although the intention shows a good signal, many steps have to be taken before a single hospital can be recognized as a shariah-compliant hospital. Hence, this research will extend the discussion on cognitive and behavioral aspects of attitude which are related to religious commitment among customers which adds more value to the development of shariah hospitals.

Based on literature review, there is a limited number of research investigating the role of religiosity in choosing shariah compliance services. Furthermore, there is a need to investigate the role of inter- and intra-personal components of religiosity in predicting intention to choose a shariah compliant hospital. Therefore, this study aims to identify the level of intrapersonal and interpersonal religious commitment among OUM staff and the relationship between their religious commitment and choosing a shariah compliance hospital.

2.0 METHODOLOGY

The study was designed and carried out as a descriptive and correlational study. The researchers used a convenience sampling method on all academic staff at Open University Malaysia. The questionnaire was created in Google Forms and the link was sent to the participants' email addresses. The data was analyzed with the SPSS-18 software at a significance level of $p < 0.05$.

To measure the religious commitment, the Religious Commitment Inventory-10 (RCI-10), developed by Worthington et al. (2003) was used. This instrument has strong internal consistency, 3-week and 5-month test-retest reliability, construct validity and discriminant validity. The RCI-10 measures motivational and behavioral commitment to a religious value system, irrespective of the content of beliefs in that faith system and has been validated across different samples (Worthington, et al., 2003).

The instrument was composed of ten 5-point Likert-type statements ranging from "1" (Strongly Disagree) to "5" (Strongly Agree) with six statements expressing intrapersonal religiosity (cognitive) and four expressing interpersonal religiosity (behavioral). The cognitive dimension focuses on the individual's belief or personal religious experience while the behavioral dimension concerns the level of activity in organized religious activities. The respondent's total score is then computed by summing scores for all ten statements. As the RCI-10 was a general version of religiosity measure, the Muslim respondents were also asked to which degree they agree with the statements presented (Hafizi et al., 2017).

3.0 LITERATURE REVIEW

Religion relates to a person's relationship with a supreme being and how an individual expresses that relationship in society. Religion refers to a specific faith or belief like Islam. Those whose faith or belief is Islam are called Muslims. In Islam, there are also sub-divisions such as those of the Sunni sect and Shia sect. Religion has an influence on every segment of society and it defines life in its ideal shape. It also defines and shapes moral and social ethical structures, supports power structures, and assigns and justifies social roles and social institutions (Davies & Thate 2017). It also tells the individuals about their roles, duties, responsibilities, and their rights while also giving the purpose of life to individuals (Mokhlis, 2009). Religion consists of internal and external dimensions which refers to people who can have religious identities, goals for religious development, and religious attitudes, values, and beliefs. The religious external dimension on the other hand is about the expression of religious affiliation, devotional practices, and membership in a religious community or attending religious functions.

Religiosity can be defined as “the degree of being religious”. Religiosity has a personal dimension (Slater, Hall, & Edwards, 2001) and represents a real connection to the sanctity of the individual. Religiosity completes beliefs and values into a code of ethics or guidelines for behavior in religion. An example of religiosity in Islam is the ruling to dress modestly, especially for women, which is revealed in the Qur'an: "O Prophet, say to the wives- wives, children - daughters and wives - wives of the believers. "Let them garments over their bodies". That is so they are more easily recognized, therefore they are not disturbed. And Allah is All-Forgiving, Most Merciful (Al - Ahzaab, 33:59).

Johnson et al. (2001) mentioned that religiosity is defined as “the extent to which an individual's committed to the religion he or she professes and its teachings, such as the individual attitudes and behaviors which reflect this commitment”. However, it is also a multidimensional concept that includes different aspects of beliefs, experiences, and practices that affects the whole life of any individual (Run et al., 2010). The concept of religiosity has been central to many studies of consumer behavior (Elseidi, 2018) like adherence to halal food, (Marzuki et al. 2012), the mediation of the relationship between attitude and intention in the context of green purchase decisions (Wang et al., 2019), attitude towards advertisements (Mostafa et al., 2019) and spiritual brands (Sardana et al., 2018).

Religiosity significantly shapes an individual's behavior (Ragnarsson, Onya, & Aaro, 2009). The religious values of the society also play an important role in developing and shaping the perceptions, attitudes, and behaviors of the individuals (Qamar, Lodhi, Qamar, Habiba, & Amin, 2014, Madni, Hamid & Rashid 2016). The religiosity of individuals reflects the extent to which they hold and practice religious values and ideals. This suggests that religion can shape consumer demand in Muslim countries (Rehman & Shabbir, 2010). In discussing Islamic branding, Alserhan (2010) emphasized that Muslim consumers were driven by religious values, so their purchases were determined by their religious beliefs. Fauzi et al. (2016) concurred that religiosity influenced the purchasing decisions of Muslim consumers as they were more positive towards and more motivated to visit stores that offered products that were aligned with their values. He concluded that the more religious Muslim consumers were, the more religiously observant they became, as a result of which they shopped not only for consumption needs but also for religious reasons. Idris et al. (2011) agreed that religiosity was a significant factor to choose Islamic products. Therefore, the level of religiosity becomes a key determinant of Muslim consumer attitudes and behavior (Souiden & Rani, 2015).

Religious commitment which is often termed religiosity is defined by Worthington et al. (2003) as: “the degree to which a person adheres to his or her religious values, beliefs and practices and uses them in daily living. The supposition is that a highly religious person will evaluate the world through religious schemas and thus will integrate his or her religion into much of his or her life.”

Meanwhile, others suggested a tri-component (cognitive, behavioral, experimental) model of religiosity, whereby the cognitive component describes religious attitudes or beliefs, the behavioral component addresses a person's religious institutional attendance and prayers, and the experimental component addresses the need for mystical experiences (Ramly et al., 2008).

Religious commitment is one of the significant factors that affect people and comprises two dimensions: intrapersonal and interpersonal. The internal dimension declares the religious identities, religious attitudes, religious values, and religious beliefs, and the external dimension expresses the religious affiliation, devotional practices, or membership in a religious community (Mokhlis & Spartks, 2007). In other words, intrapersonal religiosity is related to the cognitive and interpersonal is related to one's behavior in organized religious activities (Mokhlis, 2009).

Mokhlis (2008) found both intrapersonal and interpersonal religiosity to be related to storing attributes whereas another study by Swimberghe et al. (2009) found religiosity to be influencing store loyalty and complaint intentions. Swimberghe et al. (2011) found that the consumer's ethical judgments are the outcome of their religious commitments.

Based on TRA (Theory of Reason Action) by Ajzen (1991), subjective norms are related to personal behavior and it refers to individual beliefs about what other people think she or her should do in a certain context but give less attention to the concept of personal norms (i.e., individual beliefs or perceptions of right or wrong). This study focuses on the antecedent of subjective norms represented by religiosity. However, levels of religiosity differ from person to person, hence religious commitment extends beyond the religion itself. The investigation of the relationship between intrapersonal and interpersonal religiosity in choosing shariah compliance hospitals among individuals in the marketplace makes a value stream.

4.0 FINDING AND DISCUSSION

This conclusion of this study was reached after a survey of 30 academic muslim staff members from three faculties at Open University Malaysia. Females made up the majority of the participants (66.7 percent). Half of the participants were between the ages of 41 and 50, 23.3 percent between 31 and 40, 13.3% or four persons between the ages of 51 and 60, and four participants between the ages of 61 and 70. The majority of the respondents have a Ph.D., represented by 53.3% while the rest have a master's degree, indicated by 46.7%.

The association between the structural components of attitude toward behavior of choosing a type of hospital was explored in this study. It extends the model by including two-dimensional religiosity variables (intrapersonal and interpersonal) to look into its role in influencing people's decisions to go to a shariah-compliant hospital. Religious devotion has two dimensions: intrapersonal (internal) and interpersonal (external), both of which are important in the lives of devout people (Mokhlis & Spartks, 2007).

4.1 Level of Intrapersonal Religious Commitment

According to the findings, respondents have a high level of intrapersonal religious commitment. As shown in Table 1, the average mean of 4.24 with 0.56 standard deviation represents this. Religious identities, religious attitudes, religious values, and religious beliefs are all represented by intrapersonal religious commitment. Intra-personal religiosity, in reality, displays the cognitive side of religiosity. Although, religious devotion differs from one individual to the next, religious people tend to firmly adhere to their religious ideas, such as reading books and publications about Islam regularly and adhering to Islamic teachings. (Mokhlis & Spartks, 2007).

Table 1: Descriptive Statistics of Intrapersonal Religious Commitment

Item	N	Mean	Std. Deviation
I often read books and magazines about Islam.	30	3.50	.777
I spend time trying to grow in understanding of my faith.	30	4.10	.712
Religion is especially important to me because it answers many questions about the meaning of life.	30	4.73	.583
My religious beliefs lie behind my whole approach to life.	30	4.57	.728
Religious beliefs influence all my dealings in life.	30	4.57	.504
It is important to me to spend periods of time in private religious thought and reflection/ programs.	30	3.97	1.066

4.2 Level of Interpersonal Religious Commitment

The inter-personal reflects the behavioural aspect of religiosity, or individual participation in organized religious events that influence their behaviour (Mukhtar & Butt, 2012). The respondents in this study have a high level of interpersonal religious devotion, as evidenced by the mean of 3.83 (standard deviation = 0.63) as shown in Table 2. By making financial donations or spending time with others in religious activities, the external dimension communicates religious identification, devotional practices, or membership in a religious society.

The findings of this study show that Muslims are aware of shariah compliance services and have a very favorable view toward them, which influences their decision.

Table 2: Descriptive Statistics of Interpersonal Religious Commitment

Item	N	Mean	Std. Deviation
I make financial contributions to my religious organization/NGO.	30	3.60	.814
I enjoy spending time with others of my religious affiliation.	30	4.27	.691
I enjoy working in the activities of my religious affiliation.	30	3.80	.961
I keep well informed about my local religious group and have some influence in its decisions.	30	3.63	1.033

4.3 The Relationship Between Interpersonal Religious Commitment and Intrapersonal Religious Commitment

According to the finding, there is a strong significant correlation between intrapersonal and interpersonal religious commitment ($r=0.847$, $p=0.00$, $=0.01$). This finding is clearly shown in Table 3. This is a proof of respondents' significant relationship between intra-personal and interpersonal religiosity commitment.

Table 3: The relationship between: Interpersonal Religious Commitment and Intrapersonal Religious Commitment

		Intrapersonal	Interpersonal
Intrapersonal	Pearson Correlation	1	.841**
	Sig. (2-tailed)		.000
	N	30	30
Interpersonal	Pearson Correlation	.841**	1
	Sig. (2-tailed)	.000	
	N	30	30

4.4 The Relationship Between: Religious Commitment And Choosing Syariah Compliance Hospital

Religious commitment and choosing a Syariah Compliance Hospital have a significant moderate association ($r=0.615$, $p=0.00$, $=0.01$), as shown in Table 4. This suggests that the more devout a person is, the more likely they are to choose a shariah-compliant hospital.

Table 4: The relationship between: Religious Commitment and Choosing Syariah Compliance Hospital

		Hosp	Tenitems
Hosp	Pearson Correlation	1	.615**
	Sig. (2-tailed)		.000
	N	30	30
Tenitems	Pearson Correlation	.615**	1
	Sig. (2-tailed)	.000	
	N	30	30

This finding is consistent with Muhamad and Mizerski (2010), who discovered that religious commitment is one of the major influences on customer behavior in the marketplace. Furthermore, religious devotion reflects how much a person sticks to firm and pragmatic principles that do not alter all that often (Khraim, 2010).

5.0 CONCLUSION

Religion and religiosity have a significant impact on individual behavior. There are two components to measure religiosity which are inter- and intra-personal components of religiosity. These two components have an important role in predicting intention to choose a shariah compliant hospital. Therefore, this study has identified the level of intrapersonal and interpersonal religious commitment among OUM Muslim staff and the relationship between their religious commitment and choosing a shariah compliance hospital.

The RCI-10 has been used as a survey instrument among the respondents. The study discovered the respondents have a high level of intrapersonal religious commitment. The respondents also have a high level of interpersonal religious devotion. The study also found there is a strong significant correlation between intrapersonal and interpersonal religious commitment. Finally, the religious commitment and choosing a shariah compliance hospital have a significant moderate correlation. This finding leads to a suggestion that the more devout a person is, the more likely they are to choose a shariah-compliant hospital.

This finding has an implication on the hospital's survival, therefore initiatives must be planned to meet the religious needs of the customers.

For future studies, it is recommended to extend the discussion of religiosity behavioral constructs and its relation with other components of Shariah Compliant Hospital. Hence, this research will extend the discussion on cognitive and behavioral aspects of attitude which are related to religious commitment among customers which adds more value to the development of shariah hospitals.

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