The model of enhancing life quality related to forced Home in bolaang mongondow Community

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ABSTRACT

Quality of life can determine the length of stay of the patient. The better the quality of life of patients, the higher the level of patient comfort in the hospital. This can affect the incidence of Discharges Against Medical Advice (DAMA) during treatment at the hospital. DAMA was an indicator of the lack of quality of hospital health services. DAMA to patients in general caused by trust/ hope for recovery has begun to disappear. One approach that can raise hopes of healing is through a cultural approach. One of culture that was known in Bolaang Mongondow is Mododuluan. Mododuluan is a form of mutual cooperation and help traditionally bequeathed ancestors. The purpose of this study was to obtain a model of improving the quality of life in the context of controlling the incidence of forced discharges using a cultural approach to the Bolmong community. This research uses quantitative research. The number of respondents was 156 patients. The study was conducted at Datoe Binangkang Bolmong Hospital in August 2019. The research variables were quality of life, DAMA, health insurance and *modululuan*. Data collection using a questionnaire. Data analysis with SEM analysis using smart PLS. The results obtained that age, education, type of work, LoS, and quality of hospital services are indicators of DAMA. Where the biggest indicator of influence is age. The participation of BPJS and general patients is an indicator of Health Insurance. The biggest indicator of influence is BPJS membership. The ethos of unity (motobatu), ethos of cooperation (*Mobobatungan*), mutual improvement (Pogogutat) and mutual support as indicators of Mododuluan. The biggest indicator of its influence is the ethos of unity. Physical functions, emotional functions, social functions, psychological welfare dimensions, and environmental dimensions are indicators of quality of life. The most influential indicator is social function. Modululuan culture positively and significantly influences the quality of life and quality of life and modululuan culture positively and significantly influences DAMA. This study also found that the improvement of quality of life through DAMA was strengthened if through modululuan culture and reduced DAMA through quality of life where modululuan was the strongest moderating variable. The conclusion of this study was that mododuluan is the strongest moderating variable to improve quality of life in order to control the DAMA of patients from the hospital. Based on the results of this study, the modululuan must be preserved. Mododuluan can be translated into political, economic, social sectors, and can even be a capital for the community in developing a strong environment, village, sub-district/ city, province and even country. Even in the midst of the industrial revolution 4.0, Mododuluan can reduce tribalism, fanaticism, radicalism and even intolerance.

Introduction

One well-known environmental theory is ecocentric ethics. Ecocentric ethics is holistic and mechanical. This theory explains that everything is interconnected. No part of an ecosystem can be changed without changing the dynamics of its rotation. If there are many changes that occur there will be ecosystem destruction. Ecological systems undergo a synergistic process, a combination of separate parts and will produce a greater effect than the sum of individual effects (Keraf, 2010).

According to Pinontoan and Sumampouw (2017), the environment is formed by a system of interactions of the abiotic (physical), biotic and social / cultural elements that are interrelated in various ways, both individually and collectively. Physical elements in the form of space, landforms, water bodies, soil, climate, rocks and minerals. These elements determine the diversity of characters from human habitat, opportunities and limitations. Biological elements such as plants, animals, microorganisms and humans that make up the biosphere. Social / cultural elements such as economic, social, political and health.

According to Sumampouw (2017) there are 5 levels of disease prevention that can be done before the illness and during the illness.Leavell and Clark in his book "Preventive Medicine for the doctor in his community", prevention efforts that is the period before illness that heightens the value of health (health promotion) and provides special protection against a disease (Specific protection). During the illness that is knowing the type at an early stage, as well as providing appropriate and immediate treatment. (Early diagnosis and treatment), disability limitation and try to eliminate the ability to work due to a disease (Disability limitation) and Rehabilitation.

The level of prevention of Disability Limitation and Rehabilitation can determine a person's quality of life. The better the prevention of disability and rehabilitation in patients, the better quality of life of a person. A good quality of life is found in someone who can carry out their functions and roles in daily life well, according to the stage of their development (Numbeo, 2017).

The objective of this study is to 1) Analyze age, sex, education, occupation, length of stay (LoS), socioeconomic, understanding medicine and quality of hospital services as indicators of forced discharge. 2) Analyzing brotherhood ethos (Pogogutat), kinship (PotoluAdi), collaboration (Mobobatungan), mutual cooperation (Momosad), tolerance (Mo'oruean), loving (Motatabian), mutual improvement (Pogogutat) and unity (Motobatu) as an indicator of Modululuan Culture. 3) Analyzing physical functions, emotional functions, social functions, school functions, psychological welfare dimensions, and environmental dimensions as indicators of quality of life. 4) Analyzing the relationship between forced discharge, health insurance, modern culture and quality of life. 5) Analyzing the relationship between quality of life, health insurance, modern culture and forced return. 6) Analyzing health insurance, modululuan culture as a mediator to realize a good quality of life for patients through forced discharge.

Methodology

This study used a quantitative method with cross-sectional design. This method determined for models to improve the quality of life in an effort to reduce the number of forced home events in the people of Bolaang Mongondow Regency. Data obtained through surveys using a questionnaire. The data obtained were analyzed quantitatively using computer software, namely SmartPLS.

This research was carried out in Datoe Binangkang Lolak II Hospital. Because this hospital is a referral center for health services located in Bolaang Mongondow. Data collection in this study was carried out through interviews and observations. This is done to shorten the time in data collection, but does not reduce the validity of the data obtained.

According to Ghozali and Faud (2015), the validity test is a test that aims to determine the ability of an indicator to measure latent variables. While the reliability test is a test to determine the consistency of the measurement of indicators of a latent variable. The validity of an indicator can be evaluated by the level of significance of the influence between a latent variable and the indicator. The data analysis model uses Structural Equation Model (SEM) with smart PLS.

Results

Outer Model Confirmatory Factor Analysis

Confirmatory factor analysis in smart PLS for mea-

surement models or outer models aims to check the validity and reliability of each indicator in the study variables, as well as extracting latent variables from these indicators. In PLS analysis using smart PLS, it is possible to use two types of latent variable indicator models namely the reflective and formative models. The validity of the reflective model can be seen by using convergent validity and discriminant validity criteria.

The validity of the formative indicator model uses the significance criteria of the outer weights of each indicator, where the significance is met if the T test statistic value of each indicator is T <-1.96 or T> 1.96. When considering the path diagram used in this study, all latent variables used are classified as reflective models, so convergent validity and discriminant validity are used. Convergent validity aims to determine the validity of each indicator used in research.

An indicator is valid if it has an outer loading> 0.50. Discriminant validity is determined based on the value of cross loading, if the cross loading indicators are of the greatest value on the corresponding latent variable. On the other hand, the reliability of the measurement model is seen based on the percentage or proportion of the diversity of latent variables that can be explained by indicators. The criteria that can be used is Composite Reliability (CR)> 0.70.

Forced Home Variable

The loading value for the forced home variable can be seen in the following Table.

Based on Table 1 above, it is known that the outer loading value of 5 indicators is> 0.5 namely age (X1.1) of 0.655, type of work (X14) 0.595, education (X13) 0.584, LoS (X15) 0.575, and service quality health (X18) 0.526. In addition, there were found 3 indicators that obtained a value <0.5, namely medi-

Fig. 1. Research location
(*Source:* BolaangMongondow Profile, 2017

cal treatment (X17) 0.440, socioeconomic (X16) 0.410, and gender (X12) 0.250. This means forced home can be reflected by indicators of age, type of work, level of education, LoS and quality of health services.

Mododuluan Variable

The loading value for the modululuan variable can be seen in the following table.

Based on Table 2, it is known that the outer loading value of the 4 indicators is > 0.5, namely the unity ethos (Y18) of 0.802, mutual support ethos (Y14) 0.623, mutual ethos of improvement (Y17) 0.580, and the cooperation ethos (Y13) 0.580 . In addition, there were 4 indicators found that scored <0.5, namely ethos of kinship, tolerance, brotherhood and love. This means that modululuan can be reflected by indicators of the ethos of unity, mutual support, mutual improvement and cooperation.

Health Insurance Variable

Based on Table 3 above, it is known that the outer

Table 1. Outer Loading of Forced Home Variable

Indicator	Outer Loading	Rangking	Indicator Name
Significant			
X1.1	0,655	1	Age
X1.4	0,595	2	Type of work
X1.3	0,584	3	Education level
X1.5	0,575	4	Length of stay
X1.8	0,526	5	Quality of health services
No significant			
X1.7	0,440	6	The treatment understanding
X1.6	0,410	7	Social economic

Table 2. Outer Loading Mododuluan Indicator

Indicator	Outer Loading	Rangking	Indicator Name
Significant			
Y18	0,802	1	Ethos of unity
Y14	0,623	2	Ethos support each other
Y17	0,580	3	Ethos of mutual improvement
Y13	0,580	4	Ethos of cooperation
No Significant			
Y12	0,487	5	Ethos of kinship
Y15	0,427	6	Ethos of tolerance
Y11	0,325	7	Ethos of brotherhood
Y16	0,133	8	Ethos of love

Tabel 3. Outer Loading Health Insurance Indicators

Indicator	Outer Loading	Rangking	Indicator Name
Significant			
Y21	0,931	1	BPJS
Y24	0,630	2	No insurance
No Significant			
Y22	0,358	3	KIS
Y23	0,326	4	Other insurance

loading value of the 2 indicators is > 0.5, namely the BPJS of 0.931 and without insurance of 0.630. In addition, there were found 2 indicators that scored <0.5, namely KIS and other insurance. This means that health insurance can be reflected by BPJS indicators and without insurance.

Quality of Life Variable

Based on Table 4 above, it is known that the outer loading value of 5 indicators is> 0.5, namely social function (Y33) of 0.714, environmental function (Y36) of 0.670, physical function (Y31) of 0.654, emotional function (Y32) of 0.589 and psychological welfare function (Y35) of 0.542. In addition, it was found that there was 1 indicator that obtained a value <0.5, namely the function of the school. This means that quality of life can be reflected by indicators of social, environmental, physical, emotional and psychological well-being.

The outer loading value indicates the following the forced return variable above is known that the greatest outer loading value is age (X1.1) of 0.655 (65.5%). This shows that age is the most influential indicator of forced discharge.The modululuan variable above is known that the greatest outer loading value is the ethos of unity (Y18) of 0.802 (80.2%). This shows that the ethos of unity is the indicator that most influences modululuan.The above health

insurance variable is known that the greatest outer loading value is BPJS (Y21) of 0.931 (93.1%). This shows that BPJS items are the indicators that most influence health insurance.The quality of life variable above is known that the highest value of loading items is social function (Y33) of 0.714 (71.4%). This shows that social function items are the most influential indicators on quality of life.

Structural model

In the structural model, it can be seen the effect of each variable on forced home and quality of life. The results showed that the variables that had a positive influence on quality of life were modululuan and modululuan affected forced home. This means that quality of life will improve if Mododuluanculture is practiced in society. Improved quality of life will also reduce the incidence of forced home from hospital. The results of this study indicate that the Mododuluan variable is a moderate variable.

The results of this study indicate that the QoL (Quality of Life) of the patient determines the patient's forced home. Patients will go home forcibly if they see QoL is good but if the patient goes home forcibly when the QoL is bad the patient's QoL will worsen after forced home. This is a cycle between forced home and QoL.

Table 4. Outer Loading Indicators of Quality of Life

Indicator	Outer Loading	Rangking	Indicator name
Significant			
Y33	0,714	1	Social function
Y36	0,670	2	Environmental function
Y31	0,654	3	Physical function
Y32	0,589	4	Function of emotions
Y35	0,542	5	Function of psychological well
being			
No Significant			
Y34	0,487	6	School functions

Some literature suggests that QoL is an important factor that must be considered especially in sick people. QoL is considered to be the responsibility of the government, society, culture and others. A person's QoL will be better if the community gets attention from the government such as the National Health Insurance program (BPJS), Healthy Indonesia (KIS), and others. In addition, society, including the culture of society also determines a person's QoL. Someone who lives in a culture of mutual assistance, mutual respect, mutual love and others like Modululuancan also determine one's QoL. This can be seen from the results of this study which show that the most influential variable on QoL is Modululuan.

The most influential indicators on modern variables are ethos of unity, mutual support, mutual improvement and cooperation. Unity is really needed by patients in an effort to improve the quality of life and control the incidence of forced home. Unity in the family causes the burden (disease) which will be borne will be mild. Everyone has the same vision. In addition, mutual support efforts are also important in improving the quality of life and controlling forced home. Support for sufferers greatly affects morale and can even motivate sufferers to get well. It is this motivation that can foster hope for healing. It is this hope for recovery that is often lost in patients who are forced to go home so that it can worsen the condition and quality of life. Mutual support can be a motivation to grow hopes of healing.

Each individual has a different quality of life depending on each individual in addressing the problems that occur in him. If you deal positively it will be good quality of life, but it is different if you deal with it negatively it will also be bad quality of life. Quality of life of patients should be an important concern for health workers because it can be a reference to the success of an action/intervention or therapy. In addition, data on quality of life can also be preliminary data for consideration in formulating appropriate interventions/actions for patients. The high motivation to recover encourages patients to find ways to recover. One of them is with alternative medicine both modern and traditional. When people trust alternative medicine more than using health services it affects the decision to go home. Patient trust is an important factor that will influence a patient's choice in accepting various medical measures. The importance of building trust between patients and medical personnel will influence the patient's forced home decision.

Conclusion

Based on the results of the discussion, the following conclusions can be made:

1. Age, education, type of work, length of stay (LoS), and quality of hospital services are indicators of forced home. Where the biggest indicator of influence is age.

2. Ethos of unity (motobatu), ethos of cooperation (mobobatungan), mutual improvement (pogogutat) and mutual support as indicators of Modululuan Culture. The biggest indicator of its influence is the ethos of unity.

3. Physical function, emotional function, social function, psychological welfare dimension, and environmental dimension as indicators of quality of life. The most influential indicator is social function.

4. Modululuan culture positively and significantly influences the quality of life.

5. Quality of life and modululuan culture positively and significantly affect forced home.

6. Mododuluan culture is a strong mediator to realize the quality of life of patients and reduce forced discharge.

Suggestion

This study forms the basis for further research on the control of forced discharge cases in the Bolaang Mongondow community especially in the approach of patients in terms of age and sex or other demographic factors. This research gives the result that modululuan can be able to help patients not to choose to go home forcefully, if this activity continues to run according to its function as a unifying society.

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