

Social Entrepreneurship in Indonesian Bio-Electric Therapists with a Qualitative Approach

Tsabita Khwarazmita^{1*}, Imam Mukhlis²

^{1,2)} Management, Economy Faculty, Universitas Negeri Malang, Indonesia

*Corresponding Author

Email: tsabita.khwarazmita.2304139@students.um.ac.id

Abstract

Social entrepreneurship has the advantage of being based on a social vision and mission by solving social problems or challenges. It takes the form of social entrepreneurship carried out by social entrepreneurs. This research discusses exploring health as part of a social problem with a focus on social entrepreneurs in alternative health BE (Bio-Electric). Through in-depth interviews with five respondents as alternative health therapists in Indonesia who were selected in the East Java area. Data and information were collected through open questionnaires administered to respondents given to respondents who had the same questions as the interview. The data obtained relates to origin, education, type of entrepreneur, length of time, and type of entrepreneurship. When analyzing social therapist cases based on interview results, it was found that respondents 1) understood social entrepreneurship well, 2) they had consciously implemented this type of social entrepreneurship, 3) they explained a form of BE (Bio-Electric) therapy which did not require special skills, but still have to take training to find out more, 4) They have previous social experience relevant and not relevant to health, 5) They are very confident in their skills as therapists which apart from being able to help other people and help with social problems related to health, 6) Social experience underlies their social self-efficacy in carrying out social actions. This study investigates social entrepreneurship in alternative health therapists, with a focus on those working in the bioelectric domain. Based on their social experiences, the results show that these therapists are confident in their ability to contribute through social entrepreneurship. They possess advanced education and recognize the value of social interactions in their line of work. Because the profession is based on treatment experience and is estimated without a license, it is dubious. Involvement in religion is also proven to be essential to social entrepreneurship since it facilitates the process of social action. Although religion is sometimes disregarded in the study of entrepreneurship, its importance can strengthen the authority of studies in the area and present new challenges. According to the research, religion may boost the self-efficacy of alternative health therapists and motivate them to take social action.

Keywords: Social Entrepreneurship, Social Experience, Self-Efficacy, Therapy Alternatives Local, Healthcare Service

INTRODUCTION

Health is a major part of human needs, so they are responsible for constructing efforts to maintain themselves healthy. This effort can be done on your own or with the help of health professionals in the health facilities provided. Astuti (2020) and Wulandari et al. (2023) explain the reality that health services in Indonesia in existing facilities are not fully accessible due to barriers of difficulty of access and high costs. Health services deserve to be obtained equally by all communities located geographically anywhere in Indonesia. Indeed, in this case, Rahman & Agustin (2022) stated that overcoming gaps and inequalities in access to health services must be responded to systematically nationally. Nundy et al. (2022) wisely suggest improving and expanding community health centers with better performance, lower costs, and greater equality in health services. Through this, the government is endeavoring to apply the JKN (Jaminan Kesehatan Nasional) program to become the main solution to the problem of health equality.

The research results of Soraya et al. (2023) found, that even though there is a JKN (National Health Insurance) program, in reality, they nevertheless have to overcome obstacles and maintain fair access to health services. Salsabila et al. (2023) added that the program's obstacles are also related to the lack of involvement of the community as a whole, the referral

and payment system is scarcely optimal, the distribution of services is uneven, and the quality of services is scarcely at the same standard. On the other hand, Soraya et al. (2023) articulated that the problem of equal distribution of health services arises because of the location of the region, the degree of economic status in the region, and the lack of licensed health workers.

This phenomenon initiated the emergence of alternative health services. Indarwati & Retni (2014) emphasize that alternative health services utilize methods, tools, or materials not included in standard medical treatment. Uniquely, alternative health services in Indonesia are remarkably commonly found and chosen by the public. From the point of view of medical practice, of course, it is different, however, various health alternatives are nonetheless the health means of choice for treatment. This selection is based on easier access, does not require health workers with certain licenses, costs tend to be cheaper, and the success rate is believed to be higher compared to medical practice (Yanti et al., 2021). More than that, this means that health alternatives can help reduce people's anxiety about health disparities or inequities. In this research, the health alternative focused on is Bio-Electric (BE). BE could be used to stimulate nerves and could be an alternative treatment to drugs (Payne et al., 2019). Levin (2021) stated that BE treatment also includes regenerative medicine and treats cancer because BE uses a drive circuit combined with a calibration circuit so that the signal from the calibration circuit matches the current flowing through the tissue. With BE all cells, not only nerves and muscles could produce and sense electrical signals (Levin, 2013; Levin & Martyniuk, 2018). This is supported by research Kim et al. (2016) that electrical signal energy is the main factor in determining the efficacy of Bio-Electric (BE) treatment. In addition, alternative BE treatments can reduce the use of low-dose antibiotics (Kim et al., 2016).

With the presence of alternative health based on social intentions, social entrepreneurship is created that focuses on the health sector. Hence, it can be said that social entrepreneurship is also present to solve social problems in society, especially in the health sector, one of which is improving health conditions for society (Jung, 2021). Roy et al. (2014) provide concrete evidence that social entrepreneurial involvement produces positive impacts on mental and physical health and well-being. Dopelt et al. (2023) support this by conveying that this real contribution can help improve holistic health and well-being. Leeuw (1999) believes that social entrepreneurship is the key to success in dealing with and reducing health errors or inequalities. The goal of sustainable development in health section number 3 is to achieve a healthy and prosperous life. When linked together, the position of social entrepreneurship here becomes a concept underlined in global initiatives as part of the 2030 Agenda which needs to be fulfilled with practical implementation to be compatible with each other (Diaz-sarachaga & Ariza-montes, 2022; Godinho et al., 2023). This is because this concept is connected to the SDGs.

Kova et al. (2022) argue that the concept of social entrepreneurship is an innovative and holistic business model that can overcome challenges, and some social entrepreneurs have even linked their work to the SDGs, as well as supporting small and medium enterprises. It is explicit that social entrepreneurs have the initiative to further develop micro, small, and medium enterprises. Bojica et al. (2018) agree that social entrepreneurship can create great growth in exploring MSMEs. This involvement can construct in-depth confidence and trust between MSME actors in carrying out their social actions. Clark & Quigley (2018) convey that their self-referential beliefs have manifested themselves in social entrepreneurship as well as entrepreneurial self-efficacy for entrepreneurs seeking to create social enterprises. Thus, Urban (2015) described his research that social entrepreneurial self-efficacy is related to social entrepreneurship and found a significant influence from social experience. Social experience is added here because it is likely to strengthen a person's domain-specific self-efficacy (Eccles, 1994). This is what is attempted in this research by focusing on alternative health worker

therapists who are included in MSMEs by exploring their social experiences and social entrepreneurial self-efficacy.

In previous research, health research related to social entrepreneurship, particularly health alternatives, has not been discussed more and further. This is because health alternatives nevertheless have pros and cons which are nevertheless utilized by the Indonesian people as their preference to treat disease. In addition, the topic of social entrepreneurship associated with health is minimally discussed in entrepreneurship research.

RESEARCH METHODS

In the process of understanding in depth a comprehensive insight into the social experiences and self-efficacy of social entrepreneurship in therapists. This research uses qualitative methods with narrative analysis. Narrative analysis does not have specific provisions, despite the analysis focusing more on the process of analyzing narratives which focuses on the stories that are combined (Butina, 2015). Hence, this research aims to explore the stories behind social entrepreneurship, social experiences, and social entrepreneurship self-efficacy among BE (Bio Electric) alternative health therapists.

Instrument

Data collection used open-ended interview questions because participants could comfortably convey and express their opinions about their stories and experiences during their entrepreneurial journey. The process of collecting data through pre-arranged questions to initiate the beginning and direction of conversation with participants keeping in mind the research objectives (Kass & Miller, 2018). After preparing a statement, the statement is based on the results of previous research which have been adapted to this research. This process is carried out to show the credibility of the questions asked. The relevance of these questions was determined to measure the research objectives in this study (Appendix 1) and the remaining questions were developed in conversational meetings with participants.

Participants

In this research, it is comprehended that participants, or what is comprehended as therapists have been involved in the alternative health world of Bio-Electric (BE) therapy in Malang Raya for 3 years. Based on the willingness of therapists to participate in research that seeks to demonstrate support for the application of social entrepreneurship in the field of alternative health (N=5). Overall, participants were women, aged between 40-60 years. The rest will be shown in Table 1.

Table 1. Respondent's Information

No	Participants	Marital Status	Education	Place	Years of Enterprise	Enterprise type
1	Mrs. A	Married	Post-graduation	Malang	3	Social
2	Mrs. B	Married	Graduation	Malang	4	Social
3	Mrs. C	Married	Graduation	Malang	4	Social
4	Ms. D	Single	Post-graduation	Lamongan	5	Social
5	Mrs. E	Married	Post-graduation	Situbondo	4	Social

Source: Author

Data analysis

After the interviews were conducted and then transcribed, the researcher listened to the results of the participants' interviews. Data were analyzed based on open content analysis through several stages, namely, codes identified in interview data, forming concepts, categorizing, and developing a theoretical interpretation of discoveries in the research process.

Ethical consideration

In this qualitative research, several ethical issues are anticipated to be encountered to build and maintain comfort and freedom in sharing important information appropriate to the research so anonymity is necessary. Therefore, the identities of the therapists in this study will be replaced by alphabetical order, such as A, B, C, D, and E. The remaining characteristics of the respondents have been listed in the form of Table 1.

The interview began with a light conversation with the therapist about how the BE (Bio-Electric) medical device works. The therapists explained in detail how BE (Bio-Electric) therapy works and provided direct simulations related to it to researchers in the hope that researchers could feel directly the impact of the therapy they carried out. After that, the conversation flowed effortlessly Referring to the therapists' social experiences, social enterprise journeys, and personal activities referring to the social enterprise. During the interviews, all of the therapists were open about the social enterprise applications they had undertaken so far, including the challenges and concerns over their implementation of alternative health practices that made them somewhat uncomfortable to share in detail. The researcher attempts to understand by improving the wording and not pressing the question further. Following the suggestions of Agarwal et al. (2020) during the interview process, researchers are expected to be sensitive to the questions asked by clarifying the words and intonation to avoid misunderstandings.

RESULT AND DISCUSSION

Description of Respondents

In this research, descriptions from respondents and research findings are presented sequentially one case at a time, and explained in depth based on interviews that have been conducted. Next, the explanation is explained, interpreted, and linked to the appropriate theoretical categorization. In the basic questions asked, the therapists comprehended about social entrepreneurship. In addition, the therapists recognized their businesses as social entrepreneurship and their actions as the fruits of implementing social entrepreneurship. They simultaneously stated that in social entrepreneurship as a therapist, there is no requirement for a special license, merely frequent social experience in helping patients.



A's Case

Mrs. A built a social enterprise for free by providing therapy to family and loved ones who felt sick in 2020. It initially started when her eldest daughter was sick continuously until

she reached adulthood. All forms of medical treatment with specialist doctors (orthopedics, nerves, internal medicine, and mental health) have been carried out to cure the eldest daughter's complaints of illness. Over the years, all forms of information about medical treatment obtained from various sources have come to information about alternative health. Various health alternatives with expert therapists are a form of a mother's efforts and love to save her daughter. Starting from tendon and nerve massage, steam therapy, herbal therapy, cupping, hypnotherapy, acupuncture to electrical therapy (Bio-Electric). The difference is, that in BE (Bio-Electric) electrical therapy, Mrs. A could do it herself through training as a therapist.

This is not easy for Mrs. A tried it first, and neither does the daughter who doesn't believe in health alternatives. In fact, in alternative health, the belief in healing must start from the patient who feels the pain. Mrs. A did not give up on providing routine therapy to her daughter and prayed hard. After feeling a good influence on his daughter, she began to spread her wings by making offers to people around her who felt pain. Mrs. A admitted that all this time she had been carrying out social activities that were not related to health. Thus, based on social experiences, she felt that she should also create social experiences for others. That way, there will be many people who can help and assist. "Happiness is not merely about ourselves, but seeing loved ones happy is also a joy in itself."

B's Case

Mrs. B is entering retirement, which has moved her to prioritize the needs of other people besides herself. Starting from that, in 2019 she dared to pursue alternative health skills for social action which turned out to make her happy. She took part in alternative health training activities (Bio-Electric) which were carried out throughout Java to deepen her knowledge. Apart from that, it provides many benefits for anyone who wants to share therapy methods and wants to be treated. Furthermore, any knowledge she had gained was immediately applied to her neighbors who had been suffering from illness for a long time. After receiving a good response, she continued to provide free therapy to neighbors, study friends, and people who used her services.

She politely refused to give it in any form, because seeing people healed made her very happy. However, the patient, who felt tired, insisted on providing the material for the reason of travel costs. "I am very happy to see other people happy." As she studied and applied this therapy more and more, many people ridiculed her social actions. She doesn't mind the tweets of people who don't believe in her and the therapy she does. "Of course, there are those who chatter, but let it be. I believe that my presence here merely helps and makes efforts together in the healing process because complete healing comes from the Creator."

C's Case

Mrs. C is delving into the world of BE (Bio-Electric) therapy because religiously she believes that the alternative health that appears is an answer given by God Almighty in the religion she adheres to. The religion she believes in believes in a form of obligation among fellow believers to preach even one verse. This means that she conveys good things or good information, even if it is a little for the common good. Moreover, she is part of a religious community that has the motto "Anything that causes social unrest should be resolved within the religious community". That is the basis of the BE (Bio-Electric) electrical therapy social enterprise that she built starting in 2019. Mrs. C makes call therapy for anyone who wants to use her services voluntarily. She never specified the therapy she did, but she believed in the blessings of resolving social unrest so she often received unexpected fortune. Often, carrying out therapy everywhere and also carrying out social service activities in the regions helps to spread the expertise and competence of BE (Bio-Electric) electrical therapy.

Social service has become a part of her life to expand her network and provide insight into health alternatives, especially BE (Bio-Electric) electrical therapy. "It's not easy of course, but I feel blessed in carrying out this social enterprise." Throughout her career, she has faced

many of the most difficult challenges and financial problems. However, based on her statement "This may sound quite cliché, but if we haven't started, then who will move into social entrepreneurship? Meanwhile, we know that many of our residents still have difficulty accessing health and other social welfare facilities."

D's Case

Ms. D experienced deep sadness after her father fell ill for a long time. She started looking for information through acquaintances from the volunteer program (teaching children and mothers to recite the Qur'an for free) which he had been involved in all this time. As soon as she got information about alternative health which was based on religion, she was immensely interested in learning BE (Bio-Electric) and practiced it directly with her father at first. Increasingly skilled after participating in various training courses, she became more enthusiastic knowing that her father was feeling improvements little by little. For example, he can move his hands even though he is weak. Based on her father's healing initiation in 2018, she joined a team of BE (Bio-Electric) therapists to help sick people around her. As a result, she built her social entrepreneurship without being paid a penny because she also worked in other fields, namely teaching (her main job).

She said that getting started was not easy at all. Staring strangely at colleagues in her main job and underestimating her abilities became the main obstacles to her applying her therapeutic profession to the environment around her. In addition, the successor of this social entrepreneurship due to high demand from its patients is still unable to fulfill all of them. "Even though it is not easy, I believe based on my experience so far and my God. I feel I can contribute more to help many people be healthy through this alternative therapy. Again, I'm just worried about my capacity not being able to meet these patients."

E's Case

Mrs. E has been part of the education volunteers all this time until she had to stop temporarily because she fell ill. She underwent medical treatment for a long time, but apparently, it did not satisfy her. She believes that maximum effort is needed apart from medical treatment. Based on this, she entered the field of alternative health to try to heal herself. In early 2019 she began her alternative health training journey to heal herself and others. "BE (Bio-Electric) is different in that the process not solely heals oneself but also heals others because it is symbiotic and mutualistic." She is increasingly involved in this health alternative to this day.

She still feels she has to continue learning, even though she has been operating a social enterprise for a long time. "One thing is certain the longer I study and help patients, the more I realize that the movement one person makes can move many more people with a good purpose. As long as I believe in my God as well." Of course, in the process, she often encountered words of ridicule relating to her high level of education and the contributions she made. "I am often insulted directly because they assume I am a highly educated person who believes in and practices health alternatives."

Result and Discussion

In the research that has been carried out, although short, this research seeks to initiate social entrepreneurship research among alternative health therapists, especially in the BE (Bio-Electric) field. Social entrepreneurs or social alternative health therapists are mostly run by women and individually.

The findings in this research indicate that basically, the therapists have a feeling of confidence in contributing through social entrepreneurship which they build based on the social experience they have. This is reflected in the respondents' stories about the social activities they carried out before carrying out social entrepreneurship. Based on that, they have higher education so they understand social entrepreneurship well. The respondents understood that the social activities they carried out were based on self-awareness and knowledge about the types of social

entrepreneurship. It was also conveyed that they started the alternative health therapy profession with good goals and hopes, namely helping other people to be healthy. The profession of an alternative health therapist is also "doubtful" because the process achieved is calculated without a license and is based on the amount of treatment experience. Robinson et al. (2007) stated that it is natural for conventional medicine practitioners to turn to broader ideas about health alternatives that have value, belief, and information in their application, and direct patients to use various modalities in healing their illnesses.

Another interesting finding is that religious involvement may be fundamental because several words of endeavor referring to spiritual beliefs were often mentioned by respondents. The research of Alemayehu et al. (2023) stated through their exploration of social entrepreneurship that there is a role of religion in sharpening a person's social action. Religion contributes to the social activity process for alternative health therapists. It makes sense because Indonesia highly values religious communities, so it requires religious obligations to its people. In this regard, health practices through religion are common in Indonesia and have even become the basis for building a business. Smith et al. (2021) communicated that religious factors are often ignored even though the relevance of religion and entrepreneurship can expand the legitimacy of research and challenge researchers in the field of entrepreneurship itself.

Based on social experience, it was clear that the initial aim of this research was discussed. Therapists carry out their social entrepreneurship because of social experiences. However, furthermore, religion is another factor in building their social entrepreneurship. This research suggests the addition of religion that encouraged alternative health therapists to initiate their social action and the social entrepreneurial self-efficacy they have implemented. Even though it is based on accident, if it is continued in further research it will be more interesting.

CONCLUSION

Social entrepreneurship in general has been a type of social entrepreneurship that has developed for a long time. Correspondingly, social entrepreneurship in Indonesia. Social entrepreneurship attempts to solve social problems in Indonesia with various innovative solutions. This applies to health problems that social entrepreneurs have strained to solve for so prolonged by offering various treatment options. The diversity in medicine indicates how unique Indonesia is. The treatments that have been mentioned are not solely conventional or medical treatments, while alternative treatments are motionless the people's choice. This research endeavors to initiate health phenomena circulating in society and occurring in Indonesia and their relationship with health alternatives. On this occasion, the health alternative studied was Bio-Electric (BE) which is specifically for BE (Bio-Electric) therapists. Basically, what initiated the development of social entrepreneurship in the field of alternative health BE (Bio-Electric) was the social experience of therapists who convinced themselves to act socially. Their actions or social actions through social entrepreneurship deserve further discussion. This research imagines the presence of religion which is also a factor in affecting their social self-efficacy in carrying out social actions to build and maintain their social entrepreneurship.

This research explores social entrepreneurship among alternative health therapists, particularly in the Bio-Electric field. Findings revealed that these therapists had confidence in contributing through social entrepreneurship, which was built on their social experiences. They have higher education and understand the importance of social activities in their profession. The profession is questionable because it is calculated without permission and based on medical experience. Religious involvement is also found to be a fundamental factor in social entrepreneurship, as it contributes to the social action process. Religion is often overlooked in

the field of entrepreneurship, but its relevance can broaden the legitimacy of research and challenge researchers in the field. Research shows that religion can encourage alternative health therapists to initiate social action and increase their self-efficacy.

REFERENCES

Agarwal, S., Lenka, U., Singh, K., & Agrawal, V. (2020). A qualitative approach towards crucial factors for sustainable development of women social entrepreneurship : Indian cases. *Journal of Cleaner Production*, 274(1), 123135. <https://doi.org/10.1016/j.jclepro.2020.123135>

Alemayehu, B. Z., Steffens, P., & Gordon, S. R. (2023). The formation and role of religious social capital in driving entrepreneurial action. *Journal of Business Venturing Insights*, 20(August), e00426. <https://doi.org/10.1016/j.jbvi.2023.e00426>

Astuti, E. K. (2020). Peran Bpjs Kesehatan dalam Mewujudkan Hak atas Pelayanan Kesehatan bagi Warga Negara Indonesia. *Jurnal Penelitian Hukum Indonesia*, 1(1), 55–65. <https://ejournal.undaris.ac.id/index.php/jphi>

Bojica, A. M., Jiménez, J. M. R., Nava, J. A. R., & Fuentes-Fuentes, M. del M. (2018). *Bricolage and growth in social entrepreneurship organisations* (1st ed., Issue March). Taylor & Francis. <https://doi.org/10.1080/08985626.2017.1413768>

Butina, M. (2015). A Narrative Approach to Qualitative Inquiry. *American Society for Clinical Laboratory Science*, 28(3), 190–196. <https://doi.org/10.29074/ascls.28.3.190>

Clark, K. D., & Quigley, N. R. (2018). The Motivational Drivers Underlying For-profit Venture Creation : Comparing Social and Commercial Entrepreneurs. *International Small Business Journal*, 36(2), 220–241. <https://doi.org/10.1177/0266242617731139>

Diaz-sarachaga, J. M., & Ariza-montes, A. (2022). The role of social entrepreneurship in the attainment of the sustainable development goals. *Journal of Business Research*, 152(August), 242–250. <https://doi.org/10.1016/j.jbusres.2022.07.061>

Dopelt, K., Mordehay, N., Goren, S., Cohen, A., & Barach, P. (2023). “ I Believe More in the Ability of the Small Person to Make Big Changes ”: Innovation and Social Entrepreneurship to Promote Public Health in Israel. *MDPI*, 13(1), 1787–1800. <https://doi.org/https://doi.org/10.3390/ejihpe13090130>

Eccles, J. S. (1994). Understanding Women’s Educational And Occupational Choices. In *Psychology of Women Quarterly* (Vol. 18, Issue 1, pp. 585–609). Cambridge University Press. <https://doi.org/https://doi.org/10.1111/j.1471-6402.1994.tb01049.x>

Godinho, M. A., Ashraf, M. M., Narasimhan, P., & Liaw, S. T. (2023). Understanding the convergence of social enterprise, digital health, and citizen engagement for co-producing integrated Person-Centred health services: A critical review and theoretical framework. *International Journal of Medical Informatics*, 178(April), 105174. <https://doi.org/10.1016/j.ijmedinf.2023.105174>

Indarwati, A., & Retni, A. (2014). Faktor-Faktor yang Mempengaruhi Masyarakat Memilih Pengobatan Alternatif di Kecamatan Kota Barat Kota Gorontalo Universitas Muhammadiyah Gorontalo. *Jurnal Zaitun*, 1(1). <https://journal.umgo.ac.id/index.php/Zaitun/article/viewFile/1259/790>

Jung, H. (2021). Social Enterprise and Self-rated Health Among Low-Income Individuals in South Korea : A Multilevel Analysis. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, 32(5), 1084–1095. <https://doi.org/10.1007/s11266-021-00357-3>

Kass, E., & Miller, E. C. (2018). Career choice among academically excellent students: Choosing

teaching career as a corrective experience. *Teaching and Teacher Education*, 73, 90–98. <https://doi.org/10.1016/j.tate.2018.03.015>

Kim, Y. W., Meyer, M. T., Berkovich, A., Subramanian, S., Iliadis, A. A., Bentley, W. E., & Ghodssi, R. (2016). A surface acoustic wave biofilm sensor integrated with a treatment method based on the bioelectric effect. *Sensors and Actuators A: Physical*, 238, 140–149. <https://doi.org/https://doi.org/10.1016/j.sna.2015.12.001>

Kova, P., Lipenkova, L. S., & Orlando, B. E. (2022). *The Role of Social Entrepreneurship as Key Driver of The Agenda 2030*.

Leeuw, E. D. E. (1999). Healthy Cities : urban social entrepreneurship for. *Health Promotion International*, 14(3), 261–269.

Levin, M. (2013). (12) United States Patent (45) Date of Patent : et al . s : San.

Levin, M. (2021). Bioelectric signaling: Reprogrammable circuits underlying embryogenesis, regeneration, and cancer. *Cell*, 184(8), 1971–1989. <https://doi.org/10.1016/j.cell.2021.02.034>

Levin, M., & Martyniuk, C. J. (2018). The bioelectric code: An ancient computational medium for dynamic control of growth and form. *Biosystems*, 164, 76–93. <https://doi.org/https://doi.org/10.1016/j.biosystems.2017.08.009>

Nundy, S., A.Cooper, L., & Mate, K. S. (2022). The Quintuple Aim for Health Care Improvement A New Imperative to Advance Health Equity. *Viewpoint*, 327(6), 15–16. <https://doi.org/10.1370/afm.1713>

Payne, S. C., Furness, J. B., & Stebbing, M. J. (2019). Bioelectric neuromodulation for gastrointestinal disorders: effectiveness and mechanisms. *Nature Reviews Gastroenterology and Hepatology*, 16(2), 89–105. <https://doi.org/10.1038/s41575-018-0078-6>

Rahman, F. F., & Agustin, C. (2022). Pemerataan Akses ke Perawatan Kesehatan Primer di Pedesaan Kalimantan: Layanan Kesehatan Dasar Apa yang Harus Tersedia Secara Lokal? *Prosiding Forum Ilmiah Nusantara*, 21–29. [https://repository.unmul.ac.id/bitstream/handle/123456789/52680/Prosiding FIN 2022 \(cetak\).pdf?sequence=1#page=27](https://repository.unmul.ac.id/bitstream/handle/123456789/52680/Prosiding FIN 2022 (cetak).pdf?sequence=1#page=27)

Robinson, A., Chesters, J., & Cooper, S. (2007). People's choice: Complementary and alternative medicine modalities. *Complementary Health Practice Review*, 12(2), 99–119. <https://doi.org/10.1177/1533210107302436>

Roy, M. J., Donaldson, C., Baker, R., & Kerr, S. (2014). Social Science & Medicine The potential of social enterprise to enhance health and well-being : A model and systematic review. *Social Science & Medicine*, 123, 182–193. <https://doi.org/10.1016/j.socscimed.2014.07.031>

Salsabila, N., Hadi, P., Syarif, S. H., & Istanti, N. D. (2023). *Evaluasi Kebijakan Pembiayaan Kesehatan bagi Masyarakat Miskin Pada Program JKN*. 1(2).

Smith, B. R., McMullen, J. S., & Cardon, M. S. (2021). Toward a theological turn in entrepreneurship: How religion could enable transformative research in our field. *Journal of Business Venturing*, 36(5), 106139. <https://doi.org/10.1016/j.jbusvent.2021.106139>

Soraya, S., Syamanta, T., Saidi, H., Bakkol, R., & Greg, M. (2023). Impact of the National Health Insurance Program (JKN) on Access to Public Health Services : A Comprehensive Analysis. *Jurnal Ilmu Pendidikan Dan Humaniora*, 12(3), 180–198. <https://journals.ristek.or.id/index.php/jiph/index>

Urban, B. (2015). Evaluation of Social Enterprise Outcomes and Self-efficacy. *Emerald Insight*, 42(2), 163–178. <https://doi.org/10.1108/IJSE-03-2013-0071>

Wulandari, R. D., Laksono, A. D., Mubasyiroh, R., Rachmalina, R., Ipa, M., & Rohmah, N. (2023). Hospital utilization among urban poor in Indonesia in 2018 : is government - run

insurance effective ? *BMC Public Health*, 1–8. <https://doi.org/10.1186/s12889-023-15017-y>

Yanti, I., Hengky, H. K., & Muin, H. (2021). Community Habits in Choosing Alternative Medicine for a Disease in Samaulue Village Lanrisang District Pinrang Regency. *Jurnal Ilmiah Manusia Dan Kesehatan*, 4(1). <http://jurnal.umpar.ac.id/index.php/makes>