

Innovation Primary Care Physician in the Era of JKN in Building Interpersonal Communication With Patients (Case Study of Primary Care Physicians In Surakarta to Universal Health Coverage)

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Abstract: This study entitled the innovation of primary care physicians in the era of JKN in building interpersonal communication with patients (Case study of primary care physician at Surakarta in universal health). This study aims to provide learning and knowledge development within the health care industry with the application of educational symbiosis innovation. This research uses case study method, that is qualitative data analysis method that emphasizes on certain cases that happened in the object of current analysis. This method uses descriptive analysis with inductive approach in analyzing data. WHO has agreed on achieving universal health coverage (UHC) in 2014. Universal health coverage is a health system that ensures every citizen in the population has fair access to high quality promotive, preventive, curative and rehabilitative services at an affordable cost. Universal coverage contains two core elements: access to fair and quality health services for every citizen, and the protection of financial risk when citizens use health services. In Indonesia UHC system is implemented in 2019. The subjects of the study were primary care physicians and their patients residing in Surakarta City. The results show that the interpersonal relationships of primary care physicians with their patients can be well established and effective in the era of universal health. Innovate the service industry by providing patient-centered knowledge. The centralized patient communication theory (PCM), which is part of the relationship communication theory, provides an overall explanation of the patient-centered interpersonal communication process. Helps to change the stressor in the patient's self into a healthy lifestyle.

Keywords: interpersonal communication, primary care physician , innovation.

1. INTRODUCTION

WHO has agreed on achieving universal health coverage (UHC) in 2014. Universal health coverage is a health system that ensures every citizen in the population has fair access to high quality promotive, preventive, curative and rehabilitative services at an affordable cost. Universal coverage contains two core elements: access to fair and quality health services for every citizen, and the protection of financial risk when citizens use health services. In Indonesia UHC system is implemented in 2019.

Health care errors and side effects are harmful patient safety; however, they can be prevented. Awareness of health care errors is increasing because of the presence high cost side effects in terms of man and economy. These side effects are " injury or unwanted complications, and that's it caused by health management rather than by the underlying disease process " (Baker et al.,2004, p. 1679). Side effects are not uncommon to be a significant cost to health-treatment and patient systems (Aspden, Wolcott, Bootman, & Cronenwett, 2007; Baker et al., 2004). Side effects are the simplest and easiest to reach because they are related to communication failure, often due to a lack of concern for care (Ardoin & Broussard, 2011). When interdependence in between members of the health team and disciplinary differences poorly managed, communication fails. Studies show this and affirm the benefits of a multidisciplinary and disciplined team approach (Brock et al., 2013). Communication is an integral part of life; without it, we would not survive. Verbal and non-verbal communication begins at birth and ends at death. We need communication not only to

transmit information and knowledge to one another, but more importantly, to relate to one another as human beings around the world in the context of relationships, families, organizations, and nations.

The how, what, why, and wherefore of communication can either edify or harm us, as individuals, cultures, religions, and governments of countries, as we attempt to coexist. *What* we say, *how* we say it, and *what we mean* by it are extremely important, and can be life-changing.

Proposed framework for interpersonal relations primary care

Given the literature gaps, and in an attempt to address how interpersonal relations affect work, we propose a framework for describing these relations that guides future research on patient safety and other healthcare quality improvements. First, we discuss the connection between interpersonal relations and communication. Next, we describe interpersonal-behavior processes that result in the establishment of relationship. Then, we integrate the theory of relational coordination (an outcome of interpersonal relations, which is also one of the few relevant theories found in our literature review)

into the framework of interpersonal processes. Finally, we propose a framework for studying interpersonal relations and behaviors that foster patient safety (see Figure 1). Our framework uses systems theory (Von Bertalanffy, 1968) to guide the structure of interpersonal processes (i.e., perception, evaluation, feedback) which gives rise to interpersonal relationship and explains communicative behavior. Social relation model (SRM; Kenny,1994) provides details about the perception phase of interpersonal

process. Resulting communicative behavior from relational ties is captured by the theory of relational coordination (Gittell, 1999).

2. METHOD

This study uses case study method that is qualitative data analysis method that emphasizes on certain cases that occur in the object of analysis. This method uses descriptive analysis and inductive approach in analyzing the data. The research subjects are primary care physician and patient of health service user in Surakarta City. This study aims to determine the communication process between the primary care physician and patient service users in Surakarta City.

The case study is an empirical study that investigates a phenomenon in a real-life context, it can include both quantitative and qualitative evidence. And is an intensive analysis of one unit / unit (eg, individual, group, event, project, program, policy) that emphasizes developmental factors in relation to context (Slamet, 2014: 22). Qualitative research methods using data collection techniques that allow to get words and deeds as much as possible. Techniques usually used to collect data are in-depth interviews, observation involved, and document collection (Afrizal, 2014: 20) To obtain objective data, the researcher searched the data by using various data sources in the research that was with the in-depth interview.

The interview was a conversation with a specific intention, done by the interviewer who asked the question and the interviewee gave the answer to the question (Moleong, 2007: 186). While the interview according to Pawito (2007: 132) is a data collection tool that is very important in qualitative

communication research involving humans as subjects (actors, actors) in connection with the reality or symptoms selected for study. The study population consisted of the first service physician representing each sub-district in Surakarta city and the patient using the service. The sample in this study was a total of fifteen people consisting of five doctors in primary health care and 10 patients using primary care.

3. RESULT

We found result in this research. After evaluating what they perceive, individuals give feedback based on their evaluation through communication. Although communication can be considered a behavior, not all behaviors are communicative. They only become so after the perceived person has processed them. Verbal communication is neither comprehensive nor specific enough to capture all behavioral outcomes associated with work relationships. As there is no agreed definition of communicative behaviors (Ardoin & Broussard, 2011; Lingard et al., 2004), we suggest that the concept of relational coordination may address communicative behavior related to primary care.

4. DISCUSSION

In the strata service of National Health Sistem there are levels of primary, secondary, and tertiary services. In the secondary service there is a specialist, while in tertiary services there are sub-specialist doctors. While in the primary service there are doctors who graduated from the Faculty of Medicine, but there are also those who finished medical school, then go to school again and become primary care doctors.

Perceptions of individuals in healthcare organizations are characterized by unique information processing activities necessary for everyday operation: selection (e.g., membership on a nursing task force), organization (e.g., streamlining referrals to decrease wait times), and stabilization (e.g., preprinted work orders). These three processes are influenced by the characteristics of contexts, perceived individuals, and perceivers themselves.

In this paper, we review the literature that shows the importance of interpersonal relations and health care team communication to build patient trust. We also discussed how communication is assumed in the concept interpersonal relationships. From our synthesis, we are proposing a theoretical framework to guide future studies on the effect of interpersonal relationships on the job team in this case primary health care, such a framework can help improve patient comfort. One limitation of our framework is the consideration of relationships and virtual communication. The strength of the health care work team is less allowing the future with online communication technology.

In professional roles as physician, they are responsible to care for persons who are ill. When ill, patients may be unable to speak or advocate for themselves. Vulnerable patients need their voices to speak for them. Due to our constant exposure to other human beings who are suffering, physician are perfectly positioned to utilize effective interpersonal communication, and in doing so, support our own emotional, psychological, and spiritual development.

There is a well-established link between team communication, worker

morale, and patient safety. Poor team communication has been directly linked to preventable medical errors, high nurse turnover rates, and low morale (Brinkert, 2010; Institute of Medicine, 1999; Vessey, DeMarco, & DeFazio, 2010). Low morale contributes to high levels of stress, burnout, poor job satisfaction, and an overall poor quality of life. Controlling stress and burnout is an *essential component of a healthy lifestyle*.

5. CONCLUSION

Use of effective interpersonal communication strategies by physician in both personal and professional settings, may reduce stress, promote wellness, and therefore, improve overall quality of life. This article briefly explores the concept of interpersonal communication as it relates to Maslow's hierarchy of human needs; describes personal variables and the interaction of internal and external variables that can impact communication; and discusses possible causes and consequences of ineffective communication. Drawing on both the literature and my experiences as a longtime provider of care in the mental healthcare field, I offer multiple strategies, with specific examples of possible responses for effective communication. Recommendations in this article are intended for nurses to consider as they seek healthy communication strategies that may be useful in both their personal and professional lives. The role of physicians in primary health care is very high in influencing patients to provide service options in the current universal health era.

6. ACKNOWLEDGEMENTS

We would like to express our gratitude to the postgraduate program of FISIP UNS, Surakarta.

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