

# Health Care Strategy in Improvement of JKN-PBI Patients Satisfaction (Case Study of Health Care of Mental Disorder Patients in Psychiatric Hospital Menur Surabaya)

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**ABSTRACT----** *Health care strategy of each hospital was using complete quality approach which is oriented toward patient's satisfaction, where patient obtain comfortable treatment from healthcare personnel (physician and nurse) in giving healthcare service for JKN-PBI patients. Author was using Symbolic Interaction from Herbert Blumer in reviewing medical healthcare service strategy (physician, nurse). Informant as this study target is medical officer (physician and nurse) also people who use healthcare service in Psychiatric Hospital Menur particularly for those whose one of their family member has mental disorder and own JKN-PBI card. Result of this study revealed that healthcare service strategy given by health care personnel (physician and nurse) in Psychiatric Hospital Menur toward mental disorder patients who own JKN-PBI has done well through interpersonal communication.*

**Keywords---** healthcare service strategy, jamkesmas patient's satisfaction, psychiatric hospital

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## 1. INTRODUCTION

Health is one of the basic need for the people and the country has to assured all of its people, government as the highest institution hold the responsibility for healthcare maintenance and should comply its obligation to provide healthcare service facilities. Efforts done by government to address healthcare service issues is by publishing regulation such as Undang-Undang No 36 year 2009 regarding health. In order to create even distribution of healthcare service, government has started to establish programs directed toward poor people so that every part of the society could enjoy healthcare service in just and fair manner.

Government has always try to improve its service quality for poor people who had one of their family member suffer from mental disorder, particularly in health sector, government has establish Program Jaminan Kesehatan Nasional (JKN). This program Jaminan Kesehatan Nasional (JKN) has replace the program of Jaminan Kesehatan Masyarakat (Jamkesmas) which would in effect started from January 1st, 2014. After the implementation of Jaminan Kesehatan Nasional (JKN), it is expected that people would obtain better and more optimum healthcare service. Jaminan Kesehatan Nasional (JKN) is one form of social security which is meant to secure those poor people, abandoned orphans, abandoned senior citizen, physical and mental disability, ex-chronic disease patients who had incapability in social economy so that their basic needs would be met. This program has the objective to improve healthcare service access for those poor and worse off. Effort in implementation of JKN-PBI is the realization for people's right over healthcare according to Undang-Undang No. 40 year 2004 regarding Sistem Jaminan Sosial Nasional (SJSN), and as part of government's commitment in healthcare development in Indonesia implementation regulation and institution that would be established should be based on Undang-Undang No. 40 year 2004 regarding Sistem Jaminan Sosial Nasional (SJSN).

Hospital has been suggested as success, not only in its superior facility completeness, but also in attitude and human resource service which is a significant element toward treatment resulted and perceived by patients.

If this element was neglected, then in a matter of short time, hospital would lose their patients and would be avoided by patient candidate. Patients would shift toward other hospital who fulfill their hope, and it is something important due to patient is a very valuable asset to develop hospital industry (Anjaryani, 2009).

According to Dinas Kesehatan in East Java Province, in 2007 this activity was initiated with review for people's condition who lived in conflict areas. Early July 2006 through conference, seminar and decimation, review results over health of mental disorder in East Java province, it is determined a *Community Mental Health Nursing* (CHMN) approach which is an approach for mental disorder nursing which can be done by nurse under doctor's monitoring. This was done to anticipate lack of mental health personnel and psychiatric or mental health specialist physician (Dinas Kesehatan East Java Province, 2007). As commonly known, Perhimpunan Dokter Spesialis Kedokteran Jiwa Indonesia (PDSKJI) explained that currently there were only about 500 medical personnel, such as mental health doctors who address about 2.500 patients. It means that every mental disorder physician would handle about 5 mental disorder patients, thus its supervision is not maximum (Depkes RI, 2006).

Based on observation results done in Psychiatric Hospital Menur, one of the cause why most people deal with mental disorder patients using traditional approach by locking their legs with wood was due to low social economy and education level and also family's concern with mental disorder patient's behavior. They concerned with mental disorder patient's raging behavior and hurting other people. To get patients to the hospital is impossible due to its high cost and remote healthcare location. Based on the above explanation, study concerning family behavior who has mental disorder member in their family toward mental disorder handling in psychiatric hospital Menur is necessary to be done.

Primary service strategy suggest that every hospital should do complete quality approach which is oriented toward patient's satisfaction, in order to keep the hospital stay existed in the middle of stronger growth of healthcare service industry. Effort by hospital to stay survive and developed is by improving their service for patients. This was because patients is the main income for hospital, either directly (*out of pocket*) or indirectly through health insurance. Without patient, hospital wouldn't be able to hold on and developed given high operational cost of hospital. Hospital would do anything to improve patient's visit, so hospital should capable in presenting and giving healthcare service, to create patient's loyalty thus generating more visit from patients in future time (Anjaryani, 2009).

Patient would gain *comfortable*/good treatment, sincerity and helping nature of physician, trusting fully toward physician in its healing process, but in reality relationship between hospitals elements such as physician, nurse, officer and hospital's staff with patient is a complex phenomenon. As sociologist candidate, we have the function and task to explain interaction between hospital's elements, such as physician, nurse, officer and hospital's staff with patients who developed and identified important variables which affects relationship between healthcare provider, in this matter physician and nurse, with patients.

High quality healthcare service is healthcare service which could satisfied every service user in accord with average satisfaction level of the people and its implementation is in accord with ethic code and pre-determined service standards. Important elements in effort to improve healthcare service would be patient's satisfaction level as service user. Satisfaction could bear meaning as effort to met something or to make something sufficient (Tjiptono and Chandra, 2007). Patient's satisfaction would depend on service quality. Service is all efforts done by employees to met customer's needs along with service given to them. Service would be said as good or sufficient by patient, and determined by reality if service given could met patient's needs, using patient's perception concerning the received service (satisfying or dissapointing, also how long is service time). Satisfaction process is started from when patient came to the hospital until they leave the hospital. Service would be shaped by 5 *Service Quality* principles, which are speed, accurateness, friendliness, and comfortable aspect of service. Measurement toward service quality level is highly important particularly to improve service quality and to met patient's needs.

Based on the above background, problematic formulation in this study would be: 1) What is medical personnel's healthcare service strategy (physician, nurse) in Psychiatric Hospital Menur in improving JKN-PBI patient's satisfaction?; 2) What is the response from JKN-PBI patient's family toward medical personnel's healthcare service strategy (physician, nurse) in Psychiatric Hospital Menur?

## 2. LITERATURE REVIEW

### 2.1 Symbolic Interactionism Theory

Interactionism theory is one of theoretical perspective in sociology who had diverse rationale root. Symbolic interactionism's key thought were three: the first would be that people *act* toward *thing* based on meaning this thing have on him/her. Therefore, (act) of Hindu follower in India toward a cow (thing) would different with act of Moslem in Pakistan, since for those people this cow had different meaning (Sunarto, 2004).

In short, according to author, symbolic interactionism approach is an approach who directed toward interaction using symbols in communicating, either through movement, language and sympathy, thus it would create response toward the incoming stimuli and make human to do a reaction or act toward the stimuli. In

conducting interaction, movement, language and sympathy is highly important, particularly to interact among society from different tribes and culture. Main capital in conducting interaction within multi-ethnic society is to understand each other concerning habit or culture of other thus conflicted misunderstanding could be avoided (Haryanto, 2012: 73).

Social interaction process according to Herbert Blumer is when human act toward something based on meaning own by this thing for the human. This thing's meaning would come from interaction between one with his/her own kind. Lastly, meaning is not fix in nature but it can be changed. Changing in meaning could occur through interpretation process done by people when they met something. This process was also known as *interpretative process*. This theory is based on idea that people's ability to respon himself as an object has allowed them to communicate with themselves through symbolic usage. So, people conduct interpretation toward the world surrounding and responding to it based on its interpretation (Haryanto, 2012: 75). People (human) has the consciousness and ability to reflect themselves which actively shaped its behavior. The most important capacity to develop when one involved in social interaction would be *mind* and *self*. Mead who conduct study has found out that this capacity is developed in seeing and respond to himself as an object. Individual think and learn how to interact with themselves (Haryanto, 2012: 75).

Social interaction meant by author in this study is interrelationship between patient's family with physician, nurse and JKN-PBI administration staff, through symbols who has different meaning and able to comprehend where this planned communication and objective of this communication is very clear which is to help a patient. From this definition it can be understood that communication also involving interpersonal interaction where nurse would emphasized on effective information exchange. Also for physician and nurse who had dynamic social relationship and the key for all social life would take form as cooperation in giving healthcare service in Psychiatric Hospital Menur. Therefore interaction between physician and patients or patient's family is an important part of patient's satisfaction.

## 2.2 Healthcare Service

According to Depkes RI (2008), healthcare service is every effort done independently or together in an organization to maintain and improve health, preventing and healing disease also to recover individual, family, group and or society's health. Notoatmojo (2010: 51) suggest that healthcare service is a healthcare service sub-system with main objective of preventive and promotive (health improvement) with people as its target.

Healthcare service in this matter is healthcare received in hospital which is service that demand high level of confidence, since healthcare service in hospital would normally accompanied by uncertainty and high risk. Patient would evaluate hospital's service quality based on their interaction with healthcare provider, such as physician and paramedic. This interaction would help to build patient's trust toward physician/paramedic in particular trust toward physician and trust toward medical service quality being offered, since trust is the important aspec in medical treatment relationship. A review conclude that trust toward healthcare service would be highly affected by quality of relationship between medical personnel – patients (Anitasari, 2010).

Kurniati (2013: 13) explain that healthcare service should posses several main requirements, such as: main requirement in giving influence toward people to decide its choice concerning healthcare service usage, that are 1) Availability and Service Sustainability, 2) Appropriateness and People's Acceptance, 3) Accessibility for the People, 4) Affordable and 5) Quality

## 2.3 Healthcare Service Strategy

Service strategy is strategy to give service toward customer with as good as possible quality in accord with the predetermined standard of the company. Service standar has been determined in accord to desire and expectation of customer thus there is no gap between service given and customer's expectation. Service strategy should also formulated and implemented as effective as possible to made service given toward customer is different with its competitor. To formulate and implementing effective service strategy, company should focus on customer so that they would able to make customer in conducting repurchasing, and also obtain new customer (Yamit, 2001). Muninjaya (2012) suggest that there were four aspect that should be paid attention by top management of the hospital in developing healthcare service strategy which are: 1) accountability aspect, 2) service quality improvement, 3) conducive work environment and 4) facilities and financial support policies

## 2.4 Role of Healthcare Service Provider

### 2.4.1 Role of Physician

According to Undang-Undang No 29 year 2004 regarding Physician Practice, physician profession is a medical work done based on knowledge, competence obtain through gradual education and ethical code to serve. Roles of physician could be explained in several behavior such as follow: 1) Physician as educator, which is to give education promotion toward people either individual, family or society, 2) Physician as healthc are service's technology developer, which is in its healthcare practice, a physician is demanded to possess creativity and

initiative in finding and solving problems face by patients in accord with his own knowledge and ability, 3) Physician as community servant, who is required to possess willingness to help, 4) Physician is learner, which is by diverse practice or the existing knowledge development, one could learn and re-teach it toward its peer or other people concerning medical science development.

#### 2.4.2 Role of Nurse

Nurse is one who is educated to become paramedic personnel in giving treatment for ill people or particularly to learn certain treatment in depth. Nurse is one of the most important component and strategy for healthcare implementation. In doing his/her job, a nurse is demanded to comprehend the process and nursing practice standard. Professional nurse profile is the overall image and appearance of nurse in conduct nursing activities in accord with ethical code of nursing which are 1) Role as *care giver*, whereas to give nursing service either directly or indirectly with problem solving approach according to method and process of nursing, 2) Role as educator, where nurse act in educating individual, family, group, community and medical personnel under his care, 3) Role as manager, where nurse has the role and responsibility to manage the service or nursing education according to nursing management, 4) Role as researcher, nurse is expected to be able to identify study problem, implementing study's principles and methods, and using results of study to improve quality of nursing or service and nursing education.

#### 2.4.3 Jaminan Kesehatan Nasional (JKN)

Jaminan Kesehatan Nasional (JKN) developed in Indonesia is part of Sistem Jaminan Sosial Nasional (SJSN). Sistem Jaminan Sosial Nasional is held through the mechanism of Asuransi Kesehatan Sosial which is mandatory in nature based on Undang-Undang No. 40 year 2004 regarding Sistem Jaminan Sosial Nasional (SJSN). Its objective is so that all Indonesian people is protected in insurance system, so that they could sufficiently meet the basic needs of people's health (Kemenkes RI, 2014). Elements in conducting Jaminan Kesehatan Nasional (JKN) would cover: 1) Regulatory, 2) Participant of Jaminan Kesehatan Nasional (JKN), 3) Donor of Health Service and 4) Implementation Agency.

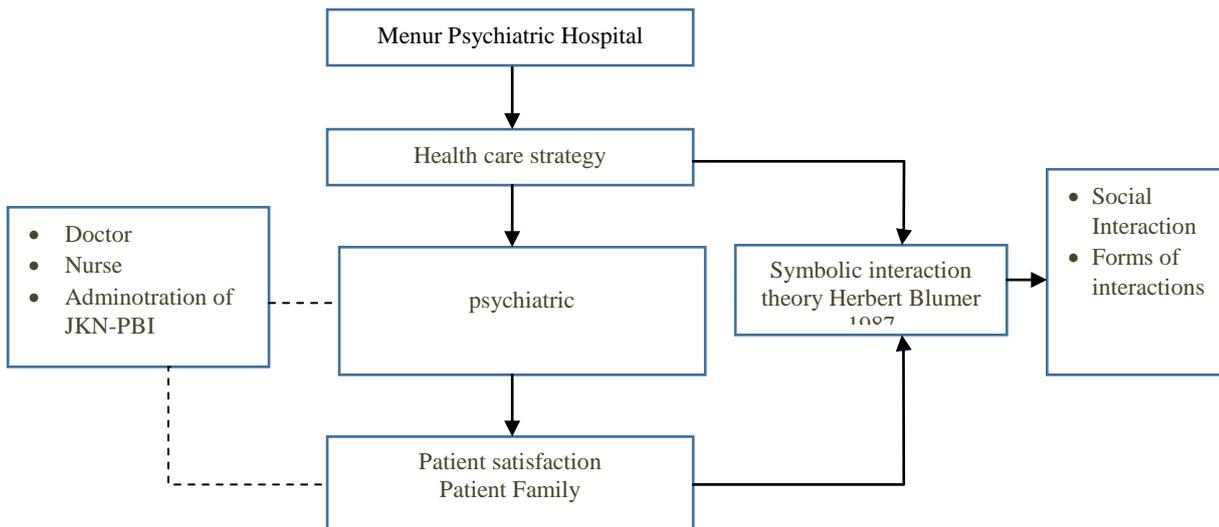
In implementing Jaminan Kesehatan Nasional (JKN), Badan Penyelenggara Jaminan Sosial Kesehatan (BPJS Kesehatan) would refers toward principles as stated in Undang-Undang No. 40 year 2004 regarding Sistem Jaminan Sosial Nasional (SJSN), which are: 1) Togetherness (Gotong Royong), 2) Non Profit, 3) Openness, carefulness, accountability, efficiency, effectiveness, 4) Portability, 5) Mandatory participatory, 6) Trusted fund, 7) Social security fund management result.

#### 2.4.4 Patient's Satisfaction

In passage regarding patient's satisfaction, basic concept that could bring customer to use service in loyally, customer's satisfaction would only formed if customer or patients felt satisfied toward service they receive from the hospital. Satisfaction would also emerge if there is cognitive situation related with equality between result obtained with sacrificed being made. According to Leger in Alfian, people's satisfaction level toward healthcare service would be influence by: 1) Approach and attention by medical service donor, which is physician and administration staff, 2) Information quality received related with hope and reality which also cover explanation of appropriate information, 3) Certain procedures, 4) Length of waiting time, and 5) Supporting facilities (Muhammad, Mukhotib, 2011). In this matter, satisfaction is not only affected from external factor of healthservice donor but also came from the patient (externally and internally), which include education, knowledge, attitude and lifestyle also demography. Externally it would include culture, social, economy and situation at hand. According to Alfian, satisfaction components could also measured by: service given by physician (medical service), service given by nurse (nurse service), existence of equipment and environment of in-patient room which could be felt by patient (facilities), service in papers during admittance, paperwork during release, decision in drug withdrawal letter or medical act letter in hospital. Interaction between physician and patient or patient's family would become an important part of patient's satisfaction.

#### 2.5 Thought Framework

Thought slot of this study has giving rationale slot in broad outline regarding study conducted by author. Thought slot is expected to be able in giving direction or guidance for author to conduct study.



**Figure 2.1: Thought Framework Diagram**

Explanation :

- > : Showing direct relationship of the existing symptom in the field.
- - - - -> : Showing theoretical relevance used in appropriate with condition in field.

Healthcare service strategy given by hospital toward poor community who had member of their family suffers from mental disorder through health program JKN-PBI. This healthcare service strategy would involved medical personnel, nurse personnel and administration personnel. Healthcare service strategy would be reviewed from symbolic interaction theory (Herbert Blummer, 1987). Herbert Blummer has the opinion that symbolic interaction through symbols has different meaning and it is comprehensible, also that planned communication and communication objectives is highly clear which is to help a patient. From this definition it is understandable that communication also involving interpersonal interaction where for nurse it would emphasize on effective information exchange. Then for physician and nurse it would be a dynamic social relationship and a key for all social life taken form as cooperation in giving healthcare service in Psychiatric Hospital Menur. Therefore, interaction between physician and patient or patient’s family would become an important part of patient’s satisfaction.

### 3. STUDY METHOD

#### 3.1 Approach and Type of Study

Based on the thought framework build by author, study design used in this study is qualitative study (Moleong, 2012). This study was said qualitative since it is aimed to explain or give clarity concerning situation or phenomenon on the field based on data collected, it could be describe by words or sentences, separated by categories to obtain conclusion, and then developed into issues and its solution proposed to obtain the truth in the form of empirical data support on the field.

#### 3.2 Study Focus

According to Moleong (2012), focus determination or problem determination in qualitative study eventually would be assured when author is in the arena or in study site. In another word, though problematic formulation is quite good and has been formulated based on studying, reviewing, and supported by certain experience, it is possible that there is circumstances on the field which restricted author to study the problem. Therefore, certainty concerning focus and problem would determined by condition on the field.

This study is focused on healthcare service delivered in micro manner by medical personnel (physician, nurse and administration staff of JKN-PBI) in Psychiatric Hospital Menur toward mental disorder patients, with the hope that patient and his/her family would feel satisfied with service received from healthcare service strategy by medical personnel (physician, nurse and administration staff of JKN-PBI).

#### 3.3 Study Informant

Informant used in this study is medical personnel (physician, nurse), administration staff of Jamkesmas/PBI, patient and patient’s family. While the most important *key information* in this study is patient’s family. In this study, informant selection for study source is chosen through *purposive sampling* technique.

*Purposive sampling* is a technique to determine informant with certain consideration where information or data being collected is chosen from those considered to be knowledgeable and trustworthy to become data source for this study. Informant criteria is 2 physician S.PKj, 4 profession nurse S.PKj, 1 administration staff JKN-PBI, 3 healed patients and 2 patient's family.

Physician criteria as informant is physician with mental disorder specialist. In this study, author would interviewed two physician with mental disorder specialist: dr. D, S.PKj and dr. R, S.PKj whereas both of them has work in Psychiatric Hospital Menur for more than 10 years.

### **3.4 Data Analysis Technique**

Data analysis technique used in this study is qualitative descriptive. This study describes strategy to improve healthcare service quality in order to improve patient's satisfaction who belong to jaminan kesehatan masyarakat through narative description which show problems at hand. Components of data analysis in interactive model are 1) Data collection, 2) Data condensation, 3) Data presentation and 4) Conclusion withdrawing.

## **4. RESULTS AND DISCUSSION**

### **4.1 Healthcare Service Strategy**

#### **4.1.1 Physician Acts in Serving Patients**

Several problems in communicating within medical field has emerge, mostly was caused by lack of understanding in communication by both side, either physician or patients. It is ironic that in the middle of rapid technology development and medical science nowadays, Indonesian people is still less developed regarding health issues. This is reflected from patient's behavior due to its lack of knowledge has given his/her faith entirely toward the physician or hospital therefore they become victim of malpractice, or they would act ignorant and trying to heal themselves. One-way tendency of communication pattern with "arrogant" attitude from the physician also paternalistic pattern has made patient reluctant to ask the doctor. What is worse, lots of myth among people within society regarding health has made patient receiving the wrong information.

In interaction between doctor and patient, relatively higher position of the doctor/physician has made patient reluctant to ask. There is several possibility that cause this to happen: shyness, afraid to be called dumb, or reluctant since the doctor would speak in a language incomprehensible for patient since there is lots of medical term which would confuse patient and make him/her unable to start asking. As a result, patient would give their entire fate toward physician and this physician would decide what medical act to be done without consulting with their patient. Doctor/physician would also sometimes act arrogant, vicious, patronizing toward patient thus they are hard to communicate to. This could be due to doctor's desire to maintain their profession image among people in the community, it is better to restrict communication than talking a lot and can be sometimes unable to answer patient's question satisfactorily.

#### **4.2 Nurse Action in Serving Patients**

In conducting treatment act toward patients in Psychiatric Hospital Menur, therapeutic communication done can be explained as follows:

1. Therapeutic Communication. Therapeutic communication is communication used toward patient in Psychiatric Hospital Menur. It is due that therapeutic communication can be done or planned for therapy objective and this activity is centered for patient's recovery. Included in therapeutic communication stages would be: a) Pre-interaction stage, this is an activity done which covers collecting data concerning patients by exploring feeling, fantasy and scary factors. It include making plans to meet with the patient (activity, time and place), b) Orientation stage, activity in this stage would include giving greetings, say hello and smiling toward patient, introducing nurse's name, asking favorite nickame prefer by patients, explaining responsibility of nurse toward patient, explaining role of nurse and patient, explaining activities about to be done, explaining objectives and time which is needed to conduct activities and explaining confidentiality, c) Working stage, in this stage activity done would cover nurse asking, giving opportunity for patient to ask, asking the main complaint or any complaint which might related with activity implementation, starting activities with good way and conducting activities as planned, d) Termination stage, activities done would include concluding activities results (result and process evaluation), giving positive encouragment, planning follow up with patient, doing contract for next meeting (time, place, topic) and ending activities with good ways. This is happening in communication done by nurses in Psychiatric Hospital Menur in East Java Province. Below are chronological or communication example done by nurses in Psychiatric Hospital Menur with their patients.

2. Interpersonal Effective Therapeutic Communication. On previous data presentation, author has describe what is communication done by nurses in Psychiatry Hospital Menur to persuade patient in conducting treatment activities. Communication occurs is an effective communication since it is fulfilling interpersonal effective communication characteristic which emphasize on: a) Openness, b) Supporting attitude, c) Empathy attitude, d) Positive attitude and e) Equivalence attitude.
3. Form of Verbal and Non Verbal Communication. In persuading patient to do their daily activities, nurses in Psychiatric Hospital Menur would involving verbal and non verbal communication to support the actual communication. As suggested by Hardjana (2003: 26) which stated that in conducting communication it is almost automatically would enclose a non verbal communication, since non verbal communication is fix and always exist. This would create an easy to comprehend communication by all communicants, since they could see non verbal language and hear verbal language which supporting each other regarding message being delivered. Verbal and non verbal language would be described in subsequent sub-chapter.

#### **4.3 Verbal Language Done by Nurse in Psychiatric Hospital Menur**

Verbal language is the main facility which suggests a thought, feeling and intention of someone which in practice verbal language would use words to represents various aspect of reality for an individual (Mulyana, 2005: 238). Nurse in Psychiatric Hospital Menur is using verbal language as its main language to communicate with patient. Such as said by some of the informant:

*“For me, to chat or communicate with patient to get them to their activity usually I met them directly to make it easier to communicate.. if through written message I have never done it since it would be difficult. Just by seeing each other and communicate is already difficult.. if using written message it would be harder” (source: interview result with Mr. Bakri as nurse in psychiatric hospital, in January 24th, 2016).*

*“Well... speaking directly with the patient when asking them to their activity... direct meeting... if not so it is difficult since patients here mostly has mental disorder thus without seeing them directly it would be difficult. It is easier if we met directly with them” (source: interview result with nurse Yul, January 23rd, 2016).*

*“If I want to communicate with the patient, I would rather done it with direct meeting... without any medium. Medium being used would be direct speech... seeing each other and facing him/her face to face is more effective... we can directly hear the sound and see the patient directly. So it give more clarity and easy to ask them into their activity. I have never used any other way to ask beside direct meeting such as this” (source: interview result with Mrs. Yul as nurse in psychiatric hospital, January 20th, 2016).*

#### **4.4 Non Verbal Language Done by Nurse in Psychiatric Hospital Menur**

Non verbal communication according to Mulyana (2005: 312) simply is all signals which is not words. Non verbal usually used to describe all communication events outside spoken and written words, during which at the same time we should aware that there is non verbal event and attitude which would be interpreted through verbal symbols. All nurse in Psychiatric Hospital Menur is using non verbal language toward patient so that message being delivered is easy to comprehend by the patients. Types of non verbal communication in Psychiatric Hospital Menur would be: 1) Kinesic, 2) Haptic, 3) Paralinguistic, 4) Physical appearance, 5) Olfaction and 6) Prosemic.

#### **4.5 Nurse’s Action to Guide Patient in Creating Good Interaction with Surrounding People**

As an example, author observed communication by nurse Yul to ask patient Desna to be involved in treatment activity adjusted to her problematic context. For instance, when asking patient to do activity and he/she didn’t comply, nurse would pay attention toward patient’s behavior from verbal and non verbal aspects. Thus nurse is trying to comprehend the meaning of verbal and non verbal behavior of patients. Nurse is trying to understanding patient’s non verbal behavior as constructed symbolically. Such as in communication of nurse Bakri toward patient Ani:

*Nurse Bakri said, “eh... embarrassed? Embarrassed toward who? Why should be embarrassed? You (Ani) didn’t do anything, why should be embarrassed? (smiling and shaking his index finger right and left)”. Patient shake her head. Nurse Bakri shake his head and moving both his eyebrow upward and then said, “Ani... hey, Ani.. listen to what is said by Bakri... Ani, you’re a*

*good kid... you didn't do anything wrong, why should be embarrassed?" Patient answered, "Noo... aku was mock.. there.. there... (shaking her head)". Nurse Bakri ask, "Being mock? How? Who? (open both hands)" (source: observation in January 12th, 2016).*

#### **4.6 Action of Therapeutic Communication toward Mental Disorder Patients with Violence Behavior**

Implementation of therapeutic communication sometimes creating a gap with the actual therapeutic communication concept in healthcare. First informant state that this was affected by region cultural concerning how to communicate. Thus sometimes to control mental disorder patients with violence behavior, nurse should talk strong and firm toward patients. This act is not in line with implementation of therapeutic communication concept which is to express perception, thought and feeling of patients through persuasive approach. So to implement therapeutic communication, one to emphasized is healthcare personnel's approach toward patient. According to our informant in psychiatric hospital Menur with initial IL suggest that:

*"For us, nurses, if there is patient goin on rampage, restless or showing any other symptom, we would secure him/her by doing temporary fixation. Fixation is done by tightening up patient, after he/she calm down then we would greet him/her, shaking his/her hand, and stating his/her name" (Interview, January 20th, 2016).*

Things done at this stage has been done by all the nurse in psychiatric hospital Menur toward patients, except discussing about time needed to conduct this activity and explained its confidentiality. Below is the example of chronological conversation or communication done by most nurse in psychiatric hospital Menur with their patients, such as nurse IL with his patient, Slamet. Nurse IL would greet his patient with a bit slower intonation,

*"Good morning siir... my name is nurse IL. I would treat you for today. If I may know your name? (extending his hand toward patient while smiling to patient Slamet and showing friendly and open attitude)". At that time patient only look at IL with cynical look and responding his question with the answer, "why are you here... leave, leave, I don't want to see you, why are you here, leave..".*

#### **4.7 Action of Therapeutic Communication toward Silent Mental Disorder Patients**

According to interview extract from nurses of psychiatric hospital Menur, it is known that nurse in the hospital has done communication with particular intention, in which communication done by the nurse has the intention and contain theurapetic element inside it. This communication is adjusted to problems faced by the patients. For instance, for sad patient they would communicate to give support and make the patient no longer feeling sad. If patient is lack in his/her confidence, nurse would motivate patient so that they would feel more confidence. Below is example of chronological conversation by nurse of psychiatric hospital Menur with his patients, in this case nurse Bakri and patient Ani:

*Nurse Bakri said, "if you want to have lots of friend, you should take a bath, right? If you take a bath then you would be pretty and smell good? (smiling). Patient response, "smell good, smell good, smell good" (haltingly)." Nurse Bakri said, "yes.. smell good just like me (Bakri) right.. smell good... since I like to take a bath (tugging her cloth and smile)." Nurse Bakri said, "Ani, you should show.. to your friend that you are pretty and then your friend would like to make friend with you..". Patient nod her head. "Theen.. it means you should take a bath.. to show you friend that you are not bad.. after taken a bath there will be lots who is willing to be your friend... oke? (small voice and nodding)." (source: observation in February 12th, 2016).*

#### **4.8 Nurse's Action in Helping Mental Disorder Patient to Keep Their Self Hygiene**

Nurse also help their patient to keep their self-hygiene, such as bathing them. But nurse is having hard time to maximize patient's hygiene since it is constrained by nurse availability and restricted need for patient to be in treatment room. Thus, to deal with this, nurse always ask a better off patient to help in treating his/her friend. For interview result regarding healthcare personnel action in guiding mental disorder patients to create good relationship with his/her surrounding, we obtain similar statement for all nurse in treatment room Kenanga and Kenari that being interviewed by author. It states that particularly for mental disorder patients, it is not restricted to communicate with person next to him/her without aid from the nurse. According to our informant in psychiatric hospital Menur, nurse with initial Bkr suggest that:

*"For hygiene we bathe them everyday. Of course, by bathing them we would use better off patient to treat his/her friend, so that he/she also have an activity to do. It means that we*

*empower patients to forget his/her halucination. Due to limited facilities, such as toothbrush given by the hospital is mostly about 30, we use it for all the patients. We often reported this to the management but it still would be limited due to budget constraint reason” (Interview, November 22nd, 2015).*

#### **4.9 Monitoring Action toward Mental Disorder Patients**

In monitoring mental disorder patients at Flamboyan room, some nurse would accidentally neglected this due to minimum availability of nurse. The number is highly minimum with 2 nurse in shift to monitor about 122 patients in Kenanga room and 192 patients in Kenari room. Minimal number of healthcare personnel might also cause the neglect in treatment room therefore sometimes there were dispute between patients which could lead to physical injuries and even death of patients. Thus nurse should continually monitoring mental disorder patients.

Other than this, nurse would also conduct monitoring toward mental disorder patients. This cannot be optimally done due to lack of healthcare personnel availability, particularly for nurse. Sometimes there are runaway patients and those involved in dispute with another patients in treatment room. According to our informant from psychiatric hospital Menur, nurse with initial YI suggest that:

*“For nurse there were only 2 of us during the day and the night, therefore lots of patient is locked down in their room. But sometimes they would try to runaway through the window or ceiling. Sometimes there were also patients trying to run away during meal time, since during meal time and showering time they would be out of their room. When medicine was distributed, we would often found out that patients has running away since they didn’t show up during when we call out their name.” (Interview, November 23rd, 2015)*

Based on the above narrative, it can be analyzed that monitoring act toward mental disorder patients should be done by one patient-one nurse, but due to lack of nurse availability, they would locked up patients within a room to anticipate they’re running away. Implementation of therapeutic communication in treatment service has the great role toward patient’s knowledge improvement regarding diseases. Interaction of nurse with patient has facilitate knowledge transfer process and additional information unknown by patients.

#### **4.10 Patient’s Family Response toward Healthcare Service**

##### **4.10.1 Patient’s Family Response toward Physician Service**

Interview result with patient’s family, being her initial Mrs. N in rehabilitation room concerning safety she felt during her visit to the hospital suggest that:

*“Patient’s family suggest that inner room officer is giving a good service, with neat appearance, friendly in giving explanation concerning how to treat patients after they were coming home from hospital. It is clear and comfortable.” (Interview November 24th, 2015).*

Based on the above narrative, it can be analyzed that communication between physician and patient during their treatment is done well. This is important since every instruction required by physician would particularly related with action toward patients, which would help patient’s recovery level. Good doctor would be one that is able to communicate effectively with his/her patients. They should be willing to listen to patient’s complaints, answering and explaining patient’s situation, giving advice and not only prescription thus patient would feel satisfied.

In different situation, there are several patient’s family who felt dissatisfied toward physician service. Interview with patient’s family, being her initial Mrs. K in treatment room concerning safety she felt during her visit to the hospital suggest that:

*“I felt dissatisfied by physician examination. It is not clear, I don’t understand what he was saying, since he talk so little. Why is he so stingy just to speak up, do we have to buy so that he would talk,” said someone after receiving healthcare service previously (Interview January 21st, 2016).*

Based on the above narrative, it can be analyzed that not a good doctor in giving service are those who conduct service not in line with SOP, such as without asking patient’s complaints, did not giving opportunity for patient to say his/her complaints, and did not conduct examination but only read medical track record and then making prescription for patients.

#### 4.11 Response of Patient's Family toward Nurse Service

Interview result between patient's family and author regarding closeness and communication done by nurse toward patient suggest that there is opinion that closeness and good communication is related between nurse and patient, but this relationship only apparent between nurse and better off patients. As being said by patient's family of Mr. B as follows:

*"Well, there is nurse which is close with patients, but not all the nurse is good with patients since there is too many patients in here. If for a doctor, I didn't pay much attention to it," (Interview December 5th, 2015).*

Patient with initial Mr. T suggest that:

*"Everyday during bathe time there are patient bathed by the nurse and helped by other patients (patient who achieve better off recovery)" (Interview November 24th, 2015)*

While opinion from another patient with initial Mrs. S suggest that:

*"Not all the nurse is good, some nurse is vicious if being asked and if they order to do something they would do it while snapping and kicking," (Interview January 22nd, 2016)*

Information regarding patients monitoring suggest that in the beginning he/she would be monitored by the nurse, but now he has freedom to go out. All patients in interview also stated that lots of patients is running away from the hospital because they were not seen by the nurse. There was one of the patient trusted by the nurse to help them monitoring their friends. As stated by patient with initial S who suggest that:

*"Oh, when I first administered here I was forbidden to go out since they thought I would be running away, but not I am no longer forbidden and given the chance by medical personnel to monitoring other patients. Yesterday I caught one who was trying to escape," (Interview November 24th, 2015)*

Statement from patient's family is being supported by author's observation regarding when patients is taking water in a bucket, most patient's hand would be accidentally immersed in the water. Such as suggested by patient's family, Mrs. N:

*"From what I have seen, if coming early in the morning, they were told to take a bath, after that they were given food. Well, I feel glad for that. For medicine, I have seen that medicine is distributed by the nurse. When patients is taking the water on a bucket, sometimes their hand would accidentally immersed in it," (Interview December 5th, 2015)*

Based on the interview result above, it can be concluded that some of the patient's family felt satisfied with what has been done by the nurse in psychiatric hospital Menur, since they always pay attention toward the needs of patients without distinguishing one and other patients. In here, good relationship between nurse and patients is highly needed. Example for good relationship between nurse and patient can be seen from nurse's attitude when they were giving healthcare service toward patient. During conducting this study, author has conduct direct observation when nurse is giving healthcare service. Author has directly seen how nurses works in helping doctors to support patient's recovery. This opinion is in accord with respondent's opinion. They thought that attitude from doctors and nurse who works in psychiatric hospital Menur is quite good.

#### 4.12 Patient's Family Response toward JKN-PBI Administration Service

Looking at interaction in the process of mental disease treatment, hospital with several patient who use Jamkesmas who was interviewed by the author also stated, such as Mr. H who suggest that:

*"I have felt a good service from the hospital either from doctors or nurses in speaking to me regarding my disease recovery process and I am truly grateful for government cooperation program with psychiatric hospital Menur in realizing healthy community and easiness to access healthcare service, particularly for us the poor," (Interview November 22nd, 2015)*

Then Mr. Bahruddin added that:

*"I am patient using Jamkesmas for Psychiatric Hospital Menur. In here I obtain good medication treatment, since during my stay in here the nurses has conduct good interaction. Some I've met is very friendly and I am truly grateful for that," (Interview December 5th, 2015)*

And then Mr. H (from patient's family) added that:

*"Healthcare service from psychiatric hospital Menur in administration service is quite satisfying since I felt it when my brother who also use Jamkesmas card has receive quick administration process," (Interview November 22nd, 2015)*

Moreover, Mr. H. (from patient's family) suggest that:

*"If administration service for Jamkesmas cardholder by Psychiatric Hospital Menur is not as expected, I would disclose my opinion toward the officer why it occurs since I want to obtain my rights regarding administration service as my expectation," (Interview November 22nd, 2015)*

Based on interview result with patient's family particularly for patient who registered in jaminan kesehatan penerima bantuan iuran (JKN-PBI), it can be concluded that administration service for JKN-PBI is

running well and all JKN-PBI patients did not have any difficulties when they were treated in Psychiatric Hospital Menur. All patients in the hospital was receiving service without being distinguished one or the other. If there is patient or patient's family who had difficulties regarding treatment using JKN-PBI card, they would be given clues or direction so that patient would not having difficulties in using their JKN-PBI card. In here, there is good relationship between JKN-PBI administration with patient's family. This is highly needed. Example for good relationship between doctor and patient can be seen from doctor's attitude in giving healthcare service toward patients. During this study, author has conduct direct observation when doctor and nurse is giving healthcare service. Author has seen directly how JKN-PBI administration who works in Psychiatric Hospital Menur is very nice and friendly toward respondents who are Jamkesmas patients. This opinion also in line with opinion from respondents. They thought that JKN-PBI administration staff's attitude who works in Psychiatric Hospital Menur is quite good.

#### **4.13 Strategy Development for Medical Personnel Service in Psychiatric Hospital Menur**

Healthcare service strategy given by psychiatric hospital Menur concerning giving healthcare service would include: 1) Addition new medical personnel in psychiatric hospital Menur in accord with community's needs particularly still in MoU with other hospital, 2) Maintain giving optimum healthcare service for poor people, such as cooperation with Liponsos and Dinas Sosial Kabupaten/Kotamadya including UPT Dinas Sosial, 3) Involving the community in socialization of promotive and preventive activities for the people concerning the importance of mental health in particular, such as children and adolescent mental health training for elementary school teachers, drug counseling for junior and senior high school students, interactive dialogue in television/radio etc, 4) Improving healthcare service integration, particularly for mental health through Hospital in Kabupaten/Kota and Puskesmas to enlarge the scope of mental health service for the community, 5) Held *family gathering* for drug abuse patients and mental rehabilitation to support optimum treatment and recovery for patients, 6) Improving cooperation with government of Kabupaten/Kota in order to address issues regarding mental disorder patients within community, particularly in realizing the program of East Java Governor which is "East Java Free of Pasung (Wooden traditional lock)" such as: releasing victim of pasung, treatment of mental disorder patients in Kabupaten/Kota with high level of mental disease prevalence.

## **5. CONCLUSION AND SUGGESTION**

### **5.1 Conclusion**

Result of this study revealed that healthcare service strategy given by medical personnel (doctors – nurse) in Psychiatric Hospital Menur toward mental disorder patients who use JKN-PBI has been done well. Communication between doctor and patient, should be done in particular manner, so that there is no gap between doctor and patient. One of communication activity done by doctor when facing a patient is anamnesa, which is to dig in disease record suffered by patient. If in anamnesa the doctor is able to completely dig up patient's disease track record, then diagnose and therapy done by doctor toward patient would be more effective.

Nurse in psychiatric hospital Menur has used therapeutic communication to communicate with their patients. It is consist of pre-interaction stage (self-preparation), orientation (introduction), working stage and termination (evaluation). This communication would done by involving interpersonal communication within it. Nurse would do different communication toward patient to persuade their patient and adjusting it according to patient's problems, such as nurse would give messages which contain psychological therapy element like giving sentences with motivational, supporting or praising elements. Besides, nurse would also use empathy, positive attitude, supportive, openness and equality toward his/her patients. Nurse also use non verbal language to clarify messages being delivered so that it would facilitate the nurse in persuading patient to conduct his/her treatment activities.

Based on interview results toward patient's family, author could conclude that healthcare service delivered by medical personnel (doctor – nurse) can be categorized as good, well mannered, and friendly thus it would satisfy visitor who come and getting treatment in psychiatric hospital Menur, although there were still some medical personnel either doctor or nurse who still involved in treatment which is not in line with their SOP. The above description showed that there is relevance between therapeutic communication and interpersonal communication. In order to do this therapeutic communication process, nurse would also involving characteristic of effective interpersonal communication.

### **5.2 Suggestions**

Suggestion for future researcher is they should conduct study not only restricted in communication but also in applying communication into other field. It is known that from the study done in here, communication science is also have the role in health field, particularly regarding interpersonal communication. For subsequent study, those who wants to conduct study regarding therapeutic communication could raise their study from

complete patients recovery process. In this study, we only discussed nurse's focus to persuade patients to do their treatment activities.

It is expected that nurse in psychiatric hospital Menur in East Java Province would use better interpersonal communication, though they had already use interpersonal communication, nurse still not fully informed about interpersonal communication. Thus it is expected that this study results would be useful in helping nurse to treat their patients using interpersonal communication approach. Author expect that nurses in psychiatric hospital Menur would become more informed about non verbal communication theory or their body language. In actual, nurse in this hospital has already done it but in knowledge or theoretical scope they only know part of it such as doing body language in natural manner. From this study, it is expected that this result would increase the knowledge concerning non verbal communication or body language which would be able to support better communication of the nurse. Thus it is expected to facilitate the nurse in handling their patients.

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