

Improving Knowledge And Learning Effective Communication In Patient Right Or Responsibilities At Hospital

Erlina Puspitaloka Mahadewi^{1*}, Ade Heryana², Erwin Agustian Panigoro³,
Fori Yumita⁴

^{1,2}Public Health Study Program, Faculty of Health Sciences,
Universitas Esa Unggul, Jakarta Indonesia

³Department of Communication, Faculty of Social and Political Sciences, Universitas Indonesia

⁴RSKJ Soeprapto Hospital Jalan Bhakti Husada, Lingkar Barat, Bengkulu Province Indonesia

* Corresponding author:

Email: erlina.puspitaloka@esaunggul.ac.id

Abstract.

This present study is for achieve improving the process of education and information provided to patients, patients' families, and meeting the hospital accreditation standards, it is necessary to increase the ability and skills of hospital staff regarding effective verbal and non-verbal communication between doctors, nurses, patients, and patients' families in RSKJ Soeprapto Bengkulu Province Indonesia. Effective communication training that has been carried out before has not covered all staff who have been given education, where the requirements for health workers according to accreditation must take part in effective communication training and the rights obligations of family patients (HPK) and be certified. The purpose of this activity is to provide theoretical and practical knowledge to educators on how to establish effective communication between doctors, nurses, patients, and patients' families at RSKJ Soeprapto Bengkulu Jakarta. The method of implementing this activities are carried out in 2 (two) stages, the first stage is 80 people in July 2019 and the second stage is 58 people in June 2020, with 4 (four) sessions: 1) Pre-test by giving questionnaires to participants regarding effective communication, 2) Delivery of effective verbal and non-verbal communication materials, 3) Effective communication exercises and HPK (Role Plays and Simulations), and 4) Post-test by giving questionnaires to the audience according to the related training materials. The results of pre and post test data processing: healthcare management, workers, and educators of RSKJ Soeprapto Bengkulu understand and are expected to be able to provide health education and communicate well, precisely, clearly, completely, accurately, and can be understood by the recipient (communicant) in this case the patient and his family. In the future, it is expected hospital to reduce errors and improve health service improvements for the hospital management, patients, families and among hospital staff by knowing and having the same perception in the application of their rights and obligations in hospitals also the effective communication.

Keywords: *educator, effective verbal and non-verbal communication, healthcare education, patient's rights and obligations.*

I. INTRODUCTION

The new paradigm of service in the healthcare sector that has changed at this time has shifted to focus on the patient, it must be addressed by increasing the knowledge and skills of human resources, especially in the field of communication which can often make various information that should be received by patients, which is the patient's basic rights, become invalid, well conveyed. In every healthcare company especially hospital, whether in the field of health, services, trade or companies in other fields, communication is one of the most important things that will become the foundation of the company's strength to continue to thrive and even grow bigger[1]. It is very important that we are often familiar with effective communication. There are so many who underestimate the importance of communication skills that every employee should have in any field of work, especially in the field of health services. The process of communicating certainly involves more than one person, so there is a sender and a receiver. In this training we will discuss in more detail each of these parties when

providing and receiving information. Example: instructions or orders from a Deputy Director or Hospital Manager given to the Division Head are forwarded to the Supervisor until a staff member can be received or interpreted differently. Effective communication is needed in Health Facilities, especially Hospitals in delivering information and education to patients and families[2].

This is done from the first time the patient comes to the Health Facility and meets with officers, ranging from emergency room doctors, front office staff, nurses, midwives, pharmacists, analysts, nutritionists, radiographers, all doctors and therapists. The stages of providing information and education to patients and families are assessment-identification of educational needs, implementation of information and education activities and verification of patient understanding of the information and educational materials provided[3]. Based on the Decree of the Minister of Health in 2020 where the paradigm shift of the new accreditation standards applied to health services is focused on patients. Patient Safety is the main standard, considering that patient safety is a problem that needs to be addressed immediately in hospitals, and this assessment must be in accordance with Patient Safety standards that must be applied in hospitals and the assessment is carried out using Hospital Accreditation instruments. Compliance with Patient Safety Standards in the Accreditation standard above, where 7 (seven) patient safety standards must be applied by the hospital, one of which reads, "Communication is the key for staff to achieve Patient Safety". Mental health and psychiatric hospital as one of the main healthcare facilities and providers that provide health services to the community has a very strategic role in accelerating the improvement of public health status. Therefore, hospitals are required to provide quality services in accordance with established accreditation and quality standards and can reach all levels of society[4][5].

Various types of health workers with various scientific tools interact with each other. On this basis, a good way of communicating for the staff and Human Resources in the Hospital is one of the assets in competing and becomes a competency that must be mastered by hospital officers in each department. This is to anticipate the above demands in order to practice effective communication with patients, it is necessary to improve the quality of human resources in hospitals so that they are more ready to serve family patients in a professional and quality manner[3]. Learning and training in topics such as Effective Communication and Patient and Family Obligations Rights, for Hospital Staff, is expected to be able to provide direction and improvement which is also significant in stages to all staff and human resources at the RSKJ Soeprato, psychiatric hospital in Bengkulu Province. Hospitals are responsible for providing health information needed by the community. Hospitals are obliged to provide true, clear, and honest information regarding the rights and obligations of patients and their families[6]. Patients are entitled, among others, to the following:

1. obtain services that are humane, fair, honest, and without discrimination;
2. obtain effective and efficient services so that patients are protected from physical and material harm; and
3. obtain information which includes diagnosis and procedures for medical action, objectives of medical action, alternative actions, risks, and complications that may occur, and prognosis, for the actions taken as well as the estimated cost of treatment.

Every healthcare worker who works in a hospital must work according to professional standards, hospital service standards, applicable standard operating procedures, professional ethics, respecting patient rights, and prioritizing patient safety. Mental Health Services include components of psychiatric medical services, medical support services, rehabilitation and care services. These services are carried out through outpatient units, inpatient care, emergency care and rehabilitation care, emergency care and rehabilitation care, while also paying attention to physical disorders in mental health patients[5]. Communication cannot be separated from human life, both as individuals and as members of society. It is needed to regulate social etiquette between humans, because communicating well will have a direct and indirect influence on the balance structure of a person in society. The purpose of communication is to create and provide mutual understanding between fellow communicators the

senders and their communicants or recipients, containing truth, complete information, including all interesting and real. Organizational communication will be more effective if they need each other, good team work and is done face to face[7]. Communicating with people with mental disorders requires a special technique. People with mental disorders tend to experience impaired self-concept. Communication with people with mental disorders requires a basic knowledge of the correct science of communication, the ideas they throw up sometimes jump, focus on topics can be low, the ability to create and process words can be chaotic[8][9]. The objectives of this learning process and service activities are:

1. Provide theoretical and practical knowledge to health workers and hospital educators on how to establish effective verbal and non-verbal communication between doctors, nurses, patients, and patients' families at RSKJ Soeprapto Bengkulu;
2. Improving the quality of services in accordance with established standards and can reach all levels of society;
3. Train health workers and internal educators to provide health information needed by the community; and
4. Improving the effectiveness of internal and external communication in mental hospitals.

II. METHODS

The learning methods used are the REACH and SBAR techniques, in efforts to increase the capacity and skills of health workers in hospitals, especially to build effective communication in order to better support the health services that have been running so far at RSKJ Soeprapto Bengkulu:

- Good communication techniques using the REACH method (Respect, Empathy, Audible, Clarity and Humble), for good application and communication techniques
- Effective communication based on SBAR framework (Situation, Background, Assessment, and Recommendation) for aspects that must be built in effective communication
- Tips and tricks to become a good Health Educator in the Hospital

The implementation of Effective Communication learning and training was carried out using a self-management method in the Ratu Samban Hall Building, RSKJ Soeprapto Hospital Bengkulu, which was attended by 138 people consisting of doctors, nurses, health workers, board of directors, and management of RSKJ Soeprapto Bengkulu. Training and learning are divided into 2 (two) stages in years 2019 and 2020. This study uses qualitative methods using survey tools, pre-post tests, and informants, so that they will be able to produce accurate and accountable data and the data can be used for further research as well as in the future to be able to answer the problems of this research. Each stage of this activity is carried out in 4 (four) sessions, namely:

1. Pre-test by giving questionnaires to participants regarding the training material
2. Submission of effective verbal and non-verbal communication materials (in stage 1); rights and obligations of the patient's family (stage 2);
3. Exercise in Role Plays-Simulation; effective communication and rights and obligations of patients and families
4. Post-test by giving a questionnaire to the training participants related to the training material.

III. RESULT AND DISCUSSION

Organizational communication in health services will be more effective if they need each other and are carried out face-to-face. For this reason, a leader must communicate with his subordinates in a good, polite, and gentle, and soothing manner[10]. This can be shown in the form of attention given to subordinates, the leader must be open and honest. Vice versa, employees convey their intentions, so that they are delivered in a warm and friendly atmosphere, so that leaders get inputs as input for evaluating organizational development. Mental disorders are of various types, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviors, and relationships with other people[8]. Examples are

schizophrenia, depression, intellectual disability, and drug abuse disorders. Therapeutic communication techniques are interactions between nurses and patients by focusing on the special needs of patients to improve the message exchange process[11]. In addition, therapeutic communication can encourage collaboration between nurses and patients, express feelings, examine problems, evaluate actions taken by nurses, reduce the burden of feelings/thoughts, and take effective and efficient actions for patients.

Therapeutic communication is a non-medical treatment that has a very dominant influence in the healing process of mental patients, including those with hallucinatory mental disorders[12][13]. Some of the things discussed in the material in this HR training are: able to identify the rights and obligations of patients and their families, able to identify and resolve communication problems effectively between PPA and patients and their families, provide knowledge and guidance to Caregiver Professionalism (PPA), regarding how to communicate with patients, patients' families and between health workers, conclusion do not talk at length in a short opportunity; put personal problems aside into the profession; remain friendly and humble in carrying out health service duties, especially during the covid19 pandemic[14]. As Public Speakers (communicators), doctors and nurses must understand the 3V's, namely: Verbalization (choice of words), Vocalization (voice quality), and Visualization (appearance). These three pillars in public speaking can be implemented in communication between doctors and nurses, fellow doctors, fellow nurses, doctors or nurses to patients, and doctors/patients to patients' families[15]. Before starting to communicate, a communicator (doctor/nurse/healthcare or hospital staff) must understand that:

1. Communication is not an unlearned problem;
2. There is no need to be expert and perfect to explain something;
3. Communication from the doctor/nurse to the patient's family can be done by understanding what they need and asking, answering according to questions, providing brief and specific explanations, and always trying to entertain.
4. In communicating, Health workers should avoid criticizing, accusing, and blaming others, drawing arbitrary conclusions, expecting the communicant to understand without being explained, raising their voice, making them feel intimidated, sarcasm.

Verbalization

Communication from doctors to nurses can be done by giving specific and chronological instructions, using terms that can be understood by both, using the word help, and appreciating all the help of nurses and other health workers. Communication from nurses to doctors or vice versa can be done by saying straight to the point, willing to always help, always providing confirmation, reporting in a timely manner, willing to learn, and not too emotional. Communication to fellow doctors or nurses is to prioritize the profession to help the community, especially in the health sector[16]. Communication from doctors or nurses to patients, can be done by analyzing the patient's willingness to communicate, calm down, reduce distractions such as cellphones, TV, radio, etc., maintain eye contact, smile, and soft voice, and touch their shoulders gently and gently. ask things outright. Sentences can be arranged one sentence at a time, have a conversation about everything they clearly see or feel, listen more, repeat what they say, always ask for opinions/suggestions/permissions, and use humor when relaxed[17]

Patients and their families are usually easily hurt, anxious, humiliated, overwhelmed, and overly emotional. So as individuals who will establish communication with patients must be careful in choosing the language and provide education and explanations about medical diseases in layman's language. Avoid language that treats them as if they are different from others, assumes they are always wrong, gives abstract statements, brings up mistakes, expresses despair, gives rude instructions and so on. Instead, state gently, make it clear that you understand them, show that you care about them, always offer help, make clear statements, and show that you can always and have time to listen to them[9].

Communication Effective & HPK	Mean±SD	Mean difference	(N=138)
			<i>p-value*</i>
Pre-test	3.78±1.09	-1.00±1.32	0.083
Post-test	4.78±0.83		

*wilcoxon signed rank test

Fig 1. Pre-Post Test Score Results on Effective Communication and Patient Responsibilities at RSKJ Soeprapto Hospital Bengkulu

Vocalization

In communicating, we must pay attention to speed, volume, pitch, power, tone, vibration, dynamics, and breath. Communicators must also pay attention to intonation, articulation, emphasis, and pauses. Communicators must also train to speak with a diaphragm, speak slowly with a steady volume, using dynamics to regulate the communicant's mood. To practice speaking with the right vocals can be done by: practice speaking with the diaphragm; adjust the volume and speak without haste; use dynamics in speaking especially for patients and entertain them with funny sounds to get their attention. Clarity of articulation must also be considered[5].

Visualization

Doctors, nurses and/or all health workers must always pay attention to appearance, because patients with all health conditions are individuals with difficulty concentrating, an attractive appearance can help. Communicators must pay attention to posture, clothing, gestures, symbols, eye contact, and facial expressions[4]. Patients often have difficulty focusing, so an attractive and presentable appearance will be enough to attract their attention. In improving patient and family compliance in taking medication regularly, it turns out that the use of the phrase "3 times a day" is not effective enough. The communicant will more quickly digest quantitative information specifically (fine granularity), or what is called the Granularity Effect. So, another sentence that can be chosen is "every 8 (eight) hours".

Variables	n (%)
Gender	
Female	110 (80.0)
Male	28 (20.0)
Age years	37 (17-53) ⁵
Education	
Diploma	97 (70.0)
College	41 (30.0)
Communication & HKP Training	
Once	110 (80.0)
Never	28 (20.0)
Length of work, months	19 (8-48) ⁵

¹N=138; ²N=5, ³N=8

Fig 2. Characteristics of Effective Communication Training and Patient Responsibilities at RSKJ Soeprapto Hospital Bengkulu

IV. CONCLUSION

There is an increase for questions number one and five. Where 75% of the training participants, which is about 103 out of 138 participants answered correctly, which means that the participants are able to understand and know about communication and the patient's rights and obligations inside RSKJ Soeprapto hospital. After participating in Effective Communication Training and Knowledge of Patient and Family Rights and Responsibilities, all staff at the Soeprapto Bengkulu Mental Hospital are expected to be able to:

1. Understand policies and guidelines for providing health education in a systematic, communicative, and informative manner
2. Provide health education to patients and their families effectively
3. Produce hospital staff who are able to become Health Educators in hospitals and can better understand how and the process of conducting health education in hospitals in a friendly and targeted manner, especially regarding the explanation of the rights and obligations of patients and their families.

Based on the the results of the pre-test and post-test in Fig.1 and Fig.2 shown a significant difference in participants' knowledge of communication. This can be caused by the number of samples, so the variations in the differences are quite significant. But if we look more closely for each number of questions, the biggest increase is in the first and fifth questions which increase by about 70% and 45%, respectively. The results of this activity indicate that there is still a great need for follow-up, especially for hospital management to conduct training on learning interpersonal and sustainable communication skills. Based on questions and answers and discussions with participants, education learning about communication and its relation to the patient's family right and obligation actively in focus group discussions has not been widely carried out. If look at the characteristics of the participants, most of whom have less than three years of experience in communicating, this shows that intensive training is needed for hospital staff to be more confident and practice in delivering good and effective communication for the best hospital service standart in the future.

V. ACKNOWLEDGMENTS

The authors are grateful to the BOD, hospital management, and all staff RSKJ Soeprapro Bengkulu Province Indonesia for their support to the learning, training and research, also to the colleague team for the invaluable advices.

REFERENCES

- [1] S. Folland, A. C. Goodman, M. Stano, S. Folland, A. C. Goodman, and M. Stano, "Economic Efficiency and Cost-Benefit Analysis," in *The Economics of Health and Health Care*, 2018.
- [2] R. Agustina *et al.*, "Universal health coverage in Indonesia: concept, progress, and challenges," *The Lancet*. 2019, doi: 10.1016/S0140-6736(18)31647-7.
- [3] W. Quentin *et al.*, "Paying hospital specialists: Experiences and lessons from eight high-income countries," *Health Policy (New York)*., 2018, doi: 10.1016/j.healthpol.2018.03.005.
- [4] The Joint Commission, "National Patient Safety Goals Effective January 1, 2016. Hospital Accreditation Program.," *Jt. Comm.*, 2016.
- [5] Joint Commission International, "JCI Accreditation Standards for Hospitals," *Jt. Comm. Int. Accredit. Stand. Hosp.*, 2015.
- [6] C. F. Hofacker, E. C. Malthouse, and F. Sultan, "Big Data and consumer behavior: imminent opportunities," *J. Consum. Mark.*, 2016, doi: 10.1108/JCM-04-2015-1399.
- [7] H. Thabrany and Z. Abidin, "Evaluation of The National Drug Formularium and Electronic Catalog For The Indonesian UHC," *Value Heal.*, 2017, doi: 10.1016/j.jval.2017.08.2749.
- [8] Ministry of Health of the Republic of Indonesia, "Indonesia Basic Health Research, 2018," 2018.
- [9] R. Khana, M. M. Singh, F. Damanhoori, and N. Mustaffa, "Investigating the importance of implementing ethical value on a healthcare system within a social media context," *Int. J. Innov. Creat. Chang.*, vol. 12, no. 5, 2020.
- [10] WHO, "Together on the road to universal health coverage: A call to action," *World Heal. Organ.*, 2017.
- [11] W. Quentin, D. Scheller-Kreinsen, M. Blümel, A. Geissler, and R. Busse, "Hospital payment based on diagnosis-related groups differs in Europe and holds lessons for the united states," *Health Aff.*, 2013, doi: 10.1377/hlthaff.2012.0876.
- [12] C. E. Phelps, *Health economics*. 2016.
- [13] E. Puspitaloka Mahadewi, I. Putri Yanuarti, A. Heryana, and R. Kusumapradja, "The Effect of Exclusive Breastfeeding in Grogol Petamburan Health Center," 2020, doi: 10.5220/0009950026572662.

- [14] L. Gurrieri and J. Drenten, "Visual storytelling and vulnerable health care consumers: normalising practices and social support through Instagram," *J. Serv. Mark.*, vol. 33, no. 6, 2019, doi: 10.1108/JSM-09-2018-0262.
- [15] BPJS, "BPJS Kesehatan," *Badan Penyelenggara Jaminan Sosial*, 2017. .
- [16] F. Ihler and M. Canis, "The role of the internet for healthcare information on ENT specific issues," *Laryngorhinootologie.*, vol. 98, 2019, doi: 10.1055/a-0801-2585.
- [17] T. Şahin, S. Ocak, and M. Top, "Analytic hierarchy process for hospital site selection," *Heal. Policy Technol.*, 2019, doi: 10.1016/j.hlpt.2019.02.005.

Unggul

Universitas
Esa Unggul

Universitas
Esa U

Unggul

Universitas
Esa Unggul

Universitas
Esa U