

## SUMMARY

### **Interactive Communication Effort to Increase Patient's Satisfaction in Baturiti II Public Health Center of Tabanan Regency**

Interactive communication is a technique used to invite clients and their relatives to exchange thoughts and to express feelings. This technique covers verbal and non-verbal skill, empathy, high interest and consideration. Verbal technique consists of open and close questions, or to find profound answers, or to validate client's response. Non-verbal technique comprises of active listening, being silent, touching, and making eye-contact.

The essence of an interactive marketing by doctors, nurses or other health staff is in fact a professional communication between doctors/nurses and patients in curative and healing process. As it is, an interactive communication in marketing is analogical with therapeutic communication.

The background of this research is the poor service quality of the outpatient unit based on the 2002 – 2005 stratification result of Baturiti II Public Health Center (PHC). A survey of patient's satisfaction with RATER dimension, also emphasizes patient's dissatisfaction in regards to assurance, empathy and responsiveness correlating to how the health staff carry out communication to patients during service performance.

From the given condition, the observed problem of this research is the outpatients' low satisfaction towards health staff interactive communication throughout medical and nursing service in Baturiti II PHC. The research aims at formulating interactive communication effort in order to improve patient's satisfaction in Baturiti II PHC.

This was a descriptive observational research conducted with structured observation on doctor's and nurse's interactive communication process at the general polyclinic of the Baturiti II PHC. Analysis was done interrelated with organization, occupation and human resource characteristic factors. Patient's feed back -on patient's expectation of interactive communication- was also analyzed. The research location was Baturiti II PHC in Baturiti District, Tabanan Regency, and the length was in 1.5 months starting from May 15<sup>th</sup>, 2006 until June 30<sup>th</sup>, 2006. The research observed 2 PHC physicians and 6 PHC polyclinic nurses. Interactive communication was observed throughout the management of Acute Respiratory Tract Infection (ARTI) cases with a total sample method. Data was analyzed descriptively on organization, occupation and human resource characteristic factors, and also on the correlation with the implementation of staff interactive communication.

The result showed that 1) on organization factor: most PHC staff had never attended any training or seminar about interactive communication and ARTI management; and lacked of supervision and cultivation by the heads of PHC and Regency Health Office as well; 2) on occupation factor: incomplete PHC medical and non-medical facilities; and lacked of maintenance; and 3) on human resource characteristic factor: staff knowledge regarding interactive communication and ARTI management were minimum; and lacked of staff reading interest; 4) during interactive communication process, PHC staff was divided into 4 observed components i.e. attending skill, respect, empathy and responsiveness. The implementation of staff attending skill component was in good category, but the respect component was in low category because PHC staff was in rush. From 11 empathy components, there were 7 components in low category i.e. most PHC staff did not listen seriously to

patient's grievances, PHC staff did not explain in pertaining to patient's illness, most PHC staff had no interest nor attention towards patients; no meticulous interview on history of illness, PHC staff did not explain about home-care, most PHC staff did not clarify the use of medicine at home, most PHC staff did not advise patient to re-visit the PHC should patient's condition get worse, and no detailed specification of what "worse condition" was. From the implementation of responsiveness, there were 2 components in low category i.e. most PHC staff did not offer their help immediately to suffering patients, and PHC staff had not been able to manage patient according to Standard Operating Procedure (SOP).

The conclusions were as follows: 1) to provide a good interactive communication in order to satisfy patients, the PHC staff must possess intellectual and human relation skills, professional attitude comprised of being involved, respect, empathy and genuine feeling. It can be supported by trainings to develop knowledge and skill in interactive communication and to develop good attitude in performing health service; 2) routine supervision and nurture; 3) job description according to self-competence; 3) health service SOP; 4) appropriate PHC facilities in quality and quantity-wise; and 5) PHC staff positive attitude.

The recommendations are 1) in order to improve PHC staff knowledge, skill and attitude, training and development of human resources is a compulsory; 2) management support and reward for PHC staff to follow training for up-dating knowledge, supervision, and observation; 3) other efforts to increase professionalism such as describing job according to staff competence, optimizing the present PHC tools and infrastructures, presenting SOP for all PHC activities and building commitment to provide excellent service.

**ABSTRACT****Interactive Communication Effort to Increase Patient's Satisfaction  
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The essence of an interactive marketing by doctors, nurses or other health staff is in fact a professional communication between doctors/nurses and patients in curative and healing process. As it is, an interactive communication in marketing is analogical with therapeutic communication. The background of this research is the poor service quality of the outpatient unit based on a survey of patient's satisfaction with RATER dimension, emphasizing patient's dissatisfaction in regards to assurance, empathy and responsiveness correlating to how the health staff carry out communication to patients during service performance. The research aims at formulating interactive communication effort in order to improve patient's satisfaction in Baturiti II PHC.

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**Key words:** interactive communication, patient's satisfaction, respect, empathy, responsiveness