

Analysis of Therapeutic Communication of Delima Midwives in Antenatal Care Services in Pekanbaru City

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ABSTRACT

The number of MMR in Indonesia is high among ASEAN countries, one of the causes is the low level of health services obtained during pregnancy. This condition can be prevented by regular and focused ANC by midwives who are skilled at therapeutic communication so that the visit of K1-K4 pregnant women can be realized. Pekanbaru has a coverage of K4 pregnant women visits that are still below the target, lower than K4 coverage in several other districts in Riau Province, one of the causes is due to the lack of maximal therapeutic communication for midwives in providing midwifery care. The purpose of this study was to determine how the stages of Therapeutic Communication of Midwives Delima in Antenatal Care services in Pekanbaru City. This study uses a qualitative approach, observation techniques, in-depth interviews, literature and documentation. The data collection technique was purposive, the informants were 4 midwives, 4 pregnant women patients in 4 clinics in the city of Pekanbaru. This research approach uses the phenomenological method with constructivism paradigm and symbolic interactionism theory. The results showed that the therapeutic communication performed by the midwife was not in accordance with the recommended therapeutic communication phases so that the benefits of the care were not maximized. It is hoped that midwives can improve their therapeutic communication skills properly according to the recommended stages so that the benefits of midwifery care provided can further increase patient knowledge, patient motivation and confidence in being able to give birth normally.

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1. Introduction

One of the health problems in the world is the high maternal mortality rate (MMR). MMR in Indonesia, although the number has decreased from 359 per 100,000 live births in 2012 to 306 per 100,000 live births in 2019, Indonesia is among the highest among ASEAN countries (1). According to WHO in (2), maternal death cases occur between 33-50% which is closely related to the low level of health services obtained during pregnancy. Meanwhile, the largest contributors to the causes of maternal death were pre-eclampsia or eclampsia, antepartum hemorrhage and infection, respectively (3). One of these conditions can be prevented by regular and focused ANC by health workers who can apply therapeutic communication well so that the visit of K1-K4 pregnant women can be realized (4).

Riau Province is one of the provinces where the coverage of K4 pregnant women visits is still far from the target of 76.16%, and Pekanbaru city as the provincial capital has 84.66% coverage of K4 pregnant women visits, lower than the K4 coverage of several other districts. (5).

Midwife Delima is one of the health workers who have an important and strategic position in reducing MMR and IMR, therefore the knowledge, friendly and wise attitude, full responsibility, and creativity of the midwife can help the client's recovery which is reflected in therapeutic communication to clients as an effort to keep clients healthy (6). However, not all Delima midwives can communicate well with clients therapeutic. Therefore, researchers conducted research on the Analysis of Therapeutic Communication for Midwives Delima in Antenatal Care Services in Pekanbaru City.

2. Method

This study uses a qualitative method with a phenomenological approach design using the constructivism paradigm and symbolic interactionism theory. The research location is in 4 (four) places of Primary Clinic / Independent Practical Midwives (BPM) Delima Midwives in Pekanbaru city. The subjects of this study were the Delima Midwives in Pekanbaru City as the main informants and clients or ANC patients who had their pregnancy checked by the midwife as key informants. The technique of selecting informants in this study was taken based on purposive sampling with research

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variables Pre-interaction phase, orientation phase, work phase, termination phase. Types of data collected are primary data through deep interviews and observations and secondary data through data tracing either through agencies, institutions, The analysis used is a thematic analysis that allows researchers to find patterns that other parties do not see clearly.

3. Research Results and Discussion

3.1 Research result

a. Pre-Interaction Phase

From the results of interviews and observations, it shows that the informant is ready to communicate therapeutic with the client, so that the informant can make the client feel comfortable when seen from the results of the interview with the key informant. Informants appear confident when meeting patients and can act professionally. The informant explained that he did not have a special way to prepare himself and how to approach the patient so that the patient was comfortable checking for pregnancy with an informant, the important thing was to prepare ANC equipment, medicines, a clean and comfortable place, be good at maintaining patient privacy and friendly and servicing the patient. that's what needs to be done. This can be seen in the following quote:

"Mother, if you see a patient, just relax. Mother doesn't have to wear special midwife clothes, right? Later, I will be afraid of the patient like seeing a doctor. In fact, patients like to go to midwives because we do not use formal, formal services for our patients. The important thing is that the patient is comfortable with us. Do not let us bitch with patients. So the important thing is we listen to the complaints "

(Main Informant 1)

"Mother, I don't have any special preparations when I see a patient. There are no special tricks for mothers to deal with this patient. The important thing is not to have our bad name with this patient. In order for the patient to be comfortable, he will convey his complaints, the important thing is that our examination room is comfortable, right? If he tells about his disgrace, we should not tell others, our good name will be ruined later. The important thing is that the patient is comfortable and we can find out about their complaints and we provide solutions.

(Main Informant 2)

"The general preparation of the mother, nyo ki... Most prepare the ANC check tool, the vitamins and the medicines. If she needs to be referred then we will refer you. If the approach with the patient is like that, ki ... We ask what the complaint is, if there is no special approach or special preparation. If our clinic is clean, tidy, maintain patient privacy and our service is friendly, I think the patient must be comfortable. The important thing is we follow the applicable standards in providing care. If asked what are the stages of preparation for the mother so that the patient is comfortable, there is no special stage. What does the patient's mother think will be comfortable?"

(Main Informant 3)

b. Orientation Phase

In carrying out the orientation phase, after giving greetings, the informant immediately asked what the patient's complaint was without first asking how the patient was today and what the patient's intention and purpose was to come to the clinic so that the patient could think that communicating with the midwife only if there were complaints. Among them, they explained that there was no special way for a midwife to explore the complaints felt by patients, the important thing is to keep the patient's feelings, use soft and kind sentences so that the patient is comfortable to convey his complaints to get a solution. In carrying out this orientation phase, The midwife said that the therapeutic communication steps that were carried out might not be in accordance with the existing theoretical steps because sometimes the circumstances experienced when meeting the patient could not be carried out as they should be due to environmental conditions or the midwife's psychological condition at that time there was a problem. This can be seen in the following quote:

"Mother, when the patient came, mom immediately asked what the complaint was about her pregnancy. If she doesn't have any complaints, then she can also say that she came for a pregnancy check-up. No mother used to introduce herself. The patient already knows he is with me. Mother doesn't have to use digging for complaints, do ki, when mom asks what complaints

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they tell me all the complaints. The mother did not explain the next care, at best, she told the patient to come in a month or if there was a complaint come immediately. Mother also advises the patient to read the KIA-KB book. If there is something she doesn't understand, please ask the mother "

(Main Informant 1)

"Maybe if the procedure should be like what we said, we have to say hello, introduce ourselves, explain the care that will be carried out and so on, but in reality we can't stick to that context, ki. The situation we experience is different from the theory, no mother uses to introduce herself to the patient, right from her registering with my employee, she already knows that I exist and I will check with her, mother did it when the patient came, mother asked her directly what her complaint was. Then yes, mom, give me a solution, what is the complaint, I give medicine, I give the health center and I suggest that he come in a few weeks "

(Main Informant 2)

c. Work Phase

In the work phase, midwives have explored patient complaints, provided opportunities for discussion, attempted to create an atmosphere to increase patient confidence and tried to overcome patient anxiety, but midwives did not fully look at patients in communicating. The midwife communicated while writing the results of the patient's examination and the environment in which to communicate at that time was not conducive, the noise was due to the large number of patients, so that it disturbed the patient's comfort in the implementation of care. The main informant also explained that the stages of therapeutic communication carried out were not as perfect as theoretical standards but the important thing was that the goals of care were achieved. Besides that, among them said that if the midwife delivered therapy or a solution to the patient, make sure beforehand what complaints were experienced then investigate what caused them. The important thing is that these patients do not worry too much about their condition for fear of affecting their pregnancy. This can be seen in the following quote:

"Mother, there is no special trick for asking this patient's complaints. And maybe the communication that my mother does is not as perfect as the theoretical standard. But the important thing is that the goal of care is achieved. If you convey a therapy or solution to a patient, please make sure first what the complaint is, then I will investigate what caused it. The important thing is that these patients do not worry too much about their condition for fear of affecting their pregnancy. We give him peace first so he doesn't worry, then we give him a solution to his complaint. So, this patient should be comfortable and want to hear solutions from us, the important thing is to make him calm and try to keep the patient's heart comfortable and safe. "

(Main Informant 1)

d. Termination Phase

In this phase, the midwife forgets to summarize the information that has been conveyed and evaluate the patient for the care or information that has been provided. Even though this action needs to be done so that the midwife really knows whether the patient understands or not about the information or care provided so that the purpose of the care carried out can be useful for the patient's pregnancy. Besides that, the midwife also forgets to offer patients other interesting topics that will be discussed at the next meeting. However, among the main informants explained that in order to end the conversation with this ANC patient, first make sure whether the patient understands or not with the advice or therapy delivered, then advise the mother to read the MCH book which is the patient's pregnancy record book give vitamin therapy or drugs and then recommend to come back to check. This can be seen in the following quote:

"If the patient doesn't have any more complaints and he doesn't have to ask again, then that's where you end the conversation, mom. The mother asks the patient if he understands what she said earlier. If you understand, he said yes my mother told him to come check again in a month or if he has any complaints that he feels ki.

(Main Informant 1)

"To end the conversation with this ANC patient beforehand, let me first confirm whether the patient understands or not with the recommendations or therapy that we convey to us. That's why

if you can, give a penkes to the patient, use your props or use a flipchart This is so that the patient really understands and understands what the mother said. Then the mother advised her to read the pink KIA book so that she would know the danger signs during pregnancy and other information.

(Main Informant 2)

"After my mother gives health advice according to her complaint, usually I explain to the patient how to take the medicine or vitamins that I give, sometimes the patient is wrong in how to take medicine, that's true what you emphasize so that the maximum benefit of the drug or vitamin is ki. If the patient understands and there are no more questions, then the mother recommends that he come in 2 weeks or a month depending on the condition of the pregnancy, right?"

(Main Informant 3)

3.2 Discussion

The results of this study found that the therapeutic communication carried out by the midwife to the patient had not been able to be carried out optimally in accordance with the recommended therapeutic communication so that the benefits of therapeutic communication could be felt by the patient to the maximum to motivate himself so that he could always be in a healthy condition so that he could give birth normally.

In fostering a therapeutic relationship, midwives are required to master 4 stages of therapeutic communication which at each stage have a major function and need to be implemented properly so that the relationship between midwife and patient can be maintained properly and the benefits of therapy or care provided can be felt by patients to speed up the healing process. . The first stage that needs to be done is the Pre-interaction phase, where midwives must prepare themselves so that the worst possible experience when interacting with patients can be resolved immediately. The second phase that must be mastered is the orientation phase, where this phase provides the opportunity for midwives and patients to get to know each other as the spearhead of the success of the care given later. In this orientation phase, apart from the midwife, they can recognize the patient's identity, Midwives can also recognize the character of the patient as a basis for being able to position themselves to the patient for further care. The third phase is the work phase, where in this phase all cognitive abilities. Affective and psychomotor midwives both in communicating and analyzing are needed so that the diagnosis is enforced and the therapy is appropriate. The fourth phase is the termination phase. This phase is not far from important, it really needs to be done to evaluate the patient for the therapy or health education that has been given, so that the goal of the midwifery care given Affective and psychomotor midwives both in communicating and analyzing are needed so that the diagnosis is enforced and the therapy is appropriate. The fourth phase is the termination phase. This phase is not far from important, it really needs to be done to evaluate the patient for the therapy or health education that has been given, so that the goal of the midwifery care given⁽⁷⁾.

In therapeutic communication, sympathy, empathy, mutual respect, openness, skill, warmth and friendliness must be applied to the patient so that the patient feels comfortable in discussing his state of health and is comfortable in receiving care and this can affect his level of health in relation to his psychology.⁽⁸⁾

It is not easy to carry out therapeutic communication with patients because there are many obstacles faced by midwives including uncomfortable or noisy environments, physical limitations experienced, misunderstandings, past trauma, stress experienced by patients, and so on. By increasing experiences in dealing with patients, always maintaining self-image, higher educational background and increasing age greatly affect a midwife in carrying out good therapeutic communication. Therefore, to deal with this, midwives need to equip themselves by always exploring knowledge, always honing skills and often discussing a lot with colleagues or clients and training themselves to always be empathetic, open, patient, maintain self-image and understand each other.⁽⁹⁾

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4. Conclusion

Based on the results of research conducted using observation, in-depth interviews and documentation on 4 main informants and 4 key informants about the therapeutic communication of pomegranate midwives in ante natal care services in Pekanbaru city, it can be concluded that the form of therapeutic communication carried out by the main informant is interpersonal communication through delivery of messages verbally, in writing, and nonverbally. The therapeutic communication made by the midwife to the patient is in accordance with the recommended therapeutic communication, but there are still forgotten stages so that the benefits of the care provided are not maximized.

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