



## Intisari

**Latar Belakang** : Komunikasi dokter-pasien merupakan komponen utama dalam proses pelayanan kesehatan . Komunikasi efektif antara dokter dengan pasien akan menjadi sumber motivasi dan dukungan. Relasi yang baik antara dokter dengan pasien akan meningkatkan kenyamanan dan menambah rasa percaya diri pasien, menumbuhkan motivasi dan pandangan positif atas status kesehatan, sehingga akan mempengaruhi status kesehatannya. Tipe komunikasi konsumen layanan kesehatan (pasien) dalam konteks di Asia Tenggara bersifat komunikasi satu arah, yaitu dokter mendominasi saat proses konsultasi dan cenderung mengabaikan yang dirasakan dan diinginkan pasien. Namun, upaya mengganti komunikasi satu arah menjadi komunikasi yang ideal , mengalami kendala budaya. Pasien di Indonesia masuk dalam kategori rendah dalam hal partisipasi aktif pada saat proses konsultasi

**Tujuan** : Untuk mendapatkan model komunikasi asertif pasien dengan Dokter dan melihat pengaruh pelatihan terhadap persepsi dan *self-efficacy* dalam menerapkan model komunikasi asertif pasien dengan dokter serta untuk mengetahui korelasi antara masing-masing variabel persepsi dengan *self-efficacy*.

**Metodologi** : Penelitian ini *mixed method*, tahap pertama penelitian kualitatif. Pengambilan data dengan wawancara mendalam 28 partisipan. Populasi seluruh masyarakat yang pernah menggunakan pelayanan kesehatan di Daerah Istimewa Yogyakarta. Partisipan dijaring melalui *public announcement*. Data dianalisis menggunakan Open Code 4.02. Tahap kedua penelitian kuasi eksperimen, Sampel diambil secara *quota sampling* dan *purposive sampling* (n: 202 kelompok intervensi, n: 216 kelompok kontrol). Data dianalisis univariabel untuk melihat karakteristik responden dan masing-masing variabel. Untuk melihat pengaruh pelatihan digunakan analisis *dependent t-test* , *independent t-test*, *repeated ANOVA* dan Korelasi *Pearson*.

**Hasil**: Hasil wawancara mendalam memperoleh 19 kategori dan tiga tema konsep model komunikasi asertif. Pelatihan model komunikasi asertif menunjukkan ada peningkatan skor rata-rata pada kelompok intervensi pada semua pengukuran ( $p < 0,05$ ). Hasil pengukuran bersama-sama antara kelompok intervensi dengan kelompok kontrol dengan *independent t - test* menunjukkan bahwa ada perbedaan pada *posttest 1* dan *posttest 2* ( $p < 0,05$ ) . Hasil Uji Korelasi *Pearson* memperlihatkan bahwa ada korelasi ) antara lima konsep HBM yakni *perceived susceptibility*, *perceived severity*, *perceived benefit* , *perceived barrier* dan *cue to action* dengan *self efficacy* ( $p < 0,05$ . Angka koefisien korelasi di antara kelima konsep HBM yang paling besar adalah *perceived barrier* (r: 0,272) dan yang paling rendah adalah *perceived susceptibility* (r: 0,191).

**Kesimpulan**: Model Komunikasi Asertif Pasien dengan Dokter “CERDAS” memiliki tiga konsep: cermat, berdaya dan apresiatif. Ada pengaruh pelatihan terhadap peningkatan persepsi dan *self efficacy* dalam menerapkan Model Komunikasi Pasien dengan Dokter “CERDAS” pada kelompok intervensi. Kelima konsep HBM (*perceived susceptibility*, *perceived severity*, *perceived benefit* , *perceived barrier* dan *cue to action*) berkorelasi dengan *self-efficacy* dengan *perceived barrier* merupakan variabel terkuat dan *perceived susceptibility* variabel terlemah.

Kata kunci : model komunikasi, pasien,dokter, asertif, CERDAS



## Abstract

**Background:** Patient-doctor communication is a major component in the process of health care. Effective communication between patient -doctor will become a source of motivation and support. Good relationship between patient-doctor increases of patient confidence and foster motivation, so that will affect the quality of outcome. Type of patient-doctor communication in the context of Southeast Asia are a one-way communication, doctors dominate in the process of consultation and tend to ignore what patient perceived and desired. However, to change the one-way communication efforts being ideal communication, face the cultural barriers. Patients in Indonesia are categorized to low in terms of active participation at the time of the consultation process

**Objective:** To obtain an assertive communication model between patient-physician and to know the influence of training towards perception and self efficacy in applying the assertive communication model between patient-doctor and to know the correlation between HBM concepts (perceived susceptibility, perceived severity, perceived benefit , perceived barrier and cue to action) with self-efficacy.

**Method:** A mixed method study, the first stage was qualitative research, with in-depth interview for data retrieval. Participant were selected (N; 28) by voluntary sampling through public announcement. The data were analyzed using Open Code 4.02. The second stage was quasi experimental study that was conducted on 202 (intervention group) and 216 (control group) . Samples were selected by quota sampling and purposive sampling. The questionnaire was completed by the participants, before, immediately after and a month after intervention. Univariate data analyzed to know the characteristics of respondents and to know the influence of training were analyzed by paired t-test, unpaired t-test, repeated ANOVA and Pearson Correlation

**Results:** The results of the in-depth interview retrieved 19 categories and three theme concepts model of assertive communication. Training model of assertive communication showed there was an increasing in the average score in all measurements in the intervention group all measurements ( $p < 0.05$  ). The results of the measurement of intervention and control group with independent t-test shows showed a significant difference ( $p < 0.05$ ). Pearson Correlation test results showed that there were correlation between the five concepts of HBM (perceived susceptibility, perceived severity, perceived benefit, perceived barrier and cue to action) with self efficacy ( $p < 0.05$ ). The highest correlation coefficient concept was perceived barrier ( $r: 0.272$ ) and the lowest was perceived susceptibility ( $r: 0.191$ ).

**Conclusion:** The Assertive Communication Model of Patient-Physician "CERDAS" has three concepts, which are knowledgeable, empowered and appreciative (the KEA Model). There was the influence of training in increasing in the perception and self efficacy in implementing assertive communication model of patient – physician in the intervention group. The fifth concept of HBM (perceived susceptibility, perceived severity, the perceived benefit, perceived barrier and cue to action) correlated with perceived self-efficacy with perceived barrier was the strongest variable and perceived susceptibility was weakest .

Keywords: communication model, pasien, doctor, assertive, CERDAS