



Coping mechanisms among health workers in community health centers[☆]



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Received 29 May 2019; accepted 15 July 2019

KEYWORDS

Coping mechanisms;
Professionalism;
Street-level
bureaucracy;
Health workers;
Community health
center

Abstract

Objective: This study aims to describe the coping mechanisms among health workers when dealing with situations where having to provide satisfying services while faced with limited resources provided by management of Community Health Center (CHC).

Methods: This study uses a qualitative approach and employs three data collection techniques, namely in-depth interviews, observations, and documentary study. This study interviewed 24 informants.

Results: The findings in this study indicate that all informants interviewed generally did coping mechanisms to deal with the conditions of work they faced due to limited resources. Most of the coping mechanisms used by health workers have a positive impact on patients. The study identifies three positive impacts as follows: (1) ease of access to services, (2) speed of obtaining services, as perceived by patients who do not need to queue to obtain services due to emergency conditions, (3) improvement of service facilities, as perceived by patients who request referrals to hospitals due to limited facilities at CHC, (4) patients' satisfaction improvement.

Conclusion: The authority to do coping mechanisms is inherent as long as health workers are confident in their abilities. Confidence and sincere intentions to help others will help health workers to handle every problem they encounter due to limited facilities.

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Introduction

Front-line public service employees, who interact directly with citizens and capable of applying discretion, are defined as street-level bureaucrats,¹ includes health workers in the center of community center (CHC). Street-level bureaucrats in CHC include head of the health center, doctors,

[☆] Peer-review under responsibility of the scientific committee of the International Conference on Women and Societal Perspective on Quality of Life (WOSQUAL-2019). Full-text and the content of it is under responsibility of authors of the article.

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dentists, nurses, midwives, nutritionists, pharmacists and laboratory staff. In carrying out their duties, the health workers should serve a large number of citizens with limited resources, while the number of people served is huge. The main problems that impact the CHC's performance are: (1) lack of human resources that is not according to minimal standards; (2) availability of drugs/vaccines/medical devices and BMHP (consumable medical materials); and (3) timely availability of budgets/funds.²⁻⁴ In dealing with this situation, the health workers at the CHC must be able to take coping mechanisms.^{1,5} to meet the demands and needs of the people served. This article describes the professionalism of health workers in using coping mechanisms when dealing with problems related to limited resources and the demands of certain services from the community served.

Methods

This research was conducted at 4 CHC in Makassar City, which consisted of 2 CHCs representing inpatient health centers (Antang and Tamalanrea Jaya CHC), and 2 CHCs representing outpatient health centers (Antara and Bumi Tamalanrea Permai CHC), with 24 health workers interviewed in the period July–September 2018, consists of the Head of the CHC, the doctors, nurses, pharmacists, and laboratory staff. A qualitative-descriptive which aims to provide an overview of the professionalism of health workers using coping behavior in providing services to the public (community). Data collection techniques used are (1) observation, (2) in-depth interviews, (3) techniques documentary to complete data from interviews and observations. Data analysis techniques used are interactive model analysis suggested by Milles and Huberman (1984).

Results

Forms of health workers coping behavior in health services

The implementation of health services in CHC is carried out by health workers, which consist of the Head of the CHC, doctors, nurses, midwives, pharmacists, laboratory staff. The Head of the CHC as the top leader in the CHC has the main task of leading, supervising, and coordinating complete health services to the community in his working area.⁶ In carrying out these basic tasks, a CHC head often makes coping mechanisms to deal with the shortcomings and scarcity of resources they have. The number of informants admitted that they often took coping behavior mainly due to the insistence of patients. For example, some patients were asking for a referral to get treatment at the hospital, even though the CHC can treat them appropriately. However, most patients expect to have better service quality in hospital rather than in CHC. Based on Indonesian Health Referral System Policy, the CHC is a first-level health service, and if patients' diseases that require further treatment, they can ask to have treatment at hospital.⁷ In a situation like this, the doctor who is serving must be forced to provide referrals to deal with writing a referral disease. There are also health workers referring patients to hospitals because the limitations of the equipment they have or the equipment

are actually in the CHC, but because the conditions are damaged so the health workers that serve refer patients to the hospital.

Another form of discretion that is often carried out by health workers in CHC is to serve patients even though the domicile of the patient does not include the coverage that can be served as stipulated in the BPJS regulations. In the Social Security Administrative Body for Health (BPJS Kesehatan) Regulation Number 1 of 2017 concerning Equitable Participants in First-Level Health Facilities, patients who can be served are those who have a domicile following the coverage area of the CHC.

The findings in this study indicate that all informants interviewed generally did coping behaviors to deal with the conditions of work they faced due to limited resources. This is in line with Lipsky's (1980) view that an uneven distribution of resources causes forced health workers to take a policy of circumventing their shortcomings.

Another finding in this study that is in line with Lipsky's¹ view is that the community (patient) often does not understand the laws and regulations that apply in the service. In this case, the patient forced the will to get a referral to the hospital even though in the regulation of the CHC, the type of diseases suffered could not be referenced because it was within the scope of the authority of the CHC as the first level service provider. However, because of the insistence of patients, the health workers deal with referrals by writing a diagnosis of the type of disease that can be referred even if it is different from the disease suffered by the patient.

Hence this study addresses that coping behavior is taken not only because of limited resources but also because of the bottom-up that comes from patients who want to get better service. This suggestion is different from the view of Loveland,⁸ which states that the behavior of circumcision is carried out by health workers because of top-down pressure.

Health workers professionalism in coping mechanisms

The professionalism of health workers in providing services is needed when they should respond an emergency case. Circumcision behavior is mostly occurred in drug administration and patient care. Several informants who work as pharmacists and nurses claimed that they do coping mechanisms in services at the CHC. For pharmacists, they do coping mechanisms to replace the medication prescribed by a doctor with other similar drugs that have the same function and efficacy. While a nurse admitted that she often did not follow the Standard Operating Procedure (SOP) in treating the patient's diseases, she made a coping behavior by looking at the condition of the diseases of the patient she was caring for, along with excerpts of the interview:

If there is a prescription drug that I received, then the medicine runs out or is not available, such as antibiotics, then I replace it with another antibiotic, and I am always careful to pay attention to the composition of the drug so as not to endanger the patient. And so far, I have never received complaints from the public (Informant 4, CHC 1)

I sometimes do not follow the SOP or theories such as the treatment of wounds that have become ulcers/abscess

based on real experience and using cold hot treatments using hairdryer and ice cubes, depending on the wound. So even though doctors recommend using drugs such as petrolatum, because it contains high baseline so that ulcers that have ulcers can become more severe (according to experience), sometimes only using Rifanol (Informant 12, CHC 1).

Actions of coping mechanisms as exemplified above reflect the courage and professionalism of health workers in serving patients. Experience in providing services with limited sources makes health workers tend to conduct coping behavior and is proven effective in healing patients. The other forms of professionalism shown by health workers in the CHC are as follows:

I often handle patients who insist on being given sleeping pills every time they come for treatment, even though the use of sleeping pills for long periods will hurt the health of patients because it will cause dependence. In cases like this, I only give vitamins (Informant 6, CHC 3)

In another case, a nurse showed her professionalism in dealing with bleeding patients. Even though medical equipment and facilities owned are classified as simple, but he can help patients well and satisfy patients.

I once replaced a tool used to act on patients with other devices that were considered to have the same function as patient safety considerations. For example, changing gauze with gloves to cover temporary bleeding. This action was taken because it was considered safety for patients (Informant 23, CHC 3).

Discussion

The main consideration in using coping mechanisms was to provide services that were more responsive and faster, to save the lives of patients. Giving referrals that should not be given by the Head of the CHC to urgent patients, neglecting the referral system to patients in emergency conditions, providing services to patients who are not service area coverage, is an example of the desire of health workers to provide quick and satisfying services to patients. Even though in reality, the Head of the CHC must write a diagnosis that is not following the patient's condition, but because he wants to show his empathy to the patient.

The overall act of coping mechanisms aims to provide better services and to satisfy citizens. As discussed previously that health workers tend to do coping behavior in order to improve quality of services. Among them is providing convenience for access to secondary level health services. The head of the CHC refers to the community when it is needed by the community to get better quality health services such as better medical equipment.

Thus, in general, the coping mechanisms used by health workers in CHC has a positive impact on the community (patients). This study identifies positive impact of coping mechanism as follows: (1) ease of access to services, as perceived by the community who are not domiciled outside the CHC work area, (2) speed of obtaining services, as perceived by patients who do not need to queue to obtain services due to conditions which requires rapid handling, (3)

improvement of service facilities, as perceived by people who request referrals to hospitals due to limited facilities owned by CHC, (4) increased satisfaction of the people served.

From cases of coping mechanisms taken by health workers at the CHC, it shows that their goals is to meet patients' expectation on fast service response, which can improve public service efforts.⁹ For this reason, Wibawa¹⁰ stated that bureaucratic action must be protected so that anyone who takes an action cannot be subject to legal sanctions insofar as it aims at the interests of the people served, and vice versa, anyone who wants to use the bureaucracy for his or her group needs strict sanctions.

The seemingly slow bureaucracy that has always been complained of in public services, especially in administrative services, is rarely found in health services at the CHC. It may be because the context of the service provided is different from the administrative service. Health services are more of a matter of humanity. Therefore, they must have the skills and professionalism¹¹ in public services, the health workers in charge of the CHC get a feeling of satisfaction (intrinsic satisfaction) when they can help patients served. The motivation of public services^{12,13} from health workers as street-level bureaucracy can be demonstrated by a commitment to the desire to serve the public interest.¹⁴

Conclusion

In carrying out the task of providing health services, doctors and paramedics face constraints of limited resources to cover all the needs of the people served. Therefore, they must have the skills and professionalism in making behavioral problems with limited resources. The aim is to provide services that are faster, better, and satisfying for the community. Various forms of circumcision behavior carried out by doctors and paramedics are based on high knowledge and experience so that they have a positive impact on service quality.

Conflict of interest

The authors declare no conflict of interest.

Acknowledgments

This article is the result of a research funded by the Directorate of Research and Community Service, Directorate General of Strengthening Research and Development of the Republic of Indonesia Ministry of Research, Technology and Higher Education in the 2018 fiscal year.

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