

The Patient's Feeling about the Need of Physician to Nurture the Patient

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Abstract: The invisible motive of physicians to see patients recover quickly raises disappointment in the patient and the patient's family. The need to cure patient is called need for nurturance. In the need for nurturance, there are affectionate and tenderness as trait, also sympathetic, protective, supporting, and humanitarian as attitude of need for nurturance. Therefore, researchers want to see how the patient's feelings about the needs of physician to nurture the patients, from the side of trait and attitude of support the needs of the physician. Descriptive research was conducted on 100 patients in each inpatient room at the Haji Adam Malik Hospital Medan. The data were obtained by interview using the need for nurturance questionnaire developed from Murray's personality theory, then analyzed descriptively. Results concluded that patients feel the physician has a need to nurture the patient. However, physicians are less able to show the nature of affection, humanitarian and sympathetic attitudes, so that patients feel physicians are less able to provide the best health services to patients. It is recommended that physicians strengthen the need for nurturances as a motive in providing the best health care to patients by showing the nature of affection, humanitarian attitude and sympathetic.

1 INTRODUCTION

One of the motives of physician to provide the best health care to patients is to see patients recover quickly (Dewi, et. all., 2015). However, this is not seen in physicians in Indonesia, especially physician in the city of Medan. Based on the opinion of Pasaribu (2011), physicians who are abroad have more need to cure patients compared to physician in Indonesia, especially physician in Medan City. This resulted in many patients in the city of Medan medical treatment abroad. It is estimated that on average 1.000 Medan residents went to Penang every month (Adisasmito, 2008; Herqutanto, 2009; Adhani, 2014). Indonesia losses due to the large number of patients seeking treatment abroad, based on the opinion of Almatier (2013), amounted to ± 1.6 trillion rupiah each year.

Based on the results of the study of Sarassati (2008), Ombi (2012) and Wattimena (2014), it is shown that the patients who choose to seek medical treatment abroad because the patient has already felt disappointed with medical services in Medan. Disillusionment experienced by patients more physicians to provide the best health services to

patients, one of which is to see the patient quickly recovered. Patients then get information that health services abroad better. Eventually the patient chose to seek treatment abroad and feel good health care abroad. After returning to Indonesia, the patient told others about good overseas health services, so that more patients feel that physicians abroad have more motives to see patients heal faster than physicians in Medan.

The absence of a physician's motive to see patients recover quickly raises disappointment in the patient and the patient's family. Whereas based on the opinion of Lumenta (1989), the patient has an important role as a social control for the medical profession. Social control is a planned or not planned and controlled way and process aimed at engaging, educating, and even forcing citizens to comply with the norms and social values prevailing within their group (Setiadi and Kolip, 2013). This Lumenta opinion in accordance with the Regulation of the Minister of Health of the Republic of Indonesia number 755 of 2011, ie patients and families of patients who feel disappointed with the health services provided by physicians, can provide reports on the behavior of physicians in the hospital to the

ethics subcommittee and professional discipline in the hospital

Based on the opinion of Murray (1947) the need for healing is called need for nurturance. In the need for nurturance, there are affectionate and tenderness as trait, sympathetic, protective, supporting, and humanitarian as the attitude from need for nurturance. However, the explanation of need for nurturance Murray (1947) is not devoted to physicians. The explanation of need for nurturance specifically for physicians may be derived from the results of several studies (Mondloch., 2001; Bendapudi., 2006; Puddester, 2009; Lubis, 2013; Ratnamiasih., 2014 ; Wicaksono, 2014; Beach., 2015; Dewi., 2015; Mandagi, 2016; Razzaghi and Afshar, 2016; Keller., 2017).

From the results of these studies it can be concluded that when dealing with patients, physicians must have the need to nurture the patient and feel comfortable with the presence of the patient. The physician's comfort is shown by taking sufficient time with the patient (humanitarian); caring, caring and sensitive to pain suffered by the patient (sympathetic); treat patients with respect, dignity and affectionate, help to manage the need for non-medical needs of patients (supporting). However, there is no research that examines the feelings of patients about the needs of physicians to nurture the patient; from the side of trait and attitude that support these physicians need. Therefore, researchers want to see how the patient's feelings about the needs of physicians to nurture the patient, from the side of trait and attitude that support these physicians need.

2 RESEARCH METHODS

This research is a descriptive research. The population of this study were all patients in inpatients room who came to the Haji Adam Malik Medan Hospital in July-August 2017. However, the number of inpatients population is not known, and then the determination of the sample is used Lemeshow formula.

$$n = \frac{(Z_{\alpha/2})^2 \times p \times q}{e^2} \tag{1}$$

Description:

n = The minimum number of samples required

Z α = The default value of the corresponding distribution value $\alpha = 5\% = 1.96$

p = The prevalence of learning outcomes, because the data have not been obtained, then used 50%

q = 1 - p

e = The level of precision 10%

Based on the formula 1, then :

$$n = \frac{(1.96)^2 \times 0.5 \times 0.5}{0.1^2} = 96.04 \tag{2}$$

Obtained a minimum sample size of 96 people and rounded up to 100 people. Sampling technique with incidental sampling. Data were obtained by interviewing 100 research samples using a need for nurturance questionnaire developed from Murray's personality theory (1947). Interview data are then analysed descriptively.

3 RESULTS AND DISCUSSION

Based on interviews to 100 sampled patients, 100 patients were treated by 36 physicians. The questionnaire was asked to each patient to evaluate the physician who handled it.

Table 1: Physician's need for nurturance from patient's feeling.

Need	100 patient	Percentage	36 physician	Percentage
Nurturance	90	90	32	89
Trait	100 patient	Percentage	36 physician	Percentage
Affectionate	59	59	18	50
Tenderness	76	76	27	75
Attitude	100 patient	Percentage	36 physician	Percentage
Sympathetic	64	64	22	61
Protective	85	85	31	86
Supporting	86	86	31	86
Humanitarian	68	68	19	53

From the analysis of the questionnaire data, table 1, seen 90 patients (90%) felt 32 physicians (89%) had a need to nurture the patients. This is supported also by the attitude of Supporting 31 physicians (86%) felt by 86 patients (86%), Protective attitude 31 physicians (86%) felt by 85 patients (85%), and Tenderness nature 27 physicians (75%) felt by 76 patients (76%).

However, from the analysis of the questionnaire data, it was also seen that 59 patients (59%) felt that 18 physicians (50%) gave less affection to patients, 64 patients (64%) felt that 17 physicians (47%) were less humanitarian, and 68 patients (68%) felt that 14 physicians (39%) were less able to show sympathy to

the patient. In the opinion of Murray (1947) it can be concluded that affection is a must-have for patients to cure, as well as humanitarian and sympathetic, which is the attitude that physicians should show when they want to heal the patient

The lack of physician's affectionate will affect the patient's anxiety and decrease patient's satisfaction and compliance with the advice given by the physician, so that the patient's healing expected by both physicians and patients is not achieved. This is consistent with the results of the research of (Street, 2009), (Sep, 2014), and (Hesse and Rauscher, 2018) who examined the effect of physician's affectionate attitudes that the physician's affectionate can reduce anxiety, improve patient satisfaction and compliance, which can then improve patient health.

The same thing happens in the physician's humanitarian attitude. The lack of visible attitudes of the physician's humanitarian attitudes will affect patients on the level of patient satisfaction in the health services provided by physicians. This is in accordance with the results of the study (Cantwell, 2010) ie humanitarian physician will spend sufficient time with the patient to ensure that patients not only feel better physically but also emotionally. Physicians who can spend sufficient time with patients, based on research (Kuteyi, 2010), contributed significantly and positively to the level of patient satisfaction in health services provided by physicians.

Something different happens to the physician's Sympathetic attitude. Less noticeable Sympathetic attitude of the perceived physician of the patient will have an impact on the malpractice demands of the patient's family. This is in line with Campbell's opinion cited by (Ellis and Patel, 2012), ie the sympathy attitude of physicians is more aimed at avoiding malpractice demands from the patient's family than to improve the patient's cure or to improve patient satisfaction. Campbell's opinion is also reinforced by the results of research from (Shane, 2016) who disclose the patient and the patient's family identifies the physician's sympathy as a physician's admission and a physician's apology that the physician is incapable of healing the patient, and the physician is grieved for his inability.

4 CONCLUSIONS AND SUGGESTIONS

From the results of the study can be concluded that patients feel the physician has a need to nurture the patient. However, physicians are less able to show the nature of affection, humanitarian and sympathetic attitudes, so that patients feel physicians are less able to provide the best health services to patients, the

patient's healing expected by both parties, whether physician or patient, not achieved, decreased patient satisfaction at health services provided by physicians, which ultimately lead to malpractice demands from the patient's family.

Therefore, it is recommended that physicians strengthen the need for nurturance as a motive in providing the best health care to patients by showing the nature of affection, humanitarian and sympathetic attitudes.

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