



THE IMPLEMENTATION OF FAMILY CENTERED CARE IN POSTPARTUM MOTHERS

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ABSTRACT

Health service is a complex social implementation because it engages in services that involve various professional groups. In realizing a healthy paradigm, health services with a family approach are developed. The family approach is an approach that empowers the potential of the family in dealing with family health problems independently by paying attention to physical, biological, social, economic and cultural aspects, especially on the health and well-being of mothers, infants, toddlers, adolescents, PUS, and the elderly. The purpose of this study was to explore the implementation of family centered care by health workers in postpartum mothers. Method: This research was a qualitative research with a case study approach. Semi-structure interview was used to interview 12 informants. Results: Based on the thematic analysis of the results of in-depth interviews and processed with NVIVO 12 Plus, 3 (three) main themes were obtained which were supported by the categories explaining the implementation of family centered care by health workers in postpartum mothers. The first theme is the responses from health workers regarding the implementation and benefits of family centered care in health services for postpartum mothers which are supported by two sub-themes, namely; (a) the form and principles of implementing family centered care by hospitals according to health workers and (b) the benefits of family centered care according to the opinion of health workers. The second theme is the opinions of patients and families about the implementation of family centered care by health workers in postpartum mothers supported by two sub-themes, namely: (a) responses and (b) the benefits of family centered care. The third theme is the obstacles to the implementation of family centered care supported by two sub-themes, namely: (a) internal barriers and (b) external impacts. Conclusions: Overall, the implementation of family centered care by health workers in postpartum mothers had a good response from health workers, the patient and the patient's family.

Keywords: family centered care; postpartum; qualitative study

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INTRODUCTION

Health service is a complex social implementation because it is engaged in a service sector involving various professional groups. In realizing a healthy paradigm and developing health services, it needs a family approach. Family approach is an approach that empowers the potential of the family in dealing with family health problems independently by paying attention to physical, biological, social, economic and cultural aspects, especially on the health and well-being of mothers, infants, toddlers, adolescents, PUS, and the elderly. Family centered care is a family-based concept in providing health care because families are

considered capable of caring for patients, are more familiar with patient characteristics and are the main source of support for patients when hospitalized.

World Health Organization (WHO) gives special attention to services for mothers and children. To improve the quality and satisfaction of patients, especially in maternal and child health services, WHO recommends that every health service can implement a family-based health service model starting from pregnancy, childbirth, postpartum and treatment of complications. The state and federal legislative bodies, the Institute of Medicine and Healthy People, are targeting family centered care by 2020 as an integral part of the quality of health services and patient satisfaction in providing care. To follow up on the above statement, the researchers realized that it was important to conduct research related to family centered care.

METHOD

The type of this research was qualitative with a case study approach using semi-structured interview with no. passing code of ethics is 375.3/FIKES/PL/XII/2019. The subjects in this study were the health workers (doctors, midwives, nurses and pharmacists), postpartum mothers and their accompanying families while being hospitalized. There were 4 health personnel, 4 postpartum mothers and 4 patient's family as the 4 informants. The data obtained from the field were processed using NVIVO 12 Plus.

RESULTS

The findings of this study were divided into three major themes and each theme has a sub-theme. Theme (1) is the responses from health workers regarding the implementation and benefits of family centered care in health services for postpartum mothers supported by two sub-themes, namely: (a) the form and principles of implementing family centered care by hospitals according to health workers and (b) the benefits of family centered care according to the opinion of health workers. Theme (2) is the opinion of patients and families about the implementation of family centered care by health workers in postpartum mothers supported by two sub-themes, namely: (a) responses and (b) benefits of family centered care. Theme (3) is the barriers to the implementation of family centered care which are supported by two sub-themes, namely: (a) internal obstacles and (b) external impacts. Theme (1) is the responses from the Health Workers on the Implementation and Benefits of Family Centered Care in Postpartum Mothers at PKU Muhammadiyah Gamping Hospital, Sleman, supported by two sub-themes, namely: (a) the form and principles of implementing family centered care by hospitals according to health workers and (b) the benefits of family centered care according to the opinion of health workers.

1. Themes (1) the Responses of Health Workers on the Implementation and Benefits of Family Centered Care in Postpartum Mothers, supported by two sub-themes, namely: (a) the form and principles of implementing family centered care by hospitals according to health workers and (b) the benefits of family centered care in the opinion of health workers.

a. The Sub-theme of the Implementation Form and Principles of Family Centered Care.

Results of Nvivo's analysis on the form of implementation and principles of family centered care.

The sub-theme of "Forms of Family Centered Care Implementation" indicates that the informant's statement contains how family centered care is carried out in the hospital, as conveyed by a health worker informant that "If the process must be equipped by informed consent and we collected the information about what drugs were taken" (Pharmacist). "In my opinion, making decisions is not only from health workers, we have to inform patients and families whether they agree or not, so all health workers are

obliged to provide services involving families by communicating with the patients and families" (Midwife). "My opinion as a doctor is that it should be implemented properly and correctly according to the procedure" (Doctor). The sub-theme of "Family Centered Care Implementation Principles" regarding what aspects health workers pay most attention to and are considered the most important includes family involvement, clear communication, health workers encouragement to each other, hospital support and patient wishes as conveyed by the staff informant health: "I think that Indonesian culture is very closely related to the family, because everything from the family is involved in making decisions" (Pharmacist). "Another aspect is increasing the participation of the patients' companions" (Midwife). "In my opinion, providing education related to the patient's condition to their families is also very important because it usually improves communication between health workers and families. We should work together with fellow health workers or with family and patients" (Nurse). "I continue to apply this service, encouraging my health care friends to enrich their knowledge related to family centered care" (Doctor).

b. The sub-theme of Family Centered Care Benefits

The benefits of Family Centered Care consist of 3 sub-themes, namely: (a) benefits for health workers, (b) benefits for patients and families, and (c) benefits for hospitals. The following are the results of Nvivo's analysis regarding the benefits of Family Centered Care.

a) The sub-theme of "the benefits for health workers" explains the benefits of Family Centered Care for health workers on duty at the hospital, as conveyed by a health worker as informant: "I think it helps to monitor the patient compliance by taking their medication and provide education to their families too, so their families can also help. We control the compliance of the patient to take medication regularly because sometimes the patient forget, therefore maybe the family should remind him" (Pharmacist). "If the medical information is conveyed to the family, there will be many people who carry it out, so that it can actually be implemented" (Doctor). "I think we can ask for family support to remind the patient's burden" (Nurse). "I think that by involving the family, all jobs that are not related to medical work can be assisted by the family because the patient is more comfortable with the family. I am not ashamed of it" (Midwife).

b) The sub-theme of "the benefits for patients and families" describes the benefits of Family Centered Care for patients and families who received health services in hospitals. As stated by a health worker informant: "Always provide information for both patients and families, because patients and families can also be active in decision making. In addition, patients and families also feel more comfortable communicating with the health workers" (Pharmacists). "Patients are always accompanied by their families while at home and when they are sick, they are always supported by the family" (Midwife). "There are many benefits for the patient. When the family is involved, the patient will get more support. At least it is in the form of emotional support so the patient feels calm, more confident, especially new mothers" (Doctor). "The patient and family feel calmer", (Nurse).

c) The sub-theme of "Family Centered Care benefits for sick rashes" explains the benefits of implementing Family Centered Care for the hospital. As stated by a health worker informant, "Family and patient trust in the hospital increases" (Pharmacists). "I think it can improve the quality and increase the patient

satisfaction" (Midwife). "Being able to emphasize the quality of our service, Aminnn ya Allah hehehehe" (Nurse). "In my opinion, it helps improve the existing service system in this hospital and is able to improve the services" (Doctor).

2. Theme (2) is the Opinions of Patients and Families about the Implementation of Family Centered Care by health workers for postpartum mothers supported by two sub-themes, namely: (a) opinion and (b) the benefits of family centered care.
 - a. The opinions of patients and families are about deficiencies regarding the implementation of family centered care carried out by health workers in the PKU Hospital Gamping. The drawback is that patients and families do not know what family centered care is because there is no socialization beforehand about what and how family centered care is. The advantage is that the patient and family feel included. The findings of this data are based on the statement of the results of the interview with the informant as follows: "I actually do not really know what meant by family centered care" (P1). "I do not really understand, because there has not been any socialization about family centered care" (P2) "Wow, I do not really understand, but it is cool before I take action, my husband is always informed." (PP4)
 - b. The opinion of patients and families is about the advantages regarding the implementation of family centered care carried out by health workers in PKU Hospital Gamping. The advantage is that the patient and family feel included. The findings of this data are based on the statements of the results of interviews with informants as follows: The opinion of patients and families about the advantages of implementing family centered care has a positive impression because it has its own advantages. The advantage is that the patient and family feel included. The findings of this data are based on the statements of interviews with informants as follows: "In my opinion, we are always involved" (P1). "It is good because we always get information and are involved in decision making" (P2). "I get lots of positive things because I always get educated" (P4). "I become more confident in the actions taken by the hospital" (PP2). "I am not confused because I was always provided information" (PP3)
3. Themes (3) the Barriers in implementing family centered care which are supported by two sub-themes, namely: (a) internal barriers and (b) external impacts. Results of NVIVO Analysis of the Barriers to Family Centered Care Implementation.
 - a. Internal Barriers
Internal obstacles in the implementation of family centered care are the absence of a clear Standard Operating Procedure (SOP). Whereas the function of SOP is to create regular work standards and help facilitate job evaluation. The findings of this data are based on the statement of the results of interviews with informants as follows: "SOP especially for family centered care does not yet exist, the policy from the hospital also does not exist because it has not been officially approved (pharmacist)." The service is not optimal because the SOP does not yet exist and has not been legalized (Midwife). "Special human resources for family centered care services do not yet exist because we have not had any training on family centered care services, we know it because previously we received counseling from UMY." (Nurse). "Lack of support from the hospital management, thus there is no SOP yet." (Doctor)
 - b. External Barriers
External barriers to the implementation of family centered care are influenced by several factors. The first is educational background. Patients and their families with low levels of education will find it more difficult to understand the explanation from health professionals. The findings of this data are based on the statement of the results of

interviews with informants as follows: "The level of understanding is different, it is explained several times, but still it not understood" (Pharmacist). "I think age and education affect it when we provide education" (Nurse). My culture and education are very influential (Midwife). "The obstacle of the patient is that sometimes the patient lies with his condition other than age, education and habits" (Doctor).

DISCUSSION

The implementation of family centered care at the PKU Muhammadiyah hospital Gamping Sleman as a whole has a good response from health workers, patients and patients' families. However, this program itself is still lacking, because it has shortcomings, namely no SOP, no official socialization from the hospital to health service providers, no legal umbrella and no evaluation in the implementation of family centered care-based health. This is not in accordance with the implementation of the standards of family centered care which must have SOPs and conduct socialization so that the implementation of family centered care runs more optimally and health workers can be better at providing services that involve families. In addition, with the socialization of health workers, they can have different roles and functions, particularly in the implementation of family centered care.

The evaluation of a program is conveyed that SOP, socialization, and program evaluation are very important in providing information about the implementation of a program run by an institution, either government or private sector. On the other hand, based on the health workers, the implementation of family-centered care is considered as increasing trust in the hospital, increasing satisfaction with the hospital, helping to improve services and providing education to the community. Meanwhile, according to patients and families, the services provided by the hospital are good, but regarding family-based services itself, it was not explained to the patient or family in advance. The educational benefit felt by patients and their families is about knowledge of care for postpartum mothers and being able to provide criticism and suggestions for services provided by the hospital. Other aspects that need to be looked at in the implementation of family-centered care are family participation or interaction, clear communication, family health support each other, supporting hospitals and paying attention to the wishes of patients and families.

CONCLUSION

Overall, the implementation of family centered care by health workers for postpartum mothers at Muhammadiyah Hospital Gamping, Sleman, has a good response from health workers, patients and patient families. However, this program itself is still lacking, which is influenced by several factors including the hospital, the patient and the patient's family.

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