

Soft Skill Competencies Development of Health Workers in Surabaya Indonesia

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Abstract--- *The study aims to know the development of soft skill competencies of health workers in health services at the first level health facility at Community Health centers (PUSKESMAS). Based on data released by the Surabaya city government, the majority of patients' satisfaction with health services at the Community Health Center in the coastal area has declined. Therefore, it is necessary to map and identify the competencies of health workers and develop competencies based on what is needed. This study used qualitative method and case study research strategy. The reesearcher conducted in-depth interviews with health workers, non-health workers, and patients. This research focused on identifying and developing soft skills competencies in health workers at Community Health Centers. The study results showed they lack communication skills . It is necessary to develop communication skills, such as approaches, patient-centered communication, communication with information technology and cross-cultural communication.*

Keywords--- *Soft Skill Competencies, Health workers, Community health centers,*

I. INTRODUCTION

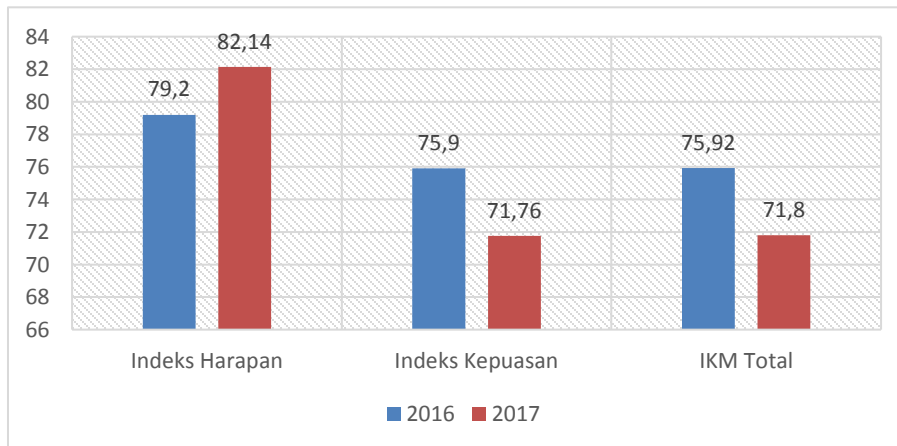
It is necessary to increase the competency of the soft skills nurses in providing services to patients and evaluate the performance of health workers by identifying the competencies desired by the patients, after which the competency development is carried out according to the needs (Beyea et. al., 2007; Rosenfeld et. al., 2011; Kobayashi et. al., 2010). Quality nursing services are very important for patient comfort, but the increase in nurse competence is very slow and there is rarely a quality nurse development program (Burhans, L. M., & Alligood, M. R, 2010). Nurse managers can develop human resource development strategies so that nurses are better. Development of quality nursing such as responsibility, intentionality, caring, respect, empathy, advocacy and communication (Burhans, L. M., & Alligood, M. R, 2010).The development of soft skill competency for health workers should be considered today. Several health centers still have not focused on the development of soft skill competency. However they tend to focus on the development of technical competence of health workers.

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Based on the facts found in the field, the level of satisfaction of Puskesmas services in the coastal areas of Surabaya has decreased. The results of the Community Satisfaction Index (IKM) survey of health services decreased in 2017 compared to 2016. Based on Graph 1.1 it is known that there was a decrease in the Satisfaction Index from 75.90 to 71.76 or decreased by 4.14 points. Yet, along with the increase in years, it is expected that public satisfaction with health services in the city of Surabaya can be further improved



Graph 1.1 Index of Hope, Satisfaction, and IKM in 2016-2017

Source: Surabaya City Government 2018

Then, if seen from the health service agency or unit in the city of Surabaya, Puskesmas is the health service unit that experience the highest decrease in IKM, namely (-4.55). While Soewandi Hospital is the only health service unit that has experienced an increase in IKM with point 3 in 2017.

Table 1.1 Summary of the Index in 2016-2017

No.	Object	IKM		Service Quality Category 2017	Growth
		2016	2017		
1	RS BDH	78,91	78,70	B	(-0,21)
2	RS Soewandi	77,02	80,02	B	3
3	Labkesda	78,52	77,93	B	(-0,59)
4	Puskesmas	76,04	71,49	B	(-4,55)

Source: Surabaya City Government

Many Puskesmas in the Coastal Areas of Kota Surabaya or North Surabaya have experienced a decline in the quality of services. This can be seen from the score of the measurement results of the Community Satisfaction Index which decreased from 2016 to 2017. Of the 13 puskesmas in the North Surabaya area, only one puskesmas experienced an increase in the index, namely Bulak Banteng Puskesmas in Subdistrict of Kenjeran with 2.61 points. Then the Sidotopo Community Health Center, Semampir Subdistrict was the Health Center with the highest decrease in IKM (-13.45) points.

Table 1.2 Community Satisfaction Index in North Surabaya Health Center 2016-2017

No	Puskesmas	Subdistrict	IKM 2016	IKM 2017	Service Quality Category 2017	Growth
1	Bulak Banteng	Kenjeran	73,41	76,02	B	2,61
2	Sawah Pulo	Semampir	77,51	73,7	B	-3,81
3	Kenjeran	Kenjeran	72,43	68,01	B	-4,42
4	Sidotopo Wetan	Kenjeran	75,85	71,01	B	-4,84
5	Morokrengan	Krengan	70,00	64,8	B	-5,20
6	Tambak Wedi	Kenjeran	79,04	73,4	B	-5,64
7	Krengan Selatan	Krengan	71,78	66	B	-5,78
8	Perak Timur	Pabean Cantikan	73,77	67,94	B	-5,83
9	Wonokusumo	Semampir	69,97	63,63	B	-6,34
10	Tanah Kali Kedinding	Kenjeran	72,72	65,55	B	-7,17
11	Dupak	Krengan	76,44	64,71	B	-11,73
12	Pegirian	Semampir	75,92	62,83	B	-13,09
13	Sidotopo	Semampir	76,07	62,62	B	-13,45

Source: Surabaya City Government

Based on the facts and condition, the quality of services is very much related to the competence of human resources providing services to the community. Health services that are good are the level of services that can give an output to satisfaction to every patients. According to the level of average satisfaction of community as well as the procedure for its implementation is in accordance with established standards and professional ethics. The competence of health workers is considered to have an important role in patient care. The lack of competency of health workers has a large impact on the quality of health services. Other factors, such as site design, payment, and IT infrastructure are not seen as major obstacles in public health services. Non-technical skills of health workers are currently a new consideration in the development of competencies in the health sector, such as nurses who are patient, responsible, careful, and caring. However, the majority of health workers currently do not have the non-technical competencies. Health workers need to have good competency soft skills, because they work by dealing directly with patients. the nature of humanism in health workers is as important as technical competence.

Theoretical frameworks

Many experts have defined the meaning of competence, such as Spencer and Spencer (1993) in his book *Competence at Work* defined competence as the main characteristic of an individual that is always related to the criteria for superior performance in work situations. Then Seema Sangi (2007) defined competence as a component of a task reflecting certain behavior which can be observed in the workplace. The element includes knowledge, skills, ability, dexterity, individual adjustment behavior and the effect of performance in the workplace. These elements interact with each other in an effort to carry out the duties and responsibilities that have been determined effectively and efficiently.

Storey et. al., 2002; Defibaugh, S, 2018; Kessler, R, 2008) explained that competence can be interpreted as the knowledge, skills, abilities, and behavior of a practitioner or worker in carrying out their work safely and effectively according to *professional* standards and is the key to achieving the success of a health care organization. Three aspects of the domain of primary competence in health care, the first is on the disease burden and the health determinants. the second is on the core skill of public health, such as program management, policy development and analysis. Third is other competency domains classified as "soft skills", such as communication, partnerships, collaboration, capacity development, and professionalism (Sawleshwarkar, S., & Negin, J, 2017).

Soft skills are related to personality values and skills of interpersonal that can specify a person's ability to adjust to certain situations (Gonzalez et.al., 2013). Skills are explicit behaviors that can be learned and refined through exposure and experience. Examples of communication skills and individual involvement in a job Durnescu, I., 2011). Skill is an ability to use reason, ideas, and creativity in doing, making or changing something to be more *meaningful* so that it can produce an added value from the results of the work done. Skills can also be interpreted as a capacity and an ability obtained through systematic and ongoing efforts in a smooth and adaptive manner that involve ideas or cognitive skills, matters or technical skills, and people or interpersonal skills. In this study the focus is on identifying soft skills competencies in health workers and developing what soft skills competencies health workers should have.

Research methods

This study chose qualitative method with the strategy of case study (Creswell, J. W, 2014). Research method of qualitative has its focus on the relationship among individuals, product groups, services or brands in the context of certain cultures (Keegan, S, 2009). The researcher wants to understand more about the competence of health workers that cause the decrease of community satisfaction value. This research was done in Puskesmas located in the coastal area of Surabaya City, because the level of community's satisfaction against the health services is decreasing..

The informants in this study were health workers, non-medical officers and community as the patients. The technique to determine informants was done by purposive sampling. Purposive sampling technique focuses on the people with certain characteristics that can assist relevant studies (Etikan et. al., 2016). The researcher already determined the prospective informants considered to have information to be dug in the study.

Data collection technique was done by observation, documentation and in-depth interviews. The researcher conducted in-depth interviews during working hours by asking for 1-2 hours in turn. For specific informants, they were interviewed after conducting a health examination. To avoid subjectivity being too high, this study used the triangulation method as a data validation checking technique. The use of triangulation reflects efforts to ensure an in-depth understanding about phenomenon in the research. because we cannot capture reality objectively. Then in analyzing data, this study used Qualitative Data Analysis by Miles et. al., (2014), namely Data collection, data condensation, data display, and conclusion drawing/verification.

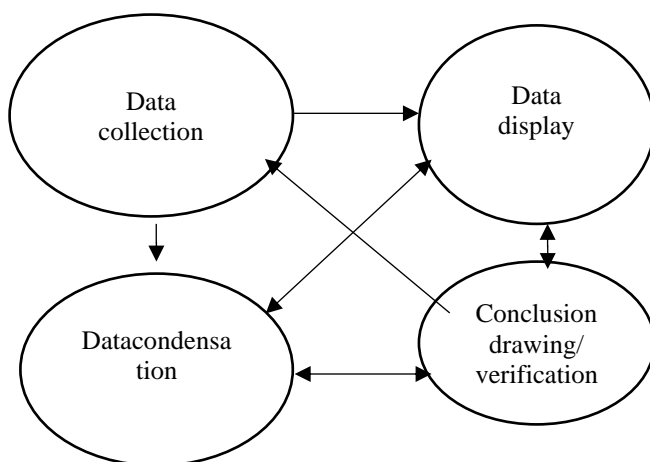


Figure 1. Qualitative Data Analysis

Source: Miles et.al., (2014).

The literature review showed that researchers have been analyzing gender based travel behaviors for several decades. Indeed, there is an abundant amount of researches about gender disparities in terms of travel behaviors, travel patterns and modal choice. There are even researches about the factors affecting the choice of the purchased vehicle type and the correlation between this type and purchaser gender. Abolfazl Mohammadian in 2004 wrote a paper showing that female preferences for the purchased car are different from male preferences. The paper found that women prioritize practicality and safety, and they tend to choose vehicles with better safety features and more storage space [3]. Since this study focuses on the factors influencing the female travel demand and driving behavior in the Kingdom of Saudi Arabia, the literature review focused on the correlation between gender and travel patterns. In addition, the factors influencing female mode preferences, between the private car and the other transport modes, has identified in this section. Several studies stated that, there is a gender related disparities in term of travel behaviors in general travel patterns, modal choice, and car use.

The study of Ng and Acker in 2018 found that gender significantly affects the transportation mode choice in eight studied cities: Auckland, Dublin Hanoi, Helsinki, Jakarta, Kuala Lumpur, Lisbon and Manila [4]. Moreover, based on the analysis of these eight cities, it has found that women have more similar travel characteristics to other women in different cities. Whereas, these characteristics differ from men's characteristics within the same city. Thus, the study reinforces the fact that gender plays a more considerable role in affecting travel behaviors than other factors such as built environment, existing transport services, age and income [4]. In another research, Sánchez and González in 2016 found that there is a difference in travel patterns between women and men, despite the similarity in roles at work and at home [5]. Thus, it is clear that there is a consensus about the gender disparities in terms of travel behaviors.

Finding and discussion

Before conducting competency development, employee competency identification or mapping is required (Neiworth, dkk, 2014). Competency development must reflect current practical needs with a vision of practice going forward (Wainwright et.al., 2016). From the results of the study in the field, almost all health workers possessed soft skills competencies, such as collaboration, partnerships, capacity building, and professionalism. But they were lacking in the aspect of communication, especially communication with patients. This can be seen from the results of in-depth interviews with the informants as follows:

“All health workers here are equipped with sufficient training and I don't think anyone should doubt their technical skills. All technical matters have been resolved so far, maybe the hours that is usually hinder us which causes inadequate service and communication with patients” (Interview with Mr. Suparwoto, 2019)

Mr. Suparwoto explained that actually the health workers already possessed good competence in the health sector. The large number of patients and was not equalized by the number of health workers made communication between patients and health workers not optimal. The statement is in accordance with what was said by Ms. Diah as the general poly health staff at the Sidotopo Community Health Center, Surabaya City:

“For technical problems here, I'd say it's the hours that often complained by patients here, because there are a lot of patients here and the health workers here are limited. ” (Interview with Ms. Diah one of the public poly health workers at Puskesmas Sidotopo, 2019)

Ms. Diah explained that the number of patients were not equalized with the number of health workers, making patients complain to the Puskesmas. Because they had to spend a lot of time waiting for their turn. Erna as the Head of Sawah Pulo Community Health Center, Surabaya City also gave a statement regarding the communication problems between patients and health workers as follows:

“For example in the BPJS case there are several diagnoses that cannot be referred to the hospital but the patient "insists" asking to be referred to doctor. It is tiring to keep on explaining to patients especially Madurese patients with their stubborn character. so this is not a mistake but we make service easier. If we cannot handle a patient, we will also refuse it, but it must also be explained subtly by us who understand the Madurese language”(Interview with Doctor Erna, 2019)

The informant explained the communication problems between patients and health workers caused by cultural differences. Surabaya City is the second largest city in Indonesia which has a heterogeneous population. Surabaya City community consists of various tribes that make many cultures and languages. Then Elly Ayu, Sidotopo Community Health Center, Surabaya City also gave advice on developing communication services as follows:

"Health workers have good competence, but it is possible for consultation and communication services between patients and health workers to be developed. such as online consultations. "(Interview with Sister Elly Ayu, 2019).

Ms. Elly Ayu, one of the patients at Puskesmas Sawah Pulo, Surabaya City gave advice for developing communication services between patients and health workers through online services. The information technology development has now touched the lower levels of society. Nearly every home uses a smartphone, so an electronic-based health consultation service application needs to be developed.

The Development of communication skill competency

General themes of competency have been identified across health workforce competency standards, such as professionalism, clinical practice competencies, and communication (Halcomb, et al, 2016). Core competencies are indeed important in work in public health, but communication is considered as one of the most important skills by all groups in health care (Ye, et al. 2015; Frankson, et al, 2016). One domain of core competencies in public health services is communication. When prospective patients go to a health center, they will be faced with many health workers who have different competencies according to their fields. However, all health workers must have good competency communication skills. This core competency domain has been used to develop professional education programs and help university curricula to prepare graduates who work in health services. Health workers must improve the quality of communication with patients and meet what patients need (Abdolrahimi, et al, 2017). Health workers must be competent in all aspects of communication in order to be able to provide maximum health services Drabczyk, A. L. (2019). Defibaugh (2018) stated communication or is one of the important soft skills in effective health services. He further explained the patient-centered approach to communication from The National Organization of Nurse Practitioner Faculties (NONPF), which covers 4 things as follows:

- (a) Serves to build relationships with patients, such as empathy, mutual respect, and collaboration.
- (b) Creating a climate of patient-centered care that includes self-confidence, comfort, privacy, mutual trust, emotional support, and respect.
- (c) Integrating the patient's cultural and spiritual preferences, values and beliefs into health care.
- (d) Maintain or protect patient control in doctor's verdict

Human-centered communication can be a special reference in providing services to patients. Almost all problems can be solved by good communication. Good communication can increase emotional closeness between health workers and patients. when patients are comfortable and trusting health workers, they will provide all the information

needed by health personnel to analyze the patient's illness. However, health workers must be able to maintain patient trust by maintaining patient privacy. Like not telling the illness suffered by the patient. Because there are some patients who do not want other people know the disease.

Received: 10 Nov 2018 | Revised: 20 Dec 2018 | Accepted: 02 Jan 2019

International Journal of Psychosocial Rehabilitation, Vol. 23, Issue 01,
2019 ISSN: 1475-7192

Cross-Cultural Skills Communication Effective in Health Care

When evaluating what skills are needed by health workers in serving patients, communication is certainly at the top of the list. But this can also be expanded to include awareness of cultural sensitivity (Drabczyk, A. L, 2019). Society and language culture have their own norms for communication between individuals and that such differences are very meaningful in the lives of many people (Wierzbička, A, 2010). In heterogeneous societal structures, similarity in identity becomes important. For example, language culture similarities make communication between individuals deeper. The professionals of public health require a commitment to competencies and cross-cultural skills that show, openness, self-reflection, and flexibility, so that cultural learning is possible (Fleckman et al., 2015). One element of communication skills that must be possessed by health workers is the ability to communicate across cultures (Gonzalez et al., 2013).

Lack of awareness about cultural differences can affect the quality of health services. Such a miscommunication occurs between the patient and the healthcare provider that makes the patient not carry out the doctor's instructions (Hark et. al., 2009). This has happened in the USA in the last 50 years. The increasing number of immigrants in the USA, making the country has a heterogeneous society and a variety of races, ethnicities, religions, cultures and languages. Miscommunication often occurs between health workers and patients. Patients cannot understand doctor's instructions because there are no differences in culture and language. This fact also occurs in the first health facilities or Community Health Centers (PUSKESMAS) in the Coastal Areas of Surabaya City. The majority of coastal residents are from the Madura tribe and have below average incomes. In terms of education it is also very low. This requires special communication skills strategies. Often the health workers need a long time to explain the results of the diagnosis of the disease. If the health worker has the same cultural background as the patient, this will benefit the health worker in serving the patient.

The training of cultural competency in public health, social work, medicine, dentistry, nursing, and other health professions has become an increasingly interesting and important topic (Cushman, et al., 2015). With a new focus on cultural competence, nurses can understand patients deeper, but nurses who provide care to patients who are culturally diverse have not been maximized (Calvillo, et al., 2008). Cultural communication competence is now very important in establishing relationships between patients and nurses. Patients will be more open with nurses with a cultural communication approach. In addition it will create a diverse nurse (Matza, 2015)

The Challenges of Communication Services for the Industrial Revolution 4.0

There are several ways of communication that can be done. Written communication such as documents, ways of communication, and how to write. then, Oral communication mean the style of interacting, meeting, and presenting. Visual communication are understood as nonverbal communication or data visualization. And electronic communications such as the use of email and applications (Coffelt, et al., 2019). Industrial revolution 4.0 and the development of information technology today has had an impact on all strata of society. Almost all people have

gadgets in every house. This requires that public publishers in the health sector must also develop following the development of information technology, especially in the field of communication and health consultation.

Received: 10 Nov 2018 | Revised: 20 Dec 2018 | Accepted: 02 Jan 2019

International Journal of Psychosocial Rehabilitation, Vol. 23, Issue 01,
2019 ISSN: 1475-7192

As in the findings of this study that provides advice to improve online consultation. So that patients do not wait longer, an online schedule should be made. So the patient will come at the right time and not waste a lot of time waiting in line. But before launching a health communication and consultation application, health workers must be trained in using the application. Storey et al. (2002) mentioned that there are at least 4 Communications Technologies Skills that must be possessed by health workers in supporting information technology-based communication, namely Electronic Data Interchange, Links to Other Organizations, Voice Communications Systems, and Network Architectures. Health workers must have Communications Technologies Skill in the industrial revolution 4.0. all the things in the industrial revolution 4.0 era are already based on information technology (Razzaque, A. 2019). Starting from communication between work partners, superiors and subordinates, to patients already using information technology.

Conclusion

Many health centers do not care about the soft skills competency of their health workers. Making it the development of competency soft skills in health workers is not a top priority in developing human resources. Of the several elements of soft skills competency of health workers, communication is an element that needs attention in health services. It is necessary to develop communication skills for health workers, such as approaches, patient-centered communication, communication with information technology and cross-cultural communication. The limitation of this research is the focus of research that is too broad, such as the competence of health workers in all health services in puskesmas. That is because data are not yet available on special reports regarding the level of patient satisfaction with certain health services. For further research, researchers can conduct research more focused on certain health services. Policy recommendations addressed to relevant agencies (Surabaya City Health Department) conduct training for health workers or transfer health workers who have the same cultural background as the majority of patients.

Acknowledgment

This research was funded by Universitas Hang Tuah and Universiti Utara Malaysia as a collaborative research program. We also thank to all people who have contributed during the research

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Received: 10 Nov 2018 | Revised: 20 Dec 2018 | Accepted: 02 Jan 2019

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2019 ISSN: 1475-7192

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Received: 10 Nov 2018 | Revised: 20 Dec 2018 | Accepted: 02 Jan 2019

International Journal of Psychosocial Rehabilitation, Vol. 23, Issue 01,
2019 ISSN: 1475-7192

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Received: 10 Nov 2018 | Revised: 20 Dec 2018 | Accepted: 02 Jan 2019