

## **The Function Of Marak Hospital In Indonesia:Its Medication And Service System To PatientsIn Bio-Psycho-Socio-Cultural Context**

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**Abstract:-** This Paper Aims To Assess The Role And Functions Of The Services Of Marak Hospital's Departments/ Clinics To The Patients Provided By Its Health Professionals Such As Physicians, Nurses, And Other Officers. Data Was Collected Using Qualitative Methods (Case Study) Through Free Interviews And Parti-Cipant Observations Of The Officers As Informants. Interpretation And Analysis Of The Data Are Backed/ Directed By The Theory Of Functionalism To Assess The Functioning Of Medical Divices, Which Include The Elements Of This Hospital As A Health Cultural Institution. In The Dynamics Of The Life Of Marak Hospital, It Was Found The Function And Role Of The Hospital Relatively Did Not Achieve The Ideal Healthy Condition Of Patients In The Treatment Services. The Patients And Their Family Members (As Informants) Suffered From Emotional Health Problems/Anxiety Such As Anger, Sadness, Dissapointment, And Psychological Fatigue, And They Also Suffered From Physical Health Problems Including High Blood Pressure, Headaches, And So On. Thus, The Fieldwork Data Of Research Can Be Considered As Theoretical Input In Medical Anthropology On The Disintegration Factor Of Culturalelements In A Hospital's Institution Life; And Can Be Used As A Basic Knowledge To Improve The Hospital's Condition

**Key Words:** *Functions, Roles,Services, Treatment, Health Problems*

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### **I. INTRODUCTION**

Health Development In Indonesia For Preventive And Curative Actions Is Based On The National Health System. This Healthsystem Is Related To The National Development In Many Aspects, In Which Health Development In Specially Included. One Of The National Objectives Is To Advance The Nation's Welfare, To Fulfill Basic Human Need, Such As Clothing And Food, Edu-Cation, Health, Field Of Work, And Life Tranquility (Etika Kedokteran Dan Hukum Kesehatan Egc 1992) According To The Objective Of Health Development InIndonesia, Attaining Healthy Life For Everyone Is The Responsibility Of The Whole Indonesian Society, Specially The Government And Non-Governmental Institutions, For The Realization Of The Optimum Health In The Society.

This Paper Focuses To The Service System Of Curative Health, Ideally Following People's And Patient's Expectation, Carried Out By A Government-Owned Hospital. This Paper Studies The Health Community And Medical Function In Bio-Psycho-Socio-Cultural Contextof Marak Hos-Pital, Which Is Also An Education Hospital Where Medical Students Study. The National Health System In Indonesia Is A Basic Of Health Development That Is Also Based On The National Constitution. The Foundations Of National Health Development In Indo-Nesia Are As Follows: 1) All Of The Citizens Have Their Right To Attain Optimum Health, So That They Can Work And Have Proper Life In Accordance To Human Values; 2) The Government And Society Have The Responsibility To Maintain And Support Level Of Health In Thr Society; And 3) To Organize Health Initiatives Arranged By The Government In Harmony And Equality (Suprihatin Guhardja, 1993). Related To This View, This Paper Uses The Definition Of Human Health As An Objective To Be Attained. According To Law Number 23, 1992, And Law Number 29, 2004; "Health Shall Be The Condition Of Material, Spiritual And Social Welfare Which Enable Everyone To Lead Socially And Economically Productive Alive". The Ideal Realizable Health In A Hospital, Based Upon A Premise Of Hippocrates, Is To Be Used As A Basic Of Curative Health Care De-Velopment, Specifically That "Medical Science Is A Noble Knowledge, And Only Those Who Deeply Respect His/Her Self-Honor And His/Her Profession Can Be Physicians." Thus, The Oath Of The Profession And Its Ethics Should Become A Source Of Motivation That Is Very Important To Be Known And Understood, And As The Main Foundation To Become Physicians. Thus, The Role Of Health Personnel Resources Is Based On Itsfunction In Fuctionalism Context; Therefore, The Premis Of Hippocrates Above Also Be Applicable For Nurses And Another Health Professionals. In Reality (Das Sein), During Pre-Research,IFoundThat Patients AndFormer Patients HadNegativeImpression About Marakhospital Service/Care, Specifically Its InsuranceDivision,OrthopedicDivision,AsWellAs Its ResponseTo oor Patients In Its Emergency

Unit. From My Brief Observation, I Also Found That The Service And Care Of Its Obstetrics And Gynecology Clinic Did Not Meet Medical Standards And Ethics.

Based On The Points Above, The Research Problems Of This Paper Are: (1) What Is The Act-Ual Condition, Role, And Quality Of Service And Care In Marak Hospital For The Society/ Patients? And (2) What Is The Qualitative Perception Of Patients And Former Patients Of The Role And Function Of The Hospital?

The Objective Of This Research Is To Gather Data Related To Hospital System In Bio-Psycho-Socio-Cultural Context. The Research Used Qualitative Method For The *Case Study*, With In-Depth Interviews And Particularly Participant Observation As Techniques Of Data Gathering, Following A Longitudinal Research Design (Malonda 2007b, 2011a). In-Depth Interviews Of This Research Was Focused In "Passing" Interview, To Carry Through The Data Gathering. Passing Interview Is An Interview Process When In An Informal Conversation Between Researcher And An Informant Is Directed Specially To Main Focus Of Research, Without This Informant Realize He Or She Was Interviewed. (Dananjaja, 1985; Malonda 2011b) The First Study Was Con-Ducted For About Three Months, When I Assisted A Patient In Obstetrics Gynecology Department (Because Of Her General Health Check-Up Related To Her Reproductive Health Problems) Who Was Also A Family Member. The Second Additional Study Was Carried Out For About A Month. Informants Of This Research Were As Follows: Patients, Nurse, Permanent Physician, Resident Physicians (Candidates Of Obstetrics Gynecologist), General Officer, And Insurance Officer In Marak Hospital; And Ex-Patients And Families Who Were Former Patients (Based On Their Medical Experience) Of This Hospital (27 Informants).

This Paper Uses *Functional Theory Of Culture* As A Discussion Guide. In Functionalism A Society Has Its Cultural Objective Based On Institutions For The Continuance Of Society, Which Are Carried Out By The Traits Of The Organization Or Institution. There Is Also A Dynamic Process Related To The Cultural Value As An Objective Of An Institution (Goldschmidt, 1966). In This Paper, Marak Hospital Is An Institution As A Medical Cultural System And Has Its Traits As Physicians, Nurses, Officers, And So On. This Paper Theoretically Wants To Describe Those Traits Function Based On Ideal Service And Medication.

## **II. RESEARCH RESULT AND DISCUSSION**

### *Informants Perception: As Ex-Patients/Families About Hospital Service*

#### *Perception To Ecu Service*

Informants Had The Worst Perception Of This Hospital's Condition, Especially Its Ecu (Emergency Care Unit). They Disliked Its Inhumane Action, Because Its Officers And Nurse Used "To Reject" (Not Receive) Dying-Patients, Particularly Those With Low Income. Whatever The Reason Related To Dying-Patient's Condition, Without Money, Then Medical First Aid Would Not Be Provided. It Means That This Hospital, Despite It Being A State Hospital Used, Did Not Receive Patients, Because It Was Based On Money And Also Profit Oriented, And Of Course Did Not Appreciate And Support The Right Of People For Medication As Citizens Of Country. The Condition In Developend Countries Are Different (For Instance The United States/California State), According To An Informant Who Was A Former Nurse There. In The US, A Hospital Is Responsible To Receive Dying-Patients Without Consideration Of Their Social And Economic Background Because Its Responsibility Is Based On Its Function And To Support The Right Of People Medication.

#### *Perception To Hospital Physician And Nurse Service*

This Research Is Also Related To Informant's Bad Perception About Miscommunication Between: Physician To Physician For Curing Patients, Physician And Patient And His/Her Family, Also Patient And His/Her Family With The Officer/Nurse. The Perception Is Also About The Relationship Between Senior Physician And Candidate Of Physician's Action To Handle The Patients. The Informants Generally Saw That As Human Beings They Were Treated As A "Thing" As They Had To Go Through Unnecessary Experiments Several Times. For Instance, There Were Physician Who Took Blood Sample Of The Patients More Than Twice For Two Days. As A Result, Some People/Patients Decided To Move To Another Hospital After This Bad Experience, As They Felt That They Were Treated Like An "Experimental Rabbit". And If There Was A Certain Of Above Family Member Suffers From A Certain Disease, He Or She Was Going To Be A Patient Out Of Marak Hospital. The Patients Were Also Forced To Eat Too Many Pills/Medicine. Moreover, The Attitude Of Certain Nurses Were Seen As Careless On Their Work, Not Friendly, And Not Professional. Particularly, Informants Felt They Were Subordinate, As They Were Treated As A Thing Or Object And Not As Human Beings Who Need Normal Of Social Psychology Response. The Informants Also Perceived Several Physicians Of Marak Hospital As Unprofessional Because There Is No Organized Relationship Between Senior Physicians And Candidates Of Physician's Action To Handle The Patients.

#### *Direct Data Of Observation And Interview*

In This Research I Found Patients Of Obstetrics Gynecology In Marak Hospital With Postponed Surgery With (Three) *Mioma Uteri* and (One) *Cysta-Ovary* Problems (And One Of My Family Member Was A

Patient). These Patients Did A Complete Biomedical Examination For 2.5 Months As Outpatient Treatment. After This Biomedical Examination, They Had To Wait For A Long Time To Be Operated In Marak Hospital. These Patients Had Government Employee Health Insurance (Askes), And Not As Patients In Private Practice Of A Physician Of Obstetrics Gynecology (As Directly As The Head Of Central Surgery Of Marak Hospital). They Felt That They Had Been Frequently Postponed For Surgery Without Definite Time/Schedule. Above All, The Physician Of Obstetrics Gynecology, With His Own Private Practice, Prioritized His Private Patients For Surgery.

Related To The Above Condition, My Family Member Who Was Also A Patient Of Obstetrics Gynecology For *Ovarian Cyst* Had Surgery Postponement After Having Complete Biomedical Examination With Outpatient Treatment For Three Months. Her Surgery Schedule Also Had A Frequent Postponement Without A Definite Time/Schedule. The Central Surgery Department Head Of The Above Physician Later Determined Her Surgery Schedule To Be Postponement For Another Two Months. This Patient Later Decided To Move The Surgery To A Military Hospital With Better Medical Management. Actually, A Physician Of Obstetrics Gynecology Who Has Responsibility On Surgery In Military Hospital Is As Same As A Lecturer From Department Of Faculty Of Medicine With A Physician Of Obstetrics Gynecology (As A Head Of The Central Surgery Of Marak Hospital). The Difference Is The Physician Of The Military Hospital Agreed To Be Paid According To The Standard Regulation Of Government Employee Health Insurance (Askes), Following The Economic Condition Of The Patients.

The Process Of Participant Observation And Interview With The Physician Of Obstetrics Gynecology Of Marak Hospital Will Be Described As Follows. The First Time I Met Him Was With The Letter Of Obstetrics Examination And Medical Record About The Obstetrics Condition Of Patient From A Hospital In State Capital Made By A Professor Of Obstetrics Gynecology. I Was Responded By The Above Physician, According The Result Of Interview:

After Reading The Letter Of Obstetrics Examination And Its Medical Record, The Physician Said "You Must Pay Me (This Meant Not Based On The Standard Of Regulation Of State Civil Official Insurance) Because You Have A Phd!" (This Meant, I Do Have Enough Money According To Him). Then He Asked: "When Do The Patient Wants To Be Operated For Her Obstetrics Problems?" I Answered That The Patient Was Undergoing Health Examination Process As A Preparation For Her Surgery. A Month Later After The Patient Followed Her Medical Examination Procedure ( As An Outpatient), I Visited This Physician Again (Second Visit) In His Private Practice Clinic Outside Marak Hospital. He Said: "So, I Will Write An Instruction For Surgery To Marak Hospital!" He Responded This Way Because He Thought That I Had Enough Money. However, I Said: "Don't Do It Because I Do Not Have Enough Money!"

I Based The Condition To Pay The Hospital And The Physician Of Obstetrics Gynecology According To The Standard Or Regulation Of Government Employee Health Insurance, Knowing The Patient's Condition After Three Months Of Health Check-Up As A Preparation For Surgery (That The Patient Increasingly To Sigh Over Of Her Ovary Cyst Problems), And I Still Came To The Above Physician. When I Sat In Front Of Him, With His Serious Face And Body Language That Exuded His Power, He Said With Rising Intonation: " I Can't Determine The Schedule Of Patient Surgery From This Place!" He Finally Realized That I Did Not Have Enough Financial Support And Depended On Government Health Insurance. The Physician Said That He Would Not Operate On The Patient If He Was To Be Paid Following The Standard Of Government Employee Health Insurance.

Based On My Observation Related To The Patient Disease During An Examination Routine, I Met The Resident/Candidate Physician In Obstetrics Gynecology Who Used To Handle The Examination To Patient. In This Examination Time He Phoned An Officer Of The Center Of Surgery Department Right Away. The Conversation Between The Physician With The Head Nurse On The The Department Was Audible, And It Was Obvious They Had A Quarrel, Was As Follows. The Physician: "How About The Surgery Schedule Of A Patient Named S?" And Then: "When Is She Going To Be Operated For Her Health Problem?" Also Furiously He Said: "Hasn't She Finished Her Examination About Two Months Ago And Waited For Her Surgery Schedule.....Oh No, Why She Hasn't Obtained Her Surgery Schedule, While We In Obstetrics Gynecology Department Have Registered Her To Your Department?" With This Conversation It Was Evident The Surgery Schedule Of The Patient Has Been Postponed For About Two Months, And I Had It Clarified By The Candidate Of Physician In Obstetrics Gynecology That *this Was A Bad Habit* Of Marak Hospital. And He Regretted That This Patient Could Not Be Operated Yet, By Explaining That Only The Head Of The Central Of Surgery Department---Who Is A Physician Of Obstetrics Gynecology And Has A Private Practice Clinic, Out Of Marak Hospital---Has The Decision And Power. This Was Related To The Priority, And Opportunity Of Surgery Had Been Organized To Prioritize The Private Practice Of This Physician Based On The Payment Patients Can Give To Him.

Based On The Above Condition I Asked The Patient To Be Operated For Her Disease At A Military Hospital In The Same Capital Of The Province. In This Hospital, After One Of Family Members

Discussed With A Physician In Obstetrics Gynecology, The Patient Only Had To Wait For Three Days, And She Was Soon Ordered To Stay At The Military Hospital After The Officer Had Received Letters Of Examination From Marak Hospital. In Military Hospital, The Patient Was Prioritized To Be Operated For Her Condition, But Because Of Her Unstable Blood Pressure, The Surgery Had To Be Postponed To The Fourth Day Of Her Stay. The Anesthesiologist And The Physician Of Obstetrics Gynecology That Would Operate The Patient, Knowing That I Have Some Understanding Of Medical Anthropology Related Obstetrics, Discussed With Me And Agreed That It Was Better For The Patient To Be Given An Injection Of Tranquilizer Medicine For Her Surgery, Beside A Local (Of Body) Anesthetization. The Patient Was Later Operated For Her Disease On Fifth Day Of Her Stay At Military Hospital.

I Had To Pay For The Surgery Based On The Standards Of Government Employee Health Insurance (Askes). And, On The Second Day After The Surgery, The Physician Who Operated The Patient Came To The Patient's Room For Routine Control Of The Patient Condition. I Thanked Him Because He Was The Only One Who Was Willing To Be Paid Based On The Standard Of Askes. He Said That: "Certainly That's That I Have Been Paid!" According To Him: "I Am Used To Following The Government Regulation And Receive The Payment Of Any Amount Whatsoever!" This Condition Showed A Physician Who Deeply Respected Medical Ethics And Oaths. This Condition Is In A Contradiction With The Other Physician At Marak Hospital, Who Was Also His Colleague (Both Of Them Are Lecturers), Who Prioritized His Private Practice Patients To Be Operated For Their Health Problems At Marak Hospital.

Despite The Problems Above, Related To Data Of Obstetrics Gynecology Department, I Also Found Several Candidates (Students) Of The Obstetrics Gynecology Department Who Worked Professionally. Nevertheless, Related To This Department Function, It Certainly Had Serious Issues Especially Related To Its Nurses. There Were Two Nurses Who Worked But Did Not Perform Ideal Nurse Function. They Work Improperly, Not Appreciating Their Patients And Families, No Smile, And Unfriendly On The Time Of Observation. They Also Did Not Treat Their Work As Public Service. They Appeared To Think That They Were More Important To Patients, And Treated Each Patient As Subordinate. For Instance, When A Certain Patient Wanted To Ask For Her Physical Examination, Nurses Appeared To Be Unconcerned, Giving No Smile Nor Complete Answer, When The Patients Had The Right To Ask About And Understand Their Own Health Condition. But Of Course A Social Service Is Part Of Medication Process That Is Equally Important As Psychological Medication (With Smile, Social Appreciation, And Providing Public Service).

#### *Psychological Service System, Its Effect Of Bio-Psycho-Socio-Cultural Problems*

There Was An Outpatient Woman Who Was Angry Toward The Officers/Nurses In Internal Disease Department Because Her Heart Recording Was Lost; While She Came From A Faraway Regency, And Because Of The Incident She Had To Do Another Heart Recording. However, The Nurse Who Evaluated This Patient Did Not Think That It Was Important That This Lost Could Be Considered As Negligence (Mistake) Of The Internal Disease Department. This Woman (In Her Middle Age), When Angry And Reproached Was Standing Near Me, And Said She Felt Tired And Dizzy Because Of The Above Negligence, Whereas That Nurse/Officer Was Indifferent Toward That Patient. Of Course I Did Not Actually Measure The Patient's Blood Tension, But Her Anger Meant That She Was Having Unstable Emotion.

This Research Also Found Three Patients (One Outpatient And Two Inpatients) Whose Health Check Up Were Postponed By Nurses/Officers In The Radiology Department. I Saw Them Angry (Without Any Response From The Officer), And These Situations Are Abnormal Socially And Psychologically. While I Was In Radiology Department, I Also Did Participant Observation By Directly Quarreling With The Officer In This Department Because The Patient (Who Was My Family Member) Had Not Been Examined Although We Arrived Before 09.00 Am. I Saw That The Officer There Only Would Work Until 10.00 Am, Complained From Their Work Time That Should They Work Until 14.00 Pm.

In The Context Of Medical Anthropology, There Were Seven Patients And Visitors Accompanying Their Family Who Felt Disturbed Emotionally Causing Anger, Dizziness And Head-Ache. In Fact, There Were Visitors Who Suffered From A Blood High Tension. These Conditions Happened Because Of The Ill-Treatment From The Officers And Nurses Of Marak Hospital. Those Situations Will Be Described Below.

Those Situations Related To The Case Of Husbands Of The Patients (Obstetrics Gynecology Clinic/Department). One Of Two Husbands Of Patients Who Waited For The Surgery Said That He Was Feeling Weak During More Than Two Months, That He Had To Go And From Marak Hospital; However His Wife Still Had Not Undergone Any Operation. Another Man Who Was Fat Admitted That He Actually Had High Blood Tension With His Heart Disease, And He Said He Felt That He Could Have Heart Attack, And When He Measured His Blood Tension With His Measurement Tool It Showed He Had High Tension. He Said If His Anger Could Be Expressed To The Officers Of Marak Hospital It Might Be A Trigger And He Might Turned Into Patient With Heart Disease At Hospital. He Also Was Worried That He May Suffered From Stroke Because He Was Angry That His Wife Had Not Undergone An Operation. When I Was Treated As A Subordinate By The Head Of Central Surgery Of Marak Hospital Who Did Not Want To Operate On My

Family Member, I Was Attacked By High Blood Pressure More Than 180/100. It Happened At Night, Five Hours After I Met The Above Physician At His Private Medical Practice. In Another Day My Condition Got Worse When I Accompanied My Family Member For A Visit To Obstetrics Gynecology Department. I Suffered From Heavy Dizziness, Vision Problems, Weak Knee, Along With Feeling Of Having Heart Problems And Possibly Stroke Because It Was Difficult To Catch My Breath. On That Situation A Nurse Did Not Really Provide Service To Me When I Was Asking About The Operation To My Family Member. Furthermore, The Head Nurse There Was Entirely Unresponsive To The Fact That I Wanted To Propose A Schedule For The Surgery. I Would Explain About The Patient Condition Who Was For A Very Long Time Every Night Felt Attacked (Suffering From Illness) With Pain Around Her Abdomen Near Her Ovarian Cyst. At That Time I Felt Angry And Sad (Anxiety) Because I Was Angry To An Officer And Worried About Her (Patient) Condition Who Could Be More And More Serious. Directly I Went To The Emergency Care Unit, And I Was Received By A Physician Because Of My Identity Card As A Doctor (Phd) And After I Explained That I Am A Lecturer In Medical Anthropology. The Physician Agreed And Understood My Suggestion To Use Pill To Cure High Blood Pressure And To Use Another Pill For Preventing Stroke And Heart Attack. The Physician Wrote A Medicine Prescription (After Measuring My Blood Pressure, Which Was More Than 180/100). I Soon Went To Hospital Pharmacy, Nervously Waiting For The Medicine For About Thirteen Minutes From This Pharmacy, Then I Directly Took The Medicine, And Managed To Feel Better.

### *Theoretical Discussion*

In The Context Of Functional Theory Of Culture, Marak Hospital Has Been Described According To Its Role And Function Culturally. This Hospital Has Its Physicians, Nurses, Officers, And So On For Supporting The Continuance Of This Hospital As An Institution And A Part Of Society. According To The Theory Above, The Ideal Process Of Social And Cultural Becomes Its Sub-Stance, And There Is A Dynamic Process Related To The Cultural Value As An Objective Of An Institution (In This Paper Is Marak Hospital). Apart From A Normal Function Of Several Physicians (Resident/Candidate) In Obstetrics Gynecology Department; Data As Research Result Found As A Dynamic Process Culturally, Which Means That There Is No Ideal Functional Integration Between (Of Marak Hospital's Traits) One Physician With Another Physician, One Clinic/Department With Another; And The Nurses And Officers Did Not Work Professionally Based On The Ideal Objective Of Service And Medication Toward Patients. Thus, This Research Has Revealed The Abnormal Situation Of Human Resources Of Marak Hospital That Affected Visitors Who Suffered From Illness By Creating Further Anxiety And Physical Problems (High Tension, Headache, And So On). Particularly, Several Patients From Obstetrics Gynecology Suffered From Emotional Issues, Especially Anxiety. This Meant That The Ideal Objective Of Medication, In Physical, Mental, Social Context Was Not Supported/Applied By Marak Hospital.

### **III. CLOSING REMARKS**

According To Ex-Patients/Families Perception, Each Of Marak Hospital Did Not Receive Poor Dying Patients. They Doubted Toward The Function And Relationship Between Physician And Patient In Medication Practice, Patients Were Treated As Experimental Rabbits, And Nurses/Officers Were Careless And Unprofessional, Making The Patients Felt Like Subordinates (As A Thing/Object). Apart From A Normal Function Of Several Physicians (Resident/Candidate) In Obstetrics Gynecology, A Physician As Obstetrics Gynecologist Who Was A Head Of Central Surgery Of Marak Hospital Used To Postpone The Surgery Of Patients With State Insurance, And Prioritized The Patients From His Private Practice Out Of The Hospital To Be Operated (Based On Money). Nurses/Officers In Internal Disease And Radiology Department Were Also Not Professional. Health/Medication Services Provided Were Not Ideal Mission For Departments/Clinics; In Internal Disease Department, Radiology, And Obstetrics Gynecology. It Caused Emotional Disturbance (In Condition Of Angry, Sad, Dissatisfied, And Tired Psychologically) To Patients And Their Families. In Those Cases, The Function Of Each Department/Medical Clinic Did Not Apply The Ideal Medication Mission Of Physical, Social, And Mental Health, And Those Departments Did Not Fit With The Ideal Function Of Hospital As A Source Of Health And Cosmopolitan Modern Medicine. Thus, This Research Result Can Be Used As A Basic Knowledge To Improve The Hospital's Condition.

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