Development of Parenting Regional Anesthesia Management Model for Patient Family by Co-Assistant Anesthetist at the Medical Faculty of Universitas Muhammadiyah Semarang and Roemani Muhammadiyah Hospital Nurse

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Abstract. This study aims to create a management model for regional anesthesia parenting for the patient's family by the Co-Assistant (Young Doctor) anesthetist at the medical faculty of Unimus and Roemani hospital nurse Muhammadiyah which aims to improve the patient's family understanding of regional anesthesia. The method used in the development of this model is Research & Development of Borg & Gall. Some steps of the Research & Development are: (1) research & information as a preliminary step, (2) planning & developing preliminary form of product as a hypothetical model making step, (3) preliminary field testing & revision as a step initial product testing, (4) playing field testing & revision as a step of product feasibility and revision, (5) Analyze & Discussion to determine the final product (final product). Development of Parenting Regional Anesthesia Management Model for patient family is indispensable because the Co-Assistant (Young Doctor) Anesthesiologist and nurse are part of health executors who often interact directly with the patient's family before and after regional anesthesia. Then development of Parenting Regional Anesthesia Management Model by the Co-Assistant (Young Doctor) anesthetist at the medical faculty of Unimus and Roemani hospital nurse Muhammadiyah expected to be able to minimize complaints due to the patient's lack of understanding of Regional Anesthesia.

Keyword: Parenting Manajemen, Regional Anesthesia Parenting, Family Patient parenting

1. Introduction
One of the services available at the Hospital is the Regional Anesthesia action that is carried out before the operation is carried out. To date, most people assume that regional anesthesia is a frightening act. This anxious reaction will continue if the patient has never or less received information related to the disease or actions taken against him [1]. If the patient's anxiety is not immediately addressed, it can interfere with the process of regional anesthesia action, for which the provision of guidance or stimulus must be carried out before regional anesthesia.

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High patient anxiety is able to bring the patient's condition in a worse direction, and often cause a mismatch of medical management to be performed. Preoperative anxiety can cause adverse pathophysiological responses such as hypertension and dysrhythmias, increasing doses of anesthetic drugs to reach the stage of unconsciousness[2]. At a higher level, patient and family patient anxiety can lead to rejection of regional actions. done, so the initial goal of a patient who comes to the hospital to get a cure cannot be done. Surgical procedures can provide an emotional reaction such as fear, anger, anxiety, and anxiety for patients before dealing with it [3]. In a larger scope, this adversely affects the quality of hospital services.

The existence and quality of services provided are determined by the values and expectations of recipients of service services, besides that the emphasis on service to high quality must be achieved with costs that can be accounted for [4]. Effective communication can influence the emotions of patients in making decisions about further action plans [1]. Therefore there is a need for management of regional anesthesia parenting for the patient's family, in addition to increasing the understanding of the patient's family to regional anesthesia, this also has an impact on reducing the level of rejection of regional anesthesia actions that the patient will receive. This condition is very influential in the patient's healing process. The patient will feel calm and safe handled by a doctor so that he will obediently carry out the doctor's instructions and advice because he is sure that everything he does is in his own interest which is a form of increasing patient understanding through parenting delivered by the Anesthesia Young Doctor and nurse.

The time limit possessed by an anesthetist is able to become a gap between patients and doctors, so anesthesia co-assistant and nurse are needed as facilitators to convey information about regional anesthesia actions to the patient's family according to their respective capabilities. This is an education to Co-Assistant Anesthesia (Young Anesthesia Doctor) and nurse in the Hospital, not as a transfer of responsibility of an Anesthesiologist to Co-Assistant Anesthesia (Anesthesia Young Doctor) and nurse. It is because a doctor will still repeat and explain to the patient's family or to patients who still able to get an explanation of the regional anesthetic action he was about to receive.

The plurality of patient and family background of patients in Roemani Muhammadiyah Hospital is very diverse because it requires parenting actions related to patient and patient family guidance on regional anesthesia actions performed by Co-Assistant Anesthesia (Young Doctors) and Nurses. Base on that condition, the Management of Parenting Regional Anesthesia for Patient Families by Co-Assistant Anesthesia (Young Anesthesia Doctor) of Unimus Medical Faculty and Nurse of Roemani Hospital Muhammadiyah needed research.

2. Method
This research uses qualitative methods, qualitative research does not test existing theories but finds theories [6]. A qualitative approach is a research process and understanding that is based on methodologies that investigate a social phenomenon and human problems [7]. And descriptive research (descriptive research) is a research method aimed at describing existing phenomena, which take place at present or in the past [8].

The research approach uses a Research and Development (R & D) approach to process data to reach the final model, based on data from literature studies. Literature studies along with preliminary research on conditions in the field based on field research which is then processed, reviewed and analyzed it was found that the understanding of patients and families of patients was still very low regarding regional anesthesia,

The source of the data used is the primary data source obtained from participants or research objectives, namely data sourced from the families of patients undergoing regional anesthesia actions, the results of internal validation and FGD (Focus Group Discussion). And secondary data obtained from literature studies and literature studies.
In making the model needed by colleagues, experts, and practitioners who are selected purposively and relevant to the topic of research, internal validation is done through discussions with experts, to get the model that best suits the needs in the field.

The research subjects in the model feasibility study were families of patients who would get regional anesthesia action. Data collection techniques in this study were (1) observation, and (2) interviews. The two data collection techniques are equipped with data collection instruments in the form of (1) Questionnaire and (2) interview guidelines. Internal validation with FGD activities and expert discussions (individuals) using the technique of collecting data in the form of notes on discussion material in a structured discussion.

Data analysis techniques in the preliminary research used descriptive analysis techniques, this is based on the consideration that the target of this study is data analysis activities that include data reduction activities. The reduction is analyzing something as a whole to its parts or explaining the final steps of a previous process of development that is simpler (Pius P, 1994).

3. Result
The research design chosen by the researcher was descriptive qualitative by describing the data using primary data in the field verbally in accordance with the issue to be appointed to explain the situation or situation, how to approach or collect data carried out at one time.

The population of this study was all families of patients who received regional anesthesia at Roemani Muhammadiyah Hospital Semarang, and the sample used was 60 families of patients using purposive sampling.

| Table 1. Distribution of Characteristics of Respondents by Gender, Age, Occupation, and Education |
| --- |
| **Gender** | n | % |
| Woman | 21 | 35,0 |
| Man | 39 | 65,0 |
| Total | 60 | 100,0 |
| **Age** | n | % |
| <30 Years | 11 | 18,3 |
| 30-50 Years | 20 | 33,3 |
| 50-70 Years | 20 | 33,3 |
| >70 Years | 9 | 15,0 |
| Total | 60 | 100,0 |
| **Education** | n | % |
| Middle School | 12 | 20,0 |
| High School | 45 | 75,0 |
| College | 3 | 5,0 |
| Total | 60 | 100,0 |
| **Job** | n | % |
| Student/College | 4 | 6,7 |
| State employee | 8  | 13.3 |
|----------------|----|------|
| Private Employee | 12  | 20.0 |
| Others          | 36  | 60.0 |
| Total           | 60  | 100.0 |

**Tabel 2.** Distribution of Characteristics of Respondents Based on Submission of Parenting Regional Anesthesia

| Variable                                      | n  | %   |
|-----------------------------------------------|----|-----|
| Submission of Parenting Regional Anesthesia  |    |     |
| Not so good                                   | 9  | 15.0|
| Good                                          | 51 | 85.0|
| Total                                         | 60 | 100 |

**Tabel 3.** Distribution of Characteristics of Respondents Based on the Level of Understanding of Patient Families to Regional Anesthesia

| Description               | n  | %   |
|---------------------------|----|-----|
| Patient Family Understanding |    |     |
| Less Understand           | 9  | 15.0|
| Understand                | 51 | 85.0|
| Total                     | 60 | 100 |
Table 4. Relationship of Parenting Submission before Regional Anesthesia medical action with Regional Anesthesia Understanding

| Submission of Parenting Regional Anesthesia | Understanding of Patient Families |
|--------------------------------------------|----------------------------------|
|                                           | Understand | Less Understand | Total |
| Good                                      | 51         | 0               | 51    |
| Not So good                               | 0          | 9               | 9     |
| Total                                     | 51         | 9               | 60    |

3.1 Characteristic of Respondents
Based on the above table, it could be seen that the majority of respondents were respondents with male gender, which was 39 respondents (65%), while female respondents were 21 people (35%).

Based on age, respondents with age less than 30 years were 11 respondents (18.3%), 30-50 years and 50-70 years respectively as many as 20 people (33.3%) and respondents aged> 70 years and over 9 people (6%).

Based on work, respondents with other jobs such as driver, security guard, laborers, teachers and IRT are as many as 36 people (60%), while respondents who work as civil servants are 8 respondents (13.3%), private as many as 12 respondents (20%) 4 students (6.7%).

Based on educational background, respondents with the last high school education were as many as 45 respondents (75%) and respondents who were last educated in junior high school were 12 respondents (20%) and undergraduate as many as 3 respondents (5%).

3.2 Presentation of Regional Parenting Anesthesia before surgery
The description of the delivery of Regional Anesthesia parenting to the families of patients in the Central Surgical Installation of Roemani Muhammadiyah Hospital in Semarang was found that of the 60 (100%) respondents, most were well, namely 51 respondents (85%) and 9 respondents (15%).

Roemani Muhammadiyah Hospital in Semarang has increasingly improved the quality of health services, with accreditation of a hospital so delivery must also be recorded in informed consent and contain important things that must be conveyed to patients as stipulated in the regulation of the Indonesian Minister of Health no.290 / 2008 concerning approval of medical action.

Research that is relevant to this study is the Tshimanga (2008) study of patient perceptions and understanding of informed consent for surgical procedures. Patients who have higher education show more understanding of action agreement. More than 75% need more explanation in their native language to understand the information. 47% did not read the form. Description of characteristics based on junior high school education level 15.4%, high school 69.2% Bachelor 15.4% From these results indicate that the level of education also affects the understanding of regional anesthesia.

3.3 Overview of the level of understanding of the patient
The description of the level of understanding of the family of patients who will receive Regional Anesthesia at Muhammadiyah Hospital Semarang found that from 60 respondents (100%) who understood the level of understanding there were 51 respondents (85%) and 9 respondents satisfied (15%). the patient is seen from the patient's rejection of regional anesthesia action by expressing about...
the anxiety of regional anesthesia action. Based on the research above it could be concluded that the patient's level of understanding of regional anesthesia action is closely related to the delivery of Co-Assistants (young doctors) Anesthesiologists and nurses to patients.

3.4 Relevant Parent Delivery of Regional Action Anesthesiology Before Regional Action Anesthetics

Based on the results of research conducted at Roemani Muhammadiyah Hospital in Semarang, the delivery of good parenting to the patient's family could improve the patient's understanding of Regional Anesthesia, while poor parenting has a poor level of understanding. So it could be said that the level of understanding of the patient's family of regional anesthesia measures is measured by what patients get or receive.

Based on observations made by researchers in the field, it was found that patients had limited awareness of the process of regional anesthesia. Patients who have experience with regional anesthesia and are satisfied may have a better understanding of the risks, benefits, and expectations of regional anesthesia actions, and are not too affected by additional methods such as video, nurse education or things that are not too needed. So that it could be said the patient's family understanding could be formed from parenting guidance carried out in a good category. The better the level of delivery of the patient's family parenting about regional anesthesia it could improve the quality of service of a hospital. The quality of service is improved in accordance with the expectations of patients through efforts to improve the facilities, service procedures and other technical aspects.

4. Conclusion

From the results of this study regarding the management of regional anesthesia parenting in the patient's family, it could be concluded that:

1. The Parenting Management Model needs to be made considering the importance of the benefits of parenting the patient's family.
2. Most families of patients understand regional anesthesia if delivered in the category of good parenting.
3. There is a correlation between the education background of the patient's family, the way to deliver parenting Co-Assistant Anesthesia and nurses by improving the quality of services at Roemani Hospital Muhammadiyah related to regional anesthesia actions.

References

[1] Pratita AL, Indrawanto IS, Handaja D. Relations Between Effective Doctor-Patient Communication and Anxiety Levels in Preoperative Patients. J Health and Health Bid. 2014; 10 (2): 94–100.
[2] Budianti N, Pratomo YB, Rahardjo S. Effectiveness of Multimedia Video (Video and Oral) Information to Reduce the Worst Level of General Pre-anesthesia in Patients to be Performed by Elective Surgery with General Anesthesia Intubation Technique. A COMMUNICATION OF ANESTHESI ASI. 2018; 5: 9–18.
[3] Apriansyah A, Romadon S, Andrianovita D. Relations Between the Level of Pre-operative Anxiety and the Degree of Pain in Post Sectio Caesarea Patients at the Muhammadiyah Hospital in Palembang in 2014. J Sriwij Nursing. 2015; 2 (1): 1–9.
[4] Kustiawan R, Lesharini E. Experiences in Providing Informed Conventions for Surgical Actions in Elective Pre-Operative Patients in the Islamic Boarding Room of Tasikmalaya City. J Health Bakti Tunas Husada. 2014; 11 (1): 68–81.
[5] Hidayah N. Management of the Professional Nursing Care Model (MAKP) Team in Increasing Patient Satisfaction at the Hospital. J Health. 2014; VII (2): 410–26.
[6] Sarmanu. Basic Quantitative, Qualitative Research & Statistics Methodology. Surabaya: Airlangga University Publishing and Printing Center (AUP) (OC 012 / 01.18 / AUP-B3E); 2017. 70 p.
[7] Siyoto S, Sodik A. Basic Research Methodology. Ayup, editor. Sleman: Literacy Media
[8] Sutiyatno S. Research Methodology (Information Technology Research, Quantitative and Qualitative Research, Experimental Research, Research & Development Research and Action Research). March 2017. Yogyakarta: K-Media; 2017. 229 p.