

## Analisis kesiapan komunikasi risiko episenter pandemi influenza di RSPAD Gatot Soebroto Provinsi, DKI Jakarta, Tahun 2010 = Analysis of risk communication readiness influenza pandemic epicenter Gatot Subroto Army Hospital in DKI Jakarta Province of Year 2010

Rangkuti, Muhammad Bal'an Kamali, author

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### Abstrak

Pada dasarnya komunikasi risiko adalah segala bentuk pertukaran informasi tentang risiko antara seluruh pihak yang berkepentingan, mencakup precaution advocacy, outrage management dan crisis communication. Komunikasi risiko dilakukan sebelum, saat, dan sesudah krisis terjadi, bertujuan mencegah perilaku masyarakat yang menghambat penanggulangan atau bahkan merusak.

Penelitian ini bertujuan untuk mengetahui kesiapan RSPAD Gatot Soebroto dalam melakukan komunikasi risiko dalam menghadapi pandemic influenza. Penelitian dilakukan terhadap komponen dukungan pimpinan rumah sakit dan komponen-komponen kesiapan lainnya antara lain SDM, Dana, Metode, Alat dan Mesin yang telah dimiliki oleh RSPAD Gatot Soebroto. Penelitian ini menggunakan desain kualitatif yang bersifat deskriptif.

Hasil penelitian menunjukkan bahwa RSPAD Gatot Soebroto secara umum sudah dan dapat melakukan komunikasi risiko baik kepada pihak internal rumah sakit maupun kepada pihak eksternal rumah sakit. Pimpinan RSPAD Gatot Soebroto pun sudah memberikan dukungan terhadap pelaksanaan komunikasi risiko ini. Seluruh petugas di RSPAD Gatot Soebroto sudah diberikan sosialisasi juga diberikan pelatihan guna meningkatkan pengetahuan dan kemampuan petugas dalam menghadapi pandemic influenza. Namun dalam melakukan komunikasi risiko masih belum maksimal. Metode pengkomunikasian dan alat komunikasi yang dimiliki oleh RSPAD Gatot Soebroto sudah cukup baik, namun pihak manajemen rumah sakit belum bias mengalokasikan dana yang khusus untuk mendukung kelancaran komunikasi dalam menghadapi pandemic influenza.

Saran yang diajukan adalah memberikann pelatihan khusus mengenai komunikasi risiko dalam menghadapi pandemic influenza setidaknya kepada petugas yang tergabung dalam Tim Flu Burung yang telah dibentuk oleh rumah sakit. Penambahan alat komunikasi juga diperlukan dalam menjamin kelancaran proses komunikasi risiko, lebih lanjut disarankan kepada pihak manajemen rumah sakit untuk dapat mengalokasikan dana taktis untuk mendukung proses komunikasi risiko pada saat terjadinya pandemic influenza nantinya.

.....Basically, risk communication can be interpreted as all forms of risk information exchange among all stakeholders concerned, which covered of precaution advocacy, outrage management and crisis communication. Risk communications is conducted before, during, and after the crisis occurs, which aims to prevent of people behaviors that inhibit the crisis rehabilitation activities or even to prevent the destructive behavior.

The objective of this study is to determine the readiness of RSPAD Gatot Subroto to conduct the risk communication in dealing with pandemic influenza which was held in June 2010. The study is conducted toward the supportive component of the hospital executive management and other preparedness components include human resources, funds, methods, tools and machines that have been owned by RSPAD Gatot

Subroto. This study applies the descriptive of qualitative design method which means as a Technique to obtain data with in-depth interviews, observation and document review.

The result of the study shows that in general the RSPAD Gatot Subroto has conducted the risk communication and shows the capability in enhancing the risk communication program to its both the internal part and external part. The risk communication program is also fully supported by the chief management of the RSPAD Gatot Subroto. All the employee of the RSPAD Gatot Subroto has been socialized and trained in order to improve their knowledge and skills in dealing with pandemic influenza. However the risk communication program is not maximal implemented. The communication method and tools which are owned by RSPAD Gatot Subroto are fairly well. However the hospital management still has not the ability to allocate the special budget to support the communication in dealing with pandemic influenza.

Some suggestions to increase the risk communication implementation are to conduct special training at least for the hospital officer merged to the Avian Influenza Team which was formed by the hospital management in dealing with pandemic influenza. Additional communication tools are needed to ensure the continuity of the risk communication process. Furthermore, it's suggested for the hospital management to allocate special budget to support the risk communication process at the time of the pandemic influenza occurrence.