

Stereotip pada profesi kesehatan di Indonesia: Studi eksplorasi = Stereotypes of health professions in Indonesia: an Explorative study.

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Abstrak

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Latar Belakang. Pelayanan kesehatan yang efektif dan efisien memerlukan upaya peningkatan kolaborasi antar tenaga kesehatan. Salah satu hambatan terbentuknya kolaborasi yang efektif adalah stereotip. Stereotip merupakan persepsi atau cara pandang mengenai seseorang atau sekelompok orang. Penelitian ini bertujuan mengekplorasi persepsi peserta didik profesi kesehatan dan praktisi kesehatan tentang stereotip.

Metode. Penelitian ini menggunakan disain studi kualitatif dengan pendekatan fenomenologi. Pemilihan sampel menggunakan maximum variety sampling yang melibatkan mahasiswa tahap akademik, mahasiswa tahap profesi dan praktisi kesehatan. Pengambilan data primer dilakukan melalui diskusi kelompok terarah. Analisis data dilakukan dengan analisis tematik.

Hasil. Diskusi kelompok terarah dilakukan sembilan kali dengan total responden 71 responden. Responden peserta didik tahap akademik dan tahap profesi terdiri dari program studi pendidikan dokter, program studi ilmu keperawatan dan program studi farmasi. Setiap program studi diwakili oleh delapan responden. Untuk praktisi kesehatan terdiri dari delapan dokter, delapan perawat dan tujuh apoteker. Terdapat empat tema yang diperoleh yaitu tipe stereotip, faktor yang memengaruhi terbentuknya stereotip, implikasi stereotip dan cara mengatasi stereotip. Pembentukan sterotip ini dipengaruhi oleh kurangnya pemahaman tentang profesi lain, setting pelayanan, kultur hierarkis, pengalaman individu terkait pelayanan kesehatan dan pandangan masyarakat. Stereotip menyebabkan hambatan pada komunikasi, menurunkan kepercayaan diri pada profesi kesehatan tertentu. Stereotip ini dapat diatasi dengan cara meningkatkan kompetensi profesi, knowledge sharing antar profesi, pengenalan peran dan kompetensi profesi serta mempunyai tujuan untuk keselamatan pasien.

Simpulan. Stereotip positif dan negatif terdapat pada semua profesi yang memberikan dampak negatif pada kolaborasi. Stereotip ini disebabkan oleh kurangnya pemahaman tentang profesi lain, setting pelayanan, kultur hierarkis, pengalaman individu dan pandangan masyarakat tentang profesi kesehatan. Untuk mengatasi hal itu diperlukan adanya pengenalan peran profesi lain dan refleksi diri dari setiap individu. Selain itu diperlukan adanya pendidikan interprofesi untuk mengatasi pembentukan stereotip sehingga dapat meningkatkan kualitas kolaborasi pelayanan interprofesi

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**ABSTRACT
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Background. Effective and efficient health services require efforts to increase collaboration between health professionals. One of the barrier of effective collaboration is stereotypes. Stereotypes represent perceptions or perspectives about a person or group of people. This study aims to explore perceptions of health professional students and practitioners regarding stereotypes.

Methods. This study was a qualitative study with phenomenology approach. Samples were selected using maximum variety sampling method, involving students from both academic and clinical stages as well as

health practitioners. Primary data collection was conducted through focus group discussion. Data obtained were analyzed using thematic analysis.

Results. Nine focus group discussions were conducted with 71 respondents. Eight students of three health professions study programs were involved in this study, representing study programs of medicine, nursing, and pharmacy. Eight medical practitioners, eight nurses, and seven pharmacists were also involved in focus group discussions representing health professionals. Four themes were identified from this study including types of stereotypes, factors affecting stereotypes formation, implications of stereotypes, and how to overcome stereotypes. Stereotype formation was affected by the lack of understanding of other health professions' role, hierarchical culture, personal experience in receiving healthcare, and community view. Stereotypes among health professionals caused obstacles in healthcare team communication and reduced self-confidence in certain health professionals. These stereotypes may be overcome through competency development and knowledge sharing among professionals as well as introduction of other health care professionals' roles and competences so that each profession possessed similar goals for patients' safety.

Conclusion. Both positive and negative stereotypes affected collaboration negatively. Stereotypes were greatly affected by the lack of understandings, healthcare settings, hierarchical cultures, personal experiences, and society view regarding certain health profession. Therefore, understanding of other professions' role and self-reflection were important, as well as interprofessional education (IPE) and collaborative practice (IPCP) to overcome the stereotypes formation.