

BURNOUT AND WELFARE IN HEALTHCARE WORKERS DURING COVID-19 IN INDONESIA



By June 2021
1,837,126 cases and 51,095 deaths

This led to
Patient demand > healthcare capacity

Increased pressure on HCWs
Leading to poor retention of HCWs

Background

By June 2021, COVID-19 cases in Indonesia reached a peak and patient demand exceeded the capacity of the health system, leading to a shortage of resources. Scarcity in appropriate ethical guidelines on how to allocate limited resources, led to difficult decision making and ethical dilemmas for healthcare workers (HCWs).

This study investigated the decision-making processes of HCWs in these resource allocation decisions during COVID-19 and the role that ethics and culture played in these processes. As result of ethical dilemmas and barriers to care present due to COVID-19, HCWs exhibited symptoms of burnout.

Introduction

This study investigated the decision-making processes of HCWs in these resource allocation decisions during COVID-19 and the role that ethics and culture played in these processes. As result of ethical dilemmas and barriers to care present due to COVID-19, HCWs exhibited symptoms of burnout.

Methodology

The sample consisted of nine HCWs, made up of nurses, doctors and hospital management - all of whom worked during COVID in a mix of private and publicly funded hospitals

Qualitative data was collected via semi-structured interviews performed remotely via Maastricht University Zoom platform.

Thematic analysis was conducted using Braun and Clarke's (2006) method to identify key themes in participant responses.

Analysis



This study identified that when faced with difficult decisions, HCWs relied on a repertoire of general and utilitarian principles to allocate scarce resources.

However, it also identified the significant mental and emotional burden that facing ethical dilemmas and difficult decisions during the COVID-19 pandemic had on healthcare workers.

This resulted all participants reporting cardinal symptoms of burnout, defined by the WHO (2019) as energy loss or fatigue, increased mental distance from one's job or negative feelings or pessimism about the job and reduced professional effectiveness.

Authors

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Affiliations



Strategies to Tackle Burnout

EDUCATION

Curriculum changes such as:

- Wellbeing modules
- Teaching of emotional regulation / resilience
- Case based learning

INSTITUTIONAL ACTION

- Reduction of workload
- Opportunity for rest and exercise
- Staff appreciation

IMPROVEMENT OF GUIDELINES

- Further research required
- Tailored to values and culture of the setting
- Clear and easy to understand

Conclusions

This study found that despite the presence of many bioethical and cultural decision making processes, HCWs working during COVID-19 in Indonesia faced a serious threat to their welfare in the form of burnout.

In order to tackle HCW burnout and improve welfare: improvements must be made in education and preparation, as well as guidelines; and institutions must take actions to protect its HCWs welfare.

Sustainable development goal 3.C, aims to improve "recruitment, development, training and retention of the health workforce" - in line with this goal, it is imperative that this growing issue of burnout is addressed. The lessons learnt from this pandemic must be utilised to strengthen health infrastructure, especially in the face of potential future pandemics or health emergencies across the globe.

References and Recommended Literature

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oo>
- Chattopadhyay, S., & de Vries, R. (2012). Respect for cultural diversity in bioethics is an ethical imperative. *Medicine, Health Care and Philosophy*, 16(4), 639–645. <https://doi.org/10.1007/s11019-012-9433-5>
- Mohendradhaha, Y., Andayani, N. I. P. E., Husri, E. T., Arif, M. D., Sjaahar, R. G. M., Salikha, D. A., & Ali, P. B. (2021). The Capacity of the Indonesian Healthcare System to Respond to COVID-19. *Frontiers in Public Health*, 9. <https://doi.org/10.3389/fpubh.2021.649819>
- Mysar, C., Kerridge, I. R., & Mitchell, K. R. (1995). Teaching clinical ethics as a professional skill: bridging the gap between knowledge about ethics and its use in clinical practice. *Journal of Medical Ethics*, 2(2), 97–103. <https://doi.org/10.1136/jme.212.97>
- Susilo, A. P., & Dewi, E. D. A. M. (2021). Dilema Etik di Rumah Sakit saat Keterbatasan Sumber Daya dalam Pandemi COVID-19. *Jurnal Sosial Dan Humaniora*, 2(2), 97–101. <https://doi.org/10.24123/iosohum.v2i2.4647>
- United Nations Statistics Division. (2021). SDG 3 - Ensure healthy lives and promote well-being for all at all ages. United Nations Department of Economic and Social Affairs: Sustainable Development. <https://stats.un.org/sdgs/report/2021/goal-03/>
- WHO. (2019, May 28). Burn-out an "occupational phenomenon". International Classification of Diseases. World Health Organisation. <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>



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Fwd: Your submission has been accepted for AMEE 2023 Conference.

1 message

Kate Rossie <kate.rossie@ntlworld.com>
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15 July 2023 at 17:10

Begin forwarded message:

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Subject: Your submission has been accepted for AMEE 2023 Conference.
Reply-To: conferences@amee.org



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AMEE 2023, Glasgow, UK
27-30 August 2023

Thank you for submitting your abstract for AMEE 2023. All abstracts were reviewed by a minimum of two-three reviewers and their recommendations were considered by the Programme Committee who made the final decision.

We are very pleased to offer you the following presentation in the AMEE 2023 programme:

Abstract ID: 2695
Title: *Burnout and HCW Welfare in Healthcare Workers in COVID-19 in Indonesia*
Submitted as: Consider for Short Communication or ePoster
Accepted as: ePoster - on demand
Presenter location: On Demand
Presenter(s)*: Kate Rossie.

If you have submitted other abstracts, you will receive a separate email for each one. **The presentation is awarded to the presenter(s) listed above.*

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Location - 'In Person': Presenters are required to [register](#) and pay the appropriate *in-person* registration fee. Presentations may be scheduled at any time between 0900 hrs UK time on Monday 28 August and 1100 hrs UK time on Wednesday 30 August. You will receive an email towards the end of June with speaker instructions and confirmation of your presentation date and time. Due to the complexities of the programme we regret it is not possible to accommodate requests for specific presentation date/times.

Location - 'Online': Presenters are required to [register](#) and pay the appropriate *online* registration fee. Presentations may be scheduled at any time between 0900 hrs UK time on Monday 28 August and 1100 hrs UK time on Wednesday 30 August. You will receive an email towards the end of June with speaker

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Thank you



The AMEE 2023 Conference Team.

Short Communication or ePoster 2695

 Preview

Burnout and HCW Welfare in Healthcare Workers in COVID-19 in Indonesia

 You submission has been accepted

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Main Content

Background

Details of the Background for this submission.

By June 2021, COVID-19 cases in Indonesia reached a peak and patient demand exceeded the capacity of the health system, leading to a shortage of resources. Scarcity in appropriate ethical guidelines on how to allocate limited resources, led to difficult decision making or ethical dilemmas for healthcare workers (HCWs). This study investigated the decision-making processes of HCWs in these resource allocation decisions during COVID-19 and the role that ethics and culture played in these processes.

Summary Of Work

Details of the Summary Of Work for this submission.

The sample consisted of nine HCWs, made up of nurses, doctors and hospital management. Qualitative data was collected via semi-structured interviews performed remotely via Maastricht University Zoom platform. Thematic analysis was conducted using Braun and Clarke's (2006) method to identify key themes in participant responses.

Summary Of Results

Details of the Summary Of Results for this submission.

This study found that when faced with difficult decisions, HCWs relied on a repertoire of general and utilitarian principles to allocate scarce resources, employing processes such as individual judgement, peer groups and management to make the decision. However, as a result of these ethical dilemmas and barriers to care present due to COVID-19, HCWs exhibited cardinal symptoms of burnout.

Discussion And Conclusion

Details of the Discussion And Conclusion for this submission.

Consequently, this study found that in order to tackle HCW burnout and improve welfare; the clinical education curriculum needs further education on HCW welfare and clinical application of bioethics in practice.

Take Home Messages

Details of the Take Home Messages for this submission.

The lessons learnt from this pandemic must be utilised to strengthen health infrastructure, especially in the face of potential future pandemics or health emergencies across the globe.



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Nomor : 202/FK/VI/2022
Lampiran : 1 (satu) berkas
Hal : Izin Penelitian dan Pengesahan Proposal

Surabaya, 7 Juni 2022

Yth.
dr. Astrid Pratidina Susilo, Sp.An, Ph.D.
Di Tempat

Dengan hormat,

Sehubungan dengan penelitian Saudara yang berjudul "Persepsi Tenaga Kesehatan dan Pasien terhadap Alokasi Sumber Daya yang Terbatas di Masa Pandemi COVID-19 (*The perception of health professionals and patients toward the limited resources allocation during the COVID-19 Pandemics*), bersama ini kami sampaikan bahwa penelitian tersebut dapat disetujui. Proposal penelitian yang telah disahkan, kami kirimkan terlampir.

Demikian surat ini kami buat, atas perhatian Saudara kami ucapkan terima kasih.

Hormat kami,



Prof. Dr. H. Achmad Romdoni, Sp.PD., Sp.JP(K), FIHA., FAsCC., FACC.

Dekan

Dr.

Laporan Akhir Penelitian

Persepsi Tenaga Kesehatan dan Pasien terhadap Alokasi Sumber Daya yang Terbatas di Masa Pandemi COVID-19



Diajukan oleh :

dr. Astrid Pratidina Susilo, Sp.An-TI, MPH, Ph.D

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Laboratorium Ilmu Pendidikan Kedokteran dan Bioetika
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2023

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6. Waktu Pelaksanaan : Mei 2022 – April 2023
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A. Pendahuluan

Sejak Januari 2020, virus COVID-19 telah menyebar ke seluruh dunia (Gilardino, 2020), menyebabkan masalah kesehatan global dengan berbagai tantangan ekonomi, sosial, dan politik (Atalan, 2020). Di Indonesia, lonjakan angka penderita COVID-19 sempat melebihi kapasitas sistem layanan kesehatan, terutama pada Juni-Agustus 2021. Ketersediaan tempat rawat inap, fasilitas, petugas kesehatan, serta alat pelindung diri, tidak sebanding dengan peningkatan jumlah pasien (Mahendradhata et al., 2021). Keterbatasan ini mengakibatkan banyak pasien yang tidak mendapatkan pertolongan yang adekuat dan bahkan meninggal dunia (Emanuel et al., 2020).

Fenomena ini sejalan dengan prediksi para pakar, yang digambarkan dalam kurva kejadian COVID-19. Protokol kesehatan yang adekuat akan bermanfaat untuk melandaikan kurva atau yang disebut dengan '*flattening the curve*', dan sebaliknya (Gilardino, 2020). Sebagai konsekuensi, ketika kapasitas sistem layanan kesehatan terlampaui dan terjadi keterbatasan sumber daya, rumah sakit dan petugas kesehatan harus menjalankan mekanisme seleksi pasien, yang berpotensi menimbulkan dilema etik bagi petugas kesehatan. Salah satu seleksi yang paling sulit adalah pemilihan pasien yang mendapatkan akses ICU dan ventilator. Petugas kesehatan mengambil beban berat karena terpaksa memilih pasien. Mereka dapat merasa tertekan, marah, merasa bersalah, atau tidak berdaya ketika melihat pasien meninggal dunia (Truog et al., 2020).

Munculnya varian COVID-19 baru seperti Delta dan Omicron memicu ancaman berkelanjutan terhadap kapasitas layanan kesehatan Indonesia, sementara panduan mekanisme alokasi keterbatasan sumber daya dalam situasi pandemi belum ada. Dengan demikian sangat penting untuk memiliki mekanisme yang tepat jika kapasitas terlampaui lagi (Mahase, 2021).

Dilema etik yang dihadapi oleh petugas kesehatan dalam alokasi sumber daya di masa pandemi dipengaruhi oleh konteks sosial budaya yang berdampak pada pengambilan keputusan. Indonesia memiliki kultur komunal yang kuat. Pengaruh kelompok dan masyarakat sangat penting terhadap proses pengambilan keputusan. Konsep *in-group* dan *out-group* diduga dapat menjadi pertimbangan lain di samping prinsip-prinsip etika yang seharusnya menjadi pertimbangan utama (Hofstede et al., 2010). Sebenarnya, pendidikan etika telah menjadi bagian penting dalam pendidikan kedokteran. Namun tidak didapatkan data, mampu atau tidak untuk memberikan bekal menghadapi dilema etik pada kondisi keterbatasan yang tidak terduga seperti pandemi.

Artikel di New England Medical Journal (Emanuel et al., 2020) memberikan panduan umum untuk membantu petugas kesehatan dan rumah sakit melakukan justifikasi dalam mekanisme seleksi pasien. '**to do the greatest good for the greatest number of people**', yang sejalan dengan prinsip bioetika (Beauchamp and Childress, 2013). Penerapan prinsip-prinsip seleksi ini dipengaruhi banyak faktor, yang di Indonesia belum banyak diteliti. Penelitian ini bertujuan untuk memotret fenomena dilema etik yang dihadapi petugas kesehatan serta penerapan prinsip-prinsip etika di rumah sakit dalam alokasi sumber daya yang terbatas yang terjadi di saat pandemi COVID-19. Penelitian dilakukan terhadap petugas kesehatan sebagai pelaksana, manajemen rumah sakit sebagai pemegang keputusan, serta pasien dan keluarga/kerabat pasien yang pernah menderita Covid-19. Manfaat penelitian ini adalah untuk mengetahui dilema dan pertimbangan etika dari petugas kesehatan dalam alokasi sumber daya yang terbatas, sehingga dapat diberikan rekomendasi strategi/panduan berikut: (1) penerapan prinsip-prinsip etika bagi petugas kesehatan dan manajemen di rumah sakit supaya dapat menjalankan pelayanan bagi pasien COVID-19 pada konteks keterbatasan sumber daya (2) pendidikan etika bagi petugas kesehatan untuk menghadapi dilema etik pada kondisi keterbatasan sumber daya.

Pertanyaan penelitian

1. Faktor-faktor apa yang memengaruhi keputusan tenaga kesehatan menentukan prioritas pasien masuk ke ICU?
2. Bagaimana pandangan pasien Covid-19 dan keluarga atau kerabat tentang proses penentuan prioritas pasien untuk mendapatkan layanan di rumah sakit?
3. Sejauh mana tenaga kesehatan memahami dan melaksanakan prinsip etika dalam penentuan prioritas pasien yang masuk ICU ?

B. Metode Penelitian

a. Desain penelitian

Penelitian ini menggunakan metode kualitatif eksploratif melalui wawancara semi terstruktur untuk mengeksplorasi dilema etik yang dialami petugas kesehatan di Indonesia serta proses pengambilan keputusan dalam pemilihan pasien untuk mendapatkan fasilitas kesehatan di rumah sakit, termasuk akses masuk ICU, dalam konteks kelangkaan sumber daya akibat pandemi Covid-19. Dalam wawancara dieksplorasi juga pengetahuan petugas kesehatan tentang prinsip-prinsip bioetika

menurut Beauchamp and Childress (2013) dan peran mereka dalam proses pengambilan keputusan seleksi pasien. Selain itu, penelitian ini juga mengeksplorasi pengaruh budaya komunal/kolektivis di Indonesia dalam pengambilan keputusan dan interaksinya dengan prinsip-prinsip bioetika yang seharusnya.

b. Waktu dan tempat penelitian

Penelitian dilakukan secara daring melalui media *zoom meeting* yang telah disepakati antara peneliti dan subjek penelitian. Waktu penelitian adalah Mei 2022 – April 2023. Karena penelitian dilakukan secara daring, subyek penelitian berasal dari berbagai lokasi di Indonesia.

c. Pemilihan subjek penelitian

Kriteria inklusi subjek penelitian adalah: dewasa berusia minimal 18 tahun; dapat berkomunikasi dengan baik; bersedia mengikuti penelitian; subjek petugas kesehatan (dokter atau perawat) pernah merawat pasien Covid-19 atau staf manajerial rumah sakit yang menerima perawatan Covid-19; dan subjek pasien dan keluarga/kerabat pasien yang pernah dirawat karena Covid-19. Para pihak ini memberikan perspektif nilai yang berbeda sekaligus sebagai triangulasi sumber.

Teknik *sampling* menggunakan *snowball sampling*, suatu bentuk pengambilan sampel non-probabilitas yang memperoleh sampel penelitian melalui rujukan yang dibuat antarsubjek penelitian yang mengetahui orang lain yang memiliki karakteristik yang sesuai (Biernacki, 1981; Naderifar *et al.*, 2017). Proses ini efisien untuk penelitian ini dimana 'bola salju' akan bergulir secara berantai sampai terjadi kejenuhan data, dengan kontrol akan tetap berada di tangan peneliti untuk memastikan perolehan informasi yang dibutuhkan. Variasi data juga diperhatikan dalam penelitian ini sehingga didapatkan informasi yang kaya, misalnya variasi geografis, institusi petugas kesehatan bekerja atau pasien dirawat, dan latar belakang pendidikan/pengalaman petugas kesehatan. Dari penelitian ini didapatkan subjek penelitian dari berbagai kota di Indonesia, mulai dari Jawa Timur, Jawa Barat, Sumatera, dan Kalimantan. Jenis pekerjaan juga beragam, yaitu dari subjek penelitian pasien adalah ibu rumah tangga, pegawai swasta, pensiunan PNS, PNS, guru, maupun pengusaha. Sedangkan dari subjek penelitian tenaga kesehatan adalah dokter umum, dokter spesialis, dokter jaga ICU, perawat, manajer rumah sakit, dan komite medis rumah sakit.

Jumlah subjek penelitian 18 orang pasien/keluarga pasien dan 13 orang petugas kesehatan/staf manajerial rumah sakit. Sifat sampel kualitatif adalah *purposif*, untuk

memberikan informasi yang kaya dan mendalam yang relevan dengan fenomena penelitian, oleh karena itu, analisis tidak boleh dikompromikan demi kuantitas (Vasileiou *et al.*, 2018).

d. Prosedur pengumpulan data

Pengumpulan data dilaksanakan dengan wawancara semi-terstruktur, mengikuti panduan wawancara yang telah disiapkan sebelumnya, tetapi tetap memberikan kesempatan kepada partisipan untuk menceritakan hal-hal yang terkait dengan topik wawancara meskipun tidak ada dalam panduan wawancara. Lama wawancara adalah 45-90 menit untuk setiap partisipan, dan direkam secara elektronik. Panduan wawancara memuat tiga subtopik: proses pengambilan keputusan dengan dilema etik yang dialami; kesadaran akan prinsip-prinsip bioetika; dan pengaruh budaya kolektif Indonesia terhadap proses pengambilan keputusan.

e. Analisis data

Hasil wawancara ditranskripsi secara *verbatim*. Rekaman dan transkripsi disimpan dalam folder aman di laptop yang dilindungi kata sandi, dengan cadangan. Untuk privasi dan anonimitas, setiap peserta menerima kode unik. Analisis data dilakukan selama penelitian dengan mengkodekan transkrip dalam ketiga subtopik yang telah disebutkan, lalu dilakukan pengkodean induktif untuk mengembangkan suatu kategori koding berdasarkan berbagai tema yang muncul, selanjutnya mengidentifikasi dan menganalisis hubungan antartema. Analisis data dilakukan secara simultan dengan wawancara penelitian sehingga sekaligus dapat dievaluasi diperlukan perbaikan atau tidak untuk wawancara selanjutnya.

f. Pertimbangan etis

Proposal penelitian telah diajukan ke Komite Etik Penelitian Universitas Surabaya dan telah mendapatkan surat keterangan kelaikan etik dengan nomer 75/KE/V/2022. Subyek penelitian diberi penjelasan dan diminta untuk menandatangani formulir persetujuan partisipasi dalam penelitian. Anonimitas dan kerahasiaan subyek dirahasiakan dengan menggunakan kode untuk setiap identitas partisipan. Penelitian ini juga tidak memberikan potensi bahaya fisik bagi subyek penelitian.

C. Hasil Penelitian

Penelitian ini dilakukan dibagi menjadi 2 bagian, yaitu wawancara kepada subjek penelitian tenaga kesehatan yang pernah merawat pasien Covid-19 (selanjutnya disebut sebagai penelitian 1) dan wawancara kepada subjek penelitian pasien/keluarga pasien yang pernah dirawat karena Covid-19 (selanjutnya disebut sebagai penelitian 2). Peneliti melakukan penelitian ini sekaligus sebagai supervisi terhadap tesis 2 mahasiswa Maastricht University, yaitu Kate Rossie (didampingi di penelitian 1) dan Lara Matter (didampingi di penelitian 2).

Penelitian 1 (tenaga kesehatan yang pernah merawat pasien Covid-19)

Wawancara dilakukan kepada subjek penelitian tenaga kesehatan yang merawat pasien Covid-19 dan subjek penelitian pasien/keluarga pasien yang pernah dirawat karena Covid-19. Dari wawancara dengan tenaga kesehatan yang merawat pasien Covid-19, didapatkan beberapa tema, yaitu:

- a. Penghalang/hambatan dalam perawatan pasien Covid-19
 - i. Keterbatasan sumber daya
 - ii. Keterbatasan pendanaan
 - iii. Ketidakpastian kondisi di tengah Covid-19
 - iv. Adanya stigma negatif tentang Covid-19 di masyarakat
- b. Kriteria/prinsip umum penerimaan pasien Covid-19 ke ICU
 - i. Keparahan penyakit dan usia
 - ii. Tingkat kesembuhan atau harapan hidup

Keparahan penyakit dan harapan hidup berkaitan, yaitu pasien dengan derajat keparahan penyakit akan mempunyai harapan hidup lebih besar atau tidak jika diberikan pertolongan maksimal di ICU. Pasien dengan derajat keparahan yang tinggi dan masih ada kemungkinan sembuh akan tetap mendapatkan prioritas, tetapi jika kondisi penyakit sudah sangat parah, terjadi pada usia lanjut, yang harapan hidupnya kecil, maka dipertimbangkan untuk tidak diberikan pengobatan maksimal karena pengobatan yang diberikan akan sia-sia, sedangkan ada pasien lain yang lebih membutuhkan dan ada harapan sembuh yang lebih besar.

- iii. Prinsip *first come, first served*

Dalam pelayanan kesehatan yang mengalami keterbatasan sumber daya, hampir semua partisipan menyetujui bahwa prinsip *first come, first served* tidak

dapat diterapkan karena dengan sumber daya yang terbatas, harus dipilih pasien yang sebaiknya ditolong lebih dulu berdasarkan kriteria medis dan etis, bukan berdasarkan urutan kedatangan.

iv. Prinsip menyelamatkan nyawa sebanyak mungkin

Prinsip ini sesuai dengan sumpah dokter yaitu melakukan tindakan kemanusiaan mengutamakan keselamatan pasien.

v. Adanya guideline/pedoman medis dari rumah sakit

Partisipan menyetujui bahwa harus ada pedoman dari rumah sakit yang menjadi panduan tenaga kesehatan untuk membuat keputusan pemilihan pasien yang harus dirawat. Partisipan 2916 mengatakan bahwa,

“Kebijakan formal dalam panduan di rumah sakit, adalah Anda harus menerima pasien terburuk.”

Pernyataan ini menunjukkan pasien dalam kondisi pasien seburuk apapun, tenaga kesehatan harus siap merawatnya.

c. Nilai yang mendasari pemilihan pasien Covid-19 ke ICU

i. Prinsip etika utilitarianisme

ii. Adanya prioritas untuk tenaga kesehatan dan hubungan tenaga kesehatan dengan pasien

iii. Faktor kedudukan sosial pasien dalam masyarakat

iv. Faktor budaya lokal yang memengaruhi misalnya pengutamaan orang tua yang harus dirawat lebih dulu

Sebagian besar partisipan kurang menyetujui jika pertimbangan kedudukan sosial menjadi pertimbangan perawatan pasien melebihi indikasi medis, tetapi partisipan menyetujui bahwa kriteria ini bisa menjadi pertimbangan karena jika nilai sosial seseorang besar di masyarakat, maka jika dia ditolong lebih dulu, juga akan membawa manfaat bagi masyarakat. Bahkan, jika misalnya tenaga kesehatan tidak diutamakan diberikan pertolongan, maka justru dapat membahayakan masyarakat, karena jumlah orang yang merawat pasien juga akan berkurang. Dengan demikian tenaga kesehatan diutamakan supaya setelah sembuh, dapat membantu lebih banyak orang. Keluarga tenaga kesehatan juga dipertimbangkan untuk diutamakan karena jika keluarganya sakit, maka tenaga kesehatan tidak akan dapat bekerja maksimal. Budaya Indonesia yang komunal dan hirarkis juga mempengaruhi hal ini. Dengan budaya ini, maka tenaga kesehatan akan lebih mengutamakan orang yang dikenal atau yang mempunyai pengaruh/manfaat lebih besar di masyarakat.

d. Pengetahuan yang mendasari tenaga kesehatan

Para partisipan tidak mengetahui panduan etik secara formal sebagai panduan mengambil keputusan dalam pemilihan perawatan pasien. Para partisipan membuat keputusan berdasarkan pengalaman dan pertimbangan moral yang selama ini diketahui secara informal saja.

e. Proses pengambilan keputusan

Para partisipan melakukan pengambilan keputusan perawatan pasien Covid-19 melalui tahap berikut: menggunakan penilaian pribadi, mengikuti panduan klinis/guideline, perundingan atau peer review dengan kolega lain, baik secara formal maupun informal.

f. Perasaan/dilematika yang dihadapi tenaga kesehatan dalam pemilihan pasien Covid-19 di tengah keterbatasan sumber daya

Pada umumnya, para partisipan mengalami rasa bersalah atau burnout ketika tidak bisa menolong banyak pasien yang mereka pikir seharusnya ditolong. Mereka tidak mampu menolong banyak pasien karena keterbatasan sumber daya dan hal ini membuat dilematis dan munculnya perasaan bersalah. Perasaan ini juga diikuti dengan perasaan sedih, takut atau kuatir jika telah melanggar moral atau hukum.

“Sungguh menyakitkan saat itu, ketika pasien Anda bertanya kepada Anda: Dokter, bisakah saya hidup, apakah saya bisa besok sehat, bisakah saya bertemu keluarga saya,” diungkapkan oleh partisipan 1037.

Para partisipan merasa lelah oleh beban pekerjaan yang mengharuskan menyelamatkan sebanyak mungkin nyawa, tetapi jika ada pengambilan keputusan yang salah atau ada pasien yang tidak bisa diselamatkan, masih harus dibebani oleh rasa bersalah. Selain itu adanya tuntutan untuk sebisa mungkin tidak tertular, perasaan ini sangat membebani partisipan secara mental.

Penelitian 2 (pasien/keluarga yang pernah dirawat karena Covid-19)

Hasil wawancara terhadap partisipan pasien/keluarga pasien yang pernah dirawat karena Covid-19 menemukan tema-tema sebagai berikut:

- a. Persepsi pasien terhadap kelangkaan sumber daya saat pandemic
- b. Kriteria pemrioritasan pasien saat ada kelangkaan sumber daya
 - i. Umur dan harapan hidup

Sebagian besar partisipan menganggap bahwa pasien yang lebih tua lebih diprioritaskan untuk diselamatkan, karena mereka kaum rentan yang jika

tidak ditolong akan lebih fatal. Hanya tiga orang partisipan yang mengatakan bahwa pasien yang diprioritaskan bukan tergantung umurnya, tetapi harapan hidupnya. Hal ini terkait erat dengan budaya Indonesia yang harus mengutamakan orang tua sebagai wujud bakti dan penghormatan. Hal ini disampaikan oleh partisipan 9,

“Bagi kita di Indonesia ada semacam budaya yang harus diikuti, jadi yang lebih tua harus ditolong atau dirawat dulu.”

ii. Kondisi penyakit pasien. Dokter harus mengutamakan pasien yang kondisinya lebih parah.

iii. Nilai pasien di masyarakat

Partisipan 8 mengatakan hal ini,

“Pada dasarnya dalam situasi ini Anda tahu jika Anda dapat menyelamatkan seorang dokter yang juga dapat membantu Anda di masa depan untuk menyelamatkan pasien lain. Itu mungkin akan menjadi salah satu... apa yang Anda katakan... salah satu kriteria yang dapat kita pikirkan.”

iv. Hubungan kekerabatan

Hal ini terkait dengan budaya Indonesia yang mengutamakan kekerabatan, sehingga jika pasien adalah orang yang dikenal dokter, biasanya akses untuk dirawat juga akan lebih mudah.

c. Peran komunitas

Dari hasil penelitian, para partisipan mengatakan bahwa peran masyarakat sangat besar dalam menolong pasien di tengah kelangkaan sumber daya. Nilai Indonesia yang bergotong royong dan saling membantu antarwarga sangat bermanfaat dalam penanganan pasien di masa pandemic. Partisipan 8 mengatakan hal ini,

“Di lingkungan saya, kami mendapat oksigen dari pekerja non-medis. Saat itu kami kekurangan oksigen, jadi saya mencoba menginisiasi komunitas. (...) Kami melakukannya dengan mengumpulkan uang secara sukarela untuk membeli oksigen. Kami juga bekerja sama dengan para dokter di lingkungan kami dan berbicara dengan mereka tentang apa yang harus kami lakukan selama pandemi untuk pertolongan pertama.”

Dari hasil penelitian dengan dua sudut pandang yaitu dari tenaga kesehatan dan pasien ini, ditemukan suatu perbedaan persepsi, yaitu pasien menganggap bahwa usia tua atau

kelompok rentan harus diutamakan, sedangkan tenaga kesehatan menganggap bahwa pasien yang harapan hidupnya lebih besar yang harus diutamakan. Untuk menjembatani hal ini, pasien berharap adanya komunikasi yang baik antara dokter dan pasien. Dengan demikian, keterampilan komunikasi sangat diperlukan untuk dapat digunakan sebagai jembatan agar maksud dokter tersampaikan dengan baik kepada pasien tanpa pasien merasa tidak diperhatikan. Hal ini juga berarti pengetahuan dan pelatihan komunikasi dan etika harus diajarkan kepada dokter/tenaga kesehatan sejak masih dalam masa pendidikan.

D. Kemajuan Penelitian dan Luaran Penelitian

Agustus 2022	Tesis Kate Rossie (penelitian 1) selesai (9 partisipan tenaga kesehatan)
Maret 2023	Tesis Lara Matter (penelitian 2) selesai (11 partisipan pasien/keluarga pasien)
Maret 2023	Submission manuskrip penelitian 2 ke Journal of Health Communication (<i>rejected</i>)
April 2023	Pengumpulan data masih berlanjut, dan selesai di akhir April 2023 (total 31 partisipan dari penelitian 1 dan 2)
May 2023	Submission manuskrip penelitian 2 ke Health Communication (<i>rejected</i>)
Juli 2023	Submission manuskrip penelitian 2 ke Developing World Bioethics (dalam proses review)
Agustus 2023	Presentasi poster penelitian 1 oleh Kate Rossie ke AMEE Conference, Glasgow, United Kingdom

Penelitian saat ini telah selesai dengan luaran seperti yang tertulis dalam tabel. Luaran publikasi yang telah terlaksana adalah :

- Presentasi e-poster pada bulan Agustus 2023
- Submission artikel jurnal di Developing World Bioethics yang sedang dalam tahap review. Pengajuan artikel pada 2 jurnal sebelumnya telah dilakukan tetapi hasil *rejected*.

D. Lampiran (bukti dokumen)

1. Ijin penelitian dari FK Ubaya



"TO BE THE FIRST UNIVERSITY IN HEART & MIND"

UBAYA
UNIVERSITAS SURABAYA

Nomor : 202/FK/VI/2022
Lampiran : 1 (satu) berkas
Hal : Izin Penelitian dan Pengesahan Proposal

Surabaya, 7 Juni 2022

Yth.
dr. Astrid Pratidina Susilo, Sp.An, Ph.D.
Di Tempat

Dengan hormat,

Sehubungan dengan penelitian Saudara yang berjudul "Persepsi Tenaga Kesehatan dan Pasien terhadap Alokasi Sumber Daya yang Terbatas di Masa Pandemi COVID-19 (*The perception of health professionals and patients toward the limited resources allocation during the COVID-19 Pandemics*), bersama ini kami sampaikan bahwa penelitian tersebut dapat disetujui. Proposal penelitian yang telah disahkan, kami kirimkan terlampir.

Demikian surat ini kami buat, atas perhatian Saudara kami ucapkan terima kasih.

Hormat kami,



Prof. Dr. H. Achmad Romdoni, Sp.PD., Sp.JP(K), FIHA., FAsCC., FACC.
Dekan

Dr.

FAKULTAS KEDOKTERAN
Jl. Raya Kalirungkut, Surabaya 60293
Telp. +6231 298 1353 | Fax. +6231 2981354
Email: kedokteran@unit.ubaya.ac.id
Website: www.ubaya.ac.id

2. Ethical Clearance (surat keterangan laik etik) penelitian



INSTITUTIONAL ETHICAL COMMITTEE
UNIVERSITY OF SURABAYA

Jalan Raya Kalirungut, Surabaya, 60293, Gedung FF 02.01
Telepon (031) 2981213, Faksimile (031) 2981256
Email : komite_etik@unit.ubaya.ac.id

No.: 75/KE/V/2022

ETHICAL CLEARANCE CERTIFICATE

TO WHOM IT MAY CONCERN

This is to certify that dr. Astrid Pratidina Susilo, Sp.An., MPH, Ph.D has obtained the necessary ethics approvals for the research project entitled **“The perception of health professionals and patients toward the limited resources allocation during the COVID-19 Pandemic.”** for the time period May, 2022—April, 2023. The Ethics Committee expects to be informed about, any serious adverse event occurring in the course of the study or any revision in the protocol.

Surabaya, 18.05.2022



Emantoko

Dr. rer. nat Sulistyono Emantoko Dwi Putra

Head of
Institutional Ethical Committee
University of Surabaya

3. Bukti permintaan pembimbingan tesis Kate Rossie dan Lara Matter



Faculty of Health, Medicine and Life Sciences

Prof. Dr. dr. Rochmad Romdoni, Sp.PD., Sp.JP(K)., FIHA.,
FAsCC., FACC.
Dean
Faculty of Medicine
Universitas Surabaya (Ubaya)
Surabaya – Indonesia

*Department Health, Ethics and
Society*

your reference

our reference
AK/HH/18.22

direct line

Maastricht
March 17, 2022

Dear Prof. Dr. dr. Rochmad Romdoni, Sp.PD., Sp.JP(K)., FIHA., FAsCC., FACC.,

We would like to request your institution to be the host of Ms Lara Matter (Germany) and Ms Kate Rossie (UK), both are our students of Master of Global Health, Maastricht University the Netherlands. They will conduct their final projects in the topic of Ethical Dilemma in the Hospital in Relation to the Scarcity of Resources in the COVID-19 Pandemic. This topic is the research topic of dr. Astrid Pratidina Susilo, Ph.D and dr. Ervin Dyah Ayu Masita Dewi, M.Sc, the academic staff of Universitas Surabaya (Ubaya). Our students will be a part of their project and they will be their field supervisors. Prof Anja Krumeich from Maastricht University will be the academic supervisor for both students.

Considering the dynamic situation of the COVID-19 pandemic, the project can be conducted online or in person. If it is possible to be conducted in person, the students will visit Indonesia around May – August 2022 as exchange students. Students will be responsible for the cost of their visits. Otherwise, they will work from the distance in collaboration with the team in Indonesia.

Master of Global Health Maastricht University has sent students for their final projects to different institutions around the world, including some students to Universitas Surabaya in the past. For this project, we have periodical discussion on the conceptual and technical aspects with dr Astrid and dr Ervin. We hope that this collaboration will be beneficial for both Maastricht University and Ubaya. Students and teachers will get the opportunity to work in intercultural context and learn from each other.

Visiting address
Peter Debyeplein 1
6229 HA Maastricht

Postal address
P.O. Box 616
6200 MD Maastricht
The Netherlands

T +31 (0)43 388 11 44 (secre) www.maastrichtuniversity.nl

Bank account: 065.76.18.705 Kvk nr.: 50169181
IBAN: NL05 INGB 0657 6187 05
BIC: INGBNL2A
VAT identifier EU
NL0034.75.268.B01

Maastricht UMC+ is een handelsnaam van het academisch ziekenhuis Maastricht.

Please kindly inform if there are other formal procedures that we need to proceed. Thank you very much for your kind support.

Sincerely yours,



Anja Krumeich

Professor in Global Health
Programme Director Master in Global Health
Maastricht University
Faculty of Health, Medicine, and Life sciences
Dept. of Health, Ethics, and Society
Postal address: P.O. box 616
6200 MD Maastricht
The Netherlands

Visiting address: Peter Debyeplein 1
6229 HA Maastricht
The Netherlands

Phone: +31 (0) 43 3881122/1144
Mobile: +31 (0) 6 34318930
E-mail: a.krumeich@maastrichtuniversity.nl
Skypename: a.krumeich
www.maastrichtuniversity.nl

4. Cover tesis penelitian 1 (tenaga kesehatan)



**Decision Making and Ethical Dilemmas in Healthcare Workers in COVID-19 in
Indonesia**

Kate Rossie (i6272053)

13,048 words

MGH4014 MSc Global Health

FHML / Health Sciences, Maastricht University

31/08/2022

Faculty Supervisor : Prof Anja Krumeich, PhD, Associate Professor of Global Health

Field Supervisors: Dr. Astrid Pratidina Susilo, Sp.An., MPH, Ph.D

Second Examiner : David Shaw

5. Cover tesis penelitian 2 (pasien/keluarga pasien)

PATIENT'S PERSPECTIVES ON RESOURCE SCARCITY IN INDONESIA



Maastricht University



UBAYA
UNIVERSITAS SURABAYA

Global Health Master Thesis
Covid-19 Pandemic in Indonesia: Patient's Perspectives on the
Ethical Dilemma of Resource Scarcity

L.L.S. Matter (i6134274)
MGH4014 Master of Science Global Health
Faculty of Health, Medicine and Life Sciences, Maastricht University
26/03/2023

Faculty Supervisor: Anja Krumeich, PhD, Associate Professor of Global Health
Second Examiner: Dr. David Shaw, PhD, Associate Professor
Field Supervisors: Astrid Pratidina Susilo, PhD and Dr. Ervin Dyah Ayu Masita Dewi,
M.Sc.
Placement: Faculty of Medicine, Universitas Surabaya
Jl. Ngagel Jaya Selatan No. 169.
Surabaya 60294

6. Bukti submission dan hasil review di Journal of Health Communication (Maret 2023)

7/15/23, 7:38 AM

Universitas Surabaya Mail - Submission received for Journal of Health Communication (Submission ID: 237216042)



ASTRID PRATIDINA SUSILO _ <pratidina@staff.ubaya.ac.id>

Submission received for Journal of Health Communication (Submission ID: 237216042)

1 message

UHCM-peerreview@journals.tandf.co.uk <UHCM-peerreview@journals.tandf.co.uk>
To: pratidina@staff.ubaya.ac.id

Tue, Mar 7, 2023 at 8:12 PM



Dear Astrid Pratidina Susilo,

Thank you for your submission.

Submission ID	237216042
Manuscript Title	"The reason behind it must also be communicated... ": A qualitative study on patients' selection in the scarcity of resources in the COVID-19 pandemic
Journal	Journal of Health Communication

You can check the progress of your submission, and make any requested revisions, on the Author Portal.

Thank you for submitting your work to our journal.
If you have any queries, please get in touch with UHCM-peerreview@journals.tandf.co.uk.

Kind Regards,
Journal of Health Communication Editorial Office

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Registered office: 5 Howick Place, London, SW1P 1W.



ASTRID PRATIDINA SUSILO _ <pratidina@staff.ubaya.ac.id>

Journal of Health Communication - Decision on Manuscript ID UHCM-2023-0125

8 messages

Journal of Health Communication <onbehalf@manuscriptcentral.com>

Fri, Mar 17, 2023 at 7:58 AM

Reply-To: UHCM-peerreview@journals.tandf.co.uk

To: pratidina@staff.ubaya.ac.id

16-Mar-2023

Dear Dr. Susilo:

Thank you for submitting your manuscript to the Journal of Health Communication. All manuscripts undergo an internal review by the Editor-in-Chief to determine if they are appropriate to enter into the peer review process. We receive a large volume of submissions and have limited space in which to publish them. Therefore, not all the manuscripts we receive are entered into the external review process. After the Editor's review of your manuscript, we have decided not to send your paper out for peer review.

Because your paper did not undergo peer review, this decision does not reflect on the quality of your manuscript. Many factors go into this decision, including the significance of subject and the salience for our readership. While your topic is interesting and relevant, the manuscript lacks connection to health communication theory and does not reference the body of health communication research on the topic. Your paper may be a better fit for a public health journal, a patient education journal, or one focused on general communication.

Thank you for considering Journal of Health Communication. I hope the outcome of this specific submission will not discourage you from the submission of future manuscripts.

Sincerely,

Lauren Swan-Potras (she/her)
Managing Editor, Journal of Health Communication
CUNY Graduate School of Public Health & Health Policy

ASTRID PRATIDINA SUSILO _ <pratidina@staff.ubaya.ac.id>
To: Dyah Ayu Masita Dewi Ervin <erwin_dyah@staff.ubaya.ac.id>

Fri, Mar 17, 2023 at 4:05 PM

Halo Dok Ervin,

Mau balik lagi ke frontiers, atau coba jurnal etik lain?

Astrid

Begin forwarded message:

From: Journal of Health Communication <onbehalf@manuscriptcentral.com>
Date: 17 March 2023 07.58.57 GMT+7
To: pratidina@staff.ubaya.ac.id
Subject: Journal of Health Communication - Decision on Manuscript ID UHCM-2023-0125
Reply-To: UHCM-peerreview@journals.tandf.co.uk

16-Mar-2023
[Quoted text hidden]**ERVIN DYAH AYU MASITA DEWI _** <erwin_dyah@staff.ubaya.ac.id>
To: ASTRID PRATIDINA SUSILO _ <pratidina@staff.ubaya.ac.id>

Fri, Mar 17, 2023 at 4:59 PM

Halo dok..
Oww mereka minta yang ada teori komunikasinya ya...iya sih kan jurnal komunikasi ya hahaha.

Frontier jadi di blacklist internasional nggak ya dok?

[Quoted text hidden]

ASTRID PRATIDINA SUSILO _ <pratidina@staff.ubaya.ac.id>
To: ERVIN DYAH AYU MASITA DEWI _ <ervin_dyah@staff.ubaya.ac.id>

Fri, Mar 17, 2023 at 5:56 PM

Gak semua, Dok. Kalau ndak salah cuma dua yg diblack list, saya nggak hapal apa sih. Waktu saya cerita ke Anja, dia bilang kok sayang banget Frontiers itu sangat prestigious. Tapi kalau mau ke jurnal lain monggo Dok.

On 17 Mar 2023, at 16.59, ERVIN DYAH AYU MASITA DEWI _ <ervin_dyah@staff.ubaya.ac.id> wrote:

[Quoted text hidden]

ERVIN DYAH AYU MASITA DEWI _ <ervin_dyah@staff.ubaya.ac.id>
To: ASTRID PRATIDINA SUSILO _ <pratidina@staff.ubaya.ac.id>

Fri, Mar 17, 2023 at 6:00 PM

Oh semoga jurnal kita tidak di blacklist ya. Tapi deadline sudah lewat apakah tidak apa2 dok? Jika masih bisa gpp dok ke Frontier

[Quoted text hidden]

ASTRID PRATIDINA SUSILO _ <pratidina@staff.ubaya.ac.id>
To: ERVIN DYAH AYU MASITA DEWI _ <ervin_dyah@staff.ubaya.ac.id>

Fri, Mar 17, 2023 at 6:51 PM

Kalau gak diterima di special edition communication bisa dicoba ke special edition lesson learned from covid. Fokus communication sudah banyak manuskripnya Dok, tapi proses review masih berjalan.

Astrid

On 17 Mar 2023, at 18.00, ERVIN DYAH AYU MASITA DEWI _ <ervin_dyah@staff.ubaya.ac.id> wrote:

[Quoted text hidden]

ERVIN DYAH AYU MASITA DEWI _ <ervin_dyah@staff.ubaya.ac.id>
To: ASTRID PRATIDINA SUSILO _ <pratidina@staff.ubaya.ac.id>

Fri, Mar 17, 2023 at 7:03 PM

Baik dok tdk apa2 menurut saya ke Frontier. Ubaya juga tidak ada penolakan artinya untuk jakad tidak masalah mestinya dok

[Quoted text hidden]

ASTRID PRATIDINA SUSILO _ <pratidina@staff.ubaya.ac.id>
To: ERVIN DYAH AYU MASITA DEWI _ <ervin_dyah@staff.ubaya.ac.id>

Fri, Mar 17, 2023 at 10:52 PM

Sip, Dok.

Apakah masih punya manuscript versi Frontiers, Dok, supaya kita tidak perlu edit format lagi?

Astrid

On 17 Mar 2023, at 19.03, ERVIN DYAH AYU MASITA DEWI _ <ervin_dyah@staff.ubaya.ac.id> wrote:

[Quoted text hidden]

7. Bukti submission dan hasil review di Health Communication (Mei-Juni 2023)

7/15/23, 7:36 AM

Universitas Surabaya Mail - Submission received for Health Communication (Submission ID: 235690940)



ASTRID PRATIDINA SUSILO _ <pratidina@staff.ubaya.ac.id>

Submission received for Health Communication (Submission ID: 235690940)

1 message

hhth-peerreview@journals.tandf.co.uk <hhth-peerreview@journals.tandf.co.uk>
To: pratidina@staff.ubaya.ac.id

Thu, May 25, 2023 at 5:40 AM



Dear Astrid Pratidina Susilo,

Thank you for your submission.

Submission ID	235690940
Manuscript Title	"The reason behind it must also be communicated... ": A qualitative study on patients' selection in the scarcity of resources in the COVID-19 pandemic
Journal	Health Communication

You can check the progress of your submission, and make any requested revisions, on the Author Portal

Thank you for submitting your work to our journal.
If you have any queries, please get in touch with hhth-peerreview@journals.tandf.co.uk.

Kind Regards,
Health Communication Editorial Office

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Registered office: 5 Howick Place, London, SW1P 1W.



ASTRID PRATIDINA SUSILO _ <pratidina@staff.ubaya.ac.id>

235690940 (Health Communication) A decision has been made on your submission

2 messages

Jill Yamasaki <em@editorialmanager.com>
Reply-To: Jill Yamasaki <jsyamasa@central.uh.edu>
To: Astrid Pratidina Susilo <pratidina@staff.ubaya.ac.id>

Tue, Jun 6, 2023 at 11:28 PM

Ref.: Ms. No. HC-D-23-00439
235690940

"The reason behind it must also be communicated... ": A qualitative study on patients' selection in the scarcity of resources in the COVID-19 pandemic
Health Communication

Dear Astrid Susilo,

I regret to inform you that I have considered your paper and unfortunately deem it unsuitable for publication in Health Communication. While interesting, your study does not extend or engage with health communication literature and theorizing as our readership would expect. To be clear, this desk rejection is ultimately about fit and is not intended as an overall evaluation of your work.

You are, of course, now free to submit the paper elsewhere should you choose to do so (perhaps Patient Education & Counseling). Thank you for considering Health Communication.

Sincerely,
Jill Yamasaki, Ph.D.
Senior Editor
Health Communication

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/hc/login.asp?a=r>). Please contact the publication office if you have any questions.

ASTRID PRATIDINA SUSILO _ <pratidina@staff.ubaya.ac.id>
To: Jill Yamasaki <jsyamasa@central.uh.edu>

Wed, Jun 7, 2023 at 5:22 AM

Dear Dr Jill Yamasaki,

Thank you very much for informing us of the decision of the journal and for your advice for submission to the next journal.

Sincerely,

Astrid Pratidina Susilo
Universitas Surabaya
[Quoted text hidden]

8. Bukti submission di Developing World Bioethics (Juli 2023)



Developing World Bioethics - Manuscript ID DWB-1801-07-23-OA

1 pesan

Andy Visser-de Vries <onbehalf@manuscriptcentral.com>

Kam, 20 Jul 2023 pukul 21.52

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20-Jul-2023

Dear Susilo:

Your manuscript entitled "The reason behind it must also be communicated...": A qualitative study on patients' selection in the scarcity of resources in the COVID-19 pandemic in a communal culture" has been successfully submitted online and is presently being given full consideration for publication in Developing World Bioethics.

Your manuscript ID is DWB-1801-07-23-OA.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions.

Our journal is currently transitioning to Wiley's Research Exchange submission portal. If you submitted this manuscript through our Research Exchange site, you can view the status of your manuscript by logging into the submission site at wiley.atyponrex.com/journal/DEWB.

If you submitted this manuscript through ScholarOne, you can view the status of your manuscript by checking your Author Center after logging in to <https://mc.manuscriptcentral.com/dwb>.

This journal offers a number of license options for published papers; information about this is available here: <https://authorservices.wiley.com/author-resources/Journal-Authors/licensing/index.html>. The submitting author has confirmed that all co-authors have the necessary rights to grant in the submission, including in light of each co-author's funder policies. If any author's funder has a policy that restricts which kinds of license they can sign, for example if the funder is a member of Coalition S, please make sure the submitting author is aware.

Thank you for submitting your manuscript to Developing World Bioethics.

Sincerely,

Mr Andy F. Visser-de Vries

Managing Editor

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Developing World Bioethics is participating in the PEER project. This project, which is supported by the European Union EC eContentplus programme (http://ec.europa.eu/information_society/activities/econtentplus/index_en.htm) aims to monitor the effects of systematic self-archiving (author deposit in repositories) over time.

If your submission is accepted, and you are based in the EU, your accepted manuscript may be archived by Wiley-Blackwell on your behalf, as part of this project.

The project will develop models to illustrate how traditional publishing systems may coexist with self-archiving. For further information please visit the PEER project website at <http://www.peerproject.eu/>.

9. Bukti penerimaan publikasi e-poster

7/17/23, 10:11 AM

Gmail - Fwd: Your submission has been accepted for AMEE 2023 Conference.



Astrid Pratidina Susilo <astrid.pratidina@gmail.com>

Fwd: Your submission has been accepted for AMEE 2023 Conference.

1 message

Kate Rossie <kate.rossie@ntlworld.com>
To: Astrid Pratidina Susilo <astrid.pratidina@gmail.com>

15 July 2023 at 17:10

Begin forwarded message:

From: AMEE2023@smartsubmissions.io
Date: 28 April 2023 at 11:41:12 pm BST
To: kate.rossie@ntlworld.com
Subject: Your submission has been accepted for AMEE 2023 Conference.
Reply-To: conferences@amee.org



INCLUSIVE LEARNING ENVIRONMENTS TO TRANSFORM THE FUTURE

Dear Kate,

AMEE 2023, Glasgow, UK
27-30 August 2023

Thank you for submitting your abstract for AMEE 2023. All abstracts were reviewed by a minimum of two-three reviewers and their recommendations were considered by the Programme Committee who made the final decision.

We are very pleased to offer you the following presentation in the AMEE 2023 programme:

Abstract ID: 2695
Title: *Burnout and HCW Welfare in Healthcare Workers in COVID-19 in Indonesia*
Submitted as: Consider for Short Communication or ePoster
Accepted as: ePoster - on demand
Presenter location: On Demand
Presenter(s)*: Kate Rossie.

If you have submitted other abstracts, you will receive a separate email for each one. **The presentation is awarded to the presenter(s) listed above.*

Confirmation of Acceptance: Please log in at <https://app.smartsubmissions.io/AMEE/AMEE2023/MySubmissions> using your kate.rossie@ntlworld.com email address used for submitting your abstract. Select "edit" and confirm you accept the presentation awarded, that you have read and accept the presentation terms and conditions and confirm your registration ID.

Location - 'In Person': Presenters are required to [register](#) and pay the appropriate *in-person* registration fee. Presentations may be scheduled at any time between 0900 hrs UK time on Monday 28 August and 1100 hrs UK time on Wednesday 30 August. You will receive an email towards the end of June with speaker instructions and confirmation of your presentation date and time. Due to the complexities of the programme we regret it is not possible to accommodate requests for specific presentation date/times.

Location - 'Online': Presenters are required to [register](#) and pay the appropriate *online* registration fee. Presentations may be scheduled at any time between 0900 hrs UK time on Monday 28 August and 1100 hrs UK time on Wednesday 30 August. You will receive an email towards the end of June with speaker

<https://mail.google.com/mail/u/0/?ik=e2706ffdd5&view=pt&search=all&permthid=thread-f:1771480910041962925&simpl=msg-f:1771480910041962925>

1/2

7/17/23, 10:11 AM

Gmail - Fwd: Your submission has been accepted for AMEE 2023 Conference.

instructions and confirmation of your presentation date and time. Due to timezone scheduling it will not be possible to accommodate requests for specific times.

Location 'On Demand': Presenters are required to [register](#) and pay the appropriate *online* or *in-person* registration fee. These submissions are not scheduled for live presentation and will be made available for in person and online participants to view via the conference app. Further instructions depending on your presentation acceptance type (short communication or ePoster) will follow.

Preliminary session information can be found within the abstract submission guidelines on the [AMEE 2023 website](#).

MedEdPublish

AMEE is delighted to announce that we will be launching a 'Conference Gateway' in the MedEdPublish platform later this year, offering presenters the opportunity to publish their conference presentation with a permanent DOI, making it shareable, searchable and citeable. There is a small charge for this service to cover publication costs and you can find more details [here](#).

Conference Registration Fee Assistance

If you have had an 'In Person' or 'Online' short communication or ePoster accepted for AMEE 2023 and are an AMEE member (see criteria below) you may be able to apply for help towards the cost of conference registration. Help is only available towards the conference registration fee for the main AMEE conference. It does not include travel and accommodation costs or any of the pre-conference activities.

Eligible groups for a full fee-waiver include:

- Student members of AMEE
- AMEE Individual members who are currently full-time PhD and Masters students in health professions education
- AMEE Individual or Student members from less-well-resourced countries

[Apply Online](#)

We very much look forward to seeing you in person or online at AMEE 2023.


Thank you



The AMEE 2023 Conference Team.

Short Communication or ePoster 2695

 Preview

Burnout and HCW Welfare in Healthcare Workers in COVID-19 in Indonesia

 You submission has been accepted

Theme And Track	Submission Themes - Sustainability
Phase Of Education	Undergraduate
Submitter Presentation Type	Consider for Short Communication or ePoster
Presenter Location	On Demand
Final Presentation Type	ePoster - on demand
Admin Code	EPODST4
Day	
Start Time	00:00
End Time	00:00
Location	
Presentation	
Word Count	237
Submission Terms	
Presentation Acceptance	
Registration Id	SLNM7LGQ38Q

Read Guidelines	✓
Presenter Phone	+447502363312 (tel:+447502363312)
Conflict Of Interest	No
Status	Accepted
Created	13 Jan 2023 12:01
Modified	11 Jul 2023 12:32

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Presenting

3 Ervin Dyah Ayu Masita Dewi

Department of Medical Education and Bioethics, Faculty of Medicine, Universitas Surabaya, Surabaya, Indonesia

4 Anja Krumeich

Main Content

Background

Details of the Background for this submission.

By June 2021, COVID-19 cases in Indonesia reached a peak and patient demand exceeded the capacity of the health system, leading to a shortage of resources. Scarcity in appropriate ethical guidelines on how to allocate limited resources, led to difficult decision making or ethical dilemmas for healthcare workers (HCWs). This study investigated the decision-making processes of HCWs in these resource allocation decisions during COVID-19 and the role that ethics and culture played in these processes.

Summary Of Work

Details of the Summary Of Work for this submission.

The sample consisted of nine HCWs, made up of nurses, doctors and hospital management. Qualitative data was collected via semi-structured interviews performed remotely via Maastricht University Zoom platform. Thematic analysis was conducted using Braun and Clarke's (2006) method to identify key themes in participant responses.

Summary Of Results

Details of the Summary Of Results for this submission.

This study found that when faced with difficult decisions, HCWs relied on a repertoire of general and utilitarian principles to allocate scarce resources, employing processes such as individual judgement, peer groups and management to make the decision. However, as a result of these ethical dilemmas and barriers to care present due to COVID-19, HCWs exhibited cardinal symptoms of burnout.

Discussion And Conclusion

Details of the Discussion And Conclusion for this submission.

Consequently, this study found that in order to tackle HCW burnout and improve welfare; the clinical education curriculum needs further education on HCW welfare and clinical application of bioethics in practice.

Take Home Messages

Details of the Take Home Messages for this submission.

The lessons learnt from this pandemic must be utilised to strengthen health infrastructure, especially in the face of potential future pandemics or health emergencies across the globe.

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Referensi

- Atalan, A., 2020. Is the lockdown important to prevent the COVID-19 pandemic? Effects on psychology, environment and economy-perspective. *Annals of Medicine and Surgery* 56, 38–42. <https://doi.org/10.1016/j.amsu.2020.06.010>
- Beauchamp, T.L., Childress, J.F., 2013. *Principles of Biomedical Ethics*, 7th ed. Oxford University Press.
- Emanuel, E.J., Persad, G., Upshur, R., Thome, B., Parker, M., Glickman, A., Zhang, C., Boyle, C., Smith, M., Phillips, J.P., 2020. Fair Allocation of Scarce Medical Resources in the Time of Covid-19. *New England Journal of Medicine* 0, null. <https://doi.org/10.1056/NEJMsb2005114>
- Gilardino, R.E., 2020. Does “Flattening the Curve” Affect Critical Care Services Delivery for COVID-19? A Global Health Perspective. *Int J Health Policy Manag* 9, 503–507. <https://doi.org/10.34172/ijhpm.2020.117>
- Hofstede, G., Hofstede, G.J., Minkov, M.M., 2010. *Cultures and organizations, software of the mind, intercultural cooperation and its importance for survival.*, 3rd ed. New York: McGraw-Hill.
- Mahendradhata, Y., Andayani, N.L.P.E., Hasri, E.T., Arifi, M.D., Siahaan, R.G.M., Solikha, D.A., Ali, P.B., 2021. The Capacity of the Indonesian Healthcare System to Respond to COVID-19. *Front. Public Health* 9, 649819. <https://doi.org/10.3389/fpubh.2021.649819>
- Truog, R.D., Mitchell, C., Daley, G.Q., 2020. The Toughest Triage — Allocating Ventilators in a Pandemic. *N Engl J Med* NEJMp2005689. <https://doi.org/10.1056/NEJMp2005689>
- Vasileiou, K., Barnett, J., Thorpe, S. and Young, T., 2018. Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. *BMC medical research methodology*, 18(1), pp.1-18.
- Mahase, E., 2021. Covid-19: What new variants are emerging and how are they being investigated?.
- Biernacki, P. and Waldorf, D., 1981. Snowball sampling: Problems and techniques of chain referral sampling. *Sociological methods & research*, 10(2), pp.141-163.
- Naderifar, M., Goli, H. and Ghaljaie, F., 2017. Snowball sampling: A purposeful method of sampling in qualitative research. *Strides in Development of Medical Education*, 14(3).

Kallio, H., Pietilä, A.M., Johnson, M. and Kangasniemi, M., 2016. Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of advanced nursing*, 72(12), pp.2954-2965

Prof. Dr. dr. Rochmad Romdoni, Sp.PD., Sp.JP(K)., FIHA.,
FAsCC., FACC.

Dean

Faculty of Medicine
Universitas Surabaya (Ubaya)
Surabaya – Indonesia

*Department Health, Ethics and
Society*

your reference

our reference
AK/HH/18.22

direct line

Maastricht
March 17, 2022

Dear Prof. Dr. dr. Rochmad Romdoni, Sp.PD., Sp.JP(K)., FIHA., FAsCC., FACC.,

We would like to request your institution to be the host of Ms Lara Matter (Germany) and Ms Kate Rossie (UK), both are our students of Master of Global Health, Maastricht University the Netherlands. They will conduct their final projects in the topic of Ethical Dilemma in the Hospital in Relation to the Scarcity of Resources in the COVID-19 Pandemic. This topic is the research topic of dr. Astrid Pratidina Susilo, Ph.D and dr. Ervin Dyah Ayu Masita Dewi, M.Sc, the academic staff of Universitas Surabaya (Ubaya). Our students will be a part of their project and they will be their field supervisors. Prof Anja Krumeich from Maastricht University will be the academic supervisor for both students.

Considering the dynamic situation of the COVID-19 pandemic, the project can be conducted online or in person. If it is possible to be conducted in person, the students will visit Indonesia around May – August 2022 as exchange students. Students will be responsible for the cost of their visits. Otherwise, they will work from the distance in collaboration with the team in Indonesia.

Master of Global Health Maastricht University has sent students for their final projects to different institutions around the world, including some students to Universitas Surabaya in the past. For this project, we have periodical discussion on the conceptual and technical aspects with dr Astrid and dr Ervin. We hope that this collaboration will be beneficial for both Maastricht University and Ubaya. Students and teachers will get the opportunity to work in intercultural context and learn from each other.

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Please kindly inform if there are other formal procedures that we need to proceed. Thank you very much for your kind support.

Sincerely yours,



Anja Krumeich

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