



Reducing Communication Uncertainty among Health Workers of UPT Puskesmas Purwodiningratan, Surakarta in Health Services during the COVID-19 Pandemic

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Abstract

Since its appearance in the end of 2019, COVID-19 has caused its own anxiety in humans. Moreover, health workers must think about what steps should be taken in the effort to prevent the transmission of COVID-19 without ignoring the quality of the existing services. This study reviews the reduction of communication uncertainty that occurs among health workers at UPT Puskesmas Purwodiningratan in carrying out health services during the COVID-19 Pandemic. It is a descriptive qualitative research in a form of case study that uses interview to collect the data. Involving six informants with several different tasks and authorities in health services. Then, the communication uncertainty that occurs among the health workers was reviewed using the Uncertainty Reduction Theory (URT) perspective, which was pioneered by Charles Berger and Richard Calabrese. Finally, finding shows that the reduction of communication uncertainty among the health workers can be viewed from three strategies: active, passive, and interactive.

Keywords: *Health Workers; Communication Uncertainty; URT, Health Services; COVID-19 Pandemic*

Introduction

In Indonesia, COVID-19 pandemic is a global health problem. This pandemic cannot be ignored as is it considered as a disease outbreak that took lots of human life (Farisi et al., 2020). It has to be taken care of for its rapid transmission, high mortality rate, and no availability of the definitive therapy (Susilo et al., 2020). As a new type of disease that has never been identified in humans, COVID-19 is zoonotic or possibly transmitted between animals and humans (Putri, 2020).

Since its appearance in the end of 2019, COVID-19 has caused its own anxiety in humans. Moreover, health workers must think about what steps should be taken in the effort to prevent the its transmission without ignoring the quality of the existing services (Handayani, Arradini, et al., 2020). In a broader aspect, COVID-19 is a proof that this health-disrupting virus can a cause economic instability in a country or even on a global scale (Burhanuddin & Abdi, 2020).

In handling the COVID-19 pandemic, the government has issued so many regulations, such as the public has to maintain social distancing to break the chain of the virus transmission and to limit all access to and from an area (Wiryawan, 2020). In addition to the central government, the local government movements in controlling the COVID-19 have been carried out in several areas including the DKI Jakarta Provincial Government, Solo City Government, Central Java Provincial Government, and West Java Provincial Government (Zahrotunnimah, 2020). The steps taken by the governments are quite diverse, starting from Large-Scale Regional Restrictions (PSBB), physical distancing, social distancing, and so on (Farisi et al., 2020).

Further, the implementation of the regulations that need to be followed by all parties in order to be able to safely carry out activities during the COVID-19 pandemic, is commonly referred to as health protocol. The movement to obey the health protocols is a shared agenda that continually needs to be socialized by various parties due to the low level of public awareness and the increase number of its transmissions (Pramana et al., 2020). The public is asked to comply with health protocols, such as wearing masks and spraying disinfectants. Even similar conditions lead someone to be able to use Personal Protective Equipment (PPE) as an anti-passive step to protect themselves from virus transmission, including when performing mandatory worship such as prayer (Syandri & Akbar, 2020).

Although the various preventive measures have been implemented, the number of people being infected is still increasing, making some people feel anxious and worried. This anxiety ultimately has an impact on daily activities because the mind is difficult to calm (Tashandra, 2020). Day by day people are increasingly panicking because the infected patients continue to grow and spread outside of China, including Indonesia (Ilpaj & Nurwati, 2020).

COVID-19 has imposed some limitations not only on activities, but also on human interactions with one another. In fact, people always carry out reciprocal relationships and influences with other people in order to meet their needs and maintain their lives (Firdaus et al., 2020). These limitations are also inseparable from human activities and interactions in carrying out their work. In fact, some COVID-19 patients are exposed while doing their work activities (Nugraheny, 2020) since all professions may be exposed to COVID-19, including workers in the health sector.

Health workers who treat COVID-19 patients are a group with a very high risk of exposure (Handayani, Suminanto, et al., 2020). One study presented a 3.8% chance of health workers being infected with COVID-19, mainly due to unprotected initial contact with infected patients (Zhu et al., 2020). Another study described the risk of health workers for having psychological disorders when treating COVID-19 patients with 50.4% of respondents showing symptoms of depression and 44.6% showing symptoms of anxiety due to feeling depressed (Lai et al., 2020).

The high number of health workers exposed to COVID-19 is a major worry factor for health workers in carrying out their professional duties. Similar anxiety also occurred among health workers at the Technical Implementation Unit (UPT) of the Purwodiningratan Health Center, Surakarta. As the handling unit with a fairly high number of positive cases in its working area, the health workers' anxiety is exacerbated by the presence of its health workers who have tested positive for COVID-19. The statement from Ad, one of the health workers who also serves as the coordinator of the COVID-19 handling area of UPT Puskesmas Purwodiningratan is presented as follow.

"Pernah ada kasus gitu, sederhana misalkan baru makan di dapur, beberapa orang kena semua, tertular seperti itu. Ada temen gitu ketularan ibu nya yang sakit, seperti itu (There was once a case like that, simple, for example, just eating in the kitchen, some people got it all, got infected like that. There was a friend who was infected by his sick mother, like that) (Interview with Ad on April 12th, 2021).

If you look at the existing conditions, of course it is very ironic. Health workers work as the front line in patient care (Hanggoro et al., 2020). Moreover, in addition to patients with indications of COVID-19, every day health workers at the UPT Puskesmas Purwodiningratan treat dozens of patients with various health complaints. Inevitably, fear, anxiety and uncertainty always haunt these health workers during the COVID-19 Pandemic. This study reviews the reduction of communication uncertainty that occurs to health workers at UPT Puskesmas Purwodiningratan in carrying out health services during the COVID-19 Pandemic.

Literature Review

Communication is an important factor, including for professionals who work in the health sector in providing services in health facilities (Rasyid et al., 2021). Communication that is woven by humans often experiences various obstacles. Barriers in any communication will certainly affect the effectiveness of the communication process (Rismayanti, 2018). This often causes anxiety and uncertainty in the process of interpersonal communication. Thus, the anxiety and uncertainty that occurs should be managed properly by the parties involved in the communication process (Farisi et al., 2020).

Anxiety is a symptom of an early psychological disorder and it is still very possible to overcome it. In this case, it is appropriate to study the condition of anxiety in health workers in various worlds during the COVID-19 pandemic to be opened and studied (Handayani, Suminanto, et al., 2020). The health workers at UPT Puskesmas Purwodiningratan are no exception. Anxiety and worries that occur in health workers at UPT Puskesmas Purwodiningratan need to be reduced so that they do not become a nuisance, both for health workers themselves and in the implementation of health services.

Previous research on anxiety, communication and interaction of health workers with patients during the COVID-19 pandemic has been reviewed by several scholars. Among the researches, regarding the factors that affect the anxiety of health workers in efforts to prevent COVID-19 in Sidrap Regency, South Sulawesi which shows that there is an influence between age, family status, patient honesty, availability of PPE, and knowledge of the anxiety of health workers (Fadli et al., 2020).

Furthermore, research on the conditions and strategies for dealing with anxiety in health workers during the COVID-19 pandemic also showed that health workers experience the anxiety with various risk factors such as sociodemographic, high working hours, stigma, and fear of being exposed to COVID-19 with several appropriate handling steps which government and health institutions can consider, including: forming groups that can support efforts to resolve anxiety, providing counseling services, and coping training (Handayani, Suminanto, et al., 2020).

In this study, communication uncertainty that occurs in health workers at UPT Puskesmas Purwodiningratan in health services during the COVID-19 pandemic uses the Uncertainty Reduction Theory (URT) perspective. This URT theory was pioneered by Charles Berger and Richard Calabrese in 1975 and aims to explain how communication is used to reduce uncertainty between strangers who are talking to each other for the first time (Dianna & Lailiyah, 2019).

West and Turner explained that URT has basic assumptions, namely: a) When communicating interpersonally with people they do not know, a person experiences uncertainty, b) Uncertainty can trigger cognitive stress because uncertainty is an unwelcome situation, c) When two people who are not mutually exclusive know to meet and have to be involved in a conversation, then they will start predictions or estimates regarding information from the other person, d) Interpersonal communication is a situation that develops through stages. The initial stage is when the individual begins the interaction, the second stage is the personal stage where personal or individual expressions begin to be expressed, and the final stage is when a person continues the relationship or even ends the relationship, e) The main tool for

reducing uncertainty is interpersonal communication, f) An important element in an interpersonal relationship development is the amount and nature of information that is always changing and increasing and the initial interaction in communication relationships is also an important element, g) We can predict a person's behavior with people who have the same character and also the same lifestyle (West & Turner, 2018).

Berger states that there are two uncertainties experienced by a person such as: a) Cognitive uncertainty, namely initial thoughts that contain expectations about the desired behavior of a person for the continuation of the relationship, and b) Behavioral uncertainty, namely thought that arises in a person to the possibility of understanding one's behavior more deeply (Febriani & Iqbal, 2015). In accordance with URT, uncertainty reduction strategies that may be used include: a) Passive strategy, which is an information seeking activity with reactivity searching in the form of observation, in this case to patients and paying attention to their responses, and disinhibition searching, namely passive actions to people who will be obtained the information from, when they are in their daily condition and not in a formal state. b) Active strategy, is an effort to actively ask others about someone they want to get the information about before interacting directly with the target. c) An interactive strategy in the form of self-disclosure activities and being open with others and expecting others to do the same (Anazuhriah, 2019).

Uncertainty is a person's inability to predict or explain the behaviors, feelings, attitudes or values of others (Primasari, 2014). The efforts to have a direct interaction will be disrupted by the participants' communication uncertainty, especially health workers in providing health services during the COVID-19 pandemic. This uncertainty also caused a fear and anxiety for the health workers towards the many numbers of patients with varied health complaints. Whereas in any interaction, to achieve the best communication results, trust is needed for both parties.

URT states that no matter how close an individual is to another individual, their relationship must begin with a sense of alienation and uncertainty (Anazuhriah, 2019), as do the health workers at UPT Puskesmas Purwodiningratan. Differences in patients and situations faced by health workers will create a feeling of uncertainty. The uncertainty was due to the limited information for the health workers regarding the patients and their history related to the transmission of COVID-19. Therefore, they will collect information about other people to predict their attitudes and behavior (Antheunis et al., 2012). In addition, in order to achieve the desired goals, a person must be able to use the information he has about other people. since the more information that is obtained, the higher level of attractiveness will arise, and the need for information will decrease, or in other words, the uncertainty will decrease (Littlejohn et al., 2017).

Communication is considered as an important role in the process of reducing the uncertainty in a person (Gibbs et al., 2011). Things that one must do in reducing this uncertainty include the following: a) Verbal communication, which shows that the more verbal communication is done, the less uncertainty is occurred, b) Expression of non-verbal affiliation, which is a factor in the uncertainty reduction process in the form of eye contact, head nodding, gestures, and other non-verbal expressions means that the more non-verbal communication is expressed, the uncertainty will be reduced, c) Information search, namely high uncertainty increases information seeking activities, d) Proximity, namely the level of closeness to an information content in the conversation will increase if uncertainty is low, e) Reciprocity, namely giving and receiving the same message is a form of low uncertainty about someone, f) Similarity, namely the similarity that already exists between recipients who interact will reduce uncertainty, and vice versa. It is because increasing inequality will increase alternative explanations for one's behavior as well, g) Likelihood, namely the higher the uncertainty in one's mind, the lower the level of liking for others (West & Turner, 2018). The use of uncertainty reduction theory can explain forms of uncertainty and the processes and strategies used by health workers at UPT Puskesmas Purwodiningratan in reducing uncertainty.

Method

This research is a descriptive qualitative research. It is a research process that has a deeper level of criticism than any other research processes (Bungin, 2007). Moreover, general descriptive research is a research method that has the aim of specifically explaining an event by describing it (Morrison () in Malestha & Kusumaningtyas, 2020). Meanwhile, the type used in this research is a case study. Case studies are used to provide an understanding of something that attracts attention, social processes that occur, concrete events, or experiences of people who are the background of a case (Prihatsanti et al., 2018).

The sampling technique used in this study is a purposive sampling technique involving six informants with several different tasks and authorities in health services, namely Fd as the head of the unit, VI as a general practitioner, Ek as a midwife, Sf as a midwife, Ad as a nurse and Ag as a nurse in UPT Puskesmas Purwodiningratan. The purposive sampling is a technique for determining informants in research with certain considerations aimed at making the selected data more representative (Sugiyono, 2013). The criteria for informants in this study were health workers who carried out health services both examinations and other treatments at the UPT Puskesmas Purwodiningratan, Surakarta during the COVID-19 pandemic.

According to the source, the data in this study are divided into two types, namely primary and secondary data sources. The primary data comes from sources that provide data directly from the first hand or are original sources (Arikunto, 2006). While the secondary data obtained by researchers indirectly through intermediary media (Syafnidawaty, 2020).

Furthermore, the researcher analyze the data using Miles, Huberman & Saldana (2013) qualitative data analysis technique that consists of data reduction, data presentation and conclusion drawing by comparing various data from various sources and then chose the data that was considered to be definite data (Anazuhriah, 2019). Finally, to test the validity, the researcher uses triangulation by comparing the information outside the data and the data obtained in the field (Kriyantono, 2012).

Results and Discussion

This study focuses on the process of reducing uncertainty carried out by health workers in health services during the Pandemic at UPT Puskesmas Purwodiningratan, Surakarta through their interpersonal communication. This process is seen from the reducing uncertainty theory point of view with certain strategies and the processes they undergo according to their respective conditions. The health workers at UPT Puskesmas Purwodiningratan, Surakarta reduce their uncertainty with the aim of achieving the goal of communicating in the implementation of optimal health services. The following are results that researchers obtained at UPT Puskesmas Purwodiningratan, Surakarta through interview process and various supporting data from selected informants.

UPT Puskesmas Purwodiningratan is one of the 17 health centers spread throughout the city of Surakarta. It is a health center with a fairly wide working area in 6 urban villages out of 54 villages which is divided into 17 puskesmas working areas. It is located in Purwodiningratan Village, Jebres District, Surakarta City. Its working area including 6 villages, namely: Sudiroprajan Village, Gandekan Village, Purwodiningratan Village, Kepatihan Kulon Village, and Tegalharjo Village. It has a strategic location that makes it accessible by the community from all its working areas.

Uncertainty of Health Workers

The ease of COVID-19 transmission is the biggest factor that causes concern among health workers at UPT Puskesmas Purwodiningratan. Every day, they provide health services for lots of patients

with various health complaints, causing special concerns among them due to the high risk of being exposed to the COVID-19 virus from the implementation of health services. A statement from one of the informant can be seen as follow.

" *Saya secara pribadi tetap ada kecemasan, meskipun kita protokol kesehatan ketat tapi pasien sok kadang kadang mereka sudah kita anjurkan tapi nanti di ruang tunggu dibuka, kita harus mengingatkan kembali, jadi takutnya kita tetap terpapar karena setiap hari kan tetap berhubungan ya mas, ya. Tetep... tetep meskipun kita juga menggunakan APD lengkap misalnya kan, pakai masker, terus... pakai gown itu, kemudian juga cuci sering, itu tetap kita tentu was-was (Personally, I still have anxiety, even though we have strict health protocols, but sometimes patients are pretentious and sometimes we have recommended them but later in the waiting room we will have to remind them again, so I'm afraid that we will be exposed because we keep in touch with them every day, mas. Still... even though we also use protections, for example, wearing masks, and... wearing the gown, then wash ing hands often, we are still worried of going there)" (Interview with Ag, on April 13th, 2021)*

From Ag's statement, it can be seen that the concern over the risk of being exposed to COVID-19 by health workers in carrying out daily health services at UPT Puskesmas Purwodiningratan is not only because the patients are changing every day, but also because the low awareness of the patients to apply health protocols. One of them is the inappropriate use of masks, even though the use of masks is one of the steps to prevent the transmission of the COVID-19 virus. Fd also felt the increasing concern:

"*Bahkan saya sendiri termasuk yang mengalami kecemasan tersebut. Jadi, aaa... ya karena COVID-19 kan masih penyakit baru, kemudian tentunya pengetahuan tentang penyakit ini juga masih terbatas apalagi pada masa-masa awal pandemi dulu, nah itu tetap menyebabkan berbagai kecemasan dan ya... ini ya... apa... kekhawatiran. Termasuk pada saya (Even me myself is one of those who experience this anxiety. So, aaa... yes because COVID-19 is still a new disease, then of course knowledge about this disease is also still limited, especially in the early days of the pandemic, so it still causes a lot of anxiety and yes... this is... what... worries. Including me)" (Interview with Fd, on April 13th, 2021)*

Similar concerns with Ag and Fd were also experienced by Hs. As a nurse, Hs had experienced health complaints with symptoms that were almost the same as patients exposed to COVID-19, this caused Hs's concern to be higher with perceived health problems and considering the high risk of exposure to COVID-19 from daily health services at UPT Puskesmas Purwodiningratan.

" *Awal tuh banyak, terus semakin sekarang kayaknya udah semakin menurun kan, ya?. Waktu awal banget iya (cemas) sih, mas. Soalnya pada saat awal-awal itu kan saya juga kebetulan kena DB (Demam Berdarah) gitu kan, jadi kaya keluhannya itu hampir-hampir demam, dan lain-lain gitu lho, terus jadi akhirnya kaya lebih aduh gimana ya, takutnya... (In the beginning, it was a lot, but now it seems like it's going down, isn't it? the complaint was almost a fever, and so on, you know, then it turned out to be richer, how come, I'm afraid...)" (Interview with Hs, on April 13th, 2021)*

Not unlike the previous three informants, Ek as the fourth informant also expressed the same concern. Fear of being exposed to COVID-19 from the work environment and will carry and transmit it to other families at home. Hs said "because we also have a family, we don't just stand alone, right..., what is certain is that if we are like this automatically we are also at risk of transmitting it to our families who are at home". This was conveyed by Ek to the researchers during an interview on July 13, 2021.

The concerns felt by the informants then caused uncertainty in communication between health workers and patients in carrying out health services at UPT Puskesmas Purwodiningratan. The uncertainty experienced by these health workers occurs due to the lack and limited information regarding the patient's history related to the spread and condition of COVID-19 in each patient. In examinations and other health services, health workers carry out their duties with additional protective equipment related to exposure to COVID-19.

Although, the standard service procedures have been regulated regarding patient care, whether symptomatic and leading to COVID-19 or not, this uncertainty still occurs among health workers. During the COVID-19 pandemic, health care procedures have been adjusted both for patients with pulmonary infections and other signs of infection, as well as non-infectious patients. All patients who come are required to go through a screening stage by health center officers to determine whether the patient needs to be examined in the infectious room or general examination room.

In addition to cognitive uncertainty, there are data obtained by researchers from the field which show behavioral uncertainty related to how far the behavior of other people in certain situations (Febriani & Iqbal, 2015). Informants have estimates regarding the behavior of patients they meet, especially regarding COVID-19 and its handling.

"Kadang tuh kaya mereka ga selalu percaya sama yang kita omongin karena pasien ga... sebetulnya kan mereka itu... ya ga tahu ya... info-info... termakan info-info yang ga jelas gitu kan, terus jadi biasanya... ya itu sih mas, kaya gitu kan kaya ada yang ga percaya, terus tak kasih apa ya... share regulasinya, tak kirim pdf nya full, terus tak screenshot in yang misalnya harus karantina empat belas hari di rumah, ke-kek gitu (Sometimes it's like they don't always believe what we say because the patient doesn't... actually they are... don't know, huh... the info... is consumed by unclear information, right, so it keeps getting worse." usually... yes, sir, it's like that, it's like someone doesn't believe it, then they don't give you anything... share the regulations, don't send the full pdf, don't take screenshots, for example, have to quarantine for fourteen days at home, to - that's how it is)" (Interview with Hs, on April 13th, 2021)

This type of uncertainty is uncertainty that occurs because health workers bring up estimates that cause concern in their minds because of the uncertainty itself. Health workers predict the behavior of patients after meeting there is an initial encounter in health services.

Uncertainty Reduction Process

Reducing uncertainty in oneself is not an activity that just happens, but must go through the process of reducing uncertainty itself. Berger and Calabrese state that there are two processes of reducing uncertainty, namely a proactive process and a retroactive process (Anazuhriah, 2019). The proactive process is a process of reducing uncertainty which is at the stage when a person is thinking before communicating with others. In other words, a proactive process is a process where health workers make predictions and alternative communication steps and predict what responses may be heard or received before interacting with targets or patients. Through interviews that researchers conducted with informants, a proactive process was carried out by health workers to reduce uncertainty.

"Kalau dulu pemeriksaan umum jadi satu, sekarang diubah... yang dengan... dengan gejala saluran nafas itu harus dipisah dengan penyakit lainnya yang tanpa gejala saluran nafas. Itu jadi prosedurnya, urut-urutannya, SOP nya itu dirubah. Kemudian aaa... APD... APD petugas juga harus berubah, mulai dari APD yang dipasang di meja sebagai pembatas atau APD yang dikenakan langsung di aaa... orang atau nakes (In the past, the general examination was one, now it's changed... those with... with respiratory symptoms must be separated from other diseases

without respiratory symptoms. That's the procedure, the sequence, the SOP was changed. Then aaa. .. PPE... PPE of officers must also change, starting from PPE that is installed on the table as a barrier or PPE that is worn directly on aaa... people or health workers)" (Interview with Fd, on April 13th, 2021)

As Berger argues, a proactive process occurs when a person thinks about the choices they might make (West & Turner, 2018). In this case, the health workers run health services at the UPT Puskesmas Purwodiningratan during the COVID-19 Pandemic. Health workers tend to think in advance what actions they will show related to examinations and other medical actions. This is an effort where health workers want to build an interaction with patients who are adaptive to the COVID-19 pandemic with steps and processes that they have considered before they meet or interact with patients.

Retroactive process, the process when someone's efforts or behavior after meeting the interlocutor, is a process that is in the post-interaction stage, where someone will try to explain how the interaction works and the behavior and response choices that are received and sent to the interlocutor he just met.

"Jadi kadang-kadang kalau ada pasien itu merasa sudah sesek gitu, anu... mereka sok-sok dibuka maskernya jadi sering... kendalanya harus selalu mengingatkan meskipun mereka bicara ya terus saya... ya nyuwun sewu, pak, maskernya dipakai dulu baru bicara, gitu. Jadi tetap ada kendala-kendalanya ya tapi demi keamanan kita sendiri. Karena nanti kalau merka ga pakai masker kita pakai masker kan tetap misal... fifty-fifty kan ya kita tetap takut ya mas (So sometimes if a patient feels like they're having a hard time, um... they pretend to take off their masks so often... the problem is that they always have to remind them, even though they're talking, I'll keep on talking... yes, thank you, sir, the mask is worn First we just talked, so there are still obstacles, yes, but for our own safety. Because later if they don't wear masks, we will still wear masks, for example... fifty-fifty, right, we're still afraid, bro)" (Interview with Ag, on April 13th, 2021)

"Soalnya nanti kalau... ya ga tahu sih kalau yang lain-lain gimana, cuma jadi keras gitu lho, mas. Jadi tuh waktu ngomong malah mantul-mantul gitu. Kek misalnya ini... hasil tracing misalnya, bu kok yang pasien ini, pasien ini kok ga ikut juga padahal satu ruangan dan lain-lain, misalnya satu tempat yang sama. Terus kan, terus... oh ya siapa aja pak ? Misalkan dia ngasih tau nama-namanya, terus kan otomatis kita cross check juga kan ke satgas gini-gini-gini, terus saya jelasin lagi kan masuk dalam tracing itu adalah yang jarak dua meter, yang tidak menggunakan masker, gitu-gitu masuk dalam tracing kami (Because later on... well, I don't know the others, it just gets louder, you know, mas. So when you talk it bounces like that. For example, this is the result of tracing, for example, how come the patient is this, how come this patient doesn't come even though it's in the same room and so on, for example in the same place. So, then... oh, who are you, sir? For example, if he tells us his names, then we automatically cross check too right to the task force like this, and I will explain again, right? Those who are included in the tracing are those that are two meters away, those who don't use masks, so and so are included in our tracing)" (Interview with Hs, on April 13th, 2021)

The health workers explain how the interlocutor, in this case the patient, behaves after communicating with them. There is an explanation of the theory regarding the retroactive process that exists in the informant's statement, where the informant is in the process when he describes the behavior and attitudes of his interlocutor after interacting with him. This retroactive uncertainty reduction process is a form of analysis of the situation experienced by health workers at UPT Puskesmas Purwodiningratan. It also confirms that interpersonal communication to reduce uncertainty is indeed to be carried out by health workers and has a significant impact on the continuity and smooth running of health services at UPT Puskesmas Purwodiningratan.

Uncertainty Reduction Strategy

Uncertainty reduction is driven by the motivation or desire of health workers to reduce uncertainty in themselves to patients in health services during the COVID-19 Pandemic at UPT Puskesmas Purwodiningratan. Although health workers feel anxious and worried about being exposed to COVID-19, they realize that they must interact with patients at the UPT Puskesmas Purwodiningratan.

"Kalau kita ya gini, prinsipnya kepada semua pasien, mau dia positif mau dia negatif, mau sakit apapun itu sama. Ya mungkin aaa selama pandemi memang ada keterbatasan, contohnya keterbatasan waktu, jadi kita komunikasi ga begitu lama, konsultasi ga bisa lama, terus ada jarak, pakai masker, jadi kaya secara non-verbal nya juga nda begitu terlihat, gitu (If we are like this, the principle is to all patients, whether he wants to be positive or negative, whether he wants to be sick is the same. Yes, maybe during a pandemic there are limitations, for example, time is limited, so we don't communicate for long, consultations can't be long, there is a distance, wear a mask, so it's rich non-verbally it's also not so visible, like that)" (Interview with VI, on April 13th, 2021)

Passive strategy is a strategy used to reduce uncertainty by finding out about other people not by direct contact (Febriani & Iqbal, 2015). Researchers found that they used a passive strategy, namely a strategy where health workers did not actively seek information but through observation or screening results at the beginning of health services. This was done by health workers in accordance with the SPO (Standard Operating Procedure) set by the head of the health center unit number 440.9/178/TU/2020 regarding the procedure for the patient examiner, that before dealing with the examining officer, every patient must perform screening and registration by the officer. After that, the results of screening and registration of medical records will be submitted by the relevant officers to the examining officers, namely health workers (SPO for Clinical Services in the Pandemic Period, 2020).

Another type of strategy that researchers found is an active strategy. An active strategy is a strategy that involves an active effort to find out people who want information but without having to meet and face the person directly (Antheunis et al., 2012). This is done by health workers by confirming back to the screening and registration officers regarding the results of screening and registration of each patient. This was explained by Sf, one of the informants.

"Kita bikin skrinning nih, ada kontak dengan pasien COVID-19 nda..., dengan rumah sakit nda..., dan lain sebagainya. Kalau dia itu aman tidak mengarah ke suspek ataupun terinfeksi COVID-19 kita masuk ke pintu yang non infeksius, tapi kalau pasien tersebut mengarah atau misalnya habis dari rumah sakit, ntah itu nungguin keluarga atau aaa nengok orang, itu kan ada risiko untuk tertular COVID-19, atau dia punya gejala-gejala COVID-19 misalnya nih, demam dan lain sebagainya, kita masukkan ke in... aaa pintu yang infeksius. Itu tadinya kan IGD, terus kita sulap jadi ruang infeksius (We are doing screening, there is contact with your COVID-19 patient..., with your hospital..., and so on. If he is safe, he doesn't lead to a suspect or infection with COVID-19, we go to a non-infectious door. , but if the patient is heading or for example discharged from the hospital, whether it's waiting for family or visiting someone, there is a risk of contracting COVID-19, or he has symptoms of COVID-19, for example, fever and so on, we put it in... aaa the infectious door. That was the emergency room, then we'll turn it into an infectious room)" (Interview with Sf, on April 8th, 2021)

This strategy allows health workers to do research or seek information without having to risk stuttering to adjust when they have to meet face-to-face and talk to new people. Furthermore, the strategy that is widely used by health workers in reducing uncertainty is an interactive strategy. Interactive strategies are also used by health workers where this strategy is in the form of interacting directly with

people who have previously sought information. This strategy applies a business that involves the acquisition or acquisition of information through direct interaction in the form of greetings, introductions and then asking the target audience (Anazuhriah, 2019).

"Nah, kadang-kadang memang ada nakes yang kadang tidak memahami, akhirnya dia hanya berdasarkan wawancara saja, analisis saja... oh kata pasien tidak seperti ini, nah ini tidak boleh kita langsung percaya juga. Jadi, kita cek. Oh saya ga panas, kita ihat suhunya berapa, dia panas ga. Terus atau... panasnya sudah berapa hari misalnya... oh baru kemarin, tapi kita lihat hasil lab nya. Ga mungkin dengan hasil lab seperti ini, panasnya baru satu hari itu tidak mungkin (Well, sometimes there are health workers who sometimes don't understand, in the end he only based on interviews, just analysis ... oh the patient said it's not like this, now we can't believe it right away. So, we check. Oh I don't it's hot, we'll see what the temperature is, is it hot or not. Then or... how many days has it been hot for example... oh just yesterday, but we'll see the lab results. It's impossible with lab results like this, the heat is only one day it's impossible)" (Interview with Fd, April 13th, 2021)

Health workers interact with the aim of approaching patients in health services at UPT Puskesmas Purwodiningratan. The statement and condition of the health workers have been validated by the researcher to Fd, who in addition to acting as a technical team for health services also plays a managerial role as the head of the UPT Puskesmas Purwodiningratan. In an interview on April 13th, 2021, Fd said that the concerns and uncertainty felt by health workers regarding the risk of being exposed to COVID-19 were normal in the implementation of health services, as well as the various efforts made to reduce these worries and uncertainties in coordination with the puskesmas management to achieve the goal of good communication in health services that should be comfortable and safe for both patients and existing health workers.

Conclusion

Health workers experience uncertainty in their interpersonal communication in health services at UPT Puskesmas Purwodiningratan during the COVID-19 Pandemic in the form of cognitive uncertainty where health workers have limited information, and feel they are in a situation that is so limited by various health protocols during the COVID-19 pandemic which is a little bit much influence in the interaction and communication between health workers and patients in health services.

There is also a behavioral uncertainty experienced by health workers because they raise assumptions about the behavior of patients at the initial encounter that raises concerns in their minds because of the uncertainty itself. There is a process in which health workers reduce uncertainty, among others, by a proactive process in which health workers think about the communication options they might make for the smooth implementation of health services. They tend to think in advance what actions they might take and demonstrate to achieve good communication in the implementation of health services. A retroactive process in which health workers are in the process of describing the situation, behavior and attitudes of patients after interacting with patients for the first time.

The uncertainty can be reduced, at UPT Puskesmas Purwodiningratan, health workers apply the first active strategy, namely health workers conducting research or seeking information without having to take the risk of adjusting to patients directly, including through the screening and registration officers. Second, a passive strategy where health workers seem to be silent and do not actively interact and choose to observe the patient's condition. Third, an interactive strategy where health workers interact with the aim of approaching, and ensuring the condition of the patient by examination is in accordance with the results of screening and patient statements. In accordance with health service procedures, health workers

use interactive strategies to reduce the uncertainty they feel, but it is possible that other strategies are also often used by health workers.

Suggestions and Recommendations

Suggestions and recommendations that researchers give for the managerial UPT Puskesmas Purwodiningratan, to give better support on reducing the uncertainty of health workers from fellow health workers and the management of the health center. It is due to the high risk of exposure to COVID-19 faced by health workers in health services during the COVID-19 Pandemic. The achievement of good communication between health workers and patients during the COVID-19 Pandemic in health services is one of the spearheads in handling the COVID-19 pandemic, especially at UPT Puskesmas Purwodiningratan. For the next research, the researcher suggests to expand to a wider and deeper realm. Hopefully this research is useful.

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