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Research Article

Conversation Analysis between Health Workers and HIV/AIDS-Positive Patients at Soko Community Health Center, Indonesia

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ABSTRACT

Through interpersonal communication, health workers can explain and communicate directly with patients and see the patient's understanding of the disease. In the HIV screening test process, after the patient has completed all stages of the examination, patients with positive test for HIV/AIDS will be transferred to the infectious disease polyclinic to convey the results of the examination, and health workers will explore information related to the cause or history of the patient's healthy lifestyle. The research subjects were informants or sources related to those being studied to obtain information related to research data that will be analyzed using conversation analysis. The subjects or informants of this study were patients who are confirmed positive for HIV/AIDS. In this case, someone with HIV/AIDS diagnosed tends to be passive and tries in accepting the diagnosis. However, the health workers approach included communicating and showing an assertive attitude, empathy, providing motivation and complete explanation. The health workers approaching impacts the patient's awareness to be more open and accept the situation. This also shows a level of compliance with HIV/AIDS care.

Keywords: *HIV/AIDS, Health Communication, Health Worker, Interpersonal Communication, Conversation Analysis*

INTRODUCTION

HIV is still a significant health problem for many countries. including Indonesia. Attached to the WHO website, there has been an increase in HIV/AIDS cases in several countries. In 2022, there were 39 million people living side by side with HIV/AIDS, 630,000 people died due to HIV/AIDS, and 1.3 million people were exposed to the HIV. In 2023, the Ministry of Health released an article stating that there was an increase in HIV cases. Of the 35% increase in HIV cases, housewives dominated the group compared to other groups (Rokom, 2023). Every year, cases of HIV increase in housewives reach 5,100 cases, with this increase indeed carrying a

relatively high risk of HIV transmission to children. Transmission to children can occur when the child is in the womb, during the birth process, or while breastfeeding. The case of HIV/AIDS in Indonesia occurs in some areas. The community health center first detect handling of HIV/AIDS. So there are three main pillars in handling HIV/AIDS, especially in Soko, Tuban, namely the Soko community health center, regional hospital, and central hospital, depending on the patient's condition. So the role of community health center in this case is considered very important as an initial step in providing information and directing patients to undergo further treatment.

Based on data from the Ministry of Health in 2022, the number of HIV/AIDS cases in Indonesia was 9,341 AIDS cases and 52,955 HIV cases; based on gender, the number of HIV cases in men was relatively higher, while in AIDS there was gap in the proportion of cases in the male group which was almost three times higher than in the female group. The development of HIV/AIDS is not only spreading in big cities but has also spread to developing areas. Following the presentation of the Head of the Tuban P2KB Health Office, who said that the number of HIV infections reached 164 people, this number has increased quite a bit from the data in 2017, where the number of infections was 122 people (S, 2023).

HIV (Human Immunodeficiency Virus) is a virus that can be found in all fluids in the human body in the form of sweat, tears and saliva from infected humans. The spread of this virus through the body fluids of infected people, exposure to blood, and blood-related equipment carries a high risk (Whiteside, 2008). AIDS (Acquired Immunodeficiency Syndrome) is a disease from HIV infection that attacks specific cells of the immune system and can destroy the immune system (Guindo et al., 2014). The Ministry of Health's 2022 report shows that the efforts made by the government through the HIV prevention and control program in Indonesia are still lacking.

A study conducted by Tomori in 2014 revealed logical actions for the benefit of patients or in health called successful interventions to improve HIV testing, care and ART therapy, starting with HIV testing and counselling; this intervention emphasizes the benefits of knowing one's HIV status and overcoming social stigma through counselling. Then, with the linkage to care, this intervention is a care strategy that involves individual and social support to reduce social stigma and follow care stages of ART therapy compliance, this is a mHealth program or digital health that aims to remind patients to take medication, do repeat counselling and provide social support (Tomori et al., 2014).

At this stage, interpersonal communication will occur between health workers and patients; whether through interpersonal communication, the patient can tell their history and symptoms so that officers can convey information about HIV prevention and can succeed in carrying out the persuasion process to patients. According on the background above, this research objective was to analyze the pattern of interaction between health workers at the Soko Community Health Center and HIV/AIDS patients . This study aimed to determine the patterns of interaction that occur between health workers and HIV/AIDS patients; in addition to being able to determine the level of patient knowledge, it can also be used as a benchmark by health workers to design more targeted communication strategies.

MATERIAL AND METHODS

The type of research used in this study is qualitative research. Conversation analysis is an idea from Gail Jefferson, Sacks and Schegloff, who argue that some examples of language given by professional linguists are considered unnatural; some of these examples do not even appear in natural conversations. Conversation analysis is one of the communication analysis efforts in the

communication process related to the explanation of actions and interactions, not with the use of language.

The determination of the location is based on the high number of HIV/AIDS cases in an area. It aimed to obtain clear, complete information that is possible and easy for researchers to conduct research. Therefore, the research location chosen is the Soko Community Health Center at Jl. Raya Soko No. 455, Soko, Sokosari, Tuban Regency, East Java. The subjects or informants of this study were patients who are confirmed positive for HIV/AIDS. The research object explained what or who is the object of the research, where and when the research is conducted and can be added with other things if necessary. The object of this study is the interaction pattern.

The informant determination technique used by the author is the purposive sampling technique. In this study, the author set several criteria in determining informants, including 1) Male/Female, 2) Age 20-40 years, 3) Domiciled in Tuban Regency, and 4) Positive HIV/AIDS. Two health workers conducted medical interviews with patients. The first health worker was ZUL, who had worked at the Soko Community Health Center for 22 years. The second health worker was TUT, who was 46 years old and had worked at the Soko Community Health Center for 15 years. Health workers saidthe number of patients confirmed positive each year is uncertain. There were two confirmed HIV/AIDS patients with the initials KHO and MEG who were a pair of patients during April 2024. In this study, all informants have agreed to the informed consent that has been submitted. The data obtained is stored in a password-protected PC and the informant's name is disguised to maintain privacy and ethics. These informants were obtained through a pre-marital check-up program with the informant's status when confirmed positive for HIV/AIDS. Conversation analysis used data collection techniques in the form of audio recordings taken during interactions that occur naturally in everyday life. The researcher took this recording with the approval and permission of health workers and both patients by using informed consent. The recording was taken using a voice recorder on April 16, 2024, at 09.00 WIB. The interaction lasted for 30 minutes.

RESULTS AND DISCUSSION

Health Communication with Clinical Empathy Approach

This study aimed to determine the interaction pattern between health workers at Soko Community Health Center and HIV/AIDS-positive patients. Through the informants above, the researcher obtained data from both HIV/AIDS-positive patients. The information was obtained in an interview format; during the interview interaction process between health workers and patients, the conversation flow was controlled by questions expressed by health workersso that health workers initiated the introduction of the problem.

Kutipan 1 : Komunikasi Kesehatan dengan Pendekatan Empati Klinis

11 ZUL : Mas *sensor* ↑, nyuwun sewu ↑ dengan pasangannya kesini

12 : ambek bojone sampean mrene ↓ kemari::n saya:: sudah

13 : sedikit banyak komunikasi dengan ↓ keluarga sampea::n↓

14 : Njenengan pertama, eh (0.3) semua obat (.) eh semua

15 : penyakit (.) ehem ada obatnya (.) Gusti allah mudunno

16 : penyakit tapi onok obat e ↓ (.) gak ono sing penyakit

17 : gaono °obate° Cuma menungso ↓ sing kudu usaha ya to↑

18 KHO : nggih_

In line 11, ZUL starts the conversation with a high intonation on several words as seen from the upward arrow symbol, followed by line 12, where there is the use of "::" on two words that indicate a reasonably long vowel. From the two lines, the long tone and vowel in the communication above ZUL wants to showthat ZUL as a health worker is the controller during the conversation.

Then, in lines 14 to 16, there are several pauses and decreases in tone in the sentences expressed by ZUL; this shows that ZUL wants KHO to understand the intent and purpose of the conversation. From the conversation excerpt, it can be seen that ZUL tried to raise the patient's spirits through a clinical empathy approach. In clinical empathy counselling, ZUL seemed want to show that he understood the patient's situation, condition and feelings. The empathy shown by ZUL to KHO aims to encourage KHO to be more open and give him trust. This aligns with the purpose of human interaction to influence or change attitudes, opinions and behaviour (Prabu Aji et al., 2022).

ZUL also added other triggers during the approach to the patient, which aimed to gain the patient's trust by adding spiritual matters during the conversation. It can be seen in lines 15, 16 and 17 that ZUL mentions that Allah gives the disease and its cure using a lower tone and some words are slowed down, which means that ZUL wants to show his empathy and tries to make KHO open up, and followed by line 18 KHO responds with a flat intonation. The flat intonation shown by KHO can be interpreted that KHO feels discouraged by the results of his examination, which is positive for HIV/AIDS.

19 ZUL : Mulane sampean wiritan sampek e::ntek, sampek entek,

20 : idune sampean sampek batuk e sampean ireng (.) kongkon

21 : waras yo gak mungkin ↓ Ya ↑ Karo Gusti Allah kon

22 : usaha aku sing ngelarakno ↓

23 : Menungso iku usaha a↑ ku sing ngewarasno karo Gusti

24 : Allah ora ↑ aku sing ngewarasno ↓ ora bu tutik sing

25 : ngewarasno >*percakapan tidak jelas*< TAPI

26 : berhubung penyakit e ↓ sampean koyo <ngono iku> ↓

27 : Tidak bisa disembuhkan tapi di sehatkan.

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Test Results and Counselling Submission Stage

1) Interaction Patterns at the Soko Community Health Center Level (*Health Service*)

At the health service level, the supporting factors for successful health communication regarding HIV treatment according to Tomori et al. (2014) in the form of counselling skills of health workers, attitudes and biases of health workers towards patients. There is communication competence as the goal of health communication, which includes empathy, sympathy, flexible behavior, relationships and support, social relaxation and interaction management as communication skills. These competencies can show skills in delivering messages to patients to inform messages, change views or attitudes and change behavior.

Quote 1 is a quote that contains the conversation between the health worker and the patient when receiving the test results. At the health service level, the counselling skills of health workers can be assessed through consultation sessions conducted with patients. The process of extracting health history and conveying information was carried out well. It can be seen from the first sentence in quote 1 spoken by ZUL, ZUL tried to calm KHO regarding the results KHO received. Then ZUL also provided spiritual support as a form of clinical empathy approach to the two patients. The health worker's skills can also be seen in quote 2 when before delving into KHO's health behavior history, ZUL said excuse himself before asking sensitive questions. During the process of extracting health behavior history, ZUL was also seen providing glimpses of information related to HIV transmission.

In quote 3, we can begin to see the interaction patterns created by ZUL in the counselling process during the test results delivery stage. Starting with in-depth information related to KHO health behavior. However, during the process of deepening information, there were many pauses in each conversation. The silent pause in each conversation session has different meanings, namely processing information, self-reflection, not understanding, lack of confidence or even despair.

ZUL's application of clinical empathy in health services in this consultation aims to link diagnosis results with the concept of spirituality, one of which is by stating that illness is a test from God who has medicine. This approach reflects the level of health care that involves a humanistic approach to communication. In a humanistic approach, ZUL also tries to get patients to see HIV from a different perspective by convincing them that HIV is a medical condition that can be treated and not something scary and embarrassing. Another aim of using clinical empathy is to encourage patients to share problems and pain with doctors or nurses, which is also part of

therapy. This shows that ZUL as a health worker not only plays a role in providing medical information, but also continues to provide moral and psychological support.

The second supporting factor in the success of health communication regarding HIV treatment is the attitudes and biases of health workers. During the counselling process, the clinical empathy approach used by ZUL showed a strong empathetic attitude towards both patients, especially KHO when talking about the positive HIV test results. This empathy is also shown through ZUL's delivery method, when delivering messages ZUL speaks softly and adjusts intonation according to the information conveyed as in quote 1, ZUL also provides a pause for the patient to digest the information provided, and uses language that shows attention. In health communication, empathy is considered important because it can help reduce patient anxiety and build patient trust in health workers. In the interview transcript, ZUL gives an empathetic attitude to try to understand the patient's emotional condition and try to communicate more humanely in health services. In health services, especially in HIV treatment, a positive empathetic attitude given by health workers is very important to ensure that patients feel supported both emotionally and psychologically, in order to increase patient openness so that health workers can also help deal with the patient's health condition.

Although ZUL tries to avoid bias by being neutral, not all interactions can avoid the potential for bias, especially with HIV/AIDS patients. The bias shown by ZUL as a health worker is the use of the word sarcasm in quote 3 in lines 212 and 213, even though the sarcasm was said without bad intentions, this could be a bias in the interaction between ZUL and the two patients. The mention of the words "don't live" has a particularly negative impact on HIV/AIDS patients because it can strengthen the negative stigma of this disease. This word has a high probability of having an impact on the patient's psychology, the patient may feel that he is not worthy of living, has lost hope of living so that the patient is reluctant to undergo treatment or carry out ongoing consultations. The use of this word also does not show respect for the patient's life and condition, this also contradicts the statement that counselling can resolve psychological problems and help find solutions for patients. By using these words, there is a possibility that the patient will receive a negative message and feel it is useless to continue treatment. Therefore, the use of these words can exacerbate feelings of inferiority or shame in the patient which can cause worse impacts on the patient. Studies have shown that couple-oriented counselling can lead to improved relationship dynamics, increased trust, and better communication regarding HIV status and safe sex practices (Bhushan et al., 2019).

2) Interaction Patterns at the Interpersonal Level

Based on the data, MEG's presence in the consultation session was the second patient to test positive for HIV from the results of exposure to the first patient KHO. Apart from being the second patient, MEG also became a patient in the consultation session *support system* emotional for KHO. ZUL strives to ensure that KHO patients feel they are not alone in facing HIV test results and diagnosis. The presence of MEG as a KHO partner is also expected to be able to communicate openly with health workers. If open communication is established well, partners who are supportive and open can also provide emotional support to each other. Apart from emotional support, the presence of MEG can also be a source of information support, so that patients can help each other in understanding their condition, necessary treatment, and steps and healthy lifestyles to maintain health. In this open communication, ZUL also uses a direct and clear approach, even with sensitive case topics such as HIV/AIDS treatment to ensure that KHO and MEG couples understand the importance of compliance with HIV/AIDS treatment. So, having a

partner present in the consultation session not only helps the patient, but is also able to create a supportive environment for the patient. This approach not only facilitates access to testing but also encourages mutual disclosure among partners, which is crucial for managing serodiscordance (Tumwebaze et al., 2012). So the pattern seen in the interpersonal relationships of ZUL, KHO and MEG is as follows:

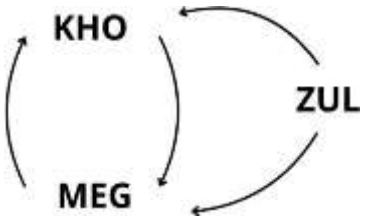

Figure 1 Interpersonal Relationship Patterns between Health Workers and Two Patients

In the counselling process, ZUL provides information and support to KHO and MEG patients. Then, the two KHO and MEG patients, apart from playing the role of patient and husband and wife, also played a role *support system* between each other. So that the three objects in counselling provide each other *support system* one another. With the hope that both patients will undergo treatment obediently and also accept themselves for both patients. In accordance with research conducted by Sari & Reza (2013) which states that the support that patients receive through friends and family makes sufferers stronger, as does social support in the form of expressions of empathy, praise or health facilities in the form of medicine and health information.

In quote 1 line 13 ZUL also appears to have mentioned personal communication with his previous family. Although the content of the conversation with the patient's family is not clearly stated, this step taken by ZUL is an effort to provide deeper communication between health workers and the patient's family and partner which can also strengthen social support. The presence of ZUL and MEG in the consultation session was also a sign and visible of social support from the environment and families of the two patients. For instance, in Malawi, couple testing and counselling were associated with enhances social support and relationship power, which are vital for effective HIV management (Bhushan et al., 2019).

Treatment Phase and Care Adherence

1) Interaction Patterns at the Soko Community Health Center Level

The facilities and resources available at the Soko Community Health Center for the treatment and care phase of HIV/AIDS are currently still very limited. As can be seen in the data presentation, the only supporting facilities are the initial consultation session after the patient has taken the test and received the results and the second supporting facility is in the form of teaching aids. In consultation sessions, healthcare providers provide the maximum support that patients need to access treatment and care. However, this can be said to be limited because there is no palliative care. Palliative care is care provided to patients and families who have incurable illnesses. Palliative care in HIV/AIDS treatment consists of overcoming physical problems, providing spiritual support, providing social support, and providing psychological support.

The ability of health workers to convey information for the treatment and care stages during counselling sessions can be seen in quote 3. Quote 3 begins with a session of extracting more specific information about the health behavior history of KHO patients. In this session ZUL

begins to show skills in gathering information in an empathetic and non-judgmental. During the process of gathering information, ZUL used a gentle approach and asked open questions to help KHO talk about KHO's condition. In this session, ZUL also showed his ability to be an active listener by responding to every answer, being open-minded and without judging KHO. In this quote, ZUL also tries to use questions to encourage patients to be more explorative in providing information about the symptoms they are experiencing. ZUL asks questions with pauses and rising and falling intonation. This can be said to be a step where ZUL is careful because he realizes that the topic being discussed involves risky behavior and is private. It can also be seen that there are many pauses and falling intonations which show that ZUL is trying to provide space for KHO to respond without pressure. In health communication, this ability is important in consultation services because it aims to obtain accurate medical information and understand the patient's background, especially in HIV cases which are closely related to social stigma.

After ZUL felt that he had enough information about KHO's health behavior history, ZUL then conveyed information about taking medication and needs during treatment. During the process of providing medical information, ZUL was able to demonstrate communication competence by adjusting the language used. ZUL was seen several times inserting complex medical information into simple language and proverbs, so that the message conveyed was easily received and understood by both patients.

2) Interaction Patterns at the Interpersonal Level (Social Support)

Apart from support from health workers, the two patients also received positive support from their families. To complete the existing data, researchers again conducted interviews with the families of KHO patients. Based on the results of the researcher's interviews with the patient's family, it was discovered that after receiving the test results the patient did not want to eat, was hopeless, looked blank and sad. Then, before conducting additional interviews with the patient's family, researchers obtained information from health workers who said that after the counselling session held in April, the patient experienced a decline in his health condition in the form of diarrhea and was unable to walk. In the KHO and MEG families, it can be seen that they did not understand well what HIV/AIDS was and felt afraid, but the families tried to understand the two patients by asking doctors and health workers about treatment and treatment methods. The family tried to pay attention and reminded the two patients to always take medicine and maintain a good diet to increase KHO and MEG immunity. Other social support provided by the family is that the family chooses not to be open to the community and surrounding environment about the status of KHO and MEG diseases. The family is worried that the two patients will receive a bad stigma and be ostracized in their environment. So, based on interviews conducted by researchers with the patient's family, it can be seen that the patient has compliance with ART treatment and care and shows good results, in the form of an improvement in the patient's health condition. The effectiveness of counselling interventions is also influenced by the setting in which they are delivered. For example, home-based counselling and testing have demonstrated high acceptance rates, particularly in rural areas where stigma may deter individuals from seeking traditional clinic-based services (Naik et al., 2012).

And finally, the family said that now KHO and MEG are healthy and enthusiastic again. KHO and MEG have returned to work, carrying out activities as usual. From these results, it should be noted that the data attached is only during the counselling stage, so that during the

counselling stage the forms of interaction patterns used by Soko Community Health Center health workers are:

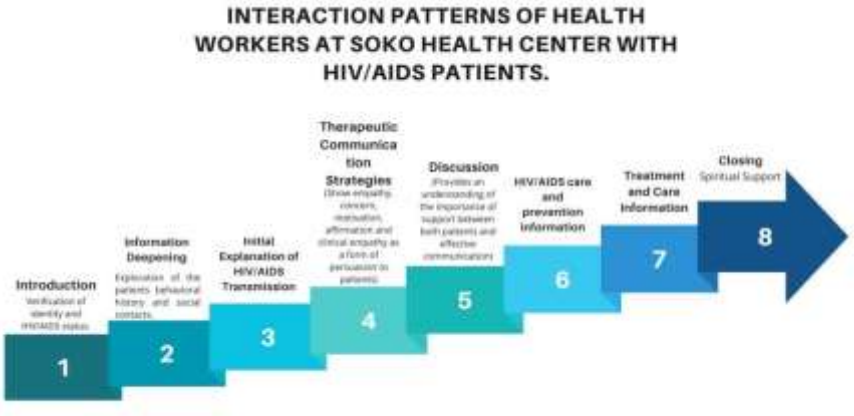

Figure 3 Interaction Pattern of Soko Health Center Health Workers with HIV/AIDS Positive Patients

The initial stage when the interaction takes place is that the health worker verifies the identity and confirms the HIV/AIDS status of both patients. This initial stage is an important step that is useful for establishing context during the consultation and re-ensuring that the information that will be shared next is appropriate to the specific needs of both patients. In this initial stage, interpersonal communication can be said to be effective as explained by Suratno (2011), that it is very important to ensure that both parties, both health workers and patients, understand each other's information accurately. This interpersonal communication process is also in line with the opinion of Suratno (2011) who states that interpersonal communication occurs between two or more people face to face and is spontaneous and informal (Ulfa & Fitria, 2021).

The second stage is information deepening, during this stage an in-depth conversation takes place when health workers begin to dig up information about the patient's behavioral history and social contacts which may have contributed to the HIV status of both patients. At this stage, health communication uses interpersonal communication as explained by Notoatmodjo (2007) that health communication must be systematic and have a positive influence on people's health behaviour (Harahap & Putra, 2020).

The third stage is that health workers have begun to provide initial explanations regarding HIV/AIDS transmission. This stage is part of the health education process, in accordance with the statement of Sari et al. (2020) which explains that health communication includes various information regarding disease prevention, health promotion, health maintenance policies. Followed by the fourth stage, health workers begin to use strategies using a therapeutic communication approach in the form of using empathy, attention and motivation as a form of persuasion. These three strategies are included in one of the characteristics of therapeutic communication according to Arwani (2002) who states that health workers must have empathy, the feeling of understanding and acceptance that health workers must have towards the feelings experienced by patients and the ability to experience the patient's life (Marniati, 2021).

The fifth stage is discussion, in this stage health workers focus on providing an understanding that apart from providing treatment and care, mutual support from both patients and effective communication within their families will have a positive impact on the development of their health condition (Haro et al., 2022). The sixth stage is information on HIV/AIDS care and

prevention. The information provided is in the form of treatment and prevention as long as the HIV virus is still considered active in the bodies of both patients. Followed by the seventh stage, health workers provide more in-depth information about treatment and care by focusing on adherence to antiretroviral treatment (ART) and lifestyle changes (Sari et al., 2020). The eighth stage, namely closing the session, the closing of the session in this counselling session involves many health workers providing spiritual support to the patient. Health workers want to show the importance of spiritual aspects in the healing and health process (Haro et al., 2022).

CONCLUSION AND SUGGESTION

Conclusion

Based on the analysis of the conversations that have been conducted, the attitude of health workers with HIV/AIDS positive patients during counselling tends to be assertive, empathetic and supportive. Meanwhile, patients show a cooperative attitude by answering all questions asked by health workers. During the conversation, there are pauses, intonations that change according to the discussion, a clinical empathy approach and a spiritual approach from health workers. The interaction patterns that are formed are introductions, in-depth information, initial explanations of HIV/AIDS transmission, therapeutic communication strategies, discussions, information on care and prevention, information on treatment and care, and closing the session.

So from the conversation, the interaction pattern between health workers at the Soko Community Health Center and HIV/AIDS positive patients shows that it can increase compliance with treatment and care in patients so that it has a positive and good impact on improving health conditions and healing in patients. Supported by social support obtained by both patients from the family. So this study shows that effective health communication will affect behavior at all stages of HIV care, if health workers have good and quality communication skills with patients, it will increase patient compliance in treatment.

Suggestion

Suggestions for further research, see aspects in this study that are limited only to counselling. It is hoped that further research can analyze interactions in health communication until the final stage of each health condition examination. And it is hoped that further researchers can conduct research on the same topic at the community, policy, and intrapersonal levels.

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