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Executive Summary

Medical Social Workers at Cipto Mangunkusumo Hospital (RSCM) play an important role in providing services to patients, especially in assisting inpatients. One of the roles of Medical Social Workers at RSCM is to provide advocacy assistance to patients and their families. Advocacy by Medical Social Workers at RSCM can provide important benefits for patients, such as standardization of services that must be provided by Medical Social Workers to patients who need services, as well as fulfilling the rights for patients and families of patients they should get while patients are in hospital. The formulation of the problem in this research is how the role of the Medical Social Workers on inpatients at RSCM. The purpose of this research was to understand and analyze the role of Medical Social Workers on inpatients at RSCM. This research is a descriptive type, which is to obtain empirical facts in the field of research (field research) about the role of Medical Social Workers on inpatients at RSCM. This study uses a qualitative approach, namely understanding, observing, and capturing reality / phenomena by using natural settings related to the role of Medical Social Workers on inpatients at RSCM. The instruments of data collection include observation, interviews, Focus Group Discussion, and triangulation. The informants in this research were 5 RSCM Medical Social Workers and 5 inpatients at the RSCM. Research results: The role shown by Medical Social Workers at RSCM is a form of assistance in providing the best services for inpatients, namely starting from helping patients to receive their rights while in the RSCM, for example about treatment that he must get according to standards, petrifying gives encouragement or motivation to patients to remain steadfast and feel optimistic about the recovery of the disease. In providing advocacy assistance, Medical Social Workers at RSCM also applied a number of methods to their patients in the form of Case Work, which is a type of case advocacy. In this method, Medical Social Workers help patients understand the problems they are facing. Furthermore, it also applies group work, namely the type of class advocacy. Here Medical Social Workers accompany patients by using the experience of the community and family environment as the main means of solving problems faced by inpatients at the RSCM. In addition, the Medical Social Workers at the RSCM also carry out evaluations with the aim to see which parts of the RSCM have provided according to the standard of services provided to inpatients, and which parts of the RSCM services have not or have not been given to inpatients according to service standards he has to repair it.

Introduction

Cipto Mangunkusumo Hospital (RSCM) or precisely the National Center General Hospital Dr. Cipto Mangunkusumo, is the largest Hospital in Indonesia. RSCM is a hospital owned by the Government of Indonesia which is a reference for all regions in Indonesia or the National Referral Hospital. Hospitals as health care institutions that are driven by public demand, cause hospital services not only to pay attention to professionalism in the care and medical fields, but also medical support services such as medical records, pharmacy, radiology, nutrition, laboratories, medical rehabilitation, medical check-ups, and spiritual services to support medical services. The problem of sick people becomes very complex, if the sick person has to be hospitalized. Apart from the problem of illness, physical illness, a patient can also experience other problems such as economic problems, family problems and behavior problems.

Economic problems that arise due to sick families, including the increase in the cost of living costs that must be borne by the family. With the existence of a sick family member, the expenditure on family living costs increases, namely for the needs of the sick and family care for the sick, while family income or income can be reduced. In such conditions, patients cannot work or the family takes a lot of time to take care of and maintain inpatients, so that they cannot work optimally and result in reduced family income but increasing expenditure (Hardjomarsono, 2008). RSCM in service to patients, has sought to achieve patient recovery as a whole by handling physical, psychological, social and emotional healing. To create a comprehensive cure, of course it is not enough to be done by RSCM medical staff alone, but there are other professions namely Medical Social Workers whose setting of treatment is handling non-medical problems (Tursilarini et al. 2009).

Medical Social Workers here are those who provide services that are characterized by social and emotional assistance, which affects patients in relation to their illness and healing. Medical Social Workers usually help patients in dealing with problems faced both preoperatively, postoperatively and other treatments such as administrative problems. Besides that social workers also do home care or another term referred to as a home visit to the patient's home, so they can provide moral support to the family and the patient itself. In an effort to provide the best health services to the community, Medical Social Workers play an important role in the healing process of inpatients (Gehlert, 2012). RSCM conducts medical services to

patients also with the support of social services, to help patients so they do not experience social dysfunction after recovering from their illness.

In addition, family support and the social environment also contribute to the overall recovery of patients. The family problem here is more about the relationship between health behavior in the family that is not or less harmonious, thus causing a lack of family support or family participation in the patient concerned (Notoatmodjo, 2010). While the problem of behavior of patients and their families, is more on the mental and emotional situation of patients and families as a result of the condition of the illness that is the disease suffered. Such behavior, indicated by the patient's attitude in responding to pain, acceptance of the disease that is in his body, as well as the consequences of the condition of his illness. RSCM has several Medical Social Workers who are placed in various units, such as palliative and pain-free installations, namely installations that handle patients experiencing various cancers.

There is also the main function carried out by the Medical Social Workers at the RSCM is to help or overcome the social problems faced by inpatients and patients' families during treatment at the RSCM, and to assist doctors in conducting treatment. This is done through the investigation of social situations by providing data on the patient's social and environmental conditions. The existence of medical social workers is very helpful for the rights that must be owned by the patient and is able to bridge the problems between patients and medical staff at the RSCM. It was emphasized that Medical Social Workers were facilitators who were able to bridge the patient's family with officers or medical teams at RSCM regarding what should be helped even though sometimes the problem was not completely resolved, for example patients needed spiritual / religious services / guidance.

At present, there are very rapid advances in science and technology and also affect the world of health, which has an impact on increasing the medical costs of sick people at the RSCM. This can be a burden for patients at the RSCM, especially patients who come from low economic status even though patients can show health cards (Ismaryono, 1999). With the increasing burden of health costs at the RSCM, people from low economic status will find it increasingly difficult to reach adequate health services. However, it does not rule out the possibility that the problem of the cost of sick people can be experienced by people who have high economic status or from the able group, because the cost of treatment depends on the condition of the patient's illness in the RSCM, the illness, and medical actions taken in the

healing process. Like patients who need long and serious care, patients who have to take expensive medical measures such as dialysis, surgery, chemotherapy, and others all require expensive fees, while patients are from poor families (Setiadi, 2009).

Such conditions, can enable someone who has the ability from the economic side or the rich, can also be deteriorated in poverty. In other words, the problem of the cost of sick people at RSCM can occur to anyone, both those who are economically capable and those who cannot. With the existence of the profession of social work in the health services of RSCM, it is expected that the patient's social problems related to the healing process as described above can be resolved and minimized. The poor condition of the RSCM, not only felt physically painful but also psychologically became ill, his mindset was disrupted, even his spiritual illness was also affected. Therefore, aspects that must be considered to help cure patients like that, not only focus on physical aspects but also need to touch other aspects such as psychological dimensions, social (psycho social), and religious (Sudarma, 2012).

Based on the WHO holistic health paradigm (1984), it was agreed that health has four dimensions that are equally important for one's life. The four dimensions include physical, psychological, social, and religious dimensions. Thus, therapeutic assistance given to someone who is ill at the RSCM should include four dimensions, namely physical or biological therapy, psychological therapy, psychosocial therapy, and spiritual or psychological therapy. To meet the therapeutic needs of patients at the RSCM, certainly the right source of assistance is needed. If there are changes in the symptoms of the patient's physical illness at the RSCM, then the doctor is the most appropriate source of assistance. If problems arise such as patient anxiety in RSCM and other psychological problems, then this form of assistance can be obtained at a guidance clinic, mental health clinic, or psychological consulting firm from a psychiatrist or psychologist.

The RSCM Medical Social Worker profession, is one part of the health team at RSCM that works together with other professions and disciplines such as nurses, psychologists, doctors and others, in dealing with patient problems related to the healing process of patients. Such cooperation can be in the form of interdisciplinary, multidisciplinary and transdisciplinary cooperation. Therefore, to be able to realize collaboration as expected, Medical Social Workers at RSCM must also be able to establish communication and relationships with other professions in accordance with the profession of the social work domain at the RSCM. Cooperation between professions at the RSCM can be done directly such as through discussions in case conferences,

or indirectly for example through records or reports of RSCM Medical Social Workers regarding the development of patients' social and emotional conditions, as well as the consul's answers to Medical Social Workers about the patient's social condition at RSCM family and environment.

Theoretical Basis

Theory of the Role of RSCM Medical Social Workers

In discussing this concept, it is emphasized first that role theory is a theory used in the world of sociology, psychology and anthropology which is a combination of various theories, orientations and disciplines. Role theory speaks of the term "role" commonly used in the theater world, that an actor in the theater must play as a certain character and in his position as a character he is expected to behave in a certain way. The position of an actor in the theater is analogous to one's position in society, and both have similar positions (Sarwono, 2015). It was emphasized, that the role theory is a theory that talks about the position and behavior of someone who is expected from him not to stand alone, but always in relation to the presence of other people who are associated with the person or actor.

Sarwono (2015) further explained that role actors become aware of the social structure they occupy, therefore an actor tries to always appear "qualified" and is perceived by other actors as "not deviating" from the system of hope that exists in society. In social science, the role means a function that someone brings when occupying a certain position, one can play its function because of the position it occupies. Becoming a tendency that humans as social groups have group life, so that there is interaction between one community member and another community member and fosters interaction between them with interdependence. In this community life comes the role. So that it can be concluded that the role here is a behavior of someone who is in a certain status / position in carrying out certain functions as well.

Understanding of Social Workers, according to Law No. 11 of 2009 concerning Social Welfare is a professional Social Worker who is defined as someone who works, both in government and private institutions that have the competence and profession of social work and care in social work obtained through education, training, and / or experience in social learning practices for carrying out service tasks and handling social problems (Fahrudin, 2012). Wibhawa

(2010) argues that Social Workers are someone who has expertise in organizing various social services. Social Workers as persons with social work expertise, must have the following qualifications. 1. Understand, master, and appreciate and become a figure holder of socio-cultural values and philosophy of society. 2. Mastering as much and as best as possible various theoretical perspectives about humans as social beings. 3. Mastering and creatively creating various methods of carrying out his professional duties. 4. Having an entrepreneurial mentality.

Related to Medical Social Workers, this is a social work practice, namely the involvement of social workers in the medical field especially to implement healing interventions for patient diseases in accordance with the social work domain. So, the setting is medical social work in hospitals as well as in other health care places (Kongstvedt, 2000). This understanding shows that the service practices of Medical Social Workers are not only carried out in hospitals as a form of responsibility and doctors, but also in other places, such as families, social care institutions, shelter houses, neighborhoods and so on (Nasution, 2008). In addition, the intervention is directed at providing adequate service facilities, preventing disease and providing assistance, including reducing costs (Yudayanti, 2014). There are also targets are inpatients, family and community environment. The goal is to improve a healthy life, prevent various diseases and solve social and psychological problems related to disease (Huda, 2009).

As explained above, that Medical Social Workers are not only needed in hospitals, but also needed in other health service programs, both those related to disease prevention and public health development. The roles of Social Workers include, among others, assistants, facilitators, consultants, protectors, and others. From these opinions are explained as follows. a. Roles as brokers, Social Workers act among clients with existing source systems in institutions. As an intermediary Social Workers also try to form a network of work with social service organizations to control the quality of social services. Role as an intermediary arises due to the many people who are unable to reach the social service system (Sarwono, 2015). In carrying out its role as a broker, Social Workers need to assess the needs of clients to find out the level and type of needs, distribution of needs, procedures for accessing services, required service patterns and obstacles encountered in using services, as well as data on costs needed to be able to reach these needs (Yudayanti, 2014).

Next b. Roles as Enables (enabler roles). The approach that is often used as an enabling method is counseling with victims, groups or families, addressing issues related to the

environment, trying to provide an enabling place to increase family participation and involvement. c. Role as a liaison / mediation (mediator role). Acting to seek agreement, improve reconciliation of differences, to find satisfying agreements and to intervene in parts of the conflict. The role carried out by Social Workers is to help resolve conflicts between two service recipients and obtain victims' rights. d. Role as an advocator role. The role as a social work advocate is limited by interests arising from the client. Usually as a client spokesperson, explain and argue about client problems if needed, defend the interests of victims to guarantee the source system, provide services needed or change policies that are not responsive (Utomo, 2013).

Another activity is as an advocate in the right to provide needed services, and develop programs. e. Role as a negotiator (confession role). Performed at the time of data search, giving an overview to the victim and implementing the contract. By using a problem solving approach model. The skills needed are general skills used in social work; listening, probing, reflection, etc. f. Guardian role. Usually carried out by the apparatus field, but the profession of social workers can take on roles such as protecting clients. Victims feel comfortable expressing the problem, free in mind, and feel that the problem is kept secret by social workers. g. Role as a facilitator (facilitator role). Done to help victims participate, contribute, follow new skills and deduce what the victim has achieved. h. Role as an initiator (initiator role) (Kartono, 2009).

Social workers try to pay attention to issues. By sensitizing the agency / institution that there are problems that occur in their environment. i. Role as Negotiator (negotiator role). Aimed at clients / inpatients who experience conflict and seek resolution by compromise so that agreement is reached between the two parties. The position of a negotiator is on one of the parties in conflict. From this description it can be concluded, that the role of Social Workers has various roles based on the problems faced by the client, and of course not all problems are handled in the same way because it depends on the problems experienced by the client. Health efforts of Medical Social Workers are activities to maintain and improve health which aim to realize optimal health status for the community. Health efforts are carried out with a maintenance, health promotion (preventive) approach, disease prevention (preventive), disease healing (curative) and health recovery (rehabilitative), which are carried out in a comprehensive, integrated and sustainable manner (Wibhawa and Raharjo, 2010).

Thus, in this study the purpose of the RSCM Medical Social Worker is someone who is in charge of providing assistance in an effort to resolve the emotional and social problems of an

inpatient (client) patient at the RSCM, which arises as a result of a disease or disorder, besides fostering good family relationships, smoothing relationships between hospitals, sufferers and families, and helping the process of adjusting from patients to the community and vice versa. Thus, there are social factors that cause a patient to become ill, social problems caused by his illness and also obstacles that might reduce his ability to use what can be given by medical science. The social dysfunction that patients suffer from RSCM will try to overcome, so that patients will be able to carry out their social functions again.

Research Methods

The method used in this research is descriptive method, it is intended to get empirical facts in the field of research (field research), namely at Cipto Mangun Kusuma Hospital Jakarta. Following the proper interpretation, at the empirical level it accurately describes the nature and actions of group and individual phenomena, which are reality, dynamic, complex, mutually influential, full of meaning and bound to values. Constructing phenomena, and are inductive (Cresswell, 2014). In this research a qualitative approach is used, because it is done by understanding, observing and capturing empirical realities / phenomena that use natural settings, with the intention of interpreting the phenomena that occur about the Role of Medical Social Workers at Cipto Mangun Kusumo Hospital, Jakarta.

Qualitative research here is based on efforts to build the views of the Informants studied in detail, formed with words, holistic and complex images, build a detailed view of the research subject (emic perspective) natural background or in the context of an entity and description in detail (thick description), it is more constructionalistic about the Role of Medical Social Workers in Cipto Mangun Kusuma Hospital Jakarta (Moleong, 2010). The research instrument uses observations (direct observation) (participant observation), namely observations that involve observers directly in observation activities in the research field. b. In-depth interview, namely the process of obtaining information for research purposes by way of question and answer face-to-face between interviewers and informants by using a tool called an interview guide and using in-depth interview techniques.

Next c. Focus Group Discussion (FGD), which is a focus group discussion, so as to provide convenience and opportunities for researchers to establish openness, trust, and

understand perceptions, attitudes, and experiences possessed by informants. Documentation, in addition to data from observations, FGDs, and triangulation, information is also obtained through facts stored in the form of letters, diaries, books, photo archives, results of meetings, journals, relevant results of previous research, legislation and so on. Informant determination techniques, carried out with a purposive technique, namely the selection is done intentionally based on criteria that have been determined and determined based on research objectives, and special characteristics that are in accordance with the objectives of the study, so it is expected to answer research problems (Kadarisman, 2010).

There were also ten informants from the Medical Social Workers at Cipto Mangun Kusuma Hospital in Jakarta, five patients at Cipto Mangun Kusumo Hospital, and five people in the Administration Section. Data analysis, in this study was conducted by giving an interpretation of the data obtained as is, both in the form of data from observations, interviews, FGDs, and triangulation. Practical steps that can be done when analyzing qualitative research data, namely: 1) Collection of Raw Data; 2) Transcripts of data, are changing researchers' records into written form (whether from a tape recorder or handwritten note), which records only the data as it is. 3) Code Making. In making this coding, researchers reread the data that had been transcribed; 4) Data Categorization.

At this stage the researcher simplifies the data by binding on concepts or keywords in a scale called a category. 5) Temporary Inference. This conclusion is based on pure data without any interpretation from the researcher. 6) Final Inference. Final conclusions are taken when researchers already feel that the data is saturated and that every addition of new data only means overlapping. Data validity technique, is the standard validity of the data obtained. To determine the validity of data in qualitative research must meet several requirements, namely in examining data and using criteria: 1) Credibility Examination Technique; 2) Data Transfer Examination Technique. 3) Dependency Examination Techniques. 4) Certainty of Data (confirmability) (Sugiyono, 2016).

Results and Discussion

Involvement of Medical Social Workers Against Inpatients of RSCM

The results of in-depth interviews with informants, confirmed that the RSCM as a community service institution in the field of health and as a national referral hospital, has provided services in a comprehensive or holistic approach that views inpatients as a whole that consists of physical, social, emotional and spiritual, so that in an effort to cure patients not only do the healing actions of physical diseases experienced by RSCM patients but also improve the social condition and psychology of patients. This is because all these aspects influence each other in an effort to cure patients as a whole. Therefore, the importance of the RSCM Medical Social Worker has been fully realized by the RSCM. The profession is needed to provide services to patients (palliative services) in handling patient problems in terms of psychological, social and emotional. The profession is one branch of the social work profession with a setting at RSCM.

It was explained, that the palliative services by the RSCM Medical Social Workers were given to patients in a comprehensive and integrated manner towards physical, psychological, social and spiritual aspects, so that it was expected to alleviate the suffering of inpatients and family burdens. The FGD results show that the RSCM Jakarta is a type A education hospital which is a national referral hospital, the average outpatient visit to the RSCM every day can reach 1,300 to 1,500 people. A year can reach 270 thousand - 300 thousand people who utilize health services at the RSCM. Although the role of the RSCM Medical Social Worker in its efforts to cure patients is very important, but not all patients have been accompanied by the Medical Social Worker. The role of the RSCM Medical Social Workers consists of: mentoring and also as a motivator for neglected patients and hospitalized patients with high severity such as HIV, fractures resulting in disability, stroke.

In addition, the RSCM Medical Social Workers also as brokers, namely Medical Social Workers connecting patients with the source system to get assistance with tools, moral and religious support. Medical social workers in providing services not only focus on patients in general but also neglected patients. The results of observations in the field of research (RSCM) show that in assisting inpatients, Medical Social Workers depend on the doctor's consul and Medical Social Workers have not yet optimized their roles in improving health services. This is

one of the obstacles faced, besides the obstacles that arise are the intervention process of Medical Social Workers faced with limited facilities and infrastructure to deal with patients who are home visits, the role of Medical Social Workers is not known so that it is considered insignificant, underestimated, not the existence of a special work room for Medical Social Workers has resulted in Medical Social Workers having to move around, and increase the knowledge capacity of Medical Social Workers on the health and regeneration of Medical Social Workers, and build synergy in medical social services and increase the role of Medical Social Workers in hospitals (Fahrudin, 2009).

Things that need to be discussed further that the efforts made in addressing the constraints are the fulfillment of facilities and infrastructure specifically for handling patients who have home visits, recognition of Medical Social Workers and optimizing the role of Medical Social Workers, providing special work spaces for Medical Social Workers, increasing knowledge capacity Medical Social Workers about health (Wiryasaputra, 2008). The palliative service management unit at RSCM can handle patients with pain, advanced cancer patients, AIDS patients, patients with advanced degenerative diseases such as stroke, diabetes mellitus, and other patients with chronic pain. Complementary and Palliative Services Unit RSCM is part of the Medical Rehabilitation Installation which has the understanding of health services for physical and functional disorders caused by conditions / conditions of illness, illness or injury through guidelines for medical intervention, physical neuralism, spiritual psychosocial approaches, with the aim of achieving optimal function ability (Adikoesoemo, 2009).

The philosophy of RSCM medical rehabilitation is to improve a person's functional abilities in accordance with their potential to maintain and or improve quality of life by preventing or reducing impairments, disabilities, and handicaps as much as possible. Meanwhile, palliative care according to the decision of the Minister of Health of the Republic of Indonesia Number: 812.MenKes / SK / VII / 2997 concerning Palliative Care Policy is an approach that aims to improve the quality of life of patients and family members of patients who face problems related to life-threatening diseases, through prevention and elimination through early identification and orderly assessment and handling of pain and other problems, physical, psychosocial and spiritual. Maintaining quality of life is the goal of palliative care efforts, so that it can be said to be part of the Medical Rehabilitation Installation which also has the same goals and philosophy. If symptoms that interfere with the patient's function can be overcome,

rehabilitation efforts are very important to restore the patient to daily activities in accordance with their respective abilities so that they are expected to achieve the best quality of life.

Carry out Disease Healing Interventions for Inpatients of RSCM According to the Social Work Domain.

Related to this discussion, the results of in-depth interviews with informants showed that RSCM Medical Social Workers as one profession that focuses on the client's social functioning and the interaction of the social environment of inpatients (clients) which actually have a very important role in terms of social recovery for patients. By using the understanding of the basic system of RSCM Medical Social Workers, it can be seen how the environment can be a very important factor for the healing process of these patients. Therefore, to help recovery for RSCM patients at the hospital, professional medical workers or social assistants who are competent (standardized) are needed. It was emphasized that the patient's health efforts at RSCM were activities to maintain and improve health which aimed to realize optimal health status for patients. This confirms that there are implementation of interventions to cure inpatient diseases at RSCM according to the domain of Medical Social Workers.

In line with this explanation, the results of the focus group discussion show that the need for social services from Medical Social Workers in the health sector is increasingly acceptable to patients at RSCM. This is driven by the awareness of patients and their families that the problem of disease and human health not only concerns the biophysical aspects, but also concerns other important aspects including economic, social and emotional. Various findings show that human biophysical processes have a correlation with the patient's social-psychological condition, which is related to socio-economic factors and cultural factors of society (Tjiptoherijanto, 2008). At RSCM, social work in the field of health (Medical Social Workers) is very much needed and the reality demands an active role in the profession of Medical Social Workers in order to contribute as expected, namely to be able to intervene on the social and emotional problems of patients and their families.

This information is in line with information from Friedlander (2009) that medical social work is a service characterized by social and emotional assistance that affects patients in relation to disease and its healing. It was emphasized that medical social work: the social work practices

that occur in hospitals and others health care settings to facilitate good health, prevent illness, and aid patients and their families to resolve social and psychological problems related to the illness (Gehlert, 2012) . Social work in health care at the RSCM, is a practice of collaboration between Medical Social Workers and community health service programs. The practice of social work in the field of health services at the RSCM leads to diseases caused or associated with social pressures, which result in failures in the implementation of the functions of social relations by patients at the RSCM.

It was further stated that the term medical social work in further development was replaced with the term social work in health care (Social Work in Health Care). The term social work in health care is considered more flexible and broader than the term Medical Social Work which only connotes healing (Medicine). Social work in health care at the RSCM includes: social work in hospitals (Social Work in Hospital), family social work (Social Work in Family) and social work in public health (Social Work in Public Health). There are five main elements in the description of RSCM Medical Social Workers, namely: 1. Medical social work is a social work practice in healing interventions for patient diseases in accordance with the domain of social work; 2. setting of Medical Social Workers at both the RSCM and other health care facilities; 3. The intervention is directed at providing service facilities, preventing diseases and providing assistance.

From the results of observations in the field the research shows that the target of Social Workers Medical is a patient and family, with the aim of solving social and psychological problems related to the disease suffered by patients at the RSCM. In full, the objectives of the RSCM Medical Social Worker are: 1. to improve and improve the patient's ability to solve social emotional problems related to illness and illness, both for inpatients and their families; 2. connecting / linking patients with the source system; 3. improve the effectiveness of the services of various health service source systems; and 4. contribute to changes in policy in the health sector at the RSCM.

There are also the results of the triangulation process indicating that the problem is being accessed sources of health services in the RSCM include: 1. ignorance of patients and their families about the sources of health services provided by RSCM; 2. the inability of patients and their families to reach out to service sources; 3. interpersonal relationships of service providers (Medical Social Workers) with patients and their families. This description can be correlated

with the theory of Five Stages of Dying That Terminally Ill from Elizabeth Kubler Ross, that there are five stages of the process of the relationship between patients and Medical Social Workers, namely: the first stage of rejection. Rejection of the reality of the illness, initial reactions such as "this is impossible" or "this must be a mistake", this reaction is a result of the realization that immediate death will occur. Stage 2 is angry / angry. The inpatient hates the fact that he will die soon, while others can still live and be healthy. At this stage the patient will be angry at God, to himself. Patients will also blame everyone from doctors, hospitals, nurses, social workers, clergy, and patients will show hostility (Mashudi, 2009).

At this stage the patient needs someone who pays great attention to him, devotes time and understanding this will usually reduce anger towards the reality of his life. Stage 3 bargaining. At this stage the patient begins to be able to accept the state of his illness, but tries to struggle and make an offer (usually to his Lord). At this stage the psychological process that is felt is usually related to his mistakes. Therefore, the approach to religion will be very helpful and is a form of counseling for someone who feels that his death is inevitable. Stage 4 depression. At this stage the inpatient feels that the worst situation in his life will be experienced and that is the reality. The first part of this stage is when the patient grieves and does not want to do anything, feeling discouraged. In some cases it is usually necessary to involve help from family members to make realistic plans and help patients to realize very important and meaningful things that have not been resolved.

The second part of this stage, the patient enters a stage of deep sorrow or sadness because he cannot dodge again from death. Inpatients do not see other possibilities of the situation. During this section, patients will usually remain silent and dislike receiving visits. At this stage the patient in the process feels lost everything. At this stage the patient should always be accompanied, although not to discuss the disease but he is able to give calm to the patient with his presence. 5th stage acceptance. It is illustrated that at this stage it is not a stage of happiness, but neither is unhappiness, the patient accepts the reality and surrenders himself. At this stage the patient is not interested in receiving a guest visit to actively communicate. Communication with the counselor will be preferred and more treatment and not words.

There are general issues that occur in Indonesia, including in the RSCM environment, namely: 1. the increasing demand for health services far exceeds the ability of the health service system; 2. community ignorance about how to maintain health; 3. ignorance about the source of

service; 4. The inability of the community to reach sources of service and fulfillment of physical / health (maintenance costs); 5. Problems of interpersonal relationships of patients, health care providers and families; 6. responsiveness is still low for the needs of patients / communities including various changes in disease patterns; 7. lifestyles that endanger the community; 8. anxiety experienced by patients and families in the healing process; 9. a community value system that does not support health; and 10. concern and lack of community participation (Azwar, 2009).

Furthermore, it was explained that the RSCM Medical Social Worker in carrying out its role in health service institutions collaborated with team members from other professional staff, namely the medical team, medical and non-medical staff. In this service the RSCM Medical Social Workers act as counselors, liaisons, consultants, mediators and motivators to help deal with patients who experience social problems, for example patients who do not maintain or visit, there are complaints from the family or the person in charge, bills for temporary accounts are not responded to, refuse medical treatment, patients need long or serious treatment, and patients need expensive medical treatment or measures, etc. The patient's health efforts at the RSCM are carried out with an approach to improving the health (promotive) of patients, healing the disease (curative), which is carried out thoroughly, integrated and sustainable. Thus, the Medical Social Workers at RSCM carry out interventions to cure RSCM patients' diseases according to the social work domain, meaning that there are handling, receiving, and community-based services by Medical Social Workers, which of course must be appropriate.

In addition to doing services directly, RSCM Medical Social Workers seek their promotive functions through social media, and print media such as pamphlets and posters. Finally, what is done by Medical Social Workers at RSCM in rehabilitative aspects is to strive for the presence of psychosocial rehabilitation for the benefit of patients. Rehabilitation of these patients is rehabilitation that does not only involve the medical side, but also prioritizes the social aspects of the client that greatly affect the patient's healthy condition. Medical Social Workers carry out the assistance function to increase client skills to maximize their health. Clients are encouraged to make handmade which can be useful for daily guided by RSCM Medical Social Workers. This is done so that clients can be more productive to fill their spare time and maximize their potential so as not to dwell on the problems they are facing.

The same thing was also stated by the results of the focus group discussion that in the framework of healing and restoring these patients, it was not only implemented in hospitals (hospital care), but also carried out at home / special care centers (home health care) and in the community (social work in public health) and a long-term health care center. It was emphasized that efforts to realize the success of patient health services by the RSCM Medical Social Workers were constantly carried out mainly by improving the quality of Medical Social Workers. To achieve this, education and training for Medical Social Workers is formally required for higher education in social work in Indonesia.

With education and training it is hoped that synergic and effective collaboration among various professions in the health sector will become a reality, so that the healing process for patients will achieve optimal results as outlined by the World Health Organization (WHO), that RSCM Medical Social Workers are not only needed in hospitals, but also needed in other health service programs, both those related to disease prevention and public health development. Promotive aspects carried out by Medical Social Workers at RSCM are by holding community meetings with communities around the hospital to provide education and understanding related to certain diseases in general. Medical Social Workers, ensure that the public understands the importance of recognizing the type of disease and the conditions faced in order to adjust to the situation and condition of the patient.

In addition, RSCM Medical Social Workers conduct socialization of Medical Social Workers to provide the best capacity for RSCM Medical Social Workers in the community. This is done so that the services provided to patients are not only centered on an institutional basis, but of course the community has a very important role to help restore the patient's condition. The community as an element that will definitely come in contact with patients after treatment in the hospital certainly must have a condition that is quite ready when receiving the presence of former patients in the community. Handling, acceptance, and community-based services and cadres of RSCM Medical Social Officers must be appropriate, so that the cadre's socialization is needed.

Conclusion

The role shown by Medical Social Workers at RSCM is a form of assistance in providing the best service for inpatients, namely starting from helping inpatients to receive their rights while at the RSCM, for example about care that he must get according to standards, giving encouragement or motivation for patients to remain steadfast and feel optimistic about the recovery of the disease. In providing advocacy assistance, Medical Social Workers at RSCM also apply a number of methods to their patients in the form of a Work Case, which is a type of case advocacy. In this method, RSCM Medical Social Workers help inpatients understand the problems they face. This also applies in group work, namely the type of class advocacy. Here RSCM Medical Social Workers accompany inpatients by using the experience of the community and family environment as the main means to resolve problems faced by inpatients at the RSCM.

In addition, RSCM Medical Social Workers also conduct evaluations with the aim to see which parts of RSCM have provided medical services in accordance with the standards given to inpatients, and which parts of RSCM services are not yet in line with standards or have not been provided to inpatients in accordance with service standards. Therefore, RSCM Medical Social Workers have provided themselves with an understanding of the types of diseases suffered by patients, methods and practices that can be used to deal with patient problems both individually and family / community, regulations that are used when performing services along with cross-profession, skills good and correct communication, terms used by the medical team, etc. It was found at RSCM that Medical Social Workers did not only work in the field of mentoring patients, but were far wider than that. In addition to providing assistance when conducting counseling and mentoring skills, RSCM Medical Social Workers also provide services in preventive, promotive, and rehabilitative aspects as an effort to maximize the patient's social functioning in the community.

The service needs of RSCM Medical Social Workers in the health sector are driven by awareness, that the problem of disease and health is not only influenced by biophysical factors, but also influenced by various other important factors including economic, social, cultural and emotional factors. RSCM Medical Social Workers is one profession that can become a medical and nursing profession partner in carrying out medical services to patients, starting from patients consulted to Medical Social Workers by other professions or other health workers, then Medical

Social Workers conducting assessment, identifying problems, set goals, make intervention plans, intervene, evaluate and terminate. There is also the focus of the Medical Social Workers at the RSCM are social factors that can help the healing process of patients. Through the integration of medical, nursing and Medical Social Workers approaches in the effort to cure and restore patients, a comprehensive approach has been created to have a positive impact on patients in obtaining health services.

Recommendation

RSCM Medical Social Workers are not so popular, so it is necessary to try to socialize and make an established profession extra hard both from the government (Ministry of Social Affairs and Ministry of Health), professional organizations and social work schools. To improve the professionalism of RSCM Medical Social Workers, it is necessary to increase the competence of Medical Social Workers so that they have increased knowledge, skills and values in providing services to inpatients at the RSCM and their families.

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