

Blood Donor Counseling Services at Blood Center of Indonesian Red Cross, Semarang City: In-person Counseling Method Implementation and Online Counseling Design

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Abstract:

The blood center has to managed blood donors through blood donor counseling. Covid-19 has impacted blood donor services, including in-person blood donor counseling services. This study aimed to analyze the implementation of in-person blood donor counseling in the Blood Center of the Indonesian Red Cross, Semarang City, and design the online blood donor counseling. This descriptive study uses a mixed method. In qualitative methods, primary data was obtained from observations, interviews, and focus group discussions. the secondary data is obtained by searching documents. The result of this study was in-person blood donor counseling at the Blood Center of the Indonesian Red Cross, Semarang City maintained individual approach between the counselors and the clients. The successful implementation of in-person blood donor counseling was 50% of the total calls during pandemic. The obstacles faced by the blood center during the COVID-19 pandemic was conducting in-person blood donor counseling thus the online blood donor counseling design warranted. Online blood donor counseling was developed using communication technology based on an android system with chatting services using a mobile phone and the internet.

Keywords:

Counseling, Blood Donor, in-person, Online Design

JEL: I10, I14, I18

INTRODUCTION

Donors are people who voluntarily donate blood, plasma, or other blood components, which are then stored in a blood bank. Blood from donors is needed in blood service activities. Blood donors at the Blood Center of the Indonesian Red Cross, Semarang City, can be done inside or outside the building or called the Mobile Unit (Ministry of Health of the Republic of Indonesia, 2011).

Donors in blood donations do not realize that they have a disease that can be transmitted through blood transfusion. In order to avoid infections through blood transfusions thus infectious disease testing should be done (Ministry of Health of the Republic of Indonesia, 2011).

Pra donation counseling in the Blood Center of the Indonesian Red Cross should be given information about infectious disease testing. The reactive results would be expected to attend post-donation counseling (Ministry of Health of the Republic of Indonesia, 2014).

Post-donation counseling aims to deliver results to the donor for the results of the repeated reactive blood filter test. (Government Regulation No. 7 of 2011 concerning Blood Services, 2011). After receiving a counseling summons, the donor can decide whether to do counseling after donations or not.

The Blood Center of the Indonesian Red Cross, Semarang City, is one of the Blood Centers of the Indonesian Red Cross in Central Java Province. Infectious disease testing in donor blood in the Blood Center of the Indonesian Red Cross, Semarang City, remains high

from January 2008 to December 2012. Thus it is necessary to reduce infectious disease testing incidence and it is necessary to prevent transmission (Ratnawati, Sofro, & Udji, 2013). Blood donor counseling is one way that can be done to prevent and suppress infectious disease testing incidence. Other films, based on research on the analysis of voluntary blood donor intentions for counseling to receive regular results in the Blood Center of Indonesian Red Cross, Semarang City, say that most (70%) Donors do not intend to do blood donor counseling. In contrast, the intention is significantly related to the presence in counseling. The study also made a significant contribution in terms of the availability of facilities and facilities at the Blood Center of the Indonesian Red Cross, Semarang City, which could increase donors' intention to conduct blood donor counseling.

The COVID-19 pandemic has impacted blood services in Indonesia, including at the Blood Center of the Indonesian Red Cross, Semarang City (Dewi & Triwanti, 2021). There is a decrease in donor donations at the Blood Center of the Indonesian Red Cross, Semarang City. One of the impacts is also the implementation of the in-person method of counseling that is carried out. Until now, there has been no research on the implementation of blood donor counseling at the Blood Center of the Indonesian Red Cross, Semarang City, especially during the Pandemic period.

The researcher wants to know about implementing the Blood Center of Indonesian Red Cross, Semarang City blood donor counseling, both in-person and online, compiled in response to the COVID-19 pandemic problem. This study aims to get a picture of the implementation of donor counseling in person at the Blood Center of Indonesian Red Cross, Semarang City and blood donor counseling.

METHODOLOGY

This study is descriptive with a mixed method design to understand the phenomenon of blood donor counseling at the Blood Center of Indonesian Red Cross, Semarang City, addressed at. Mgr Sugiyopranoto Rd No.31 Semarang. Study duration from June 2021 to August 2022. The variable of this study included (1) the implementation of inperson blood donor counseling and (2) Online Blood Donation Counseling.

Researchers obtained primary data through observations, in-depth interviews, and focus group discussions. In contrast, secondary data is by searching documents in quantitative methods. Research respondents were chosen by purposive sampling technique as well as data triangulation. The research inclusion criteria are: (1) the number of blood service officers in the Blood Center of Indonesian Red Cross with the main tasks and functions of blood donor counseling services; (2) Type Blood Center of Indonesian Red Cross is type A that carries out donor counseling services both offline and online service planning; (3) Willing to be a research informant. The exclusion criteria are: (1) blood services and donor counseling, such as blood collection, blood processing, blood storage, etc., and (2) are not willing to become research informants.

As many as 7 (seven) adults were willing to become respondents who later became critical informants in this study by expressing willingness with informed consent. Furthermore, respondents were given open questions, each answer was recorded, and then the researcher conducted an analysis of the findings obtained using content analysis or content description.

Table 1 shows a picture of informant demographics. There are seven informants in this study with an age range from 29 years to 65 years, where two informants are male and five are female. Three informants work as blood donor counseling officers, three people serve in the managerial ranks related to donor counseling services, and one as donor counseling administration.

Table 1.
 Research informant

No R	Gender	Age (year old)	Working Units
R1	women	39	Blood Donor Counseling Officer
R2	women	31	Blood Donor Counseling Officer
R3	male	65	Blood Donor Counseling Officer
R4	male	35	Managerial related to the implementation of donor counseling (person in charge of blood service quality)
R5	women	29	Managerial related to the implementation of donor counseling (person in charge of blood donor counseling services)
R6	women	48	Managerial related to the implementation of donor counseling (head of Blood Center)
R7	women	36	Donor service administration

Figures 1 and 2 show the characteristics of the informant. Gender is seen in Figure 1, with 29% of men and 71% of women involved as informants.

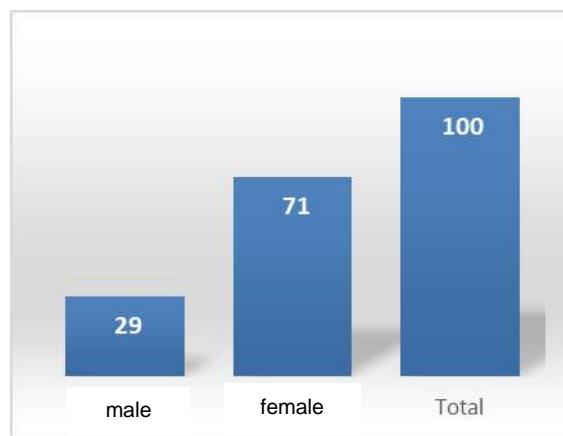


Figure 1.
 Overview of the percentage of informant's gender

Figure 2 shows the informants involved in donor counseling services. 43% as blood donor counseling officers, 43% as managers related to donor counseling services originating from the person in charge of service quality, the person in charge of the blood donor counseling service, and the head of the UTD); And as many as 14% served as part of the administration of donor counseling services.

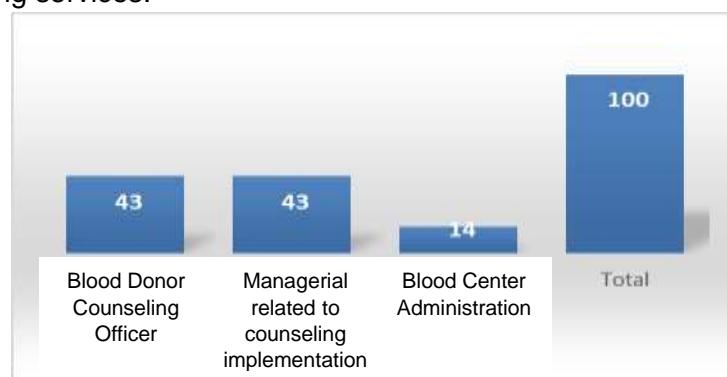


Figure 2.
 Overview of Human Resources of Blood Donor Counseling Services

RESULT & DISCUSSION

Implementation of blood donor counseling at Blood Center of Indonesian Red Cross, Semarang City

Table 2 shows the research results on the support of in-person blood donor counseling institutions. The interview results found that the implementation was carried out individually and maintained confidentiality between counselors and clients by getting adequate support from facilities and infrastructure. The in-person method at the Blood Center of Indonesian Red Cross, Semarang City, is carried out to implement post-donation counseling with policy support and Standard Operation Procedure issued by the Blood Center of Indonesian Red Cross, Semarang City.

Found that the purpose of counseling is to maintain blood safety. Before the implementation of blood donors, counseling aims to provide information about blood processing flow, especially on the examination of filter/screening tests, including HIV, HBsAg, HCV, and Syphilis.

Table 2.
 Institutional Support Blood Donor Counseling Face to face

	Emic	Categories
R1, R2, R5, R6	There is support for direct blood donor counseling services	Cognate of organizational commitment
R3	Support for direct counseling is given in full.	•Support
R6	Support is given by providing counseling to donors affected by donor notifications (reactive infectious infections through blood transfusion)	•Full support • Reactive donor support
R1, R2, R3	The availability of infrastructure related to the implementation of donor counseling at the Blood Center of the Indonesian Red Cross, Semarang City, in the form of communication, information, and education tools in the form of brochures, leaflets	•Infrastructure •Special room • Funding support
R5	There is particular room for the implementation of counseling directly.	
R6	Funds in the organizational cost budget for direct blood donor counseling work programs	
R6	Blood donor counseling is done to maintain blood safety	Cognate: Purpose of In-person Blood Donor Counseling
R5	Before the implementation of blood donation, counseling aims to provide information about blood processing flow, especially on the examination of filter/screening tests, including HIV, HBsAg, HCV, and Syphilis. If the results are reactive, the donor is expected to be willing to attend counseling results or called post -donation counseling.	• Blood safety • Information on the results of the blood filter test examination
R1, R2, R3, R4, R5, R6, R7	A policy related to counseling is carried out in person at Blood Center.	Policies related to in-person blood donor counseling
R4	Policies in the form of Reactive Donor Counseling	
R5	in-person counseling for reactive donors is carried out within a certain time	Implementation time

	Emic	Categories
R6	Blood donor counseling is done to maintain blood safety. Before the implementation of blood donation, counseling aims to provide information about blood processing flow, especially on the examination of filter/screening tests, including HIV, HBsAg, HCV, and Syphilis. If the results are reactive, the donor is expected to be willing to attend counseling results or called post -donation counseling.	The purpose of the blood -to -face blood donor counseling

Table 3 shows the empowerment of human resources for in-person counseling. Found officers were implementing blood donor counseling, namely doctors, nurses, and trained counselors. Whereas the counseling of Donor Technical and Non -Technical Competencies Knowledge about Reactive Donors, infectious disease testing, Transfuse Reactions and Donor Screening, Communication Ability, and Emotional Management.

Table 3.
 Empowerment of Human Resources Counseling face to face

Emic	Categories
R1, R2, R3, R4	in-person counseling for post-donation services (donor notifications) carried out by doctors and trained counselors in the field of blood services
R6	All doctors at the Blood Center of Indonesian Red Cross Semarang City can be involved as blood donor counselors for post-donation services (Reactive Donor Notification)
R1, R2, R3	The nurse carried out pre-donation counseling at the Blood Center of the Indonesian Red Cross, Semarang City.
R6	The implementation of donor counseling face to face requires technical and non-technical competencies in order to serve the donors well
R4	The technical competencies needed are knowledge about reactive donors, infectious disease testing, transfusion reactions, donor screening, etc.
R3	The ability to communicate is needed in in-person counseling services.
R2	Sometimes we face donors who are angry, crying, and confused when consulting after donations

Based on the data search, the results were found in Table 4, which showed the number of Donors with Reactive infectious disease testing in May 2020-May 2021.

Table 4.

Outgoing Letter for Reactive Donors infectious disease testing period May 2020-May 2021

Disease	Blood Samples	Percentage %
HBsAg	327	53%
HCV	92	15%
HIV	47	8%
Syphilis	144	24%
Total	610	100%

From Table 4 above, the number of notifications for donor notifications is obtained based on infectious disease testing examination results for HBsAg results of 327 letters (53%), HCV as many as 92 letters (15%), HIV outgoing letters are 47s (8%) and syphilis 144 (24%). Based on report data, it is known that the percentage of each letter that comes out based on the type of disease during May 2020-May 2021 shows that the most outgoing letter is hepatitis B with a percentage of 53% and The least number of outgoing letters is HIV with a percentage of 8%.

Table 5 shows the administration and management of in-person counseling. The success of the research implementation at the Blood Center of the Indonesian Red Cross, Semarang City, is 50% of the total summons. In contrast, others did not come to do counseling, as conveyed by the respondent.

Table 5.
 Administration and management of in-person counseling

Emic	Categories
R1, R2, R7	Blood donor counseling conducted for donors who receive reactive donor notifications on average come face to face with as many as 30-50 people every month
R5	Reactive counseling is open every Monday-Thursday, 7.30 to 1, Friday to 11
R3	The successful implementation of in-person blood donor counseling averaged 50% of the number of notification letters sent.
R7	Some donors did not come to do counseling after donations directly during the pandemic.
R4	The recording is done quite well
R1, R4	Reactive donor counseling (post-donation) is carried out computerized, while there is no recording of pre-donation counseling.
R1, R2, R3	There is a routine report on the implementation of blood donor counseling.
R2	Reactive donors are recorded by computerization. Donor candidate does not exist.
R3	A recording is carried out conventionally and electronically.
R6	Recorded both manually and electronically
R7	Recap every month

Overview of the Online Blood Donor Counseling Blood Center of Indonesian Red Cross Semarang City

Based on an evaluation of in-person counseling, only 50% of the total letters were sent to the reactive donor. Blood Center of Indonesian Red Cross management has suggested implementing online blood donor counseling as stated by all respondents when taking data.

Table 5 Online Blood Donor Counseling Planning at Blood Center of Indonesian Red Cross, Semarang City. From there, online blood donor counseling planning is associated with officers, applications used, service hours, ease of system, service media, and implementation time.

Table 6.

Online Blood Donor Counseling Planning at Blood Center of Indonesian Red Cross, Semarang City

Emic	Categories
R1	Cognate: Online
R2	Blood Donor Counseling Planning
R3	•Officer
R4	•Application
R5	•Service hours
R6	•Ease of the system
R7	•Service media
R5	•Immediately applied
R6	
R7	

The online blood donor counseling application at the Blood Center of the Indonesian Red Cross, Semarang City, has provided pre-donation counseling (before a donor donation before the donor), as stated by Respondent 5 (2022).

"Online counseling provides information to donors before blood collection is carried out." Furthermore, Online Blood Donor Counseling Design is made in the 'Sahabat UDD Save Life' application on the website and Android version, as stated by respondents 4 (2022)

"At present, the Blood Center of the Indonesian Red Cross, Semarang City, designed 'Sahabat UDD Save Life' as one of the Blood Services Responses to the Pandemic Covid 19. Online Counseling Design is developed in the website and Android version (R4, 2022)."

Figure 3 shows the concept of Online Blood Donor Counseling at the Blood Center of the Indonesian Red Cross, Semarang City. In contrast, the website design example is shown in Figure 3, and the Android version is in Figure 4.

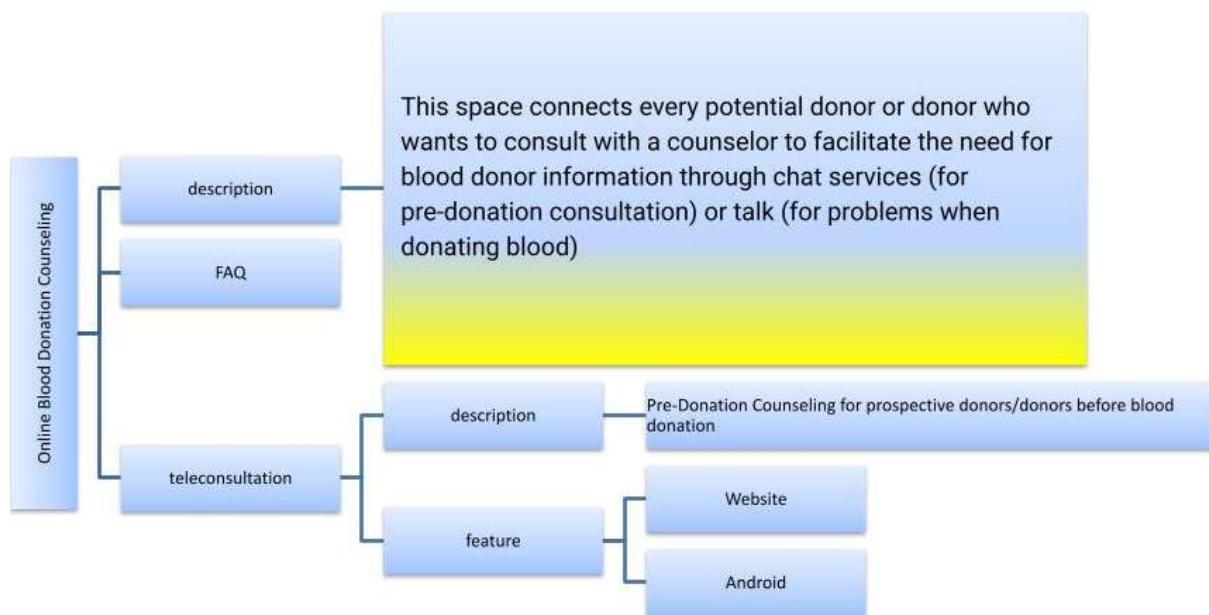
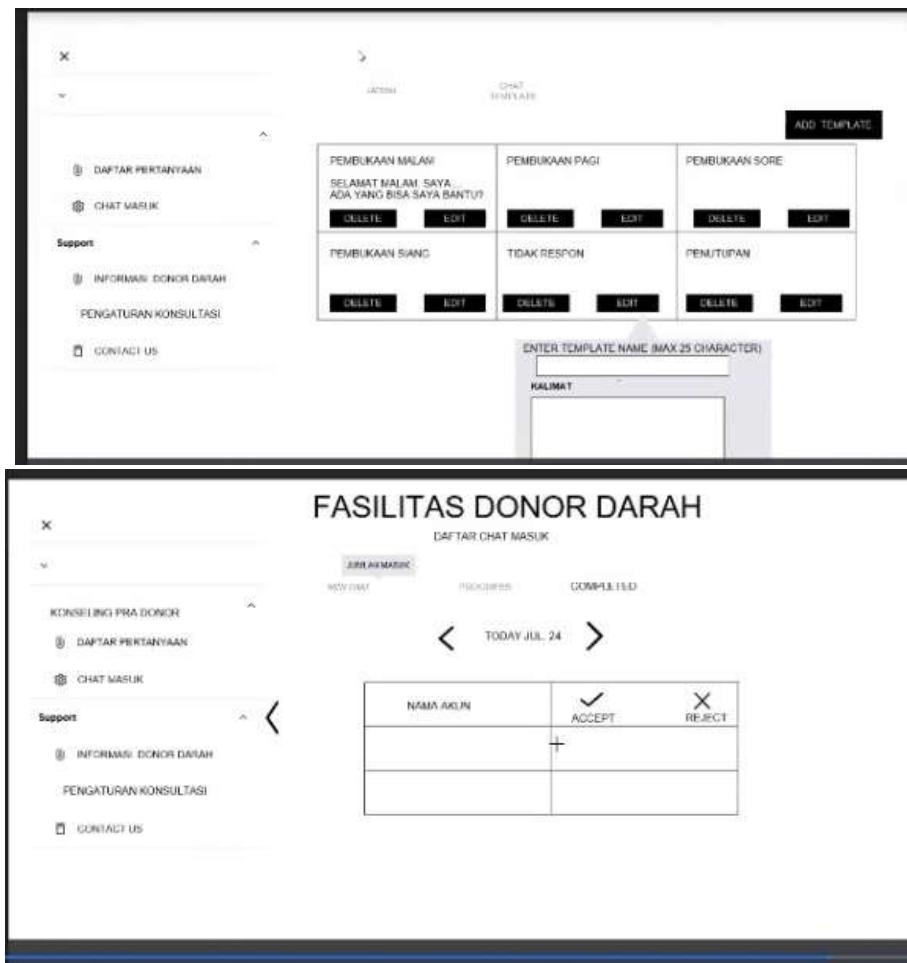


Figure 3.

The concept of online blood donor counseling in Blood Center of Indonesian Red Cross, Semarang City



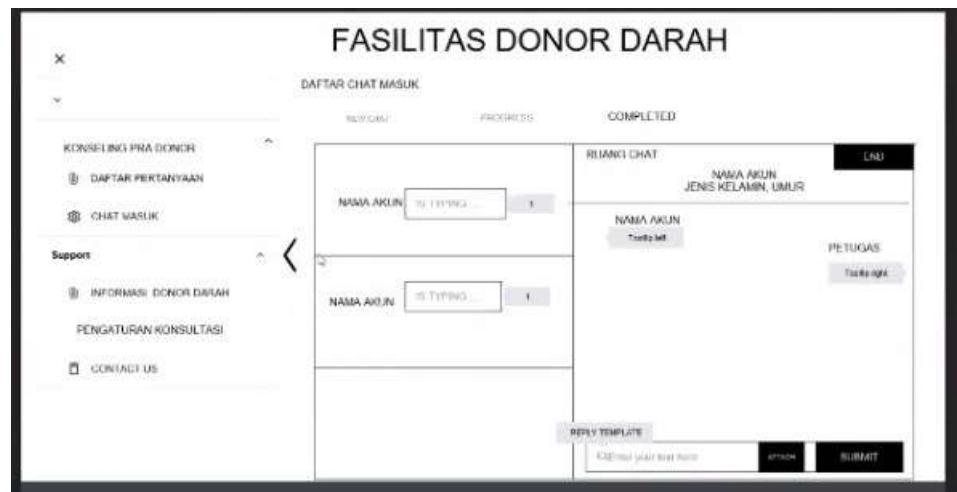


Figure 4
Display Of Blood Donor Counseling Design For Website Version Counselor Officers

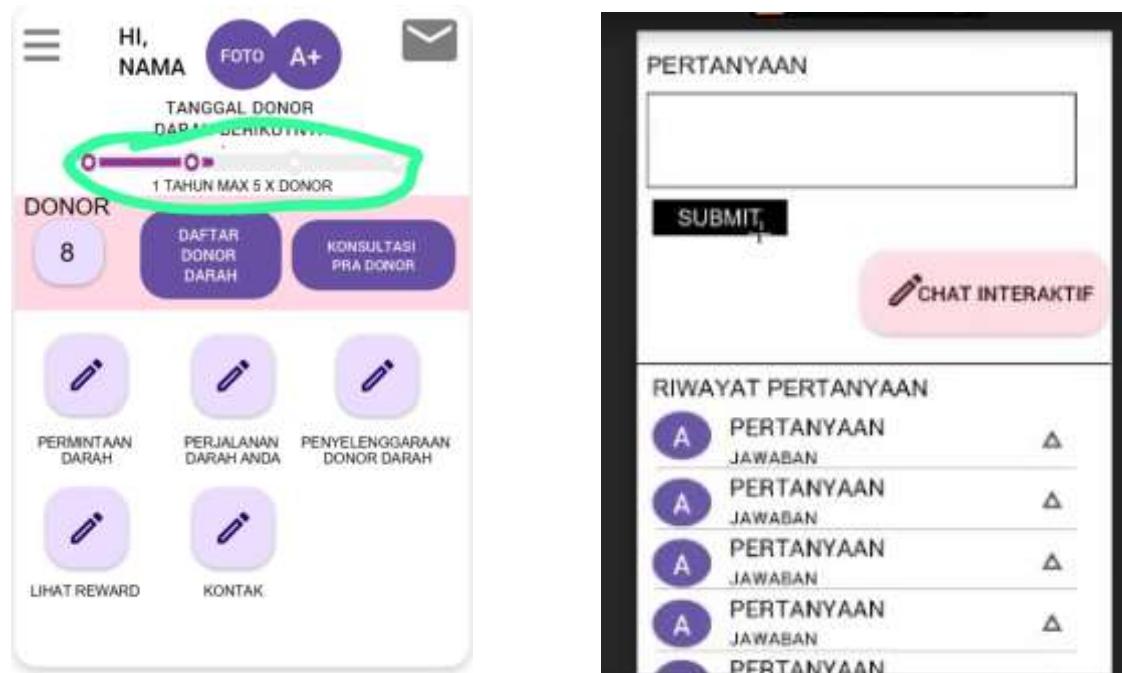


Figure 5
Blood Donor Counseling Design for Android Version

The findings show that the Blood Center of the Indonesian Red Cross, Semarang City, has managed to secure blood by providing blood donor counseling services. In-person Blood donor counseling is carried out to provide consultation to reactive donors. Post -Donation Counseling is a notification to the donor for the repeated reactive blood filter test results.

Post-donation counseling was carried out voluntarily with the in-person method at the Blood Center of the Indonesian Red Cross. The donor can decide whether to conduct counseling after donations or not. The COVID-19 pandemic has impacted changes in health services, including blood services that impose health procedures for face-to-face restrictions. Besides that, the community is encouraged to reduce activities outside to reduce the risk of

exposure to the COVID-19 virus. The COVID-19 pandemic has impacted the implementation of in-person counseling, which has experienced a decline in visits from reactive donors who conduct counseling after donations.

Implementing in-person blood donor counseling at the Blood Center of the Indonesian Red Cross, Semarang City faces obstacles during the Pandemic period. The number of donors who conduct counseling after donations is only 50% of the number of calls. The findings above show that in-person counseling is carried out only voluntarily by donors willing to come to do counseling following Government Regulation No. 7 of 2011 concerning Blood Services.

The donor should be given information about the risk of taking and the results of blood examinations. The Blood Center of the Indonesian Red Cross must do counseling after blood screening, not only HBsAg, HCV, and syphilis but also conduct counseling for HIV reactive. When donors give their blood, they feel in a healthy condition so that when screening and if the results are reactive, the donor's attitude will be different. Some donors want to come to counseling, and some do not even come in to fill out informed connect. Donors want to do counseling if the infectious disease testing examination results are reactive.

The existence of donors who did not attend in-person counseling during the COVID-19 pandemic showed the behavior of rejection to meet in person. The previous study also stated that there are psychological conditions experienced by the community, namely anxiety when infected.

By creating an online blood donor counseling design, constraints in conducting in-person counseling are directly overcome by the Blood Center of the Indonesian Red Cross, Semarang City. Previous studies also proposed a blood management information system at the Blood Center of the Indonesian Red Cross.

Blood Center of the Indonesian Red Cross, Semarang City, makes online blood donor counseling designed to increase donor interaction because it is private and adaptive during the COVID-19 pandemic. They do not need to meet in person. Previous studies from Zadrin, Yendi, and Ifdil (2013) and Zulya (2020) also stated the same result. Online Blood Donation Counseling at the Blood Center of the Indonesian Red Cross, Semarang City, is designed as a website and Android-based service.

CONCLUSION

This study explains the implementation of blood donor counseling in the transfusion unit, carried out comprehensively in person and online during the 19 Pandemic Covid period. Blood donor counseling with in-person methods at the Blood Center of Indonesian Red Cross, Semarang City, is carried out for donor consultation after donations are individually between counselor and client. The obstacle faced by the Blood Center of the Indonesian Red Cross in conducting counseling after donations in this Pandemic period is that some donors do not come to do counseling after donations directly. Blood Center of the Indonesian Red Cross, Semarang City, provides online counseling services to improve blood services, especially for pre-donations, in response to the COVID-19 pandemic. Online blood donor counseling design is made on the website and Android version.

RECOMMENDATION

Researchers can subsequently research to find out the factors that cause donors not to be willing to do counseling after donations face to face. Various research methods are also proposed to see changes in donors' behavior before and after using online counseling services. Researchers can subsequently explore the possibility of correlational methods and action research for the research.

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