RESEARCH ARTICLE

DOI: 10.47750/jptcp.2023.30.13.007

Expert Assessment of Primary Service Doctor on Eight Dimensional Wellness Instruments for Working Mother and Family

Ernawati Ernawati^{1,2}, Bambang Sumintono³, Guswan Wiwaha⁴, Sri Tiatri⁵, Dany Hilmanto⁶

¹Public Health Department, Faculty of Medicine, Universitas Tarumanagara, West Jakarta, Indonesia.

²Medicine Study Program, Faculty of Medicine, Universitas Padjadjaran, Bandung, Indonesia.

³Faculty of Education, Universitas Islam Internasional Indonesia, West Java, Indonesia.

⁴Public Health Department, Faculty of Medicine, Universitas Padjadjaran, Bandung, Indonesia.

⁵Faculty of Psychology, Universitas Tarumanagara, West Jakarta, Indonesia.

⁶Pediatry Department Faculty of Medicine, Universitas Padjadjaran, Bandung, Indonesia.

*Corresponding author: Ernawati Ernawati, Public Health Department, Faculty of Medicine, Universitas Tarumanagara, Jl. LetJend. S. Parman No.1, West Jakarta, Indonesia,

Email: ernawati@fk.untar.ac.id

Submitted: 24 March 2023; Accepted: 15 April 2023; Published: 17 May 2023

ABSTRACT

Family doctor services teach to treat patients with a psycho-socio-cultural approach, not only according to physical complaints, but also mental, spiritual, and the surrounding life that affects illness. Doctors who work in primary care are very important to be able to have different skills and knowledge form doctors who work in secondary services. Doctors who work in primary care are also called primary care doctors. This study aims to determine the expert judgement of primary care physicians on the eight-dimensional Wellness instrument for working mothers and families. The research method used is descriptive method with quantitative approach. The data is obtained from the expert judgement of primary care physicians. The results obtained indicate that the primary care doctor's expert judgement of the eight-dimensional wellness instrument for working mothers received a good judgement.

Keywords: Primary Service Doctor, Eight-Dimensional Wellness Instrument, Working Mother, Family

INTRODUCTION

The 1945 Constitution of the Republic of Indonesia has determined article 28 H paragraph 3 that "Everyone has the right to social security that allows his full development as a dignified human being". With the existence of a social security program, it is hoped that citizens' requirements for social health insurance can be fulfilled as Article 34 paragraph 2 of the 1945 Constitution of the Republic of Indonesia mandates that the state develop a social security

system for all people and empower the weak and incapable in accordance with human dignity.

The National Social Security System has 5 (five) programs, namely the Health Insurance program, the Work Accident Insurance Program, the Old Age Security Program and the Pension Security Program. The Health Insurance Program is a priority run by PT ASKES which changed to BPJS Health starting January 1, 2014, and PT Jamsostek became BPJS Employment as of January 1, 2015. Based on article 24 paragraph 3

of Law no. 40 of 2004 concerning the National Social Security System states that "Social Security Administering Bodies develop a health service system, a health service quality control system, a service quality control system, and a health service payment system to improve efficiency and effectiveness". At the time of the National Health Insurance, it used a "managed care" system as the operational basis for BPJS Health, namely a tiered referral system and divided into primary health services, secondary health services, and tertiary health services. (Sutrisno et al., 2018).

According to Sumiarsih & Adisasmito (2018) states that primary service is placed as a vital component in fulfilling the people's right to live a healthy life in accordance with constitutional mandate. WHO proposes a concept called family doctor or family doctor that focuses on providing quality and sustainable health services through a number of strengthening special competencies. The family medicine approach emphasizes the family's orientation to medical care, which is different from the biomedical approach and is usually diseaseoriented (Kurniawan, 2015). This idea continues to grow, although the term family medicine is not the same in every country but has the same focus, namely strengthening the role of doctors in primary care. The mention of family doctors was not optimal until the presence of Law Number 20 of 2013 concerning Medical Education with the mention of Primary Service Doctors or DLP.

The Indonesian Doctor Competency Standard (SKDI) was published by the Indonesian Medical Council (KKI) at the end of 2012. The SKDI is the competency standard for doctors in Indonesia. The standard states that doctors produced by medical education institutions are doctors who will work in primary care, not in secondary services. According to (Larasari, 2019) primary health services based on the principles of family medicine have four service characteristics (4C), namely, contact, comprehensive, continuous, and collaborative.

The primary care doctors at the forefront serve everyone, including working mothers and families (Shi et al., 2012). Wellness can be defined as a long process to get a good and

meaningful life. Wellness is not just a condition free from physical or mental illness, but from various other factors both external and internal that can affect a person's health (Swarbrick & Yudolf, 2015).

According to (Nursamsiah et al., 2015) wellness is a multidimensional concept of "prosperity". This concept is taken from the perspective of personality, social, clinical, health, developmental psychology, anthropology, religion, and education.

Based on the above background, the researcher is interested in conducting a study entitled "Expert Assessment of Primary Service Doctors on Eight Dimensions of Wellness Instruments for Working Mothers and Families".

RESEARCH METHODS

This study uses a descriptive method with a quantitative approach, namely by describing the expert assessment of primary care physicians on the eight-dimensional wellness instrument for working mothers and families. The data was processed using the Many Facet Rasch Measurement Version No. software. 3.71.3. After completing filling in each statement on the 8 dimensions of wellness, with 4 criteria and 3 rating scales, these 5 experts provide income if the 8 dimension wellness instrument is applied in primary services. The use of this method is expected to provide comprehensive facts about wellness for working mothers and families (Moto, 2019). Data were obtained from expert assessments of primary care physicians as many as 5 experts who were practitioners in primary care as well as educators for more than 5 years and passed the bleaching process as specialists in primary care family medicine.

These experts were given a questionnaire related to the 8 dimensions of wellness. As for the 8 dimensions of wellness, namely physical, emotional, spiritual, social, intellectual, environmental, work and financial dimensions, then asked to rate each statement in the questionnaire based on 4 criteria with 3 scales of answer choices, namely less, sufficient and good. The four criteria are: the use of terms/language in the statement (language); Understanding of the

contents of the statement (Content); Its relevance to the expected information about family wellness (especially with working mothers) (R.info); Relevance to existing theory in terms of family wellness in primary care (R. Theory). After completion, the 5 experts answered the question whether this 8-dimensional wellness instrument could be used in primary care to assess the wellness of working mothers, husbands and children aged 12 years.

The instrument for the emotional dimension consists of 16 statements, social 12 statements, spiritual 20 statements, physical 8 statements, intellectual 10 statements, environmental 40 statements, work 10 statements, and financial 9 statements. For the work dimension instrument, the researcher prepared a modified version for children aged 12 years who have not worked yet

into the education dimension (with the occupational code OK for those who work, while those who are still in school with the occupational OS code). For financial ones, there is a modification of the statement also for children who are not yet working (with the financial code of FK for those who work with the financial code of FS for those who are still in school). Experts are also given the opportunity to provide written input from each statement if they consider it necessary and have not been accommodated through the criteria and scale provided by the researcher.

RESEARCH RESULTS AND DISCUSSION

Results

TABLE 1: Recapitulation of expert assessments

No	Name	Eva	luatio	n														
		Em	otion			Soci	ial			Spir	itual			Phy	sique	ique		
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
1	Expert 1	В	В	С	С	В	В	В	С	В	В	В	В	В	С	С	С	
2	Expert 2	В	В	В	В	В	С	В	С	В	В	В	В	В	В	С	С	
3	Expert 3	В	С	В	В	В	В	В	С	В	В	С	С	В	В	В	В	
4	Expert 4	В	В	В	С	В	В	В	С	В	В	В	С	В	В	В	С	
5	Expert 5	В	В	В	В	В	В	С	С	В	В	С	В	В	В	С	С	
		inte	llectua	al		Env	ironm	ent		Woı	rk		•	Fina	ince		•	
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
1	Expert 1	В	С	В	В	В	В	С	С	В	В	С	С	В	В	В	С	
2	Expert 2	В	В	С	В	В	В	В	В	В	В	В	С	В	В	В	В	
3	Expert 3	В	С	В	С	В	В	С	С	В	С	В	В	В	В	С	С	
4	Expert 4	В	В	В	С	В	В	В	С	В	В	В	С	В	В	В	С	
5	Expert 5	В	В	В	С	В	В	С	В	В	В	В	С	В	В	С	С	

Information

- 1 = Use of the term/language in the statement (language)
- 2 = Understanding of the contents of the statement (Content)
- 3 = Relevance to expected information about family wellness (especially with working mothers) (R.info)

4 = Relevance to existing theory in terms of family wellness in primary care (R. Theory).

B = Good

C = Fair

K = Less

Based on the instrument for 8 dimensions, namely emotion consisting of 16 statements, social 12 statements, spiritual 20 statements, physical 8 statements, intellectual 10 statements,

environmental 40 statements, work 10 statements, and finance 9 statements.

Based on the recapitulation of expert assessment with an 8-dimensional Wellness instrument based on 4 criteria with 3 scales of answer choices, namely less, enough and good. The following is a description of table 1.

- a. The first dimension, namely emotion, can be 100% or 5 experts assess both in terms of the use of the term/language in the statement (language). In terms of understanding the contents of the statement (content) 80% or as many as 4 experts considered it good and 20% or as many as 1 expert considered it sufficient. And 80% or as many as 4 experts rated it good and 20% or 1 person considered it sufficient in terms of its relevance to the expected information about family wellness (especially with working mothers). Then 80% or as many as 4 experts rated it good and 20% or as many as 1 expert judged enough in terms of relevance to existing theories in terms of family wellness in primary services.
- The second dimension, namely social, found that 100% or 5 experts judged both in terms of the use of terms/language in statements (language). In terms of understanding the contents of the statement (content) 80% or as many as 4 experts considered it good and 20% or as many as 1 expert considered it sufficient. And 80% or as many as 4 experts rated it good and 20% or 1 person considered it sufficient in terms of its relevance to the expected information about family wellness (especially with working mothers). Then, as many as 100% or as many as 5 experts considered it sufficient in terms of relevance to existing theories in terms of family wellness in primary services.
- c. The third dimension, namely spirituality, found that 100% or 5 experts judged both in terms of the use of terms/language in statements (language). In terms of understanding the contents of the statement (content) by 100% or as many as 5 experts judged it good. And 80% or as many as 4 experts rated it good and 20% or 1 person considered it sufficient in terms of its relevance to the expected information about

- family wellness (especially with working mothers). Then 60% or as many as 3 experts rated it good and 40% or as many as 2 experts considered it sufficient in terms of relevance to existing theories in terms of family wellness in primary services.
- The fourth dimension, namely physical, d. found that 100% or 5 experts judged both in terms of the use of terms/language in statements (language). In terms understanding the contents of the statement (content) 80% or as many as 4 experts considered it good and 20% or as many as 1 expert considered it sufficient. 60% or as many as 3 experts rated it good and 40% or as many as 2 experts considered it sufficient in terms of its relevance to the expected information about family wellness (especially with working mothers). And 20% or as many as 1 expert judged good and 80% or as many as 4 experts considered it sufficient in terms of relevance to existing theory in terms of family wellness in primary services.
- The fifth dimension is intellectual, it was found that 100% or 5 experts judged both in terms of the use of the term/language in the statement (language). In terms understanding the contents of the statement (content) 60% or as many as 3 experts considered it good and 40% or as many as 2 experts considered it sufficient. As many as 80% or as many as 4 experts rated it good and 20% or as many as 1 expert considered it sufficient in terms of its relevance to the expected information about family wellness (especially with working mothers). And as much as 40% or as many as 2 experts rated it good and 60% or as many as 3 experts considered it sufficient in terms of relevance to existing theory in terms of family wellness in primary services.
- f. The sixth dimension, namely the environment, found that 100% or 5 experts judged both in terms of the use of the term/language in the statement (language). In terms of understanding the contents of the statement (content) by 100% or 5 experts judged that it was good. As many as 40% or as many as 2 experts rated it good and 60%

- or as many as 3 experts considered it sufficient in terms of its relevance to the expected information about family wellness (especially with working mothers). And as much as 40% or as many as 2 experts rated it good and 60% or as many as 3 experts considered it sufficient in terms of relevance to existing theory in terms of family wellness in primary services.
- The seventh dimension, namely work, found that 100% or 5 experts judged both in terms of the use of the term/language in the statement (language). In terms understanding the contents of the statement (content) 80% or as many as 4 experts considered it good and 20% or as many as 1 expert considered it sufficient. As many as 80% or as many as 4 experts rated it good and 20% or as many as 1 expert considered it sufficient in terms of its relevance to the expected information about family wellness (especially with working mothers). Then
- 20% or as many as 1 expert judged good and 80% or as many as 4 experts considered sufficient in terms of relevance to existing theories in terms of family wellness in primary services.
- The eighth dimension, namely finance, found h. that 100% or 5 experts judged both in terms of the use of terms/language in statements (language). In terms of understanding the contents of the statement (content) by 100% or 5 experts judged that it was good. 60% or as many as 3 experts rated it good and 40% or as many as 4 experts considered it sufficient in terms of its relevance to the expected information about family wellness (especially with working mothers). Then 20% or as many as 1 expert judged good and 80% or as many as 4 experts considered sufficient in terms of relevance to existing theory in terms of family wellness in primary services.

TABLE 2: Demographic characteristic of the raters

Raters	Ages	Mean	Gender	Formal	Occupation	Length	Mean	Marital	Domicile
	(years	Age		educatio		of	Length	status	
)	(years		n		work	of work		
)				(years)	(years)		
A	57	55.6	Female	Ph.D	Lecturer	31	21.4	Married	Jakarta
					Primary care doctor	7	20.6		
В	62		Female	Master	Lecturer	19		Married	Jakarta
					Primary care doctor	18			
С	47		Female	Ph.D	Lecturer	20		Married	Jakarta
					Primary care doctor	21			
D	55		Female	Ph.D	Lecturer	25		Married	Padang
					Primary care doctor	29			
Е	57		Female	Master	Lecturer	12		Married	Bandung
					Primary care doctor	28			

TABLE 3: Raters behaviours

Instrum	Iterati	Meas	Infit		Outfit	t	Corre	lation	Separ	Relia	Inter-	rater	Unexpe	Varia
ent	on	ure							ation	biliy/	agree	ment	cted	nce
Rater	report									α	oppor	tuniti	respons	explai
	/									cronb	es		e (%)	ned
	JML		Mn	ZSt	Mn	ZSt	PtM	PtE		ach	Exa	Exp		(%)
	E		Sq	d	Sq	d	ea	хp			ct	ecte		
												d		
Emotio	39								3.45	0.92	39.5	46.3	5.63	51.88
nal (16														

Expert Assessment of Primary Service Doctor on Eight Dimensional Wellness Instruments for Working Mother and Family

Instrum ent Rater	Iterati on report	Meas ure	Infit		Outfit	į	Corre	lation	Separ ation	Relia biliy/ α cronb	Interagrees opport	ment	Unexpe cted respons e (%)	Varia nce explai ned
	JML E		Mn Sq	ZSt d	Mn Sq	ZSt d	PtM ea	PtE xp		ach	Exa ct	Exp ecte d		(%)
stateme nts) B A D C		-0.02 -1.07 -2.13 -4.65 -8.73	0.57 0.70 1.55 1.54 Min	- 2.70 - 2.30 3.30 1.70 Min	0.59 0.72 1.45 0.54 Min	- 2.40 - 2.10 2.20 - 0.60 Min	0.00 0.45 0.87 0.62 0.00	0.61 0.59 0.60 0.54 0.00						
Social (12 stateme nts) B A E C D	44	0.10 -1.68 -4.15 -9.52 -9.52	0.42 0.38 1.62 Min Min	3.10 - 3.20 3.10 Min Min	0.28 0.25 1.61 Min Min	2.90 - 3.10 1.20 Min Min	0.00 0.80 0.68 0.00 0.00	0.54 0.63 0.57 0.00 0.00	3.45	0.92	42.5	46.1	2.5	57.93
Spiritu al (20 stateme nts) B A E C	548	3.84 - 9.20 - 24.65 - 27.09 - 27.09	0.73 0.07 1.07 Min Min	- 0.40 - 0.30 0.20 Min Min	0.06 0.00 0.08 Min Min	2.00 3.30 1.70 Min Min	0.22 0.95 0.21 0.00 0.00	0.22 0.94 0.21 0.00 0.00	7.55	0.98	44.7	44.7	0	96.29
Physica 1 (8 stateme nts) B A D C	13	0.40 -0.84 -1.18 -2.02 -2.26	0.61 0.52 1.46 1.62 1.27	4.30 - 4.70 3.30 3.20 1.40	0.71 0.55 1.18 1.19 1.11	2.70 - 3.80 1.20 0.50	0.33 0.45 0.61 0.45 0.24	0.50 0.47 0.46 0.37 0.34	5.46	0.97	37	44.8	6.08	38
Intellec tual (10 stateme nts)	778		0.04		0.01	3.30	0.35	0.34	6.47	0.98	44.5	44.5	0	99.81

Expert Assessment of Primary Service Doctor on Eight Dimensional Wellness Instruments for Working Mother and Family

Instrum ent Rater	Iterati on report	Meas ure	Infit		Outfit	İ.	Corre	lation	Separ ation	Relia biliy/ α cronb	Interagree oppor	ment	Unexpe cted respons e (%)	Varia nce explai ned
	JML E		Mn Sq	ZSt d	Mn Sq	ZSt d	PtM ea	PtE xp		ach	Exa ct	Exp ecte d	, ,	(%)
B A C D		4.81 - 10.37	0.08 Min Min Min	- 0.60 0.10	0.00 Min Min Min	4.90 Min Min Min	0.93 0.00 0.00 0.00	0.93 0.00 0.00 0.00						
Е		33.35		Min										
		33.35		Min										
Enviro	12	33.35		Min									5.50	23.79
nmenta 1 (40														
stateme nts) B A		0.22 -0.55 -0.92 -1.05	0.32 0.44 1.56 1.51	- 9.00 - 7.00	0.37 0.47 1.43 1.38	- 9.00 - 7.00	0.19 0.35 0.52 0.60	0.40 0.41 0.39 0.39	4.25	0.95	32.7	42.0		
C D E		-1.42	1.41	3.50	1.56	3.50	0.17	0.36						
				3.10		3.10								
Occupa tional	838			3.70		3.70							0.50	94.86
WK (10 stateme nts) B A		5.00 - 11.03	0.93 0.08 0.60 Min Min	0.10	0.15 0.00 0.10 Min Min	3.80 3.20 1.40 Min Min	0.32 0.90 0.47 0.00 0.00	0.33 0.90 0.47 0.00 0.00	8.00	0.98	44.2	44.1		
E C D		27.90 - 34.42		0.60 Min Min										
		34.42												
Occupa tional WS (10 stateme	808		0.85		0.80	2.80	0.33	0.33	7.52	0.98	44.2	44.1	0.00	95.77
nts) B A		4.73 - 11.06	0.07 0.70 Min	0.00	0.00 0.07 Min	4.40 2.10 Min	0.91 0.39 0.00	0.91 0.38 0.00						
E C D		28.26	Min	- 0.40 Min	Min	Min	0.00	0.00						
		33.45		Min										

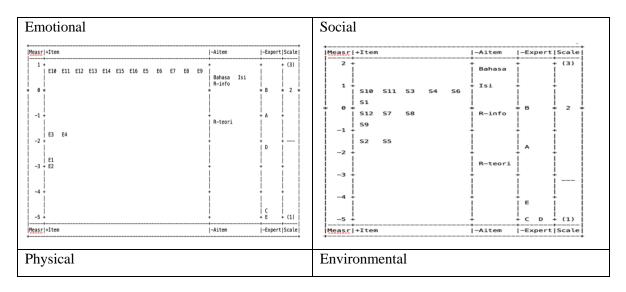
Expert Assessment of Primary Service Doctor on Eight Dimensional Wellness Instruments for Working Mother and Family

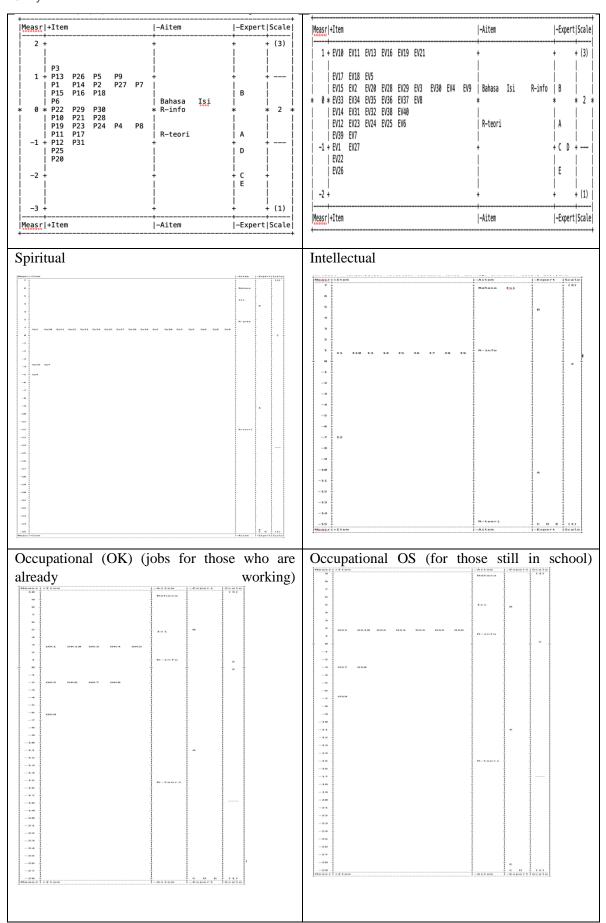
Instrum ent Rater	Iterati on report / JML	Meas ure	Infit Mn	ZSt	Outfire Mn	ZSt	Corre	lation PtE	Separ ation	Relia biliy/ α cronb ach	Interagree oppores	ment	Unexpe cted respons e (%)	Varia nce explai ned (%)
	E		Sq	d	Sq	d	ea	xp		acii	ct	ecte		(70)
												d		
		33.45												
Financi al WK (9	48								3.98	0.94	41.4	46.2	5.00	58.90
stateme		-0.03	0.61	_	0.62	_	0.21	0.62						
nts)		-0.06	0.37	2.00	0.33	1.80	0.90	0.45						
В		-2.35	1.59	_	1.48	_	0.80	0.62						
A		-5.71	1.04	1.00	0.38	1.00	0.45	0.44						
C		-6.35	0.81		0.24		0.47	0.40						
Е				2.50		1.70								
D						-								
				0.20		0.10								
				-										
				0.30		0.00								
Financi	276								4.35	0.95	47.1	47.5	0.00	79.36
al WS														
(9		11.50	0.00	0.00	0.05	2.20	0.25							
stateme		11.53	0.93	0.00	0.05	3.30	0.37	0.37						
nts)		3.43	0.03	0.03	0.02	0.50	1.00	0.97						
В		-7.02 -7.02	0.99	0.00	0.30	2.00	0.34	0.35 0.35						
A C		-7.02	0.99	0.00	0.30 0.30	2.00	0.34 0.34	0.35						
D		-7.02	0.99	0.00	0.30	2.00	0.34	0.33						
E														
E N	L		<u> </u>				<u> </u>							

Note:

 $\label{eq:cond_sol} Iteration\ report/JMLE\ (good < 100);\ Measure > 0\ good;\ 0 - (-1)\ fair;\ Infit/Outfit:\ MnSq\ good\ 0.5 - 1.5;\ ZStd\ good\ (-2) - 2;\ PtMea/PtExp\ good\ 0.45 - 0.85;\ Separation\ good > 3;\ Reliability/\ \alpha\ Cronbach\ good\ min\ 0.67$

Inter-rater aggreement opportunities good 20 - 80%, difference between exact dan expected <10%; Unexpected respon good < 10%; Variance explained good>20% (unidimensional)





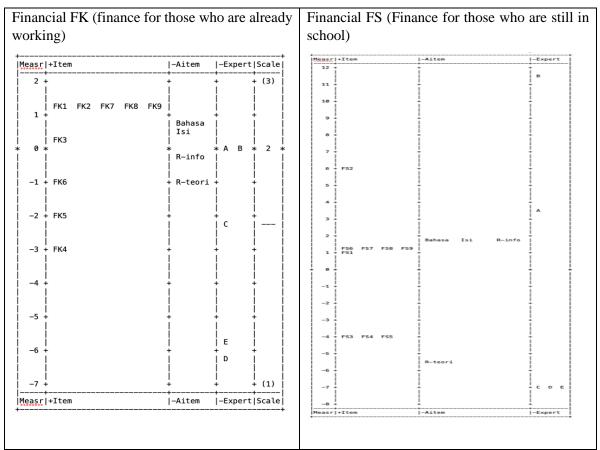


FIGURE 1: Wright map assessment of 5 experts on 8 dimensions of wellness

The picture above shows the variation in the character of the 5 expert assessors, between strict and loose in giving an assessment. As well as variables that are easy to understand and those that are difficult to understand based on point 0. It can be seen that this instrument is good because it accommodates the diversity of difficulty levels of statements and the diversity of the character of the expert judging.

These five experts are of the opinion that this 8-dimensional wellness instrument for working mothers, husbands and children of working mothers can be used in primary care. There is only a note for children who are still teenagers who need special attention and assistance when filling out.

TABLE 4: Opinions of 5 experts regarding the use of the eight-dimensional wellness instrument in primary care

Exper	Working mother	Husband	Child ≥ 12 yr
t			
A	Given that Indonesia has a	I did not find a specific	This instrument is not suitable
	population variation, and	instrument to measure the	for teenagers, it can be used for
	looking at the items in the	wellness of a working mother's	adults, because there are no
	questionnaire content of this	husband, but I think this	specific questions that are
	instrument, it is better to add	instrument can be used to	indicators of adolescent wellness
	the name of this instrument to	measure the wellness of a	according to the stage of growth
	'instrument for measuring the	working adult, whether male or	and development both mentally
		female.	and physically.

	wellness of working mothers in		
	urban areas'.		
В	Yes	Yes mostly	Yes
С	It is very useful because in primary care we are required to be able to identify internal and external risk factors, including from the mental and non-health side. However, it is necessary to pay attention to the length of the questionnaire and the time required. It may also not be necessary in 1 set of questionnaires, can be in separate questionnaires, and be taken as needed (as long as the sub-set of questionnaires has high reliability).	It is also important, because the characteristics and burdens of men and women are different. But it should be noted if you do not have a husband.	It is necessary to consider the validity of the filling, because the ability to reflect on the age of the child/adolescent needs special attention.
D	The 8-dimensional wellness instrument in this instrument is appropriate and can be used to measure wellness holistically, especially in families with working mothers in primary care.	The 8-dimensional wellness instrument in this instrument is appropriate and can be used to measure wellness holistically, especially in families with husbands and mothers working in primary care.	The 8-dimensional wellness instrument in this instrument is appropriate and can be used to measure wellness holistically, especially in families with children of working mothers in primary care.
E	As a tool for measuring the level of wellness for working mothers, this 8-dimensional wellness instrument is good enough for working mothers. Very comprehensive. There are several question items that have the potential to be misperceived, for example: 1. The ability to prepare food, which is point 1, what is meant by being fully independent in 1 month (3x a day)? 2. The ability to care for and clean the house point 1 take care of the house yourself or with occasional assistance. What does ART help mean? 3. Ability related to laundry: it is a bit difficult to understand point 3: 'All the laundry is done by someone else but not because there is a housekeeper'. 4. Environmental health: making the house healthier by reducing toxic substances: points 2 and 4, if for example both are done, how about because sometimes there are	For husbands of working mothers, the measuring instrument of 8 dimensions of wellness is also quite good, but the boundaries of working mothers still need to be clarified. For example, working outside the home 8 hours a day or more/5 days a week or less than 8 hours. For those who work full time, this 8-dimensional instrument is important to do in primary care, because the husband's role must replace most of the roles of working mothers.	The use of the 8-dimensional wellness instrument for children over 12 years, I think, should be explained/accompanied by the mother/father, especially for children under 15-16 years. The sentences may be shorter and easier for children to understand, for example in the health education section.

sides that cannot use a vacuum
cleaner
5. Environmental health:
Reducing allergies, it is
necessary to add information if
you have allergic properties. If
not, just ignore it.

DISCUSSION

The results of the data analysis of the results of the primary care doctor's expert assessment of the eight-dimensional wellness instrument for working mothers and families stated that they had a good assessment. Wellness is very important for working mothers and families, although according to (Gunawan, 2014) that wellness is a foreign term for some people, wellness in counseling may still sound foreign because these words are usually used in the scope of physical health and are identified with lifestyle. healthy.

In the study of Dibaji et al. (2017) resulted that the need to pay attention to women workers and make macro policies to create a culture of sharing homework between men and women. In particular, it should be noted that depression due to mental overload is resistant to treatment because even if a depressed working woman is most importantly rested, depression causes her to lose her effectiveness in the social environment.

The transition to motherhood seems to symbolize a loss of status for some women, as they move from their work roles to their new domestic roles. This decline in status is amplified when women return to work after taking parental leave and experience a loss of resources, such as office space, when they choose to reduce their working hours (Madden et al., 2021).

The 8 Dimensions or Dimensions of Wellness Swarbrick & Yudolf, (2015) according to , namely:

- Physical: involves maintaining a healthy body, good physical health habits, good nutrition and exercise, and getting proper health care
- Intellectual: involves lifelong learning, application of learned knowledge, and knowledge sharing.

- Environment: involves being physically safe and feeling, in a safe and clean environment, and being able to access clean air, food, and water. This includes our micro-environment (where we live, study, work, etc.) and our macro-environment (community, country, and our entire planet).
- Spiritual: involves a sense of meaning and purpose as well as a sense of balance and peace.
- Social: involves having relationships with friends, family, and community, and having an interest in and concern for the needs of others and of humanity.
- Emotional: involves the ability to express feelings, enjoy life, adjust to emotional challenges, and cope with stress and traumatic life experiences.
- Finance: involves the ability to have the financial resources to meet practical needs, and a sense of control and knowledge of personal finances.
 Work: involves participation in activities that give meaning and purpose, including work.

These eight dimensions are dynamic, and can be used for early detection and prevention of various health problems.

CONCLUSION

The results of the primary care doctor's expert assessment of the eight-dimensional wellness instrument for working mothers and families from the eight dimensions, namely emotion consisting of 16 statements, social 12 statements, spiritual 20 statements, physical 8 statements, intellectual 10 statements, environmental 40 statements, work 10 statements, and finance 9 statements indicate that some of the answers given by the experts are good. It is concluded that the expert assessment of primary care physicians on the eight-dimensional wellness instrument for

working mothers and families is good and can be applied in primary care.

ACKNOWLEDGMENTS

The researcher is very grateful to the experts who have been willing to help provide assessments and input for this 8-dimensional wellness instrument. Other parties who have helped during this research process.

Ethical approval

Universitas Padjadjaran Research Ethic Committee No. 120/UN6.KEP/EC/2021

Funding

None

Competing interest

None

REFERENCES

- 1. Dibaji, S. M., Oreyzi, S. H. R., & Abedi, M. R. (2017). Occuparion or Home: Comparion Housewives and Working Women in the Variables of Stress, Depression and Perception of Quantitative, Mental and Emotional Home Demands. Review of European Studies, 9(2), 268–274.
- 2. Gunawan, N. E. (2014). Welness: paradigma, model teoritik, dan agenda penelitian konseling di Indonesia. Jurnal Club, 1–12.
- 3. Kurniawan, H. (2015). Dokter di Layanan Primer dengan Pendekatan Kedokteran Keluarga dalam

- Sistem Pelayanan Kesehatan. Jurnal Kedokteran Syiah Kuala, 15(2), 114–119.
- 4. Larasari, T. (2019). Komunikasi Dokter-Pasien Berfokus Pasien pada Pelayanan Kesehatan Primer. JK Unila, 3(1), 160–166.
- Madden, S., Blewitt, C., Ahuja, K., Skouteris, H., Balley, C., Hills, A., & Hill, B. (2021). Workplace Healty Lifestyle Determinants and Wellbeing Needs across the Preconception and Pregnancy Periods: A Qualitative Study Informed by the COM-B Model. International Journal of Environmental Research and Public Health, 18(4154), 1–19.
- Moto, M. M. (2019). Pengaruh Penggunaan Media Pembelajaran dalam Dunia Pendidikan. Indonesian Journal of Primary Education, 3(1), 20–28.
- Nursamsiah, Setiyowati, E., & Karsih. (2015). Profil Social Self of Wellness Mahasiswa Strata 1 Fakultas Ilmu Pendidikan Universitan Negeri Jakarta. Jurnal Bimbingan Dan Konseling, 4(2), 75–80.
- Shi, Eriksson, Giardini, Masrangeli, & Scluter. (2012). The Impact of Primary Care: A Focused Review.
 https://doi.org/https://doi.org/10.6064/2012/4328
 92
- Sumiarsih, M., & Adisasmito, W. (2018). Analisis Impak Kebijakan Dokter Layanan Primer (DLP) di Indonesia Tahun 2018. Jurnal Kebijakan Kesehatan Indonesia: JKKI, 7(3), 108–120.
- Sutrisno, E., Lambok, B. D., Sugiarty, T., & Mulyoni, P. (2018). Akibat Hukum Dokter Layanan Primer Dalam Perannya Sebagai Gate Keeper Untuk Sistem Rujukan Berjenjang. HERMENEUTIKA, 2(2), 184–196.
- 11. Swarbrick, P., & Yudolf, J. (2015). Wellness in the 8 dimensions. Www.Cspnj.Org.