Effect of family nursing care training
for puskesmas nurses on increasing family independence in the health sector

Ani Susiani¹*, Amelia Wati²

1*,2Prodi D3 Keperawatan, Sekolah Tinggi Ilmu Kesehatan Aksari , Indonesia

A R T I C L E I N F O	ABSTRACT
	Family nursing care as a form of community health activities is also proven to be able to increase family independence in dealing with health problems that they experience independently. However, in practice the documentation of family nursing care as physical evidence of the implementation of the family nursing care process carried out by puskesmas nurses still does not meet the standards, so this study aims to determine the effect of family nursing care training for puskesmas nurses on increasing family independence in the health sector. in the work area of the Indramayu Regency Health Office in 2022. The results of this study indicate that training can increase the average value of knowledge regarding family nursing care and documentation carried out by puskesmas nurses from 12, 44 and increased to 19.76. This increase in knowledge then has an influence on increasing the ability of nurses to carry out family nursing care. This is evidenced by the increasing independence of the community in the health sectornamely the number of KM IV increased by 48.6% when compared to before the training, which was 35.0%.Thus that the community and puskemas can benefit from knowing the impact of family nursing care training on puskesmas nurses on boosting family independence in the healthcare sector.

Corresponding Author:

Ani Susiani
Prodi D3 Keperawatan,
Sekolah Tinggi Ilmu Kesehatan Aksari,
Pahlawan Number 45 Street, Lemahmekar, Indramayu District, Indramayu Regency, West Java, 45212, Indonesia
Email: mysusiani@gmail.com

INTRODUCTION

Health Center isis a health service facility that organizes community health efforts and individual health efforts at the first level, by prioritizing promotive and preventive efforts in its working area. The health development held at the Puskesmas aims to create a healthy working area for the Puskesmas, with people who have healthy behavior which includes awareness, willingness, and the ability to live a healthy life; able to reach quality health services; living in a healthy environment; and have optimal health degrees, both individuals, families, groups, and communities(Kemenkes, 2019).

Community Health Care (Perkesmas) is a form of professional health service that combines nursing and public health efforts through collaborative partnerships with clients in providing promotive, preventive services on an ongoing basis and seeking the affordability of health services to obtain curative and rehabilitative services aimed at the whole community with an emphasis on high risk groups through the nursing process(Allender & Spradley, 2016; Kemenkes, 2006). Community Health Nursing (Perkesmas) or also known as Community Health Nursing (Community Health Nursing) or abbreviated "Community Nursing" was first known in 1970.

Community health activities can be carried out inside the building or outside the building. Implementation of activities in the building in the form of health services provided to individuals in nursing care clinics, medical polyclinics, and inpatient health centers. Specifically, activities within the building include nursing care for outpatients and inpatients, early detection of disease in outpatients,health counseling or education, monitoring the regularity of treatment, referring health cases or problems to other health workers at the Puskesmas, providing nursing advice (counseling), activities that are overflowing tasks in accordance with the delegation of authority given and or procedures that have been stipulated.

Meanwhile, activities outside the building are carried out by carrying out individual nursing care, which requires follow-up at home by involving the active participation of the family, nursing care for health-prone families or poor families who have health problems found in the community, nursing care for special vulnerable groups. health and requires special attention, both in an institution and non-institutional, community nursing care in assisted areas that are vulnerable or have a high risk of developing health problems(Kemenkes, 2006).

The implementation of health center activities has proven to be able to increase the level of family independence in the health sector. This is in accordance with research conducted by (Alfiani et al., 2018) which shows that people with hypertension in the Dukuh Puntang Health Center work area, Cirebon Regency have adherence to taking medication after home visits. The same researcher conducted a similar study on families with TB sufferers, and the results of his research showed that there was a relationship between transmission prevention behavior in pulmonary TB clients and home visiting activities(Alfiani et al., 2016).

In addition, family nursing care as a form of community health activities has been proven to be able to increase family independence in dealing with health problems that they experience independently. Case studies conducted by (Oktaviani, 2021) show that family nursing care can increase the knowledge and skills of clients with rheumatoid arthritis (Devi et al., 2019), and in pregnant women with emesis gravidarum(HOTIMAH, 2018).

Not only limited to physical ailments, but family independence in caring for patients with mental disorders can also be increased through family nursing care services. A literature study conducted by (SAFITRI, 2020) shows that the implementation of family nursing care is able to increase family knowledge in caring for family members with schizophrenia, especially those who experience chronic low self-esteem.

The success of the family nursing care process as part of community health services can be seen from several indicators, one of which is an increase in family independenceas an entry point for community self-reliance, in meeting their health needs which is oriented towards five family functions in overcoming health problems, namely: 1) being able to recognize health problems; 2) able to make the right decisions to address health; 3) able to perform nursing actions for family members who need nursing assistance; 4) able to modify the environment so as to support health; 5) able to utilize existing health service facilities (Dinas Kesehatan Provinsi Jawa Barat, 2012; Susiani, 2018).

Another indicator of the success of the nursing care process is through the availability of physical evidence of the nursing care process in the form of documentation of nursing care(Potter et al., 2019). It was further explained that the nursing process which starts from data collection, determination of nursing diagnoses, planning, implementation and evaluation of nursing must be

documented accurately and completely so that it can meet the standards of nursing care documentation (Silalahi et al., 2021). This will ultimately be able to realize continuous service, effective and efficient use of time and minimize unexpected risks.

However, in practice the documentation of family nursing care as physical evidence of the implementation of the family nursing care process carried out by nurses at the puskesmas still does not meet the standards. In the Indramayu Health Office area it still does not meet the standards. Of the 49 puskesmas in the Indramayu Health Office Work Area, in 2021 the target of achieving a new health center is 62.5%. Based on interviews conducted with the head of the Basic Services Section at the Indramayu Health Office, one of the reasons for the non-achievement of health center standards occurred as a result of the insufficient ability of nurses to implement health care and its documentation. The same condition is shown by the results of research conducted by (Tokan & Sekunda, 2020).

Standards that have not been achieved in the documentation of nursing care at the puskesmas include the lack of good knowledge of the nurses. Research conducted by (Yuswandi, 2022) shows that a minority of nurses at the Karo Pematang Siantar Health Center have good knowledge of documenting nursing care. In addition, the various forms of documentation of nursing care in puskesmas have contributed to the low achievement of health center standards (Pakpahan et al., 2022).

Based on these things, the authors are interested in conducting research with the title: The Effect of Family Nursing Care Training for Health Center Nurses on Increasing Family Independence in the Health Sector in the Work Area of the Indramayu District Health Office in 2022.

RESEARCH METHOD

This study used a pre-experimental design with a one group pretest posttest design approach. Experimental research is a research design that is used to determine causal relationships with research involvement in manipulating independent variables. It is said to be a pre-experimental design, because this research is not a serious research because there are still other variables that influence the formation of the dependent variable (Nursalam, 2017) (Putra Apriadi Siregar et al., 2020). The design of this study was used to to determine the effect of family nursing care training for puskesmas nurses on increasing family independence in the health sector in the Indramayu District Health Office working area in 2022.

2.1. Population and Sample

The population is all individuals who have research characteristics and meet certain criteria (Nursalam, 2017).The population of this study were the coordinating nurses at the health center in the work area of the Indramayu District Health Office.

The research sample was 49 nurses from 49 puskesmas in Indramayu District who were selected using a non-random technique based on representatives sent by the puskesmas. Community Health Center nursing process training is designed for 24 hours using modules compiled by the Stikes Aksari Community Nursing Section Documentation of family nursing care is assessed using the family nursing care format

The criteria for selecting respondents in this study were:
a) Inclusion criteria:
   (1)   At least have basic education D III Nursing
   (2)   Have a working period at the health center for at least 1 (one) year
   (3)   Willing to be a research respondent
b) Exclusion criteria:
   (1)   The nurse who serves as the head of the puskesmas
   (2)   Nurses who are undergoing advanced studies

2.2. Research Variables and Operational Definitions
2.2.1. Research variable
1) Independent Variable

The independent variable or independent variable in this study isFamily nursing care training for nurses at puskesmas in the working area of the Indramayu District Health Office.

2) Dependent Variable

The dependent variable or dependent variable in this study is family independence in the health sector.

RESULTS AND DISCUSSIONS

3.1. Univariate analysis

The results of the univariate analysis of this study will be described in the following table:

a. Distribution of Physical Changes Approaching Menopause

Univariate

1) **Characteristics of respondents according to age**

Table 1. Characteristics of Respondents by Age

Respondent's age classification	Frequency	%
Young adults (20-40 years)	37	75.5
Middle adulthood (41-60 years)	12	24.5
Total	49	100

Table 1 shows that most of the respondents (75.5%) are in the young adult stage. However, researchers did not conduct in-depth research on the age characteristics of the respondents.

2) **Characteristics of respondents according to gender**

Table 2. Characteristics of Respondents by Gender

Respondent's age classification	Frequency	%
Man	20	40,8
Woman	29	59,2
Total	49	100

Table 2 shows that most of the respondents (59.2%) are female. However, the researchers did not conduct in-depth research on the gender characteristics of the respondents

3) **Results of knowledge measurement before and after training**

Table 3. Results of Knowledge Measurement Before and After Training

	Knowledge measurement	
	Before	After
Means	12.44	19.76
Minimum	7	13
Maximum	17	24

Table 3 shows that the average respondent's knowledge before the action is 12.44 with a minimum value of 7 and a maximum value of 17 while the average respondent's knowledge after the action is 19.76 with a minimum value of 13 and a maximum value of 24.

4)   Level of family independence in the health sector

Table 4. Level of Family Independence Before and After Training

	Knowledge measurement	
	Before	After
KM I	108 (15.5%)	59 (8.5%)
KM II	105 (15.0%)	90 (12.8%)
KM III	241 (34.5%)	210 (30.1%)
KM IV	245 (35.0%)	340 (48.6%)
Amount	699 (100 %)	699 (100%)

Table 4 shows changes in the level of family independence in the health sector before the implementation of the training activities and six months after the implementation of the training. It can be seen that the number of KM IV increased by 48.6% when compared to before the training, which was 35.0%.

3.2. Bivariate
1)   Normality test

Table 5. Shapiro-Wilk Test Results

	Shapiro-Wilk		
	Statistics	Df	Sig.
Before	.877	49	002
After	.807	49	.000

Table 5 shows the results of the Shapiro-Wilk normality test P value (before) = 0.002 so that P value < 0.05, the data for the previous group is not normal, while the P value (after) = 0.000 so that the P value < 0.05, then the group after is not normal. The normality results show that the data is not normal, so the data analysis test uses the Wilcoxon test.

2)   Non Parametric Test

Table 6. Wilcoxon Test Results

	Pre-post
Z	-4.8002a
asymp. Sig. (3 tailed)	.000

Table.6 shows that the Z count (-4.8002) is located outside the Z table (respondents <1000 = -1.96 - 1.96) or in the area where Ho is rejected, so the decision is to reject Ho. The min sign (-) in the Z results table shows the direction of the influence of family assistant training. The sign (-) shows the opposite direction, which means that the more often the training actions are carried out, the lower the small level KM (I, II, III) Seeing the P value (Sig.) < 0.05 then H0 is rejected and H1 is accepted, whereas if the P value (Sig.)) > 0.05 then H0 is accepted and H1 is rejected. The results of the Wilcoxon test analysis show that the P value = 0.000 so that the P value <0.05 then H0 is rejected and H1 is accepted thatthere isthe effect of family nursing care training for puskesmas nurses on increasing family independence in the health sector in the work area of the Indramayu District Health Office

3.3. Discussion

The results showed that training in family nursing care could increase community independence in the health sector (p=.,000 ;p<0.05). The average knowledge about family nursing care before the training was 12.44 and increased to 19.76 after the training. This training also showed positive results because six months after the training,shows changes in the level of family independence in the health sector, as the output of family nursing care, namely the number of KM IV increased by 48.6% when compared to before training, which was 35.0%.

The results of this study are in line with what was stated by (Lees, 2010) that improving the quality of nursing care documentation can be done through training. further explains that increased knowledge or understanding gained through training will support more complete documentation.

Nursing care documentation includes statements and reports about assessment (data collection), nursing diagnoses, nursing action plans, nursing actions and evaluations. Effective documentation ensures continuity of service, saves time, and minimizes the risk of errors (Potter et al., 2019).

The results of this study are also in accordance with several studies which show that if the family nursing care process is carried out correctly, it will be able to increase family independence in the health sector. Among them are family members who have hypertension. Through home visits as a form of implementing family nursing process activities, clients experience an increase in medication adherence (Alfiani et al., 2018). Likewise, the implementation of family nursing care for pulmonary TB patients is able to increase the family's ability to take action to prevent transmission, as one of the criteria for family independence in the health sector.

Other research that supports the author's research results was also carried out by Serina Lia Oktaviani (2021). It was stated that family nursing care is able to increase the knowledge and skills of clients with diabetes mellitus, clients with rheumatoid arthritis(Devi et al., 2019) and pregnant women who experience emesis gravidarum (HOTIMAH, 2018).

The results of these studies support the opinion of (Hidayat, 2021) who argues that good and quality nursing care documentation must be accurate, complete and according to standards so that it can measure the quality of the care process provided. According to (Harwijayanti et al., 2022) one of the reasons for the low documentation of family nursing care in the health center program is the lack of frequency of training for puskesmas nurses. The training is expected to develop nurses to work effectively and efficiently, including increasing skills in documenting nursing care at the puskesmas.

In line with the explanation above, the results of this study indicate that training can increase the average value of knowledge about family nursing care and documentation by health center nurses from 12.44 and increased to 19.76. This increase in knowledge then has an influence on increasing the ability of nurses to carry out family nursing care. This is evidenced by the increasing independence of the community in the health sectornamely the number of KM IV increased by 48.6% when compared to before the training, which was 35.0%.

CONCLUSION

The conclusion based on the discussion of the research shows that family nursing care training can increase community independence in the health sector (p = 0.000; p <0.05). The average knowledge of family nursing care before training was 12.44 and increased to 19.76 after training. Based on non-parametric testing, it shows that there is an effect of family nursing care training for puskesmas nurses on increasing family independence in the health sector in the working area of the Indramayu District Health Office. This increase in knowledge then has an influence on improving the ability of nurses to carry out family nursing care. This is evidenced by the increase in community independence in the health sector, namely the number of KM IV increased by 48.6% when compared to before training, namely 35.0%. The contribution of the research is to know that family nursing care training can provide positive results for community understanding which is shown for six months after training, showing changes in the level of family independence in the health sector. Suggestions for further research are to conduct post-training research and counseling conducted in the community so that they can evaluate understanding and knowledge in the community.

References

Alfiani, F., Tejaningsih, O., & Nurjannah, N. (2016). Hubungan Pelaksanaan Kunjungan Rumah Petugas Kesehatan Dengan Perilaku Pencegahan Klien TB Paru di Wilayah Kerja UPT Puskesmas Ciledug Tahun 2016. *Jurnal Ilmu Kesehatan*, *6*(1).

Alfiani, F., Tejaningsih, O., & Ubaedillah, U. (2018). Hubungan Kunjungan Rumah Terhadap Kepatuhan Minum Obat Pada Pasien Hipertensi di Wilayah Kerja Puskesmas Dukupuntang Kabupaten Cirebon. *Jurnal Ilmu Kesehatan*, *7*(1).

Allender, J. A., & Spradley, B. W. (2016). *Community health nursing: Concepts and practice*. Lippincott Williams & Wilkins.

Devi, R., Parmin, P., & Nadira, N. (2019). Asuhan Keperawatan Keluarga Pada Kasus Arthritis Reumatoid Untuk Mengurangi Nyeri Kronis Melalui Pemberian Terapi Kompres Hangat Serei. *Healthy Tadulako Journal (Jurnal Kesehatan Tadulako)*, *5*(2), 54–62.

Dinas Kesehatan Provinsi Jawa Barat. (2012). *Kebijakan Perkesmas di Provinsi Jawa Barat*. Bina Yankes.

Harwijayanti, B. P., Liana, Y., Tauho, K. D., Sinaga, M. R. E., Prasetiani, A. G., & Janah, E. N. (2022). *Keperawatan Keluarga*. Get Press.

Hidayat, A. A. (2021). *Dokumentasi Keperawatan Aplikasi Praktik Klinik*. Health Books Publishing.

HOTIMAH, H. (2018). *Asuhan Keperawatan Keluarga Ibu Hamil Emesis Gravidarum Pada Ny. A Dan Ny. D Dengan Masalah Keperawatan Mual Di Wilayah Kerja Puskesmas Rogotrunan Lumajang Tahun 2018*. UNEJ.

Kemenkes, R. I. (2006). Pedoman Penyelenggaraan Upaya Keperawatan Kesehatan Masyarakat di Puskesmas. *Dipetik Agustus*, *8*, 2019.

Kemenkes, R. I. (2019). Peraturan Menteri Kesehatan Nomor 43 Tahun 2019 Tentang Pusat Kesehatan Masyarakat. *Jakarta: Kemenkes RI*.

Lees, L. (2010). Improving the quality of nursing documentation on an acute medicine unit. *Nursing Times*, *106*(37), 22–26.

Nursalam, N. (2017). *Metodologi Penelitian Ilmu Keperawatan*. Salimba Medika.

Oktaviani, S. L. (2021). *ASUHAN KEPERAWATAN KELUARGA DENGAN DIABETES MELLITUS DI JORONG LOLO KACIAK WILAYAH KERJA PUSKESMAS MUARA LABUH*.

Pakpahan, M., Salman, S., Sirait, A., Budiaty, W. O. S., Sinaga, T. R., Sianturi, E., Ashari, A. E., Doloksaribu, L. G., Nasution, G. S., & Simamora, J. P. (2022). *Pengantar Kesehatan Masyarakat*. Yayasan Kita Menulis.

Potter, P. A., Perry, A. G., Stockert, P. A., & Hall, A. (2019). *Fundamentals of Nursing Vol 2-9th Indonesian edition*. Elsevier Health Sciences.

Putra Apriadi Siregar, S. K. M., Harahap, R. A., ST, S., & Aidha, Z. (2020). *Promosi Kesehatan Lanjutan Dalam Teori dan Aplikasi*. Prenada Media.

SAFITRI, A. (2020). *Studi Literatur: Asuhan Keperawatan Keluarga Penderita Skizofrenia Dengan Gangguan Konsep Diri: Harga Diri Rendah Kronis*. Universitas Muhammadiyah Ponorogo.

Silalahi, L. E., Limbong, M., Aji, Y. G. T., Kartini, K., Fhirawati, F., Tallulembang, A., Latipah, S., Ristonilassius, R., Siringoringo, S. N., & Suwarto, T. (2021). *Ilmu Keperawatan Dasar*. Yayasan Kita Menulis.

Susiani, A. (2018). Faktor yang Mempengaruhi Pelaksanaan Nursing Center di Puskesmas Kota Bandung. *Afiasi: Jurnal Kesehatan Masyarakat*, *3*(1), 22–28.

Tokan, P. K., & Sekunda, M. S. (2020). Penerapan Format Baru Pendokumentasian Asuhan Keperawatan Di Poli Rawat Jalan Puskesmas. *JKP (Jurnal Kesehatan Primer)*, *5*(1), 61–69.

Yuswandi, Y. (2022). Tingkat Pengetahuan Perawat tentang Pelaksanaan Dokumentasi Asuhan Keperawatan di Puskesmas Karo Kota Pematangsiantar. *GLOBAL HEALTH SCIENCE*, *7*(1), 20–24.