



The Implementation of Public Health Nursing (PHN) in Nursing Home Care at Work Area of Cenderawasih Public Health Center in Makassar City, Indonesia

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Abstract

The health problem faced nowadays is really complex. This is due to the health service facility has not yet reached all the segment of the community. Therefore, there is a need to make more accessible health service to the community with the high quality. The health service must also continuously serves the community especially for the poor and vulnerable community as well as high risk group. One of the health efforts is to implementate the program of public health nursing (PHN) as stated by the decree of health ministry no: 128/menkes/SK/II/2004. The purpose of the study was to analyze implementation of assessment, of diagnose, of planning, of intervention, and of evaluation of Public Health Nursing in work area of Cenderawasih Public Health in Makassar City 2012. The study was conducted in Cenderawasih Public Health Centers of Makassar City. The methods of obtaining the data were observation, interview, and documentation study. The data were analyzed by using qualitative analysis with patient and his family, and nurse as informantts of the study. The result of the study showed that assessment of nursing home was done well from the entering to the room service by filling document, processing, and organizing of data for the next care.

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The diagnose of nursing home was running well after nursing assessment as responding to the condition, of the sign, and of the phenomena for organizing according to patient's health problem priority. The planning of nursing home is conducted based on on the diagnose correspond to the priority, the purpose, the result which expected on the intervention of nursing to reach nursing care practice. Before intervening of nuring home, instruction and information given to the patient and his family dealing with nursing care practice which to be continued by his family. under control by nurse. Evaluating of nursing home done well in order to judge the developing of health condition including the necessary for revising the planning of nursing practice. Based on the result f the study, it was concluded that the implementaion of Public Health Nursing was applicating well generally related to nursing home practice. From this study suggested maintain effectively nursing home practie which is consist of nursing home assessment, diagnose, planning, intervention, and evaluating.

Keywords: Public Health Nursing; Nursing Home Practice; Public Health Center

1. Introduction

Public health nursing (PHN) is an integral part of basic health services carried out by the health center. PHN is conducted with anemphasis on primary healthcare. PHN's goal is to increase self-reliance in addressing health issues faced by the communityin order to achieve optimal health status. Toimprove the PHN, it is expected that40% of vulnarable society obtain home visits and health coaching by health personnel in solvingtheir health problems [1]. The implementation of PHN activities performed and documented by nurses of PHN use the nursing process approach i.e. The assessment stage, the nursing diagnosis, planning, implementation and evaluation [2].

PHN service implementation in the health center of Cenderawasihis already running butthe vulnarable families covered by PHN services are remain low. In 2010 vulnarable families covered by PHN services reached 30.3%, and in 2011 increased to53.6%, while the target is80%.On the other hand PHN report provided by a nurse coordinator, many nurses do not obey them, the recording and reporting are also still wrong. However, when further examination, this is because the health centersdo not make the annual plan and the amount of target data is not available. Based on the above problem, researchers interested in studying the Implementation of Public Health Nursing (PHN) In Nursing Home care at Cenderawasih health centre Makassar in 2012.

2. Materials and Methods

This type of research is a qualitative research using observation, interview, or review of document [3]. This study aims to explore in depth information about the implementation of the Public Health Nursing (PHN) in family nursing care assessment, diagnosis, planning, implementation, and evaluation of Public Health Nursingin the health center area of Cendrawasih Makassar. Collecting data in this study starts from 4 April 2012 to 20 April 2012.

3. Results

The results of this study are conducted by data collection using interview, observation and assessment / review of documents. The data collection is systematically conducted using nursing family assessment.

3.1 Family Nursing Care Assessment.

In the form of patient response to the activities of nurses in collecting, verifying/ validating and organizing data about the status of the patient. Below is the informant statement as follows: *"the nurse usually go into a patient and then ask us and then ask the questions on family experience on the disease, complaint or what we felt now, and then examine some parts of our body including asking and discussing and reviewing about the role of the family during the illness (Mr. A 71 Year, Mrs B. 35 Year).*

The assessment is conducted systematically and repeatedly by a nurse, by paying attention to the format provided and filled. Below is the statement of one informant: "I have seen the nurse write and record each time the nurse ask question and reply our question, starting from the entry into the patient's room. The nurse observes and records the condition of the room where we taken care of. ." (Mrs.J 70 Year, Mrs.P65 Year).

Implementation of the study by the nurse at the health center of Cenderawasihin line with the theory that the assessment is the initial phase of the nursing process and it is a systematic process in the collection of data from multiple data sources to evaluate and identify the client's health status [4,5].

3.2 The Diagnosis of Family Nursing

Diagnosis of Family Nursing depicts the response to the patient's condition, signs and symptoms arranged in the priority of health problems. Informant statement as follows: "The nurse is active in seeing the extent of the symptoms or signs of illness that we experience, then he did his actions relating to nursing intervention plan that will be done to us" (Mrs P 65Year,70YearMrs.S). Nursing diagnosis needs skills in data collection and knowledge for sorting, interpreting and classifying the data. One informant says: " i myself observe that the nurse seriously explain to us on what steps are carried out on health issues, symptoms or signs that we experienced for, nurse describes where the first action, the next action then the latter action at this stage" (Mrs.B35Year,Mrs.P65Year). The process of diagnosis by either include planning measures to support the findings and decision of the appropriate steps, to set priorities and interpret the results, informant stated: "The nurse told us that the tests done earlier to see the picture of a patient's respond and signs to make the right nursing diagnosis (Mr 58 YearB, MrsE42Years).

Diagnosis conducted by a nurse at the health center of Cenderawasihin line with the theory i.e; the problem of ignorance and inability to meet the needs of patients in daily life as well as in the response to the health problems associated with the cause (etiology) of or symptoms [6].

3.3 Planning on Family Nursing

The results showed that the plan made reference to the appropriate diagnosis priorities, objectives and expected outcomes in the intervention to achieve the goal. A statement of one informant as follows: "The nurse explained that action after diagnosis will determine the appropriate planning objectives to be achieved and the criteria and the results of the plan will be prioritized on the action on the next implementation".(Mrs.V 45years, Mrs. FR38Years).

The verification process is by planning measures to support the findings and decision in the appropriate step, set priorities and interpret the results. One informant stated that: "nurse told me that nursing intervention started from the problem and planned according to the priorities apart from achieving the goals and this is done based on the assessment and diagnosis conducted before" (Mrs. F48YearMrs.S70 Year. The nursing planning, nurses prioritize, write objectives or expected results and draw up written instructions for nursing interventions in order to solve or mitigate the identified health problems. Informant statement: "According to the nurses, what will be done to us as patients was based on a plan that will be implemented in implementation stage in order to determine the objectives, expected outcomes to be achieved"(Mr.A71Tahun, MrsB35Years).

Planning involves developing design strategies to prevent, mitigate or correct the problems identified in the nursing diagnosis. This stage begins after determining nursing diagnoses and concluded the plan documentation. In planning nursing intervention there are several components such as to set priorities, to determine outcomes, to plan an action plan, and to write the documentation.

The nursing plan is defined as a hand-document in solving the problems, objectives and intervention. Every patient who entered the health center of Cenderawasih must have a good planning of nursing care. To conform the statement of the informant with the theory that the nursing planning is to plan nursing intervention that will be implemented to address the problem in accordance with the nursing diagnosis with the goal to meet the needs of the patients [7].

3.4 Implementation

Before conducting the nursing intervention, it is necessary to submit information such as explanations to patients and families about what will be done based on the planning. The need for synergistic collaboration between nurse and patient and or family especially if the implementation will be continued by the patient's family. One of the Informant statement as follows: "We as patients get advance information about nursing interventions to be performed. For actions to be taken will require cooperation not only to us but also to the family if this action is unlikely to be followed by the family"(Mr.B 58Year, Mrs.E42Year). Creating the mutual relationships with nurses such as to introduce herself to the patients, to provide an explanation to the patient about everything that should be done, so that a relationship can be established. This was one of the statement of the informant: "the nurse should give information before conducting nursing interventions to the patients and to their families, especially if this action later will be continued by the family although it remained in the nurse monitoring of such an action. "(Mrs.B 35 years, Mrs.FR 38 Years).

In order to improve the relationship of the nurse -patient cooperation , it is important for nurses to introduce themselves and explain the function and role to the patients and to their families. The informant stated: "Provision of information before nursing intervention should indeed be preceded by an introduction from the nurse so that we know exactly all of the information, so that the information will not be easily forgotten. I guess it is a role of the nurse to the patients and to their families" (Mrs.P 65 Years, MrsJe 76 years.). Some informants statement confirm that the implementation is in line with the theory. Implementation is a planned actions in the nursing-planning, nursing interventions include both independent action and collaborative action [8]. Implementation is the initiative to make a plan of action to achieve specific goals. The implementation phase begins after the action plan composed and aimed at the nursing orders to help patients achieve the expected goals [9].

3.5 Evaluation of Family Nursing

Nursing interventions prioritize the progress, to see the extent of all intervention in the assessment to nursing interventions to be achieved. Nursing care plan needs addition or revision. The Informant stated as follows:

"Nurses observe the progress, what intervention has been done before. It is organized with the aim of finding new problems on our health, but nurses still prioritize the problem and when they find the new problem, then the data is added. When the intervention has not successful yet, the nurse did not review the intervention, but they do another intervention. This intervention is a modification of nursing plan. "(Mrs. P 65 Year and Mrs. E and Mrs.PR 38 year).

The ability of nurses to identify the outcomes of nursing intervention, is also a patient's response to nursing care that has been given by a nurse at the goal-setting process of the previous step. The statement of the informants as follows: "In my opinion the act to see the progress of our previous health conditions, that is the real measure of the success of nursing intervention and how the goals set have been achieved" (Mrs. S 70 Year, Mrs.J 70 Year). Assessing the nursing care that has been implemented is the fifth and final step of the nursing care. The process of assessing nursing care include; evaluation system, the process of nursing care, and evaluation of patient outcomes. The informant stated: "The evaluation is very important that at this stage the conclusions drawn in order to determine whether to change or maintain intervention or whether the nursing care plan needs to be reproduced or modified" (Mrs. FA 48 year, Mrs. FR 38 year). By measuring the patient's progress in achieving the goal, the nurse can determine the effectiveness of nursing intervention. By looking on the statement by informants, the evaluation at Cenderawasih health centers follow the standard from the theory.

4. Discussion

Public Health Nursing (PHN) is a combination of nursing and public health, and support the active role of the community. PHN's services go directly to individuals, families, groups and communities to participate in improving the function of human life optimally, independently to provide much effort on health promotion and preventive services without ignoring the curative and rehabilitative services. Public Health Nursing (PHN) essentially aims to address health issues in order to reach the optimal level of public health. Operationally,

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Public Health Nursing (PHN) as a program of cenderawasih health center focused on public health goal to Individuals particularly high-risk individuals: those with the disease, infants, the elderly, mental health problems, families, especially pregnant women and groups / communities at high risk, including slums, isolated, conflict, unreachable health services. PHN also emphasizes health services to vulnerable families with family prone to health problems, high risk family and family with the disease [10, 11].

The result of the study shows that the assessment was conducted from the entry of patients into the room by filling the format, process the data and organize it to the next step. It is seen in Cenderawasih health center that nurses in conducting the assessment is their main job that has been repeated and long-implemented. Informants stated: "The habit of assessment is our long-implemented job, starting from the entry of patients into the room, we started asking the patient and his family on the complaints perceived by the patients. After that the data of the patient we organize." (Mrs. S 37 Year). In general, the assessment is carried out from the entry of patients into the room by filling out a form, processing and organizing the data to the next step. From the observation, what the nurse did at the Cenderawasih health center are consistent with the theory that has been described.

Nevertheless, the management of Cenderawasih health center must pay attention to the assessment activity because assessment need a complete format so that nurses could collect data and determine better nursing diagnoses by providing complete medical record data. Informants stated: "If we were not busy, during the assessment, we could collect data much complete and more organized so that it could be followed up by a nurse who did the intervention later on". (Mrs.S 37 Year). Thus, the assessment is conducted from examining head to toe with the first priority in life-threatening condition i.e., starting from the main complaint, after that do the complete assessment. Patients admitted with complaints of atshma foreexample, the first assessment focused on their respiratory tract problem, after that do the intervention.

Nursing diagnosis is a statement about the health status of the affected clients, both actual and potential derived from nursing assessment and the clients need nurse intervention. The initial step in the process of nursing diagnoses is the classification of data, further identify the possible causes of the problem. The informant stated as follows: "after we do an assessment, then we make nursing diagnosis by looking at the symptoms or signs of health problems and identify the level of problem. The nursing diagnosis will depict patient's response to the changes that they have felt" (Mrs.W 30 Year).

The results of this study showed that nursing diagnosis will be established after the assesment is conducted. The assesment will collect response to the patient's condition, signs and symptoms as well as the priority of health problems. In the intervention plan, the first, nurse make a priority, write the objectives or expected results, and draw up written instructions for nursing interventions i.e., to solve or reduce the health problems that they have identified [12, 13].

Thus, the first step in the planning process is the priority setting, where every problem that has been identified in the process of diagnosis is given an assessment. On this, the informants argued: "After determining the diagnosis we will develop appropriate planning objectives to be achieved. The criteria and the results of the plan will be prioritized which will be followed up later during the stages of implementation" (Mrs. S 37 Year, Mrs.w 45 year).

From the results of this study indicate that in general, nurses have been able to carry out the planning process, have been able to carry out all planning activities. So the planned problem is according to the priorities and the outcomes to achieve the goal. Implementation is an initiative of the plan of action to achieve specific goals. The implementation phase begins after the action plan is set up and got the nursing orders to help patients achieve the expected goals. Implementation is carried out by nursing instruction, before doing the implementation, nurses must give an explanation to the patient and his family. From the results of this study indicate that the majority of nurses have carried out all the implementation of nursing process as a whole [13, 14]. On this point, informant stated: "Implementation still prioritize nursing instruction and we also explain the next action to the family " (dr.Hj .N 45 Year).

During the implementation process, nurses must first give an explanation to the patient and family about the intervention based on previous planning. This is particularly important because the implementation sometimes will be continued by their family. At this phase, the nurses try to make a good rapport to the patient. First, nurses introduce herself and explain to the patient about everything that should be done and what should be avoided by patients. The success of the process can be seen by comparing the process with the guidelines created previously, while the success of the intervention can be seen by comparing the degree of independences of patient in his daily life with the progress of the patients with previously formulated -goals.

The informant stated: "during the evaluation process, sometimes we find new problems however we still prioritize the problems and the new problem is added to the data. If the intervention is not successful, we do not review the intervention, rather we did the intervention but we modify with another intervention. In this case, nursing care needs to be modified " (Mrs.S37 Year, Mrs.W 30 Year).

The result shows that the nursing evaluation prioritize the extent to which the goals set have been achieved. This could be done by modifying or revising the nursing care plan. The informant stated: "Evaluation is an important process, in which conclusions are drawn to change or maintain the intervention and nursing care plan needs to be reproduced or modified" (dr.Hj.N 45 Year, Mrs.S 37 Year).

Implementation of the nursing process in nursing care could be run well because the nursing staff in the inpatient unit has already followed the training of Professional Nursing Practice Model (PNPM) which was held in cooperation between Cenderawasih Health Centre with health municipality office of Makassar. The implementation of Professional Nursing Practice Model (PNPM) is adjusted with the health manpower in Cenderawasih Health Centre.

5. Conclusions

The phase of assessment starts from the entry of the patients into the nursing room, filling the format, process, and organize data for the next step. The nursing diagnosis is established after the assessment that depict the response to the patient's condition, signs and symptoms, in which arranged using priority of health problems.

In connection with the conclusions, the suggestions will be:

The nurses improves the nursing process and its application in nursing care. The Management of Health Center develops the format of nursing care according to the need of the nursing process. Nursing Planning is still need to be made refers to the nursing diagnosis based on the priorities, objectives and expected outcomes in the intervention to achieve the goal. The Management of Health Center improves the nursing facilities, increases the accuracy and the precision of evaluation of nursing so that family care nursing will have high quality.

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