

Research Article

Nurses' Performance in Public Healthcare (PERKESMAS) Program

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Abstract: Nowadays, health issues facing Indonesian society are getting more complicated. Geographic, accessibility of the healthcare services, and workload are factors that influence nurses' performance for the public healthcare program. Furthermore, the coverage of high-risk family and some diseases are low. The study aimed to investigate the nurses' performance for the public healthcare (PERKESMAS) program at community health centers in Central Lombok Region. This was a descriptive study using a cross-sectional approach. The participants were nurses-in-charge of the community health center, which were selected using probability sampling. The data gathered using a questionnaire developed by the author. The data were analyzed in distribution frequency and percentage. Twenty nurses participated in this study. The results show that the knowledge of the majority of the participants was categorized as good (50%), the workplace was reachable (65%), the career opportunity was available (60%), 60% of the participants stated that they had the financial resource, 65% had become participants at public health care training program, and 55% of the participants stated that they had been supervised in public health care activities. The implementation of the public health care program needs to be supported by an excellent nursing performance to actualize public health and welfare.

Keywords: Nurse' Performance, PERKESMAS, Public Health Care.

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INTRODUCTION

Development in the health sector is an inseparable part of national development because health touches almost all aspects of human life. The focus of health development under the vision of the ministry of health is an independent and equitable community, with the mission of improving the degree of public health through community empowerment, including private and civil society, protecting public health by ensuring the availability of plenary, equitable, affordable, quality, and equitable health efforts promotive, preventive, ensuring the availability, equitable distribution of health resources and creating good governance. This is in line with one of the global committees namely Sustainable Development Goals (SDGs), the health sector, among others, reducing maternal and infant mortality, improving maternal health, combating HIV/AIDS, malaria, and infectious diseases (Local Authorities Major Group, 2015).

Health issues that the Indonesian have to deal with are getting more complicated nowadays, especially when it comes to the fact that certain people in society are not able to afford the proper health services. This is reflected in the still high mortality rate in Indonesia, as

stated in the National Medium-Term Development Plan (RPJMN) in 2010-2014, 2010) that the Maternal Mortality Rate (MMR) is still at 118 per 100,000 live births, Infant Mortality Rate (IMR) number of 24 per 1,000 live births, and the prevalence of malnutrition is around 15%. Likewise with the still high number of causes of death due to stroke and hypertension by 22.22%, and deaths from Tuberculosis by 7.5%, the prevalence of malnutrition above the national average (4.9%), coverage of measles immunization decreased, and the use of Polindes as a place of delivery was only 1.5% (Basic Health Research, 2013).

The Province of West Nusa Tenggara (NTB) is considered as one of the regions with low health quality in Indonesia. It is shown by the Life Expectancy that points to 65,39 years old, 1086 cases of infant mortality, 95 cases of maternal mortality, 66 cases of child mortality, the high rate of malnutrition cases that is 891 cases, 5931 cases of lung tuberculosis, and certain disease morbidity rate that is still higher than the national average rate (Health Profile of West Nusa Tenggara Province, 2015).

This health problem is one of the causes of the still low Human Development Index (HDI) of the NTB

Province, which is 65.19 points, which places NTB in the 32nd position with the lowest HDI when compared to 34 other provinces in Indonesia. Central Lombok regency has various health problems that until now have not been able to be resolved optimally. These health problems are involved a high number of positive pulmonary TB case findings (554 cases), Life Expectancy (60.66 years), the number of maternal mortality (24 cases), infant mortality (154 cases), and the numbers pain for several cases of other diseases. This is the reason why central Lombok regency was classified as high problems in health level compare to the other eight municipalities in NTB Province (Central Lombok District Health Office, 2015).

One of the approaches that can be used to deal with the aforementioned health issues is to enhance, to broaden, and to get the proper health service closer to every member of the society, especially the poor and the families that are prone to health issues, and to keep it sustainable. Therefore, the government had been trying to expand the health services by implementing the public healthcare program in community health centers. According to the ministerial decree number 128/Menkes/SK/II/Tahun 2004 issued by the Ministry of Health of Republic Indonesia the Basic Regulations of the community health centers, the effort of public healthcare is an elaborative effort which the activities are integrated not only into the obliged effort but also into the elaborative one.

Public healthcare is an integral part of basic health services in community healthcare that aims to improve people’s ability to cope with health issues so that the public health quality can be optimized. Therefore, to actualize that goal, 40% of the families prone to health issues are expected to receive a home visit and counseling from health officers in charge of public health care programs.

More than that, to reach the highest level of public health quality, the government through the ministerial decree number 75 of 2014 in community health center has stated the necessity of high-quality health service that is excellently run by the healthcare providers by improving their performance. Thus, to

support national development especially in the field of public health, the government has made a regulation to revitalize public health care where the nurse is considered as a profession that is very closely related to public health service, through certain efforts in taking care of public health issues. Accordingly, the study aimed to evaluate nurses’ performance in the public healthcare program in the community health center.

METHODS

This is a descriptive study with a cross-sectional approach. The population is nurses-in-charge of public healthcare programs in Aik Darek and Janapria community health centers, Central Lombok, West Nusa Tenggara Province. The sampling method used in this research was probability sampling with a simple random sampling approach applied to 20 participants who met the criteria. The inclusion criteria of the study are nurses-in-charge of public healthcare, the minimum of educational background is a bachelor of nursing, and had been working at least one year. The subject who on leave was excluded. A questionnaire about the nurse’s performance and checklist sheet was used to collect the data. Data analysis used distribution frequencies and percentages.

RESULTS

There are 67 potential nurses in these two community health centers. Only 20 nurses were fit with the criteria. 47 nurses were excluded because does not meet the criteria. The majority of the participants are in the range age of 26 – 30 years old (70%) and 2 – 5 years (75%) for working experience. Most of the participants are male (65%), nursing diploma in the educational background (48.5%), single (55%), government employee (60%). The knowledge levels are on average (50%). The workplace is reachable from their home (65%). Most of the participants have a career opportunity with enough financial support (60%), participated in PERKESMAS training (65%). Their work was under supervise (55%) and work performance was good (55%). Table 1. was depicted these characteristics of the participants.

Table 1. Characteristic of the participants

Characteristics	N (20)	%
Age		
- ≤ 25 years old	2	10
- 26-30 years old	14	70
- > 30 years old	4	20
Working Experience		
- ≤ 1 year	4	20
- 2-5 years	15	75
- > 5 years	1	5
Sex		
- Male	13	65
- Female	7	35

Education Background		
- Diploma	13	48.5
- Bachelor	7	42.5
Marital Status		
- Married	9	45
- Single	11	55
Labor Status		
- Outsourcing	8	40
- Government Employee	12	60
Knowledge Levels		
- Good	2	10
- Average	10	50
- Poor	8	40
Workplace		
- Reachable	13	65
- Remote Area	7	35
Career Opportunity		
- Available	12	60
- Unavailable	8	40
Financial Resource		
- Available	12	60
- Unavailable	8	40
Participation in Perkesmas Training		
- Yes	13	65
- No	7	35
Perkesmas Supervision		
- Yes	11	55
- No	9	45
Work Performance		
- Excellent	2	10
- Good	11	55
- Poor	7	35

DISCUSSIONS

Results show that majority of the participants' age was in ranged from 26 to 30 years old (70%). This is the most productive aged for intellectual capability and also to doing activities. However, age has no associate with nurses' performance in PERKESMAS (Harmiyati, *et al.*, 2016). Another finding shows that most of the participants were male (65%). Gender has a significant contribution to work performance (Sapariah, 2015), work confidence, and work satisfaction (Scheidtger, Meyers, and Friedlen, 2009).

According to the educational levels, most of the participants' (48,5%) are nursing diploma. A study conducted by Harmiyati, *et al.*, (2016) shows that educational background was no correlation with nurses' performance in the community health center. Education is a conscious and planned effort to conduct learning atmosphere and learning processes so that the students can actively develop their self-potential to achieve religious-spiritual power, intellectuality, and noble attitude, and also vocational skills that are necessary not only for themselves but also for the society and the nation as well.

There is also an opinion that thinks of an education degree is proof of the holders' knowledge and

intellectual ability. This opinion is understandable because the higher someone's education, the broader information he/she can access, while at the same time he/she would be trained to manage, to understand, to evaluate, and to remember, and then become a knowledge that he/she obtained. Educational background will affect the individual perceives, points of view, solve the problems, and also work quality. It can be assumed that people with high educational levels more knowledgeable and productive (Platis, *et al.*, 2015).

The working experience shows that two-third (15) of the participants had been working for 2-5 years. There was a significant correlation between the working experience and nurses' performance at *Puskesmas* in Palembang City (Harmiyati, *et al.*, 2016). Working experience can improve their ability and skill with their work (Sharma and Dhar, 2016) (Khamida and Mastiah, 2015).

More than half (11) of the participants had not been married. The reason behind this phenomenon was that there were many of the nurses that had not been settled in financial stability. There was no correlation between marital status and nurses' performance at *Puskesmas* (Harmiyati, *et al.*, 2016). Marital status had a

strong correlation with working motivation (Gerald, 2016). It means that marriage had a positive impact on nurses' performance where nurses worked more professionally and responsible for doing their job (Terzioglu, *et al.*, 2016).

There are 10 participants (50%) were in average levels of knowledge. The poor knowledge has affected the performance in implementing the PERKESMAS program (Dall'Ora *et al.*, 2016). Participants whose poor knowledge about PERKESMAS had the chance of 6,133 times to cause not proper performance in implementing the PERKESMAS program more than those who had good knowledge. There was a significant correlation between knowledge and nurses' performance in PERKESMAS (Harmiyati, *et al.*, 2016).

The majority of nurses (65%) can easily reach their workplace. Meaning to say, that most of the participants are familiar with the geography and culture of their workplace. It had a positive and significant impact on nurses' performance in the implementation of PERKESMAS. This performance also supported by career opportunities. This opportunity could be to motivate nurses to improve their services, especially in implementing PERKESMAS. The implementation of PERKESMAS was fully supported by the government through Health Operational Funding (BOK). As one of the managerial elements, financial support was needed and an essential factor in the implementation of PERKESMAS (Diffayoga, 2015). As mention before, the success of PERKESMAS also influenced by nurses' knowledge and skills. This is following the study result that 63% of the participants were trained in the PERKESMAS program. Another factor that affects the success of the program is monitoring. PERKESMAS was supervised by the head of the community health center. Direct and indirect supervision has 9,333 times to successful in deliver PERKESMAS program Agustanti (2012). As one of the monitoring activities, supervision could drive and ensure that PERKESMAS was implemented properly.

Supervision will also give criticisms, counseling, and feedback to the nurses' performance. The supervisor's ability to effectively empowering the personnel to achieve the goal is an important aspect of achieving (Kang, Massey and Gillespie, 2015; Umboh *et al.*, 2015; Harmiyati, 2016). Following this statement, the study result shows that 55% of participants have excellent performance. This study result emphasizes that knowledge, reachable workplace, career opportunity, funding, PERKESMAS training program, and supervision impact nurses' performance and quality of services. As a recommendation, to achieve the success of the PERKESMAS program, then

improving nurses' education level and intensive supervision was needed.

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