



Family Nursing Care Using The PIS-PK Approach (Healthy Indonesia Program-Family Approach) As an Effort To Increase The Healthy Family Index



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Abstract

Health development focuses on preventive activities by increasing awareness and the ability to live healthily for everyone in order to improve the level of public health. Health development should start from the smallest unit of society, namely the family. One of the government policies to achieve health development in Indonesia is PIS-PK (Healthy Indonesia Program-Family Approach). The PIS-PK program is very much in line with the concept of family nursing care, which is a nursing practice activity with a family nursing process approach. The aim of this activity was to increase the Healthy Family Index after providing family nursing care. The target of this activity was 10 families suffering from non-communicable diseases in RT.03/RW.02, Tanjungsari Village, Blitar City. The methods used start from assessment activities, establishing nursing diagnoses, determining nursing interventions, implementing nursing and conducting evaluations. This form of activity involved home visits to all target families. The indicators of success of this activity were the achievement of all nursing outcomes determined in the process of implementing nursing care and an increase in the healthy family index. The data obtained was presented in descriptive form. The results of this activity were an increase in the Healthy Family Index, of the 6 families in the Pre-Healthy category after being given family nursing care, 4 of them increased to healthy families and all the nursing outcomes specified in nursing care were all fulfilled. It is suggested to community health center nurses to apply this family nursing care in implementing the PIS-PK program.

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INTRODUCTION

Health development is an effort to improve the quality of human resources. Health has an important role in supporting economic development to overcome poverty. Health development focuses on preventive activities by increasing awareness and the ability to live healthily for everyone in order to improve the level of public health (1). Health development should start from the smallest unit of society, namely the family. This has been implemented by the Ministry of Health in establishing a health operational strategy through PIS-PK (Healthy Indonesia Program with a Family Approach) (2). The family has 5 functions, including affective function, socialization, reproduction and health care and maintenance (The Health Care Function). Focusing on The Health Care Function with the hope that families will continue to have high productivity if they are in good health. So the family approach referred to in PIS is a home visit activity carried out by health workers at the Community Health Center. The forms of home visiting activities carried out include data collection, health promotion, following up on health services in buildings and utilizing data and information from family health profiles for community empowerment (1). The PIS-PK program is very much in line with the concept of family nursing care, which is a nursing practice activity with a family nursing process approach carried out on families with the aim of improving the family's health status so that family productivity and welfare increases (3).

So far, family nursing care has been carried out by nurses who work in community health centers, especially for certain program holders, for example infectious disease program holders, mental health program holders in the form of home visit activities, but this has not been maximized and has not been documented. With this PIS-PK, nurses can apply their role as providers of family nursing care and can be documented through program reports. The family nursing care process consists of assessment, establishing a nursing diagnosis, determining nursing interventions, implementing planned nursing actions and conducting evaluations(4). In this process, nurses have the role of health identifier, service provider, health and nursing service coordinator, facilitator, health educator and advisor and health consultant (3).

PIS-PK has the aim of increasing the level of family health as measured by the IKS (Family Health Index). IKS has 12 indicators, including family participation in the Family Planning (KB) program, mothers giving birth in health services, babies receiving complete basic immunizations, babies drinking breast milk, toddlers' growth and development being monitored, tuberculosis sufferers receiving standard treatment, hypertension sufferers receiving regular treatment. regularly, people with mental disorders receive treatment and are not neglected, family members do not smoke, the family has JKN (national health insurance), the family has access to clean water and the family uses healthy latrines (1).

Based on the results of screening carried out on a group of pre-elderly and elderly mothers in RT.03/RW 02 Tanjungsari sub-district, it was found that 45% had hypertension and had insufficient knowledge about healthy living behavior, 14% and 52% had sufficient knowledge. The results of interviews with PKK administrators revealed that 10 families were suffering from PTM with reduced quality of life in their area. It can be concluded that these 10 families have not been able to provide proper care for families suffering from NCDs, so they fall into conditions of complications from previous illnesses. Non-communicable diseases (NCDs) are one of the health problems that are currently receiving world attention (5). Judging from the burden of disease (diseases burden) as measured by Disability Adjusted Life Years (DALYs), there has been an increase in non-communicable diseases (NCDs) from 39.8% in 1990 to 69.9% in 2017, so that Indonesia experiences a double burden, namely the increase in NCDs and the problem of infectious diseases has not yet been resolved (2). Social support from local governments and the community can be a motivation to continue to play a role in supporting the success of PIS-PK (6). This community service activity aims to improve family health as measured by the healthy family index, by applying nursing knowledge, namely family nursing care. The nursing care that we provide is social support from universities for the success of PIS-PK.

METHOD

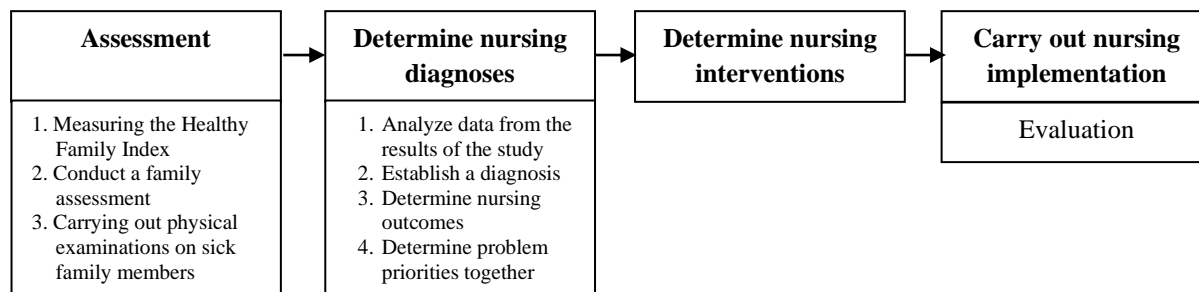


Figure 1.1 Chart of Nursing Care Activities

The activities were carried out with approximately 5 home visits to each target. The first visit carries out a family assessment, physical examination of sick family members and measuring the healthy family index. Based on the results of this assessment, an analysis is carried out and a nursing diagnosis is made in accordance with the Indonesian Nursing Diagnosis Standards. A diagnosis that has been established will be prioritized through a discussion process with family members. Then we will determine nursing interventions in accordance with Indonesian nursing standards based on nursing diagnoses. Visits 2 to 4 are the implementation of nursing actions as planned. The final activity is an evaluation based on specified nursing outcome

standards. Apart from nursing outcomes, indicators of the success of this community service activity are improving family health as measured by the Healthy Family Index (IKS) and the family's ability to provide care for sick family members. The results of the activities will be analyzed descriptively

RESULTS

Family Nursing Care Activities with family members of PTM sufferers

This activity is carried out in the form of Family Nursing Care, which is an application of PIS-PK (Healthy Indonesia Program-Family Approach). From the screening results it was found:

Table.1.1 Family Nursing Care Activities

Screening Results	N		F (%)	
Healthy family index (IKS)	Before providing nursing care	After being given nursing care	Before providing nursing care	After being given nursing care
healthy family	4	8	40	80
Pre-healthy family	6	2	60	20
Nursing problems				
Family health management is ineffective		6		60
Readiness to improve health managementkesehatan		4		40
Non-communicable diseases suffered by the family				
CVA history		2		20
Hypertension		8		70
Diabetes mellitus		5		50
Diabetic Retinopathy		1		10
Cervical Ca		1		10
Osteoarthritis		1		10
Utilization of health service facilities				
Make use of health facilities Health center/hospital		10		100
Average income per month				
Below the minimum wage for the city of Blitar		10		100

DISCUSSION

IKS (Healthy Family Index) from 10 families, 40% healthy families and 60% pre-healthy families. Families are declared healthy based on a combination of 12 indicators which are the benchmark for the Healthy Family Index (IKS). The results of the IKS calculation will determine the family health category, namely healthy families, pre-healthy families and sick families. The more indicators a family can fulfill according to the criteria, the closer the family's status is to the criteria for a healthy family. This index can be used to determine priorities for health problems and interventions (1). Based on the survey results, it was found that 5 families had family members suffering from DM, 1 with complications of retinopathy, 1 with complications of hypertension alone, 2 families had members with hypertension and stroke, 1 family with 1 person suffering from complications of hypertension plus cervical Ca. Meanwhile, one member who has hypertension without complications is 4 families and a member who suffers from osteoarthritis, 1 family. Of the 10 families surveyed, 3 families who had family members suffering from hypertension without complications were included in the prosperous family because they controlled the disease by utilizing health services and were able to control salt consumption, 1 family who had a family member with diabetes with complications of diabetic retinopathy, because they were able to control blood sugar levels. blood and make good use of health facilities. The other 6 families have not been able to provide good care for their family members, such as a ban on smoking, a sugar diet for those with DM and a diet low in cholesterol, low in salt and not taking regular medication.

The family approach is a health service approach carried out by Community Health Centers that integrates UKP and UKM on an ongoing basis for families based on the life cycle from health services for pregnant women to the elderly. Implementation of health development towards a Healthy Indonesia through a family approach involves the participation of networks, community health centers and communities. One of the efforts made by utilizing existing resources in the community is Community-Based Health Efforts (UKBM)(2). This service activity is a form of implementing UKBM, with a family nursing care approach. Service providers carry out home visits 4

times during one month with healthy family index assessment/screening activities. The family nursing care process consists of assessment, establishing a nursing diagnosis, prioritizing nursing problems, planning nursing actions to be taken, implementing nursing and conducting evaluations (4). Based on the results of the assessment carried out, it was found that 6 families had ineffective family health management nursing problems and 4 families had nursing problems of readiness to improve nursing management. Based on the Indonesian Nursing Diagnosis Standards (SDKI), the nursing problem of ineffective family health management can be defined as the pattern of handling health problems in the family that is not satisfactory for recovering family members, while the nursing problem of readiness to improve nursing management is the pattern of organizing and integrating health programs into daily life. days is sufficient to meet health goals and can be



Figure 1.2 Discussion activities with PKK administrators in determining target families for activities



Figure 1.3 Family assessment

After establishing a nursing diagnosis, the service determines nursing interventions. Nursing interventions according to the Indonesian Nursing Intervention Standards (SIKI) are all treatments carried out by nurses that are based on knowledge and clinical judgment to achieve the expected outcomes. There were four families that were included in the IKS category of healthy families, all of whom received a nursing diagnosis of readiness to improve nursing management, while the 6 families that were included in the pre-healthy families all received a nursing diagnosis of ineffective family health management. The expected nursing outcomes from nursing diagnoses, readiness to improve nursing management and family health management are not the same effective, namely increased family health management (7).

The nursing outcome indicators that will be achieved in 4 healthy families are family activities to address health problems appropriately and actions to reduce increased risk factors. Meanwhile, the achievement indicators for the 6 pre-healthy families, 2 indicators are the same as the 4 healthy families, plus there is an increase in the ability of family members to explain the health problems experienced by their families and the symptoms of family members' declining illnesses.

The nursing intervention consists of observation actions, therapeutic actions, educational actions and collaborative actions (8). The nursing intervention chosen for 4 families in the healthy family category was health education with the aim of improving health management, while for 6 families in the pre-healthy family category they chose nursing planning family support intervention with the aim of improving family health management.

Implementation carried out in families focuses on observation and education. The material provided in education is in accordance with the needs of each family, for example in one family member whose family member experienced hypertension and stroke and experienced a decrease in mobilization and muscle strength, the education provided apart from how to control blood pressure also teaches ROM (Range of motions) to increase muscle strength. The educational media used is leaflets using the counseling method. The results of this intervention are expected to be able to support the achievement of a Healthy Indonesia, because if the IKS value is increased through programs or

activities that focus on PIS-PK indicators, then individual and family health improvements can quickly be achieved (2). The results of the evaluation of this activity from 6 pre-healthy families, 4 increased to healthy families due to an increase in indicators of hypertension sufferers taking regular treatment. Meanwhile, all nursing outcomes have been achieved as expected.

CONCLUSION

The 10 families who were given family nursing care, all nursing outcomes were achieved as planned. The 6 families with a healthy family index in the pre-healthy category, after providing family nursing care for 5 visits, it decreased to 2.

SUGGESTION

We suggest to community health center nurses to apply this family nursing care in implementing PIS-PK.

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CONFLICTS OF INTEREST

No conflict of interest was found in this activity.

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