
INTERPROFESSIONAL COLLABORATION ON NON-COMMUNICABLE DISEASE PROGRAMS (NDP) IN PRIMARY HEALTH SERVICES

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ABSTRACT

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This study aims to discuss interprofessional collaboration in the Non-Communicable Disease program and the factors that influence interprofessional collaboration in the program. The research method used in this study is a qualitative descriptive method. The type of data used in this research is qualitative data, which is divided into primary data and secondary data. The results showed that interprofessional collaboration is a strategy to achieve the desired quality of results effectively and efficiently in health services. Communication in collaboration is an important element to improve service quality and patient safety. A non-communicable disease (NCD) is a disease or medical condition that cannot be passed from one individual to another. Most NCDs occur in low- and middle-income countries. Based on WHO data, NDP was the cause of 68% of deaths in the world in 2012. Interprofessional collaboration at Posbindu NDP Puskesmas is carried out by the PNDP Program Holder. Other Puskesmas officers are only involved in determining the schedule for implementing activities so that they do not conflict with the schedule of other Puskesmas activities. Planning is done in writing with a planning format from the Treasurer of the Health Center. However, this plan is only related to the development and service activities of the NDP Posbindu. The factors that influence interprofessional cooperation in the NDP program are cooperation, communication, ethics, and the role of the profession.

INTRODUCTION

Currently, one of the health problems is the shift from infectious diseases to non-communicable diseases (NDP). This is supported by reports from the NCD as many as 60 non-communicable diseases are the cause of death for all ages, 4% and 29% died before the age of 70% in developing countries as well as developed countries. Based on the Ministry of Health in 2013 Indonesia was at 71% for non-communicable diseases such as stroke as much as 12.1 per 1000, injury 8.2%, diabetes mellitus 6.9%, obstructive lung 3.7%, coronary heart 1.5% , cancer 1.4% per 1000, heart failure 0.3%, and kidney failure 0.2% cause an increase in death due to NDP (Adih, Selik, Hall, Babu, & Song, 2016).

The morbidity, mortality and NDP aspects are the background for the Indonesian Government in establishing the Integrated Non-Communicable Disease Development Post (Posbindu NDP) in accordance with WHO directives in 2010, Minister of Health Regulation No. 71 of 2015 and Law of the Republic of Indonesia No. 36 of 2009 concerning Health Article 158 paragraph 1 in tackling non-communicable diseases (Surya, Abdi, Unipdu, STIKES, & Dharma, n.d.).

Based on the theory of Lawrence Green and Andersen, the low rate of utilization of Posbindu by the community is due to the influence of three behavioral factors, namely

predisposing factors such as education and work (Sukismanto, Hartono, Sumardiyono, & Andayani, 2021). According to Fuadah and Rahayu in their research on the Utilization of NDP Posbindu in patients with hypertension, it was stated that the factor causing the absence of hypertension sufferers to the NDP Posbindu was work, besides the low level of education made the sufferer not understand about NDP Posbindu (HIJAH, Fuadah, & Safitri, 2020).

The reinforcing factor is influenced by family support, health worker support, posbindu cadre support, peer support. According to Nasution, et al, the support of health workers, namely providing information needed by the community also motivates NDP targets to lead a healthy life (Pardoel et al., 2021). Meanwhile, according to Wahyuni, peer support can be seen from the invitation of neighbors or fellow elderly who invite respondents to visit Posbindu (Zulkarnain, 2019).

Health is one of the human rights embodied in primary health care, one of which is the puskesmas. The Puskesmas is a form of multidisciplinary service which is carried out by various fields of health professionals which can potentially lead to interprofessional conflict and slower service. To realize good quality and optimal health services, it is necessary to implement interprofessional collaboration practices among health workers (Wibawa & Sutrimo, 2021). According to the World Health Organization, the practice of interprofessional collaboration occurs when health workers from various professional backgrounds work together with patients, patients' families, nurses and the community in providing the best quality health services across the entire range of care.

The practice of collaboration has not been optimally carried out due to various obstacles in its implementation, these obstacles are influenced by an imbalance of authority, limited understanding of the role of each profession in a team, responsibilities and friction between professions when providing care to patients. In addition, there is an assumption that doctors are leaders as well as decision makers, while other medical personnel are only implementers, making the implementation of interprofessional collaboration practices still limited. Nguyen mentioned that doctors have doubts about the competence of other health workers in providing patient care, which raises a doctor's concern regarding the issue of patient confidentiality when sharing information together (Nguyen, 2008).

This perception indirectly limits communication between professions and hinders the practice of collaboration. Differences in perceptions related to perceived barriers when practicing interprofessional collaboration, it is known that nurses feel these obstacles more because of hierarchical and socio-cultural constraints from the dominance of the authority of one of the professions in the health team (Yusra, Findyartini, & Soemantri, 2019). Research on non-communicable disease programs has also been carried out by (Puoane, Tsolekile, Sanders, & Parker, 2008), (Islam et al., 2014), (Pekka, Pirjo, & Ulla, 2002), (Nethan, Sinha, & Mehrotra, 2017), (Habib & Saha, 2010).

These obstacles are also supported by the lack of good communication between health workers. Communication is one of the competencies in carrying out interprofessional collaboration practices, where health workers are required to be able to communicate with patients, patient families, communities and other health professionals in a responsive and responsible manner. Effective communication is very influential in the practice of interprofessional collaboration to provide a positive side and benefits in patient care, including increasing patient satisfaction in treatment outcomes, minimizing the occurrence of

medication errors, reducing mortality and complications, so as to reduce the cost of care issued by patients (Gucciardi, Espin, Morganti, & Dorado, 2016). In addition, the use of staff becomes more efficient and makes the work environment more comfortable and comfortable. This is interpreted as an effort that can improve the quality of services provided and become one of the effective strategies in health services. Based on the facts described above, this study aims to determine interprofessional collaboration in primary health care.

METHOD RESEARCH

The research method used in this study is a qualitative descriptive method. The type of data used in this study is qualitative data, which is categorized into two types, namely primary data and secondary data. Sources of data obtained through library research techniques (library study) which refers to sources available both online and offline such as: scientific journals, books and news sourced from trusted sources. These sources are collected based on discussion and linked from one information to another. Data collection techniques used in this study were observation, interviews and research. This data is analyzed and then conclusions are drawn.

RESULT AND DISCUSSION

1. Interprofessional Collaboration

The ability to work with professionals from other disciplines to provide collaborative, patient-centred care is considered an essential element of professional practice that requires a specific set of competencies. The American Nurses Association describes effective communication as a standard of professional nursing practice. Professional competence in nursing practice is not only psychomotor and clinical diagnostic skills, but also abilities in interpersonal and communication skills. Registered nurses are expected to communicate in a variety of formats and in all areas of practice (Asyifa Permana Sari Tarigan, n.d.). Collaboration between healthcare providers is necessary in any healthcare setting, as no single profession can meet the needs of all patients. As a result, good service quality depends on professionals working together in interprofessional teams. Effective communication between health professionals is also important to provide efficient and patient-oriented comprehensive treatment. In addition, there is increasing evidence showing that poor communication between health professionals is detrimental to patients (Meijboom, Schmidt - Bakx, & Westert, 2011). Another important communication skill mentioned is the ability to adapt the language to the target client. While the role of understanding and effective communication clearly emerges as a dominant competency for effective collaborative practice that will improve quality (Suter et al., 2009).

Effective communication, responsibility and mutual respect for nurses and doctors are able to give the best contribution in cooperative relationships. Effective communication between nurses and doctors is able to foster trust between the professions (Adih et al., 2016). For this reason, it is necessary to have effective communication in interprofessional collaboration practices to improve the quality of service and patient safety.

2. NDP (Non-Communicable Diseases) Program

Non-Communicable Diseases (NCDs) are diseases or medical conditions that cannot be passed from one individual to another. The majority of NCDs occur in low and middle income countries. Based on WHO data, NDP is the cause of 68% of deaths in the world in

2012. It is predicted that NDP will continue to increase. NDP is a challenge in the world of health (Limato et al., 2022).

The NDP control program globally refers to the Global Action Plan for the Prevention and Control of Noncommunicable Disease from the WHO. Meanwhile, for reference in the implementation process, WHO has designed the Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings, where PEN relies on first-level health services and takes into account the fact that the majority of NCDs occur in low-income countries and who have their respective limitations (WHO, 2012)

In Indonesia itself, the Ministry of Health of the Republic of Indonesia has designed a "Technical Guide to the Implementation of Non-Communicable Disease Control in Health Centers", which is designed to follow the directions of the WHO guidelines. Primary health services play an important role in strengthening efforts to control NCDs comprehensively, covering preventive, promotive, curative and rehabilitative aspects. Government health programs such as the Chronic Disease Management Program (Prolanis) organized by the Health Insurance Administration Agency (BPJS). Prolanis is intended for BPJS participants, aiming to treat chronic diseases and improve the quality of life of chronic disease patients. In addition, the puskesmas is also assisted by other health facilities such as the NDP Integrated Development Post (Posbindu), which plays a role in early detection and monitoring of NDP, along with its risk factors.

3. Interprofessional Collaboration on NDP (Non-Communicable Diseases) Programs in Primary Health Services

Primary health care is a very important first step in improving public health. By providing basic health services quickly and accurately, it is hoped that the community can avoid non-communicable diseases through NDP which is held at the puskesmas. Puskesmas is a community health center that has a function as a center for driving health-oriented development, a community empowerment center and a strata health service center which includes individual and community health services.

Interprofessional Collaboration at Posbindu NDP Puskesmas is carried out by the PNNDP Program Holder. Other Puskesmas officers are only involved in determining the schedule for implementing activities so that they do not conflict with the schedule of other Puskesmas activities. Planning is done in writing with a planning format from the Treasurer of the Health Center. However, this plan is only related to the development activities and services of NDP Posbindu. Meanwhile, the overall NDP Posbindu program planning has not been done in writing. There are no special documents for k Posbindu NDP program planning but made into one file in the Community Health Center Activity Implementation Plan (RPK). The RPK is made at the end of every year around October to November and then submitted to the Pati District Health Office to be checked and approved. The purpose of holding NDP Posbindu is to increase community participation in preventing and early detection of NDP risk factors.

4. Factors Affecting Interprofessional Collaboration in the NDP (Non-Communicable Diseases) program

The factors that influence interprofessional collaboration in the NDP program are;

a. Cooperation

Basically, interprofessional cooperation is an activity based on a number of main dimensions so that it can run well. Cooperation (teamwork) involving two or

more professions has a great complexity in its application. The key dimensions of inter-professional collaboration include:

- 1) Set clear team goals. This is highly expected because it aims to prevent the occurrence of multi-perceptions, overlapping understandings, and achievement goals.
- 2) Have a common team characteristic or identity. This context is one of the key dimensions that shows that the team shows an identity from the amalgamation of various professions. Team activities and demonstrated team performance are a hallmark of the team and not a characteristic of a profession.
- 3) Have a shared team commitment. Commitment is a realization of the team's plan to achieve group goals. In inter-professional collaboration, the commitment that is built is the result of a group agreement aimed at achieving group goals by taking into account the roles and responsibilities of the profession.
- 4) Clear roles in each profession. It cannot be denied or avoided that uniting various professions, each of which has different duties and responsibilities, will result in overlapping roles and duties of each profession. By means of an agreement within the group, it is necessary to define the roles and duties of each profession which are clear in this interprofessional collaboration.
- 5) The concept of interdependence (interdependence). Interdependence in the context of interprofessional cooperation is a strategy to reduce or eliminate dominance between professions. This concept was developed to show that in solving a health problem or handling a patient, an attitude of interdependence is needed between each other so that the medical decisions taken are an agreement aimed at producing maximum patient outcomes or healing.

b. Communication

The effectiveness of interprofessional communication is influenced by:

- 1) Perception is a personal view of things that have happened. Perception is formed on what is expected and experience. Differences in perceptions between interacting professions will cause problems in communication.
- 2) A comfortable environment makes a person tend to be able to communicate well. Noise and a person's lack of freedom can create confusion, tension or discomfort.
- 3) Knowledge is an insight into something. Interprofessional communication can be difficult when the interlocutors have different levels of knowledge. This situation will lead to negative feedback, namely the message becomes unclear if the words used are not known by the listener.
- 4) Efforts to improve interprofessional communication skills. IPE is an important step to take because through IPE, students can practice interprofessional communication skills in situations that do not endanger the patient but still reflect situations that are close to real situations. The need for learning strategies to improve interprofessional communication is growing. Therefore, educators are expected to be able to develop learning methods and strategies that combine communication skills and patient culture as well as technical skills from the academic stage (Parrish & Linder-VanBerschot, 2010). One of the IPE models that can be applied is IPE simulation. Through the IPE simulation, students can develop knowledge and skills in communicating with other professions.

c. Ethics

The Basic Principles of Professional Ethics are the ones that underlie the implementation of Professional Ethics, namely:

1) Responsibility Principle

Each professional must be responsible for the implementation of the work and also for the results. In addition, professionals are also responsible for the impact that may occur from their profession on the lives of other people or the general public.

2) The Principle of Justice

Each professional is required to prioritize fairness in carrying out his work. In this case, justice must be given to anyone who has the right.

3) Each professional has the authority and freedom in carrying out work in accordance with his profession. This means that a professional has the right to be able to do or not do according to the code of ethics.

4) Principle of Moral Integrity

This moral integrity is a quality of honesty and moral principles in a person who is carried out consistently in carrying out his profession. This means that a professional must have a personal commitment to be able to maintain the interests of the profession, himself, and also the community.

Three principles that must be adhered to in professional ethics, including:

1) Responsibility, The meaning of responsibility here is responsibility for implementation (by function) as well as responsibility for impact (by profession).

2) Freedom, The purpose of freedom here is to be able to develop the profession within the limits of the rules that apply within a profession.

3) Justice, The principle of justice wants to build an impartial condition that allows all interested parties to ride.

d. Professional role

1) Communicate clearly professional roles and responsibilities to patients, families and other professionals

2) Recognize the limitations of the profession in skills, knowledge and abilities

3) Involve diverse healthcare professions in complementing professional expertise, as well as related resources, to develop strategies to meet patient needs

4) Explain the roles and responsibilities of other service providers and how teams work together to deliver services.

5) Using the scope of knowledge, skills and abilities available from the health profession to provide services that are safe, timely, efficient, effective and fair.

6) Communicate with team members to clarify the responsibilities of each member in implementing components of the service plan or health intervention

7) Establish dependency relationships with other professions to improve patient care and further learning

8) Engage in continuous professional and interprofessional development to improve team performance

9) Use the unique and complementary abilities of all team members to optimize patient care

CONCLUSION

Interprofessional collaboration is a strategy to achieve the desired quality of results effectively and efficiently in health services. Communication in collaboration is an important element to improve the quality of care and patient safety. A non-communicable disease (NCD) is a disease or medical condition that cannot be passed from one individual to another. The majority of NCDs occur in low and middle income countries. Based on WHO data, NDP is the cause of 68% of deaths in the world in 2012.

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