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Relationship of Competency of Community Health Nurse Coordinator (Perkesmas) and Level of Implementation of Perkesmas Activities at Public Health Center Work Area of Indramayu District Health Office

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A B S T R A C T S

Community Health Nursing Service (Perkesmas) is one of the efforts of the puskesmas that supports the improvement of public health status by combining nursing knowledge/practice with public health through the support of active community participation. Perkesmas service activities can be carried out inside and outside the Puskesmas building. Inside the building, nurses provide nursing care for individuals who come to the puskesmas; in contrast, outside the building, nurses can give family nursing care and nursing care for special/health-prone groups in the Perkesmas target area. The purpose of this study was to determine the relationship between the competence of the Community Health Coordinator at the Public Health Center and the implementation of Community Health Activities in the work area of the Indramayu District Health Office. This research used a quantitative and analytical correlation approach with a cross-sectional design. The analysis was carried out in Public Health Centers throughout Indramayu Regency. The sample is 49 nurses appointed as health care coordinators at the Puskesmas. Data was collected through questionnaires, observation, and field supervision. The analysis results showed no relationship between the competence of puskesmas nurses and the level of implementation of health care activities. However, from the effects of partial hypothesis testing, it is known that there is a relationship between knowledge and training with the level of implementation of community health activities.

This study recommends increasing the competence of nurses through increasing knowledge and training in hato optimize the implementation of the health care program.

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1. INTRODUCTION

Health Law Number 36 of 2009 states that health development aims to increase everyone's awareness, willingness, and ability to live healthy to realize optimal public health degrees. Efforts made to achieve optimal health status need to be carried out with an approach to maintenance, health promotion (promotive), disease prevention (preventive), disease healing (curative), and health recovery (rehabilitative), which are carried out in a comprehensive, integrated and sustainable manner.

Implementation of nursing management is needed in every nursing service such as hospitals, health centers, and other clinics because as nursing care providers, professional nurses work together with clients and other health workers by the scope of their authority and responsibility. Nurses providing skilled nursing care are supported by solid and solid theoretical knowledge based on nursing science and tips (Gillies, 2000). Nurses who have good performance will provide professional nursing care to individuals, families, groups, and communities.

James L. Gibson, John M. Ivancevich (2006) explains that to see a person's performance can be seen from behavior. The behavior appears influenced by environmental factors and from the individual himself. Individual factors that influence behavior include abilities and skills, family background, personality, perceptions, attitudes, values, learning capacity, age, race, gender, and experience. These skills and abilities are related to the competencies possessed by individuals in carrying out their duties. A person's competence is shown from his work and cooperation with other jobs.

Health center nurses need the competence to carry out activities at the puskesmas. According to the Association of State and Territorial Directors of Nursing (ASTDN) (2003), the competencies needed are to analyze health problems in the community to carry out evaluations. Expected competenciestudying skilstudyinglyzing public health assessments, planning public health programs, communication skills, understanding community culture, collaborating with the community and stakeholders, using public health sciences, financial management skilleadership skills, and systematic thinking. Acc,ording to (Deseco, 2005), this ability is categorized into three: the ability to use infrastructure (technology, language, etc.), the ability to interact with various heterogeneous groups, and the ability to act by the authority have in carrying out health efforts.

Health efforts organized by the Puskesmas include mandatory health efforts and development health efforts. The performance of the Puskesmas, as a primary health service facility

closest to the community, will determine the performance of the Regency/City to create a healthy community in its area. The principle of implementing comprehensive, integrated, affordable, and quality health efforts is a principle that should be applied at the Puskesmas so that the performance of the Puskesmas is more optimal.

Following the Decree of the Minister of Health of the Republic of Indonesia Number: 279/MENKES/SK/IV/2006, public health nursing efforts are supporting health efforts that are integrated with all Puskesmas health efforts, including mandatory health efforts (health promotion, environmental health, MCH/KB, P2M, Nutrition and Medicine) but can also be a development health effort that must be carried out in certain areas. With the integration of Perkesmas efforts into mandatory health efforts and development efforts, it is hoped that health services to the community can be of higher quality because they are provided holistically comprehensively at all levels of prevention.

Health workers play an essential role in improving the health status of the community. Efforts made by health workers aim to increase awareness, willingness, and ability of the community to live healthy lives and actively participate in health efforts. The Indramayu District Health Office has begun to re-invigorate public health activities in 49 Community Health Centers spread across the working area of Indramayu District, supported by training for both program managers at the Health Service and for Community Health Coordinators and Community Health Nurses at the Public Health Centers organized by the province of West Java, holding coordination meetings that carried out every trimester at the Indramayu District Health Office which was attended by each health care coordinator at the Puskesmas. As well as establishing a particular Focus Health Center under the guidance of the Perkesmas Program as a pilot by selecting a nursing center or nursing service center. So far, only 1 Focus Health Center has been formed, namely the Losarang Health Center.(Dinas Kesehatan Kabupaten Indramayu, 2018)

However, from the monitoring of monthly reports submitted to the Health Officer, the focus of community health activities in Indramayu Regency is individuals or families who cannot afford a high risk, such as infants, toddlers, pregnant women, breastfeeding mothers, the elderly, and infectious diseases with fast transmission rates, such as tuberculosis. Leprosy, HIV/AIDS, and others. Community health activities include nursing care for patients in contact with the puskesmas; In contrast, many home visits and visits to planned priority groups have not been carried out. Home visits are carried out based on other programs such as diarrhea, leprosy,

tuberculosis, etc. In addition, not all puskesmas have made Local Area Monitoring (PWS) either presented in the form of tables or graphs. At the same time, PWS is a picture that shows the performance results of Perkesmas in the Puskesmas area.

Thus, the community health activities that have been promoted have not had a health impact on the community. This can also be seen from the high mortality and morbidity rates in several cases of both communicable and non-communicable diseases, such as the data described above.

2. METHODS

The research design is structured to guide researchers in obtaining answers to research questions by referring to the type of research used. This type of research is non-experimental with a quantitative approach and correlation analytic. Correlation analytic studies are used because researchers want to connect the independent and dependent variables (Sastroasmoro, 2014). While the research design used is cross-sectional, looking for the relationship between the dependent and independent variables with instantaneous measurements and no follow-up. This design was chosen because the dependent variable (level of implementation of community health activities) and the independent variable (competency of the health care coordinator) were measured simultaneously. The data taken in this study is primary data because it comes directly from the respondents (Dahlan M Sopiyudin, 2011).

A population is a group of subjects or data with specific characteristics (Sastroasmoro, 2014). The population in this study were all nurses who worked at the puskesmas, namely 49 Community Health Coordinators spread over 49 puskesmas in Indramayu Regency.

The sample is part of the population selected in a certain way representing the population (Sastroasmoro, 2014). The model in this study was the entire population, namely all Community Health Coordinators who met the inclusion criteria to become the sample, namely 49 Community Health Coordinators. The reason for using the total population as a sample is to generalize with minimal errors (Sastroasmoro, 2014). The inclusion criteria in selecting the model in this study were a period of work of more than one year because they had been exposed to the puskesmas environment, served as a health care coordinator, were not on leave (sick, maternity, annual, or

primary leave), were not on a study assignment, and willing to be a respondent.

In its implementation, the number of samples who filled out the questionnaire was 45 nurses. In comparison, four nurses did not meet the inclusion criteria. Namely, the period of service had not been one year.

3. RESULTS AND DISCUSSION

The results of descriptive univariate analysis on the characteristics of respondents in this study who came from 45 nurses at the Public Health Center, which obtained the following results:

Table 1. Respondents Characteristic

Characteristics of Respondents	Frequency (F)	Percentage (%)
Gender		
• Male	15	33.3
• Female	30	66.7
Quantity	**45**	**100.0**
Age		
• 20-30 Years	1	2.2
• 31-40 Years	17	37.8
• 41-50 Years	22	48.9
• >50 Years	5	11.1
Quantity	**45**	**100.0**
Education		
• D3	15	33.3
• S1	30	66.7
Quantity	**45**	**100.0**
Years of service		
• <10 Years	2	4.4
• 10-20 Years	35	77.8
• >20 Years	8	17.8
Quantity	**45**	**100.0**
Training		
• Ever	5	11.1
• Never	40	88.9
Quantity	**45**	**100.0**

Based on the results of the univariate analysis regarding the characteristics of the respondents, it can be seen that from 45 nurses, most of the nurses were female as many as 30 people (66.7%), aged between 41-50 years as many as 22 people (48.9%), had the latest education S1 as many as 30 35 people (67.8%) have worked between 10-20 years (77.8%) and have never participated in training activities as many as 40 people (88.9%).

Table. 2 Relationship of Gender with Activity Implementation Level

Gender	Level of Activity Implementation		Total	X_2	Value
	Optimal	Less Optimal			
Male	8	7	15	**0.045**	**1.000**
Female	17	13	30		
Total	**25**	**20**	**45**		

Source: Data Processing Results, 2021

Based on the table above, the results of the cross-tabulation between gender and the level of activity implementation, it was found that out of 45 respondents, most of the respondents were 30 women, consisting of 17 people who had the status of performance of activities in the optimal category and had a high level of performance. On activities in the less than the optimal category, as many as 13 people.

When viewed from the results of the X2 (Pearson chi-square) value obtained at 0.045 with a Fisher exact test significance (p-value) of 1,000, due to the matter (p-value) 1,000>0.05, then Ho is accepted, and Ha is rejected, which means that gender does not have a significant relationship. Significant with the level of implementation of activities.

The results of this study are the same as (Tafwidhah et al., 2012), which shows no significant relationship between gender and the level of activity implementation. The analysis shows that gender is not confounding in the relationship between competence and the level of performance of community health activities. This may be because the performance of community health services does not require special skills related to gender. In addition, it may also be due to the unequal distribution of male and female nurses.

Table 3. Age Relationship with Activity Implementation Level

Age	Activity Implementation Level		Total	X_2	P-value
	Optimal	Less Optimal			
20-30 Years	1	0	1	**1.373**	**0.712**
31-40 Years	10	7	17		
41-50 Years	12	10	22		
>50 Years	2	3	5		
Total	**25**	**20**	**45**		

Source: Data Processing Results, 2021

Based on the table above, the results of the cross-tabulation between age and the level of

activity implementation, it was found that from 45 respondents, most of the respondents were 22 people aged between 41-50 years, which consisted of having a level of implementation of activities in the optimal category as many as 12 people and have a group of performance of activities in the less than the optimal category as many as ten people.

When viewed from the results of the X2 value (Pearson chi-square) obtained by 1.373 with a Pearson significance (p-value) of 0.712, due to the matter (p-value) of 0.712> 0.05, then Ho is accepted, and Ha is rejected, which means that age does not have a significant relationship with the level of implementation of activities.

Research by Tafwidhah et al., (2012) shows a non-significant relationship between age and competence and the level of implementation of community health activities. (James L. Gibson, John M. Ivancevich, 2006) states that age is an individual variable that influences what a person does. Meanwhile Robbins SP (2001) says that performance can decline with age, but older age is offset by experience. Although age is not confounding in this study, senior nurses may have more experience than junior nurses.

Table 4. Relationship between Education Level and Activity Implementation Level

Education Level	**Activity Implementation Level**		**Total**	**X_2**	**Value**
	Optimal	**Less Optimal**			
D3	7	8	15		
S1	18	12	30	**0.720**	**0.527**
Total	**25**	**20**	**45**		

Source: Data Processing Results, 2021

Based on the table above, the results of the cross-tabulation between the level of education and the level of implementation of activities, the results show that from 45 respondents, most of the respondents as many as 30 people have the latest education S1, which consists of having a level of implementation of activities in the optimal category as many as 18 people and has a high level of performance of activities in the less than the optimal category as many as 12 people.

When viewed from the results of the X2 (Pearson chi-square) value obtained at 0.720 with a Fisher exact test significance (p-value) of 0.527, due to the matter (p-value) 0.527> 0.05, then Ho is accepted, and Ha is rejected, which means that the level of education does not have a significant relationship. Significant with the level of implementation of activities.

The results of this study are in line with research (Amperaningsih, 2013; Darmawati, 2021) that there is no significant relationship between respondents' education and the implementation of

Perkesmas. (Hermansyah, Agung Riyadi, 2017) also showed no connection between the level of education and the performance of the nutrition officer at the village health center.

Education (formal) in an organization develops capabilities in the direction the concerned organization desires. A person's level of teaching shows the employee's cognitive ability to complete his work—higher education, the more critical, logical, and systematic thinking (Notoatmodjo, 2007). A higher level of education will make a person more capabltrytry of accepting a responsible position. Similar opinions were also expressed (James L. Gibson, John M. Ivancevich, 2006).

Table 5. Relationship of Working Period with Activity Implementation Level

Work Period	**Activity Implementation Level**		**Total**	**X_2**	**P-value**
	Optimal	**Less Optimal**			
<10 Years	1	1	2	**0.204**	**0.903**
10-20 Years	19	16	35		
>20 Years	5	3	8		
Total	**25**	**20**	**45**		

Source: Data Processing Results, 2021

Based on the table above, the results of the cross-tabulation between years of service and the level of implementation of activities, the results show that from 45 respondents, most of the respondents as many as 35 people have a working period of between 10-20 years which consists of having a level of implementation of activities in the optimal category as many as 19 people and have a group of performance of activities in the less than the optimal category as many as 16 people.

When viewed from the results of the X2 (Pearson chi-square) value obtained is 0.204 with a Pearson significance (p-value) of 0.903, due to the significance (p-value) 0.903> 0.05, then Ho is accepted and Ha is rejected, which means that the tenure does not have a significant relationship with the level of activity implementation.

This is in line with the results of this study. (Tafwidhah et al., 2012) stated that there was no relationship between the nurse's tenure and the level of implementation of community health activities. But contrary to research (Yuliati Amperaningsih, 2013) which shows a significant relationship between the length of work and the performance of Perkesmas.

The working period in this study shows the length of work of nurses at the puskesmas. A more extended active period will deliver more experience to help complete work (Rivai, 2003;).

Meanwhile, according to (Robbins SP, 2001), there is a positive relationship between seniority and job productivity. Although the working period has no connection with the level of implementation of community health activities, the average long active period can be used as initial capital in understanding the surrounding community so that information is obtained to carry out health care activities and the more experienced nurses gain.

Table 6. Relationship of Training with Activity Implementation Level

Training	**Activity Implementation Level**		**Total**	**X_2**	**P-value**
	Optimal	**Less Optimal**			
Ever	4	1	5	**1.361**	**0.362**
Never	21	19	40		
Total	**25**	**20**	**45**		

Source: Data Processing Results, 2021

Based on the table above, the results of the cross-tabulation between training and the level of implementation of activities, the results show that from 45 respondents, most of the respondents as many as 40 people have never attended the training which consists of having a level of implementation of activities in the optimal category as many as 21 people and having a high level of performance of activities in the less than the optimal category as many as 19 people.

When viewed from the results of the X2 (Pearson chi-square) value obtained at 1.361 with a Fisher exact test significance (p-value) of 0.362, due to the significance (p-value) 0.362>0.05, then Ho is accepted and Ha is rejected, which means that the training does not have a significant relationship with the level of implementation of activities.

Based on the results of research studies (Yuliati Amperaningsih, 2013), there is a significant relationship between Perkesmas training and Perkesmas implementation. Training is an educational process whose purpose is to improve the special abilities or skills of a person or group of people. Training is needed to adjust their behavior by realizing their role in achieving organizational goals (Notoatmodjo, 2007).

Although in this study it was found that training had no significant relationship with the implementation of community health activities but by looking at the results of the Partial Hypothesis testing (Wald's Test) and seeing the purpose of the training, it was necessary to involve

nurses in community health training activities, especially for nurses who had never attended health training. Participating in movementning is expected to change performance for the better.

Table 7. Relationship of Knowledge with Activity Implementation Level

Knowledge	**Activity Implementation Level**		**Total**	**X_2**	**P-value**
	Optimal	**Less Optimal**			
Good	11	9	20	**0.005**	**1.000**
Less	14	11	25		
Total	**25**	**20**	**45**		

Source: Data Processing Results, 2021

Based on the table above, the results of the cross-tabulation between knowledge and the level of implementation of activities, the results show that from 45 respondents, most of the respondents as many as 25 people have less ability which consists of having a level of implementation of activities in the optimal category as many as 14 people and having a group of implementation, on activities in the less than the optimal category as many as 11 people.

When viewed from the results of the X2 (Pearson chi-square) value obtained at 0.005 with a Fisher exact test significance (p-value) of 1000, due to the significance (p-value) 1000>0.05, then Ho is accepted and Ha is rejected, which means that knowledge has no significant relationship. with the level of implementation of activities.

The results of this study are the same as the research (Suprapto, 2020), which researched all nurses working at the puskesmas in Makassar City; the results stated that there was no relationship between knowledge and the level of implementation of community health activities. Different results were obtained through research conducted (Hermansyah, 2014). There was a significant relationship between the knowledge of puskesmas nurses and the implementation of community health care programs (Perkesmas) in Kuningan Regency in 2014.

Table 8. Relationship between Attitude and Activity Implementation Level

Attitudes	**Activity Implementation Level**		**Total**	**X_2**	**P-value**
	Optimal	**Less Optimal**			
Good	4	2	6	**0.346**	**0.678**
Less	21	18	39		
Total	**25**	**20**	**45**		

Source: Data Processing Results, 2021

Based on the table above, the results of the cross-tabulation between attitudes and the level of implementation of activities, the results obtained that from 45 respondents, most of the respondents as many as 39 people had a bad mood which consisted of having a level of implementation of activities in the optimal category as many as 21 people and having a high level of performance of activities in the less than the optimal category as many as 18 people.

When viewed from the results of the X2 (Pearson chi-square) value obtained at 0.346 with a Fisher exact test significance (p-value) of 0.678, due to the significance (p-value) 0.678>0.05, then Ho is accepted and Ha is rejected, which means that attitudes have no significant relationship. with the level of implementation of activities.

The above is in line with the research results (Hermansyah, 2014), which states that there is a significant relationship between the attitudes of puskesmas nurses and the implementation of the public health care program (Perkesmas) in Kuningan Regency in 2014. Attitude is one factor that influences the formation of behavior Green et. al (1980).

Table 9. Relationship between Skills and Activity Implementation Level

Skills	**Activity Implementation Level**		**Total**	**X_2**	**P-value**
	Optimal	**Less Optimal**			
Height	16	7	23	**3.740**	**0.075**
Low	9	13	22		
Total	**25**	**20**	**45**		

Source: Data Processing Results, 2021

Based on the table above, the results of the cross-tabulation between skills and the level of implementation of activities, the results show that from 45 respondents, most of the respondents as many as 23 people have skills in the high category consisting of 16 who have the level of implementation of activities in the optimal category as many as 17 people and have the status of implementation of activities in the less than optimal category is seven people.

When viewed from the results of the X2 (Pearson chi-square) value obtained at 3.740 with a significance (p-value) Fisher exact test of 0.075, due to the significance (p-value) 0.075> 0.05, then Ho is accepted. Ha is rejected, which means that skills do not have a significant relationship with the level of implementation of activities.

In line with the results of research (Hermansyah, 2014), which explains that there is no significant relationship between skills and the implementation of community health activities at the Puskesmas, this result can be caused because many health care managers are new managers,

so they have not been able to carry out the public health program properly. In addition, most healthcare management nurses (40 respondents) have never participated in community health training, so they do not understand how to implement the community health program.

Increased skills are needed in understanding their role as public health nurses to give their best performance to carry out community health services. One of the ways to improve this skill is by sending a Health Coordinator to take part in health training.

4. CONCLUSION

Based on the results of the study, the following conclusions were obtained:

Age has no significant effect on the level of activity implementation. This is because the results of the significance (p-value) of 0.067>0.05, then Ho is accepted and Ha is rejected. Gender has no significant effect on the level of activity implementation. This is because the results of the significance (p-value) are 0.398>0.05, then Ho is accepted and Ha is rejected.

Education has no significant effect on the level of activity implementation; this is because the results of the significance (p-value) of 0.782>0.05, then Ho is accepted and Ha is rejected. The working period has no significant effect on the level of activity implementation. This is because the results of the significance (p-value) of 0.973>0.05, then Ho is accepted and Ha is rejected. Training has a significant effect on the level of implementation of activities. This is because the results of the significance (p-value) of 0.019 <0.05, then Ho is rejected and Ha is accepted. Knowledge has a significant effect on the level of activity implementation. This is because the results of the significance (p-value) of 0.036 <0.05, then Ho is rejected and Ha is accepted.

Attitude has no significant effect on the level of activity implementation; this is because the results of the significance (p-value) of 0.120>0.05, then Ho is accepted and Ha is rejected. Skills have a significant effect on the level of activity implementation. This is because the results of the significance (p-value) of 0.016 <0.05, then Ho is rejected and Ha is accepted.

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