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Overview of Puskesmas Leadership Understanding Coordination of Care Functions in Decline Non-Communicable Diseases (NCD) in the Work Area

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ABSTRACT

The Description of the head of local government clinic leadership understanding through the coordination of health service Function In Decreasing Non Communicable Diseases (NCD) In the Working Area. Non-communicable diseases (NCD) such as heart and blood vessel disease, Diabetes Mellitus (DM), chronic lung disease, cancer (especially cervical and breast cancer) are among the health concerns of national and global concerns. To reduce the number of NCD required first-level health facilities in this case is the Puskesmas that can be the implementation of gatekeeper concept with the strengthening of four primary function of primary services, one of which is the coordination function. Therefore, it is necessary for leaders of Puskesmas who have a good understanding of the coordination of care function to decrease NCD. This study aims to determine the description of the leadership of the Puskesmas through the coordination of health in the decrease of NonCommunicable Diseases (NCD) in its working area. This study is a descriptive study with cross sectional design, with a total sample of 37 respondents. The data were collected using questionnaires that have been tested for validity and reliability. Measurement results can be grouped into 3 categories of knowledge; ie good (if score 76% -100%), enough (56-75%), and less (<= 55%). From the results of the study, all respondents (37 respondents) had a total score above 76%, it can be concluded that the leaders of Puskesmas in Palembang City have a good understanding about the function of health coordination service in decreasing NCD in their working area.

1. Introduction

Non-communicable diseases are one of the health problems of national and global concern at this time. WHO data in 2008 showed that of the 57 million deaths that occurred, 36 million or almost two-thirds were caused by Non-Communicable Diseases (NCD). NCD also kills the population at a younger age.^{1,2}

Based on a review of available data, the World Health Organization (WHO) has determined a type of non-communicable disease that needs immediate attention and treatment. Likewise the Ministry of Health through the Directorate of Non-

Communicable Disease Control has also established priority types of non-communicable diseases namely heart and blood vessel disease, Diabetes Mellitus (DM), chronic lung disease, cancer (especially cervical and breast cancer)³

According to the World Health Organization, deaths from non-communicable diseases (NCD) are expected to continue to increase worldwide, the largest increase will occur in middle and poor countries. More than two-thirds (70%) of the global population will die from non-communicable diseases



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such as cancer, heart disease, stroke and diabetes. In total, it is predicted that by 2030 there will be 52 million deaths per year due to non-communicable diseases, up 9 million from 38 million at present.⁴

Therefore early detection must be done by proactively approaching the target, because most do not know that they suffer from non-communicable diseases. Early detection starts from first level health facilities, such as Community Health Centers

To be able to carry out its role, the Puskesmas must be a gatekeeper concept implementer by conducting credentialing and re-credentialing, strengthening the four main primary service functions, namely the first contact function, the continuity service function, the comprehensive service function, and service coordination function (coordination).⁶

The coordination function at the puskesmas level is defined as the process of determining the main works to be carried out, the grouping of jobs, the distribution of authority or authority to achieve the Puskesmas goals effectively and efficiently.⁶

This research was conducted to determine the understanding of the leadership of the health center in reducing Non-Communicable Diseases (NCD)

through the coordination of health services function (coordination of care).

2. Methods

This type of research is a quantitative analytic observational study with cross sectional approach. This research was conducted to find out the description of the understanding of the leadership of the puskesmas through the coordination of health services function (coordination of care) in reducing NCD using primary data through questionnaires. The study was conducted in all Puskesmas in June-July 2018. The population in this study were all puskesmas leaders in Palembang. The sampling technique is carried out by means of saturated sampling, ie all population units are used as sample units. This is because the number of population units is relatively small and the study wants to make generalizations with very small error rates.

3. Results and Discussion

Characteristics of Respondents by Gender Table 1 shows that of the 37 respondents, the most sexes in this study were 34 women (91.8%), and were followed by 3 men (8.2%). From the above data we can conclude that the majority of puskesmas leaders in Palembang are women.

Table 1. Characteristics of respondents by gender type

	Frequency	Percent
Female	34	91,8
Male	3	8,2
Total	37	100

Characteristics of respondents by age

Table 2 shows that out of a total of 37 respondents, the number of respondents with an early adulthood was 1 respondent (2.7%), the final adult was 10 respondents (27.0%), the age of the early elderly was 18 respondents (48.6%), the elderly

the final was 7 respondents (18.9%), and the elderly were 1 person (2.7%). Based on the data above, we can conclude that the majority of respondents in this study are the elderly elderly.



Table 2. Characteristics of Respondents by age

	Frequency	Percent
Early adulthood	1	2,7
Late adulthood	10	27,0
Early elderly	18	48,6
Late elderly	7	18,9
Elderly	1	2,7
Total	37	100,0

Overview of puskesmas leadership understanding

To find out the results of measuring the understanding of the leadership of the puskesmas, a score was calculated from the respondent's answers, namely each score of 5 for the answers strongly agreed, 4 for agreeing, 3 for hesitation, 2 for disagreeing and 1 for strongly disagreeing for each question. Furthermore, an analysis based on Arikunto (2013), knowledge measurement results

can be grouped into 3 categories; ie good (if the score is 76% -100%), sufficient (56-75%), and less (<= 55%)Table 3 shows that all Puskesmas leaders in Palembang City had scores above 76, which if categorized as good, based on the above data, we can conclude that Puskesmas leaders in Palembang City have a good understanding of the coordination function in efforts to reduce NCD in their working Palembang areas.

Table 3. Total health center leaders questionnaire score

No	Name of Puskesmas	Total Score
1	A	92,00
2	B	90,00
3	C	99,00
4	D	94,00
5	E	83,00
6	F	84,00
7	G	84,00
8	H	83,00
9	I	85,00
10	J	88,00
11	K	97,00
12	L	83,00
13	M	89,00
14	N	82,00
15	O	91,00
16	P	92,00
17	Q	89,00
18	R	80,00
19	S	90,00
20	T	83,00
21	U	92,00
22	V	85,00
23	W	86,00
24	X	89,00
25	Y	81,00
26	Z	85,00
27	AA	90,00
28	BB	81,00
29	CC	82,00
30	DD	85,00
31	EE	88,00
32	FF	92,00
33	GG	84,00
34	HH	82,00
35	II	91,00
36	JJ	92,00
37	KK	89,00



4. Conclusion

Head of Puskesmas in Palembang City is dominated by women, as many as 34 people (91.8%), while men are 3 people (8.2%). Of the total 37 respondents, the number of respondents with early adulthood was 1 respondent (2.7%), the final adult was 10 respondents (27.0%), the age of the early elderly was 18 respondents (48.6%), the age of the late elderly was 7 respondents (18.9%), and aged 1 person (2.7%). All Puskesmas leaders in Palembang City have a good understanding of the coordination function in efforts to reduce NCD in their work area, indicated by all respondents having a total score above 76, this indicates that the Puskesmas leadership's understanding of the coordination service function in reducing Non-Communicable Diseases (NCD) in his work area.

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