

EFFECTIVENESS OF EDUCATION PROGRAM INTERPROFESIONAL (IPE) HEALTH STATUS OF FAMILY

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ABSTRACT

Introduction: The family is an important part in the success of health development. Index of healthy family as a health status indicators and the strategy appears logical to gain of healthy direction based on the family. Interprofesional Education (IPE) is the strategy of health education institutions in contributing to improving the health status of the family. Assess the effectiveness of the program Interprofesional Education (IPE) to the improvement of health status of the family. **Method:** This is a Quasi-Experimental research with pre post design. Subjects were 120 families with healthy family index value <0.800 . Treat the form of counseling families through programs Interprofesional Education (IPE). The research was conducted from July to December 2016. **Results:** (1) The value of the average index of a healthy family before being implemented program IPE 0,400 unhealthy category (2) Index healthy families after the implementation of the program of IPE is pre healthy with the average value of 0.690 (3) IPE effective in improving the health status of the family , $p = 0.000$ (4) there is a family medical issue that can not be solve because there is no appropriate departement of the institution handle this issue. **Conclusions:** IPE effective in improving family health status ($p = 0.000$)

Keywords: Interprofesional Education (IPE), Status of Family Health, Healthy Family Index

INTRODUCTION

Healthy Indonesian program with a family approach to public health strategy in Indonesia today. Health development goals is to increase awareness, willingness and ability of healthy life for everyone in order to materialize the health of society as high. The success of health development is largely determined by the synergy and continuity between the various efforts and programs in the community and the government. Efforts to achieve the health priorities in the year 2015-2019 in Healthy Indonesian Program implemented by utilizing all the potentials that exist, whether from the central, provincial, district / city, and society. According the policy, health development starting from the smallest unit of society, the family (Department of Health, 2016).

One function of the family according to Friedman (1998) is a care or health maintenance function (The Health

Care Function), which functions to maintain the state of health of family members to keep a high productivity. This functionality was developed into the family duties in the health field that is familiar with development disorders the health of every member of the family, took the decision to act appropriate health, providing care to ill family members, maintains a home atmosphere that is beneficial to the health and development of the personality of his family members, and maintaining relationships reciprocity between families and health facilities.

On the other hand there are health problems in the family more numerous and complex, thus requiring treatment from a health holistically and comprehensively. Multiprofesion or cross-profession cooperation is needed to be able to touch all aspects in the family. Efforts and programs to improve understanding of the role and functions of the family in health

development also should be improved, so as to realize a family that is able to play an active part in the program Healthy Indonesia. The effort is a shared responsibility of health workers in health centers and surrounding communities, including health education institutions. One of the things that is a challenge for health institutions is how to be able to utilize the existing health workforce optimally to meet the health needs of patients, families, and communities with cost effective (IPEC, 2011). According to Stevenson (2012), the key to a comprehensive range of cost-efficient is to increase the effective collaboration between health professionals. This is in line with WHO statement on the Framework of Action on Education and Collaborative Practice interprofessional that to solve health problems related to many aspects of life can not be done only with uniprofessional system.

Interprofessional education (IPE) is one of the educational system that triggered the WHO as an integrated education system to prepare for collaboration practice. IPE occurs when two or more professions learn and be able to collaborate in improving health (CAIPE, 2011). IPE effective implementation can produce effective collaboration practices as well (WHO, 2010). IPE is an important step in preparing the readiness of health workers collaboration practice better. Many developed countries that enter into the educational curriculum IPE (Wilhelmsson et al., 2011). CIHC (2007) states that the application of the IPE on academic education can improve the quality of practice in the profession, so that it can provide a positive impact on health services. At the time of taking professional education, students will encounter technical problems that vary from profession so in solving the problem required inter-professional collaboration. Surakarta Health Polytechnic is one of the Institutes of Health under the Ministry of Health of the Republic of Indonesia, which

has eight courses namely nursing, midwifery, physiotherapy, orthotic Prosthetics, Occupational Therapy, Speech Therapy, Acupuncture and Herbal Medicine. In an effort to participate and to prepare health workers who are reliable, then the Health Ministry of Health Polytechnic Surakarta since 2015, implementing programs Interprofesional Education (IPE). IPE conducted with each student menggabungkan Department into one group of students, so that any one group of students from the Department 8. Each group was given responsibility for managing a group of people made up of several families. During the practice the students are guided by a 2-4 vote lecturer in one area / village to investigate and resolve the health problems in the family, including the conduct of health education in the family so that the health status of families is expected to increase. Has not conducted research on.

This study aims to determine the effectiveness of IPE program on family health status.

METHODS

This research is quasy Experiment with pre post design to determine the effectiveness of IPE program on family health status. Family health status was measured by Healthy Families Index 2016 issued by the Ministry of Health of the Republic of Indonesia. Test the statistics used are Dependent Paired t-test with SPSS 18. The research was conducted from July to December 2016.

POPULATION SAMPLE AND SAMPLING TECHNIQUES

Respondents are whole families in 12 village in Puskesmas Ngemplak Boyolali which have criteria in Healthy Family Index (IKS) <0,800. The number of samples taken in 120 households using cluster random sampling, which each group was given the task of guiding 10 families were drawn at random after all the families

studied by IKS. The study was conducted from July to December 2016.

RESULT

1. Family Health Status Before Program IPE

Table 1. Frequency Distribution of Family Health Status Before Program IPE

Category	f	%
Healthy (> 0.8)	0	0,00
Pre Healthy (0.5-0.8)	18	15,00
UnHealthy (<0.5)	102	85,00
Total	120	100

Table 1 shows that before the family made guidance through the IPE program, the number of families the most is the unhealthy status is 102 or 85.00% and families with pre-healthy status, namely 18 or 15.00%. Descriptive analysis results showed the average value is 0,400 including the category of unhealthy family

2. Family Health Status After IPE Program

Table 2. Frequency Distribution of Family Health Status After IPE program

Category	f	%
Healthy (> 0.8)	24	20,00
Pre Healthy (0.5-0.8)	78	65,00
UnHealthy (<0.5)	18	15,00
Total	120	100

Table 2 shows the health status of the family after guidance through the IPE program is at most the number of family groups with pre-healthy status of a number of 78 or 65.00%, and the least is unhealthy familial status as much as 18 respondents or 15.00%. Statistical analysis of descriptive value - average is .690, including pre healthy family category.

3. IPE Program Effectiveness Against Family Health Status

Table 3. Test Results Dependent Paired t-test

Mean Value	p
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Pre	Post	Std	
0,400	0,690	0,15	0,000

Statistical test result with Dependent Paired t-test as shown in Table 3, demonstrate the value of $p = 0.000$ (<0.005), the average value after the program IPE (0.690) is greater than the value before the program IPE (0,400), so it can be concluded that effective IPE program to improve the health status of the family.

DISCUSSION

The treatments were a family coaching by student groups. In the implementation of IPE program that was conducted, each group consists of 10-15 students from eight majors. Accompanied by 2- 4 lecturers, the group was given the responsibility to conduct guidance in 10 families with unhealthy category or pre healthy (score IKS, 0,800). During guidance or IPE program, each family was given health education and health counseling suit each family problems, and in the implementation of this research, there are also families who were given treatment or therapeutic measures such as physiotherapy, speech therapy, acupuncture or acupuncture, as well as other nursing actions according to the needs. Dependent test based on the research results Paired t-test showed value - average IKS increased from 0,400 (unhealthy family category) increased to 0.690 (pre healthy family category), with the Sig-2 tailed or $p = 0.000$. These results suggest that effective IPE program to improve the health status of the family.

Interprofesional Education (IPE) is an educational program in which a group of students from several departments to practice together to solve a family health problem. According to WHO (2010) has been proven that the handling of the fragmented health problems that every health professional separately working to address the problem, in fact ineffective. In countries in the world that still rely on this

in the end was unable to resolve the health problems in the country itself. It is then, an awareness of health issues is actually about many aspects of life, and to be able to solve these problems one by one, or to improve the quality of health itself, can not be done simply by uniprofessional system. Contributions to share the discipline it gives a positive impact on the settlement of various health problems. It is also evident in this study, where 120 families managed by Surakarta Health Polytechnic students, the majority of problems that arise very complicated because many factors are involved in it. Factors - these factors are not just purely related to the health sector, it is not uncommon other factors outside the health such as low economic level, low level of education, culture, social, and even religious factors. For example, there are families who value a healthy family index is very low, because it inhibits the factor of religion and belief of the family to participate in family planning programs, hampering the baby to obtain immunization, and even just to come to the clinic or posyandu also difficult. The concept in accordance with the understanding of IPE by CAIPE (2002), which describes the IPE are two or more professions jointly implementing learning in a particular period in overcoming a problem. In these activities are studied together, from and about each other to improve collaboration and quality of health services. IPE is an approach to the educational process two or more different disciplines, collaborating in the teaching-learning process with the aim of fostering interdisciplinary / interaction interprofesional appropriate practices that improve the quality of discipline or profession respectively (ACCP, 2009). IPE occurs when two or more students of different health professions implement interactive learning with the aim to improve collaboration interprofesional and improve the health or welfare of the patient / community, in this case the family.

Through the IPE program problem - the problem can be terkaji and handled properly. It is the purpose of the IPE Generally, IPE aims to train students to better understand the role of other health professionals, so it is expected students will be able to collaborate well when the patient care process. Interprofessional patient care processes will improve the quality of health care and increase patient satisfaction (CFHC-IPE, 2013). According to Cooper (2004) IPE implementation goals include improving interdisciplinary understanding and promote cooperation, competent to foster cooperation, making effective use of resources and efficient, improve the quality of comprehensive patient care. Based on this concept, the IPE program conducted by the Health Polytechnic Surakarta, according to the results of this study provide empirical evidence can train students with different scientific backgrounds - different in doing teamwork professions to improve the health status of the family.

Family by Hanson (2005), as cited by Kaakinen et.all (2010) defines a family as two or more individual relationships are interdependent and support each other in terms of emotional, physical, economic.

The concept according to explain that in my family there will be cooperation and mutual support among its members in all aspects. The health status of the family is a dynamic status of the family, not just the absence of disease, but also including the condition of biological, psychological, spiritual culture of family members (Hanson, 2005). The concept is evident in this study, where there are health problems in the family influenced the health status of families in general, such as income decreases, psychological problems in family, cultural and even family also changed.

IPE program empirically proven to help families to cope with health issues and impacts that occur in the family. During the data collection there are 6 families in which one of my family members diagnosed with pulmonary tuberculosis, in which 3 families

(50%) which is the capital of childbearing age have not done according to the standard TB treatment. In the family also found a problem head of the family or the husband had hypertension, and no one toddler that his body weight does not rise in the second consecutive month - a row. Through the guidance and intervention of a group of students then it can be treated properly, so anggota family Tuberculosis obtain drugs and to take his medicine regularly, husband hypertension treated with acupuncture and drugs from the clinic, and taught to use herbal remedies of students majoring in herbs , At the time of the evaluation of the value of IKS increased. These results are consistent with research Gocan S., Laplante, M.A., and Woodend A. Kirsten (2014) who studied the literature and evaluation studies Interprofesional Collaboration of Family Health Teams in Ontario. The results of the study came to the conclusion Interprofesional Collaboration in general can improve the access of cooperation and achievement of the goals of the team of health workers. The conclusion of the review of the literature provides information that can be a medium of collaboration interprofesional health workers to work together in teams so that the goal is more easily achieved.

IPE effectively can be a media or family health problem-solving methods. Barr, H. and Waterton, S. (2013) describes some of the competencies that can be achieved through the IPE is to understand the role, responsibility and competence of other professions clearly, working with other professions to solve the conflict in deciding the care and treatment of patients, to work with the profession others to assess, plan, and monitor patient care, tolerate or accept their differences, misunderstandings and the lack of any other profession, facilitate meetings interprofesional, and train an interdependent relationship with other health professionals. Competence - The real competence is very helpful in the process of solving the health problems of the family. Proven in this study that the

health problems are handled jointly families professions provide a better impact, so that the components contained in the indicators of healthy families can be met so that the family's health status can be improved.

Problems encountered in the implementation of the IPE is there are several families with problems akut yang disease requiring medication and medical assistance as well as there are some problems or severe psychological disorders that can not be handled properly. This happens because there are no students who are competent in accordance with the field and profession. Solving a problem that's done is by cooperating with the health center and partly addressed with their mentors.

CONCLUSION AND RECOMMENDATION

Conclusion

1. The value of the average - average index of a healthy family before IPE program implemented 0,400 unhealthy category
2. Index healthy families after the implementation of the IPE program is pre healthy with the average value of 0.690
3. IPE* effective in improving family health status ($p = 0.000$)
4. There is still a family medical issue that can not be done because there is no appropriate department of the institution

Recomendation

1. IPE can be implemented in a longer period of time, if need be held throughout the year
2. It should be pursued in cooperation with other courses where the institution has not been there, such as psychology, medicine, as the issue is in the family

REFERENCE

ACCP-American College of Clinical Pharmacy. 2009. *Interprofessional Education: Principles and Application A Framework for*

- Clinical Pharmacy*. Volume 29,
Issue 7 July 2009 Page 879
- Barr, H. & Waterton, S. (2013)
Interprofessional education in
health and social care: Report of a
CAIPE education survey. London;
CAIPE
- Centre for the Advancement of
Interprofessional Education-
CAIPE (2011). *Framework of
Action on Interprofessional
Education and Collaborative
Practice*
- CFHC-Community and Family Health Care
(2013). Universitas Gadjah Mada
Yogyakarta
- CIHC - Canadian Interprofessional Health
Collaborative. College of Health
Disciplines university of british
Columbia Vancouver b C V6T 1Z3
Canada National Interprofessional
Competency Framework
- Cooper H., dan Braye Suzy. (2004)
*Complexity and interprofessional
education* . Learning In Health and
Social Care Volume 3, Issue 4
December 2004 Pages 179–189
- Depkes RI (2016) Pedoman Umum
Program Indonesia Sehat dengan
Pendekatan Keluarga. Kementerian
Kesehatan RI. Jakarta P Jakarta
- Friedman MR, Bowden VR., dan Jones E.
2003. *Family Nursing: Research,
Theory, and Practice* .5th . Pearson.
- Interprofessional Education Collaborative
Expert Panel. (2011). *Core
competencies for interprofessional
collaborative practice: Report of an
expert panel*. Washington, D.C.:
Interprofessional Education
Collaborative.
- Kaakinen et.all. 2010. *Family health care
nursing : theory, practice, and
research*.4th ed. Philadelphia. F. A.
Davis Company