

Analisis manajemen kegiatan pembinaan keluarga: ibu hamil risiko-tinggi di Puskesmas Kabupaten Karawang, Jawa Barat, tahun 1998

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Abstrak

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Cakupan keluarga rawan dibina yang hanya mencapai 30 % dengan frekuensi kunjungan rata-rata 0,58 serta belum dilaksanakannya tugas formal perawat dibidang promotif dan preventif, menunjukkan belum efektifnya pelaksanaan manajemen Puskesmas terutama yang berkaitan dengan kegiatan pembinaan keluarga rawan.

Penelitian ini bertujuan memperoleh informasi mendalam tentang pelaksanaan fungsi manajemen kegiatan pembinaan keluarga ibu hamil risiko tinggi secara faktual, serta komponen pengetahuan petugas Puskesmas, pengetahuan kader dan kebijakan yang berkaitan dengan kegiatan pembinaan keluarga bumil risti di Puskesmas.

Menggunakan metoda kualitatif dengan unit analisis petugas Puskesmas, serta kader dasawismal posyandu. Sumber data: 2 orang kepala Puskesmas, 2 orang seksi Perkesmas, 4 orang tenaga keperawatan Puskesmas, 6 orang bidan desa, 16 orang leader posyandu serta informasi dari dokumen Puskesmas. Pengumpulan data dengan menggunakan teknik wawancara mendalam, diskusi kelompok terarah dan kajian dokumen. Analisis data menggunakan content analysis, dibantu dengan matrix data kualitatif. Sedang penafsiran data dilakukan dengan tujuan dekriptif analitik melalui cara menemukan hubungan yang muncul dari data. Keterbatasan-penelitian; karena keabsahan data hanya menggunakan triangulasi sumber data dan metoda, kemungkinan terjadinya recall bias serta hasil penelitian yang tidak dapat digeneralisasi.

Hasil penelitian menunjukkan bahwa pengetahuan petugas termasuk kepala Puskesmas tentang pembinaan keluarga bumil risti- masih bervariasi, pengetahuan kader masih terbatas untuk mendukung keterlibatan aktif dalam pembinaan keluarga bumil risti, pelaksanaan kegiatan Puskesmas sangat tergantung gebrakan yang bersifat instruksi Nasional serta penyebarluasan pedoman Purkesmas yang terhambat sampai ke Puskesmas, tidak dibuatnya perencanaan pembinaan- keluarga sesuai dengan PTP karena dianggap kegiatan rutin dan bukan prioritas, pengorganisasian pembinaan keluarga bumil risti yang tidak efektif, kepemimpinan kepala-Puskesmas-yang kurang efektif; pengendalian pembinaan keluarga bumil risti yang belum seragam dan hambatan biaya pembinaan- keluarga rawan.

Hasil penelitian diatas menunjukkan bahwa pengetahuan petugas maupun kader belum memadai untuk dapat dilaksanakannya pembinaan-keluarga- bumil risti- secara optimal, serta fungsi manajemen yang berkaitan dengan pembinaan keluarga bumil risti belum dilaksanakan secara konsisten-oleh- kepala Ptrkesmas.

Untuk menyelesaikan masalah tersebut, saran yang diajukan adalah Puskesmas lebih proaktif dalam ; memperkenalkan fungsi Puskesmas, Idustrinya dalam upaya promotif dan preventif termasuk kegiatan pembinaan keluarga bumil risti ; Dinas kesehatan Dati II lebih konsisten dalam mengaplikasikan kebijakan Depkes .yang berkaitan dengan upaya peningkatan kualitas pelayanan keperawatan termasuk pembinaan- keluarga bumil- risti; Departemem kesehatan lebih mengoperasionalkan model pembinaan keluarga rawan dan mengupayakan forum keperawatan di berbagai tingkat administraf yang bertanggung jawab secara teknis peningkatan kualitas pelayanan keperawatan di Puskesmas serta dilakukannya penelitian lanjutan untuk kualitas pelayan keperawatan kesehatan masyarakat khususnya pembinaan keluarga bumil risti.

ABSTRACT

Management Analysis for Family Health Nursing Activity of High Risk Pregnant Mother in Karawang Health Center, West Java, 1998 The coverage of the risk family that is taken care, which only 30 % with the family visit frequency only 0, 58 (average)-and nurses formal task in promotive and preventive program not yet implemented, indicate that the management of the health center in effectively implemented- especially is related to family health- nursing activity.

The objective of this study is to get the factual information regarding the implementation of helath center management function for family health nursing activity of high-risk pregnant mother. Also to have knowledge component of health center personel, the knowledge of cadre and the policies that are related to family health nursing activity of high-risk pregnant mother in-health center.

The design of the study is a qualitative research with analysis unit of health center personel and posyandul dasawisma- cadre Resource data : 2 head- of health centers, 2 Community Health Nursing Section, 4 health center nurses/ midwives, 6 villages midwives, 16 posyandu cadre- and- information from health center's documents. Data collection using interviews technique, group discussion and documents analysis. In analysis data uses content analysis, with the qualitative-matrix data. Data interpretation is done by analytic descriptive objective through the inter relation which appears from the- data. The-limitation- of this study are since validity of the data has just using triangulation of data source and method, therein possibility of recall bias and also the result of this study that can not be generalized.

The. result of this study shows that knowledge of health personel including the head of health center regarding the family halt }]- nursing activity of high-risk pregnant mother still_ vary. The. knowledge of cadre still limited in order to support actively in family health nursing activity of high risk pregnant mother. The implementation of health center activities depend entirely on the policies that have national capacity and also depend on the spread distribution of community health nursing manuals, which are late arrived to health center. There is no planning for family health nursing in the- health center planning (PTP), because the program]- is assumed as routine activity and not priority one. The management of family health nursing is still not effective. The leadership of head of health center is also not effective. The management of family health nursing still not uniform and there is many obstacles in supporting the budget for that activity.

The results of the study above showed that knowledge of health- personnel and cadre not sufficient in order to support optimally the implementation of family' health nursing of high-risk pregnant mother. Also the management functions that related to the family health nursing have not been implemented consistently by

the head of health center.

To overcome the problem, the suggestion for health center is to be more promotive in implement the health center function, especially in promotive and preventive including the program-in family health-nursing of high risk pregnant mother. District health office must be more consistent in applying the MOH policy, which related to implementation of nurse- service quality including the family health nursing. MOH also has operationatise more on the model of family health nursing for risk family and promote nursing forum in administrative level, which responsible- technically in improving the quality of nurse service in health center. It is also necessary to implement the next study in order to improve the- quality of community health musing service especially for family health nursing of high risk pregnant mother.

Bibliography : 38 (1979 -1995)</i>