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Support and Barriers in the Implementation of Community Health Care Practices (Perkemas): A Systematic Review

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ABSTRACT

Public health care (perkesmas) is one of the activities organized by puskesmas to improve the degree of public health and as an effort to increase the reach of health services and program coverage. Perkesmas needs to pay attention to support and obstacles to determine the right strategy for its management. The purpose of this systematic review is to determine the support and obstacles in the implementation of perkesmas. The literature search method is carried out on the PubMed, Science Direct, and Mendeley databases published in 2019 – 2023, the results of original research and articles can be accessed in full text. The keywords used in the search were 'community nurses', 'community nursing', and 'community nursing management'. The results show the required nurse competence not only in nursing but also in non-nursing. Management support is carried out to improve inter- and interprofessional cooperation. Barriers encountered include poverty, homelessness, poor health literacy, language, limited access to health services to lack of stakeholder attention. Conclusions in the management of perkesmas can pay attention to the support and obstacles identified.

Keywords : support, obstacles, community nurses, public health care, perkesmas.

1. INTRODUCTION

Community Health Center (Puskesmas) is a primary health facility responsible for the health status of the community in its working area. Therefore, Puskesmas is obliged to organize Primary Public Health Efforts (UKM) and Individual Health Efforts (UKP) at the primary level. In carrying out UKM and UKP, Puskesmas must organize activities such as health center pharmaceutical management, services. community health care services (perkesmas), laboratory services, and family visits (PMK 43/2019).

The services provided by perkesmas can take the form of promotive, preventive, curative, and rehabilitative activities. Ideally,

perkesmas services will enhance the reach of health care and increase program coverage, including promoting healthy families through a family-centered approach. Additionally, perkesmas assists the community in meeting individual basic needs, improving health, preventing and treating diseases, reducing suffering due to illness, and achieving health independence for individuals, families, and communities/groups. Some of the services provided include health promotion, management of chronic and elderly patients, follow-up, and home visits (Hosseinnejad et al., 2022).

However, perkesmas services are part of nursing care that must be carried out correctly, directed, integrated across programs

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and sectors. and collaborate with interprofessionals (Law No. 38/2014). Through interprofessional collaboration, health services become more effective as each profession is responsible for performing their professional duties as a healthcare team. Interprofessional collaboration needs to be initiated from the stages of healthcare personnel education. This is aimed at improving attitudes towards teamwork and the performance of interprofessional collaboration in providing quality services (Keshmiri & Barghi, 2021).

As one of the healthcare providers, nurses are required to be able to provide quality services in accordance with nursing profession standards. A nurse is required to have knowledge, attitude, and skills in the implementation of community health services (Suprapto et al., 2020). Nurses must continually enhance and update their knowledge and information about health to maintain the quality of the services provided. Nurses also need to continuously support and initiate health efforts in the community according to the needs by empowering the community as a shared responsibility with the community in improving the health status.

Nursing activities in community health centers (puskesmas) involve both indoor and outdoor services, in addition to various administrative tasks. Various roles played by nurses in supporting their duties in puskesmas include providing community nursing care, education, coordination, and collaboration (Sujana et. al., 2020). To ensure the smooth operation of puskesmas services, the implementation of puskesmas can be carried out with the concept of health center management, which includes planning (P1), movement and implementation (P2), as well as supervision, control, and assessment (P3) (Regulation No. 44/2016). Nurses must be able to manage their time effectively, as evidenced by the high productivity of nurses' time usage (Mustikaningsih, 2021). Nurses should be discerning in creating a strategy for implementing puskesmas activities by understanding inhibiting and supporting factors in carrying out an activity to consistently provide quality services to improve the community's health status. The aim of this systematic review is to determine the support and barriers in the implementation of puskesmas activities.

2. RESEARCH METHODS

This systematic review follows the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) framework as depicted in Figure 1. The first step is to identify literature through a database search using predetermined keywords. Subsequently, literature is screened based on inclusion and exclusion criteria, ensuring that the obtained literature is in the form of full-text. Selected articles are then included in the systematic review.

Literature search was conducted on several databases such as PubMed, Science Direct, and Mendeley. The search was performed by entering keywords 'community nurses,' 'community nursing,' and 'community nursing management.' The search vielded 671.481 journal articles. Subsequently, screening was carried out with the criteria of publications from 2019 to 2023, being the result of original research, and the articles being fully accessible (full text and open access). The next step involved filtering by selecting titles, abstracts, and the content of articles according to the desired topic, as outlined in Table 1. These articles should aim to determine factors that support or hinder activities in community health care or community nursing. The search resulted in 8 articles that met the criteria. The exclusion criteria included studies that did not explain factors influencing activities in community health care or community nursing and titles and abstracts that did not align with the desired topic.

Evaluation Level	Criteria	Explanation
Title and abstract (screening)	Inclusion	Should contain at least one of the specified keywords 'community nurses,' 'community nursing,' or 'community nursin management' in the journal, article title, abstract, or articl keywords.
-	Exclusion	 Obtained results are not relevant to community nursing i general. Focus of the problem on solving specific health issues in th community. Does not discuss the process of community nursing of community nurses.
Publication time	Inclusion	Selected articles published within the last 5 years, ranging from 2019-2023.
Language	Inclusion	The entire content is in English or Indonesian.
Research articles	Inclusion	Original research results, both quantitative and qualitative.
-	Exclusion	Review studies are not used.
Open access and full text (Eligibility)	Inclusion	 Inclusion criteria at the abstract level are met in the full text A model is presented using mathematical concepts and ha explanations; the solution approach is presented. The model is well-defined and applicable.
-	Exclusion	A model is only viewed in terms of its input and output withou knowledge of its internal workings; a model is not rooted i analysis.

Table 2. Data Extraction

Authors			Characteristics	Conclu	isions
(Year)	Title	Design	and Sample Size	Support	Barriers
Sein Yaw May, Naw Clara, Ohn Khin Khin, Win Win Mar, Aye Nandar Han, Su Su Maw (2021)	Challenges faced by community health nurses to achieve universal health coverage in Myanmar: A mixed methods study	A mixed methods study	30 community nurses from 30 different areas in Myanmar	Community empowerment plays a crucial role in promoting health development; the health system is strengthened by quality health service providers and adequate infrastructure	Geographical barriers and transportation issues; inadequate career promotion due to lack of professional education, such as specific training in providing community health services, inability to evaluate health services for policymaking, and conducting health research to develop evidence- based practices
Annamaria Bagnasco, Gianluca Catania, Milko Zanini, Francesca Pozzi,	Core competencies for family and community nurses: A European e- Delphi study	e-Delphi study	23 expert nurses from 10 European countries	Community care management by developing 28 core competencies for community nursing leaders or	

Authors	T:41-	Desian	Characteristics	Conclusions		
(Year)	Title	Design	and Sample Size	Support	Barriers	
Giuseppe Aleo, Roger Watson, Mark Hayter, Loredana Sasso (2022)				community team leaders		
(2022) Nienke E. Dijkstra, Carolien G.M. Sino, Lisette Schoonhoven, Sanne Verdoorn, Marcel L. Bouvy, Eibert R. Heerdink (2022)	Home care nurses' perceptions about their role in interprofessional collaborative practice in clinical medication reviews	Qualitative research design with structured interviews	12 community nurses	Nursing competence, periodic interprofessional consultations, and ad hoc interprofessional communication, and a more comprehensive set of guidelines for IPC in CMR are needed for home care nurses	Luch ility to	
Kylie McCullough, Lisa Whitehead, Sara Bayes, Anne Williams, Vicki Cope (2020)	The delivery of Primary Health Care in remote communities: A Grounded Theory study of the perspective of nurses	Perspective with Grounded Theory	24 nurses with 3 months to over 15 years of experience working in various remote communities across Australia	Main activities to implement primary health care include facilitating access to health care, continuous learning, seeking understanding, and creating a home in the work environment	Inability to provide Primary Health Care due to a lack of understanding of the social world of remote communities, lac of resource availability, knowledge and clinical skills, as well as understanding an support	
Isa Jahnke, Nathan Riedel, Mihail Popescu, Marjorie Skubic, Marilyn Rantz (2021)	Social practices of nurse care coordination using sensor technologies e Challenges with an alert system adoption in assisted living communities for older adults	Qualitative study including interviews and direct observation	Interviews with 5 nurses and Focus Group Discussion (FGD) with 6 system developers	Nursing competence is mentioned as a necessary factor in community nursing services. Competence includes knowledge and skills in nursing and other social skills such as understanding the social environment, communication, coordination, managerial skills, and the use of technology	Clinical workflow can change over time, leading to coordination mismatches in nursing care, social practices, and technology use	
Jan Dirk Visagie Holtzhausena,	Influence of the Practice Environment on	A cross- sectional	Data collected through questionnaires	Community nurses perceive the practice environment as	Insufficient staffing and	

Authors			Characteristics	Conclusions		
(Year)	Title	Design	and Sample Size	Support	Barriers	
Siedine K. Coetzeea, Suria M. Ellis (2020)	community service nurses' Subjective Well-being, compassion practice, and psychological capital		from 60 nurses (sample) out of 284 population	beneficial; nurses are satisfied with life and have a positive influence, high compassion satisfaction, and psychological capital; engagement, empowerment, and resources in the practice environment will strengthen intrapersonal resources; orientation programs with organizational structure and formal supervision will strengthen nurses' intrapersonal resources and improve perceptions of the practice environment, enhancing outcomes for nurses and patients	resource availability	
Mirza Lalani, Jane Fernandes, Richard Fradgley, Caroline Ogunsola and Martin Marshall (2019)	Transforming community nursing services in the UK; Lessons from a participatory evaluation of the implementation of a new community nursing model in East London based on the principles of the Dutch Buurtzorg model	Qualitative study with semi- structured interviews	7 nurses including the care team Information: The Buurtzorg model involves holistic care practices (providing nursing and personal care) and low user case loads (six patients per nurse).	Care provision by the team is supervised by expert nurses, promoting independence in care; Inter-nurse coordination enhances care service delivery		
Tanya McCance DPhil, Caroline A. W. Dickson, Laura Daly, Christine A. Boomer,	Implementing person-centred key performance indicators to Strengthen Leadership in community	Qualitative study	8 community nurse managers using a tool (application) to support the community nursing team	Collective leadership approach enables the team to collaborate to decide on relevant data for practice areas. The iMAPKT application (used)		

Authors (Year)	Title	Design	Characteristics and Sample Size	Conclusions	
				Support	Barriers
Donna	nursing: A		in their	has the potential for	
Brown,	feasibility study		practice	use because it is	
Brighide				user-friendly and	
Lynch, Juliet				easy to use, helping	
MacArthur,				the team collect	
Kristina				various data,	
Mountain,				prioritize user	
Brendan				voices; Facilitation	
McCormack				is a crucial element	
DPhil				in strengthening	
(2020)				leadership, enabling	
				the team to	
				collaborate to	
				improve practice	

RESULTS AND DISCUSSION

The systematic review was conducted using 8 selected articles according to the predetermined topic. The participants involved included community nursing experts, individual community nurses, community nursing teams, as well as patients and families receiving community care. The independent variables were the support and barriers faced by community nurses, with the dependent variable being the implementation of community health care.

Community nurses are healthcare professionals who provide nursing services to individuals, families, groups, and communities with a focus on high-risk groups. In Indonesia, community nurses usually work in community health centers or their networks, such as subhealth centers and mobile health centers, with their pioneering activity being in the form of perkesmas. Community nurses play a role in (a) observing, recognizing, and communicating information for clinical medical reviews (CMR); (b) assisting in providing information and health education to patients for changes implemented in the care plan; and (c) being part of a team in Interprofessional Collaborative Practice (ICP) involved in home care (Dijkstra et al., 2022).

Nursing care in the community will run smoothly if well-managed. Therefore, effective management of community nursing services through community nursing management is

essential. To support this, community nursing activities need to be led by a team leader or head, or a follow-up nursing practitioner such as a community specialist, who should have at least 28 core competencies according to the recommendations by the European Skills/Competencies, Oualifications. and Occupations (ESCO). These competencies are aimed at ensuring that the team under their leadership can achieve the goals of nursing care, namely, to improve the quality of life for patients, prevent the worsening of existing diseases or the onset of new ones, reduce or avoid repeated access to the emergency department, and decrease the frequency of visits to clinics or other healthcare facilities (Bagnasco et al., 2022).

In addition to the competencies of team leaders, the competencies of practicing nurses also contribute to the success of community care. Several articles indicate that the competencies of community nurses are instrumental in providing community nursing care. The main issue arises from a lack of understanding among community nurses in initiating care services in the community due to inadequate nursing education standards. This occurs because the majority of community nurses do not receive specific training in providing public health services(May et al., 2021). The mentioned competencies are not only related to knowledge and skills in nursing but also encompass other social skills such as understanding social the environment.

communication, coordination, managerial skills, technology use, and more (Jahnke et al., 2021).

Healthcare services provided in the community will encounter various preferences and cultural values held by individuals, families. groups, and communities. Additionally, attention should be given to the financial conditions or resources of the community, which undoubtedly vary. These factors will influence the formation of stigma regarding certain health issues or cultural differences that may hinder community participation in nursing programs. Community nurses need to consider the principles of primary health care regarding equality, social justice, and empowerment. Specifically, challenges such as limited access to adequate healthcare services in remote areas, including geographical conditions and transportation difficulties, or low-income areas, can hinder the implementation of flexible and responsive community nursing programs (McCullough et al., 2020) (May et al., 2021).

The principles of equality, social justice, and empowerment in community care services can be strengthened through healthcare facilities that provide a positive practice environment for community nurses, including orientation programs with organizational structure and formal supervision. This is an effort to reinforce the intrapersonal resources of community nurses, enhance nurses' perception of the practice environment, and ultimately improve the outcomes of nursing care in the community (Holtzhausen et al., 2020). Additionally, it will foster patient trust in the knowledge and skills of nurses, as well as cultivate a sense of security and trust when under the care of community nurses (McCance et al., 2020).

Active participation of the community in the planning, implementation, and evaluation of community nursing programs needs to be continually nurtured to enhance the acceptability and effectiveness of interventions. However, there are conditions considered as unsupportive in factors the success of community including care, poverty, homelessness, poor health literacy, language

barriers, and inadequate stakeholder attention (May et al., 2021).

Community nursing services ideally should involve various professions, such as general nurses, specialized nurses, doctors, and also pharmacy personnel. Interprofessional coordination conducted at least four times a year has proven to be very helpful in reaching consensus for evaluating the effectiveness of care and creating subsequent care plans (Dijkstra et al., 2022). This can also be supported by the presence of health applications such as e-health, which can be introduced to nurses, families, and the community. Digital skills can be utilized to overcome and enhance interaction and collaboration between healthcare services and members of the multiprofessional team in the community, ensuring more effective communication monitoring (Bagnasco et al., 2022).

CONCLUSION

The findings from the 8 selected articles indicate that the competencies of community nurses will be the primary asset in implementing healthcare services in the community. These competencies will enhance the trust of patients and families in the nursing care provided and can create a sense of security for the service recipients. These competencies need to be continuously updated by nurses due to the different conditions of each community and the increasing diversity of encountered changes. Not only competencies in the field of nursing but also other competencies such as communication and technology usage are necessary for the development of integrated services in community health centers. The support of community nursing management is aimed at managing community nursing services that will enhance teamwork among nurses or other interprofessional teams. Coordination within and among interprofessional teams has proven to be effective in evaluating previous care and planning subsequent care.

The success of the community nurse's role in the field is evidently influenced by various external factors such as poverty, homelessness, poor health literacy, language barriers, and inadequate stakeholder attention. Additionally, issues related to limited access to

healthcare services, especially in remote areas hindered by geographical conditions and transportation difficulties, were identified. Low-income areas also contribute to impeding the implementation of community nursing programs.

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