ผลของการจัดทำโปรแกรมการฝึกอบรมการใช้เครื่องมือการประเมินภาวะสุขภาพครอบครัว มหาวิทยาลัยขอนแก่นต่อการรับรู้ของพยาบาลในหน่วยบริการปฐมภูมิ ในเขต Bantul เมือง Yogyakarta ประเทศอินโดนีเซีย*

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บทคัดย่อ

    การประเมินภาวะสุขภาพครอบครัวเป็นกระบวนการสำคัญในการระบุปัญหาความต้องการด้านสุขภาพของครอบครัว และประวัติสุขภาพของครอบครัว ทั้งนี้ พยาบาลมีหน้าที่ในการประเมินครอบครัวแบบองค์รวมและพยาบาลจะต้องพัฒนา ความรู้และความสามารถ ดังนั้น โปรแกรมการเพิ่มความรู้และความสามารถของพยาบาลในการใช้เครื่องมือการประเมิน ภาวะสุขภาพครอบครัวมหาวิทยาลัยขอนแก่นมีจุดประสงค์เพื่อพัฒนาความรู้และทักษะในด้านการใช้เครื่องมือดังกล่าว วัตถุประสงค์ในการศึกษาครั้งนี้คือเพื่อประเมินการรับรู้ของกลุ่มพยาบาลในหน่วยบริการปฐมภูมิในเขต Bantul เมือง Yogyakarta ในด้านการใช้โปรแกรมการประเมินภาวะสุขภาพครอบครัวมหาวิทยาลัยขอนแก่น ขั้นตอนการศึกษามีการใช้ รูปแบบการวิจัยกึ่งทดลองกับกลุ่มตัวอย่างหนึ่งกลุ่มโดยทำการทดสอบก่อนและหลังการอบรม มีการสุ่มตัวอย่างตามความ สมัครใจร่วมกับการสุ่มตัวอย่างแบบตามสะดวก มีพยาบาลที่ปฏิบัติหน้าที่ในหน่วยบริการปฐมภูมิ Bantul เมือง Yogyakarta เข้าร่วมการศึกษาจำนวน 14 คน มีการใช้ชุดการฝึกอบรมและแบบสอบถามในการศึกษาครั้งนี้ มีการวิเคราะห์ข้อมูลโดยวัด จากข้อมูลเชิงพรรณนาและการจับคู่ตัวอย่าง (Paired Sample t-test)

    ผลการศึกษา พบว่า ผลการวิเคราะห์เปรียบเทียบการจับคู่ตัวอย่างแสดงให้เห็นว่า ค่า p ของก่อนเข้ารับการฝึกอบรม และหลังเข้ารับการฝึกอบรมทันทีด้านความรู้คือ 0.000 และด้านประสบการณ์คือ 0.000 อย่างไรก็ตาม ค่า p หลังการฝึก อบรมในสองสัปดาห์ต่อมาไม่มีความแตกต่างอย่างมีนัยสำคัญทางสถิติ การศึกษาครั้งนี้ชี้ให้เห็นว่าการฝึกอบรมการใช้เครื่อง มือการประเมินภาวะสุขภาพครอบครัวมหาวิทยาลัยขอนแก่นในหน่วยบริการปฐมภูมิ Bantul ได้เพิ่มระดับการรับรู้ของ พยาบาลในทั้งด้านความรู้และประสบการณ์อย่างมีนัยสำคัญ มีข้อเสนอว่าควรนำเครื่องมือประเมินภาวะสุขภาพครอบครัว มหาวิทยาลัยขอนแก่นมาพัฒนาใช้ในพื้นที่เป้าหมายได้ในอนาคตและควรมีการศึกษาเชิงคุณภาพเพื่อให้ได้ข้อมูลที่สมบูรณ์ ในหน่วยบริการปฐมภูมิ Bantul ต่อไปโดยการจัดการอภิปรายแบบกลุ่มย่อย

คำสำคัญ: การประเมินภาวะสุขภาพครอบครัว เครื่องมือประเมินภาวะสุขภาพครอบครัวมหาวิทยาลัยขอนแก่น โปรแกรม การฝึกอบรม การรับรู้

The Effects of KKU Family Health Assessment Tool Training Program on Nurses' Perceptions in Primary Care Unit of Bantul, Yogyakarta, Indonesia*

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Abstract

    Background: Family Health Assessment (FHA) is a key process to identify the family health needs, problems, and history. It is indicated that nurses have duties to assess the family in a holistic way. Thus, the continuing nursing education nursing program on using the FHA Tool aimed to enhance the participant knowledge and skills in (FHA) based on such tool. Objective: The aim of this study was to compare the perceptions of nurses toward the KKU FHA Tool before and after the training program in Primary Care Unit (PCU) of Bantul, Yogyakarta, Indonesia. Methods: The analytical study with one group pre-posttest design with the convenient sampling of 14 respondents who worked as a nurse at six PCUs of Bantul. The tools that were used in this study included a training module package and the questionnaire. The data were analyzed by descriptive statistics and paired t-test. Results: The training program had significant effects on nurses' perceptions in term of knowledge (T= -7.242, p value .0.000 and experiences were T= -4.887, p value 0.000e comparing analysis of paired sample t-test

revealed, that the p value of among the pre-test, the intermediate post-test for. However, the p value of the intermediate post-test and post-test in later two weeks were not significant. KKU FHA Tool training program in PCU Bantul Yogyakarta was enhanced the participant nurses' perception in knowledge and experiences significantly. **Conclusion:** In conclusion, KKU FHA Tool were suitable in PCU Nurses who work in PCU Bantul, Yogyakarta and we are recommending KKU FHA Tool forms have to develop and implement with qualitative data's as complementary data in PCU Bantul Yogyakarta by Focus Group Discussion.

Keywords: Family health assessment, KKU FHA Tool, training program, perception

Introduction

Family approach is important in health care services because family will affects the family members health and illness and also family nursing process especially in family health assessment[1]. Family approach include in the family nursing services and the family nursing services can be one of the units in the hospital, primary care unit, and the independence nursing practice; continuing care or family home health care[2]. The family approach in family nursing is not only focus in individually, but nurses' should view the family as a context, client, system, and component of the society[1].

Family nursing process consists of the family health assessment, diagnose, intervention, implementation and evaluation[3]. The first step is family health assessment. It can guide nurses to identify the family health needs and problems[1].

There are many family health assessment tool, for example in western culture; Family Assessment and Intervention Model and the Family System Stressor-Strength Inventory (FS'I)[4], Friedman Family Assessment Model[3], Calgary Family Assessment Model[5], FAIM and FSSS'I model[6].

Family health assessment (FHA) must fit into specific culture. Therefore, the KKU Family Health Assessing tool Model was developed in 2006 by Jongudomkarn & Macduff to fit Thai Northeastern Culture. The component of KKU family health assessing tool is genogram, ecomap (to assess the roles, social network, resources, social capital and to show the relationship among the family members and the context), family mapping/attachment (explain the family system and identify how the system is sub-divided and see if it is appropriate, flexible, clear, or tends to generate problems in the family or not), family tree wellbeing (to assess the perception of the family members. It concerns subjective aspects of the family and holistic view of family well-being which consists of coping with problems, having the same goals, having useful resources, and performing the expected roles) and 5 key questions (ask about the family coping strategies to solve the current and past problem, and also cause and effect the family problems). It is benefit for nurses in planning and implementing family care, for education of nurses and health care providers working in the community[7], to differentiate the family health problems and needs as assessment in the family nursing process[8], less time consuming, comprehensively with quantitative data and also can applied for developing programs of family quality of life evaluation[9].

Indonesia also has family health assessment with checklist developed by Indonesia health ministry. It consists of family members data, individual assessment, family ability to maintenance the family members health status and family autonomy [10]. Indonesia family health assessment tool is focus on environment, individual, family giver, family autonomy, general and flexible. It is still need develop by the primary care unit in each region[10].

The training program is appropriate to solve this problem[11]. Primary care unit should give the chance for nurses to continuing their education, and workshop for increasing their performance[12].

In this research, researcher used the KKU Family Health Assessing Tool training program to build the perception of nurses' knowledge and experience about the tool. Another reason is Indonesian characteristic is similar with Thailand and in the same area in ASEAN. Indian influence is still visible in Southeast Asian architecture, food, pop culture, language, and religion[13]. Perhaps, with this reason KKU FHA tool can easy to receive by PCU nurses in Bantul, Yogyakarta Indonesia. Based on the explanation above the researcher interest to study about "The Effects of KKU FHA Tool Training Program on PCU Nurses perception in term of Knowledge and Experience in Bantul, Yogyakarta, Indonesia"

Objective

The aim of this study was to compare the perception of nurses' toward the KKU FHA Tool training program before and after training program in Primary Care Unit Bantul, Yogyakarta.

Methodology

This quasi-experimental study was one group pre-test and post-test to measure 14 nurse perceptions in terms of knowledge and experience after KKU FHA Tool training program in PCU Bantul, Yogyakarta Indonesia.

Population and sample

The sample in this study was fourteen nurses who work in PCU Bantul, Yogykarta Indonesia was choosen by convenient sampling technique.

Materials and procedure

The questionnaire was translated and back translated by a technique and linguistic professional expert. This was translated by the original Thai-English translation of the KKU Language center and translated by the bilingual language translator from English to Indonesia at the PPB Muhammadiyah University of Purwokerto, Indonesia. Content Validity Index (CVI) and Scale-Content Validity Index (SCVI) of the perception questionnaire has evaluated by five experts. The CVI results were valid with score >0.80 and SCVI were 0.94. The reliability test questionnaire was reliable with alpha chronbach's score were 0.845.

After researcher got the research permitted by ethical committee of human research International Review Board Khon Kaen University-Thailand, LPPM STIKES Achmad Yani Yogyakarta-Indonesia, BAPPEDA Daerah Istimewa Yogyakarta-Indonesia, and BAPPEDA Bantul, Yogyakarta-Indonesia. The training program was used the KKU FHA Tool Handbook & Video, KKU FHA Tool form. Finally, the training program in PCU Pandak I hall has been conducted after got the validity and reliability result for the instrument with valid and reliable.

In the workshop the respondents received the questionnaire form and answer the questionnaire as long as 30 minutes for pre-test. After respondents got the training they were full filed the same questionnaire for intermediate post-test and answer the questionnaire as long as 30 minutes. The last observational is two weeks after training program, to answer the same questions in the questionnaire for post-test and answer the questionnaire as long as 30 minutes.

Statistical analysis

Demographic data was measured with descriptive analyzed in Microsoft office excel with percentage and frequency was shown at the result. Finally, the inferential statistic analyzes was measured the normality data by Kolmogorov-Smirnov and Paired sample t-test to measured the significant of the study.

Result

1. Demographic data: Majority respondent with age between 21 to 30 years old was seven persons (50.0%) is different percentage of respondent with age among 51 to 60 that only one person (7.1%). Gender female is the majority of the respondent was ten persons (71.4%) unfortunately only four male (28.6%) was joined in this study. The educational background D3 of the respondent was higher than D4 and S1. They were ten persons (71.4%) as the majority respondent and nurses who work in PCU Bantul Yogyakarta, Indonesia. Finally, respondent who have experience among 1 to 10 years experiences was the majority of respondent in this study around eight persons (57.1%). (Table I)

Table I Characteristic of Sample in KKU FHA tool training program (n=14)

Demography Data	Frequency	Percentage (%)
Age (years old)		
21 to 30	7	50.0
31 to 40	2	14.3
41 to 50	4	28.6
51 to 60	1	7.1
Gender		
Male	4	28.6
Female	10	71.4
Education Background		
D3	10	71.4
D4	2	14.3
S1	2	14.3
Work Experiences (years)		
1 to 10	8	57.1
11 to 20	2	14.3
21 to 30	3	21.4
31 to 40	1	7.1

2. Nurse perceptions: The results of test distribution for all variables was normal distribution with the highest mean different each variable is firstly mean

score of intermediate post-test of knowledge was 3.67±0.187, and mean score of post-test in later two weeks of experience was 4.02±0.378. It is mean that the data analyzed was used the paired sample t-test to measured the differentiated and significance the study. (Table II)

Table II The normality data distribution test of nurse perceptions of each variable

Variables	Mean	SD	n	p-value
Knowledge				
Pre-test	3.2	0.3	14	0.907
Intermediate post-test	3.7	0.2	14	0.959
Post-test in later two weeks	3.6	0.1	14	0.992
Experiences				
Pre-test	3.3	0.5	14	0.853
Intermediate Post-test	3.8	0.3	14	0.604
Post-test in later two weeks	4.0	0.4	14	0.420

3. Effects of KKU Family Health Assessment Tool Training Program The result of significance the study each variables; firstly is mean score significant different of pre-test with intermediately post-test and post-test in later two weeks of nurses perception in knowledge and experience is significant, but it was different with mean differences between mean score of intermediately post-test of knowledge and experiences with post-test in later two weeks was not significant. It was influence by the implemented of KKU FHA Tool at the family as long as two weeks.

Discussion

Demographic data were collected with the final result of questionnaire developed based on the validity and reliability result. The majority respondent is female with educational background is Diploma III. The number of nurses who work in health services as much as 263 nurses in Bantul[14] and in Kulonprogo as much as 141 nurses[15]. There is much the number of nurses who work in Bantul and the majority respondent was female (71.4%).

The educational background of nurses who work in PCU Bantul is D3. It was same with the majority of educational background of respondent in this study. In this study, the majority of work experiences of respondents were under ten years. The experience theory came from the continuity and interaction.

Continuity means that everything will happen from in the past that affect to now or the future. Whereas, the meaning of interaction in experience is the situation and experience influences from the teacher/lecturer/trainer to their student or college or trainee experiences.[16] Work experiences in this study affected from the past experiences either from their school, work place or their new experiences about KKU FHA Tool training program. Nurse manager who has work experience more than ten years are greater to get the continuing training than nurses has experience less than ten year.[17]

All data distribution for reliability test and training test result was normal distribution. This shown that analyzed statistic in this study was used paired sample t-test. There are two items will explain in this study, as the following; knowledge and experiences nurses before, intermediate and two weeks after implement the KKU FHA Tool form.

Mean scores of nurses' perception in knowledge of KKU FHA tool before training program was 3.15±0.278 and intermediate post-test was 3.67±0.187 with difference mean was -0.515. Mean scores of knowledge post-test in later two weeks was 3.59±0.136 has different mean with pre-test was -0.438, whereas the different mean with post-test in later two weeks was 0.077. The differentiated of nurses perception in term of knowledge mean scores among pre, intermediate, and after training program has significant different. Whereas the differentiated among intermediate post with post-test in later two weeks after implement the KKU FHA Tool was not significant differentiated.

Someone who do not know before will understand to something after they get the new knowledge. However, the significant results of the comparison for intermediate post-test and post test after two weeks training program was not significant different. The reason, it might be the training program time is short and the application of the tool just for increasing the capabilities of PCU nurses in using the KKU FHA tool. In conclusion, nurses' has received the KKU FHA Tool as family health assessment tool that can enhance nurses' knowledge. The training program to health care provider will improving level of someone knowledge.[18] The comparing mean scores of nurses' experiences before intervention was 3.33±0.457, intermediate

post-test was 3.81±0.253 with mean different was 0.475 and post-test in later two weeks became 4.02±0.378 with mean different was 0.689 with pre-test and 0.214 with intermediate post-test. The differentiated of mean nurses' experiences among pre-test, intermediate post-test and post-test in later two weeks was significant. Whereas, the differentiated of mean scores of nurses' experiences among intermediate post-test with post-test in later two weeks was not significant. In conclusion, nurses' has received KKU FHA Tool through training program as family health assessment in enhanced their capacities. Learning and teaching development practices and approaches will enhance the student learning experiences.[19]

Table III Compare mean scores of knowledge and experiences pre-test and post-test

Variables	Mean	SD	t	p-value
Knowledge				
Pre-test with Intermediate post-test	-0.5	0.3	-7.242	< 0.001
Pre-test with Post-test in later two weeks	-0.4	0.3	-6.402	< 0.001
Intermediate post-test with Post-test in later two weeks	0.1	0.2	1.416	0.180
Experiences				
Pre-test with Intermediate post-test	0.5	0.4	-4.887	< 0.001
Pre-test with Post-test in later two weeks	0.7	0.5	-5.375	< 0.001
Intermediate post-test with Post-test in later two weeks	0.2	0.4	-1.887	0.820

Conclusions

The nurses' perception in knowledge and experience about KKU FHA tool were enhanced after they participated in the KKU FHA Tool training program. Finally, the KKU FHA Tool were good in this sample study and need more study to support this result study, especially in Indonesian culture.

Limitation

There were several limitations of the study. We only took times of the intervention program as long as two weeks with condition reason. Nurses have duties at the workplace; they could not leave their work. At the primary care unit in Bantul Yogyakarta have shift work. Additionally, KKU FHA tool form were used in Thai language then translated to English and finally translated to Indonesia. The several limitation of the study can resolve by discussed together about the completed the KKU FHA tool form and rechecked again about the translated results has been received for reduced sentences missing. The researcher suggestion is the study will better if re-test as longitudinal study and continuing the study with focus group discussion as complementary data's.

Acknowledgment

References

1. Kaakinen JR, Hanson SMH. Family nursing assessment and intervention. In S. M. H. Hanson, V. Gedaly- Duff, & J. R. Kaakinen (Eds.), Family health care nursing: Theory, practice & research. 3rd ed. Philadelphia: F.A. Davis; 2010.

2. Kepmenkes.Keputusan Menteri Kesehatan Republik Indonesia Nomor 908/MENKES/ MENKES/SK/VII/2010. Jakarta: Kementerian Kesehatan Republik Indonesia; 2010.

3. Friedman MM, Bowden VR, Jones EG. Family Nursing: Research, Theory & Practice (5th ed.). Upper Saddle River, NJ: Prentice Hall/Pearson Education; 2003.

4. Hanson SMH, Kaakinen JR, Gedaly-Duff V. Family Health Care Nursing: Theory, Practice, and Research. 3rd ed. Philadelphia: F.A. Davis; 2005.

5. Wright LM, Leahey M. Nurses and Families: A Guide to Family Assessment and Intervention. 5th ed. Philadelphia: F.A. Davis; 2009.

6. Barkey KM, Hanon SMH. Pocket Guide to Family Assessment and Intervention. St. Louis: Mosby; 1991.

7. Jongudomkarn D, Macduff C. Development of a family nursing model for prevention of cancer and other noncommunicable disease through and appreciative inquiry. Asian Pacific Journal of Cancer p Prevention 2014; 15(23): 10367-10374.

8. Jongudomkarn D, Juntawong N, Rajchai L, Turnkaew W, Buakhaw W. Contruct validity of the Khon Kaen University Family Health Needs and Problems Assessment Tool (KKU FHeNPAT): Case studies of the informal sector Families in Isan. Journal of Nursing Science & Health 2010; 33(1): 22-32.

9. Jongudomkarn D, Prungkamma P, Kaewprom Y, Khomkhum S, Konsila U. The construct validity of KhonKaen University family quality of life scale: An Exploratory factor analysis. Journal of nursing science health 2011; 34(1): 38-49.

10. Kurnia et al. Pedoman Kegiatan Perawat Kesehatan Masyarakat di Puskesmas. Direktorat Bina Pelayanan Keperawatan dan Keteknisian Medik; Direktorat Jenderal Bina Upaya Kesehatan. Jakarta: Kementerian Kesehatan RI; 2004.

11. Umah MB. Evaluation on Implementation Community Health Nursing of Home Care Visit in Community Health Center in the Kebumen Regency. Jurnal Ilmiah Kesehatan Keperawatan 2005; 1(2): 28-37.

12. Mashuri MI, Inda, Nurhayanti. Study of Nurses Performance in Clinic Manisa and Baranti Sidenreng Rappang District. Makasar: FKM Universitas Hasanudin ; 2013.

13. London, Macmillan & Co Ltd, For a more comprehensive overview of the early history of interactions between India and Southeast Asia, see:D.G.E. Hall. A History of Southeast Asia. Chapter 2; 1964.

14. Health Department of Bantul. Laporan Kinerja Dinas Kesehatan Bantul Tahun 2014. Bantul: Dinas Kesehatan Banul. Bantul; 2014.

15. Health Department of Kulonprogo. Profil Kesehatan Kabupaten Kulon Progo Tahun 2015 (Data 2014). Kulon Progo: Dinas Kesehatan Kulonprogo; 2015.

16. Edeeb R. Review and Critique of The Book Education and Experience by John Dewey. IOSR Journal of Research & Method in Education (IOSR-JRME) 2013; 1(2): 44-47.

17. Kang SJ, Lee MK, Chang KJ (2014). Effect of the Capacity Building Programs for Vietnamese Nurses. Int. J. Nurs. Clin Pract 2014; 1(2014): 1-6.

18. Polit DF, Beck CT. Essentials of Nursing Research; Appraising Evidence For Nursing Practice. 8th Ed. Philadelphia: Lipincott Williams & Wilkins; 2014.

19. Hasnain SF, Israr SM, Jessani S. Assessing The Effects of Training on Knowledge and Skills of Health Personnel: A Case Study From The Family Health Project in Sindh, Pakistan. J. Ayub Med Coll Abbottabad 2005; 17(4): 26-30.

20. Poon J. Blended Learning: An Institutional Approach for Enhancing Students' learning Experiences. MERLOT Journal of Online Learning and Teaching 2013; 9(2): 271-289.