

Analisis Praktik Kolaborasi Interprofesional pada Petugas Kesehatan Pemberi Pelayanan Diabetes Melitus di Puskesmas Kota Bogor = Analysis of Interprofessional Collaboration Practices in Health Professionals that Provide Diabetes Mellitus Services at Bogor City Public Health Center

Nindya Rahmanida, author

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Abstrak

Pada tahun 2021 dari 25 Puskesmas di Kota Bogor hanya sekitar 12 puskesmas yang mencapai target keberhasilan SPM 100%. Penderita diabetes melitus yang mendapatkan pelayanan kesehatan sesuai standar sebanyak 17.431 sekitar (88,5%) saja. Pendekatan kolaborasi interprofesional dalam pelayanan DM di puskesmas menjadi sangat penting untuk keterpaduan lintas program, sehingga meningkatkan kualitas pelayanan dan hasil kesehatan pasien DM. Tujuan dari penelitian ini adalah untuk menganalisis praktik kolaborasi interprofesional pada petugas kesehatan pemberi pelayanan diabetes melitus di Puskesmas Kota Bogor. Metode penelitian ini deskriptif analitik menggunakan desain mixed method sequential explanatory, populasi seluruh petugas kesehatan pelayanan DM, sampel dengan total sampling. Data kuantitatif didapatkan menggunakan kuesioner Collaborative Practice Assessment Tool (CPAT) dan data kualitatif didapatkan dengan wawancara mendalam. Didapatkan 144 petugas kesehatan pemberi pelayanan DM yang berprofesi dokter PTM, perawat PTM, petugas obat atau apoteker, petugas laboratorium medis, dan ahli kesehatan masyarakat (ahli gizi, kesehatan lingkungan, promosi kesehatan). Analisis data menggunakan analisis univariat, bivariat dengan uji statistik chi-square, dan analisis multivariat menggunakan uji regresi logistik ganda. Hasil persepsi kolaborasi interprofesional pada petugas kesehatan pemberi pelayanan diabetes melitus di Puskesmas Kota Bogor cukup baik dengan nilai rerata 75,65. Terdapat 3 variabel yang berhubungan dengan praktik kolaborasi interprofesional, yaitu niat berbagi ilmu, iklim tim dan konflik tim. Iklim tim merupakan variabel yang dominan berhubungan dengan praktik kolaborasi interprofesional. Petugas dengan persepsi iklim tim yang positif berpeluang 3,48 kali untuk melakukan praktik kolaborasi interprofesional yang baik dibandingkan responden dengan iklim tim yang negatif ($aOR=3,28$ 95% CI 1,345-9,018). Kesimpulan salah satu strategi meningkatkan capaian target SPM pelayanan DM dengan mengembangkan praktik kolaborasi interprofesional pada petugas kesehatan pelayanan DM di Puskesmas Kota Bogor melalui penguatan program IPE (Interprofessional Education), mengadakan capacity building, dan meningkatkan apresiasi atau penghargaan pada setiap pencapaian anggota tim sehingga termotivasi untuk memberikan pelayanan kesehatan DM yang sesuai standar.

.....Only 12 of the 25 at Bogor City public health center can achieve 100% success by 2021. Approximately 17,431 people with diabetes mellitus (88.5%) receive standard health services. The interprofessional collaborative approach in diabetes services at community health centers is critical for cross-program integration, which improves service quality and health outcomes for diabetes patients. The objective of this study was to examine the practice of interprofessional collaboration among health workers at the Bogor City Public Health Center that provide diabetes mellitus services. The research method was descriptive analytic with a mixed method sequential explanatory design, the population was all DM health service officers, and the sample was obtained from a random sample. The Collaborative Practice Assessment Tool (CPAT)

questionnaire was used to collect quantitative data, and in-depth interviews were used to collect qualitative data. There were 144 doctors, nurses, drug officers or pharmacists, medical laboratory staff, and public health experts (nutritionists, environmental health, and health promotion) providing DM services. Univariate analysis was used to analyze the data, bivariate analysis was used with the chi-square statistical test, and multivariate analysis was used with multiple logistic regression tests. The results with an average score of 75.65, the perception of interprofessional collaboration among health workers who provide diabetes mellitus services at the Bogor City Public Health Center was quite good. The intention to share knowledge, team climate, and team conflict were three variables related to the practice of interprofessional collaboration. The dominant variable in interprofessional collaboration practices was team climate. Officers who perceived a positive team climate were 3.48 times more likely to engage in good interprofessional collaboration than those who perceive a negative team climate ($aOR=3.28$ 95% CI 1.345-9.018). Conclusion one strategy for increasing DM service target achievement was to strengthen the IPE (Interprofessional Education) program, held capacity building, and increased appreciation for each achievement of team members so that they were motivated to provide DM health services in accordance with standards.