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The Influence of Health Education to Change Domain Competencies Interprofessional Collaboration on Handling of Malnutrition Case

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ABSTRACT

Health problems that are very complex requires handling together involving of all health professionals and good collaboration efforts. Malnourished Children become one of health problems and it is important to prepare for the generation of high quality. Health education is expected to increase the knowledge of health workers about collaboration across the profession. competency that will affect the performance of health workers to improve the quality of health services in general. This research aims to assess the difference between the competencies collaboration across health professions in handling the cases of malnutrition in children before the training and three months after the training on the clinic. Using the research design "Quasi experiment" with research design using "pretest and posttest with a control group design". There are 40 the respondents divided into 20 respondent treatment groups and 20 people in the control group. Sampling techniques *Stratified random sampling*. The results of the study showed that the average knowledge of treatment group pre-intervention and post intervention to have the value of the p domain of 0.330 purpose. The value of the p domain the role of 0.811, value p domain communication 0.000 (<0.05), the value of the p domain 0.000 process (<0.05), the value of the p domain 0.343 cooperation, the value of the p domain 0.031 leadership (<0.05) and the value of the p domain structure of 1000. Recommended researchers next to design health education which is able to improve competency on a different domain.

Keywords: *Interprofessional Collaboration, competencies, malnutrition, health workers*

INTRODUCTION

Collaboration is a mutually beneficial relationship and defined with good agreed by two or more organizations to achieve a common goal¹. This is the term which is generally used in research and clinical practice and health professional education, until the collaboration occurred in almost every aspect of health². The problems on the health of very complex requires settlement together with involving all health profession³.

The Benefits of interprofessional collaboration allows the participants to achieve a more together than they obtain individually, serve groups of people who are larger and grow at the individual level to the

organizational level². Working together become very important for the individual to reach interprofessional perspective and the benefits of the work in the working team and the client⁴. Interprofessional collaboration have positive effects on the patient satisfaction, reduce uncertainty and improve the management of the hospital⁵. Interprofessional collaborative practice is very important for the improvement of the results of the Ministry of Health in patients / clients and family⁶.

The Consequences of team work which are not effective, patients suffer through excessive procedures, miscommunication and lack of coordination in the ministry⁷. Cause patient complaint repeatedly complain that the service provider does not coordinate

maintenance, so that provide the same information to different health team members⁸. Now many health systems in the countries in the world that implements the fragmented health services which in the end is not able to solve the health problems in the country itself⁹.

The problem of malnutrition is a result of various factors that complicated and complex, various researches in various countries that done by many institutions, has been producing various models of determinant of nutritional problems, this is related to the difference of socio-culture of the society in each area. One of the problems caused by poor nutritional status is a condition that is not a maximum of the growth and development of a child. To resolve the problem of malnutrition cross-sectoral action required¹⁰.

Globally, 45 % the death of children under the age of 5 years caused by various conditions of malnutrition¹¹. The growth of maximum not suffered by around 8 million Indonesian children, or one of the three sons of

Indonesia¹². In the year 2007 until 2011, the proportion of poor people in Indonesia a decline of 16.6 - 12.5 %, but nutritional problems do not show declines significantly¹⁰.

Jenepono Regency reported to have enough nutrition problem cartilage that one result is the death on the high enough. Have the status of malnutrition and malnourished categories are problems of tumbling 26.4 percent while malnutrition cases as much as 7 people (0.04%)¹³ Infant mortality (AKB) year 2014 as much as 10 per 1000 live births and 2015 as much as 12 per 1000 live births¹³.

MATERIAL AND METHIOD

The design of this research is the “*Quasi Experiment*” with research design using “pre-test and posttest with a Control Group Design». Treatment groups following the training activities and collaboration given the module, while the control group was given only the module. Sampling techniques using stratified random sampling.

RESULTS

Table 1. Analysis of the characteristics of respondent health officials

The characteristic	The treatment		Controls		The value of the p
	The frequency	The percentage of	The frequency	The percentage of	
	N = 20	%	N = 20	%	
Age					
20 - 30 years	10	50	14	70	0,819
31 - 40 years	8	40	2	10	
41 - 50 years	1	5	4	20	
51 - 60 years	1	5	0	0	
Gender					1,000
Male	3	15	3	15	
Women	17	85	17	85	
Education					
S1	10	50	10	50	1,000
A Diploma	10	50	10	50	
Working Time					
1 - 5 years	8	40	11	55	0,978
6 - 10 years	4	20	4	20	
11 - 15 years	6	30	2	10	
16 - 20 years	2	10	2	10	

Cont... **Table 1.** Analysis of the characteristics of respondent health officials

21 - 25 years	0	0	1	5	0,978
The Profession					
The doctor	2	10	0	0	
Nurses	6	30	7	35	
Midwives	6	30	5	25	
Nutritionis	4	20	4	20	
Sanitarian	1	5	4	20	
The officer Promke	1	5	0	0	

In table 1 have the entire value of $p > 0.05$ on the characteristics of participants treatment groups and intervention groups which means that there is no initial differences in the characteristics of respondents in both groups.

Table 2. The differences average domain competencies professional traffic collaboration between groups Pre and Post Intervention gift

Domain	Pre-Post		The value of the p The group	Δ	The value of the p
The purpose of					
The treatment	4.00	5.00	0.020	1	0.330
Controls	4.45	5.45	0.020	0.95	
The role					
The treatment	2.60	2.70	0.752	0.1	0.811
Controls	2.65	2.80	0.529	0.15	
Communication					
The treatment	2.60	6.95	0.000	4.35	0.000
Controls	4.65	6.60	0.286	1.95	
The Process					
The treatment	6.90	8.10	0.000	1.20	0.000
Controls	8.35	7.60,	0.279	-0.75	
The Cooperation					
The treatment	4.40	6.00	0.042	1.60	0.343
Controls	5.00	6.15	0.677	1.15	
The Leadership					
The treatment	5.40	6.45	0.000	1.05	0.031
Controls	7.65	7.55	0.033	-0.10	
The structure of the					
The treatment	3.60	3.30	0.281	-0.30	1000
Controls	4.00	3.70	0.108	-0.30	

Table 2. On the treatment group has a value $p=0.330$. Domain has a value $p=0.811$ role. Communication Domain has a value $p=0.000$. The domain of the process of no value $p=0.000$. Domain can complete the value $p=0.343$ Cooperation, domain has a value $p=0.031$ leadership and domain structure have a value $p=1000$.

DISCUSSION

¹¹ In the results of the study showed that the average knowledge of treatment group pre-intervention and post-intervention to have the value of the $p=0.330$. The value of the p domain the role of 0.811, value p domain communication 0.000 (<0.05), the value of the p domain 0.000 process (<0.05), the value of the p domain 0.343 cooperation, the value of the p domain 0.031 leadership (<0.05) and the value of the p domain structure of 1000.

Quality children born from a healthy pregnant mother so since in the womb many efforts have been made to produce the son as a generation with high quality¹⁴. Government support for the pregnant mother has also presents various government program one of the warranty program delivery¹⁵. Although there are still areas in Indonesia that implement a program of the health of mothers and children is not running as expected¹⁶.

Nutrition problems occur in each cycle of human life, started since in the womb (fetus), the baby, children, mature and elderly. Nutritional problems in the fact of the matter is that the public health problem and the factors causing the disruption of nutrition is a multi-factor regarding, for that approach and managements must involve various sectors related¹⁷. Many factors that affect the nutritional status of one of them is the pattern of breastfeeding and MP of breast milk¹⁸. In fact, the exclusive breastfeeding in Jenepono Regency in 2013 of 67, 7%, yet to reach national targets namely 80%¹⁹.

⁴ The competencies literally come from the word *competence*, which means the ability, authority and skill. In terms of the etymology, competency means merits, expertise from the behavior of a person or leader employees which have a knowledge and skills that good behavior. The characteristics of the competencies which is something that becomes part of the personal character and become part of prioritizing the person in carrying out a job task²⁰ so it can be deduced that the competency is defined as the ability of a person who can be observed includes the knowledge, skills and work attitude in

completing a job or task in accordance with the specified performance standards²¹.

The framework is divided into 6 domains that contribute to the purpose of interprofessional collaboration. Sixth the domain is; 1) clarification roles, 2) centered on the patient/client, 3) Working Team, 4) Collaboration leadership, 5) interprofessional communication and 6) related to interprofessional conflict. Treatment is centered on the patient and interprofessional communication is the elements that affect the 4 other domains⁶.

It is said that the Collaboration interdisciplinary curriculum and team work requires components for collaborative communication that occurred between members of the team in setting the acceptance of the house maintenance. The interaction of the team requires trust, confidence, and equal efforts by all of the team members. Effective communication can be achieved through communication collaboration between members of the team in interdisciplinary curriculum or professional traffic. So concluded that collaboration in the house maintenance and palliative care settings influenced by effective communication²².

Although it is understood that the communication occurs when collaborate in collaboration across the profession but the thing that must be noted when collaborate is the existence of mutual respect and mutual trust. As with any other profession the attitude to consult when there is something that is not understood is an important element for noted in practice collaboration across the profession. The term used to describe the ordinary Interprofessional clinical practice involving the patient and the problem of the patient will be handled independently or separately in accordance with the competence of each of the profession as the responsibility of the area handled by the appropriate kind²³. In communication occurs giving the right information can affect the client satisfaction²⁴.

¹⁷ Understood together that to improve the quality of health services, needed a system that is coordinated and a collaborative effort between stakeholders. Good coordination to improve the quality of health services in patients, create a more efficient quality and optimum care. This requires coordination and collaboration between health service line in this health officials. The interactive communication is the elements of the founder

of the collaboration between the professional. The price of good self-able to improve relations between the actors in the health system and supports the initiative and the ability to adapt²⁵.

This is in line with the opinion of²⁶ which concluded that health care involves the participation of patients, family and various health professional team that is often and very special. The involvement of all members of the team in a cooperation with the way that being coordinated is very important to provide exceptional health services. Structural factors, psychological and education can also determine collaborative behavior in collaboration process across the profession.

CONCLUSION

The conclusion from this article shows that there are differences in the domain of collaboration across health professional competencies in handling the cases of malnutrition in children before the training and three months after the training on the clinic in Jeneponto Regency. It is recommended to do the training activities ongoing and program to be accomplished with good to improve competency collaboration across the profession of health.

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PAGE 1

PAGE 2

PAGE 3

PAGE 4

PAGE 5

PAGE 6
