

PERAN PERAWAT KOMUNITAS TERHADAP DETEKSI KASUS TUBERKULOSIS DI PUSKESMAS KOTA BANJARBARU BORNEO SELATAN

(The Role of Community Nurse Regarding Case Detection of Tuberculosis in Public Health Center in Banjarbaru Municipality South Borneo)

Herawati*, Neni Fidya Santi*, Zenni Puspitarini*

*PSIK FK Universitas Lambung Mangkurat

Email: nabila_sholehah@yahoo.com

ABSTRAK

Pendahuluan. Tuberkulosis adalah penyakit menular di masalah kesehatan komunitas. Indonesia menduduki posisi kelima menurut WHO pada kejadian TB di tahun 2009. Penatalaksanaana TB telah dilakukan secara komprehensif dalam menemukan kasus dan strategi DOTS. Perawat komunitas yang bekerja di puskesmas memainkan peranan penting dalam petalaksanaan TB terutama dalam penemuan kasus. Tujuan dari penelitian ini adalah mengidentifikasi peran perawat komunitas dalam mendeteksi kasus TB di lingkup komunitas dan menyelidiki perspektif *Active Case Finding (ACF)* dan *Extensive Case Finding (ECF)* pada deteksi pasien TB. **Metode.** Desain penelitian menggunakan desain kualitatif deskriptif dengan wawancara mendalam. Delapan perawat yang bekerja dengan kasus TB di puskesmas di Kota Banjarbaru, Borneo Selatan dijadikan sebagai sampel. Penelitian dilakukan pada bulan Mei-Juni 2012. Data dianalisis menggunakan model Miles dan Huberman. **Hasil.** Hasil menunjukkan bahwa peran perawat komunitas dalam penemuan kasus secara pasif yaitu menunggu pasien; ACF melalui kunjungan rumah dan ECF melalui pendidikan kesehatan. Perawat di puskesmas wilayah Banjarbaru telah memainkan peran mereka dalam deteksi kasus TB baik aktif, pasif, dan ekstensif. **Diskusi.** Mereka membutuhkan dukungan penuh dan partisipasi dari pemerintah terutama departemen kesehatan kota untuk melakukan strategi penemuan kasus secara aktif dan ekstensif. Itu semua seharusnya bisa diintegrasikan dengan proses keperawatan komunitas.

Kata Kunci: peran perawat komunitas, deteksi kasus, tuberkulosis.

ABSTRACT

Introduction. Tuberculosis is one of the primary communicable diseases in community health problem. Indonesia ranked in 5th position of WHO report in 2009 TB incidence. TB management had already been organized comprehensively regarding case finding and DOTS strategy. Community nurse worked in Public Health Center play an important role in TB management particularly case finding. The aim of this study was to identify community nurse role in case detection of TB in community setting and explore the Active Case finding (ACF) and Extensive Case Finding (ECF) perspective in TB patient detection. **Methods.** This research used qualitative descriptive study design with in-depth interview. Eight nurses who already worked with TB in Public Health Center in Banjarbaru Municipality South Borneo selected as sample. Study conducted in May – June 2012. Data were analyzed by Miles and Huberman model. **Results.** The result showed the role of community nurses in the detection passive case finding was waiting for the patient; ACF through home visits and ECF through health education. Nurses in community health centers Banjarbaru City area had been played their role in TB case detection, whether active, passive and extensive. **Discussion.** They need the full support or participation from government particularly Health Department of related municipality to perform active and extensive case-finding strategies. It is should be integrate with community nursing process.

Keywords: The Role Community Nurse, Case Detection, Tuberculosis

INTRODUCTION

Tuberculosis is one of the primary communicable diseases in community health problem. Indonesia ranked in 5th position of WHO report in 2009 TB incidence. TB management had already been organized comprehensively regarding case finding and DOTS. TB management applied both hospital and community health services (Ministry of Health, 2009; WHO, 2010).

In 2011 South Borneo Province had 7616 peoples with BTA positive TB (Health Department South Borneo Province, 2011). Banjarbaru—one of the developed municipality in this province with 179.093 residents has 288 TB patients in 2010. Health department of Banjarbaru municipality reports Case Detection Rate (CDR) in 8 Public Health Center: Landasan Ulin 81,8 %; Cempaka 66,7%; Banjarbaru Utara 55,6 %; Sungai

Besar 54,5 %; Guntung Payung 44,5%; Liang Anggang 30,9 %; Banjarbaru 29,5 %; Sungai Ulin 20 % (Health Departement Banjarbaru Municipality, 2010). Based on CDR data we can conclude that many Public Health Center (7 from 8) still not achieve national target of CDR 70 %.

Pre interview with Tuberculosis head program in Banjarbaru health department municipality got information that TB case finding still used in passive way during the clinical visit in Public Health Center, eight nurses in eight Public Health Center take in charge in case report, management, medication and empowerment of *PMO* (person who has duty to observe drug administration).

Nurse should emphasize health promotion and prevention activities as an important act (Nies M A & McEwen M, 2007). It is essential for community nurses understand their role in TB management include prevention activities in every stage individual, family, society and community.

Community nurses can visit TB patient or TB suspect patient and explain about TB and their chance to suffering from TB (Toth, A., et al, 2004). Study in Cuba show that active case findings that is integrate with home visit can help to finding the patient who can't find in health services institution (Gonzalez, E.,et.al, 2009).

Regarding those background of Tuberculosis, researcher want to explore community nurses role in TB case detection in public health center in Banjarbaru municipality regarding Active Case Finding (ACF) and Extensive Case Finding (ECF). The aim of this study was to identify community nurse role in case detection of TB in community setting and explore the Active Case finding (ACF) and Extensive Case Finding (ECF) perspective in TB patient detection.

METHODS

A qualitative descriptive study design with in-depth interview used to explore the nurse role in Public Health Center setting regarding case detection and asked for the perspective in ACF and ECF.

Eight nurses in eight Public Health Center, Banjarbaru participated in this research during May-June 2012. Participant selected through purposive sampling.

In depth interviews were used in order to capture the experience work in TB program. Interview guideline used to ease the information gathering. The interviews were audiotaped, lasted between 60–90 minutes, but it can flexible regarding the situation. Study documentation used to complement the data such as Health Department of Banjarbaru municipality reports, Public Health Center profile, and three-month report in TB program. Research setting observation used to understand more the social situation thorough.

Data were analyzed through content analysis with model Miles and Huberman model: data reduction; data display; and conclusion (Miles, M.B & Huberman, A.M, 2007). Scientific rigor in this research based on the four criteria: validity; transferability; dependability; confirmability (Moleong, L.J, 2010).

Informed consent was obtained to anticipate the ethical problem during the research. Researcher also committed to 'The Five Rights of Human Subjects in Research' (Green, J & Nicki T, 2009).

RESULTS

In the descriptions of the themes, the numbered subheadings in italics refers to the main themes, the underlined text views the emphasize participant statement, the numbers in brackets refer to the participants and an ellipsis (...) refers to omitted words or sentences

Passive Case Finding

Passive case finding based on participants in this research view, reflect the activity of waiting TB patient in Public Health Center.

Passive is only waiting, without we search the patient... we must be active, but in real condition we just waiting patient come and get medication... so far we waiting..."(P.01)

In the same way another participants show the same statement.

“ Passive usually we waiting the patients come to the Public Health Center...” (P.02)

“ Passive mam, emm... waiting the cough patient” (P.04)

” In 1980 we waiting ... if we just waiting we can get the patient but the target seldom can't achievable” (P.05).

These statements shows that passive wayis TB case finding in patient who show the clinical manifestation and come to the health services to get the diagnosis from their symptom (Golub JE et. al, 2005). The target of case detection itself can affect directly, some participant view that this type of case detection makes the target seldom achievable.

“...Passive is only waiting... in my opinion is not effective... Without our act to search so case finding will be decrease ...” (P.01)

Another participant in same line with P.01

”... if we just waiting, we actually get the case but the target seldom can't achievable... is difficult to find the case” (P.05)

” If only act passive promotive way from Public Health Centers, we only get the less case ...” (P.06)

Active Case Finding

Participants describe active case finding as a home visit.

“If active, we visit homes directly so our finding comes increase ... compare trough passive, better we act in active case finding” (P.01) “We come to the patient home ... I had already active first, if not active I can't get the patient” (P.06)

”... Sometimes the patient becomes angry if we visit their home and claimed as non TB patient.” (P.07)

” Survey, home visit by the nurses' their self, usually brings sputum pot.” (P.08)

”... We come to the society, visiting patient home, and finally we ask the neighbor if there any cough symptom, and motivate them to continue the examination so we can broad the coverage of case finding.” (P.05)

Active case finding need more person to act (Golub JE et.al, 2005). It is become barrier in some participants and reflects in this statement below.

“... Better we act active than passive, but the barrier is my business as well, because any another works also waiting so I can't focus. The solution for its problem is as a nurse in TB program better don't get many program so we can focus in TB case finding” (P.01)

Extensive Case Finding

Participant understood the extensive case finding as a case finding by promote activity through health education in community.

“We have two agendas, health education to the patient ... and health education coordinate with the promotive sector through mobile broadcast, we search place which is many positive BTA patient, and positive radiological sign then we broadcasting mobile about the TB awareness ... we can give health education more.” (P.01)

”... We should more active to give the health education and come to the community... usually we act in Public health center mobile (Pusling), we give the health education about many disease include TB.” (P.05)

“ Screening through Pusling, posyandu. In Posyandu, we also give the mass health education, but not only TB...I also give recommendation to Health Department in here to give some fund for TB socialization for significant person in community and cadre “. (P.06)

” Health education trough Posyandu, schools, and Village office if any agendas there ...” (P.07)

Same views also show in another participant understanding about the active case finding.)

DISCUSSION

Our findings show the exits role of community nurses in TB case detection. Nurse plays an important role in TB management (Yesenia FM et.al, 2010; Y. Mahendradhata et al., 2007). Based on ICN (*International Council of Nursing*) states that nurse place in position which is strengthen TB program management and implement DOTS elements. Todays mostly TB program management in community setting (Ahmed AI et al., 2012). One of community nurses role as a person who work in case detection (Depkes, 2006).

Case finding activities in many developing countries today's applied as a WHO strategy in TB management is passive case finding. Our finding show the passive case finding as waiting patient in health services institution. They come with the clinical manifestation search diagnose for those symptom (Golub JE, et, al, 2005). This kind of case finding reflects less of patient target achievement. And its limitation lead to active case finding that is another strategy to increase the target achievement.

Active Case Finding (ACF) is activity detection in community level. This strategy can identify and care TB patient who is already not detected by the passive case finding. Through ACF, case detection and medication can directly apply as well as decrease TB infection subsequently and prevent case of TB relapse (Golub JE, et.al, 2005).

In this research participants view active case finding as a home visit activity. In same line with Gonzales study in Cuba active case finding that is integrate with home visit will help to find the TB patient who is already not detected by the passive case finding in health services institution (Gonzales, et.al, 2009). Community nurses can visiting patient home or suspect and explain about TB or their chance become TB patient (Toth, A.,et. al, 2004), tough ACF need more person to participate (Golub JE, et.al, 2005). This is also finding in this study.

The Extensive Case Finding/ECF as another way to find cases. The fundamental differences between ACF and ECF are degree

of interaction with population target. ACF need many health provider, face to face contact and evaluation urgently. In the other hand ECF makes community aware about TB symptom trough education or publication and suggest them to get the examination in health services institution (Golub JE, et.al, 2005). Our findings show the ECF describe as health education in community setting.

CONCLUSION AND RECOMMENDATION

Conclusion

Role of community nurses in the detection passive case finding was waiting for the patient; ACF through home visits and ECF through health education. Nurses in community health centers Banjarbaru City area had been played their role in TB case detection, whether active, passive and extensive.

Recommendation

In our view the implication from this study is recommend Health Department of related municipality to support the community nurse during active and extensive case finding in line to increase TB case detection coverage. In the same way, the community nurse should integrate the TB case finding with nursing process in individual, group and community setting.

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