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# INTEGRATED REHABILITATION PROGRAM FOR PERSONNEL WITH DISABILITIES IN THE MINISTRY OF DEFENSE AND INDONESIAN NATIONAL ARMED FORCES

Ari Wijayanti<sup>1\*</sup>, Puput Oktaminanti<sup>1</sup>

*Faculty of Public Health, Universitas Indonesia, Indonesia*

Corresponding author's email: ariwijayanti79@gmail.com, oktamianti@gmail.com

## ABSTRACT

**Background:** In carrying out their main duties, soldiers are often confronted with risks that can cause them to have disabilities either when carrying out operational tasks or having accident in the service. Efforts to improve the life of persons with disabilities are empowered through integrated rehabilitation process for Personnel of The Ministry of Defense of the Republic of Indonesia and Indonesian National Armed Forces with disabilities. This research was aimed to describe and analyzing the integrated rehabilitation on persons with disabilities at the Ministry of Defense Rehabilitation Center, and describing the factors that support and inhibit the implementation of integrated rehabilitation.

**Methods:** This research was a descriptive qualitative research with an in-depth interview as instrument to obtain data from informants who were the participants of integrated rehabilitation. With Triangulation the source was the instructor and the rehabilitation organizer.

**Results:** Based on the results of interview analysis conducted, the researchers also have identified several supporting factors and inhibiting factors on the implementation of integrated rehabilitation program. The inhibiting factors are Resources: the limited number of instructors (human resources) that have sufficient competence and the lack of facilities for the accessibility of persons with disabilities this will hinder the implementation of rehabilitation. From the results of research indicates that communication, disposition and bureaucratic structure is a supporting factor in the implementation of integrated rehabilitation.

**Conclusions:** Implementation of integrated rehabilitation has been running well although there are still inhibiting factors. Therefore, the Ministry of Defense Rehabilitation Center should continue to strive to become professional rehabilitator in order to create self-sufficient and productive persons with disabilities so as to improve their welfare.

**Keywords:** Rehabilitation, persons with disabilities, Ministry of Defense

## BACKGROUND

Persons with disabilities are the ones who experience physical, intellectual, and mental limitations, and encounter obstacles and difficulties to participate fully and effectively with other citizens based on equal rights [1][2][3]. Disability is closely related to both physical and mental health. Disability is much triggered by health problems, and otherwise disability condition can also affect health. The health sector plays a role in promotive, preventive, and curative prevention through rehabilitation [4]. Limitations possessed by persons with disabilities will cause serious problems affecting physical function that will indirectly affect performance and appearance. Reduced levels

of independence can lead to social welfare problems and increase poverty. In addition, the limitations of mobility caused by imperfect organ functions can hinder persons with disabilities in performing daily activities. Such circumstances can result in psychological prone situations with unstable emotional attitudes in the form of reduced self-confidence, self-acceptance and self-adjustment.

WHO in 2010 recorded that 10% of the total world population have disabilities, which accounts to nearly 600 million people. Based on data from SAKERNAS (Indonesia's National Employment Survey) in 2016, the estimated total number of persons with disability in Indonesia were 12.15% with medium category 10.29% and hard category 1.87% (3), or according to RISKERDAS (Indonesia Basic Health Research) in 2013, the number of people with disabilities in 9 provinces were 299.203 people and 10.5% (31.327 people) were the persons with disabilities who experienced daily life (ADL) barriers[5].

Disabilities recorded by the Ministry of Defence of the Republic of Indonesia among Indonesian National Armed Forces members are mostly soldiers who become disabled during their army service in peacekeeping and unity mission of the country [6]. The number of persons with disabilities recorded by Ministry of Defence of the active Indonesian National Armed Forces are 6.283 (The Rehabilitation Center data, 2018). Figures on these data indicate that persons with disabilities from the Ministry of Defence and Armed Forces with a level I of disability are 2.370 (37.72%), level II of disability are 581 (9.24%) and the level III of disability are 115 (1.83%) and those who do not have the determination of the disability level are 1463 (23.28%).

In carrying out their main duties, soldiers are often confronted with risks that can cause them to have disabilities either when carrying out operational tasks or having accident in the service [5] In the efforts of health services, the persons with disabilities also need to get special and affordable services based on the needs of their disabilities. Efforts to improve the life of persons with disabilities are empowered through integrated rehabilitation process that includes medical rehabilitation, social rehabilitation and vocational rehabilitation as well as hospital service.

Rehabilitation efforts have been carried out for persons with disabilities in the Ministry of Defence and Indonesian National Armed Forces based on the decision of the Minister of Defence and Armed Forces No. Kep/21/VII/ 1979 dated 12 July 1979. The Rehabilitation Centre is "*full-fledged rehabilitation*" meaning that there are hospitals for medical rehabilitation, vocational training site for vocational rehabilitation, and a place of social coaching. Rehabilitation is expected to foster a sense of security, acceptance and appreciation and be able to develop self-confidence, independence, and productive life through Medical Rehabilitation, Social Rehabilitation and Vocational Rehabilitation [7][8]. Rehabilitation Centre for persons with disabilities of Ministry of Defence and National Armed Forces is located at JL. RC. Veteran no. 178 South Jakarta, in 2 periods each year with 75 participants per period for 4.5 months.

Implementation is the control of policy actions within a certain time [9]. Lester and Stewart view implementation generally as a policy implementation involving actors, organizations, procedures, and technical aspects to achieve goals or programs [10]. Van Meter and Van Horn define implementation specifically as actions done by either individual, government, private or governmental groups directed at achieving the objectives outlined in policy [11].

Edward III describes four factors that play an important role in the successful implementation of communications, resources, attitudes or attitudes and bureaucratic structure [11]. The four factors must be implemented simultaneously because one with the other has a close relationship.

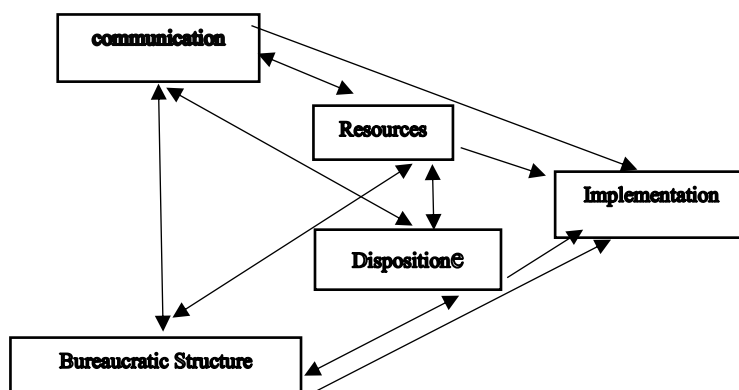


Figure 1 Edward III Model

From the above background, the researchers described and analysed the implementation of Integrated Rehabilitation for disabilities personnel of the Ministry of Defence and National Armed Forces, as well as the factors that support and inhibit the implementation of rehabilitation for the disabilities personnel.

The purpose of this study was to illustrate the implementation of an integrated rehabilitation program held at the Ministry of Defence Rehabilitation Centre and to figure out the factors that support and obstruct the implementation of an integrated rehabilitation program for the disabilities personnel.

## METHOD

This research was a descriptive qualitative research; while the design of this research was cross sectional because the research was done in one time so that the picture obtained was the condition at that time [12]. The reason researchers did the research in this location was because Defence Rehabilitation Centre is the only institution that organizes rehabilitation programs in an integrated manner which include medical rehabilitation, social rehabilitation and vocational rehabilitation and hospital services. Sources of data in this study are people or objects that are attached to the research dimension. The informants of this research are the integrated rehabilitation participants, which consists of five rehabilitation participants as main informants and two source triangulation informants namely an instructor and a training head. In the determination of informants, researchers used inclusion criteria, which is different majors in training between informants, communicative, cooperative and willing to be interviewed and have attended training for 3 months. While the exclusion criteria are informants who are not communicative, not being in medical care, following rehabilitation less than 2 months. Secondary data are also obtained from books, journal publications, and references related to the research undertaken. The data collection used in this study was in-depth interview activity directly to the informant. The type of interview used was guided interview conducted based on the guidelines in the form of questions instruments that have been prepared previously, such as how the opinions of informants on the implementation of integrated rehabilitation, how resources and what kind of encouragement to follow rehabilitation. The data documented in this research were; history of the Ministry of Defence Rehabilitation Centre establishment, organizational structures, learning schedule and archives of informant activities. After all the data collected and processed, then the next stage was data analysis. Analytical techniques conducted in qualitative research was Content Analysis techniques. This analysis began by *coding the* term or the use of the relevant word and most often appeared in the communication. After that to improve the validity of the data, tested the results of research with triangulation of sources of instructors and rehabilitation organizers.

## RESULTS

### *Characteristics of Informants*

The informants in this study were rehabilitation participants, consisting of five rehabilitation participants as main informants and two source triangulation informants were instructor and training head. Informants were obtained by purposive sampling. The description of characteristics of informants in this study can be seen in table 1.1 below:

Informant	Education	Age	Gender	Length of working
MI1	High School	37	Male	19
MI2	High School	29	Female	12
MI3	High School	35	Male	15
MI4	High School	34	Male	14
MI5	High School	31	Male	12
IT6	Bachelor	36	Male	14
IT7	Magister	48	Male	25

Table 1.1 Informant Characteristics. Source: Primary Data Processed

MI: Main Informant

IT: Informant Triangulation

### *Factors Results of Research Analysis*

Based on the results of interview analysis conducted, the researchers also have identified several factors associated with the purpose of research. Factors that support and obstruct the implementation of an integrated rehabilitation program:

#### *Communication*

##### *a. Transmission*

Communication is the process of delivering information from the communicator to the implementer [13]. Good information transmission will result in a good implementation as well. Submission of information on integrated rehabilitation programs is carried out throughout the working area of the Ministry of Defence and National Armed Forces. The informants follow this integrated rehabilitation program based on the instruction from their leader.

*"..... I follow this rehabilitation based on instruction from my leader ..," MI02*

*"... I get an overview of this rehabilitation program when I receive a letter from my boss ...," MI03*

*"In addition to conducting integrated rehabilitation within, we also conduct mobile rehabilitation to every military area command throughout Indonesia, one of its functions is to socialize integrated rehabilitation program so that the head of work unit can send members who experience disability ...," IT08*

From the informant's answer, it is known that socialization has been conducted on the implementation of this integrated rehabilitation program, so that each work unit in the Ministry of Defence and National Armed Forces can provide opportunity to its members who have disabilities.

##### *b. Consistency*

Consistency is important in implementation. At the time of the research the informant stated that the employees at the rehabilitation centre had sincerity in doing the service as rehabilitator, so that they

were able to understand and serve person with disabilities properly. In accordance with the informant statement as follows:

*"... in this place, the employees very consistent as place for the rehabilitation of people like us, we feel can be accepted here,, "MI03*

*"... In general is good, for therapists and employees here to serve us well and consistently pay attention to us ...," MI04*

#### Resource

##### a. Staff

Human resources are the main thing in the implementation of the program. One of the failures that often occur in the implementation of policy is due to insufficient human resources, inadequate or incompetent in their field. In this case informants stated that outside instructor resources were deemed less competent in dealing with disabilities [14]. This statement is also in line with the statement of the informant triangulation.

*"... for instructors not from rehabilitation should be more developed, looking for a truly professional who can teach this kind of students and more knowledge ..," MI02*

*" Instructors who have competence in their field are still limited, but agencies always support through training to improve their competence, so to meet the needs of instructors, we are recruited from the outside,, "IT08*

##### b. Facilities

The infrastructure is important to support the rehabilitation process. Based on the results of in-depth interviews with informants, there are problems of physical facilities such as infrastructure facilities in training and accessibility facilities for persons with disabilities. This is in accordance with the main informant statement and the informant triangulation:

*" the facility may be lack of tools for training, such as photography class of students many of the camera equipment is limited, we sometimes turn each other, sometimes today can, tomorrow not ...," MI01*

*"... For facilities for accessibility, although there are many but still not in accordance with what we expect, ...," IT 08*

#### Disposition

##### a. Incentive

Incentives may be a driving factor that keeps the rehabilitation participants in executing orders well. Here are excerpts of an incentive interview:

*"... which made me eager to participate in this rehabilitation as I was informed of disability benefits and work packages so that my knowledge could be applied,,,MI05*

*"... I hope after following this rehabilitation I can get a recommendation regarding my disability so I was not placed in the battalion and there is a policy of my leader to put in accordance with my condition ...," MI04*

Edward states that incentive manipulation is needed as a driving factor that enables executors to execute orders well. In this case integrated rehabilitation participants who receive special incentives in the form of work packages after completion of an integrated rehabilitation program.

##### b. Commitment

Commitment is the attitude or willingness directed by the rehabilitation executor looks high. Good and high commitment will push them stronger to achieve goals.

*"... very good, commit to serve us here, so we feel motivated,,," MI01*

*"In general the service is very committed to the implementation of this rehabilitation, because this is indeed as our main task as rehabilitator,,," MI07*



### *Bureaucratic Structure*

#### a. Standard procedure operation (SPO)

SPO is defined as a mechanism or sequence of policy implementation procedures that are formally written clearly and systematically. SOP in the implementation of integrated rehabilitation has been going well. In this case according to the informant's statement that:

*"In terms of rehabilitation benefits are many benefits, including health, science, medicine can also, I think this rehabilitation is very good and useful," MI01*

*"We have been running the rehabilitation process for 3 months, from the initial entry of the participants, starting with health examination, introduction of majors, group dynamics, assessment and it is all in accordance with the existing integrated rehabilitation implementation guidelines," IT07*

## **DISCUSSION**

Based on the results of data collection and processing, it was found that majority of the participants stated that the implementation of integrated rehabilitation services for Ministry of Defence and National Armed Forces personnel have been running according to their main aims and functions. This can be seen from the results that the persons with disabilities who have participated in integrated rehabilitation can largely be self-reliant and productive, return to the community and work unit fairly, and be able to adapt to the surrounding environment.

This happens because they are aided by supporting factors which are: (a) Communications: The Ministry of Defence Rehabilitation Centre always socialize integrated rehabilitation program to all working units, so that this integrated rehabilitation program will reach all regions in Indonesia so that persons with disabilities can escape from dependence to others, grow confident, can implement social function in society according to ability so become independent and productive person. In addition the Ministry of Defence Rehabilitation Centre has employees who have sincerity in performing service as rehabilitator, so that they can understand and serve the patients well; (b) bureaucracy: there is SOP (Standard operating procedure) and policy in organizing service activities at integrated rehabilitation, so that the services can run effectively and efficiently (c) Disposition: The commitment of the rehabilitation providers and the incentives received by the rehabilitation participants has a positive impact on the implementation of integrated rehabilitation.

In the implementation of service activities, there are also obstacles which comes from some factors: (a) resources: limited number of instructors (HR) from within a rehabilitation centre that have sufficient competence and this will hinder the implementation of rehabilitation. HR has an important role in determining whether organizational goals are achieved successfully or not. Therefore, the success of the organization in achieving the objectives is determined by the quality and capabilities of human resources in it. As an important element in the organization, proper management of human resources is essential in order to ensure optimal organization achievement [15]. One of the important tasks of management is to empower human resources to work optimally by being placed in positions which are in accordance with their interests and abilities. A prior analysis must be performed to determine the characteristics of the position and characteristics of employees for the achievement of organizational goals [16]. In addition to human resources, other constraints are the lack of facilities for the accessibility of persons with disabilities. There are several causes of inadequate facilities such as limited budget available and the late report from officers if there is a damaged facility. The budget is a factor influencing the procurement of facilities. The allocated budget is still very limited and not in accordance with the proposed budget.

## CONCLUSION

From the results and discussion in this study, it can be concluded that the supporting factors that are running well in the implementation of integrated rehabilitation are communication, disposition and bureaucratic structure; meanwhile the inhibiting factors are lack of human resource competence and lack of facilities for the accessibility of persons with disabilities.

Based on the conclusion of the research of implementation of integrated rehabilitation, there are still inhibiting factors. Therefore, the Ministry of Defence Rehabilitation Centre should continue to strive to become professional rehabilitator in order to create self-sufficient and productive persons with disabilities so as to improve their welfare, by improving the competence of human resources through training and workshops with more frequency, as well as improving facilities for accessibility of persons with disabilities.

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