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TECHNOLOGY****COLLABORATION HEALTH CARE IN INDONESIA****Dr. Darwis, M Kes**

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ABSTRACT

Types of qualitative research approach through Phenomenology, the results showed that collaboration health service carried out by a variety of health professions by indicating their role in collaborating through various the group in carrying out the duties and responsibilities as health workers internally and masyarakat widely, the world of education and the private sector, all elements of the health profession has its own policy directives which do collaboration services health it, one of which is the code of ethics. In addition to this collaboration health services also need to involve other sectors, such as the education sector, the Department of social, community and private sector broadly, efforts embody the qualities of an effective health services needed an alignment measures the dynamic between the various academic disciplines and clinical for team building service with order and culture kolaborasi interprofessional approach.

Keywords: health, Collaboration, service, hospital patients.**I. INTRODUCTION**

The quality of health services in Indonesia being one of the things worth noting not only for the people of the motherland, but also the world. In the measurement of happiness no matter the quality of health be included in determining a country's happiness level, then, it is no wonder that Indonesia was in the order to 96, as still found problems in the service and the quality of health care.

However, the Government does not stay silent, with a variety of programs and actions, the Government together with relevant parties continue to do quality improvement efforts of the Ministry of public health. This was done so that the community increasingly prosperous Indonesia with good health services and affordable medicine prices.

Health is a very important thing for everyone. Handling health problems not regardless of the health workforce. Health care personnel are instrumental in sistem health services. Health workers such as doctors, nurses, nutritionists, pharmaceutical, energy and other health workers have the duty and role of each in addressing health issues. However, health workers have the same goal in health management. Therefore it is necessary the presence of a cooperation and collaboration in a wide range of health workers in order to make the handling of Ministry of health problems the patient can run effectively and quality.

This healthcare collaboration, in order to give birth to human resources professional medical personnel and experts, which still continues in Indonesia are required to improve the quality of health services. Efforts embody the qualities of an effective health services needed a dynamic step alignment among the various clinical and scientific disciplines for team building service with order and interprofessional approach to culture a good kolaborasi .

Inter Professional Collaboration or abbreviated with the IPC is a collaboration among professions that occurs when 2 or more health professions work together to achieve a common goal in solving various problems. Interprofessional collaboration is a strategy to achieve quality results that are intended to effectively and efficiently in the Ministry of health.

In a collaboration requires a process of transfer of knowledge belonging to each health profession needed to resolve the problems of the patient. Know the role of each health profession in collaboration is an important

point which makes each health profession can do know what they should do in collaboration so that the goal of an effective collaboration can be is reached.

A. The Problem

1. How Can The Effectiveness Of Healthcare Collaboration In Indonesia

II. A REVIEW OF THE LITERATURE

Health care System a. Health care System in Indonesia is an order that the various efforts of the nation of Indonesia are integrated and support each other in order to achieve the degree of public health extended as the embodiment of the general welfare as referred to in the preamble to the CONSTITUTION 1945. In the system of health services could include nursing services, physician services and community health services. The doctor is a subsystem of the health service. Subsystem of the health service has a goal each by not leaving the general objective of the Ministry of health.

In the health services there are three forms, namely, primary health care, (first-level health services), secondary health care (second-level health services), and tertiary health care (the third level of health services).

1) Primary Health Care (Health Service First Level)

Services give priority to services that are basic and do together society and driven by a general practitioner (medical personnel), nurse Mantri (Paramedical Personnel). The primary service of this Ministry is the first community needed at a time when they are experiencing health or accident ganggunan. For example: health centers, Clinics, clinics.

2) Secondary Health Care (Second-Level Health Services)

Services are specialists and even sometimes a subspecialty services, but is still limited. Required for community groups who need care when, already can not be handled by primary health services. Health service carried out by a specialist and Doctor Subspecialty is limited. Example: a hospital type C and type D Hospital.

3) Tertiary Health Care (The Third Level Of Health Services)

Health services prefer the subspecialty services as well as extensive subspecialty. Required for groups of people or patients who can not be handled by a secondary health services. The Ministry of health carried out by doctors and physicians are Subspecialty Subspecialty area. For example: hospital type A and type B hospital.

Examples of collaboration at the level of primary health care teams or strata is a collaboration of health team at a CLINIC which consists of a general practitioner, dentist, nurse, and midwife. A time when there is a patient who is going to give birth, there is a team collaboration between health midwives and nurses in dealing with such cases.

B. Health Services

Health services are organized in every effort alone or together in an organization to maintain, promote health, prevent and cure disease and restore the health of individuals, families, groups, and communities (Azwar, 1998). Service by Moenir (1995) formulated any activities conducted by other parties which was intended to meet the interests of the people.

Understanding of other health services, expressed by Gani (1995) that health services in meeting the needs of the community in the form of acts of healing, prevention, treatment, and recovery of the function of the organs of the body such as readily.

Based on a formula of understanding the above, it is understood that the shape and type of health services depends on several factors including:

- a) Organizing Ministry; health services can be implemented alone or together as a member in an organization.
- b) the purpose or scope of activities; Prevention of disease, maintain and improve the degree of health, healing/health treatment and recovery.
- c) target of Ministry; individuals, families, groups, and communities.

Hospital service is a form of organized efforts to meet the needs of the community. Hospital Services serves to provide a health service are thoroughly integrated and conducted in an attempt to increase health, disease prevention, healing diseases, and health recovery quality and affordable in order to increase the degree of public health. (Suparto, 1994)

The hospital as one of the forms of health care facilities must provide good service and quality. Hospital management should strive to satisfy his patient, in this case the community with varying levels of needs.

A hospital established and run for the purpose of providing health services in the form of treatment, examination, treatment, medical or non medical action, and the action of other diagnosis required by each patient in limits the ability of the technology and the means provided in hospitals (Wijono, 1999).

Beside that the hospital should be able to provide health services that are fast, accurate, and conforms with the advancement of medical technology so that it can serve as a reference hospital in accordance with the level of the House of pain.

Health services in hospital service activities is in the form of outpatient services, inpatient services, administrative services, emergency services that includes medical services and medical support. Whereas to be referred to as a form of health care, both from a medical or health service type of type of Ministry of public health had to have different terms of the subject matter. The terms of the subject matter in question is:

- a) Available And Continuous
The first requirement of good health services is the health services should be available in the community and are sustainable.
- b) Acceptable And Reasonable
The second principal requirement of good health services are acceptable to the community as well as are reasonable. That means the health service does not conflict with the confidence and trust of the community.
- c) Within Easy Reach
The third basic terms good health services are easily reached by the Community (from a location).
- d) Within Easy Reach
The fourth principal terms of good health services are easily accessible by the public. The sense of affordability is here, including from the point of cost. To be able to realize the circumstances like this should be able to have the health services in accordance with the ability of the economy of the community.
- e) Quality
The terms of the principal health care of good quality is. Understanding what is meant here is pointing at the level of perfection of the health service which was held at one of the parties, which can satisfy the users service, and on the other its Ordinance in accordance with the code of ethics as well as predefined standards.

III. RESEARCH METHODS

This Type Of Qualitative Research Phenomenological Approach Through

IV. DISCUSSION

Good health care is a necessity for everyone. Everyone wants to feel appreciated, like to be serviced, want to get the same position in the eyes of the community. But often there is a dichotomy in the efforts of the health services in Indonesia. It's been so many cases that illustrate just how bleak the face of health care in this country. As if good health services reserved only for those who have a thick wallet. While people less able to not get fair treatment and proportional. Poor people don't seem to be sick.

Can not understand what makes the existence of a gap between the rich and the poor in the domain of health care. Doctors who are in hospitals often shows his true identity to patients implicitly. That medical education is not cheap. Therefore, as a fruit of the expensive education that must be taken, the public should pay the meaning of healthy life it with a remarkable par. Perhaps the paradigm of early when someone choose his way of life as seong the physician experience disorientation. Devotion to the community and the nation is not a factor that dominates a person's desire to become a doctor. There are factors that sometimes someone informing the commercialization in traverse lines medicine as they choose. This paper is not made to discredit a doctor, not at all. The doctor is a very noble work. The doctor is a position that makes a person can better appreciate life. Its substance is nowadays the image of a doctor that happens in Indonesia is a commercialization of the work instead of the waiter. I wish paradigms that are experiencing disorientation can be straightened out then position a doctor will be back in the rankings.

Health services seemed to often not worth the high cost. Sometimes hospitals do not serve patients with good and friendly. Doctors sometimes perform a diagnosis tend to be random. Not to mention the nurses in the hospital are often lazy-malasan if it works. One once said that hospitals in Japan does not provide entertainment facilities such as a television for the employees of the hospital. Thus the working conditions will be much more conducive because the concentration would not be split between entertainment and work Affairs. While in Indonesia the existence of television for the employees of the hospital is an inevitability. Actually this condition can damage the work productivity. Although there is always some vindication that professionalism is always high esteem the profession. No apparent valid discourse, but seems to see the condition of the existing hospital in Indonesia with the discourse of his Ministry, there are a point apart with existing conditions at the hospital in Japan.

Budiarto (2004) in his research on the influence of the quality of service to satisfied customers in the 14 hospitals scattered in ten provinces in Indonesia showed that the quality of service of hospital which includes the availability of facilities medical and other amenities to support medical services in addition to effect significant human resources towards customer satisfaction. The views of the community will be the quality of health services in Indonesia declined. Patients who seek treatment Indonesia abroad continues to rise. A data from one of the sites mentioned in Singapore alone each year around 300,000 international patients coming for the medication. Approximately 7200 people are citizens of Indonesia (Doctor Patient Communication website Edition, May 13, 2009). Meanwhile the number of people who see Indonesia to Malaysia last year is already beyond that to Singapore. Other data mentioned the number of patients who seek treatment in Indonesia HOSPITAL Lam Wah Ee Malaysia reached 12,000 per year or approximately 32 patients per day. In Malaysia the number of Adventist HOSPITAL patient whose origin Indonesia reached 14,000 per year or approximately 38 patients per day. Even at least one thousand patients from Aceh and its environs reportedly was forced to go abroad every month, mainly to Penang, Malaysia, to get health care. This tendency comes because they are less satisfied with health services provided by hospitals-hospitals that are in Aceh and surrounding areas. (The Foyer On Line July 14, 2007). The high interest of the community medical treatment out of State like Malaysia and Singapore in general due to factor the completeness of service quality and facilities provided meets the expectations of the patient. A wide range of reasons that triggered a large number of community treatment and checked his health out of the country, including excellent service and punctuality, they quickly get certainty diagnosis so as not to make the patient anxious or bored because waiting for the results of the diagnosis which failed to come and a lot of advantages they can get there. As has been described before that at this time, the number of patients who seek treatment abroad, namely Singapore and Malaysia, dominated by the patient origin of Indonesia. This is a serious problem, given the addition relates to the issue of confidence in the Ministry in Indonesia, also related to the issue of the Government's revenue from the sector Ministry hospital. Data for the year 2006 mentioned the amount of foreign exchange the country sucked into hospital abroad reached US \$600 million annually. Improving the quality of health services can be done from various aspects of services such as improved quality of health facilities, improving the quality of professionalism of human resources and improvement of the quality of hospital management. A quality service should be maintained by doing the measurements continuously, so that known weaknesses and shortcomings of the given service and created a follow-up accord a priority issue.

A. Problems/Complaints

The issue also looks from some user services of hospital which is still much complaints from ministries, it is visible from the still large number of found service complaints about sluggish behavior, there are less nurses officer friendly and not communicative.

From these data, there is a complaint or dissatisfaction of community service, results will be clearly seen that complaints will show the quality of the services provided, since the core of the public service is geared towards the improvement of the welfare of the community and the improvement of quality of service are accepted in society.

B. Low Service Quality In A Hospital

A lot of the reason why the Ministry in our country (beloved) could be the worst one of them: "According to Dr. Nugroho Wiyadi, MPH, there are perpetrators of primary services in the profession do not have adequate authority and competence, so that the handling of the disease is not appropriate standards, and common usage of various drugs inappropriately which in eventually lead to cost ineffectiveness, as well as other issues such as drug resistance due to antibiotic drug usage

A weak understanding of the people about the system of primary health services (clinics/Doctors general practice) and secondary (Hospital), resulting in their not following existing reference system. "Society in economy class is weak tend to choose the closest health care and cheap, no matter whether he sought the help of the officer who has the authority and competence. While society in economy class intermediate and above tend to directly examine yourself to a specialist with a wide selection of types of inaccuracy risk specialist doctor who he has chosen," said Nugroho. "

In the concept of developing countries one of the public service priority is the health service because of the community that is served with good health services will be a healthy community of productive activities to do, Unfortunately also health services are still bad, health care issues can be elaborated e.g. low budget for the improvement of health services the health sector budget even lose much of the budget for military activities that simply does not contribute directly to the community, the problem of uneven distribution of other medical personnel are on average based on Java, Sumatra and Bali, if you have this then how the fate of our brothers and sisters in remote areas as well as border areas? then plus more facilities and infrastructure back just concentrated in Java, Sumatra and Bali even though not all of them have complete facilities. But clearly the appropriate mandate of Article 14 of ACT No. 36 of the year 2009 on health, "the Government is responsible for planning, organizing, conducting and supervising the foster, Providence health effort evenly and affordable by the community."

Poor health care in the Republic led to maternal and child mortality is still high it is very dangerous for the survival of a nation, as with the declining number of mother and child then the succession of civilizations, Nations can be interrupted and native may become extinct. Although the latest data from the Ministry of Health of the Republic of Indonesia's profile shows that first, the percentage of pregnant women who saw a pregnancy to health workforce increased from 92% from year 2002 be 96% in 2012, both the percentage of mothers who birthing with the help of health workers increased from 66% in the year 2002 be 83% in the year 2012 and the third the percentage of mothers who delivered in health facilities increased from 40% in the year 2002 became 63% in 2012. From these data we can read is basically an awareness of pregnant women going to health has been increasing from year to year but if we look at the facts based on the survey of medicine in 2012, maternal mortality is still above the 200 per 100 thousand births . While the deaths of children over 34 per 100 thousand births. Then the demographic and health survey Indonesia (SDKI) maternal mortality 2012, reaching 359 per 100 thousand live births. In the same survey, five years ago, only 228 maternal mortality per 100 thousand live births. In fact we like to year along that targets the MDGs (millenium developmental goal's), i.e. a maximum of 102 maternal mortality per 100 thousand births and infant mortality rate 23 per 100 thousand births. So maternal and child mortality rates in Indonesia are still classified as high even for our brothers and sisters outside of Java, Sumatra and Bali have a worse fate because based on the results of the Census 2010 health, the still high level of the death of the baby's mother was in the region of eastern Indonesia. For every 100 thousand live births, maternal mortality reached 620, West Papua as many as 573 death, 387, North Maluku and Central Sulawesi

Various programs from any Government solutif was launched so that mother and child can have vibrant health, however if only relying on the Central Government alone with a small budget and limited then this problem will never be completed because coverage of the territory of the Republic is very spacious and a great cost to be able to download the delivery programme to a remote area and the border. The role of local governments, communities, the private sector in the area and various donor agencies have finally become a speck of hope that solutif can remove soot bad service health. New ways to do that is by working together within the framework of the partnertship (partnership) raised jointly by local governments, the public and the private sector. The initiation of partnerships from various institutions both national and international donors have given the new spirit for the community in order to participate actively to improve health services for mothers and children in the surrounding environment.

C. Values Partnership (Partnership)

Partnering means have the same position in rights and responsibilities so that no part which is considered higher or lower. Be unanimous in partnership also requires trust between the parties, when the trust was not woken up first then the partnership will never be entwined, very logical if parties are suspicious of one another will not ever friendly therefore each side should do positive actions and support so that trust can be awakened. The partnership also mutually beneficial synergistic working relationships in which the result is not a zero-sum game, but a positive-sum game or win-win solution. Through the partnership will also happen the impact better



than working alone; all organizations share responsibility for the outcomes, and expectations may include a synergistic effect or greater gain than could be achieved through individual action. [In addition with partnering there are many positive things that can be diperika from the many relevant parties such as the opinions of the Bovaird and Loffler; 1) Increased interaction and exchange leads to the development of trust and the creation of norms and sanctions which reduce transaction costs; 2) It can improve access to resources among network members; 3) It can create identity resources which build a sense of 'belonging' and shared action; 4) It can have positive ripple effects within society by encouraging participation and creating greater social cohesion. So through partnerships will at least obtained improve the interactions between the parties partnered thereby increasing confidence and reducing transactional costs, increase access to important resources among the members, the members of the the partnership will definitely have a sense of working together and have each other, and the last one partnership can increase participation and better social cohesion.

D. New Service Paradigms Of Public

service which in this case entered into the category is essentially a health service of Community basic needs from the Government that is guaranteed through legislation, so in fact pemerintahlah the most responsible for the quality of health of the people. So far the Government has been organizing health services in almost all parts of the Republic through a variety of means such as posyandu, clinics and hospitals, but strange problems and beralarut-soluble is how quality the Ministry of health from the Government? of course there is still much to be resolved such as the limitation of the number of medical personnel, the issue certainly can't be resolved easily and certainly take a long time if it so people can become victims because of the time for the people that was in need of help was crucial in the healthcare business is struggling against death especially for mothers and children are particularly vulnerable to health problems will therefore there must be action solutif which is able to address the problem without the time consuming convoluted and comes from the people themselves as the most stakeholders felt the Ministry of health of the Government.

Respond quickly can be done by local governments which are spearheading health services in the area because it is the Government that is closest to the community in accordance with the goal of autonomous region that is exposing the service to the community. So it should be better intertwined partnerships in environmental areas so it has its own values that are owned by people in certain areas. Partnerships can do interlaced between the local government with the public or the private sector is also possible cooperation between local governments with different other non-national organizations. Partnership as a model settlement of problems between the Government with the community can already proven its success in providing a direct impact to the maternal and child health services so that maternal and child mortality rates can be lowered. As the new paradigm then many areas that apply the concept of partnership as a joint solution

V. CONCLUSION

Through partnership efforts to achieve maternal and child health is now no longer rests only from Governments alone, it is basically pemerintahlah the most responsible in its entirety but through partnerships along certain will yield a better impact than always waiting for the Government to resolve the problem. The paradigmatic thinking is very important in the implementation of a policy in this respect is the partnership paradigm framework capable to raise awareness at the same time the quality of the public health community's own cause that for sure fully engaged to work with the Government. Involvement in full like this is the kind of participation that is most simply applied so high in the partnership will also increase the awareness of the community on other things around so it can realize a better society.

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