

# MODEL PEMBERDAYAAN MASYARAKAT SADAR KESEHATAN

*(Community Empowerment Aware of Health Model)*

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## ABSTRAK

**Pendahuluan:** Derajat kesehatan dipengaruhi oleh beberapa faktor, yaitu keturunan, pelayanan kesehatan, perilaku dan lingkungan. Faktor perilaku dan lingkungan mempunyai andil paling besar dalam meningkatkan derajat kesehatan masyarakat. Tujuan dari penelitian ini untuk membuktikan dan menganalisis pengaruh karakteristik individu, *self efficacy* dan *team work* terhadap komitmen dan produktivitas kader kesehatan. **Metode:** Metode penelitian ini menggunakan penelitian analitik dengan pendekatan *explanatory*. Sampel dalam penelitian ini berjumlah 200 responden. Pengambilan data menggunakan *simple random sampling*. Pengumpulan data dengan menggunakan kuesioner, wawancara dan observasi. Analisis data dengan menggunakan uji statistik *Partial Least Square (PLS)*. **Hasil:** Hasil penelitian menunjukkan pengaruh variabel produktivitas kader kesehatan terhadap investasi ekonomi kesehatan adalah sebesar 0,291 dengan nilai *T-statistic* sebesar 4,645, dimana nilai *T-statistic* tersebut lebih besar dari 1,96 yang berarti produktivitas kader kesehatan berpengaruh signifikan terhadap investasi ekonomi kesehatan, hal ini menunjukkan pengaruh produktivitas kader kesehatan terhadap investasi ekonomi kesehatan adalah positif, artinya apabila produktivitas kader kesehatan semakin tinggi maka investasi ekonomi kesehatan juga akan semakin baik. **Diskusi:** Penelitian ini dapat dijadikan acuan pemerintah Kabupaten Tuban dalam peningkatan derajat kesehatan masyarakat. Peningkatan kesehatan masyarakat harus dilakukan lewat upaya promotif dan preventif, yaitu melalui program produktivitas kader kesehatan. Produktivitas kader kesehatan memiliki peranan penting dalam upaya peningkatan kesehatan masyarakat, sehingga pemerintah dapat menghemat dana untuk kesehatan atau investasi ekonomi kesehatan.

**Kata kunci:** Pemberdayaan Masyarakat, Kader Kesehatan, *self-efficacy*, komitmen, produktivitas

## ABSTRACT

**Introduction:** Health degree influenced by several factors and the offspring of the Ministry of Health and behavior and the environment. The behavior and environmental factors have contributed most in improving the degree of community health. The purpose of this research is to prove and analyzing the influence of the characteristics of the individual, *self efficacy* and *team work* against the commitment and productivity of health cadres. **Methods:** This research method using analytically research with *explanatory* research approach. Samples in this research totaled 200 respondents. The data was taken using *simple random sampling*. The collection of data use of the questionnaire, interview and observation. Data analysis was used the statistical test *Partial Least Square (PLS)*. **Result:** Research results show the influence of the productivity variable health cadres of economic investment health is of 0,291 with the value of *T-statistic* of 4,645, where the value of the *T-statistic* was greater than 1.96 which means the productivity of health cadres significant effect of economic investment health, this shows the influence of the productivity of health cadre of economic investment health was positive, it means that when the productivity of health cadres are higher then the economic investment will also increasingly good health. **Discussion:** This research can serve as a reference for the district government of Tuban in increasing the degree of community health. Improving the health of the community must be done via promotif efforts and preventive measures through productivity program health cadres. The productivity of health cadres have an important role in efforts to improve the health of the community so that the government can save the funds for health or economic investment of health.

**Key words:** Community empowerment, health cadres, *self-efficacy*, commitment, productivit.

## INTRODUCTION

The development of health indicators in Indonesia showed a tendency to continue to improve, among others infant mortality, life expectancy, and labor by health professionals. But on the other hand, health development in Indonesia is currently facing the problem still high morbidity, namely the outbreak of several

types of diseases, for example polio, malnutrition cases, outbreaks of dengue fever, bird flu, diarrhea and HIV/AIDS. In addition to the main problem is the cost of increasing health. The cost of health care in Indonesia tend to increase caused by various factors, among others the patterns of degenerative diseases, orientation on the financing of the curative, advanced technology, the development of a sub

specialization in medical science and not remove also from the inflation rate.

The degree of health influenced several factors and the offspring of the Ministry of Health and behavior and the environment. The behavior and environmental factors have contributed most in improving the degree of community health. Because, to improve the degree of health, then every person has two obligations, namely behaves is healthy and active in maintaining the cleanliness and health of the environment around. The behavior contributes large enough contribution to the degree of community health namely 40 percent, while the environment contribute 30 percent, genetic factors contribute 20 percent, and access to health contribute 10 percent (Wijono 1999).

According to the data from the Central Statistics Agency Indonesia (2012), Indonesia consists of sub-district and village 79.075 6793. The village has started to realize the active standby village as much as 44.255 (55, 96%) from 79.075 existing village. Based on the coordination meeting village of se East Java 2013, in East Java there are 7.968 village that serves as a standby village from 8.506 existing village. Active standby village in East Java Province on 2011 reach 91,7 % and rose to 93,7% on 2012.

The efforts that need to be done in order to improve the scope of the services of the behavior of clean and healthy active pratama to levels madya, full moon or mandiri is doing Community Self Survey (CSS), community leaders are able to perform a survey analysis of self-with health workers, thereby expected to educate become aware of the health problems faced by didesanya, as well as the rise of intention and determination to find the solution, including building village health posts as an effort to draw the basic health services to the people of the village, therefore needs to be done the selection and entrepreneurship skills for health professionals.

The characteristics of the individual is the characteristics of the individuals that consists of demographics such as gender, age and social status such as level of education, work, race and economic status etc. (Suhartono, at al. 2016). Self Efficacy is the ability of a person to regulate

and decide what action is needed to achieve the desired results, self efficacy is the largest mediator for human behavior and behavior change, trust individuals give impact on the behavior of the motivation, the success or failure (Munir M, at al. 2016).

The important keys from the team work is to invite the public to use his experience, articulate expectations, determine the main problems faced and formulate effective steps to optimize the potential together (Cornwall A, & Pratt G 2011). The development of the productivity of health workers is needed is to take advantage of the resources available in the village efficiently to produce a healthy life in the community (Foster ST 2004). A health workers is expected to have characteristics, self efficacy, team work and commitment in performing their duty as health workers.

## **MATERIAL AND METHOD**

The research design used was the study explanatory research. The population in this research is the Tuban district nurse in accordance with the criteria for the inclusion of as many as 200, with large samples of research respondents determined by 200 using the technique of simple random sampling. exogenous variables are the characteristics of the individual, self efficacy and team work, endogenous variable is the commitment as cadres and productivity health cadres. The instrument used in the collection of data in the form of the questionnaire. Research analysis using Analysis Techniques Partial this square (PLS) for projecting linier relationship between the variables observation. In addition to the number of samples is relatively small, PLS has the advantage able to handle complex models with exogenous variables that have many indicators and can be used for the indicator with the nature of reflective or formative, and does not require the data berdistribusi normal. Partial this square (PLS) is a method of analysis of the powerful because it can be applied to all the scale data, not many need many assumptions and sample size does not have to be large. Partial this square (PLS) in addition can be used as a confirmation of the theory can also be used to build relationships that has no basis in theory or to test

such a proposition. The conceptual framework used in this research will be described in figure 1 Figure 1. The conceptual framework describes the influence between the variables examined: the individual characteristics (X1), the participatory rural appraisal (X2), self efficacy (X3), productivity cadres (Y1), health investment (Y2) and a clean and healthy life (Y3). This research examines the influence of participatory rural appraisal and self efficacy against the productivity of health cadres and also as a health Investment on a clean and healthy life

**RESULT**

The following is the value of the outer loading for each of the indicators on the Participatory Rural Aparisal (PRA), Self Efficacy, Productivity health cadres, Health economic investment and the behavior of a clean and healthy active. Results of the outer loading the first model for each of the indicators also can be seen in the figure 2.

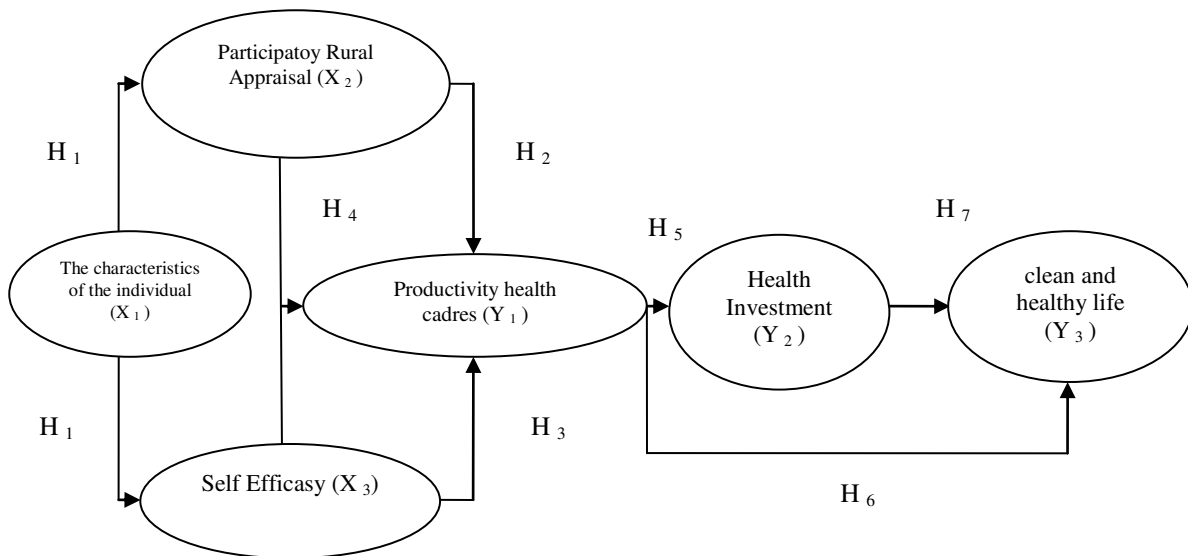


Figure 1. Conceptual Framework

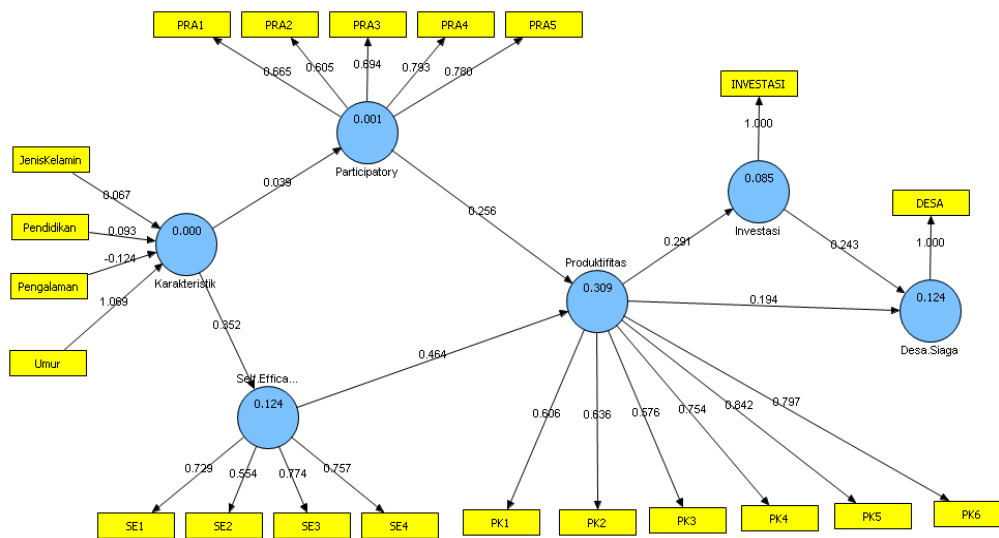


Figure 2. The results of the hypothesis test

Table 1 Results of the Inner Weight and hypothesis test

Hip.	The relationship between the variables	The Path coefficient	T stat.	Description
H <sub>1a</sub>	Individual Characteristics → The Participatory Rural Appraisal □	0.039	0.142	Not sig
H <sub>1b</sub>	Individual Characteristics → Self Efficacy □	0.352	2.132	Significant
H <sub>2</sub>	The participatory rural appraisal → Productivity □ health cadres	0.256	3.461 mln	Significant
H <sub>3</sub>	Self efficacy → Productivity □ health cadres	0.464	10.975	Significant
H <sub>4a</sub>	The participatory rural appraisal → Productivity □ health cadres	0.256	3.461 mln	Significant
H <sub>4b</sub>	Self efficacy → Productivity □ health cadres	0.464	10.975	Significant
H <sub>5</sub>	Health cadres productivity → Health Investment □	0.291	4.645	Significant
H <sub>6</sub>	Health cadres productivity → □ clean and healthy behavior	0.194	2.642	Significant
H <sub>7</sub>	Economic Investment → □ clean and healthy behavior	0.243	3.749	Significant

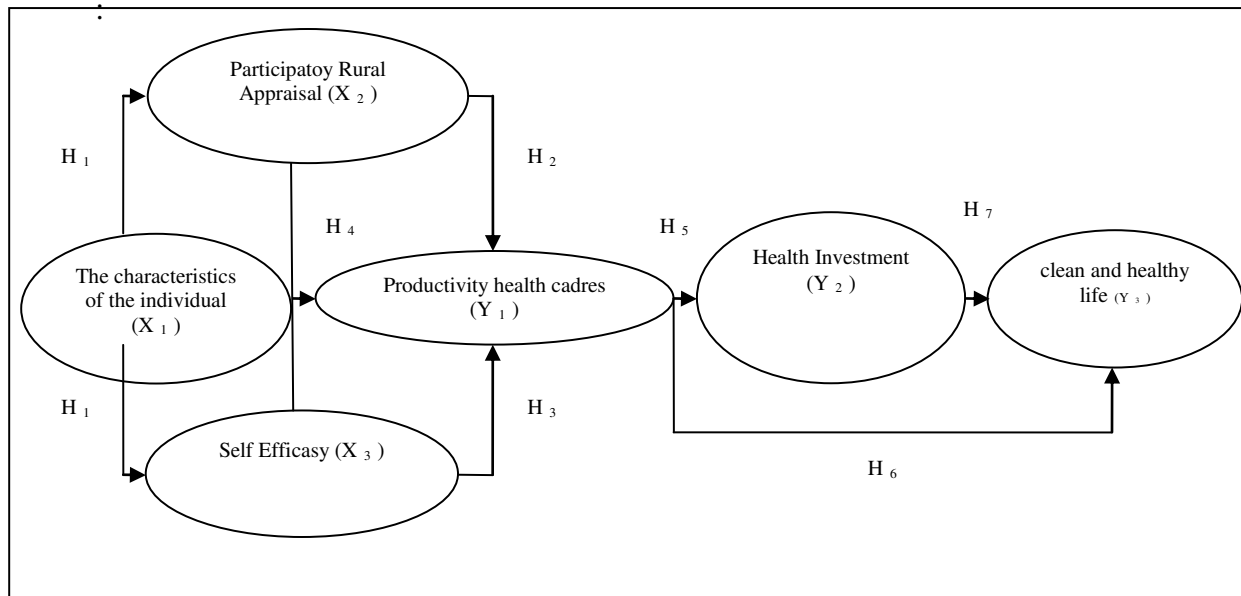


Figure 3. Coefficient Model PLS

The results of the hypothesis test can be seen through the path coefficient on the inner model by comparing the value of t-statistic with critical value 1.96.

The test result inner model is also can be seen through the following in figure 3. From the Figure 3 can be explained the results of the test the hypothesis as follows:

**Hypothesis 1:** Individual characteristics significantly influential against the Participatory Rural Appraisal and Self Efficay on health cadres in the behavior of a clean and healthy active in Tuban Regency.

From the table variable known of the individual characteristics significantly influential against the Participatory Rural Appraisal on health cadres was 0.039 with the value of T-statistic of 0,142 where value T-statistic is smaller than 1.96. The individual characteristics influence toward Self Efficay on health cadres was 0,352 with the value of T-statistic of 2,132 where value T-statistic is greater than 1.96. Thus it can be concluded that the quality of individual characteristics influential significantly against the Participatory Rural Appraisal and Self Efficay on health cadres, so that the first hypothesis proven. The individual characteristics influence of the toward Participatory Rural Appraisal and Self Efficay on health cadres is positive, it means that when the variables individual characteristics getting better then the Participatory Rural Appraisal and Self Efficay on health cadres will also be the better.

**Hypothesis 2:** The participatory rural appraisal affect the productivity of health cadres in the behavior of a clean and healthy active in Tuban Regency.

From the table known to the influence of the variables participatory rural appraisal of productivity is 0,256 health cadres with the value of T-statistic of 3,461 with the value of T-statistic is greater than 1.96. Thus it can be concluded that the participatory rural appraisal influence significant impact on productivity health cadres, so that the second hypothesis was proven.

**Hypothesis 3:** Self efficacy affect the productivity of health cadres in the behavior of a clean and healthy active in Tuban Regency.

From the table known to the influence of the variables Self efficacy against the productivity of 0,464 health cadres is with the value of T-statistic of 10,975, where the value of the T-statistic is greater than 1.96. Thus it can be concluded that Self efficacy affect the significant impact on the productivity of health cadres, so that the third hypothesis proven. The influence of the Self efficacy against the productivity of health cadres is positive, it means that when the Self efficacy the better the quality of the productivity of health cadres will also be the better.

**Hypothesis 4:** The participatory rural appraisal and Self efficacy affect the productivity of health cadres in the behavior of a clean and healthy active in Tuban Regency.

From the table known to influence the Participatory Rural Appraisal variable against the productivity of health cadres on health cadres was 0,256 with the value of T-statistic of 3,461 where value T-statistic is greater than 1.96. The influence Self Efficay variable against the productivity of health cadres on health cadres was 0,464 with the value of T-statistic of 10,975 where value T-statistic is greater than 1.96. Thus it can be concluded that the Participatory Rural Appraisal and Self Efficay influential significantly against the productivity of health cadres, until the fourth hypothesis proven. The influence of Participatory Rural Appraisal and Self Efficay against on productivity is positive health cadres, means when the Participatory Rural Appraisal and Self Efficay on the better health cadres and productivity health cadres will also be the better.

**Hypothesis 5:** The productivity of health cadres Investment significantly influence on the health of the behavior of clean and healthy active in Tuban Regency.

From the table known influence productivity variable health cadres of health investment is USD 0,291 with the value of T-statistic of 4,645, where the value of the T-statistic is greater than 1.96. Thus it can be concluded that the productivity of health cadres significant effect of health investment so that the fifth hypothesis was proven. The influence of the productivity of health cadres of health investment is positive, it means that when the productivity of

health cadres are higher then the health Investment will also be the better.

**Hypothesis 6:** Health cadres productivity significantly influence the behavior of clean and healthy active in Tuban District.

From the table of known influence productivity variable health cadres against the behavior of clean and healthy active was 0,194 with the value of T-statistic of 2,642, where the value of the T-statistic is greater than 1.96. Thus it can be concluded that the productivity of health cadres significant effect against the behavior of clean and healthy active, so that the sixth hypothesis proven. The influence of the productivity of health cadres of health investment is positive, it means that when the productivity of health cadres are higher then clean and healthy active will also increasingly good.

**Hypothesis 7:** Health cadres productivity through participatory rural appraisal approach and self efficacy affect health Investment, clean and healthy active in Tuban District.

This hypothesis will prove the influence does not directly from the productivity of health cadres against the behavior of clean and healthy active through investment health. Proof of this hypothesis depending on the results of the two tests the path coefficient (1) from the productivity of health cadres of health investment and (2) from health Investment against the behavior of clean and healthy active. From the table there are known significant influence productivity variable health cadres of health Investment with a 0,291 coefficient with the value of T-statistic of 4,645 (T-statistic > 1.96). Obtained a significant influence health Investment variable against the behavior of clean and healthy active with a 0,243 coefficient with the value of T-statistic of 3,749 (T-statistic > 1.96). Thus it can be concluded that the productivity of health cadres influential not directly against the behavior of clean and healthy active through investment health, until the seventh hypothesis proven. The higher the productivity of health cadres will raise the behavior of clean and healthy active after first successful in improving health Investment.

## DISCUSSIONS

### **The influence participatory rural appraisal against the productivity of health cadres in the behavior of a clean and healthy active**

The test result causation using methods of SHEMA-PLS with the help of software Smart PLS prove that participatory rural appraisal significant effect against the productivity of health cadres in a clean and healthy life is active in the area of Tuban.

Descriptive results show that participatory rural appraisal belonging to a very high standard of 155. The results of confirmatory factor analysis (CFA) indicates that the participatory rural appraisal more determined by indicators that have the largest loading factor, namely Academy. Loading factor that is produced from the CFA also indicates that the participatory rural appraisal variable is determined by the relevance. From the descriptive statistics and the value of the factor loading can be explained that the participatory rural appraisal of the behavior of clean and healthy active in the area of Tuban can be enhanced with how to improve the participatory rural appraisal that better.

The participatory rural appraisal test results showed that the participatory rural appraisal variables affect the significant impact on the productivity of health cadres with t-statistic = 3,461  $\geq$  1.96. The greatness of the influence of participatory rural appraisal against the productivity of health cadres was 0,256, this shows that the change in the participatory rural appraisal will cause changes in the productivity of health cadres that his nature clockwise (positive), which means when the participatory rural appraisal the better then productivity health cadres active standby village in the area of Tuban will also be the better. With these results and research hypothesis which stated that the participatory rural appraisal influence significant impact on productivity health cadres in a clean and healthy life is active in the area of Tuban then can be accepted.

Participatory rural appraisal approach is an approach to facilitate the understanding of the problem among the rural and recognition associated with the priority of some research studies become more sensitive to local conditions that sometimes have the sense that some

approaches have been beyond the view of luck for the appropriate techniques (Alam A 2012).

The participatory rural appraisal is a research method used to identify problems faced by the community as well as to formulate a way of bringing together the community itself (Uddin MN 2013). Besides, participatory rural appraisal describes the growth of the family with the approach and methods to make the sharing, add, and analyze their knowledge of life and conditions to plan and act. In addition the principles of participatory rural appraisal more emphasize on the behavior and attitudes and awareness critical thinking (Chambers 1994). So it can be concluded that the cadres productivity can be improved by performing activities share, add and analyze their knowledge and more stressed against the attitudes and behavior of critical thinking so that the cadres are able to develop their ability related to the development of himself.

#### **The influence Self efficacy against the productivity of health cadres in the behavior of a clean and healthy active**

The test result Self efficacy using the method of SHEMA-PLS with the help of software Smart PLS prove that Self efficacy affect the significant impact on the productivity of health cadres in a clean and healthy life is active in the area of Tuban.

Descriptive results show that Self efficacy is classified on a very high rank (mean 2.50). The results of confirmatory factor analysis (CFA) shows that Self efficacy is determined by indicators that have the largest loading factor, namely the orientation of the destination. Loading factor that is produced from the CFA also shows that the variables Self efficacy is determined by the relevance. From the descriptive statistics and the value of the factor loading can be explained that the Self efficacy of the behavior of clean and healthy active in the area of Tuban can be enhanced with how to increase Self efficacy better.

The test result Self efficacy shows that the variables self efficacy affect the significant impact on the productivity of health cadres with t-statistic = 10,975  $\geq$  1.96. The greatness of the influence of Self efficacy against is by 0,464, this shows that

the change Self efficacy will cause changes in the productivity of health cadres that his nature clockwise (positive), which means when the Self efficacy the better the quality of the productivity of health cadres active standby village in the area of Tuban will also be the better. With these results and research hypothesis which stated that the self-efficacy affect the significant impact on the productivity of health cadres in a clean and healthy life is active in the area of Tuban then can be accepted.

#### **The influence participatory rural appraisal and Self efficacy against the productivity of health cadres in the behavior of a clean and healthy active**

The test result participatory rural appraisal and Self efficacy using the method of SHEMA-PLS with the help of software Smart PLS prove that the participatory rural appraisal and Self efficacy affect the significant impact on the productivity of health cadres in a clean and healthy life is active in the area of Tuban.

Descriptive results showed that the participatory rural appraisal and Self efficacy are classified as on a very high rank (mean 3.98). The results of confirmatory factor analysis (CFA) indicates that the participatory rural appraisal and Self efficacy more determined by indicators that have the largest loading factor, namely usefulness. Loading factor that is produced from the CFA also shows that the variables participatory rural appraisal and Self efficacy is determined by the relevance. From the descriptive statistics and the value of the factor loading can be explained that the participatory rural appraisal and Self efficacy of the behavior of clean and healthy active in the area of Tuban can be enhanced with how to improve the participatory rural appraisal and Self efficacy better. The test result participatory rural appraisal and Self efficacy, indicates that the participatory rural appraisal variables affect the significant impact on the productivity of health cadres with t-statistic = 3,461 consecutive patients 1.96. The greatness of the influence of the influence of participatory rural appraisal against the productivity of health cadre was 0,256, The influence Self Efficacy variable against the productivity of 0,464 health cadres is with the value of T-statistic of 10,975 where value T-statistic is greater than 1.96. Thus it can be

concluded that the Participatory Rural Appraisal and Self Efficacy influential significantly against the productivity of health cadres, until the fourth hypothesis proven. With these results and research hypothesis which stated that the participatory rural appraisal and Self efficacy affect the significant impact on the productivity of health cadres in a clean and healthy life is active in the area of Tuban then can be accepted.

### **The influence productivity health cadres of health investment in the behavior of a clean and healthy active**

The results of the test the productivity of health cadres using methods of SHEMA-PLS with the help of software Smart PLS prove that the productivity of health cadres significant effect of Health Investment on a clean and healthy life is active in the area of Tuban.

Descriptive results show that the productivity of health cadres belonging to a very high rank (mean 3.98). The results of confirmatory factor analysis (CFA) shows that the productivity of health cadres more determined by indicators that have the largest loading factor, namely usefulness. Loading factor that is produced from the CFA also shows that the productivity variable health cadres more determined by the relevance. From the descriptive statistics and the value of the factor loading can be explained that the investment of health behavior of clean and healthy active in the area of Tuban can be enhanced with how to improve the productivity of better health cadres.

The test results showed that health cadres productivity productivity variables affect significant health cadres of Health Investment with t-statistic = 4,645 consecutive patients 1.96. The greatness of the influence of the productivity of health cadres was 0,291, this shows that the change in the productivity of health cadres will cause the Health Investment changes his nature clockwise (positive), which means when the productivity of the better health cadres and the quality of health Investment behavior of clean and healthy active in the area of Tuban will also be the better. With these results and the research hypothesis that states that the productivity of health cadres significant effect of Health

Investment on a clean and healthy life is active in the area of Tuban then can be accepted.

### **The influence productivity health cadres against the behavior of clean and healthy active**

The results of the test the productivity of health cadres using methods of SHEMA-PLS with the help of software Smart PLS prove that the productivity of health cadres significant effect against the behavior of a clean and healthy life is active in the area of Tuban.

Descriptive results show that the productivity of health cadres belonging to a very high rank (mean 3.98). The results of confirmatory factor analysis (CFA) shows that the productivity of health cadres more determined by indicators that have the largest loading factor, namely usefulness. Loading factor that is produced from the CFA also shows that the productivity variable health cadres more determined by the relevance. From the descriptive statistics and the value of the factor loading can be explained that the productivity of health cadres of the behavior of clean and healthy active in the area of Tuban can be enhanced with how to improve the productivity of better health cadres.

The test results showed that health cadres productivity productivity variable health cadres significant effect against the behavior of clean and healthy active with t-statistic= 2.642 consecutive patients 1.96. The greatness of the influence of the productivity of health cadres was 0,194, this shows that the change in the productivity of health cadres will cause changes to the behavior of clean and healthy active that his nature clockwise (positive), which means when the productivity of health cadre the better the quality of a clean and healthy life is active in the area of Tuban will also be the better. With these results and the research hypothesis that states that the productivity of health cadres significant effect against the behavior of clean and healthy active on a clean and healthy life is active in the area of Tuban then can be accepted.



**Productivity health cadres through participatory rural appraisal approach and self efficacy affect Health Investment behavior of clean and healthy active in Tuban Regency.**

The results of the test the productivity of health cadres through participatory rural appraisal approach and self efficacy using the method of SHEMA-PLS with the help of software Smart PLS prove that the productivity of health cadres significant effect against the Health Investment behavior of clean and healthy active in the area of Tuban.

Descriptive results show that the productivity of health cadres belonging to a very high rank (mean 3.98). The results of confirmatory factor analysis (CFA) shows that the productivity of health cadres more determined by indicators that have the largest loading factor, namely usefulness. Loading factor that is produced from the CFA also shows that the productivity variable health cadres more determined by the relevance. From the descriptive statistics and the value of the factor loading can be explained that the productivity of health cadres of the behavior of clean and healthy active in the area of Tuban can be enhanced with how to improve the productivity of better health cadres.

The results of the test the productivity of health cadre shows that there is a significant influence productivity variable health cadres of Health Investment with a 0,291 coefficient with the value of T-statistic of 4,645 ( T-statistic > 1.96). Obtained a significant influence Health Investment variable against the behavior of clean and healthy active with a 0,243 coefficient with the value of T-statistic of 3,749 ( T-statistic > 1.96). Thus it can be concluded that the productivity of health cadres influential not directly against the behavior of clean and healthy active through investment Health, until the seventh hypothesis proved or can be accepted.

**CONCLUSIONS AND RECOMMENDATIONS**

**Conclusion**

This study provides support for the results of research that has been done previously involving research variable individual

characteristics health cadres, participatory rural appraisal, self-efficacy, productivity health cadres, investment health and behavior of clean and healthy active. A review of the concepts are expected to enrich and fortifying the theory of the field of human resources and the behavior of the organization. It has been done by the study related to the commitment and productivity of health cadres, but to the object of research about health cadre especially in the village has not been done. Expected from the results of this research can be an important aspect to manage the ability of human resources that need to be prepared to health cadres who independently. This research shows that there is the influence of the individual characteristics, self-efficacy, and team work against the commitment and productivity of cadres. Some of the variables had an effect on the commitment and productivity of cadres, the results of the study showed that the competencies cadres have the most influence on the productivity of cadres.

**Recommendation**

Health workers have an important role in improving public health. So this research could be used by local governments tuban in an effort to improve public health, with preventive and promotive through the implementation of productivity improvement programs cadres.

**REFERENCES**

- Alam A, 2012. Role of Participatory Rural Appraisal in Community Development (A Case Study of Barani Development Area Project in Agricultural, Live Stock ad Forestry Development in Kohat), International Journal of Academic Research in business and Social Sciences, 2(8). 25-38.
- Chambers R, 1994. The Origins and practice of Participatory Rural Appraisal. World Development, 22(7): 953-969. doi:10.1016/0305-750X(94)90141-4
- Chambers R, 1994. Participatory Rural Appraisal (PRA): Challenges, Potentials and Paradigm. World Development, 22(10): 1437-1454. DOI: 10.1016/0305-750X(94)90030-2
- Chambers R, 1994. Participatory Rural Appraisal (PRA): Analysis of Experience. World Development,

- 22(9):1253-1268. doi:10.1016/0305-750X(94)90003-5
- Comwall A, & Pratt G, 2011. The Use and Abuse Of Participatory Rural Appraisal: Refleksions from Practice, *Agriculture Hum Values*, 28(2):263–272. doi:10.1007/s10460-010-9262-1
- Foster S.T, 2004. *Managing Quality An Integrative Approach*, New Jersey: Pearson Prentice Hall.
- Indonesian Departement Health, 2006. *The National Guide Hospital Patient Safety*, Jakarta: Bhakti Husada.
- Ministry of the Republic of Indonesia, 2004. *The Health System National Indonesia*, Jakarta: Bhakti Husada.
- Munir M, Triyoga, R. S, & Nursalam, 2016. Village health post (Ponkesdes) development into community nursing center-based Health Promotion Model, nursing center, and behavioral performance, *Int J Med Sci Public Health*, 5 (2), 292-297. doi:10.5455/ijmsph.2016.07092015119
- Uddin M.N, & Anjuman N, 2013. *Participatory Rural Appraisal Approaches: An Overview and An Exemplary Application of Focus Group Discussion in Climate Change Adaptation and Mitigation Strategies*, *Int J Agril Res Innov & Tech*, 3(2):72-78. DOI: <http://dx.doi.org/10.3329/ijarit.v3i2.17848>
- Kozier B, Erb G, & Blais K, 1997. *Professional Nursing Practice Concept and Prespective*, California: Addison Wesley Logman.
- Nursalam, 2002. *Nursing management Applications in Professional Nursing Practice*. Jakarta: Salemba Dermatology
- Suhartono, Sulistiawati, & Yunitasari E. 2016. Performance Model of Nurse Community Approach to Organizational Culture in Indonesia. *International Journal of Public Health Science*. 5(3). 62-72. DOI: <http://dx.doi.org/10.11591/v5i3.4791>
- Tomey AM, & Alligoog MR, 2006. *Nursing Theorist and Their Work*. 6rd. rev. ed. Louis: Mosby.
- Wijono D. 1999. *Management of the Quality of Health Services (Theory, Strategies and Applications)*, 2rd. rev. ed. Surabaya: Airlangga University Press

