

Experience of the Healthworkers in Conductin Methadone Rehabilitation Therapy at the Public Health Center

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Abstract

Methadone Maintenance Therapy Program (PRTM) is a service of maintenance given to IDUs who are in public health centers, such as the provision and delivery of Methadone (as legal drugs) taken orally (taken by mouth), to replace the drugs (illegal drugs) consumed by injecting. The development of these services requires management to achieve the optimum quality of service from the health providers. This study aims to explore the experience of the services of health workers in conducting PRTM at the Manukan Kulon and Jagir public health centers. The study design was qualitative with phenomenological approach. In-depth interviews with participants who act as service giver of Methadone in Rehabilitation Therapy at Jagir and Manukan Kulon Public Health Centers. This research resulted in six themes, namely, the person in charge of PTRM at public health center has a role and dual tasks which affect the optimal service given at the public health center, receiving or feeling relived to do multiple roles, implementation of monitoring and evaluating roles are optimal, the implementation of the organization role is optimal, the implementation of the role for monitoring and evaluation systems are optimal, barriers to implement the PTRM service at public health center due to the limited employee in terms of quantity and the behavior of rehabilitation clients. The hope of the person in charge of the implementation of PRTM at the public health center and the management is to increase attention and empowerment on methadone rehabilitation clients. The conclusion of this study is that there are dual roles accepted by the health workers.

Keywords: Phenomenology, Health Workers Experience, Methadone.

I. INTRODUCTION

Drugs (an abbreviation of Narcotics, Psychotropic Substances and other hazardous addictive ingredients) is a material or substance which, when inserted in the human body, either orally or drunk, inhaled, or injected, can change his mind, mood or feeling, and behavior (Hawari, 2009). Narcotics according to Law Decree No. 22/1997 are substances derived from plant or not plant either synthetic or not synthetic which may cause deterioration or alteration of consciousness, loss of taste, reduce to eliminate pain, and can lead to dependence. Drugs are divided into four types, namely opium (heroin, morphine), cannabis, amphetamine (methamphetamine, ecstasy) and cocaine (BNN, 2013). The behavior of drug addicts to get rid of habits is very difficult not to use drugs, there should be a willingness or pure intention not to reuse the drug because of the many temptations that lead them to go back to use the drugs. Theory of Reasoned Action (TRA) explained that the changes in a person's behavior generally follow the intention and it will never happen without intention (Fishbein & Ajzen, 1975). The behavior of using drug causes a physical dependence on someone who will experience some physical symptoms which are uncomfortable when these types of drugs are not used within a certain period. Diagnosis of drug dependence requires their withdrawal syndrome or tolerance, withdrawal symptoms (symptoms which occur as a result of discontinuation or dose reduction). This situation raises the uncomfortable physical symptoms such as seizures, nausea, vomiting, shaking, nervousness, sweating, etc. The light or weight of withdrawal symptoms depends on the type of substance, the dose and duration of the using, the higher the dose of a drug that is abused, the longer and the more powerful pain symptoms of it. Physical dependence is not always shown up on drug using but almost all drug abuse was highly dependent on the drug and will feel uneasy and restless when the types of drugs do not exist, this state is referred to psychiatric and psychological dependence (BNN Prevention Centre, 2009). Handling of drug addicts, in Indonesia there are several methods of therapy and rehabilitation used that *Cold Turkey*, opioda substitution therapy (PTRM) and alternative methods (BNN, 2013). Cold Turkey is a method of rehabilitation which is greatly feared by the opioid addicts for addicts locked method which is presently in the withdrawal without giving the drugs and addicts locked up no more than two weeks so that they feel tremendous pain. PTRM is a substitution therapy, can only be used for those clients with heroin dependence (opioid), they experienced Chronic recurrence thus have to repeatedly undergo drug treatment. The alternative method is still not known about the effectiveness for clients of opioid dependence (BNN, 2013). Drug Addicts choose methadone rehabilitation because it has the advantage of working period is longer than the heroin, in terms of price methadone less expensive or not expensive as compared to heroin, methadone is legal so clients do not need to fear caught by the police, and methadone can also be followed and accompanied by counseling and medical care (Preston, 2006). Based on interviews to 2 clients in rehabilitation of PTRM Manukan Kulon "it is better service for PTRM at Manukan Kulon than at Sutomo, Jagir or Menur, because the location of the taking drug is joined with other clients so that we feel the humanistic side", "as the service here is more comfortable, more credible and more

attention." Methadone Maintenance Therapy Program (PRTM) is a service of maintenance given to IDUs who are in public health centers and hospitals, such as the provision and delivery of Methadone (as legal drugs) taken orally (taken by mouth), to replace the drugs (illegal drugs) consumed by injecting (Central Java Health Office, 2009). PTRM at the public health center has an advantage compared with hospital in terms of proximity to the client's domicile; service is more friendly and cost to get cheaper methadone (Central Java Health Office, 2009). Activity in PTRM, the Methadone is not only limited to the administration of drugs and then go home, but more than that, a lot of clients that can interact with the nurses. Interaction between nurses and employers to conduct drug use can be controlled. The role of the nurse that the most widely performed in rehabilitation of PTRM is as an educator and collaborator. As a nurse educator provides education while undergoing the rehabilitation therapy of Methadone. The role of the nurse as a collaborator is performing the duties in collaboration with other health care teams (doctors, nutritionists, psychology, medical analyst) and cadres who have been trained and the handling of drug users (Nafiati, 2014). The implemented nurse's roles are to improve the quality of PRTM services in public health centers. This study aims to explore the experience of the nurse coordinator for the services of methadone at Jagir and Manukan Kulon public health centers.

II. METHOD

This study was a qualitative study using phenomenological approach. This research was conducted at Jagir and Manukan Kulon public health centers. This research was executing health workers of PTRM at those two public health centers. Data were collected by in-depth interviews and observations on the primary data source and was done naturally. Results of interview transcripts were analyzed using analytical methods hermeneutics (Polit & Beck, 2012). The stages of data analysis include: Researchers read the entire text of the interview to get an understanding, researchers interpreted the results summary text of each interview, analyzed the selected interview transcripts, returned the results of the analysis to the initial text if there is a difference in the interpretation of the data, identified the primary meaning by comparing the meaning the main theme of the text or the results of the interview, linked the themes that emerged, and presented a list of themes to the supervisor or the research team to obtain feedback and suggestions in the determination of the latter theme.

III. RESULTS

The results based on the research objectives was to explore the health personnel for the services of health worker of PTRM at Manukan Kulon and Jagir Public Health Centers that researchers got eight research themes include: 1) the person in charge of PTRM at the public health center has role and dual tasks, 2) accepting or feeling relieved in running multiple roles, 3) implementation role in the organization is optimal, 4) the implementation of the role for monitoring and evaluating systems are optimal, 5) barriers of the service in implementation of PTRM service at public health center, 6) expectations of PTRM's person in charge for the management at the public health center. The description of the theme and sub-themes is as follows:

A. The Persons in Charge of PTRM at Public Health Center Having Dual Roles and Tasks

This theme consists of two sub-themes that first about running many roles and having many tasks. The first sub-theme is running many of roles delivered by two participants, include: the role of coordinator for another program, the role of pharmacists and role as executor in PTRM. The two participants made the remarks as follows:

"Yes ... now I run PTRM coordinator and serve emergency " (P1)

"... In addition to the coordinator PTRM I am also the pharmacist..."(P2)

The second sub-theme is to have double duties delivered by three participants, include: the main duty as executor PTRM and tasks associated with the role as the executor of other programs, the team for implementing the program and administrative staff health centers. Sub themes that having many duties such delivered by two participants with the following statement:

"The first is to serve emergency clients then report report PTRM ... " (P1)

"When making a drug delivery service to clients in the public health center, I tell them to wait for me"(P3)

B. Accept or Abandonment in Running Dual Role

Theme of accepting or feeling relieved in performing many roles delivered in the category include: the duty from the leaders should be done, want or not be running, because the staff of public health center is limited, if the person is not having capability should be consulted to the leader and as a staff should be ready to carry out the task. Theme of accepting or feeling relieved in performing many roles is delivered by five participants with the following statement:

"... The staff in public health care is also limited ... because we want or not, we still have to keep our established as the duty of the head of the public health center" (P1)

"... But as time passes, and staffs are limited at the public health center ... yeah, simply we have to do our job. This is a heart problem too you know ... so we must organize and feel relieved..."(P2)

"Emm, in carrying out these are just ordinary, (P3)

Yeah, we receive this assignment and do it. ... If there is a problem beyond the capacity then I consult to the person in charge in this case the head of the public health center"(P4)

"When laziness comes, it is complicated but if every day we do, it will not be too complicated. ... But as the staff, we should be ready to carry out the tasks"(P5)

C. Implementation of the Organization Role is already Optimal

The results of the research on the implementation of the organization role theme which is not optimal yet has two sub-themes include: orientation of new personnel is already optimal and dissemination of standard operating procedures have been structured. The first sub theme, orientation of new personnel is already optimal submitted in the category include: orientation to recognize friends or staff, knowing the tasks done, control and note the tools, having morning duty or duty with the senior. This sub theme is delivered by three participants with the following statement:

"For the new personnel ... usually we get orientation first ... I used to be ... for that particular PTRM and in the other room also ... orientation is around two weeks to get to know other friends and another staffs at regular morning services ... "(P1)

"If there's new personnel, automatically being oriented first, told in advance whether their duties, continue to orientation to the rooms. The new personnel cannot be released alone within two months. So the new personnel should be accompanied by senior personnel"(P3)

"... We orient the new personnel and say about the PTRM works-should we write off" (P5)

The second sub-theme is the socialization of Standard Operating Procedures which have not been structured submitted by participants in the category includes: socialization is placed in the room, attached to the wall, attached to the room and let them know. This sub theme is delivered by four participants with the following statement:

"There is socialization to friends ... we place SOP there at the health personnel rooms, then the equipment of PTRM also be kept there, ... It has guideline book, so that friends as outgoing patients can read it ..." (P1)

"I have the SOP and there is the socialization, all my actions based on the SOP, I attach on the wall later you can take the photos later. Hehe ... and my friends can read. "(P2)

"... Socialization is for the entire employee. Yeah notified and attached to the wall, the book is also there, my friends can read." (P4)

"There is the issue of socialization... yes we place the books at PTRM room and we tell friends that if they cannot take action still, can be seen there for the SOP." (P5)

D. Implementation of Monitoring and Evaluating Roles is already Optimal

Implementation of the theme "implementation of monitoring and evaluating roles is already optimal" has two sub-themes include: evaluation of client satisfaction's level is good. Sub theme which the evaluation of client satisfaction is not maximized yet submitted by participants in the category include: seeing whether there is a complaint from the suggestion box, a telephone, direct delivery, people do not complain, the number of visits, and questionnaires but did not understand its contents. This sub-theme delivered two participants with the following statement:

"Once in every three months we evaluate the level of client satisfaction by using questionnaire ... For the level of satisfaction, there is its own evaluation team ... the questionnaire and the results I don't know, maybe some sort of client satisfaction on the environment and so on." (P3)

"People are already giving good value to our service and rarely have complaint.." (P5)

E. Barriers in Implementing PTRM Services

This theme has two sub-themes, includes: limited workforce which is less at the quantity, and the sub-theme of obstacle client's behavior when recurrence. The first sub-theme is about the lack of quantity side delivered by the participants in the category includes: saying hassles because it is still combined with a pharmacist or nurse in the emergency unit. Sub theme is delivered by three participants with the following statement:

"A little inconvenience, because we are also doing treatment in the emergency room and also at PRTM ... the special PTRM officer is there already but I am also assigned at PRTM ... Because the staffs who are in PTRM also hold other programs, meaning that program concurrently. (P1)

"Oh ya ... PTRM is still joined with the pharmacy ... Barriers for this ... problem definitely comes from pharmacist officers who bother" (P2)

"... Almost all hold dual roles as coordinator of the other programs" (P3)

The second sub-theme is the client's behavior when recurrence has a high temperament, using other kinds of drugs, is delivered two sub-themes of the participants with the following statement:

"Sometimes it is a burden on the behavior Sir, the user is in very high emotional irritability; really want to be served immediately especially when they recurrence" (P4)

"From the first just such that, the people are rough, but sometimes yeah disrupt because they don't be obedient and often mix other types of drug using, just as what they want..."(P5)

F. The Hope of Executive Coordinator in PTRM Management

The theme of the hope of executive coordinator in PTRM management has sub-themes include: increasing attention in methadone rehabilitation clients. Sub theme is the increasing attention in methadone rehabilitation client submitted by participants in the category includes: the expectation of the client's empowerment methadone rehab. Sub theme is delivered three participants with the following statement:

"Government is not just giving subsidy for methadone only but there must be empowerment, if not they would use it again." (P2)

"... So I hope there is concern for them to work and socially acceptable." (P3)

"The hope is especially about the job training for clients as well as providing long-term capital debt" (P5)

IV. DISCUSSION

A. The Persons in Charge for PTRM have many roles and tasks

Implementing PTRM at public health center in the city of Surabaya has a lot of roles and tasks due to lack Human Resources (HR) at the public health center. The cause was presented by the participants in a statement that running double roles for many public health centers program and the officials of Civil Servants (PNS) is limited so it is not comparable. Data on the number of health workers in Manukan Kulon and jagir Public Health Centers. The over number of the nurse's roles is in line with Isnaeni (2013) in her research about the image of the nurse at public health centers in the implementation of public health care in Salatiga states that nurses at public health center at least has six roles and functions: as nurses, case seeker, health educators, coordinators and collaborators, counselor and as a role model. These over roles are also followed by the number of tasks that must be executed, because the duties attached to the role of participants obtained. The over number of roles and lack of human resources impede the optimal health service. Azwary (2013) states in his research about inhabiting factors of public health center services in Kampung Kasai is the minimum number of paramedics. Effort to overcome these problems has several solutions that can be implemented, such as: increasing the number of health workers at public health centers, streamline the number of sub-programs should be the executive coordinator of identifying and sorting role outside and inside the building. Excessive workload in quantitative and qualitative increases can lead to extra hours of work and an additional source of stress (Simanjuntak, 2011).

B. Accepting or Feeling Relieved in Running Many Roles

Response of participants when they receives to perform many roles initially felt heavy, for reasons of duty from the head of the public health center, the participant must carry out the task. According to Liu et al. (2010), said that existing policies and rules of the department is one of the external factors cause work stress. Beehr and Franz (quoted Bambang Tarupolo, 2002: 17), defines job stress as a process that causes people feel sick, uncomfortable or tense because of the work, place of work or certain work situations. Stress is a condition that affects the emotional tension, the thought process and the person's condition. If a person / employee experience huge stress, it will be able to disrupt the ability of a person / employee to deal with the environment and the work done (Handoko 1997: 200). According Pandji Anoraga (2001: 108), work stress is a response to a person's shape, both physically and mentally to a change in their environment that felt intrusive and resulted in his being threatened. Gibson et al (1996: 339), suggesting that job stress is a response adjustment mediated by individual differences and or psychological process that is a consequence of any action from the outside (environment), situations, or events that define the psychologically and or physically excessive demand for someone.

C. Implementation of the Organization Role is already Optimal

PTRM executive coordinator role is optimal because the organization has done for preparing the organizational structure, but the executive staff of PTRM is the officer who is also the executive staff and the emergency services unit also acts as a pharmacist. PTRM executive coordinator in the organization tends to follow what is already in the public health center, but they are given authority to give advice and input for the progress PTRM services. Preparation of the organization and division of labor is carried out directly by the head of the public health center with a discussion with PTRM coordinator. Organizing is to make sure there are resources, human and physical things, to implement the plan and meet its objectives (Malmqvist, 2008). Organizing, includes the formation of a structure to carry out the planning, establish methods of nursing care to patients who are most appropriate, grouping activities to achieve the purpose of the unit and perform the roles and functions within the organization and using the power and right authority (Marquis & Huston, 2012). Parmin (2009) stated in his research that the functions of head of the organizing management increase motivation nurses well. Organizations can be seen as a

container cooperative group of people (organizations that are static) and as a process of cooperation and the ordinance staff to achieve goals (Muninjaya, 1999). Executive coordinator as operations manager of a service unit has responsibility for organizing activities of nursing care in that unit. The responsibility includes organizational structure, grouping, coordination and evaluation of activities (Curtis & Connell, 2011). Donoghue and Nicholas (2009) stated the manager is authorized and responsible for making the plan of arrangement, directing, and controlling the implementation through the achievement of objectives.

D. Implementation of Monitoring and Evaluating Roles is already Optimal

Implementation of monitoring and evaluating roles has been optimal because the knowledge of executive coordinator in the implementation of monitoring and evaluating is good. Executive coordinator assumes that monitoring and evaluating is only visible presence and absence of complaints from the public related to the implementation of the service. Supervision includes job performance, general supervision, supervision of legal ethic and professional supervision. Supervision is a process to determine whether the implementation of activities or work according to plan, guidelines, regulations, policies, objectives, and goals that have been predetermined (Suarli & Bahtiar, 2012). According Sabarguna (2011), the supervision principles are: to control the work schedule and the presence of staff, control the work and development of staff in carrying out their duties and achievement of organizational goals, evaluate performance and job satisfaction, provide feedback and follow-up and improve the quality. Huber (2010) stated the principle of supervision is to ensure the execution of work according to plan, so that the necessary planning and instruction from the manager. Managers are expected to reflect the characteristics and needs of activities that should be evaluated, can immediately report irregularities. Neuhauser (2011) in his research showed that the function of control by the head space has a significant influence on the discipline of nurses in the room. The oversight function includes the adoption of legislation, monitor and corrective action in service delivery. Simanjutak (2011) stated that supervision include performance appraisal which is a guideline that is expected to show the employees' performance regularly. PRTM executive coordinator of the public health center assesses the performance of her career development. The performance assessment can be considered as a tool to see if someone already meets the standards of performance that has been set. Improved knowledge of monitoring and evaluating by the executive coordinator can be improved with the support of the local government through the Department of Health to carry out training on monitoring and evaluation. Goddess (2011) in his research said that there is a positive influence of the knowledge about techniques of monitoring the implementation of supervision.

E. Barriers in Implementing PTRM Services

Barriers in the implementing of PRTM services at public health center because of the limitations of workforce both in the quantity and barriers client's behavior. Theoretically, there are three groups of variables that affect it, including: individual variables, organizational variables and psychological variables (Elias, 2011). Lack of support in the absence of executive personnel specialized in PRTM is a constraint in the implementation of these services. Lack of human resources can be the cause of this problem. Less workforce, formations that do not fit will affect the quality of care in the community. But some has argued, even though having enough power but the motivation is not there, then the service implementation will not be optimal (Mangala, 2006). According to Dinh et al (2012) said that the composition of the doctors, nurses and senior nurse practitioners can provide sufficient high quality of care. Barriers in the implementation of the service are the barrier on behavior of clients who tend emotion and force when having the methadone rehabilitation. Hard temperament and standing on own ways are due to the influence of recurrence. Health education to clients by taking into account the level of education, personal character of the client, the effects of hospitalization, stress due to illness, anxiety, decreased function of the body, less time learning, the complexity of the targets to be achieved, discomfort, inhumane treatment systems are often caused frustration and ignorance (Turner, 2010). Low education level, characteristics of clients who lack of motivation and stubborn can affect the reception capability of health education that is given. Adequate assessment is an important factor that must be done priority in providing health care. This is consistent with the statement of Potter (2010) which says that before providing health education, nurses need to assess understanding of the client, appropriate education that will be given and assess client's health problems while re-understanding of the client after a given health education in health care. The nurses' roles and duties of the executive coordinator which are not optimal in performing their duties and role as the impact of the hassles often seen in service, difficulties and sometimes anxiety because it cannot provide the best service for the patient. To overcome those barriers can be done with good communication between health workers and patients, the reduction of other mixed types of drugs.

F. The Hope of Executive Coordinator in PTRM Management

The experience of PRTM executive coordinator in managing services has hopes for increasing attention and empowerment on methadone rehabilitation clients. According to Beck (2005) an active addict in the community would reduce the desire to use drugs back. Positive efforts in order to improve the ability of an addict are providing the training so that later addicts will be independent (Leer, 2006). Tunner (2010) after undergoing rehabilitation clients will tend to go back to use drugs, but with the empowerment by providing training, knowledge and capital on these clients will reduce the desire or influence to use drugs back. The rehabilitated client at Jagir and Manukan Kulon public health centers want to be independent and able to have the ability as society in general.

V. CONCLUSION

The overview of nurse response as executive coordinator PTRM at the public health center to the role and function as a coordinator PTRM as well as performing their role and other functions as the coordinator for another program meant as a task to be carried out because it is the task from the leader. This response can also be interpreted as a relieved response to accept any task that is given without considering the ability and potential to carry out the task. The experience of executive coordinator PTRM nurses at the public health center in performing management functions, face barriers and expectations of management. The executive coordinators' authority and knowledge in performing their duties and also because the many roles that must be executed. These many roles for executive coordinator led to limited ability to carry out those roles and functions optimally. Other barriers include the client behavior. These barriers are made as the expectations which should be exist in the management of PTRM at the public health center include the increasing of attention to the methadone rehabilitation clients.

VI. SUGGESTION

There should be specific policies of the local government through the Department of Health Surabaya to maximize the role for the executive coordinator of PTRM so that the quality of service received by the public can be more optimal.

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