**Challenges and Support of Community Health Nurses in the Implementation of Non-Communicable Disease (NCD) Health Promotion: A Qualitative Study**

Rizkiyani Istifada1, Eriyono Budi Wijoyo2, Hera Hastuti2, Kartini2

1&2 Universitas Muhammadiyah Tangerang

**Abstract.** The increasing prevalence and low understanding of risk factors for non-communicable diseases (NCD) are the focus of implementing health promotion to the community. The task of community nurses is to provide health promotion to the community, one of which is the topic of non-communicable diseases. Health promotion requires support from various stakeholders because nurses get several challenges during the implementation. This study aims to determine the challenges and support of community health nurses in the implementation of NCD health promotion. This study used a qualitative-descriptive phenomenology study with a total of 16 nurses from the community health centre. The sampling technique used was purposive sampling. Data analysis used the Colaizzi approach. The results of the study showed several challenges and support in implementing NCD' health promotion, including (1) Challenges of the paradigm of health service utilization, (2) Challenges of workload from the main task, (3) Challenges of limited capabilities and facilities, (4) Support of resources, (5) The existence of high commitment, and (6) The existence of good management. The challenges and support illustrate that the importance of participation from community, stakeholders, and colleagues in the implementation of NCD health promotion.

Keywords: challenges, community health nurses, health promotion, non-communicable disease, supported.

**\*Corresponding author:**

 Name : Rizkiyani Istifada

 E-mail: rizkiyani.istifada@gmail.com

 Institution: Universitas Muhammadiyah Tangerang

**Introduction**

Non-communicable diseases are still the leading cause of death in the world. Every year, as many as 41 million people die from heart attacks, stroke, cancer, chronic respiratory disease, diabetes, or mental illness (World Health Organization, 2020). The problem of non-communicable diseases has an impact on social conditions and affects the economy. The results of the WHO report (2020) explain that if a country has an exemplary implementation in overcoming the problem of non-communicable diseases, then a country will save 10 million people living in 2025 and prevent 17 million people from stroke and heart attack in 2030 (1). Primary level services have a significant role in implementing health promotion to prevent deaths from NCDs.

Health promotion is a process to improve the health control of everyone (2). Implementing promotive and preventive efforts is one of the strategies formulated in the Sustainable Development Goals (SDGs). One of the targets for adequate universal health coverage (UHC) is strengthening health services to prevent and control NCDs (3). Community nurses are one of the health workers at the forefront of public health services (4). Nurses working in primary care can increase the effectiveness of disease prevention and health promotion kesehatan (5).

Nurses acknowledge that implementing health promotion and prevention of NCDs is inseparable from various challenges and challenges professional support. The nurse explained that the various challenges and support faced came from external (community) and internal factors (availability of community health center resources). The nurses' experience in Casey's research describes that participation from the community is the best support in implementing health promotion and prevention (6). Based on this phenomenon, it is necessary to discuss nurses' perceptions in facing challenges and support during health promotion regarding NCD. It aims to describe nurses' experience and become a reference for stakeholders in determining and identifying the needs of nurses during the health promotion process.

**Method**

This research uses a qualitative study with a descriptive-phenomenological approach. Implementing health promotion efforts in Indonesia is a complex phenomenon, so this is the justification for describing it using qualitative methods. Complex problems are the characteristics of research using a qualitative method approach (7). The number of participants consisted of 11 nurses who worked at the community health center. The inclusion criteria of this study were (a) working in a community health center for at least the last six months; (b) having experience working in individual, family, and community services at a community health center. Selecting participants used a purposive sampling technique with sample selection by the research objectives. The data collection method used semi-structured in-depth interviews and open-ended questions to explore nurses' experiences (Table 1). The interview process was carried out for 30-45 minutes/participant using a voice recorder. The data analysis process uses the Colaizzi approach. These data are valid and meet the criteria of credibility, dependability, confirmability, and transferability. This research process has been ethically permitted with the approval of the Ethics Committee of the Faculty of Nursing, University of Indonesia (No.49/UN2.F12. D/HKP.02.04/2019). This ethical process is carried out by considering benefits, non-maleficence, fairness, and statements of consent from participants.

**Tabel 1. Question Script**

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| --- |
| Please describe the challenges you felt during the implementation of health promotion at the puskesmas |
| Please describe the support you have during the implementation of health promotion at the puskesmas |

**Results**

**[Theme 1] Challenges of the Health Service Utilization Paradigm**

**a. Community Participation in Promotive and Preventive Services**

The challenges of nurses in implementing health promotion and prevention of NCDs include the paradigm of using health services, many workloads outside of the main task, and limited capabilities and facilities. Some challenges come from the community regarding the paradigm of health service utilization, such as the lack of community participation in promotive and preventive services and the high motivation of the community in curative services. Lack of public attention in participating in promotive and preventive services.

*“Considering that the past wind was… Some were distracting, some were indifferent” (P9)*

The low participation is also shown by the reluctance of the community to attend UKBM services.

*"People think ... lazy to come, why just sit down" (P7)*

*"That's their reason...yes this is it...they have their own activities" (P16)*

Some people are not enthusiastic about understanding health information. People often claim to understand when the question-and-answer session begins, but many cannot answer the questions during the evaluation.

**b. Community Motivation on Curative Health Services**

The high motivation of the community for curative services, so that most of the people who come to the community health center are sick patients.

*"The mindset of the Indonesian people is that if you are sick, you get treatment, ... especially because there is a free BPJS, ... prevention doesn't work" (P2)*

*"The paradigm of today's society is like this, I am sick, ma'am, I need medicine" (P5)*

The absence of treatment at UKBM services causes low community participation in community health services.

*"What are they, they need medicine, if there's a lot of medicine, there will definitely be a lot of people coming..." (P4)*

**[Theme 2] Workload Challenges Outside of Main Tasks**

**a. Have Promary Duties**

In addition to duties related to the profession, nurses have additional duties outside of the main task. For example, limited human resources cause health workers to be responsible for two or more programs.

*"I also have a program apart from nurses... Like asset treasurer... registration room, guard the pharmacy room, if there's no one there, we have to change that all..." (P3)*

*“Our human resources are few, one person can hold 5 programs. We just hold the PISPK, prolanis, health care programs, so yes, we have to spend a little bit on the community” (P7)*

Less than the optimal implementation of health promotion and prevention of NCD is sometimes caused by nurses getting sudden assignments or shifting assignments.

*"We like there is training, some are DL (foreign service), some are shifts..."*

**b. Domination Carrying Out Curative Tasks**

The number of curative tasks in the building causes the workload to increase. This condition makes it difficult for nurses to complete their primary task, namely preparing nursing care.

*"The nurse's job is basically to make health care services, sometimes they are neglected ... they (doctors) order hecting" (P13)*

The density of work completed inside the building often causes fatigue to continue tasks outside the building.

*“The visits are not effective… Because we are in the morning until 11 am until 12, sometimes we have to really stay in the building” (P15)*

*“A lot of time is wasted there… From our injections, anaesthesia” (P14)*

**[Theme 3] Limitations of Ability and Facilities**

**a. Lack of Promotional Media**

Limited facilities and competencies are the following challenges in implementing health promotion and prevention of NCD.

*“… Then we also make our own leaflets perfunctory” (P9)*

**b. Lack of Proficiency in Certain Things**

Lack of expertise in some issues makes it a challenge for nurses to promote and prevent NCD. These proficiency forms include computer operating techniques (hard skills) and NCD *maintenance.*

*"My weakness is in terms of computers... Planning is there, but it is difficult to vent, to infuse it (re: vent and inculcate means to prepare plans and reports)" (P2)*

*"I'm not confident yet, because we haven't been given the knowledge to really focus on that field. We only know at a glance, read and read that right (re: focus on NCD treatment)” (P8)*

**[Theme 4] Resource Availability Support**

**a. Budget**

The successful implementation of health promotion and prevention of NCD is achieved if there is support from several parties. Resources are available in the budget, promotional tools and media, and training are met. Nurses need a budget to carry out training and empowerment of cadres.

*“Regarding the budget… More likely… to increase human resources, empower, and implement. Community empowerment is like cadre training, cadre transportation” (P1)*

Apart from empowering cadres, a budget is needed for the provision of promotional media and rewards for cadres.

*"There are funds for the honorarium, for example, if you go out, don't you have to have leaflets, capital?" (P3)*

**b. Promotional Facilities and Media**

The fulfilment of promotional facilities and media is another essential resource needed by nurses. The availability of the leading facilities is needed in the implementation of the promotive and preventive efforts of NCD.

*“…must have the PHN (re: Public Health Nursing) kit” (P10)*

*“The facilities are equipped … like the BMHP (re: Consumable Medical Goods) IVA (re: Visual Inspection of Acetic Acid)” (P11)*

In addition to the main facilities, nurses need supporting facilities to implement promotive and preventive efforts.

*"Speaker. Let it be heard. Let's not scream” (P8)*

*“Audio-visual, so for example it looks like there is a video, watch it…” (P10)*

Nurses also need the availability of promotional media for optimal implementation of health promotion and prevention of NCD.

*“Multiplying leaflets or multiplying forms used for recording and reporting” (P1)*

**c. Training**

Training to increase the capacity of health workers is a necessity for nurses, such as upgrading NCD knowledge.

*"Training is about dealing with hypertension, like that, diabetes, that's it. Treatment” (P8)*

*“NCD’ community service training … especially in nursing services” (P12)*

In addition, soft skills training is also an essential part of nurses.

*“Often a lot of training … how to communicate … service excellent” (P10)*

**[Theme 5]: High Commitment Support**

**a. Stakeholder Participation**

Nurses also need high commitment from various parties, which is indicated by the active participation of stakeholder and the willingness of nurses to share experiences. Stakeholders come from internal health offices and should also be involved in regulation.

*"If only the community health officers work alone, it means that it will not work without stakeholders" (P10)*

*“Cross-sector cooperation… KTR is like being in a village, sub-district” (P11)*

The participation of the head of the community health center in out-of-building services is the support needed by nurses. In addition, the community health center knows the condition of the area and its people.

*“The Head of UPT also went to the field, went down to the community, gave more information… confirmed that. Community health service is not currently for treatment” (P8)*

*"The head of the community health center must know, must see the field conditions" (P13)*

**b. Sharing Experiences with Colleagues**

In addition to commitment from stakeholders, willingness among colleagues to share experiences is an important thing needed.

*“I still have a lot to learn from friends who are already advanced here, especially for the field…” (P9)*

**[Theme 6]: Good Management Support**

**a. The existence of Performance Monitoring**

The successful implementation of health promotion and prevention of NCD cannot be separated from good management, such as monitoring and evaluation (money) of performance and clarity of responsibilities. Therefore, the input from the head of the community health center during money is part of the needed support.

*“There is an evaluation as a program holder…” (P1)*

*"See how our efforts are to carry out our main tasks, so the term is that there is feedback" (P14)*

In addition, one of the nurses needed support to carry out money to the cadres.

*“Discussion with the cadre about what he got from the training, so I know that too…” (P4)*

**b. Clarity of Responsibilities**

Good management is indicated by the clarity of the responsibilities of each health worker. This strategy requires the firmness of the head of the community health center as a stakeholder. If the head of the community health center has the control to divide the roles and duties of each staff, then the resources are optimally absorbed.

*"If actually all of us can use (re: use of human resources), we all can do this together" (P16)*

The central nurses hoped that there would be support for contract staff to be included in services outside the building (community health service).

*“Not only did I go down, but my outsourcing friends (BLUD nurses) went to the field” (P9)*

**Discussion**

**[Theme 1] Challenges of the Health Service Utilization Paradigm**

The thematic analysis results found that the challenges faced by nurses were related to the community paradigm towards the use of health services, the presence of workloads outside of the main task, and limited capabilities and facilities. Most of the participants in this study explained that the challenges of implementing health promotion and prevention of NCDs came from the community paradigm towards using health services. The nurse explained that the low participation and motivation of the community in promotive and preventive services caused the health information provided not to have an impact on the expected changes. Meanwhile, nurses' experience in Casey’s study describes that participation from the community is the best support in implementing health promotion and prevention (8). If there is a lack of community participation and motivation, it will not achieve the expected target after implementing health promotion and prevention.

The experience of most participants explained that people often do not pay attention to health workers when providing education at community health services. According to the nurse, this condition occurs due to several things, including noisy community health services environmental conditions, monotonous promotive/preventive activities, and people's busyness in other activities. Providing the right place and method can increase the effectiveness of implementing health promotion (9). In addition, the concept of health promotion model explains that the success of implementing health promotion is influenced by the individual's desire to improve or optimize his health (10). Therefore, nurses perceive this as one of the obstacles in implementing health promotion and prevention of NCD. Nurses should prioritize the implementation of health promotion in people who have motivation first (11). It shows the importance of people's attention and motivation for creating a paradigm shift from illness to a paradigm of health.

Some other nurses explained that the paradigm challenge occurred because many people were still oriented towards curative services, compared to promotive and preventive services. Nurses acknowledge that people who come to health services are generally sick or on routine treatment. The first thing nurses get is people who already have health problems and symptoms of an unhealthy lifestyle (11). It causes nurses to carry out more health education for people who have been diagnosed with illness/sick people. Community nurses ideally carry out health education at the primary prevention level or when the community is in good health (12)**.**

Implementation of education at the primary level is sometimes difficult to implement, and this allows nurses to carry out education at the secondary and tertiary prevention levels (12). Services at the secondary prevention level are carried out to restore function to optimal and prevent complications/disability (13)**.** Therefore, the participants of this study also admitted that health education was mainly carried out when the community came for routine medical visits at the community health center. Community participation in self-care is more dominant in access to treatment than healthy living behaviour (6). It can be overcome if the community changes the orientation of the previously curative paradigm to promotive and preventive. It follows the concept of elements of successful health promotion, namely (a) the importance of client/community commitment to self-care, (b) being willing to participate in promotive and preventive efforts (14).

**[Theme 2] Workload Challenges Outside of Main Tasks**

The number of additional tasks causes nurses to experience fatigue when carrying out activities related to promotive and preventive efforts. High workload affects the level of fatigue felt by nurses (15). In addition, most participants explained that they often experience difficulties in carrying out promotive and preventive services due to the many curative services tasks and the various tasks assigned to them. This condition causes time constraints when performing promotive and preventive services. The results of this study are similar to the experience of various studies; their role is to prioritize curative services (treatment), thus causing time constraints when carrying out promotive and preventive services (6, 16, 11, 17).

Participants explained that the limited time made them not specific in conveying health information during counselling. One of the nurses explained that she was still getting a night shift schedule (night watch), which made her not optimal when serving at the community health services the next day. Shifting work with a high load can lead to ineffective communication with colleagues, family, and others. It can overcome this condition if the management function that focuses on human resources goes well (17). The running of the workforce function in community health center management can make the distribution of resources balanced, competent, and mutually supportive (18). Things that must consider in carrying out the function of the workforce, including ensuring that the number of human resources runs the community health center program. Suppose the community health center pays attention to the ratio of health workers to implementing promotive/preventive/curative services. In that case, this can minimize the occurrence of time constraints during the implementation of the procedure. Nurses need time to carry out health promotion and prevention because reaching healthy communities requires time allocation for health promotion activities (11)**.** Time constraints could lead to nurses' neglect of promotive and preventive implementation (19).

**[Theme 3] Limitations of Ability and Facilities**

Several other things become a challenge for nurses in carrying out promotive and preventive efforts for NCD, namely the limited ability and facilities, such as lack of skills in certain things and lack of promotional media. One nurse said that she lacked knowledge of computer-based tools due to age limitations, making it difficult to catch the development of this technology quickly. As a result, he was unable to compile reports and create promotional media. The expression of nurses in this study was the same Furunes et.al research, which revealed that increasing age made them inflexible in carrying out promotive and preventive efforts (20). Promotive and preventive services require services outside the building (community). This condition requires good stamina to reach all aspects of society (healthy, vulnerable, or at-risk populations). However, this condition is different from the research which shows that age and educational background do not affect the performance of health care nurses, while work experience affects the performance of nurses (21). It can illustrate this condition that nurses of various ages can be involved in implementing promotive and preventive efforts. The most important thing in preparing for the implementation of health promotion and prevention is the knowledge and skills of nurses in changing the paradigm of society (21).

In addition to limited competence, some nurses explained that the lack of leaflets, flipcharts, posters, and facilities at the community health service were obstacles in carrying out promotive and preventive efforts. The limitation of leaflet media makes her an obstacle in carrying out promotive and preventive efforts (6). Furthermore, it explains the limited ability and facilities that make it challenging for nurses to implement promotive and preventive efforts. The lack of skills in health promotion competencies is an obstacle in implementing promotive and preventive efforts (5). Therefore, the important of education or training is needed by nurses to overcome their limitations.

**[Theme 4] Resource Availability Support**

The forms of support described in the results of this study are the availability of resources, high commitment, and good management. The availability of resources is indicated by the existence of a budget, promotional facilities and media, and the implementation of training to increase the capacity of health workers. Health promotion requires an organization with good resources, namely a budget (16). Therefore, a budget allocation is one of the supporting factors to successfully implement health promotion (4)(16).

This study also indicates that nurses need the budget allocation to fund the appreciation (reward) for performance achievements after carrying out health promotion and prevention efforts. The management of a significant funding structure is allocated for the appreciation of nurses in conducting health screening (5). This research can describe the importance of arranging to give appreciation (reward) to nurses. As a result, nurses can maximize the preparation of promotional media budgets, increase capacity with training, and empower the community in reporting operational plans in the promotive and preventive fields of NCD. This effort is made so that stakeholders can find out the support nurses need to succeed in NCD promotive and preventive efforts.

The availability of resources is not only indicated by the allocation of funding. The existence of promotional facilities and media is one form of support for nurses to optimize the implementation of health promotion and prevention. The nurse described the limitation of leaflet media as an obstacle for her to carry out promotive and preventive efforts (6). Sometimes, nurses had to spend a lot of time preparing/looking for promotional media. It shows that health promotion media provides convenience for nurses in conveying health information. Information guides and media leaflets are essential for preventive efforts (22). In particular, the two nurses in this study explained that the provision of promotional media also looked at its type and function. According to the nurse, it is essential to provide audio-visual promotional media because people tend to be interested in the content of the information displayed in digital media. The effectiveness of delivering health information through video media (23, 24). This condition shows that audio-visual promotion media is more effective in inviting the public to participate in promotive and preventive activities.

Nurses need training support to increase knowledge capacity, especially in the NCD field. Nurses need more training to facilitate the implementation of health promotion (25). In this study, nurses explained the training needed to support the implementation of health promotion and prevention of NCD, which is related to the assessment and treatment of NCD. Training on strategic disease prevention assessments should be carried out on an ongoing basis for nurses, such as pap smear examinations and breast examinations (5). Another essential training material given to nurses relates to effective building health communication (22)**.** One nurse in this study also conveyed that they needed excellent service training and therapeutic communication. Health promotion training is held to provide safety to patients because a good conversation begins with a discussion about health promotion (11).

**[Theme 5] High Commitment Support**

Patients with chronic diseases are vulnerable populations who need care from the community and government nurses (12). It shows the importance of cooperation between nurses and the government to make the care provided more effective and efficient. Stakeholder support needed is from internal health centers and commitment support from regional government officials around the community health center. One form of support needed by nurses in this study is the participation of stakeholders in crafting public health policy regulations, such as the formation of KTR policy rules. There is often no government commitment from the agreements that have been made (16). As a result, this becomes an obstacle. In addition to making agreements with stakeholders, their high commitment is part of the support needed by nurses. The implementation is carried out well if there is commitment support from the government in establishing regional regulations regarding no-smoking area (16). Other studies support it. If health promotion goals are to be achieved, then a commitment from the government is needed to be actively involved in supporting health workers to provide interventions (16)**.**

The other most crucial thing relates to the commitment of stakeholders, the need for participation from the head of the community health center as the highest stakeholder in the community health center in implementing promotive and preventive efforts. The importance of support from leaders and colleagues in the decision-making process on the implementation of health promotion (20). If all parties participate, then the program of activities will be easier to manage, resulting in achieving targets (20). The most important thing from leadership participation is to provide examples of healthy living behavior to the staff to provide enthusiasm in promoting healthy lifestyles.

In addition to the participation of stakeholders, nurses also need commitment from colleagues to share their experiences. For example, if colleagues receive training, they should convey the training result to their friends. Sharing experiences with colleagues can increase motivation and self-efficacy in health promotion (20). One of the junior nurses conveyed the need for knowledge from experienced senior colleagues (span of work > 3 years). According to the nurse, however, senior nurses have more competence, especially about care outside the building (community). Nurses in this study acknowledged that there was no regular schedule for sharing experiences with colleagues. It is due to shifting schedules that limit meetings on the same schedule. One of the nurses can limit the limited time to meet colleagues by conducting discussions on social media. Social network-based discussions can be an alternative method for nurses to coordinate and share knowledge (26). Therefore, this condition can be used as a solution for nurses to overcome the difficulty of conducting face-to-face meetings to share knowledge or experiences. Knowledge-sharing activities are part of the elements of successful implementation of promotive and preventive efforts (14).

**[Theme 6] Good Management**

Another support nurses need creating good management in the community health center environment. Good management is indicated by the existence of monitoring and evaluation of performance and clarity of roles and responsibilities of each nurse. A leader should listen, show concern, and provide feedback to his staff (11,20)**.** The feedback on the promotive and preventive efforts is an assessment of the development of her competence. The form of feedback is related to the skills/competencies possessed, as well as the ability of nurses to face new challenges in daily tasks (27). Therefore, to provide this feedback, the leader must know the progress of his staff by monitoring and evaluating. Lack of management support can cause the implementation of promotive and preventive efforts not to be prioritized (11).

Leaders must also know the potential of their staff so that the division of tasks and roles of each health worker is utilized optimally. Therefore, the clarity of the responsibilities of each nurse confirmed by the community health center leadership is a form of expected management suppor. Leaders must know their staff's potential to build organizational capacity (28). Therefore, the existence of a leader's role in knowing the potential of his staff can create clarity of responsibilities of each staff. It is done so that the resources at the community health center are well-absorbed so that limited human resources do not interfere with implementing promotive and preventive efforts.

**Conclusion**

Based on the research conducted, nurses have challenges in implementing health promotion and prevention of NCD. These challenges include the paradigm of the utilization of health services, the enormous workload of nurses outside of their primary duties, and limited capabilities and advice. Therefore, nurses need support from various parties to face the challenges they are going through. The support needed in implementing health promotion and prevention of NCD includes resources, high commitment, and good management. This study provides recommendations to stakeholders in budgeting for NCD promotive and preventive activities. The recommendation is by setting a cadre training budget, appreciating health cadres, and procure supporting facilities to implement promotive and preventive efforts successfully. In addition, it is necessary to increase the capacity of health workers in promotive and preventive efforts by considering the implementation of training (communication training in advocating and service excellent training) and providing opportunities for nurses to continue nursing professional education.

**Reference**

**[**1] World Health Organization (WHO). Non-communicable diseases Progress Monitor 2020. World Health Organization. Switzerland; 2020.

[2] World Health Organization. Ottawa Charter for Health Promotion First International Conference on Health Promotion. Heal Promot. 1986;

[3] United Nations World Commission on Environment and Development. Six Lines of Action To Promote Health in the 2030 Agenda for Sustainable Development. 2017;(1):1–28. Available from: http://www.who.int/gho/publications/world\_health\_statistics/2017/EN\_WHS2017\_Part1.pdf?ua=1

[4] Roden J, Jarvis L, Campbell-Crofts S, Whitehead D. Australian rural, remote and urban community nurses’ health promotion role and function. Health Promot Int. 2015;

[5] Keleher, Parker. Health promotion by primary care nurses in Australian general practice. Collegian. 2013;20(4):215–21.

[6] Casey D. Nurses’ perceptions, understanding and experiences of health promotion. J Clin Nurs. 2007;16(6):1039–49.

[7] Creswell JW. Qualitative inquiry and research design: Choosing among five traditions. Vol. 9, Qualitative Health Research. 2007. 403 p.

[8] Casey D. Using action research to change health-promoting practice. Nurs Heal Sci. 2007;9(1):5–13.

[9] Berman A, Snyder S, Frandsen G. Kozier&Erb’s Fundamentals of nursing : Concepts, process, and practice [Internet]. 2016. Available from: http://www.nursing.pearsonhighered.com

[10] Pender N, Murdaugh C, Parsons MA. Health Promotion in Nursing. Pearson Education, Inc. 2015. 342 p.

[11] Brobeck E, Odencrants S. Health promotion practice and its implementation in Swedish health care. Int Nurs … [Internet]. 2013;374–80. Available from: http://onlinelibrary.wiley.com/doi/10.1111/inr.12041/full

[12] Allender JA, Rector C, Kristine D. Warner. Community & Public Health Nursing: Essentials of Nursing Research, 8th Ed. Handbook Promoting the Public’s Health. Lippincott Williams & Wilkins; 2015.

[13] McEwen M, Pullis B. Community-Based Nursing Practice. In: Community-based nursing: An introduction. 2018.

[14] Maijala V, Tossavainen K, Turunen H. Health promotion practices delivered by primary health care nurses: Elements for success in Finland. Appl Nurs Res. 2016;30:45–51.

[15] Hariyono W, Suryani D, Wulandari Y. Hubungan antara Beban Kerja, Stres Kerja dan Tingkat Konflik dengan Kelelahan Kerja Perawat di Rumah Sakit Islam Yogyakarta PDHI Kota Yogyakarta. Kes Mas J Fak Kesehat Masy Univ Ahmad Daulan [Internet]. 2009;3(3):25–36. Available from: https://www.neliti.com/publications/24895/hubungan-antara-beban-kerja-stres-kerja-dan-tingkat-konflik-dengan-kelelahan-ker

[16] Wilhelmsson S, Lindberg M. Health promotion: Facilitators and barriers perceived by district nurses. Int J Nurs Pract. 2009;

[17] Aldossary A, Barriball L, While A. The perceived health promotion practice of nurses in Saudi Arabia. Health Promot Int. 2013;28(3):431–41.

[18] Marquis, Huston. Leadership roles and management functions in nursing: theory and application. Lippincott & Wilkins. 2012.

[19] DeCola P, Benton D, Peterson C, Matebeni D. Nurses’ potential to lead in non-communicable disease global crisis. Int Nurs Rev. 2012;59(3):321–30.

[20] Furunes T, Kaltveit A, Akerjordet K. Health-promoting leadership: A qualitative study from experienced nurses’ perspective. J Clin Nurs. 2018;27(23–24):4290–301.

[21] Harmiyati L, Kurdi FN, Sulastri S. Pengaruh Karakteristik dan Kapabilitas Individu Serta Karakteristik Organisasi terhadap Persepsi Kinerja Perawat Perkesmas di Puskesmas Kota Palembang. J Kedokt dan Kesehat [Internet]. 2016;3(1):391–9. Available from: http://ejournal.unsri.ac.id/index.php/jkk/article/view/2866

[22] Lundberg K, Jong MC, Kristiansen L, Jong M. Health Promotion in Practice—District Nurses׳ Experiences of Working with Health Promotion and Lifestyle Interventions Among Patients at Risk of Developing Cardiovascular Disease. Explor J Sci Heal [Internet]. 2017;13(2):108–15. Available from: http://dx.doi.org/10.1016/j.explore.2016.12.001

[23] Rasura M, Baldereschi M, Di Carlo A, Di Lisi F, Patella R, Piccardi B, et al. Effectiveness of public stroke educational interventions: A review. Eur J Neurol. 2014;21(1):11–20.

[24] Roecker S, de Fátima Polo de Almeida Nunes E, Marcon SS. The Educational Work of Nurses in The Family Health Strategy. Texto e Context Enferm. 2013;22(1):157–65.

[25] Heidemann ITSB, Alonso da Costa MFBN, Hermida PMV, Marçal CCB, Antonini FO, Cypriano CC. Health promotion practices in primary care groups. Glob Health Promot. 2019;26(1):25–32.

[26] Nurrahima A. Small Grup Discussion Berbasis Jejaring Sosial: Metode Pembelajaran Alternatif Bagi Mahasiswa Profesi Ners Stase Keperawatan Komunitas. In: PROSIDING Seminar Nasional & Lokakarya Uji Kompetensi Tenaga Kesehatan: Penguatan Sistem Uji Kompetensi Dalam Meningkatkan Kualitas Profesi Tenaga Kesehatan Untuk Memperkuat Daya Saing Bangsa Di Era Global. Lpuk–Nakes & Unpad; 2017. p. 61–71.

[27] Pool IA, Poell RF, Berings MGMC, Ten Cate O. Strategies for continuing professional development among younger, middle-aged, and older nurses: A biographical approach. Int J Nurs Stud. 2015;

[28] Eriksson A, Axelsson R, Axelsson SB. Development of health promoting leadership - experiences of a training programme. Health Educ. 2010;