

COMMUNITY HEALTH AND THE IMPORTANCE OF HEALTH MANAGEMENT IN IMPROVING QUALITY OF LIFE

Agustinus Hermino¹

agustinushermino@unism.ac.id; agustinus_hermino@yahoo.com¹

Sari Mulia University, Banjarmasin, South Kalimantan 70238, Indonesia¹

Abstract, the purpose of this study is to provide an understanding the role of community in understanding the importance of health in the global era from an academic perspective. In the health sector understanding of health is very important because it will show the quality of life of a person, but this is not enough individually because a comprehensive understanding of the meaning of health and health care is needed. The method of scientific writing is to carry out academic analysis from various relevant reference sources, and find new theoretical meanings in order to answer the challenges that occur in society. Based on various academic reference, it can be concluded that health is a lifestyle that aims to achieve physical, emotional, intellectual, spiritual, and environmental well-being. The use of health measures can increase stamina, energy, and self-esteem, then improve the quality of life. Thus the concept of health allows for individual variability. Health can be considered as a balance of physical, emotional, psychological, social and spiritual aspects of one's life.

Keywords: *community, health care, quality of life*

1. Introduction

Along with the changing times, in recent years a lot of attention has been focused on the exploration of the effects of physical and mental illness on the quality of life of individuals, both individually and in society as a whole. Likewise the measurement of psychosocial problems in terms of biomedical actions has been shown to play an important role in ensuring a person's health outcomes as a patient from the perspective of doctors and patients, and is an important outcome measure when evaluating treatment [1]. In addition, ongoing evaluations of the quality of life in a person in a normal healthy life, and certain general populations, such as the elderly, have also received widespread attention today regarding improving quality of life.

The subjective nature of an individual's 'quality of life' is a dynamic concept to be measured and defined, but that can generally be seen as a multidimensional concept that emphasizes self-perception of one's current state of mind, where the main challenge in determining quality of life is in the exploration of domains which should be included in the overall definition of a person's life construct [2]. Thus the journey of one's quality of life can show that to obtain an effective explanation, it is important to see quality of life as a concept consisting of a number of social, environmental, psychological and physical values.

2. Quality of Life

The concept of quality of life broadly includes how an individual measures the 'goodness' of various aspects of their lives. This evaluation includes one's emotional reaction to life events, dispositions, life satisfaction and satisfaction, and satisfaction with work and personal relationships [3] [4] [5]. In the literature, the term 'quality of life' is also often referred to as 'well-being'. However, there are a number of challenges to developing meaningful understanding of quality of life and/or welfare literature [6] [7].

In the area of quality of life, it can be interpreted that welfare is used to refer to objective living conditions that apply to a population in general, while quality of life should be more limited to individual subjective judgments about their lives because of what everyone feels as an individual as an evaluative nature of the term the. Today, this difference has disappeared. These terms are often undefined or used inconsistently or alternately in research. In some cases, one term is even used to define another.

The lack of partial differences can be traced to several conceptualizations of quality of life that have evolved over the years [8], starting with economic approaches that were popular in the late 1960s and 1970s when quality of life was being assessed by measures quantitative and unemployment rates. In reaction to a rigid quantitative approach to this subject, researchers began to ask the subjective experiences of individuals in their lives with the belief that objective steps alone are incomplete.

Further, the disappearance of differences in defining the requirements for the meaning of quality of life is the recognition that quality of life/well-being has two objective components, namely, the external component for individuals and measured by 'others'; and subjective components namely, personal assessment of one's own life or certain aspects of life using a measure of satisfaction, happiness, or other self-assessment scale. Thus maintaining the conceptual difference between the two types of actions, it is clear that those who follow do not. Here, the two terms will be used interchangeably as a general component of subjective well-being, especially focusing on top-down factors that represent individual factors (such as values and goals) that affect welfare.

3. Community for Health

Broadly defined, a community is a collection of people who interact with one another and whose interests or characteristics give them a sense of unity and ownership. A community is a group of people in a defined geographical area with the same goals and objectives and the potential to interact with each other in a complementary atmosphere.

The function of any community includes the importance of ownership and the existence of a shared identity in the meaning of: values, norms, communication, and supporting behavior of its members. Some communities in general have several conditions such as: a) communities that may share almost everything; and b) other communities (large, scattered and composed of individuals) who may only share the same interests and involvement in certain goals.

Likewise, a health community is often defined by its geographical boundaries, interests in observing health aspects, and are therefore called health communities for a particular area or geographical area. For example, is the anti-smoking community in a particular city. In this case the city or environment is a geographical community, while anti-smoking is an aspect of health concern that is of interest. Communities bounded by geographical boundaries and

certain health concerns become clear targets for health needs analysis to form the basis of health program planning and geographical communities are also easily mobilized for action.

Communities can also be identified by shared interests or goals. A group of people, even though they are geographically dispersed, can have interests or goals that bind members together called a community of shared interests, for example people with disabilities who are spread outside the big cities can emerge as communities through shared interests in their need for more access both for wheelchairs or other handicapped facilities.

The community has three features, namely: location, population, and social system. First, location: each physical community carries out its daily existence in a certain geographical location. Community health is affected by this location, including service placement, geographical features. Second, the population: consists of special aggregates, but all different people who live by the boundaries of the community. Third, the social system: various parts of the social system of society that interact and include the health system, the family system, the economic system, and the education system.

Health is defined as a state of physical, mental and social well-being not just the absence of disease or weakness. Health, in its holistic philosophy, is very different from the acute care setting. Physical health implies the body's mechanical functions. Mental health means the ability to think clearly and coherently and has something to do with one's thoughts and feelings and how a person handles the problem at hand. A mentally healthy person has the capacity to live with others, to understand their needs, and to achieve mutually satisfying relationships.

Social health refers to the ability to: a) make and maintain relationships with others; b) interact well with people and the environment. Health can show the ability to adapt to a changing environment to grow and age, for healing when damaged, for suffering and for the hope of a peaceful death. Likewise health can be interpreted as a person's ability to think concretely, objectively in appropriate norms and appropriateness in a system or system (for example: family, or community) in order to respond adaptively to various environmental challenges.

Furthermore, death is not seen as the ultimate disease but as a natural part of growth and development [9]. He also considers the interaction of individuals with ecology as an important influence on health and disease. Health is also conceptualized as a source of daily life. This is a positive idea that emphasizes social and personal resources and physical abilities.

Everyone has a personal perception of health. Some people describe their health condition well even though they may actually have one or more diagnosed diseases. That is because everyone feels health in relation to personal expectations and values. The concept of health must allow for individual variability. Health is a dynamic state in which the person is constantly adapting to changes in the internal and external environment. For example, a person can see himself healthy when experiencing a respiratory infection.

Health is a lifestyle that aims to achieve physical, emotional, intellectual, spiritual and environmental well-being. The use of health measures can increase stamina, energy, and self-esteem, then improve quality of life. The concept of health also allows for individual variability. Health can be considered as a balance of physical, emotional, psychological, social and spiritual aspects of one's life. This is a dynamic state, everyone will define health in relation to personal expectations. Health behaviors are behaviors that encourage healthy functioning and help prevent disease. This includes, for example, stress management, nutritional awareness, and physical fitness.

4. The Importance of Health Environment

There are various meanings to the concept of health. Some meanings are based narrowly on the presence or absence of definable diseases. Others are based more conceptually on trust in health, well-being and holism. Health is defined as the absence of signs and symptoms of disease or injury; thus the opposite of health is disease. The meaning of health as a state relatively free of disease, and conditions of relative homeostasis. Therefore, illness is something that happens to someone.

Many health care providers focus on trusting signs and symptoms of disease and conclude that when this does not exist anymore, the person is healthy [10]. In this case the condition may not take into account one's health beliefs or one's lifestyle.

This environment helps identify the cause of a disease or in interpreting a meaning of health both individually and in the community. In this environment, there are three meanings that need to be observed, namely: a) the host: refers to the person (or group) who may be at risk or vulnerable to an illness; b) agent: is any factor (internal or external) that can cause illness in its presence; and c) environment: refers to these factors (physical, social, economic, emotional, spiritual) that can create the possibility or tendency for the person to contract the disease.

In health and health management, there is a relationship between one's beliefs and actions. Factors that influence one's beliefs, such as: a) personal expectations in relation to health and illness; b) previous experience with illness or health; and c) age and development status. Health belief is a person's ideas, beliefs and attitudes about health and disease. In this case, a person's understanding may be based on factual information, wrong information, common sense or myth, or wrong reality or expectations, so health beliefs usually influence health behavior, this effect can be positive or negative.

Health Belief (HB), this condition provides meaning regarding the existence of daily life to the quality of life, where: a) trust can contribute in overcoming the relationship between people's beliefs and behavior; b) health trust can provide a way to understand and predict how clients will behave in relation to their health and how they will comply with health care therapy. Components in HB include: a) the first component, namely individual perception. Individual's perception of susceptibility to disease; b) the second component, the modifying factor. Individual perception about the seriousness of the disease. This perception is influenced and modified by demographic and socio-psychological variables, perceived disease threats and cues to act; c) the third component (the likelihood of action), namely the likelihood that someone will take preventative actions arising from the person's perception of the benefits and obstacles to taking action. Preventive measures may include: lifestyle modification / change, increasing adherence to medical therapy or seeking medical advice or treatment.

Based on the meaning above, the implication of HB for health nursing is in the context of assisting nurses to understand the factors that influence clients towards: a) perception; b) beliefs and behavior; c) plan the treatment that will most effectively assist the client in maintaining or restoring health and preventing disease. Health is recognized as an ongoing process towards one's highest potential function and this process involves people, families and communities. Health is reflected in the experience of people who live in the light of good health, living in a style of good health with energy to develop very well.

The important thing in the health environment is holistic health, and health and disease. *First*, holistic health. Holism is derived from the Greek word holos which means overall. Holism is seen as a new health model that follows the development of the era, but actually it is not new at all. Holism has become a major theme in humanities, political traditions and the

habituation of life throughout history. Holism is a different approach to health, namely recognizing and respecting the interaction of one's mind, body and soul in the environment. Holism is also seen as an antidote to the contemporary science automation approach. An automation approach that separates several things, such as examining milk piece by piece in an effort to understand the bigger picture by examining smaller molecules or atoms. Holism is based on the belief that people (or even their parts) cannot be fully understood if examined only in separate parts of their environment. People are seen as a changing energy system.

Second, health and disease. Rather than focusing on curing diseases, community-based nursing care focuses on improving health and preventing disease. Therefore, this holistic philosophy is very different from the acute care setting. Health improvement is not seen as a result of the number and type of medical services or hospital size. Care provided in an acute care setting is usually directed at resolving immediate health problems. In the community, care focuses on maximizing the potential of individuals for self-care regardless of any injury or disease. The client bears responsibility for health care decisions and provision of care. Where health is at the core of care, the client's ability to function is a major concern. Education and community-based programs can be designed to address lifestyles. Health protection strategies are related to environmental measures or regulations that provide protection to large population groups. Health protection involves a broad community focus. Prevention services include counseling, screening, immunization, or chemoprophylaxis interventions for individuals in clinical settings. The focus of prevention is a key concept of community-based nursing. Prevention is conceptualized on three levels: a) the level of primary prevention; b) the level of secondary prevention; c) level of tertiary prevention. Thus the health continuum is a visual comparison of health that harmonizes with the understanding of the development of the times with the traditional health view of health. In this sense, a person will evaluate his behavior at a certain time, learn about the options available, and grow toward self-actualization by trying out the options available to obtain health in accordance with the changing times.

5. Public Health Practice

Public health practices are part of a larger public health effort related to the preservation and improvement of the health of certain populations and communities. Public health practices incorporate six basic elements: first, health promotion: a) this includes all efforts that seek to bring people closer to optimal well-being or a higher level of health; b) this is a combination of educational and environmental support for actions and living conditions that are conducive to health. Second, prevention of health problems, this involves efforts to provide understanding to the community, especially with regard to environmental health, health in the family, and health for yourself. This condition is certainly very influential on the level of education in a person or society.

Third, the treatment of disorders: a) focus on the end of the disease from the continuum and is an improved aspect of public health practice. This is practiced through: (i) direct services to people with health problems, for example home visits for elderly people, chronic illnesses, etc .; (ii) indirect services, for example helping people with health problems get treatment and referrals; (iii) development of programs to improve unhealthy conditions; for example alcoholism, drug abuse, etc. Fourth, rehabilitation. This involves efforts that try to reduce disability, as much as possible, and restore function; for example stroke rehabilitation. Fifth, Evaluation. This is the process by which practices are analyzed, assessed, and improved

in accordance with established objectives and standards. It helps to solve problems and provides direction for future health care planning. Sixth, research. This is a systematic investigation that helps find facts that affect public health and public health practices, solve problems, and explore methods of improving health services.

6. Public Health Care and The Importance of Character-Based Education

Public health care can be defined as a synthesis of nursing and public health practices that are applied to promote and protect the health of the population. This is a specialized field of nursing that focuses on the health needs of the community, aggregation groups, and particularly vulnerable populations. This is a sustainable and comprehensive practice aimed at all groups of community members. It combines all the basic elements of clinical, professional nursing with public health and community practice. The Public Health Nursing synthesizes a body of knowledge from public health science and professional nursing theories to improve public health.

There are at least six characteristics of public health nursing that should be observed, namely: 1) the specialty of nursing; 2) the practice of combining public health with nursing; 3) focus on population; 4) emphasis on health and disease; 5) involvement of interdisciplinary collaboration; 6) promotion of client's responsibility and self-care

Public health care takes place in a variety of settings which include health improvement, disease prevention, health care, recovery, coordination, management and evaluation of the care of individuals, families, and aggregate groups, including the community. In community settings, care focuses on maximizing the potential of individuals for self-care regardless of injury or any disease [11]. Changes in health care services result in changes in care too. The arrangement was changed to the community and especially to the home. The purpose of care is not to improve with care but to improve the quality of life and support actions that make the client's life as comfortable as possible.

Character-based health education is education that provides an understanding of the importance of a healthy life based on the depth of character, which involves aspects of knowledge (cognitive), feelings, and actions to be able to continuously apply and practice consciously about the importance of a healthy lifestyle.

Building character from the door of health education needs to be done comprehensively, not only through formal education, but also through non-formal education. In this regard, it requires 11 principles so that character-based health education can run effectively, such as: 1) developing the basic meaning of healthy living and healthy living as a foundation; 2) comprehensive character definition which includes thoughts, feelings and behavior; 3) use a healthy lifestyle approach that is comprehensive intentional and pro-active; 4) create a school community that is attentive to the importance of healthy living; 5) gives students the opportunity to take concrete actions as an application of a healthy lifestyle; 6) create an applicable academic curriculum in the health field; 7) fostering student motivation to be able to practice healthy living patterns; 8) involve school staff in the application process of implementing a healthy lifestyle in the school environment; 9) foster a healthy lifestyle together; 10) involving families and community members as partners; 11) evaluating the character of the school, the function of school staff as character educators and the extent to which students manifest characters well.

With character-based health education implemented systematically and continuously, a child will become emotionally intelligent. This emotional intelligence will be important in preparing children to meet the future, because someone will be easier and more successful face all kinds of life challenges, including challenges to succeed academically.

Character-based health education has come to the attention of various countries in order to prepare a quality generation, not only for the interests of individual citizens, but also for citizens as a whole. Character-based health education can be interpreted as "the deliberate use of all dimensions of school life to foster optimal character development" or it can be interpreted as a deliberate effort of all dimensions of life in school to help the formation of characters optimally.

The purpose of character-based health education is to teach the values of the significance of the health aspects in general for daily life by prioritizing local cultural values, government rules, and broad norms that can be accepted as a foundation for good and responsible behavior. The whole meaning is also described as moral behavior. If this meaning can be implemented properly and measured, the health factor in Indonesia can significantly contribute to improving the quality of human resources and also contributing to strengthening the existing education system, including the existence of young people who are healthy physically and spiritually.

In connection with the above, the learning strategy with regard to: (a) moral knowing will prioritize inquiry-based learning that focuses on a sense of empathy for the conditions that are happening around the environment; (b) moral loving will prioritize the occurrence of patterns of interaction and communication in a balanced manner between students and students, as well as students and teachers; and (c) moral doing will use more individual approaches through mentoring in utilizing potentials and opportunities in accordance with the students' environmental conditions. The three learning strategies are systematically designed so that students and teachers can take advantage of all the values and morals that are in accordance with the potential and opportunities available in their environment and can begin to be encouraged to grow in the awareness of the importance of healthy living and healthy living as well.

Thus, the result of learning is the formation of habits of thinking, acting, and behaving in a healthy manner in the sense that students have the knowledge, willingness and skills in doing good that puts forward the awareness of the importance of healthy living both physically and mentally. Through this comprehensive understanding it is expected to be able to prepare patterns of management of character-based health education learning that can produce students who have strong character in the sense of having resilience in science, faith, and pious behavior, both personally and socially.

In line with the above understanding, from the results of learning to students, four basic characteristics in health education based on character can be formed, namely: first, interior regularity, where each action is measured based on a hierarchy of values. Values serve as normative guidelines for every action; second, coherence that gives courage, makes a person firm on principles, is not easily swayed by new situations or is afraid of risk; third, autonomy in which one internalizes the rules from the outside to become values for the person; and fourth, constancy and loyalty which are one's endurance to covet what is considered good, and loyalty is the basis for honoring the chosen commitment. With these four meanings, students or children will have the awareness to do their best or excel, and they are also expected to be able to act according to their potential and awareness. Besides that, the substantial meaning in a student or children with character is always trying to do the best things for God, himself, fellow human beings, environment, nation and country and the international world in general

by optimizing his potential (knowledge) and accompanied by awareness, emotions and motivation (feelings).

Basically, character-based health education has the same essence and meaning as moral education and moral education, where the aim is to shape the child's personality to become a healthy person physically and spiritually well, in his life as citizens and citizens who are good and healthy citizens too. As for good criteria for a society or nation, in general are certain social values, which are much influenced by the culture of the people and nation.

Therefore, the nature of character-based health education in the context of education in Indonesia is the education of values, namely the education of values to become intelligent people based on physical and spiritual health, which is sourced from the culture of the Indonesian people themselves, in order to foster the personality of the younger generation. The aspect of strengthening the character rests on a basic human character, which is sourced from universal moral values (absolute nature) which originates from religion which is also referred to as the golden rule. Thus, character-based health education can have definite goals, if it is based on these basic character values, such as love for God and his creation (nature with its contents), responsibility, honesty, respect and courtesy, affection, caring, and cooperation, self-confidence, creative, hard work, and never give up, justice and leadership, kind and humble, tolerance, love for peace, and love for unity.

7. Conclusion

Public health care is the art and science of extending life, promoting health and preventing disease through community organization efforts. Public health nursing refers to the composition of nursing services and population health promotion. It aims to: 1) increase understanding of the importance of quality of life; 2) community epidemic control; 3) prevent transmission of infection; 4) provide education about the basic principles of personal hygiene; 5) arrange medical and nursing services for early diagnosis, prevention and treatment of diseases.

Character is a quality or strength of mental, moral, behavior, attitude, and personality of a person. Character is the key to success in one's life in the future. Character-based health education forms intelligent personalities and strong characters, and this can be applied to every subject that needs to be developed so that students become human characters.

8. References

- [1] Bonomi, A. E., Patrick, D. L., Bushnell, D. M., & Martin, M. Validation of the United States' version of the World Health Organization Quality of Life (WHOQOL) instrument. *Journal of Clinical Epidemiology*, 53, 1-12. [https://doi.org/10.1016/S0895-4356\(99\)00123-7](https://doi.org/10.1016/S0895-4356(99)00123-7). (2000).
- [2] Aaronson, N. K., Ahmedzai, S., Bergman, B., Bullinger, M., Cull, A., Duez, N. J., Takeda, F. The European Organization for Research and Treatment of Cancer QLQ-C30: A quality-of-life instrument for use in international clinical trials in oncology. *Journal of the National Cancer Institute*, 85, 365-376. <https://doi.org/10.1093/jnci/85.5.365>. (1993).
- [3] Bradley, C. Importance of differentiating health status from quality of life. *Lancet*, 357, 7-8. [https://doi.org/10.1016/S0140-6736\(00\)03562-5](https://doi.org/10.1016/S0140-6736(00)03562-5). (2001).

- [4] Bowling, A. *Measuring health: A review of quality of life measurement scales* (2nd ed.). Buckingham: Open University Press. (1997).
- [5] Clarke, P. J., Marshall, V. W., Ryff, C. D., & Rosenthal, C. J. Well being in Canadian seniors: Findings from the Canadian Study of Health and Aging. *Canadian Journal on Aging*, 19, 139-159. <https://doi.org/10.1017/S0714980800013982>. (2000)
- [6] Snoek, F. J. Quality of life: A closer look at measuring patients' well-being. *Diabetes Spectrum*, 13(1), 24-28. (2000).
- [7] Theofilou, P., & Panagiotaki, H. The association between musculoskeletal disorders and quality of life. [Editorial]. *Journal of Trauma & Treatment*, 1, Article e101. (2011).
- [8] Ubel, P. A., Loewenstein, G., & Jepson, C. Whose quality of life? A commentary exploring discrepancies between health state evaluations of patients and the general public. *Quality of Life Research*, 12(6), 599-607. <https://doi.org/10.1023/A:1025119931010>. (2003).
- [9] Slavin, R.E. *Educational Psychology: Theory and Practice*. Boston: Pearson Education, Inc. (2006).
- [10] Sousa, L., & Lyubomirsky, S. Life satisfaction. In J. Worell (Ed.), *Encyclopedia of women and gender: Sex similarities and differences and the impact of society on gender* (Vol. 2, pp. 667-676). San Diego, CA: Academic Press. (2011).
- [11] Theofilou, P., & Panagiotaki, H. Health-related quality of life measurement among hypertensive patients. [Editorial]. *Journal of Clinical Trials*, 1, Article e102. (2012).