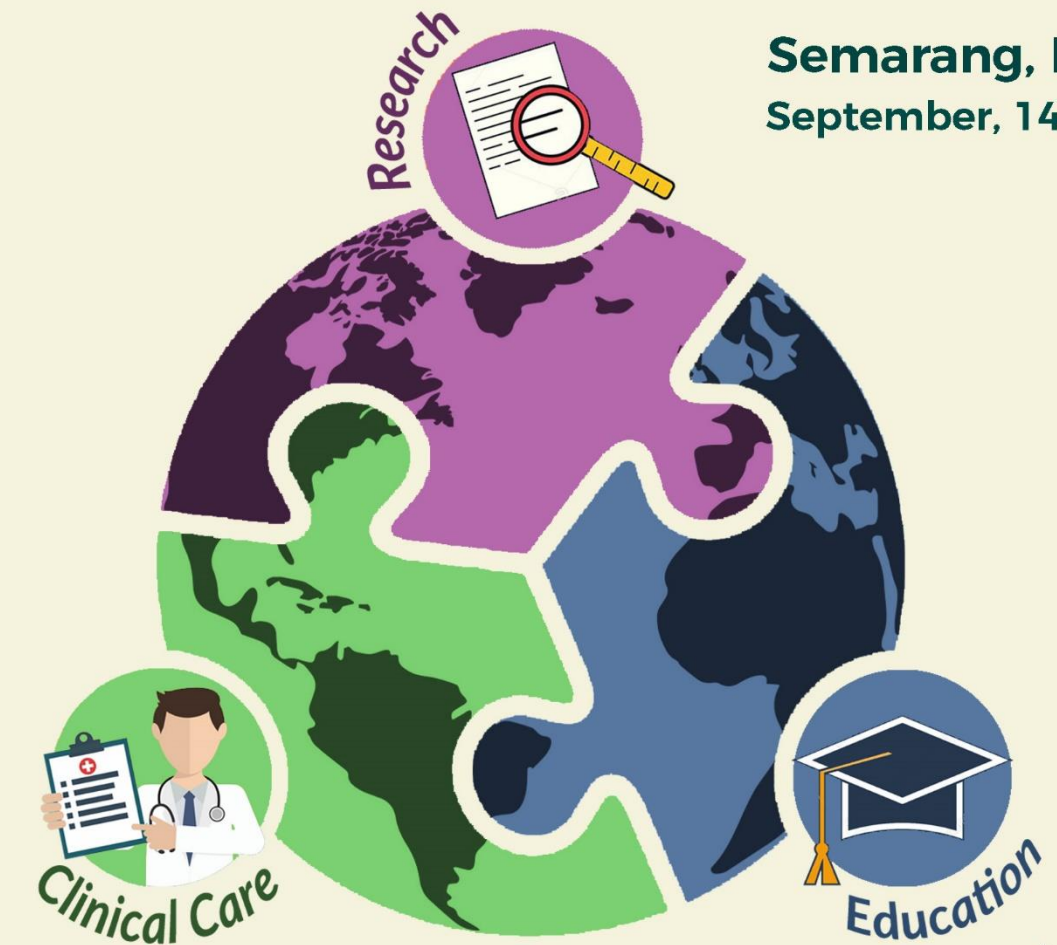




PROCEEDING

**2ND INTERNATIONAL CONFERENCE ON TRANSLATIONAL MEDICINE
AND HEALTH SCIENCES (ICTMHS)**
in conjunction with
**4TH JAVA INTERNATIONAL
NURSING CONFERENCE (JINC)**

Semarang, Indonesia
September, 14th-15th, 2018



**"Creating a Better Future of Health Care:
Partnerships in Research, Education, and Clinical Care"**



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HEALTH SCIENCES

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4th JAVA INTERNATIONAL NURSING CONFERENCE 2018

***“Creating A Better Future of Health Care: Partnership
in Research, Education and Clinical Care”***

Patra Semarang Hotel & Convention, Central Java, Indonesia

14 – 15 September 2018

Published by:


Faculty of Medicine, Diponegoro University

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Proceeding of 2nd International Conference of Translational Medicine and Health Sciences in
Conjunction with 4th Java International Nursing Conference 2018
“Creating Better Future Health Care: Partnership in Research, Education and Clinical Care”

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Cover Design: Fida’ Hussain, S. Kep., Ns.

ISBN 978-602-5560-75-0

Published By

Faculty of Medicine, Diponegoro University

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Semarang: Faculty of Medicine, Diponegoro University, 2018

1 exemplar, 217 pages, 8.27 x 11.69 inch

Collaboration or partnership is a term which is often used in the fields of research, clinical practice and health professional education. Collaboration occurs when two or more people work together to achieve common goals and shared outcomes. Collaboration includes a commitment to reciprocal relationships to achieve certain goals and is developed in conjunction with mutually supportive resources. Research, education and clinical practice are interrelated; research informs education, which in turn will affect the provision of care to patients.

In the area of health, it is believed that collaboration leads to better health services and improves patient satisfaction. Science is the foundation for providing quality service to patients and research is one of the means of doing so. The complexity of patient problems nowadays requires inter-professional collaborations among the health professions since the problems may not be solved when a profession is working alone. Collaboration in research occurs when researchers from more than one profession or disciplines work together to achieve common goals in generating new scientific findings.

Collaboration in the health services occurs when two or more people from multidisciplinary areas work together to solve the problems of the patients comprehensively. This collaboration may occur when each individual mutually respects and contributes according to his/her position to create a conducive environment to optimize the patient's health. WHO states that the health workers who perform collaborations in caring for patients will gain more success in resolving complex patient problems. Collaborations in health services are useful for improving the skills to provide comprehensive care, developing innovations and creativity, and focusing more on patient-centered care.

Collaboration in education or known as inter-professional education (IPE) occurs when two or more students from multidisciplinary studies learn together on a particular topic and jointly solve the case. Collaborations in education does not only occur in the university contexts but also in the clinical practice areas. These collaborations are closely related. IPE is part of the professional practice before the health workers implement it in the healthcare services.

The international conference which focuses on “Creating a Better Future of Healthcare: Partnership in Research, Education, and Clinical Care” is a way to create successful collaborations among the health workers. The conference also aims to introduce the public that the Faculty of Medicine Diponegoro University is committed to creating harmonious collaboration between health workers, including doctors, nurses, nutritionists, pharmacists, and dentists.

Organizing Committee

2nd INTERNATIONAL CONFERENCE OF TRANSLATIONAL MEDICINE AND HEALTH SCIENCES *in conjunction with* **4th JAVA INTERNATIONAL NURSING CONFERENCE 2018**

“Creating Better Future Health Care: Partnership in Research, Education and Clinical Care”

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First of all, thanks to **Almighty Allah**, the most merciful, beneficent and compassionate, for His blessing that this conference could be held today.

I would like to express my greatest gratitude to Prof. Dr. Yos Johan Utama, S.H., M.Hum; Rector of Diponegoro University, Prof. Dr. dr. Tri Nur Kristina, DMM., M.Kes.; Dean of Faculty of Medicine Diponegoro University, Prof. Dr.rer.nat Heru Susanto, S.T., M.M., M.T.; Director of LPPM, dr. Ahmad Zulfa, Sp.And., Ph.D, vice dean of research and innovation Faculty of Medicine for all of their kind supervision during the preparation of this event. I would like to express my sincere gratitude to all of the committee members for all of your hard work, kind help, and best effort as a solid team work, by which this event can be held successfully today. I would like to thank all of the honorable speakers for your willingness to come and give lectures here, and all of participants from various institutions in the world. Welcome to **2nd International Conference on Translational Medicine and Health Sciences (ICTMHS) in conjunction with 4th Java International Nuraing Conference 2018**. It is a great pleasure to have all of you here in Semarang Indonesia, on this September 14-15, 2018.

ICTMHS is an annual routine program that began in 2017 initiated by the faculty to support the university's vision of becoming a world class university. Nursing, a part of the faculty of medicine, has previously held international nursing conferences since 2010. This time we are together to support UNDIP as a research university by organising this event. The theme of this conference is "Creating a Better Future of Healthcare: Partnership in Research, Education and Clinical Care". The focuses of this conference are Interprofessional Education and Research, Collaborative Practice, Translational Medicine, and Nutrition, Dietetic and Food. This is an interesting theme that invites all health workers to unite to increase collaboration in various aspects to produce quality services. Through this conference, we hope to contribute in introducing and educating the scientific community on the nowadays advance in medical and health sciences. As a major goal of this event, we hope that it can be an excellent chance to discuss interesting ideas and develop fruitful project in the future, network opportunities with old and new colleagues, coordination new partnerships which advance collaboration either about the research field or not, as well as the careers of all participants.

Please enjoy your participation in ICTMHS-JINC 2018 and have a great experience during your stay in Semarang.

Wish you the best in all your work.

Ns. Reni Sulung Utami, S. Kep., M.Sc

Organizing Chairperson

Praise to the God Almighty for the International Conference on Translational Medicine and Health Science (ICTMHS) in conjunction with Java International Nursing Conference (JINC) 2018, Faculty of Medicine Diponegoro University and I are very excited for this event and we welcome to all of the participants and speakers to this event.

The special acknowledgement, I address to the distinguished speakers dr. Bambang Wibowo, Sp. OG(K), MARS from Ministry of Health Republic of Indonesia, dr. Soetedjo, Sp.S(K) from The Indonesian Medical Association, Prof. Sandra Capra, PhD, FDAA from The University of Queensland-Australia, Prof. Dr.dr Kristina, DMM., M.Kes from Diponegoro University-Indonesia, Prof. Dra. Setyawati, M.App.Sc., Ph.D from Faculty of Nursing University of Indonesia, Fiona Miller from Griffith University-Australia, Lybrich Kramer from Hanze University-The Netherland, Anne Hyre from Jhon Hopkins University-United States of America, Kjara Bernadette V. Agatep from St. Paul University-Philippines, Dr. dr. Mexitalia Setiawati, Sp. A(K) from Diponegoro University-Indonesia, dr.JC. Susanto, Sp.A (K) from Diponegoro University-Indonesia

I am very grateful for your willingness to attend and share your knowledge to us. Faculty of Medicine Diponegoro University has a vision to be the centre for medical and health sciences. ICTMHS is an annual routine program that began in 2017 initiated by the faculty to support the university's vision of becoming a world class university. Nursing, a part of the faculty of medicine, has previously held international nursing conferences since 2010. This time we are together to support UNDIP as a research university by organising this event. The theme of this conference is "Creating a Better Future of Healthcare: Partnership in Research, Education and Clinical Care". This is an interesting theme that invites all health workers to unite to increase collaboration in various aspects to produce quality services.

I hope, from this event we will increase the number of Faculty of Medicine and Diponegoro University's international publications as well as promoting international collaboration. I wish that this event will give a big contribution on sharing knowledge and information about medical and health sciences for the academic members, researchers and all of the participants. I also would like to appreciate to all of the committee members for their effort and hard work so that this event can happen.

Once again, welcome to the International Conference on Translational Medicine and Health Science (ICTMHS) in conjunction with Java International Nursing Conference (JINC) 2018. I hope that all of you enjoy your stay at Semarang and we will see you again on the next event.

Prof. Dr. dr. Tri Nur Kristina, DMM, M.Kes

Dean of Faculty of Medicine

Diponegoro University

Assalamulaikum Warahmatullahi Wabarakatuh

Praise goes to the most merciful God Allah SWT for the blessings of life and knowledge for us to gather in this meaningful occasion.

It is a great pleasure and honour for our University to be the host of 2nd International Conference on Translational Medicine and Health Sciences (ICTMHS) in conjunction with 4th Java International Nursing Conference (JINC). The special acknowledgement, I address to the distinguished speakers dr. Bambang Wibowo, Sp. OG(K), MARS from the Ministry of Health Republic of Indonesia, dr. Soetedjo, Sp. S(K) from The Indonesian Medical Association, Prof. Sandra Capra, PhD, FDAA from the University of Queensland-Australia, Prof. Dr. dr. Kristina, DMM., M. Kes from Diponegoro University-Indonesia, Prof. Dra. Setyawati, M. App. Sc., Ph. D from Faculty of Nursing University of Indonesia, Fiona Miller from Griffith University-Australia, Lybrich Kramer from Hanze University-The Netherland, Anne Hyre from Jhon Hopkins University-United State of America, Kjara Bernadette V. Agatep from St. Paul University-Philippines, Dr. dr. Mexitalia Setiawati, Sp. A(K) from Diponegoro University-Indonesia, and dr. JC. Susanto, Sp. A (K) from Diponegoro University-Indonesia. Thank you for the valuable time to deliver knowledge and share scientific information at this conference. I believe that this opportunity will provide the valuable information for us and deliberate some new research ideas for participants of this conference.

For all participants, I would also like to welcome you at this conference. The origin of the conference theme is reflected from the idea of our Center of Excellence (CoE) which was established in 2012 representing our priority as a research university. Since the declaration of Diponegoro University as a research university, the main theme of every research result will be enhanced to the level of international benchmarking. Diponegoro University, has strong human resources and research background related to translational medicine and health sciences. It is also supported by laboratory such as Center for Biomedical Research.

The theme of this conference is "Creating a Better Future of Healthcare: Partnership in Research, Education and Clinical Care". This interesting issue needs to be discussed in this conference by sharing research findings and ideas. Therefore I believe this international conference will be able to present an interesting discussion with prominent speakers from Indonesia, Australia, Netherland, United States of America and Philippines, giving a contribution to the development of science and hopefully will encourage more research on this area.

I am grate full to see that this conference has enormous responses from the participants either from domestic or from other countries. The number of publication indexed by reputable database has been set as an indicator for world university rank including Indonesia. Therefore, Diponegoro University also encourages all scientists and academic staffs to increase their publication records in these international reputation journals.

Currently, Diponegoro University is in the 7th position among universities in Indonesia for the number of publications in reputable international journals. The number of Undip scientific publications indexed in Scopus is 2350 documents. I sincerely express appreciation to the organizing committee for their effort to realize this conference. By the end of my short welcome address, I hope our foreign guests take advantage of their stay here to enjoy our beautiful city, Semarang.

Finally, once again I would like to convey a warmest welcome to all the distinguished guests and participants of the conference. Diponegoro University is giving the best to assist you in every way, therefore please enjoy our hospitality and have a delightful experience in the conference.

Wassalamulaikum Warahmatullahi Wabarakatuh

Thank you for your kind attention.

Prof. Dr. Yos Johan Utama, S.H., M.Hum

Rector of Diponegoro University

Cover page	i
Preface	iii
Organizing committee	iv
Welcome message from the Organizing Chairperson	vi
Welcome message from the Dean, Faculty of Medicine, Diponegoro University	vii
Welcome message from the Rector Diponegoro University	viii
Table of content	x
Plenary Session I	
Implementation Inter-professional Education in the Community	1
<i>Prof. Dr. dr. Tri Nur Kristina, DMM., M.Kes</i>	
Plenary Session II	
Nutrition during the first 1000 days of life	2
<i>Professor Lybrich Kramer, MSc IBCLC</i>	
Fail to thrive and to overcome	3
<i>Dr. dr. Mexitalia Setiawati E., Sp. A(K)</i>	
Interventions to Prevent Stunting in Early Life	4
<i>dr. JC. Susanto, Sp. A(K)</i>	
Stunted Growth among Children in Cabagan Isabela; a Population- Based Cross-Sectional Study	5
<i>Kjara Bernadette Agatep, PhDNSc</i>	
Plenary Session III	
Dietetics in Maternal Emergency	6
<i>Professor Sandra Capra AM BSc (Hons), DipNutr&Diet, MSocSc, PhD, FDAA</i>	
Capacity Building Approaches to Create Effective Teamwork in Obstetrics Emergencies	7
<i>dr. Ratnasari Dwi Cahyanti, Sp. OG(K), M.Si.Med</i>	
Perception, Experience and Expectation of Pregnant Women about Emergency Care during Pregnancy and Labor ...	8
<i>Professor. Dra. Setyowati, MApp.Sc, PhD</i>	
The Quality of Health Care Services and Referring in Maternal Emergency: Based on EMAS	9
<i>Anne Atkinson Hyre CNM, MSN, MPH</i>	
Invited Lectures	
Functional Outcome, Cognitive and Coping in Stroke Ischemic Survivors after Three Months Onset: Comparison between Post Stroke Depression and Non-Post Stroke Depression Groups	10
<i>Fitria Handayani, Setyowati, Dwi Pudjonarko, Dian Ratna Sawitri</i>	
Neurology Impacts Related on Mercury Intoxication, from In-vivo to Population Studies in Indonesia	11
<i>Muflihatul Muniroh</i>	
Optimizing Intervention for Perinatal Women with Management Cortisol	12
<i>Anggorowati</i>	
Stress Level and Coping Strategies in Elderly in Nursing Homes	13
<i>Gladis Risna Aisya, Nurullya Rachma</i>	
Cognitive Disorder in Epilepsy Patients.....	14
<i>Yuriz Bakhtiar, M Thohar Arifin, Zainal Muttaqin, Erie BPS Andar, Aris Catur, Happy Kurnia B, Dody Priambada, Hardian</i>	
Finding The Link between Hyperuricemia and Atrial fibrillation and Its Potential Therapeutic Strategy	15
<i>Nani Maharani</i>	
Life Skills as a Behaviour Change Strategy in the Prevention of HIV and AIDS in Central Java School	16
<i>Untung Sujianto</i>	
Enzymatically Modified Resistant Starch from Banana	17
<i>Diana Nur Afifah</i>	
Nutraceuticals Encapsulation by Modified Liposome Study in Vitamin D3	18
<i>Gemala Anjani</i>	
Assessment of Inter-Professional Education	19
<i>Fatikhu Yatuni Asmara</i>	
Caring in the Health Care Team to Improve Patient Safety Goals	20

<i>Luky Dwiantoro</i>	
LQT Syndrome Type 2: A Focus on the Enhancement of Mutant hERG Protein Expression	21
<i>Endang Mahati</i>	
The Effect of Cloud Ear Fungus (<i>Auricularia Polytricha</i>) on Lipid Profile on Wistar Rats Induced by Reused Cooking Oil	22
<i>Henna Rya A, Nyoman Suci W, Ratih Budinastiti, I Made Miarta Yasa</i>	
The Social and Humanistic Nursing Technology Model to Enhance the Quality of Patient Care for Critically Ill Patients: A Feature Perspective	23
<i>Suhartini Ismail</i>	
Thromboprophylaxis: Prevention and Treating of Venous Thromboembolism	24
<i>Satrio Adi Wicaksono</i>	
Telenursing for Haemodialysis Patients based on Empowering with Self Efficacy Training as an Effective Nursing Care Intervention	25
<i>Henni Kusuma</i>	
Spirituality to Promote Recovery among People with Schizophrenia	26
<i>Sri Padma Sari</i>	
Discharge Planning Elements for Prisoners with TB	27
<i>Megah Andriany, Umaporn Boonyasopun, Pajongsil Perngmark</i>	
Family Income Rate, Maternal Knowledge and Nutritional Status among Stunted Children under Five Years Old in Mlonggo Sub-district, Jepara District	28
<i>Ani Margawati, Ari Budi Himawan, Arwinda Nugraheni, Dea A Adespin</i>	
Oral Presentation	
Paediatrics	
Relationship of Affective Function of Families with Behavior of Temper Tantrum of 3-5 Years Old Children in Patrang Sub-District of Jember District	29
<i>Latifa Aini Susumaningrum, Emi Wuri Wuriyaningsih, Lisca Nurmalika Fitri</i>	
Development and Trial of a Paediatric Falls Screening Tool for Use in an Indonesian Context	30
<i>Natalia R. Yulianti, Dianne Noviandini, Kasmirah, Sri E. P. Sudarko, Ann Bolton, Kobi Schutz, Cheryl Hunt, David G. Arthur</i>	
Differences in Children's Physical Activity after a Self-Management Program of 5A Methods in an Elementary School	31
<i>Puji Purwaningsih</i>	
Milk and Fish Consumption of Preschool Children with Stunting in Developing Country	32
<i>Rina Pratiwi, Sherly Mediana, Annisa Fathia, Maria Mexitalia</i>	
Identifying Factors Influencing Survival in Pediatric Sepsis Using Various Analysis Model	33
<i>Asri Purwanti</i>	
The Effects of Zinc Supplementation on Immune Response of Obese Children with Family History of Atopy	34
<i>Dewi Ratih, Mulyono, Saekhol Bakri, Wistiani</i>	
Neurology	
The Effect of Addition Kinesio Taping to McKenzie Exercise for Functional Status in Chronic Mechanical Low Back Pain Patient	35
<i>Maya Puspa Rini, Rudy Handoyo</i>	
The Effects of Duration of Antiepilepsy Drugs Use on IQ of Focal Cortical Dysplasia Patients	36
<i>Zahranatha Dzaky Fadhila, Yuriz Bakhtiar, Zainal Muttaqin, Muhammad Thohar Arifin, Hardian, Muhammad Rully Zen, Annisa Fadhilah Al Hanif</i>	
Usefulness of Intraoperative Ultrasonographic For Brain Surgery	37
<i>Thohar Arifin</i>	
Association of Executive Functions and Post Stroke Depression among Stroke Survivor after Three Months Onset: Preliminary Study	38
<i>Fitria Handayani, Setyowati, Dwi Pudjonarko, Dian Ratna Sawitri</i>	
Sensitivity Evaluation of Magnetization Transfer Ratio for Diagnosing Intractable Medial Temporal Lobe Epilepsy with Normal MRI: Experience in Indonesia	39
<i>Hermina Sukmaningtyas, Jacob Pandelaki, Meira Dewi Kusuma Astuti, Diah Fauziah, I.Riwanto, Zainal Muttaqin</i>	

Assosiation of Interleukin-10 (IL-10) Serum Levels with Clinical Outcomes Patients of Acute Ischemic Stroke	40
<i>Dwi Pudjonarko, Endang Kustiowati, Thoiful Chakim</i>	
Factors Associated with Physiological Response of Acute Ischemic Stroke Patients	41
<i>Dwi Mulianda, DwiPudjonarko, HennyKusuma</i>	
Prospective Study: Clinical Outcomes of Epidurolysis and Laminectomy on Lumbar Disc Herniation Treatment in Dr. Kariadi Hospital Semarang- Indonesia.....	42
<i>Trianggoro Budisulistyo, Jamilah</i>	
Critical-Emergency	
Visiting Hour's Policies in Intensive Care Unit: Exploring Families' Views	43
<i>Endri Styani, Reni Sulung Utami</i>	
Critical Care Nurses' Perception of Barriers and Supportive Behaviors in End-of-Life Care	44
<i>Reni Sulung Utami, Eka Permatasari</i>	
An evaluation of Code Blue System Implementation to Manage Cardiac Arrests: A qualitative Study	45
<i>Nana Rochana, Feri Cahyanto</i>	
Reproduction	
eNOS Gene Polymorphism of Follicular Fluid on Patient's Endometriosis	46
<i>Cahyono Hadi</i>	
Comparison of the Efectiveness of Therapy Abdominal Strecthing Exercise and Watermelon against Dysmenorrhea	47
<i>Hasnah, Harmina, La Ode Agustino Saputra, Andi Budiyanto Adi Putra</i>	
The Experiences of Commercial Sex Workers in Decision Making and Walking on VCT	48
<i>Nila Titis Asrining Tyas</i>	
The Effectiveness of Premarital Screening for Secondary Infertility in the Second Pregnancy after 5 Years in Public Health Centers in Semarang-Indonesia	49
<i>Dewi Puspitaningrum¹, Nuke Devi Indrawati¹, Indri Astuti Purwanti</i>	
Sperm DNA Fragmentation Index and Malondialdehyde of Diabetic Rat Treated by Aloe Vera Peel Extract	50
<i>Wulan Christijanti, Lisyani B. Suromo, Achmad Zulfa Juniarto</i>	
Pain Level and Interleukin-6 using Counter-Pressure During the 1st Stage of Labor	51
<i>Sri Rejeki, Tri Hartiti, Machmudah, Achmad Solichan</i>	
Exploring Javanese Women's Level of Pregnancy Knowledge: A Cross-Sectional Study	52
<i>Anggorowati, Fatikhu Asmara, Sari Sudarmiati, Elsa Naviati, Dwi Susilowati</i>	
The Association of Maternal Antenatal Oral Glucose Tolerance Test and Fetal Congenital Heart Disease	53
<i>Fanti Saktini, Tuntas Dhanardhono, Puspita K. Dewi, Wei Xing, Edwin W.H. Thia, George S.H. Yeo</i>	
Maternal Characteristics and Serum Zinc Levels with Birth Weight	54
<i>Banun Lentini, Ani Margawati, Maria Mexitalia</i>	
8-Hydroxy-2 Deoxyguanosine (8-Oh-Dg) in the Follicular Fluid in Endometriosis Patients	55
<i>Cahyono Hadi, Djaswadi Dasuki, Ahmad Hamim Sadewa, Indwiani Astuti, Awal Prasetyo</i>	
Application of Monitoring Card in Fe Tablets Consumption during Pregnancy	56
<i>Fatikhu Asmara, Anggorowati Anggorowati, Elsa Naviati, Sari Sudarmiati</i>	
Cardiovascular	
Correlation between Levels of Biomarkers and Thickness of Fibrous Cap of Coronary Atherosclerotic Plaque Detected by Optical Coherence Tomography: a Meta-analysis	57
<i>Udin Bahrudin, Pipin Ardhianto, Sefri Sofia, Sulistiyati Utami, Mochamad Sobirin, Ilham Uddin</i>	
Nurse's Mental Model and Performance in Cardiopulmonary Resuscitation Skill for Acute and Critical Patients	58
<i>Suhartini Ismail, Dewi Ulfah</i>	
Correlation between Atherogenic Index of Plasma, Serum Amyloid A, Mean Platelet Volume and Stenosis Degree in Coronary Artery Disease	59
<i>Nuraddiyani Hidayah, Purwanto AP, Edward Kurnia SL</i>	
IL-10 Gene Promoter Region -1082 A/G Polymorphism and IL-10 Expression in Indonesian Rheumatic Mitral Valve Patients	60
<i>Jarot Widodo, Fanti Saktini, Sefri Noventi Sofia, Hardian, Tri Indah Winarni, Susi Herminingsih</i>	
The Correlation between Neutrophil to Lymphocyte Ratio (NLR) with TIMI and GRACE Risk Stratification Scores in Patients with Acute Myocardial Infarction with ST segment Elevation (STEMI)	61
<i>Sulistiyati Bayu Utami, Asri Rizqi Matondang , Satrio Adi Wicaksono</i>	

Ectopia Cordis with Tricuspid Atresia as a Part of Pentalogy of Cantrell: a Case Report	62
<i>Astri Pinilih, Anindita Soetadji</i>	
Nutrition	
Study of Goat Milk Kefir with Vitamin D3 Fortified on Blood Glucose and Insulin in Rats	63
<i>Reza Achmmad Maulana, Diana Nur Afifah, Ninik Rustanti, Gemala Anjani, Binar Panunggal</i>	
Comparative Analyses of Antioxidant Activity, Aloin and Mannose Content of Aloe Vera (Aloe vera Barbadensis).....	64
<i>Septiani, Siti Fatimah-Muis, Gemala Anjani</i>	
The Comparative Role between Cape Gooseberry Juice and Quercetin in Increasing Antioxidant Capacity and Adiponectin in Diabetic Rat	65
<i>Luthfia Dewi, Mohammad Sulchan, Heri Nugroho Hario Seno, Gemala Anjani, Kis Djamiatun</i>	
Study of Goat Milk Kefir Fortified with Vitamin D3 on Malondialdehyde (MDA) Levels in Diabetes Rats.	66
<i>Muhammad Tri Putra Utomo, Binar Panunggal, Diana Afifah, Ninik Rustanti, Gemala Anjani</i>	
Potential of Rice Bran Extract to Body Weight, Triglyceride, and Malondialdehyde Levels in Obese Rat	67
<i>Naro Elyas Sueratman AR, RA Kis Djamiatun, Ahmad Zulfa Juniarto</i>	
Anti-Diabetic Potential of Golden Berry Juice in Diabetic Rats	68
<i>Larasati Sekar Kinasih, Ahmad Ni'matullah Al-Baarri, Kis Djamiatun</i>	
Utilization of Banana Peel as Pectin Source for Antidiarrheal Drug in Castor Oil-Induced Wistar Rats	69
<i>Martin Adhitya Subagio, Cecilia Noviyanti Salim, Qorina Putri Srisantoso, Yora Nindita, Astika Widy Utomo, Nani Maharani</i>	
Correlation between Visceral Fat and Hepcidin, Hemoglobin, Iron Serum, HBA1C in Overweight and Obesity	70
<i>Meita Hendriangtyas, Villa Sekar Cita, Edward KSL</i>	
Association between Healthy Eating Index and Nutritional Status of Women across Two Seasons	71
<i>Imia Fahmi, Rina Agustina, Luh A. A. Wiradnyani, Nia N. Wirawan, Betha Lusiana, Ratna C. Purwestri</i>	
Analysis of Correlation between Self-Efficacy of Self-care and Demographic Characteristic with Attitude of Low Salt Diet among Patients with Hypertension	72
<i>Maida Yuniar Benita, Henni Kusuma</i>	
Milk Protein Supplementation Improves Muscle Performance and Total Antioxidant Status in Soccer Athletes	73
<i>Muhammad Irwan Setiawan</i>	
Nutritional Status and Hemoglobin Levels among HIV/AIDS Patients Receiving High Energy and High Protein Diet	74
<i>Leny Budhi Harti, Gatot Ismanoe, Romizah Harun</i>	
Patient's Perception of Food Correlates with the Amount of Patient's Plate Waste	75
<i>Hesti Retno Budi Arini, Laksmi Karunia Tanuwijaya, Yudi Arimba Wani, Eva Putri Arfiani</i>	
The Optimal Efforts in The Prevention of Muscle Fatigue by Palm date and Cashew Nut Intervention	76
<i>Mursid Tri Susilo, Mardiana Mardiana</i>	
Effect of Zinc on Milkfish Nastar-Cookies to Albumin and Hemoglobin Levels in HIV/AIDS Patients	77
<i>Nurul Hindaryani, Muchlis Achsan Udji Sofro, Tri Winarni Agustini</i>	
Intake of Sugar Sweetened Beverages as a Risk Factor for Central Obesity among Women in Reproductive Age	78
<i>Nabila Rifka Annisa, Fillah Fithra Dieny, Choirun Nissa, A. Fahmy Arif Tsani</i>	
IPE Management	
Inter-Professional Education (IPE) in Developing Countries: Challenges and Lesson Learnt from its Implementation in United Kingdom: a Systematic Review.....	79
<i>Endah Sulistyowati, Louise Walker</i>	
The Competency of Clinical Educators in Guiding the Students	80
<i>Devi Nurmalia, Sarah Ulliya, Muhamad Hasib Ardhani</i>	
Effect of Team Build Training on Perception towards Communication & Teamwork for Students of FMPHN-UGM	81
<i>Widya Wasityastuti, Sri Mulyani, Aviria Ermamilia, Rosalia Harisaputra, Ayuningtyas Satya Lestari</i>	
Roles and Responsibilities among Nurse, Medical and Nutrition Student	82
<i>Braghmandita Widya Indraswari Indraswari, Purwanata Purwanta, Lastdes Cristiany Friday, Mirza Hapsari Sakti Titis Penggalih Penggalih, Sifak Nikmatul Fitri</i>	
Students Perception about Work Team Ability after Implementation of IPE Program in the Community	83
<i>Mega Kumala, Fatikhu Yatuni Asmara, Saekhol Bakri, Diana Nur Afifah, Tri Nur Kristina</i>	

Chief Nurses' Self-Management during the Application of 'Relactor' Nursing Delegation Model in Roemani Hospital, Semarang	84
<i>Vivi Yosafianti Pohan, Dewi Gayatri, Eni Hidayati</i>	
Factors Analysis towards Behavior of Nosocomial Infection Control on Patient's Family	85
<i>Ratnasari, Anggorowati, Madya Sulisno</i>	
The Effect of Ten Carative Factors Application on the Improvement of Nurses Caring Skills and Patient Satisfaction in Regional Public Hospital Jombang	86
<i>Amalia Mastuty, Bambang Edi Warsito, Tri Hartiti, Endang Mahati, Luky Dwiantoro</i>	
Activity	
Oxidative Stress after Long-Distance Cycling (Indonesian North Coast & Tour De Borobudur 2017 Study)	87
<i>Mahalul Azam, Sri Ratna Rahayu, Nova Alvia Fitriani, Arulita Ika Fibriana, Hardhono Susanto, Martha Irene Kartasurya, Udin Bahrudin</i>	
Prevalence and Risk Factors for Low Back Pain in Food Processing Factory Workers in Semarang Indonesia	88
<i>Dea Amarilisa Adespin, Hari Peni Julianti, Ani Margawati, Arwinda Nugraheni, Aras Utami</i>	
Effects of Progressive Muscle Relaxation on Sleep Quality and Fatigue in Cancer Patients undergoing Chemotherapy: A Systematic Review	89
<i>Devi Setya Putri Muchlis AU Sofro Nana Rochana</i>	
A Study on Body Temperature Variation on Basic Organ Stretching Posture of Mompyeogi Movement Exercise ...	90
<i>Swanny T Widyaatmadja, Kim Young Duk</i>	
Effect of Green Tea (<i>Camellia sinensis</i>) on Erythrocytes Stability in Exercise-Induced Oxidative Stress Condition .	91
<i>Dwi Ngestiningsih, Iklima Lintang, Faizah Fulyani</i>	
Infection	
Factors that Influence the Length of Hospitalization after Appendectomy in Acute Appendicitis Patients in dr. Kariadi Hospital	92
<i>Yogi Ajik Yudoyono, Saekhol Bakri, Eka Yudhanto, Abdul Mughni</i>	
Carbohydrate Restriction Alleviate Inflammatory Responses	93
<i>Nurina Tyagita</i>	
The Effect of Hibiscus rosa-sinensis L. Extract on Improvement of Macrophage Phagocytosis Activity	94
<i>Antari Leniseptaria Arlita, David Pakaya, Indah Saraswati, Eva Annisaa, Astika Widy Utomo</i>	
<i>Annona muricata</i> Increases IL-27, CXCL12 Levels and Spleen-White-Pulp-Diameter in Severe Malaria.....	95
<i>Kis Djamiatun, Sudaryanto, Noor Wijayahadi, Astika Widy Utomo, Qurrata Áyuni Wae, Ika P Miranti, Djoko Nugroho</i>	
Drug discovery	
The Effects of Phaleria Macrocarpa Extract on Mitotic Index and Tumor Mass Progression on Epidermoid Carcinoma of Swiss Mice in vivo: Experimental Study in Swiss Mice Treated with Neoadjuvant Paclitaxel and Cysplatin.....	96
<i>Vito mahendra Ekasaputra, M. Thohar Arifin, Djoko Handojo</i>	
The Use of Datura Metel's Extract as Medical Balm to Cure Irritant Contact Dermatitis on Fishermen	97
<i>Jihan Farhana, Widya Wati, Starry Ivorynanga, Banis Afifah</i>	
Effectiveness of Eugenol Ointment to Reduce Cutaneous Candidiasis Lesion	98
<i>Vania Avisia Salsabila, Nadila Shafa Firdaus, Raditya Afnadisa Putro, Lusiana Batubara</i>	
Comparison of Bee Products and Burn Ointment to Healing Speed of Second Degree Burns	99
<i>Haris Alwafi, Ayyasi Izaz Almas, Edsel Abi Yazid Al-Busthami</i>	
Influence of Actinidia Deliciosa Extract on Toxicity of Acetaminophen in Wistar Rats	100
<i>Amallia N. Setyawati, Naufal Ihsan</i>	
The Effect of Green Tea Leaf Extract on Caspase-3 Protein Level in D-Galactose Induced Balb/C Mice	101
<i>Ainun Rahmasari Gumay, Saekhol Bakri, Lusiana Batubara, Dwi Retnoningrum</i>	
Activation of IL-6 and MIP-2 by Non-toxic Methylmercury and Its Suppression by N-acetyl-L-cysteine	102
<i>Muflihatul Muniroh</i>	
Screening of Spongejaspis Sp-Associated Bacteria Producing Protease Inhibitor	103
<i>Dede Mahdiyah, Helmia Farida, Aris Tri Wahyudi, Widanarni</i>	
Effect of Cinnamon Powder to Oxidative Stress: A Study with Mice Exposed to Reheated Cooking Oil	104
<i>Swara Wida Shakti, Margaret Damaiyanti, Fatimah Al Atsariyah, Yosef Purwoko</i>	

Eyes-Ear

- Aflibercept and Bevacizumab Injection Effects on Visual Acuity Post Vitrectomy Diabetic Retinopathy 105
Arief Wildan, Winarto, Tri Nur Kristina
- The Effect of Ranitidine Administration Time to Axon Degeneration due to Optic Nerve Neuropathy 106
Galih Ricci Muchamad, Dwi Pudjonarko
- Correlation between Blood Cotinine, Colour Vision, and Contrast Sensitivity: Study in Tobacco Farmer 107
Riski Prihatningtias
- Effects of Modified Ninja Hijab Inner Usage on Hearing Acuity and Sound Localization 108
Salma Adhenia
- The Effect of Various Topical Concentration of DLBS1425 Towards cPLA2 Expression in Wistar Mouse Cornea after Alkali Burn..... 109
Rima Octaviani, Trilaksana Nugroho, Sri Inakawati

Endocrine-Kidney

- Effect of Noni (*Morinda citrifolia*) Juice to Decrease Blood Uric Acid Level and Carrageenan Paw Edema in Model Rats (*Rattus norvegicus*)..... 110
Alvira Firdausi Ali, Lingga Agustina, Muhammad Mufaiduddin, Desy Armalina
- The Effects of Alkaline Ionized Water Administration to the Fasting Blood Glucose Levels in Patients with Type 2 Diabetes Mellitus..... 111
Satrio Adi Wicaksono, Sulistiyati Bayu Utami, Dina Nabyla
- Turmeric as a Preventive Agent of Oxidative Stress and Diabetic Nephropathy in Alloxan Induced Wistar Rats 112
Annisa Dentin Nugroho, Kiki Nilasari, Vanessa Andhani Putri, Ainun Rahmasari Gumay, Tanjung Ayu Sumekar, Vega Karlowee, Hardian
- The Lived Experience of Patients with 5th Stage Chronic Kidney Disease undergoing Peritoneal Dialysis..... 113
Icha Gamelia Prisma Pradita, HenniKusuma, Susana Widyaningsih
- Kidney Transplantation in Indonesia: A Multicentre Study 114
Eriawan Agung Nugroho, Tommy Supit, Ardy Santosa, Nanda Daniswara, Sofyan Rais Addin

Psychiatrics

- The Effect of Chewing Gum to the Level of Concentration in Student with Anxiety 115
Siska Tanwina, Buwono Puruhito, Yosef Purwoko
- Differences of Beck Depression Inventory-II Score before and after Probiotics Administration 116
Rines Harlen Theodora, Widodo Sarjana, Alifiaty Fitrikasari, Darmono SS
- Combination of Cognitive Behavior Therapy (CBT) and Self-Help Group (SHG): Case Series in Adolescence with Anxiety 117
Mariyati, Novy H.C Daulima, Mustikasari

Elderly

- Association between Geriatric Hospitalized Patients' Frailty Status and Outcomes in Dr. Kariadi Hospital Semarang 118
Yosef Purwoko, Kris Pranarka, Rejeki Andayani
- Effects of Circuit Training on Balance in Elderly 119
Ramandhani Agustiawan, Tanti Ajoie Kesoema
- Formal Caregiver Burden of Elderly with Dementia in Nursing Home 120
Nur Ayun R. Yusuf, Anggorowati, Rita Hadi Widyastuti
- The Relationship of Marital Status, Physical Activity and Gender with Depression Level in Elderly 121
Wachidah Yuniartika, Dian Nur Wulanningrum, Debby Clara Sinta

Respiratory

- Nasal Irrigation Effects towards Nasal Mucociliary Transport Time in Active Smokers 122
Trikaya Cuddhi, Anna Mailasari K. D, Dwi Marliyawati
- The Effects of TB Survivors Empowerment as Indicators of Tuberculosis Program Achievement 123
Sulidah Sulidah, Agus Purnamasari, Dewy Parman
- Potency of *Nephrolepis exaltata* Herbal Mask to Increase Nasal IgA Levels of Textile Factory Workers 124
Aryoko Widodo, Awal Prasetyo, Indah Saraswati, Fathur Nur Kholis, Arindra Adi Rahardja
- GPAP (Gel Pengharum Anti Polutan): Utilization of Snake Plant (*Sansevieria trifasciata*) Extract to Neutralize CO₂, NO₂, and SO₂ Indoor Pollutant 125

<i>Irfan Kesumayadi, Luh Ayu Nanamy KES, Ericko Hartanto, Darmawati Ayu Indraswari</i> Effects of Beta-Glucan on IFN γ and IL-12 Production in PBMCs Induced by M. Tuberculosis DNA	126
<i>Meira Erawati, Nyoman Suci Widyastiti, Tri Indah Winarni, Edi Dharmana</i>	

Poster Presentation

Cardiovascular-Paediatrics-Infection

The Association between Serum Malondyaldehyde and Nitric Oxide Level of Children Living in Area of Chronic Pesticide Exposure	127
<i>Astra Parahita, Galuh Hardaningsih, Anindita Soetadji</i>	
Relating Factors of Adherence in Following PROLANIS on Hypertension Patients	128
<i>Isnaini Nur Faizah, Henni Kusuma, Untung Sujianto, Sarah Ulliya</i>	
Atypical Mononuclear Cell in Immune Thrombocytopenia Purpura (ITP) with Massive Bleeding	129
<i>Edward Kurnia SL, Meita Hendrianingtyas, Imam Budiwijono</i>	
Correlation between HbA1c Level and Monocyte Percentage in Obesity	130
<i>Edward Kurnia SL, Meita Hendrianingtyas, Banundari Rachmawati</i>	
Impact of GANCHI (Green Tea and Chia Seed) on the Pathology of Atherosclerosis	131
<i>Chairunnisa Wirdina, Adrina Nur Saffira, Arteria Dewi Nurhutam, Hermawan Istiadi</i>	
The Effectiveness between Diphenhydramine and Clonidine Reduce Post-Sevofluran Agitation in Pediatric	132
<i>Satrio Adi Wicaksono, Riken Mediana Eka Putri, Heru Dwi Jatmiko</i>	
The Correlation between Neutrophil to Lymphocyte Ratio (NLR) with TIMI and GRACE Risk Stratification Scores in Patients with Acute Myocardial Infarction without ST segment Elevation (NSTEMI)	133
<i>Sulistiyati Bayu Utami, Asri Rizqi Matondang, Satrio Adi Wicaksono</i>	
Effect of Supportive Group Therapy on Stress Elderly with Hypertension in Pudukpayung Public Health Center... ..	134
<i>Lisnawati, M. Thohar Arifin, Rita Hadi Widyastuti</i>	
A Comparison between Emla and Cold Compress Used on School Aged Children's Level of Pain during Venipuncture Procedure in Dahlia Room, Regional Public Hospital H Soewondo, Kendal.....	135
<i>Tri Sakti Widyarningsih, Dwi Nur Aini</i>	
Head Circumference and Seizure, Leucocyte Count, Phymosis can Help Doctors Make Etiological Diagnosis in Pediatric Patients with Prolonged Fever.....	136
<i>Erna Mirani, Helmia Farida, Mmdeah Hapsari</i>	
The Effect of Circuit Relationship Germs Cause Health Care Associated with Germs Endogenous Nasal Infections in Children with Leukemia.....	137
<i>E Dimas Tri Anantyo, MMDEAH Hapsari, Anindita Soetadji</i>	
The Effective Comprehensive Management Service Model of Transdiscipline Team Child with Down's syndrome	138
<i>Asri Purwanti</i>	
The Effect of Circuit Training on Peak Expiratory Flow of Elderly	139
<i>Go Linda Sugiarto, Endang Ambarwati</i>	
Streptococcus pneumoniae: from Growth Characteristics to the Occurrence of Meningitis	140
<i>Indri Putri</i>	
Secret Culture Check as Supporting Diagnosis of VAP on Posted Surgery in ICU dr. Kariadi hospital	141
<i>Johan Arifin, Hari Hendriarto Satoto, Anindito Andi Nugroho</i>	
Survey Risk Factors of Non-Communicable Disease in Rembang Regency (Stepwise WHO Analysis)	142
<i>Putri Septyarini, Praba Ginandjar, Lintang Dian Saraswati</i>	

Emergency-Critical-Reproduction

SASA (Surgical Apgar Score & ASA) for Morbidity and Mortality Post Craniotomy in dr. Kariadi hospital.....	143
<i>Taufik Eko Nugroho</i>	
The Effect of Cognitive and Physical Therapy in Critically Ill Patients	144
<i>Arlies Zenitha Victoria, Reni Sulung Utami</i>	
Emergency and Disaster Curriculum for Undergraduate Health Students in UGM.....	145
<i>Madelina Ariani, Bella Donna, Yayuk Hartriyanti, Sutono Sutono, Hendro Wartatmo, Gandes Rahayu</i>	
Critical Care Nurses' Attitudes towards the Importance of Families in Intensive Care Unit.....	146
<i>Hellen Marini, Reni Sulung Utami</i>	
Assessing Mortality Rate in Sepsis Patient at Neutrophil Lymphocyte Ratio and SOFA Score in dr. Kariadi Hospital	147

<i>Jati Listiyanto Pujo, Aulianur</i>	
Nitric Oxide (NO) Level of the Follicular Fluid in Endometriosis Patients	148
<i>Cahyono Hadi, Djaswadi Dasuki, Ahmad Hamim Sadewa, Indwiani Astuti, Awal Prasetyo</i>	
Clinicopathological Features of Epithelial Ovarian Cancer with Recurrent Disease in Kariadi General Hospital, Semarang, Indonesia	149
<i>Anggiyasti Vidya Hapsari, H T Mirza Iskandar</i>	
The Increase of Breast Milk Production in Post-Partum Mothers through Breast Care	150
<i>Priharyanti Wulandari, Menik Kustriyani, Khusnul Aini</i>	
The Effect of Obesity Classification on Preeclampsia	151
<i>Meidona Milla</i>	
Effect of Peer Education on Improving Self-Efficacy of Pregnant Women in Breastfeeding the Baby.....	152
<i>Siti Mardiyah, Anggorowati, Artika Nurrahima</i>	
The Effect of Successful Package Breastfeed to Self Efficacy and Motivation of Breastfeeding Mother	153
<i>Maya Cobalt Anglo, Anggorowati, Artika Nurrahima</i>	
Self-Disclosure to Family on Women in Mates with HIV	154
<i>Restu Azmy, Megah Andriany, Nur Setiawati Dewi</i>	
The Effect of Antenatal Health Education on Family Attitudes in Facing Dangers of Pregnancy.....	155
<i>Dwi Listiowati, Sri Rejeki, Artika Nurrahima</i>	
Comparison Effects of Ginger and Mefenamic Acid for Women with Dysmenorrhea: Systematic Review	156
<i>Yuniar Fajarini</i>	
Characteristic and Sex Behavior among Men Who Sex With Men.....	157
<i>Arwinda Nugraheni, Firdaus Wahyudi, Teddy Wahyu Nugroho, Diah Rahayu W, Dea Amarilisa A, Ani Margawati, Sanya G Brugman</i>	
Metabolic-Nutrition	
The Effect of Self Help Group (SHG) on Self-Management and Blood Sugar Levels in Elderly with Type 2 Diabetes Mellitus.....	158
<i>Novita Wulan Sari, Nurullya Rachma, Muflihatul Muniroh</i>	
Relationship between Serum Zinc Levels and Atopy in Obesity	159
<i>Mulyono, Wistiani</i>	
Effect of 10,000 Steps Goal Program on Waist Circumference in Obese Adolescent	160
<i>Natalina Eka S, Rahmi Ismi</i>	
Consumption Pattern of Rural Agricultural-Based Javanese: A Study in Gintungan-Bandung, Semarang	161
<i>Etis D. Suryo, Rosiana E. Rayanti, Ferry F. Karwur</i>	
Consumption Patterns of Javanese Society at the Age of ≥ 50 in Junggul Hamlet, Semarang District.....	162
<i>Irene Pungky Nugrahany, Desi, Ferry F. Karwur</i>	
Determination of New Cut-Off Point Neck Circumference and Waist Circumference among Obesity Adolescents in Jayapura Papua	163
<i>Nia Budhi Astuti, Endah Sri Rahayu, Rosmaida Sirait</i>	
Relationship Between Obesity with Blood Sugar as Diagnostic Criteria Risk of Diabetes Mellitus in Adolescent at Smak Santo Yusup Surabaya.....	164
<i>Agustina Chriswinda Bura Mare, Ermalynda Sukmawati</i>	
Perception on Patient Safety Culture and Practice of Patient Identification among Food Service Workers in Hospital	165
<i>Ika Ratna Palupi, Yeni Prawiningdyah, Annisa L. Setyawening, Lutfia Amalia</i>	
Low Level of Serum Vitamin D in Hospitalized Patients with Chronic Heart Failure	166
<i>Yanuar Hartanto</i>	
Dietary intake of Stunted Children Age 9-11 years Old in Brebes.....	167
<i>Rina Pratiwi, Galuh Hardaningsih, Farid Rahmadi, Adriyan Pramono</i>	
Neurology-Infection-Oncology	
Psychosocial Associated and Predictors of Post Stroke Depression 3- 6 months after Onset: A Systematic Review	168
<i>Fitria Handayani, Setyowati, Dwi Pudjonarko, Dian Ratna Sawitri</i>	
Management of ARDS and Septic-aki Pasca Infratentorial Tumour Craniotomy.....	169
<i>Ken wirastuti</i>	

The Quantity and Quality of Antibiotic Use for Patients in Surgery Departments of Two District Hospitals in Central Java Province.....	170
<i>Eko Setiawan, Helmia Farida, Rudi Yuwono</i>	
Leaflet Design of Nutrition Education on Food Intake to Treat Anemia in Female Teenager.....	171
<i>Retno Mardhiati</i>	
Management-IPE	
Correlation between Frequency of Clinical Skills Performance and Self-Perceived Competence of Medical Clerkship Students at Faculty of Medicine UNISSULA	172
<i>Ika Rosdiana</i>	
Implementation of M-Health Discharge Planning to Optimize Discharge Readiness for Acute Myocardial Infarct Patients	173
<i>Anis Laela Megasari, Diyah Fatmasari, Tri Johan Agus Yuswanto</i>	
Characteristics of Professionalism of Nurses: a Literature Review.....	174
<i>Abigael Prasetiani, Megah Andriany, Diyan Yuli Wijayanti</i>	
The Influence of Module Training of Acute Glaucoma Emergency of 3B Competence toward Knowledge Level and Clinical Skill of General Doctors	175
<i>Sisilya Maria Umbroh, Trilaksana Nugroho, Maharani, Hari Peni Julianti</i>	
Nurses Knowledge on Paliatif Care Treatment for Cancer Patients in Dr. Kariadi Hospital Semarang-Indonesia....	176
<i>Luthfia Pravita Astuti, Susana Widyaningsih</i>	
Nurse Student Interprofessional Education Experiences	177
<i>M Ardani, Siti Anisah</i>	
Effective Methodss to Improve Compliance Implementation Nurses against Hand Hygiene: A Literature Review .	178
<i>Munandar</i>	
Effects of Training on Proctor’s Reflective Modification Model Supervision for Head Nurses on Nurses’ Fall Prevention Behaviors	179
<i>Dewi Suryaningsih, Suhartono, Sri Rejeki</i>	
Effects of Caring Leadership on Job Satisfaction of Staff Nurses in Public Health Center	180
<i>Abtalia Erce Totononu, Lucky Dwiantoro, Devi Nurmalia</i>	
Activity-Gastrointestinal	
The Correlation between the Height of Medial Longitudinal Arch with Feiss Line and Arch Index with Footprint .	181
<i>Ervy, Rahmi Isma</i>	
The Effects of Circuit Training and Senam Kesegaran Jasmani Lanjut Usia on The Functional Mobility of the Elderly	182
<i>Rahmatika, Lanny Indriastuti</i>	
Effect of 10,000 Steps Goal Program in Quality of Life Domain Physical Health in Obese Adolescent	183
<i>Margaretha Kartikawati, I Made Widagda</i>	
Kind of Massage in Patients with Chronic Functional Constipation Patients: A Literatures Review	184
<i>Agustina Chriswinda Bura Mare, Yane Cristiana Ua Sanan, Anna Mariance Taeteti, Fefi Eka Wahyuningsih, Miftahul Jannah, Debi Ariyanto</i>	
Laparoscopy Biliodigestif Surgery	185
<i>Abdul Mughni, Aditya Davy Santosa</i>	
Gratophyllum Pictum (L.) Griff Extract as Anti-Inflammatory on Wistar Rat with Experimental Hemorrhoids.Study on Serum IL-6, COX-2, $\square\square F\square\square$ and total leucocytes in anal tissue.....	186
<i>Sigit Adi Prasetyoa, Yan Wisnua, Eriawana, Edi Dharmanab, Neni Susilaningsihc, Ignatius Riwantoa</i>	
Effect of Hypnotherapy on Vomiting and Nausea in Cancer Patient: An Analytical Literature Review	187
<i>Dadi Hamdani, Anggorowati, Henni Kusuma, Awal Prasetyo</i>	
Adequacy of Energy Protein Intake and Hand Grip Strength (HGS) in HIV patients	188
<i>Firda Nurachma, Muchlis Sofro, Minidian Fasitasari</i>	
The Overview of Physical Activity in Patients with Hypertension at Kedungmundu Health Center Semarang.....	189
<i>Rianti Putritsani, Henni Kusuma, Susana Widyaningsih, Sarah Ulliya</i>	
Mental Health-Chronic Illness	
Military Psychological Well-Being of the Indonesian Context: a Systematic Review.....	190
<i>Sulistiyani Margono, Megah Andriany, Nur Setiawati Dewi</i>	
Effect of Psychoeducation on the Psychological Condition of Cancer Patients: A Systematic Review	191

<i>Lilik Sriwiyati, Muchlis AU Sofro, Nana Rochana</i> Psychological Distress in Caregivers of Schizophrenia Patients at Primary Health Care (PHC)	192
<i>Emi Wuri Wuyaningasih, Latifa Aini Susumaningrum, Juwarti, Ira Rahmawati</i> The Effect of Holy Quran Voice with and without Translation on Symptom of Schizophrenia: A Quasi Experimental Pre-Test-Post-Test Control Group Studies	193
<i>Azkiya Rizki Rahmaniya, Sesa Amelia, Ariandini Hanuun, Widodo Sarjana, Sri Padma Sari</i> Effect of Yoga Relaxation Reduce Anxiety among in Hypertension People	194
<i>Rr Sri Puji Astuti</i> Spiritual and Emotional Technique for Physical and Psychological Problems in Patients with Chronic Illnesses: A Systematic Review	195
<i>Emy Kurniawati, Hery Djagad Purnomo, Henni Kusuma</i> Symptoms of Depression among Women Prisoners.....	196
<i>Ilma Widiya Sari, Mateus Sakundarno Adi, Megah Andriany</i> The Effects of Cognitive Behavior Therapy (CBT) on Dietary Adherence of Patients Chronic Illness	197
<i>Resa Nirmala Jona, Untung Sujianto, Hery Djagad Purnomo</i> Effect of Spiritual Therapy on Anxiety and Depression in Hemodialysis Patients: an Analytical Literature Review	198
<i>Erlangga Galih Z.N., Henni Kusuma</i> Effect of Aromatherapy in Reducing Anxiety: A Systematic Review	199
<i>Muhamad Ibnu Hasan, Dadi Hamdani, Erlangga Nugroho, Andi Nurhikma, Mika Agustiana, Indri Wijayanti, Reni Sulung utami</i> The Effect of Acceptance and Commitment Therapy on Depression of Patients with Chronic Disease	200
<i>Avin Maria, Untung Sujianto, Niken Safitri Dyan Kusumaningrum</i> Effectiveness of Peer Education on Tuberculosis Case Finding: Systematic Review	201
<i>Akbar Amin Abdullah, Farid Agushybana, Megah Andriany</i> Profile of Microorganisms and Their Sensitivity in Diabetic Patients with Ulcers Descriptive Study on Inpatients at Sultan Agung Islamic Teaching Hospital Semarang	202
<i>Masfiah, Rahayu, Vito Mahendra, Saugi Abduh</i>	
Drug discovery-Kidney	
<i>Siti Fadlilah, Nazwar Hamdani Rahil</i> Tekelan Leaf Extract (<i>Chromolaena odorata</i>) 75% Reduces Bleeding Time of a New Wound.....	203
<i>Satrio Adi Wicaksono, Pratiwi Diah Pitaloka</i> The Effect of Paracetamol and Morphine Analgesic Combination on Creatinine Levels in Male Wistar Rats	204
<i>Enrico Morley, K Heri Nugroho</i> The Relationship between Iodine Content of Water and Thyroid Volume	205
<i>Yulia Wahyu Villyastuti, Ryan Maulana, Doso Sutiono</i> Effect of Ketamine as Adjuvant in Superficialis Cervical Block on P Substance Content in Patient with Thyroidectomy	206
<i>Fida' Husain, Henni Kusuma, Andrew Johan</i> Peer Support Program in Hemodialysis Patients: an Analytical Literature Review	207
<i>Akub Selvia, Mochamad Ali Sobirin, Henni Kusuma</i> Improving Quality of Life (QoL) among Family Caregivers of Patients on Hemodialysis with Increasing Family Resilience: An Analytical Literature Review	208
<i>Henni Kusuma, Wahyu Hidayati</i> Analysis of Nursing Care based on Self Care Orem's Theory among Patients with Urinary Elimination Disorders	209
<i>Wahyu Hidayati, Henni Kusuma, Susana Widyaningsih, Yuni Hastuti, Chandra Ropyanto</i> Patient and Family Experience Managing Body Fluids of Patients with ESRD undergoing Haemodialysis	210
<i>Deka Ade Yusmawan, Anggorowati, Andrew Johan</i> The Effect of Breathing Exercise Yoga (<i>Pranayama</i>) Exercise against Anxiety Levels of Hemodialysis Patients: A Systematic Review	211
<i>Merita, Dini Junita, Tina Yuli Fatmawati, Nurfitriani</i> Dietary Diversity among Adolescents in Senior High School, Sarolangun Jambi	212
<i>Pratiwi Diah Pitaloka, Satrio Adi Wicaksono</i> The Effect of Paracetamol and Morphine Analgesic Combination on Aspartate Aminotransferase Levels in Male Wistar Rats	213

Table of Contents

2nd ICTMHS – 4th JINC, 2018

The Effect of Red Cabbage (<i>Brassica oleracea</i> var. <i>capitata</i> f. <i>rubra</i>) Extract to MDA Levels in Rat Blood after Maximum Physical Activity	214
<i>Nadia Husna Haris, Trilaksana Nugroho, Astika Widy Utomo, Yora Nindita</i>	
The Effect of Paracetamol and Morphine Analgesic Combination on Serum Alanine Aminotransferase Levels in Male Wistar Rats	215
<i>Mutiara Hapsari, Satrio Adi Wicaksono, Sulistiyati Bayu Utami</i>	
Alternative Use of Non-Commercial Sea Cucumber Collagen as Antiaging and Skin Health (Case Study on <i>Sthicopus Vastus</i> and <i>Holothuria Atra Rendement</i>)	216
<i>Renni Yuniati</i>	

Attachment

Analysis of Nursing Care based on Self Care Orem's Theory among Patients with Urinary Elimination Disorders

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ABSTRACT

Introduction: Nursing care in patients with urinary system disorders need to study based on the theory of nursing as an effort to improve the quality of nursing care. Implementation of nursing care in patients with urinary disorders using Self Care Orem's theory provide an overview of the self-sufficiency level among patients to meet self-care needs independently. This analysis aims to provide an overview of the nursing care implementation based on Self Care Orem's Theory among patients with urinary system disorders.

Methods: This case study used 40 respondents with descriptive explorative research design. Role of care provider had performed by implementing nursing care through applying nursing theory of Orem's Self Care Deficit Theory on 40 patients with renal disease, obstruction urinary tract, carcinoma in urinary tract, and emergency of urinary system.

Results: The result of the analysis showed that most of nursing problems are urinary elimination disorder (95%) for universal self-care requisites, lack of knowledge for developmental self-care requisites (82.5%), and anxiety for health deviation self-care requisites (67.5%). Partly compensatory was the most widely used nursing system in nursing diagnoses before evaluation of nursing care was performed (65%). Most patients were at supportive educative compensatory condition when evaluation of nursing care had performed (75%). Guidance, teaching, and directing were the most widely used methods of helping (85%).

Conclusion: Nurses can apply the theory of Self Care Orem to improve nursing service quality especially for helping patient with urinary system disorders.

Keywords: Self-care Orem's theory; nursing care; urinary elimination disorder

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Keywords: Self Care Orem's Theory, Nursing Care, Urinary Elimination Disorder

Analysis of Nursing Care based on Self-Care Theory among Patients with Primary Glaucoma Disorders

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ABSTRACT

The purpose of this study was to explore the quality of nursing care for patients with primary glaucoma disorders based on the theory of nursing as an effort to improve the quality of nursing care. Implementation of nursing care in patients with primary glaucoma disorders using Self-Care Theory provides an overview of the self-efficacy level among patients to meet self-care needs independently. This analysis aims to provide an overview of the nursing care implementation based on Self-Care Theory among patients with primary glaucoma disorders. This case study used 40 respondents with descriptive exploratory research design. Data of care provided had been performed by implementing nursing care through applying nursing theory of Self-Care Theory. Theory on all patients with acute disease, chronic disease, and emergency of urinary system. The results of the analysis showed that most of nursing problems are minor. The universal self-care regulation (45%) for glaucoma disorders, lack of knowledge for development self-care regulation (32.5%), and anxiety for health deviation self-care regulation (17.5%). Family companionship was the most widely used nursing system in nursing diagnosis. Before evaluation of nursing care was performed (32%), 40 patients were an appropriate condition when evaluation of nursing care had performed (32%). After comparison condition when evaluation of nursing care had performed (32%), (32%) patients reading and directing was the most widely used method to coping (32%). The findings suggest that nursing care can apply the theory of Self-Care Theory to improve nursing care quality especially for helping patient with primary glaucoma disorders.

Key words: Self-Care Theory, Nursing Care, Primary Glaucoma Disorders

Introduction

Urinary elimination disorder is one of common health disfunctions in society that can decrease quality of life. There are include renal disease, urinary tract obstruction, malignancy in urinary tract, and urinary tract infection. These occur in various age ranges caused by congenital, trauma, metabolic, degenerative, and infectious process. Problems arising from illness in urinary system can related to life threatening and giving significant impact on normal activity and productivity. Healing process in some cases requires long time or it just can be manage to prevent their complications. Further, it can affect the health status related to quality of life, physical comfort, and psychosocial health (Smeltzer, Bare, Hinkle, & Cheever, 2008). Therefore, it is a challenge to be able to provide complete nursing care in facilitating clients to achieve optimal health levels.

Orem's self care theory can be applied to various urinary elimination disorder patients, especially in chronic kidney disease patients which is an often case that found in urinary system disorders. Especially, patients with end stage renal disease who are almost getting renal replacement therapy, they must to adjust their live and doing a good self care to sustain their health. Orem's self care theory is the right nursing model that can be applied in chronic condition areas (Alligood & Tomay, 2006). This theory emphasizes that every individual has ability to care for himself (self care). When individuals experience disruption in fulfilling their self-caring needs due to illness, the purpose of nursing services as a self care agency is to help improve clients' self-care abilities. The role of nurse in the Orem's self care theory application is helpful improve the ability of patients to independent in clinical area that will improve quality of life when patient in the community area.

Orem's self care model viewpoint is cannot be separated from nursing metaparadigm consisting of nurses, patients, environment, and health. Nurses have ability in designing and determining self-care management for improving human function to an effective level based on the appropriate assistance method. Health not only body status but also ability to function at each life span until it develop progressive towards a high level inside integration and function. Environment is unit that supports human function and mutually influence mutualism have an impact on health among individual patients and families. Patient is someone who accepts self care that has capacity of knowledge, potential to learn and develop, and can learn to meet the needs of self care (Alligood & Tomay, 2006).

Previous study showed that using self care model on nursing intervention can decrease physical problems such as fatigue level on multiple sclerosis patients (Afrasiabifar, Mehri, Sadat, & Shirazi, 2016). Other study showed that it can be statistically significant improvement of self-esteem and quality of life among burn patients on post-intervention using self care model on nursing intervention (Elalem, Shehata, & Shattla, 2018). There was no study that evaluate efficiency using self care model intervention among urinary elimination disorder patients. The purpose of the research is to get an overview of the self care theory application among patients with urinary elimination disorders.

Method

This study was exploratory descriptive research with amount of population were 40 patients who undergo treatment at hospitals with urinary system disorders. This research variable is a theory of nursing care self care Orem. The research sub variables were diagnostic operation, prescriptive operation, regulation operation, and control operation. Sampling method with using a sampling quota of 40 patients in Cipto Mangunkusumo National Hospital and Gatot Soebroto Infantry Hospital on 2008 and 2012. Application of nursing care based on Orem's self care theory was carried out from assessment until evaluation. Assessment based on basic conditioning factor, formulation of nursing diagnoses based on diagnostic operation, as well the intervention refers to the nursing intervention classification where every activity of interventions were grouped according to method of helping.

Indonesia University, Faculty of Nursing Sciences Ethics Committee's ethical approval, the written permission of hospitals where the study would be conducted, and the verbal consent of the participants were provided before commencing this study. In order to protect rights of confined participants in scope of the study, the purpose and the duration of the study and procedures to be carried out during study were explained to them before collecting data of the study, and "Informed Consent" principle was complied. Ultimate attention was paid to comply to "The Autonomy" principle by stating that the confined participants may withdraw from the study at any time, and to "Confidentiality and Protection of The Confidentiality" principle by stating that the personal information will be kept confidential after being shared with the researcher. Specifying that the information obtained and the identity of the respondent will be confidential, "Disidentitiy and Security" principle was met.

Results

The results of Frequency Distribution based on Demographic Characteristics can be seen in Table 1.

Tabel 1. Demographic Characteristics for Total Sample (n = 40)

No	Demographic Characteristics	f	%
1	Age		
	Early adulthood (18 – 40 years)	5	12.5
	Mature adulthood (41 – 59 years)	27	67.5
	Late adulthood (≥ 60 years)	8	20
2	Gender		
	Male	29	72.5
	Female	11	27.5
3	Education		
	Elementary	12	30
	Junior High School	2	5
	Senior High School	22	55
	Graduate	4	10
4	Job		
	Unemployment/housewife	25	62.5
	Employment	15	37.5
5	Disease		
	Chronic Kidney Disease	25	62.5

Nefrolithiasis	5	12.5
Nephrotic Syndrome	1	2.5
Urinary Tract Malignancy	4	10
Urinary Tract Infection	1	2.5
Benign Prostate Hyperplasia	4	10
Total	40	100

An overall statistical description of the sample (n = 40) by characteristic of respondent is shown in Table 1. Over a half was age from 41 to 59 years old and majority of sample was female. Slightly more than a half of the sample had an senior high school education. Almost half were unemployment or housewife. Majority of participants had chronic kidney disease.

The results of Frequency Distribution based on Diagnostic Operation can be seen in Table 2.

Table 2.
Diagnostic Operation according to The Self Care Orem's Theory in Patients with Urinary System Disorders (n = 40)

No	Nursing Diagnosis	f	%
1	Universal Self Care Requisite		
	Urinary Elimination Disorder	38	95
	Excess of Fluid and Electrolyte Imbalance	26	65
	Activity Intolerance	29	72.5
	Pain	15	37.5
2	Developmental Self Care Requisite		
	Lack of Knowledge	33	82.5
3	Health Deviation Self Care Requisite		
	Anxiety	27	67.5

The results of diagnostic operation analysis showed that most of nursing diagnosis was urinary elimination disorder (95%) for universal self-care requisites, lack of knowledge for developmental self-care requisites (82,5%), and anxiety for health deviation self-care requisites (67.5%).

The results of Frequency Distribution based on Prescriptive Operation can be seen in Table 3.

Table 3.
Prescriptive Operation according to The Self Care Orem's Theory in Patients with Urinary System Disorders (n = 40)

Design Nursing System	F	%
Wholly Compensatory	12	30
Partly Compensatory	26	65
Supportive Educative Compensatory	2	5
Total	40	100

The results of prescriptive operation analysis showed that most of design nursing systems before nursing intervention was partly compensatory (65%).

The results of Frequency Distribution based on Regulatory Operation can be seen in Table 4.

Table 4.
Regulatory Operation according to The Self Care Orem's Theory in Patients with Urinary System Disorders (n = 40)

Type of Helping (Nursing Care)	F	%
Guidance	34	85
Directing	34	85
Teaching	34	85
Supporting	7	17.5
Prevention Developmental	3	7.5

The results of regulatory operation analysis showed that guidance, teaching, and directing were the most widely used methods of helping on nursing care (85%).

The results of Frequency Distribution based on Control Operation can be seen in Table 5.

Table 5.
Control Operation according to The Self Care Orem's Theory in Patients with Urinary System Disorders (n = 40)

Design Nursing System	F	%
Wholly Compensatory	7	17.5
Partly Compensatory	3	7.5
Supportive Educative Compensatory	30	75
Total	40	100

The results of control operation analysis showed that most of design nursing systems after nursing intervention was supportive educative compensatory (75%).

Discussion

The therapeutic demand of self-care described by Orem provides a description of basic conditioning factors that influence patient and environment (aspects of the patients life, health, or wellness), recognizing the effective instruments and specific techniques, chosen by the patient, which can be used to change development factors; self-care agency enables the person to perform self-care. So that self-care is directed toward accomplishing the self-care demand and the patients interacted with supporting social networks and the care provider could solve any problems hinder the self-care actions (Fok & Wong, 2003; Alligood & Tomay, 2006).

Characteristic Respondent

The result of the current study showed that more than a half of patients was male (72.5%). The majority of the studied patients was at mature adulthood (41 – 59 years) about 65%. Majority of participants had chronic kidney disease. This result in congruent with Amoako, Laryea, Addo, Andoh, and Awuku (2014) who found the majority of the participants were males. The male predominance might be a reflection of the fact that in this study the most of respondent has

CKD and its risk factors such as hypertension and smoking are commoner in males than females. Differences in the health seeking behaviours of males and females might also play a role in the observed differences in CKD prevalence in the two sexes. This is similar to the findings from other developing countries (Eghan, Amoako, Kankam, & Nsiah, 2009; Ulasi & Ijoma, 2010; Barsoum, 2006) but contrasts with that seen in developed countries (McDonald, Excell, Livingstone, 2010). Several factors may account for the younger age of patients with CKD in the developing world. There is a high prevalence of infestations and these contribute to the development of chronic glomerulonephritis, which is the leading cause of CKD in developing countries (Naicker, 2003). Additionally, inadequate treatment or control of such causes of CKD as hypertension and diabetes mellitus may also be contributory. The second commonest cause of CKD in the tropics is hypertension (Naicker, 2003). The prevalence of HIV associated nephropathy is also high in the developing world (Sarfo, et al., 2013). Amoako, Laryea, Addo, Andoh, and Awuku (2014) found that the primary kidney disease was known, chronic glomerulonephritis was the most probable cause (33%) followed by diabetes mellitus (22.2%) and hypertension (21.2%). In the developed world, diabetes mellitus is the most common cause of CKD (McDonald, Excell, Livingstone, 2010).

In this study we also found that slightly more than a half of the sample had an senior high school education and almost half was unemployment or housewife. This result is congruent with Amoako, Laryea, Addo, Andoh, and Awuku (2014) who found unemployment rate (37.9%) in their cohort of patients might be a significant contributor to the poor control of blood pressure and can affect to its complication which is CKD as a major diseases that occurred among respondents. Other reasons for the late presentation might include the high cost of health care services as well as the use of alternative treatments like spiritualists and traditional healers. In certain communities, patients with generalised body swelling as is the case in CKD are seen as people under a curse and are thus sent to spiritual healers for the reversal of the spell. Such cultural norms may also contribute to the late presentation of patients. The lack of regular CKD screening programmes, inadequate education on CKD and inadequate nephrology services may also be contributing to the late presentation of such patients. The late presentation coupled with the high prevalence among economically active age group has worrying implications for the socioeconomic wellbeing of individual families.

Diagnostic operations are processes to determine problems and diagnoses nursing. Nursing diagnoses determined with regard to self care demand. Determination of self care demand done with a basic assessment on basic the conditioning factor is continued universal, developmental, and deviation self care. Data reflection is done by looking the power of self care as a process the end of this stage to determine self care deficit (Alligood & Tomay, 2006). Nursing diagnosis will describes inadequacy of self care fulfillment towards universal self care requisites, developmental self care requisites, and health deviation self care requisites.

Partly compensatory was used large in the case of patients with urinary disorder especially for patient with CKD on renal replacement therapy or prepare to surgery and specific treatment for patients with BPH, urinary obstruction, or malignancy. This dynamic nursing system in nursing services aims to improve patient's ability both physiologically and psychological, wholly compensatory just if any moderate condition such as shock uremia, heavy breathing, etc among patients with urinary disorder (Mentro, 1999). Obstacles to improving the ability of patients is

and its risk factors such as hypertension and smoking are common in males than females. Differences in the health seeking behaviours of males and females might also play a role in the observed differences in CKD prevalence in the two sexes. This is similar to the findings from other developing countries (Egbon, Amosko, Kechin, & Olatunji, 2009; Urali & Jones, 2010; Barakat, 2006) but contrasts with that seen in developed countries (McDonald, Ekob, Livingstone, 2010). Several factors may account for the younger age of patients with CKD in the developing world. There is a high prevalence of infections and these contribute to the development of chronic glomerulonephritis which is the leading cause of CKD in developing countries (Ninkovic, 2003). Additionally, inadequate treatment or control of such causes of CKD as hypertension and diabetes mellitus may also be contributory. The second commonest cause of CKD in the tropics is hypertension (Ninkovic, 2003). The prevalence of HIV associated nephropathy is also high in the developing world (Zandi et al., 2012). Amosko, Laroya, Abdul-Abdu and Awala (2014) found that the primary kidney disease was IgG nephropathy in glomerulonephritis was the most probable cause (33%) followed by diabetes mellitus (22.3%) and hypertension (21.5%). In the developed world, chronic nephritis is the most common cause of CKD (McDonald, Ekob, Livingstone, 2010).

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Diagnostic operations are processes to determine problems and diseases through identifying diseases described with regard to self care domain. Systematic identification of self and domain done with a basic assessment or basic the epidemiological factors is a critical and essential development and domain self care. Data reduction is done by entering the data into a process and one of the ways to determine self care domain (Livingstone, 2010). Nursing diagnosis will describe, understand, of self care, identify and correct self care deficiencies. The operational self care domain will health to include self care deficiencies.

Self care competency was used here in the sense of patients with primary health care especially for patients with CKD an equal important strategy in preparing a strategy and setting treatment for patients with CKD, primary prevention or self management. The primary nursing system is nursing services aims to improve patients ability both physical and psychological, which encompasses just if any moderate condition such as stroke, trauma, heavy breathing, etc. means patients with primary disease (Mannix, 1997). Operation to improve the ability of patients is

patient and family awareness. Patient still must be directed to do some intervention activities. Family still help patients even though they are patients can do it independently so family help is a form social dependence. Limitations defined as dependency social to others for achievement life and health influenced by functional and social perspectives (Orem, 1991 in Schmidt, 2008). Theory nursing system is a proposed action care for humans, systems of action displayed (designed and produced) by nurses where nurses are agents to train someone with a gap health, or health associated limitations in self care or dependence care. Nursing system is a series from practice actions intentionally as a nurse's appearance in one time when coordinating actions in patients with purpose to know and find therapeutic components of self care patient demand and to protect and arrange exercise or development as self care agency patient. Nursing system produced for individuals, someone where is a dependent care unit, group members who have therapeutic self care demand with components or have the same limitations, as provisions in self care or dependent care or for family units or multipersonals (Alligood & Tomay, 2008).

In this study, we showed that any changes in the nursing system go towards increased self-care ability was indicator of success against 40 cases managed. This result of this study related to previous study showed that using self care model on nursing intervention can decrease physical problems such as fatigue level on multiple sclerosis patients (Afrasiabifar, Mehri, Sadat, & Shirazi, 2016). Other study showed that it can be statistically significant improvement of self-esteem and quality of life among burn patients on post-intervention using self care model on nursing intervention (Elalem, Shehata, & Shattla, 2018). Ropiyanto (2014) also had same result that patients with musculoskeletal disorder can effectively have higher of self care ability after giving nursing care based on self care Orem's theory.

This results was related to prescriptive operation as a step to determine what type of assistance will be given in the intervention nursing. The prescriptive phase is determining phase for the method of giving right help with consider basic conditioning factor. Priority of self care demand is more essential physiological processes (Alligood & Tomay, 2006). Regulatory operation is a stage in preparing a nursing care plan until the implementation of the plan nursing. The regulator phase aims to designing a nursing care plan right based on the prescriptive phase. Care nursing based on Orem's theory consists from the outcome or purpose, type of nursing system used, as well as interventions based the type of assistance that will be given. Method providing assistance is the basis for intervene with consider time, frequency, and the patient's condition appropriately (Alligood & Tomay, 2006). Control operation is a stage evaluation in nursing care. Evaluation done in the control phase, where effectiveness of regulatory operations and outcomes the client is estimated (Alligood & Tomay, 2006). Patients with urinary system disorders evaluation based on effectiveness nursing system and patient response. Evaluation nursing system in cases of effective management and changes to the nursing system go towards more independent for patients.

Conclusions

Nurses can apply the theory of self care Orem to improve nursing service quality especially for helping patient with urinary system disorders especially in terms of improve patient independence with giving attention to physiological, psychological, and culture as a whole. Model self care Orem can be used in applying nursing care that can modify according to the needs of the wards with a more easily understood form.

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ISBN 978-602-5560-75-0



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**Hosted by Faculty of Medicine, Diponegoro University,
Semarang, Central Java, Indonesia**