



STIKep PPNI Jawa Barat, Bandung - INDONESIA
National Cheng Kung University Hospital - TAIWAN
Bandung, 16th – 17th July, 2018

Conference Book
International Conference on Health Care
and Management

“Evidence to inform action on supporting and implementation of
SDGs”

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This book published by:

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Welcome Message



Assalamualaikum Warahmatullahi Wabarakatuh

Dear honorable guests,
Sustainable Development Goals (SDGs) as an agreement of sustainable development objectives agreed by all countries at the 2015 UN sessions. Each country including Indonesia has an obligation to implement this joint development plan by applying universal, integration and inclusive principles by ensuring that no one missed or “No-one Left Behind” Indonesia has Nawa Cita or 9 priority agenda which should synergize with SDGs and can be used as health program application in Indonesia to also achieve SDGs.

On behalf of the organizing committee and the Nursing Society of Indonesia, I am glad to invite you to join ICHM 2018 (International Conference on Health Care and Management) in Bandung, Indonesia on July 16-17, 2018.

The conference is expected to reveal some solutions for evidence-based health care and scientific facts to be discussed by various viewpoints from diverse speakers from around the world with the title “Evidence to inform action on supporting and implementation of SDGs. Through the International Conference is expected to improve health services, especially in the field of nursing in Indonesia to improve the human development index.

We hope all participant could benefit from the exciting program and will surpass your expectation and that will be an inspiring event.

Warm regards,



Dhika Dharmansyah
Conference chair



Assalamu'alaykum Wr.Wrb
Good morning and best wishes for all of us.

Ladies and gentlemen, in such a great and happy day, let's praise and thank to Allah Swt who has given us grace and mercy to all of us to gather in this International Conference on Health Care Management event today.

First of all, we would like to gratitude and appreciate highly to national Cheng Kung University Hospital has given the opportunity and confidence to our institution STIKep PPNI Jabar for the second time in collaboration to organize International Conference on Health Care Management with theme: "Evidence to inform action on supporting and implementation of SDGs". This event is one of follow up The memorandum of Understanding between NCKUH with STIKep PPNI Jabar.

STIKep PPNI Jabar is as a nursing education institution carry out the mandate to create professional nurse, we must implement all TRIDHARMA University activities in academic atmosphere that aims to broaden and improve nursing and existence of nurse profession capacity in nation developing continually.

As we know the university academic quality is determined by its researches and graduates result quality. The research work results may be either a right against managing intellectual wealth equity as well as scientific work which is able to be publicized through scientific journals and scientific gathering forums of the same scientist background both in national and international level.

Nevertheless, the publishing of journal researches is published by its university. Nowadays, it is irregular because there are both financial and scientific manuscript availability drawbacks. Scientific regular manuscripts are very limited because manuscript contributor is only from its university as well.

The high education Research and technology ministry data in 2017, it stated that there were an increase of research work publishing done by practitioners, academicians and researchers of Indonesian. The amount of Indonesian research publishing on international journal certifiable indexed Scopus tended to increase. The high education Research and technology ministry data on December 1st 2017 noted that Indonesia scientific research publishing reached 14.100 journals. Meanwhile, on October 1st 2017 there were as many as 12.098 journals.

However, internally nurse profession scientific research journals are still less of publishing. It is alleged to the low of quantity and quality publishing about nursing. One of the drawbacks is rarely the interaction between nursing scientists and experts in scientific conferences. Some efforts are carried out by STIKep PPNI to encourage and to accelerate sharing knowledge amongst the nursing experts. Accordance to the goals, National Cheng Kung University Hospital Taiwan and STIKep PPNI have made MoU and held as this International conferences organizer. Hopefully, it is able to bridge all stakeholders, practitioners, and academicians in supporting the quality of the human resources especially, nurses and health workers as well.

The honourable ladies and gentlemen,
Nowadays, in the global era, the transformation runs rapidly and consequently it makes the knowledge based society. Information and communication technology development are very important in on its role in manifesting society development based on the knowledge. The higher education of society will be higher of health service quality demands specially nurse.

Accordance to the effort, this International conference aims to,

1. Facilitate the knowledge sharing between health experts and nurses to encourage the goal of health human resource quality.
2. Produce health scientific and nursing articles deserve to be published on international scopus indexed journal.
3. Make communication networking amongst Universities, research institution, nurse practitioners, and other stakeholders.

I truly believe that all participants through the 2 days in international conference, our goals above are able to be manifested well.

Finally, I would like to thank to all of participants diligently and with spirit of attending this international conference on health care management.

Wish the conference is able to be knowledge sharing event and delightful and successful as well, the conference will be enlightened and interchange will do great help for us after attending this conference, especially STIKep PPNI Jabar and generally for all profession nurses to provide health services to communities, aamiin ya robbal alamin.

Wassalamu'alaykum Wr.wb.

Kindest regards,



The Dean of STIKep PPNI Jabar



Excellencies, Distinguished Delegates, Ladies and Gentlemen,
Selamat Siang,

I'm ChyunYu Yang, the superintendent of National Cheng Kung University Hospital in Tainan, Taiwan.

On behalf of our hospital, it is my pleasure and privilege to welcome all of you to participate in the international conference on health care and management 2018.

To our eminent speakers and delegates who have come from UK, Netherland, Korea, Japan, Thailand, Singapore, Taiwan, and Indonesia, I bid you a very warm welcome to Bandung. We are indeed honoured to have you here with us. We have about 1.000 participants from different place in Indonesia and countries gathered here today, making our conference a truly meaningful one.

This is our second time collaborate with STIKEP PPNI Jawa Barat to hold an international conference. Last year, we have very successful conference with the theme focus on infection control and disaster management. And this year, our conference theme is "evidence to inform action on supporting and implementation of SDGs".

The Sustainable Development Goals (SDGs) known as the global goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. Goal 3 addresses all major health priorities and calls for improving reproductive, maternal and child health; ending communicable diseases; reducing non-communicable diseases and other health hazards; and ensuring universal access to safe, effective, quality and affordable medicines and vaccines as well as health coverage.

However, the world seems still far from ending maternal mortality, with more than 303,000 deaths in pregnancy or childbirth occurring annually. NCDs are also a growing problem, causing 40 million deaths in 2015.

But, All in all, we can take comfort in the fact that SGDs indicators are moving in the right direction .Yet we still have plenty of work to do.

I wish in the next two day and a half, we have the opportunity - and indeed the responsibility - to prepare and add knowledge related the current situation and progress reflection of SDGs.

In closing, I encourage delegates to participate actively in the interesting discussions over the next two days. I wish everyone a successful and fruitful conference.

Thank you.

Conference Committee

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FACTORS RELATED TO SELF CONCEPT AMONG TERMINAL PATIENT AT QIM HOSPITAL, BATANG REGENCY, INDONESIA

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ABSTRACT

Background: The condition of the terminal is a progressive process leading to death by going through a process of physical decline, psychosocial and spiritual decline. In this condition, the client feels unable to perform daily activities as usual. This is what can affect the self-concept of someone who has a terminal illness. Self-concept is a self-view of an illness experienced. The client will feel a loss of role and feel if powerless. This process will affect the prognosis of the client's illness with a terminal illness, so the government provides an effort to help clients with a terminal illness is by doing palliative care. This study aims to determine the factors related to self-concept in terminal patients at QIM Hospital Batang. **Research Method :** This research use descriptive analytic design with cross-sectional approach. The population in this study were terminal patients with chronic renal failure, stroke, HIV / AIDS, cancer. The sampling technique used is the quota sampling and incidental sampling, with the number of research samples as much as 80 respondents. Data collection using MUIS, B-IPQ, and RSCQ questionnaires. The data analysis used is Chy Square. **Results :** From the factors of individual characteristics, disease uncertainty, and perception of disease, which relate to self-concept in terminal patients at QIM Batang Hospital is the duration of illness and disease uncertainty. Where the value of p-value of long relationship pain with self-concept 0.013, and the relationship of uncertainty of the disease with self-concept with p-value 0,006. It can be concluded that the length of illness and the uncertainty of the disease have a relationship with self-concept in terminal patients at QIM Batang Hospital. **Conclusion:** From several factors studied there are two factors that can influence self-concept in a terminal patient at QIM Batang Hospital that is long sickness and disease uncertainty.

Key Word: Terminal disease, Self Concept, Disease Uncertainty, Long sick

BACKGROUND

WHO reports that more than 29 million people (29,063,194) died in 2011 due to terminal illness. The largest proportion occurred in adults of 94% and children 6% (WHO, 2011). In Indonesia, the most common terminal illness cases are Stroke, HIV / AIDS, Cancer, and Chronic Kidney Failure, which increases annually (RISKESDAS, 2013).

Regarding the Health Profile Data of Central Java (2015), the number of terminal illness patients, especially stroke, cancer, GGK, and HIV / AIDS has increased each year. The development of new cases of stroke patients in Central Java province amounted to 16,800 (2.64%), which are increased 13,250 (2.08%) from the previous year. Cancer found increased and reached 5,801 cases (0.91%) in a year. The percentage in cases of chronic renal failure (GGK) of 0.38% or 722 cases. The number of new cases of HIV / AIDS based on the health profile of Central Java (2015), numbered 2,763 cases increased when compared to 2014 as many as 2,480 cases (Central Java Health Profile, 2015).

Batang is one of the regencies located in the north part of Central Java. Most of the area in this regency is the coastal area. In Batang Regency, the number of terminal illness is increased each year. The number of stroke patients reported 5.70% and 2.04%. The number of cases of HIV infection found in Batang District was 117 cases increased compared to the previous year, while AIDS cases were 35 cases compared to the previous year 22 cases. A number of patients with chronic renal failure 2.07%, this is caused by some disease such as hypertension, and diabetes mellitus (Batang District Health Profile, 2014). It can be concluded that the number of terminal illness patients, especially stroke, cancer, congenital, and HIV / AIDS is increasing every year, so it needs special attention and proper prevention in handling the case.

A terminal condition is a progressive process leading to death walking through a stage of physical, psychosocial, and spiritual degradation processes for the individual (Carpenito, 1995). In this condition the client decreases the body function which will reduce the client's daily activity, the psychosocial problem will arise when the client feels unable to do the activity that usually done, with the condition of the client in a conscious state. While the concept of self is generally defined as the way, we look at ourselves as a whole.

Based on this understanding, terminal illness can cause various effects, both physically and psychologically, the impact can affect self-concept on clients with a terminal illness. Physical effects can be observed from the physical changes experienced by clients by the disease, as well as changes in body function. This can affect the client's self-concept, where the client does not accept the changes that occur in him, revealing the inability to display his role and feel the failure in his role in the family and social environment, and feel ashamed of yourself due to disease and treatment measures related to the disease (Muhith, 2015)

While the psychological impact on terminal illness is clients will feel a loss of self-control and hope and dependence and also feel helplessness. Where clients will later use self-defense mechanisms such as denying and rejecting the reality of changing body functions, avoiding and denying roles in the family and society, and clients tend to withdraw and feel guilty for themselves. Thus, clients with terminal illness tend to experience a negative self-concept as a self-defense mechanism in denying the conditions experienced by the client by the client's self perception (Muhith, 2015).

Based on the statistical report and the interviews with nursing management at QIM Hospital Batang, it reported that the number of patients with the terminal disease has increased. Self-concept in patients with terminal care tends to be positive and good in patients who already understand and understand about the situation or for patients who have long suffered from the terminal disease. But at the beginning of the diagnosis, many patients

are still not able to accept about the disease they experienced. Still fearing his illness, uncertainty of healing of his illness. In addition to the patient, the family member is likely to experience rejection and has not been able to accept the situation if the family members suffer from terminal

The number of patients with a terminal illness at QIM Batang Hospital, for the last three months, can be seen based on secondary data taken from medical record data, a number of Cancer patients 59 patients, HIV / AIDS 63 patients, GGK 264 patients, and Stroke 822 patients. The total amount includes inpatients and outpatients of both men and women. Based on the above data are still many clients with a terminal disease who have not been able to control the behavior and self-concept in the face of the situation about the disease, so that researchers interested in knowing factors - factors related to self-concept in terminal patients. After knowing the factors related to this self-concept, the researcher wants to arrange and apply the appropriate intervention strategy with client's situation so that it can assist the client in facing the situation and help the formation of the self concept when the terminal disease has to occur.

METHOD

Research Design

This is quantitative research with the descriptive analytic study design. Descriptive analytics are studies that attempt to explore how a health phenomena can occur, with the Cross-Sectional approach.

Population and Sample

The population in this study were all terminal patients with HIV / AIDS diagnosis, Cancer, Chronic Kidney Failure, and Stroke treated at QIM Batang Hospital. The number of terminal patients during the last one month at QIM Batang Hospital was as many as 404 patients. Cancer Patients 21 people, HIV / AIDS 21 people, GGK 88 people, stroke 274 people.

Sample selection using quota sampling and accidental sampling technique. The study sample was terminal patient with a diagnosis of Chronic Kidney Failure, stroke, cancer and HIV / AIDS at QIM Batang Hospital in January 2018 as many as 80 people.

Data Collection

Data collection was done by giving questionnaires to respondents. The questionnaires used were MUIS, B-IPQ, and RSCQ, with a total of 70 questions.

Data Analyze

Univariate analysis was applied to describe each variable in this research, that is a self concept, individual characteristic of rependidikan, work, disease type and duration of illness by using frequency distribution.

Bivariate analysis is done by Chi Square test to know the existence of relation of the independent variable and dependent variable.

RESULT AND DISCUSSION

1. Analisis Univariat

Age

Majority respondents are in old adult (56-65 years old) age which is 30 person (37,5%)

Table 1. Number and Percentage of Respondent's Age at QIM Hospital Batang

Age	Frequency (n)	Percentage (%)
17 - 25 YO	2	2,5
26 - 35 YO	6	7,5
36 - 45 YO	13	16,3
46 - 55 YO	29	36,3
56 - 65 YO	30	37,5
Total	80	100

Gender

Most of respondent's gender is male which is 43 people (53,8%).

Table. 2 Number and Percentage of Respondent's Gender

Gender	Frequency (n)	Percentage (%)
Male	43	53,8
Female	37	46,3
Total	80	100

Educational Level

Most of respondent's educational level is an elementary school which is 49 person (61,3%)

Table. 3 Number and Percentage of Respondent's Educational Level

Educational Level	Frequency (n)	Percentage (%)
Elementary School	49	61,3
Junior High School	23	28,7
Senior High School	8	10,0
Total	80	100

Occupational Status

Most respondents work as self-employed as many as 43 people (53.8%).

Table 4. Number and Percentage of Respondent's Occupational Status

Occupational Status	Frequency (n)	Percentage (%)
Unemploye	23	28,7
Entrepreneur	43	53,8
Civil Servant	14	17,5
Total	80	100

Type of Disease

Most of the diseases suffered were Chronic Renal Failure (GGK) as many as 42 people (52.5%).

Table. 5 Number and Percentage of Respondent's Type of Disease

Type of Disease	Frequency (n)	Percentage (%)
Renal Failure	42	52,5
HIV/AIDS	11	13,8
Stroke	24	30,0
Kanker	3	3,8
Total	80	100

Duration of Illness

Most of the respondents have long duration with the condition of the disease.

Table. 6 Number and Percentage of Respondent's Duration of Illness

Duration	Frequency (n)	Percentage (%)
≤1 year	45	56,3
> 1 year	35	43,8
Total	80	100

Uncertainty Disease

Uncertainty disease in terminal patients 40 people (50%) high and 40 people (50%) low.

Table. 7 Number and Percentage of Respondent's Uncertainty Disease

Uncertainty Disease	Frequency (n)	Percentage (%)
High	40	50,0
Low	40	50,0
Total	80	100

Illness Perception

Perception of the disease most of the respondents with a terminal illness is poor as much as 43 people (53,8%).

Table. 8 Number and Percentage of Respondent's Illness Perception

Illness Perception	Frequency (n)	Percentage (%)
Good	37	46,3%
Poor	43	53,8%
Total	80	100

Self Concept

Most of the respondents have positive self-concepts as many as 45 people (56.3%).

Table. 9 Number and Percentage of Respondent's Self Concept

Self Concept	Frequency (n)	Percentage (%)
Positif	45	56,3
Negatif	35	43,8
Total	80	100

2. Analisis Bivariat

Table 10. Factors related to self-concept among terminal illness patient at QIM Hospital Batang

Variable	Self Concept				Total (%)	<i>p value</i>
	Positif		Negatif			
	F	%	F	%		
Age						
17 - 25 YO	1	1,3	1	1,3	2 (2,5%)	0,079
26 - 35 YO	3	3,8	3	3,8	6 (7,5%)	
36 - 45 YO	6	7,5	7	8,8	13 (16,3%)	
46 - 55 YO	12	15,0	17	21,3	29 (36,3%)	
56 - 65 YO	23	28,7	7	8,8	30 (37,5%)	
Gender						
Male	25	31,3	18	22,5	43 (53,8%)	0,822
Female	20	25,0	17	21,3	37 (46,3%)	
Educational Level						
Elementary School	27	33,8	22	27,5	49 (61,3%)	0,926
Junior High School	13	16,3	10	12,5	23 (28,7%)	
Senior High School	5	6,3	3	3,8	8 (10,0%)	
Occupational Status						
Unemploye	15	18,5	8	10,0	23 (28,7%)	0,354
Enterpreneur	21	26,3	22	27,5	43 (53,8%)	
Civil Servant	9	11,3	5	6,2	14 (17,5%)	
Type of Disease						
Renal Failure	23	28,7	19	23,8	42 (52,5%)	0,392
HIV/AIDS	4	5,0	7	8,8	11 (13,8%)	
Stroke	16	20,0	8	10,0	24 (30,0%)	
Kanker	2	2,5	1	1,3	3 (3,8%)	
Duration						
≤1 year	14	17,5	21	26,3	35 (43,8%)	0,013
> 1 year	31	38,8	14	17,5	45 (56,3%)	
Uncertainty Disease						
High	29	36,3	11	13,8	40 (50,0%)	0,003

Low	16	20,0	24	30,0	40 (50,0%)	
Illness Perception						
Good	20	25,0	17	21,3	37 (46,3%)	0,822
Poor	25	31,3	18	22,5	43(53,8%)	
Total	45	56,3	35	43,8	80 (100%)	

DISCUSSION

Characteristics of Individual

Age is a risk factor for terminal disease, with increasing age, the Higher the risk of terminal illness. According to research conducted by Pradani (2015) patients with age > 60 years tend to have a high risk of terminal illness. This is because of the increasing age, then the body's function will decrease so that it can inhibit the body's metabolism. In this study, most of the respondents were the final age group or more than 55 years. Terminal disease can occur in anyone and can occur at any age where it is caused by a history of internal medicine family, the lifestyle of the respondent (Wordpress, 2014).

In this study, the number of terminal illness patients is mostly male as much as 43 people (53.8%). The level of education is learning in the community in, take care of the health (Notoatmodjo, 2010).

The majority of terminal illness patients are 49 primaries (61.3%) of basic education graduates. Most of the respondents are self-employed as many as 43 people (53.8%). The type of disease that is experienced mostly is Chronic Kidney Failure (GGK), as many as 42 people (52.5%). The relationship between individual characteristics consisting of 6 variables of age, sex, education level, occupation, type of illness, and duration of illness, which has a relationship with self-concept is the duration of illness. Where has value p value equal to 0,013 < (0,05) with value of OR 0,301. It can be concluded if the duration of illness is associated with self-conspiracy in terminal patients at QIM Batang Hospital. This can be due to the longer a person experiences a disease, will tend to ignore positive experiences and even the smallest success ever achieved, tend to feel bored with the conditions experienced. Most clients with terminal illness have negative thinking in assessing themselves and in all situations (Stuart and Sudden, in Muhith 2015).

Uncertainty Disease

Based on the result of research on disease uncertainty in a terminal patient at QIM Batang Hospital with average value 88,51. With a minimum value of 74 and maximum 112. Uncertainty of the disease has a value of p-value 0.003 < (0.05), it can be concluded if the uncertainty of the disease has a relationship with self-concept in terminal patients at QIM Batang Hospital. Uncertainty of illness is the greatest source of stress for patients with acute or chronic disease (Virginia, 2012).

With a feeling of uncertainty, the disease affects the prognosis of the illness experienced by the client. So if the prognosis of the disease worsens, the self-concept shown by the client tends to be negative and requires psychological help either from the medical team or the family.

Illness Perception

Perception of the disease has an average value of 51.54 with a minimum value of 26 and a maximum value of 100. Perception of the disease has a value of $p\text{-value } 0.822 > (0.05)$, this indicates if the perception of the disease has no relationship with self-concept.

Perception of disease is a person's action to interpret information to provide a picture and understanding of a person about the disease experienced. Where the concept of self is formed from one's view of the disease experienced. If someone has a good perception, it will show a positive self-concept, and if someone has a negative perception it will show a negative self-concept as well. This is by research conducted by Oktarinda et al. (2014) if perception disease have no relationship in the formation of self-concept in terminal patients.

CONCLUSION

Based on this research, the characteristics of individuals who have a relationship with self-concept is the length of illness with a value of $p\text{ value } 0.013 < (0.05)$. The uncertainty of the disease is related to self-concept in terminal patients at QIM Batang Hospital, with $p\text{ value } 0,006 < (0.05)$. Perception of the disease has no relation to self-concept in a terminal patient at RSIM QIM Hospital, with $p\text{ value } 0,851 > (0,05)$.

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