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**Conference Book**  
**International Conference on Health Care**  
**and Management**

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

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**Conference Book International Conference on Health Care and Management:**

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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 1<sup>st</sup> 2017 noted that Indonesia scientific research publishing reached 14.100 journals. Meanwhile, on October 1<sup>st</sup> 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 SGD 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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## PATIENT ACTIVATION MEASURE APPLICATION FOR PATIENT WITH CARDIOVASCULAR DISEASE AT NATIONAL HEART CENTER HARAPAN KITA JAKARTA

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### ABSTRACT

**Background:** Cardiovascular disease remain occurs around of the world. Currently, as many as 30% of deaths worldwide are caused by cardiovascular disease. Not only have an impact on death, some patients with cardiovascular disease also experience readmission. Self-management by activating patients can decrease the readmission. **Objectives:** The purpose of this study is to apply Patient Activation Measure to assess the activation of patients with cardiovascular disease. **Methods:** This study was the application of evidence-based nursing practice. Patient Activation Measure consists of 13 statement items representing 4 levels of patient activation. Patient Activation Measure were used in Gedung Perawatan II, included of 51 sampel patient with cardiovascular disease. **Results:** Patient Activation Measure was sent to 51 patients with Acute Coronary Syndrome and heart failure patient (N=36) and post cardiac surgery (N=15), included 29 male and 22 female. The Patient activation Measure demonstrated adequate internal consistency overall (Cronbach's  $\alpha = 0.828$ ) and inter-item correlation range from 0.341 to 0.556. The average value of the patient's answer higher at level 1 than answer at level 2, 3, and 4. **Conclusions:** Patient Activation Measure able to used for patient with cardiovascular disease, has good reliability and validity. By approached to previous research, the activation level of patient in National Heart Center Harapan Kita Jakarta at level 3 or medium activation.

**Keywords:** Cardiovascular; Evidence-based; Patient Activation Measure

### INTRODUCTION

Cardiovascular disease remains around of the world. Some kind of cardiovascular disease can affect readmission, especially heart failure. Self-care management can reduce readmission. However, self-care and self-care management is not usual in Indonesia. Self-care management in developed country highest than developing country (Riegell et al., 2009). Self-management capability of patients with heart failure is limited to adherence to medication, but not to fluid management, activity, and diet.

Some studies suggest that self-management can be improved by increasing patient activation (Hibbard et al., 2007; Shively et al., 2013). However, as long as the patient gets hospitalized, the nurse does not know how is patient activation.

Research conducted by Dunlay et al. (2016) shows that patient activation can be measured easily. Tool to assess the activation by using Patient Activation Measure (PAM). Several studies that are using PAM have shown that by using PAM the task become efficient, improve outcomes, and lower costs. By using PAM may also assist the nurse in planning appropriate care for the patient and knowing the progress of patient's condition (Hibbard, 2014).

Patients with the chronic cardiovascular disease are expected to know about the disease and able to perform self-management and have confidence in living it. Therefore, assessment of the patient activation is necessary to provide nursing care that is appropriate and focuses on the patient. So, the purpose of this study is to apply Patient Activation Measure to assess the activation of a patient with cardiovascular disease.

**METHODS**

The application of evidence-based nursing practice by using PAM was carried out in Gedung Perawatan II at National Heart Center Harapan Kita Jakarta in January until May 2017. This study included 51 patient with cardiovascular disease. Eligible participants were at least 18 years old, were able to read and speak Indonesia language, diagnosed with Acute Coronary Syndrome, heart failure, and post cardiac surgery, or already planned to go home. Participation was voluntary, and consent was obtained from all participants. An initial name and code were assigned to all participant materials to ensure confidentiality.

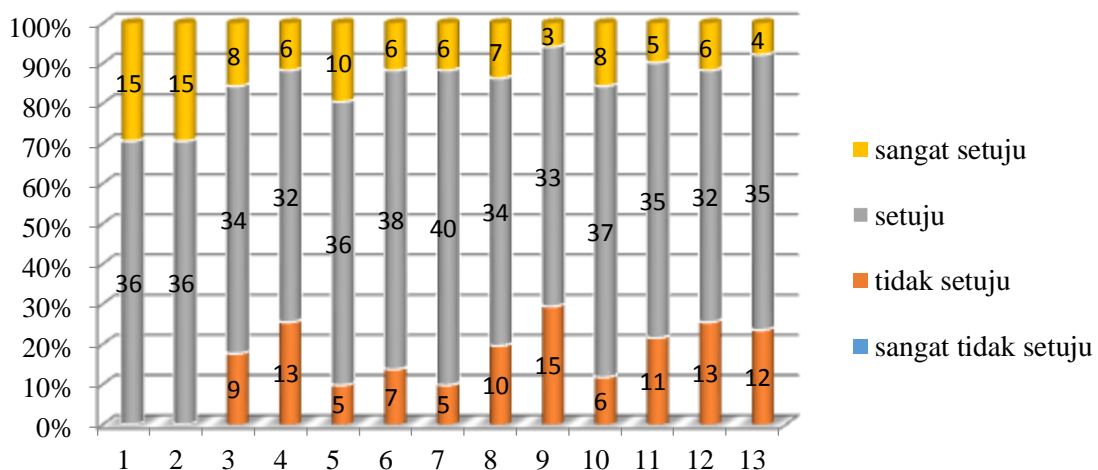
Activation was measured using PAM questionnaire. Participants filled the PAM questionnaire that has been translated in Bahasa. Patient Activation Measure consists of 13 statement items representing four levels of patient activation. Level 1 consists of 2 items statements at number 1 and 2. Level 2 is consist of 6 item statements from number 3 to 8. Level 3 is consist of 3 item statements in numbers 9 to 11. Level 4 is consist of 2 item statements number 12 and 13. Each of the 13 items can be answered with one or four possible response options, which are “disagree strongly” (1), “disagree” (2), “agree” (3), “agree strongly” (4). The total value of the PAM is 13 to 52. The sum row score is converted to a derived score from 0-100 using a computer algorithm to know the activation level. In this study, the sum row score is converted by the approached previous study. The internal consistency and inter-term correlation rang was analyzed by computerized.

The patient’s activation is categorized into four levels. Level 1 indicating that the patient believes in the importance of activation (PAM score ≤47.0). Level 2 indicating the patient has confidence and knowledge to take action (PAM score 47.1 to 55.1). Level 3 is taking action (PAM score 55.2-67.0). Level 4 shows confidence to maintain a new lifestyle and able to stay the course under stress (PAM score ≥67.1). Patients at levels 1 and two means low activation, level 3 is medium activation, and 4 is high activation.

**RESULTS**

A total of 51 patients agreed to participate, the mean age 53,69 years old. Gender was distributed almost evenly with 56.9% (n=29) male and 43.1% (n=22) female participants. Most participants were diagnosed with Acute Coronary Syndrome and heart failure (70.6%, n=36) and post cardiac surgery (29.4%, n=15). Regarding internal consistency, a Cronbach’s α of 0.828 was found.

The inter-item correlation range from 0.341 to 0.556.



**Figure 1.** Participants responses according to agreement categories (n=51)

According to **Figure 1**, most participants respond "agree" for statements at level 1 and the rest answered, "strongly agree." The average value of the patient's answer at level 1 is 3.29. Most participants responded "agree" and there are patients who respond "strongly agree," but there are also patients who answer "disagree." The average value of patients answered at level 2 of 2.98. Most participants respond "agree" at level 3 and 4, there are also participants who answered "strongly agree" and "disagree." The average value of patients respond at level 3 was 2.99. While the average value of the participants at level 4 was 2.85.

## DISCUSSION

The highest average value of participant response at level 1 (average value of PAM is 3.29). This indicated that in level 1, the patient had higher confidence compare to the response at levels 2, 3 and 4. In a previous study conducted by Ngooi (2016), PAM was applied for cardiac patients in Singapore and showed the results are relatively same. Where the average of participant response is higher at level 1 compared to level 2, 3, and 4.

The mean value of PAM in this study was 38.84. The mean value in a study conducted by Ngooi (2016) that is 40.2 of 52 and the score of PAM was 58.57 in the range 0-100. Similar research conducted by Rademakers et al. (2012) to see the validity and reliability of PAM in patients with chronic diseases such as cardiovascular disease in the Netherlands. The mean score was 40.39 of 52, so the PAM score was 60.48 in the range 0-100. Both previous studies showed that the participant activation was in level 3 or medium activation. Through this approach, the mean value of 38.84 in this study can be assumed that the patient activation of the participant at National Heart Center Harapan Kita Jakarta was in level 3 or medium activation.

The high score of PAM, related to the degree of satisfaction of patient interaction with service providers, more activation and self-management behavior, more initiative to seek information, and improve health outcomes (Hibbard et al., 2007; Morrel et al., 2009). The high level of patient activation in National Heart Center Harapan Kita Jakarta can cause by the participant still hospitalized, so they get information about the disease and be prepared to go home.

Research conducted by Shively et al. (2013), describes examples of interventions that can be done referring to the level of patient activation. For patients with level 3 or medium activation, interventions may be given such as helping the patient makes plan and action based on signs and symptoms. At level 4 or high activation, explore the ability of patients and make plans to face difficult times in self-management.

Patient with low activation levels indicates a lack of knowledge and self-confidence in self-management (Dixon, Hibbard, and Tusler, 2009). Low activation has been associated with inadequate knowledge in patients with heart failure, low self-efficacy, and low involvement in self-management behavior of patients with heart failure after being discharged from the hospital (Do et al., 2015). In other studies, Acute Decompensated Heart Failure patient with low activation while hospitalizing also showed poor satisfaction, poor health knowledge, more need for skills in care, and had a higher risk of death after discharge (Dunlay et al., 2016).

Interventions that can be given to patients with low activation or level 1 such as providing a video of a patient living with heart failure, explore the actions that the patient might try. While at level 2 nurses may involve patient for discussing treatment, invite the patient to watch videos of people living with heart failure, and discuss how and when to contact health services (Shively et al., 2013).

The health care providers need to improve communication skills, motivate, nurture health for a patient with low activation (National Health Service England, 2016). The level of patient activation is a dynamic concept and not a label. Patient with high levels of activation may be at the low level of activation in different conditions, diagnoses, or new complications.

## CONCLUSION

The PAM questionnaire is an objective measuring tool for assessing patient activation. Also, PAM can also be used to assess and improve the quality of patient-centered nursing care according to

patient needs. Based on the results, the mean value of patient response was high confidence in the statement level 1 compared level 2, 3, and 4. This indicates that the patient has the self-awareness that the activation is needed in care but they have no knowledge and belief in self-management.

Nevertheless, based on the PAM score by approaching previous study indicates that patient activation in National Heart Center Harapan Kita Jakarta on level 3 or medium activation. This can be because that the patient is still hospitalized, so they have been informed about the disease and prepared to go home.

Recommendations based on the results of evidence-based nursing practice, the implementation of PAM are expected to be sustainable as a measuring tool to determine the activation patient. So the health care providers, especially nurses, can support and provide appropriate nursing care based on the level of patient activation. Also, further research can be done to determine with certainty the level of activation of patients with cardiovascular disease in National Heart Center Harapan Kita Jakarta.

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