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

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

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July 16th - 17th
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International Conference on Health Care and Management-2018

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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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EFFECTIVENESS OF DISTRACTION TECHNIQUE TRAINING IN PARENTS AGAINST DECREASED DISTRESS (PAIN) IN CHILDREN IN IMMUNIZATION AT PUSKESMAS PUTER

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ABSTRACT

Background: Immunization is closely related to needles that can cause anxiety, avoidance can even cause distress in children and parents. Distraction technique is one of the integrated non-pharmacological interventions involving the role of parents in overcoming pain problems during infant immunization procedures. Objectives: This study aims to determine the effectiveness of distraction technique training on childhood distress (pain) in children immunization. Methods: This research is quantitative by using quasi experiment design. Sampling by accidental sampling. Data were collected from 25 control groups and 25 intervention groups. Measurements of pain after immunization using Modified behavior pain scale (MBPS). The data were classified by median, then treated with t-test. The results showed that values in the control group, all of which included severe pain criteria. While in the intervention group, most include mild pain criteria. Results: Based on statistical test using t-value = 0,000 <α = 0.05. This shows that there is a significant difference between intervention and control groups. Provision of interventions with distraction techniques involving the role of parents can reduce the scale of pain in children after immunization.

Keywords: Immunization, Distraction Techniques, Pain

INTRODUCTION

Immunization is a means of prevention of infectious diseases especially Preventable Disease with Immunization (PD3I) given not only to children from infancy to adolescence, but also to adults. Immunization is one of the most cost-effective (inexpensive) health investments, as it proves to prevent and reduce the incidence of sickness, disability and death inflicted by PD3I, which is estimated to be 2 to 3 million deaths annually (Kemenkes RI, 2016).

Each country has a different immunization program, tailored to the priorities and health conditions of each country. In Indonesia, immunization programs require that every infant (1-11 months) get complete basic immunizations such as age 0-7 days (hepatitis B vaccine), 1 month age (BCG and Polio 1 vaccine), 2 month age (DPT-HB vaccine (DPT-HB-HIB 2, OPV3), age 4 months (DPT-HB-HIB 3, OPV 4, age 9 months Measles vaccine (Kemenkes RI, 2014).

The method used by injecting the vaccine into the child's body, either intracutaneously, subcutaneously or intra-muscular, is performed when administering most of the basic immunizations, such as BCG, hepatitis B, DPT, and measles. According to Cohen et al. 2006, Immunization is closely related to hypodermic needles that can cause anxiety, avoidance can even cause distress in children during visits to health services to get the vaccine.

Children will also react more heavily in vaccinations if they have previous negative medical experience compared to children with a slightly negative experience (Walco, 2008). As parents can also feel depressed, when their child receives immunizations and perhaps the parents are also experiencing phobias against needles that ultimately lead to delay or rejection of vaccinations.
Based on the report of comprehensive basic immunization coverage obtained from routine data in 2010-2013 reached the target, but the period of 2012-2015 has decreased (Kemenkes RI, 2016).

This explains that the pain caused by immunization can cause stress in infants and can result in short-term as well as long-term as described above. Events that can cause trauma to children, such as anxiety, anger, pain, etc. are some of the most common cases in society. Thus, to reduce the psychological impact of the given nursing action, atraumatic care as a form of therapeutic treatment, can be given to children and families (Hidayat, 2005).

Distraction technique is a cognitive strategy that provides physical and mental healing, the advantage of this technique is that when the patient achieves full relaxation the pain perception is reduced, so it is very effective when distraction and relaxation techniques are used to treat pain problems (Potter & Perry, 2009).

From the description above the researcher is interested to conduct research that aims to determine the effectiveness of distraction technique training in the elderly to decrease the distress in children at Puter Health Center Bandung.

LITERATURE STUDY

Immunization is a way to actively boost a person's immunity against a disease, so that when later exposed to the disease will not suffer from the disease. Basic immunization is the provision of early immunization to achieve the level of immunity above the threshold of protection (Kepmenkes RI, 2016). Immunization in infants and children is done by introducing vaccines or substances that are used to stimulate the formation of anti-body substances into the body through injections such as BCG vaccine, DPT and measles, by mouth such as polio vaccine (Hidayat, 2009).

Pain according to IASP (Internastional Association for the Study of Pain) is an unpleasant sensory and emotional experience due to tissue damage or that tends to damage the tissues. Pain is very subjective. Regardless of the presence or absence of tissue damage, pain should be accepted as a complaint that must be trusted. Pain is an important sensation for the body. The provocation of the sensory nerves of pain produces a reaction to discomfort, distress, or suffering (Raylene, 2008). Tadio (2008), said that the pain caused by immunization injections will cause a bad impact if not managed properly, especially on the emotional aspects of children such as anxiety, fear and stress. Experience with syringes causing pain in childhood affects future anxiety can even develop into needle phobia.

Distraction technique is one of the integrated non-pharmacological interventions involving the role of parents in overcoming pain problems during infant immunization procedures. This intervention consists of providing information about pain reduction methods in infants and followed by the implementation of methods of reducing pain during immunization procedures in infants. To overcome some of these obstacles distraction engineering training is very important to involve parents, using several ways that are tailored to the child's growth and development. In newborns or (Infant) using oral stimulation by giving ation. In older infants 1-3 years (Toddlers) distraction techniques can use chanting, stories, playing dolls, watching. The child's school age can already be discussed, the child can choose the part of the body to be immunized, distract the game by playing, opening, filming or switching to the question of school activities (Stevens, 2016).

To measure the scale of pain in children undergoing immunization needs to be done indirectly and includes tearful observation, good facial expression to assess the scale of pain. In addition to facial expressions, autonomy and behavioral responses or motor activity may also be performed to measure pain (Nelson, 2000). In this study, pain measurement using a modified behavioral pain scale (MBPS) pain gauge. This measuring instrument has three variables as the measurement basis of facial expression (0-3), crying (0-4) and movement (0-3) total score is in the range 0-10 from various pain gauge evaluated validity and reliability of the three tools measured above on acute pain during immunization in infants (Taddio & Hogan, 2011).
RESEARCH METHODS

This study used quasi-experimental design of quasi experimental type with intervention group and control group. The study was conducted at Puter Health Center in April-May 2018. The population in this study was all infants who came for immunization in April - May 2018. The sample in this study was taken using the technique of Accidental Sampling. The sample in this study were 50 children. Respondents were divided into 2 groups. The first group is infant immunization intervention is done with the assistance of parents or close family. The control group is a baby who is immunized with pembedongan. The division of the intervention and control group by drawing the arrival number. The results are as follows: Intervention group: arrival arrival number 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24 and 25. Control groups: arrival arrival numbers 26, 27, 28, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49 and 50. The infant's parents are given an explanation and are volunteered to participate and sign the informed consent. Before the procedure begins, infants in the intervention group and the control group are weighed first and ask some questions in the observation sheet. Then, parents of intervention group infants were given brief explanations and training on parenting methods, arranging the baby's body position in the mother. swinging and sucking and distracting the child by playing. In the control group, infants who were given immunization will be carried out with cloth, then the assistant will record the injection process using a digital camera since before the injection and after immunization.

The instrument used in this research is using the standard Modifiede Behavior Pain Scale (MBPS) observation sheet, then interrogated the MBPS observation twin. Data analysis was done by computerized using SPSS 17 program package. The data will be classified using media. The results will be analyzed using T-test with $\alpha = 0.05$. The value of P value used is the value of Asymp. Sig. (2-tailed).

RESULTS AND DISCUSSION

The results of the research conducted during April - May are described in the following table. Table 1.1 Distribution of respondents by sex

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Man</td>
<td>22</td>
<td>44.0</td>
<td>44.0</td>
<td>44.0</td>
</tr>
<tr>
<td>Woman</td>
<td>28</td>
<td>56.0</td>
<td>56.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

From the table above is known almost half of 22 respondents (44%) male sex and more than half of 28 respondents (56%) female sex.

Table 1.2 Distribution of respondents by age

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>infant</td>
<td>36</td>
<td>72.0</td>
<td>72.0</td>
<td>72.0</td>
</tr>
<tr>
<td>toddler</td>
<td>14</td>
<td>28.0</td>
<td>28.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

From the above table it is known that most of the 36 respondents (72%) are infant less than 12 months and almost half of 14 respondents (28%) are toddler

Table 1.3 Distribution of respondents by type of immunization

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>polio ivp</td>
<td>8</td>
<td>16.0</td>
<td>16.0</td>
<td>16.0</td>
</tr>
<tr>
<td>dpt hb hib</td>
<td>18</td>
<td>36.0</td>
<td>36.0</td>
<td>52.0</td>
</tr>
<tr>
<td>campak</td>
<td>13</td>
<td>26.0</td>
<td>26.0</td>
<td>78.0</td>
</tr>
</tbody>
</table>
dpt hb hib ulang| 7 | 14.0 | 14.0 | 92.0 |
campak ulang| 4 | 8.0 | 8.0 | 100.0 |
Total| 50 | 100.0 | 100.0 | 100.0 |

From the above table it is known that a small percentage of 8 respondents (16%) get polio and ivp immunization, nearly half (18%) of DPT immunization, HB, HIB, nearly 13 respondents (26%) measles immunization. A small percentage of 7 respondents (14%) had DPT, HB, HIB re-immunization, and a small proportion of 4 respondents (8%) immuniassai repeat measles.

The pain scale in the control group of all respondents 25 (100%) experienced severe pain with median> 7. While in the intervention group the majority of respondents 14 (56%) entered the mild pain scale with media <7, and almost half the respondents 11 (44% ) are included in the scale of severe pain. Further data were tested using T-test, the result showed p-value = 0.000 <α = 0.05. This shows that there is a significant difference between intervention and control groups.

Based on the distribution of respondents it is known that more than half (56%) are female type, most respondents (72%) are infant. Baby age has not been able to express verbal pain. Babies can only express the pain response by pounding, tugging from the stimulated area, hard manangis, the expression of pain seen on the face with eyebrows down, and wrinkled together, eyes closed, mouth wide open to form a square. Therefore pain in infants is assessed through the response of painful behavior that is facial expression, crying and movement (Taddio & Hogan, 2011). According to Ipp, Taddio, Goldbach, David and Koren (2004) suggest that older infants age more respond to pain than younger infants.

From the results of the pain scale assessment using the Modified Behavior Pain Scale (MBPS) observation sheet by observing the response of facial pain, crying and movement behavior, it was found that in the intervention group involving parents in the immunization procedure, the results obtained were mostly (56%) of the pain scale of children mild pain scale. By involving parents, the child will feel safer this is because at the age of infant and toddler is a period of great dependence on parents, involving parents will minimize distress in children. This is in accordance with the results of research conducted by dora chntya (2013), the results obtained that there is a significant difference in pain response between groups given physical intervention according to the will of the mother by holding, hugging, breastfeeding. The difference between the length of the crying of the infant receiving intervention explains that the average length of the intervention group's crying is shorter than the control group. This result is consistent with the Harrington study, et al. which also mentions that physical intervention significantly has a lower pain score and shorter crying than the sugar group and control group (Harrington, 2012).

CONCLUSIONS AND SUGGESTIONS
Training of distraction techniques in older people can significantly reduce the baby's pain response. With the training is expected parents will be more concerned with children in accordance with the growth and can be used to reduce the pain and crying baby when the procedure that causes pain in health care and parents or the baby's family while calming the baby who kept crying at home.

BIBLIOGRAPHY

