

PARLIANI, DKK

THE 2ND BORNEO INTERNATIONAL
NURSING CONFERENCE

INC2017

*“Improving Quality of Care through Primary Health
Care Management: Education, Practice, and
Research”*

Editor:
Hendra dan Parlani



PERPUSTAKAAN NASIONAL:
Katalog Dalam Terbitan (KDT)
The 2nd Borneo International
Nursing Conference (INC2017)
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Education, Practice, and Research"
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Hendra dan Parliani

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The 2nd BORNEO INTERNATIONAL NURSING CONFERENCE
NURSING INSTITUTE OF MUHAMMADIYAH,
PONTIANAK, WEST BORNEO, INDONESIA.
ON AUGUST 19 – 20, 2017

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5. Prihantini, SE.

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Coordinator : Rahmat Hidayat.

Members : 1. Ridwan.
2. Chairani.
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WELCOMING SPEECHES

Dear Colleagues,



Welcome to the 2nd Borneo International Nursing Conference (INC2017) which is being held in Pontianak, West Borneo Indonesia on 19th – 20th August 2017. On behalf of the Steering Committee, I greatly appreciate the benefit of your participation and contribution to the conference. The theme of this conference is “Improving Quality of Care Through Primary Health Care Management : Education, Practice, and Research” that will discuss the major of nursing field from research, education to clinical practice. In addition this conference will be many opportunities for hands-on learning and networking as well as exciting social events. Pontianak, West Borneo is one of the most cities of Indonesia with many culture and many tourist sites. We very much hope that you will be enjoy your time out in Pontianak, in addition to your attendance at the 2nd Borneo International Nursing Conference (INC2017) which is being held in Pontianak, West Borneo Indonesia. See you all in Pontianak, West Borneo, Indonesia.

Yours sincerely,

Supriadi, BSN., MHS.

The Chair Of The Institute Of Nursing Muhammadiyah Pontianak.

Dear Friends and Colleagues,



On behalf of President The 2nd Borneo International Nursing conference 2017 in Pontianak, West Borneo, Indonesia, with great pleasure that we invite you to join us at The 2nd Borneo International Nursing Conference 2017 (INC2017) in Pontianak, West Borneo, Indonesia. We fully expect that The 2nd Borneo International Nursing Conference 2017 meeting will be a great success and further strengthen INC as an excellent platform for the exchange of clinical and scientific knowledge on the latest developments and emerging challenges in nursing profession, because INC2017 will offer an extensive scientific program including numerous symposia, oral and poster presentation, focus sessions with leading international expert in the field of nursing.

The 2nd Borneo International Nursing Conference to be held in Aston Hotel, Pontianak, West Borneo, Indonesia from the 19th to the 20th of August 2017. The theme of the conference is “Improving Quality of Care Through Primary Health Care Management : Education, Practice, and Research”. We are sure that through a good education, practice, and research in primary health care management will be improving quality of care for human societies.

Pontianak, West Borneo, Indonesia welcome you to enjoy what will be an excellence conference and to enjoy much more heritage of multi racial and multi culture.

I am proud to give you a warm welcome to the 2nd Borneo INC 2017 Pontianak, West borneo, Indonesia and look forward to seeing you all.

Yours sincerely,

Lilis Lestari, BSN., MSN.

President The 2nd Borneo INC 2017

Dear Colleagues,



On behalf of the Chair of International Advisory Board of International Nursing Conference 2017 (INC2017) in Pontianak, we would warmly welcome your participation and contribution to this event The 2nd Borneo International Nursing Conference.

The conference will be held on 19th - 20th August 2017 in Aston Hotel, Pontianak – Indonesia. The theme of the conference is “Improving Quality of Care Through Primary Health Care Management : Education, Practice, and Research”. In this conference we are going to learn important issues and exchange ideas on current research and clinical topics on nursing science that will be improving quality of life for patient or community.

The 2nd Borneo International Nursing Conference will be an important of cultural unity, because this INC be held in Pontianak, West Borneo. This city with many racial and culture has much to see and do.

We hope you all enjoy the conference and your participation and contribution that will stimulate a creative exchange of ideas and will be personally rewarding on nursing science. We wish you an enjoyable stay in Pontianak, and hope that our efforts will exceed your expectations.

Yours sincerely,

Suriadi, MSN., AWCS., Ph.D

The Chair of International Advisory Board

Dear Participants and Colleagues,



Assalamu'alaikum Wr Wb

All praises are due to Allah SWT that had given blessing, strength and knowledge in finishing the event. Shalawat and Salam also propose to The Prophet Muhammad SAW, the Uswatun Khasanah for all muslim. In this very special moment, I would like to express my deepest thank to the committee who work hard for making this event of The 2nd Borneo International Nursing Conference. I wish to express my deep appreciation to colleagues from overseas or Indonesia itself, sponsorship which great participate in this event.

I would like to thanks to all participants who want to join this event warmly and spirit. I hope this event will make benefit for us that will encourage our experiences in scientific writing and research. This event is great event to open our mind to share our knowledge and make good relationship between us to join research or other cooperation.

I want to warm welcome to you in The 2nd Borneo International Nursing Conference with happy and wonderful welcoming to meet together and enjoy our country, especially our city Pontianak, West Borneo, Indonesia. Beside research, this event will show you how unique and beautiful culture of Indonesia and West Borneo, share the culture will encourage our performance too in Education, Practice and Research.

Please come and enjoy the 2nd Borneo International Conference on August 19th – 20th, 2017.

Yours sincerely,
Parliani, BSN, MNS
The Chair of Scientific Committee

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SYMPOSIUM AND PRESENTATION SCHEDULE

1st Day, August 19th 2017

Time	Agenda
07.00 – 08.00	Registration
08.00 – 08.20	Opening and welcoming (Dancing and Tapak Suci)
08.20 – 08.30	Doa
08.30 – 08.40	Reading Al-Qur'an
08.40 – 08.50	Sing Songs of Indonesia Raya and Mars Muhammadiyah
08.50 – 09.20	Welcoming Speech from: <ol style="list-style-type: none"> 1. The head of Nursing Institute of Muhammadiyah Pontianak 2. Governor of West Borneo
09.20 – 09.25	Giving souvenir to the Governor of West Borneo
09.25 – 09.30	Closing
09.30 – 11.30	Symposium 1
11.30 – 12.30	<i>Sho – Is – Ma</i>
12.30 – 14.30	Oral Presentation
	Oral Presentation
	Oral Presentation
	Poster Presentation
14.30 – 15.30	<i>Sho – Is – Ma</i>
15.30 – 17.00	Oral Presentation
	Oral Presentation
	Oral Presentation
	Poster Presentation
17.00 – 19.00	<i>Sho – Is – Ma</i>
19.00 – 21.00	Dinner

2ND DAY, AUGUST 20TH 2017

Time	Agenda
07.00 – 08.00	Registration
08.00 – 11.30	Symposium 2
11.30 – 12.30	ISHOMA
12.30 – 14.30	Closing Ceremony and Announcement of the Best Oral and Poster Presentation
14.30 – 15.30	ISHOMA

SCHEDULE OF SYMPOSIUM 1

Room : 1

Date : August 19th, 2017

Time : 09.30 – 11.30 WIB

Time	Name	Univ/Country	Title of Presentation
09.30 – 09.45	Prof. Tan Yibing	University of Chinese Medicine, China	Disaster Preparedness among Nursing Students in Asia: a-Cross Sectional Survey on Current Status and Demand of Disaster Nursing Education
09.45 – 10.00	Rose Nanju, RN., MN	Universitas Malaysia	Nurses Leading Primary Health Care: Hospice Care

		Serawak, Malaysia	
10.00 - 10.15	Assist. Prof. Dr. Sauwamas Khunian Theunnade	Khon Kaen University, Thailand	-
10.15 – 10.30	Julius C. Dano, RN., MN., MPHC	Cebu Normal University, Philippine	To Leave or to Live: Understanding the Lived Experiences of the Out of School Youths Victims of the Typhoon Hajjan in Caputatan Norte, Medellin, Cebu
10.30 – 10.45	DR. Suriadi NIRA: 61120134733	Nursing Institute of Muhammadiyah Pontianak, Indonesia	-
10.45 – 11.30	Discussing		

SCHEDULE OF SYMPOSIUM 2

Room : 1

Date : August 20th, 2017

Time : 08.00 – 11.30 WIB

Time	Name	University	Title of Presentation
08.00 – 08.15	Sri Yulia, S.Kp., M.Kep	STIKES Muhammadiyah Palembang	Safe Staffing for Quality of Nursing Care
08.15 – 08.30	Fitri Arofiati, S.Kep., Ns.,	University of Muhammadiyah	Continuing Competence Model for Practicing Nurses in

	MAN., Ph.D	Yogyakarta	Indonesia
08.30 – 08.45	Cau Kim Jiu, SKM., M.Kep., Ph.D (Cand.)	Nursing Institute of Muhammadiyah Pontianak	Phenomena Family Who Had Children with Autism in Indonesia
08.45 – 09.00	Haryanto, MSN., Ph.D (Cand.)	Nursing Institute of Muhammadiyah Pontianak	Chronic Wound and Biofilm
09.00 – 09.15	Wisnu Sadhana, MSN	Nursing Institute of Muhammadiyah Pontianak	Adherence to Medication and Self-Care among the Elderly with Hypertension in Nursing Homes in Yogyakarta Indonesia
09.15 – 11.30	Discussing		

ORAL PRESENTATION SCHEDULE

Room : 1

Date : August 19th, 2017

Time : 12.30 – 14.30 WIB

No	Name	Univ/Country	Title of Presentation
1	Antonieta G. Obiedo, Joni Inocencia F Gonzaga., & Jake Caneda	Cebu Normal University, Philippine	Something New, Somewhere New, Sommeone New
2	Melinda C. Pausanos	University of Bohol, Philippine	Predictors of Self- Actualization
3	Esperidion B.	Cebu Normal	The Net Contribution of the

	Corvera. , Emmiliano Ian Suson., & Laurence Garcia	University, Philip pine	Level of Awareness on the Psychological Status of the Post Disaster Victims
4	Worawut Saengthong and Jirawan Tanwattanakul	Khon Kaen University, Thailand	Junk Food Consumption and Nutritional Status of High School Students in Surin Province
5	Tiara Amalia Mentari. , Ramadhaniyati., Maria Fudji Hastuti., & Lilis Lestari	Tanjung Pura University, Indonesia	Nesting And Prone Position To Increase Oxygen Saturation In Preterm At Hospital X Pontianak City, Indonesia

ORAL PRESENTATION SCHEDULE

Room : 2

Date : August 19th, 2017

Time : 12.30 – 14.30 WIB

No	Name	Univ/Country	Title of Presentation
1	Nursia Mani Barjose & Vicenta T. Escobar	Cebu Normal University, Philippine	Case Studies on the Realities of Older People's Experiences of Abuse
2	LI Jiaying	Guang Zhou University of Chinese Medicine, China	Clinical Observation on Peptic Ulcer with Upper Gastrointestinal Bleeding by Nursing Intervention
3	Francis Theres C. Aparece. , Norie Jane G.M., Nestlen Khim	Cebu Normal University, Philippine	Dust after the Fall: Exploring the Lived Experiences of Young Motorcycle Drivers from Motor

	D.P., & Laurence L. Garcia		Vehicular Accidents
4	Mark Gilbert S. Milallos. , Sheila Mae L.R., & Laurence L. Garcia	Cebu Normal University, Philippine	Going Beyond Skin Deep: Life after Leprosy

ORAL PRESENTATION SCHEDULE

Room : 1

Date : August 20th, 2017

Time : 15.30 – 17.00 WIB

No	Name	Univ/Country	Title of Presentation
1	Lilis Lestari. , Herini E.S., & Gamayanti I.L	Nursing Institute of Muhammadiyah Pontianak, Indonesia	Experiences and Awareness of Main Caregiver in Providing Sex Education in Adolescents with Autism Spectrum Disorders in Pontianak Municipality, West Borneo, Indonesia: A Qualitative Study
2	Hazel L. Caneda. , Jillian A. Bejo., & Aida A. Inabangan	Cebu Normal University, Philippine	Lived Experiences of First Responders in Caputatan Norle during Yolanda's Wrath
3	Filomena T. Dayagbil., Angeline M. Pogoy., Carmel Vip Derasin., & Emiliano Ian B. Suson II	Cebu Normal University, Thailand	Flipped Classroom: Maximizing Face Time in Teaching and Learning across Disciplines
4	Jose Mari Louis G.	Cebu Normal	Perceptions of Incoming First

	Alforque., Jezyl C. Cutamora., & Christine Joy B. Anog	University, Philippine	Year Students to Nursing as a College Course
5	Jillian A Bejoc., Lagrimas G. Elizon., & Joni Inocencia F. Gonzaga	Cebu Normal University, Philippine	“Blown Out, Safely Homeward Bound” (Lived Experiences of Mothers during Yolanda’s Wrath

POSTER PRESENTATION SCHEDULE

Room :-

Date : August 19th – 20th, 2017

No	Name	Univ/ Country	Title of Poster Presentation
1	Astri J., Lely Lusmilasari., & Yayi Suryo Prabandari	Politeknik Negeri Nusa Utara, Indonesia	Relation between Mother’s Hygiene and Healthy Lifestyle Behavior (HHLB) and Diarreha Incidents on Children in Sangihe District
2	Huang Ruina	Guang Zhou University of Chinese Medicine, China	The Therapeutic Effect Comparison of Xiangsha Liujunzi Decoction High Position Retained Enema Therapy with Oral Therapy in Acute Nausea and Vomit by Breast Chemotherapy
3	Sutthiporn Sriprachote., Jirawon Tanwattanakul., & Juraporn Tangpukdee	Khon Kaen University, Thailand	Effects of a Parent Self- Efficacy and Outcome Expectation promotion Program on Weight Control among Preschool Children with Obesity
4	Lilis Lestari.,	Nursing Institute	Differences Toilet Training

	Rahayu, M.H., & Kurniati, F. D	of Muhammadiyah Pontianak, Indonesia	Preparations in Children Toddler with Mother Work and Doesn't Work in the Region Build Onggobayan Dukuh II, Ngestiharjo, Kasihan, Bantul, Yogyakarta
5	Jelita Siska Herlina Hinonaung., Elsi Dwi Hapsari., & Widyawati	Politeknik Negeri Nusa Utara, Indonesia	Effect of Transferring "Health Tips (Kiat Sehat)" Packages Towards Knowledge on Pregnant Mother in Sanghe Island

POSTER PRESENTATION SCHEDULE

Room :-

Date : August 19th – 20th, 2017

No	Name	Univ/ Country	Title of Poster Presentation
6	Gusti Jhoni Putra., Harisma Pratama., Usman., Elyse Maria R., & Novita Kurniasari	Nursing Institute of Muhammadiyah Pontianak, Indonesia	Family Support at Diabetic Foot Ulcer Patient (Kualitatif Study 3 Tribes in West Borneo)
7	Usman., Gusti Jhoni Putra., Jaka Pradika., Lestari Makmuriana., Wuriani., & Maria Putri Sari	Nursing Institute of Muhammadiyah Pontianak, Indonesia	Wound Care Simulation's Effect to Increase Knowledge and Skill to Student In Elementary School

**INTERNATIONAL
KEYNOTE SPEAKERS**

Suriadi, MSN., AWCS., Ph.D

Prof. Tan Yibing, RN., MSN

Assist. Prof. Dr. Sauwamas Khunian Theunnadee

Rose AK Manju, RN., MN

Assoc. Prof. Dr. Julius C. Dano

CURRICULUM VITAE



Suriadi, MSN., AWCS., Ph.D

Date and Place of Birth : July 03, 1967

Nationality : Indonesia

Marital Status : Married

Address : Jalan Sei Raya Dalam, Komplek Mitra Indah Utama 1
No. D. 35 Pontianak

Phone (62)561 711825

Mobile phone +6281219499500

Email address: suriadif@yahoo.com.au

Education

- The University of Indonesia, Faculty of Nursing, at Jakarta 1996
- Post graduate, Faculty of Medicine, Wound Management, Kanazawa University, at Japan 2004
- Doctoral Course, Faculty of Medicine, Wound Management University, at Japan 2007
- Post Doctoral, School of Nursing Queensland University Technology, Brisbane, University 2013

CURRICULUM VITAE

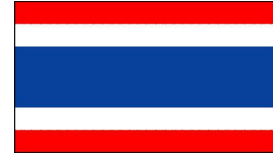


Prof. Tan Yibing, RN., MSN

Professor Tan Yibing (RN, MSN) is an associate professor of nursing school, Guangzhou University of Chinese Medicine, China. She received her undergraduate and postgraduate nursing education at Sun Yat-sen University, China.

Professor Tan's research interest focuses on disaster nursing, especially in relation to strengthen community disaster resilience and nurses' disaster preparedness. She had published 2 book chapters and 10 papers in peer reviewed journals, and is a member of Disaster Nursing Committee of Chinese Medical Association.

CURRICULUM VITAE



Assist. Prof. Dr. Sauwamas Khunlan Theunnadee

Name (in full): Assist. Prof. Dr. Sauwamas Khunlan Theunnadee

Job position:

- Dean, Faculty of Nursing Khon Kaen University, Thailand (2015-2019)
- Associate Dean for Administration and Strategic Plan, Faculty of Nursing Khon Kaen University, Thailand (10 Years)
- The President of Nursing Khon Kaen University Alumni Association (2014-2017)
- The Vice President of Thailand Nurse Association , North Eastern Brance (2014-2017)
- The TNC Broad Committee by election (first round 2010-2013, second round, 2014-2017)

Contact details, telephone, e mail etc.

Mobile phone : 081 6703895, sauthe@kku.ac.th, sauwamas@hotmail.com

Professional and academic qualifications:

- Assistant Professor in Nursing
- Master of Nursing Science
- Ph.D in Development Science
- Certificate in Public Policy Management from Hawaii University, USA
- Certificate in Higher Education Administrator Training in Thailand

- Certificate in RBL in teaching Strategies ,From Illinois State University
- Certificate in Executive Medical Administration in Good Governance Training Programme , Thailand Medical Council and King Rama 7 Institute.
- Certificate in LFC Programme

Date of LFC TOT programme (month/year):19-21, Feb, 2014

Leadership related activity over the previous three years – illustrating ongoing competence as LFC Certified Trainer:

Work as the mentor of the nurse teachers and students in teaching and learning activities in Academic role . Promote positive practice environment (Healthy Faculty) in Nursing Faculty, KKU . Work as nursing leader in NAT and THMC in Executive Broad Committee to promote quality of of Thai nurse in all aspect.

For example: LFC programme involvement or other relevant leadership activity-national committee work etc.

Competency development of Thai Nurse in the 21 st Century Committee(TNMC). Executive Medical Administration Network in Good Governance Training Programme , Thailand Medical Council and King Rama 7 Institute.

All Trainers C.V.s to be sent with Programme Proposal in order to be recertified for further 3 years.

CURRICULUM VITAE



Rose AK Manju, RN., MN

Academic Post : Lecturer, DS45
Date Joining UNIMAS : 1st November 2007
Qualifications : Master of Nursing, Bachelor of Nursing (Midwifery),
Diploma in Teaching and Learning, Certificate in
Nursing, Certificate in Midwifery, Certificate in
Counseling
Citizen : Malaysian
Appointment Status : Permanent
Email : mrose@fmns.unimas.my
Telephone : 082-581000 ext:5685

CURRICULUM VITAE



Name: : **JULIUS COLONIA DAÑO**
Age : 52 years old
Sex : Male
Birthdate : July 01, 1965
Birthplace : Cebu City, Philippines
Home Address : Nasipit, Talamban, Cebu City, Philippines
Work Address : Cebu Normal University, Jones Avenue, Cebu City,
Philippines
Religion : Roman Catholic
Spouse : Genoveva Tangpos Daño
Contact No. : 0922-8139717, Office No. 032-2544837
E-mail Add : juliuscoloniadano@gmail.com, julius_dano@yahoo.com

EDUCATIONAL BACKGROUND

1972-1978 Elementary Education
Cebu Normal College
Cebu City, Philippines
1978-1982 Secondary Education

	University of San Carlos-Boys High School Cebu City, Philippines
1982-1983	Bachelor of Science in Industrial Engineering Colegio de San Jose Recoletos Cebu City, Philippines
1983-1987	Bachelor of Science in Nursing Cebu State College Cebu City, Philippines
1998-2002	Master of Arts in Education Specialization: Guidance and Counseling Cebu Normal University Cebu City, Philippines
2005-2006	Master of Primary Health Care Flinders University South Australia
2010-present	with 18 units of Doctor in Education Specialization: Educational Management Cebu Normal University Cebu City, Philippines
2011-2013	Master in Nursing Major: Leadership Nursing Cebu Normal University Cebu City, Philippines
2013	Post Graduate course on Developing Skills in Data Collection for Qualitative Health Research University of the Philippines Manila-Department of
Public	Health
	April 15-19, 2013
2014	with 36 units of Doctor of Science in Nursing Specialization: Gerontology Nursing Cebu Normal University Cebu City, Philippines

EMPLOYMENT BACKGROUND

2016 – Present	Associate Professor III Cebu Normal University Cebu City, Philippines
1990-1998	Staff Nurse Tel Aviv, Israel
1988-1990	Clinical Teacher Cebu Doctor’s College – College of Nursing Cebu City, Philippines
1987-1988	Staff Nurse Sacred Heart Hospital Cebu City, Philippines

POSITION/RANK IN UNIVERSITY

1998-2005	Instructor 1
2006-2008	Assistant Professor 1
2008-2012	Assistant Professor II
2012-2016	Assistant Professor III
2016-present	Associate Professor II

LICENSURE EXAMINATION

1987	Nurses Licensure Examination April 30, 1987 Manila, Philippines
2004	IELTS Makati, Philippines

DESIGNATIONS

2016-present	Guidance Counselor, CN Research Chair, CN
--------------	--

2010-2012 Associate Dean/RLE Coordinator
College of Nursing
Cebu Normal University
Cebu City, Philippines

2009-2010 RLE Coordinator
College of Nursing
Cebu Normal University
Cebu City, Philippines

SUBJECTS TAUGHT

Undergraduate

Basic Nutrition and Diet Therapy

2000-present

Community Health Nursing

2006-present

Foundations of Nursing

1998-present

Strategies in Health Education

2009-present

Philosophical-Theoretical Foundations in Nursing

Post-Graduate

Philosophical-Theoretical Foundations in Nursing

2008-2011

Facilitating Learning

2011-present

Assessment of Learning

2011-present

EXPERT SERVICES

AACCUP

Accreditor Leyte Normal University

Program: EdD, MAT

September 2016

Aklan State University Kalibo Campus

Program: BS-IT, BS-HRM, BS Architecture, BS Info-Tech,

BS-Civil Engineering

September 9-11, 2013

Aklan State University Banga, Aklan
 Program: BS Nursing
 September 12-14, 2013

Northern Negros State College of Science and Technology
 Program: BS Nursing
 November 12-14, 2012

Guimaras State College
 Program: BSBA, BSHRM, BSInfotech
 November 15-17, 2012

Naval State University
 Program: Bachelor of Science in Nursing
 November 2011, November 18-21, 2014

Capiz State University
 Pontevedra Campus
 Program: Bachelor of Science in Nursing
 December 5-7, 2011

West Visayas State University
 Janiuway, Iloilo Campus
 Program: Bachelor of Science in Caregiving **Management**
 December 8-10, 2011

Camiguin Polytechnic State College
 Program: Bachelor of Science in Nursing
 November 15-17, 2010, August 1-4, 2011

Misamis Oriental State College of Agriculture and Technology
 Program: Bachelor of Science in Com Management
 November 18-21, 2010

Research Adviser

Masters in Nursing and Masters of Science in Nursing
 Major: Leadership Nursing and Medical-Surgical Nursing

External Mentor

Young Minds Academy (2007-2012)
 Eduardo Aboitiz Development Study Center
 Cebu City, Philippines

Resource Speaker

Project Nars
 DOLE, DOH, DEP-ED

Sarrosa International Hotel
Cebu City, Philippines
“Quality of Life Through Creative Nursing Care”
Cebu City Medical Center
Cebu City, Philippines
“Critical Thinking in Nursing”
Chong Hua Hospital
Cebu City, Philippines
OHNAP-Cebu: Keeping Ahead
August 4, 2012
Hotel Elizabeth, Cebu City, Philippines
DOING BUSINESS IN FREE TRADE AREAS
Philippine Regulation Commission
Crown Regency Hotel, Cebu City, Philippines
Transcultural Nursing: Promoting Quality Patient Care
PNA Cebu Chapter Inc.
Capitol site, Cebu City, Philippines
“Transfer and Gait”
Cebu City Medical Center
Cebu City Philippines
“Creating a Culture of Patients’ Safety through Critical
Thinking”
Perpetual Succour Hospital of Cebu Inc.
Cebu City, Philippines
7th Pre-Commencement Ceremony of the College of Nursing of
Iligan Institute of Technology of Mindanao State University
April 9, 2014
Annual Capping and Badge Investiture of the College of
Nursing and Commencement Exercises of the Diploma in
Practical Nursing
June 11, 2014
“Modern Nurses: Playing contemporary roles, Providing
Holistic Care and Preserve Nursing Spirituality in the Multi-
Fatih Society”

Colegio de San Antonio de Padua, College of Nursing, Danao
City, Cebu
October 8, 2014

**INTERNATIONAL
SPEAKERSHIP**

“Emergency Nursing”
International Emergency Nursing
Jogyakarta, Indonesia
December 14, 2013

ACHIEVEMENTS

Best Debater
Public Forum Debate
Cebu Normal University, 2009
Cebu City, Philippines
Presidential Citation for Exemplary Teaching Competence
Cebu Normal University, 2008
Cebu City, Philippines

MEMBERSHIPS

Philippine Nurses Association
Manila, Philippines
CNU Faculty Association Inc.
Cebu Normal university
Cebu City, Philippines
Federation of Cebu Normal University Alumni Association
Cebu Normal University
Cebu City, Philippines
Gerontology Nursing Association of the Philippines
2011-2012
Philippine Nursing Research Society Cebu Chapter
2012-2013

LEADERSHIPS

Chairman, Board of Governors
Philippine Nurses Association, 2015-2016

Governor, Region 7
Philippine Nurses Association
Manila, Philippines
2013-2016

President
Philippine Nurses Association Cebu Chapter Inc.
Cebu City, Philippines
2011-2012

Board Secretary/Board of Trustee
Federation of Cebu Normal University Alumni Association
Cebu Normal University
Cebu City, Philippines
2007-2009/2012-13
(2003-2005)(2007-2010)(2013-present)
Board of Trustee
CNU Faculty Association Inc.

INTERNATIONAL BENCHMARKING

“Educational Management Development for Administrative
Council”,
Kuala Lumpur, Malaysia
November 21-26, 2011
Naresuan University
Phitsanulok Province, Thailand
August 2011

NATIONAL RESEARCH FORA

National Multidisciplinary Research Conference 2013
Research Podium Presenter (Best Oral Presenter)
**“The CIPP Model in Evaluating the Primary health Care
Centers in the Affiliated Barangay Health Centers”**

May 22-2, 2013, University of Northern Philippines
Heritage City of Vigan, Ilocos Sur, Philippines

INTERNATIONAL RESEARCH FORA

International Research Conference in Higher Education
Research Podium Presenter

**“The CIPP Model in Evaluating the Primary health Care
Centers in the Affiliated Barangay Health Centers”**

October 3-4, 2013, Manila Hotel

Manila, Philippines

Asian International Conference

Research Podium Presenter

**“The CIPP Model in Evaluating the Primary health
Care Centers in the Affiliated Barangay Health Centers”**

December 12-14, 2013, Inna Garuda Hotel

Jogyakarta, Indonesia

6th Taiwan-Philippines International Academic Communication
Conference, Research Podium Presenter

**“Leadership Competence Awareness of Nursing Deans:
An Analytical Perspective”**

February 8, 2014, Marco Polo Hotel

Cebu City, Philippines

Prepared by:

JULIUS C. DAÑO

ASSOCIATE PROFESSOR 2

CEBU NORMAL UNIVERSITY

CURRICULUM VITAE

1. Name and Title : Fitri Arofiati, SKep.,Ns, M.A N, Ph.D
2. NIDN : 0609097201 / Lektor/ Assistant Professor
3. NIK : 19720909200204 173057
4. Address : Dongkelan Kauman RT 07 RW 12 Tirtonirmolo Kasihan Bantul, Yogyakarta, Indonesia, 55181
5. Mobile phone : 06281392462014
6. E-mail : fitri_72@yahoo.com or arofiatifitri@gmail.com
7. Office address : Master of Nursing Program Universitas Muhammadiyah Yogyakarta, Gedung Pasca Sarjana lt. 2, Jalan Lingkar Selatan Tamantirto Kasihan Bantul, Yogyakarta, Indonesia, 55183
8. Office phone : 062274 387656, hunting 215
9. Office fax : 062274 387646
10. Education attainment :

BSN, Gadjah Mada University, Indonesia 2002

Master of Arts in Nursing, Angeles University Foundation, Philippines 2008

Ph.D in Nursing, Khon Kaen University, Thailand 2016
11. Work Experiences
 - b. Nurse practitioner, PKU Muhammadiyah Hospital, Yogyakarta, Indonesia 1995-1996

- c. Head of Nurse at ICU PKU Muhammadiyah Hospital, Yogyakarta, Indonesia, 1996-2000
- d. Lecturer at University of Muhammadiyah, Yogyakarta 2002-2004
- e. Secretary of School of Nursing, University of Muhammadiyah, Yogyakarta, 2004-2006
- f. Chair, School of Nursing, University of Muhammadiyah, Yogyakarta, 2009-2011
- g. Chair, Master of Nursing Science Program, School of Nursing, University of Muhammadiyah, Yogyakarta, 2011-2012
- h. Chair, Master of Nursing Science Program, School of Nursing, University of Muhammadiyah, Yogyakarta, 2016- up to now
- i. Clinical Ners Consultant, PKU Muhamamdiyah Bantul Hospital, Indonesia, 2009 – 2012

3.2.2 Diabetic Educator, AMC Clinic, 2009-now

3.2.3 Visiting Lecturer, Khon Kaen University, Thailand, 2010

3.2.4 Visiting Lecturer, Cebu Normal University, Philippines, 2012

3.2.5 Visiting Lecturer, Ifugao State University, Philippines, 2012

3.2.6 Visiting Lecturer, Far Eastern University, Philippines, 2012

3.2.7 Visiting Lecturer, Central Taiwan University of Science and Technology, Taiwan, 2016

3.2.8 Visiting Lecturer, Changhua Christian Hospital, Taiwan, 2016

12. Organization/Membership :

Member of PPNI (Persatuan Perawat Nasional Indonesia/Indonesia Nurses Association) 1995-2015

Committee of AINEC (Association of Indonesia Nursing Education), 2009- 2013
Committee of AIPNEMA (Association of Indonesia Nursing Education of Muhammadiyah 'Aisyiyah) 2010-2015

Committee of PPNI/ Indonesia Nurses Association, Province of Yogyakarta, 2011 – 2016

Assessor of Indonesia Committee of Higher Education (BAN PT) 2009-up to now

Member of Muhammadiyah Foundation
Committee of Central 'Aisyiyah Foundation 2015- now

Assessor of Committee of Independence Accreditation on Health Sciences (LAMPTKes) 2014 up to now

Validator of Committee of Independence Accreditation on Health Sciences (LAMPTKes) 2014 up now

13. Research :

1. Sleeping Pattern Disturbance and the Influencing Factors Among Hospitalized Patients at PKU Muhammadiyah Hospital , Yogyakarta (2004)
2. Assessment of The PKU Muhammadiyah Yogyakarta Hospital Hemodialysis Center: A Basis for A Nursing Care Program, 2008

3. The relation between roles and attitudes of Nurses in Giving Informed Consent as Patient's Law Protection at PKU Muhammadiyah Hospital, Yogyakarta, 2009
4. The Effect of Listening Al Quran to The Level of Labor Pain First Stage Active Phase on Primipara in Mergangsan Primary Health Center Yogyakarta, 2009
5. Effectivity of Cognitive Therapy to the Level of Anxiety for Patient with Renal Failure who Undergoing Hemodialysis, at PKU Muhammadiyah Hospital, Yogyakarta, 2010
6. The Level of Knowledge of Nurses about Patient Safety in the Ward of PKU Muhammadiyah Hospital, Yogyakarta, 2010
7. The Differences of Knowledge and Professionalism Attitude between Diploma and Bachelor Nurses in PKU Muhammadiyah Hospital, Yogyakarta, 2010
8. Arofiati, Kusri (2010), The Differences of Knowledge and Professionalism Attitude between Diploma and Bachelor Nurses in PKU Muhammadiyah Hospital, Yogyakarta
9. The level of knowledge about nursing ethic code and health of law impact to the performance of nurses in providing nursing care plan, 2010
10. Assessment of The PKU Muhammadiyah Yogyakarta Hospital Hemodialysis Center: A Basis for Nursing Care Program
11. The Differences of Healing Process between The Smearing of Propolis 5% and Green Tea 6.4 gr% of Burn Healing on The White Rat (*Rattus Norvegicus*), 2011
12. The Implementation of Universal Precaution by Nurses at PKU Muhammadiyah Hospital of Yogyakarta, 2011

13. The Description Knowledge, Attitudes, and Behavior in Selection Father Complementary Feeding at Age 6 - 12 months in Working Area of Mergangsan Public Health Center, Yogyakarta, Indonesia
14. The Description of Patient's Preception to The Quality of Nursing Care in Ward of PKU Muhammadiyah Hospital Yogyakarta, Indonesia
15. The Differences of Healing Process between The Smearing of Propolis 5% and Pinneapple extract 0.8 gr/mL of Burn Healing on The White Rat (*Rattus Norvegicus*)
16. The Influence of Celery Leaf Extract toward Change of Blood Pressure of Elderly People with Hypertention at Ngampon Village Pakuncen Wirobrajan Yogyakarta,Indonesia
17. The Differences of Incission Wound Healing Time between Smear Extract Pulutan (*Urena Lobata* l) Leave Concentration 6.4% and Extract Green Tea (*Sencha L*) Leave Concentration 6.4 % in Gel on Black Mice
18. The Influence of Nurse's Knowledge and Attitude on The Implementation of Patient Safety Program at The Wards of PKU Muhammadiyah Bantul Hospital
19. The Experiences of Pioneers in Establishing and Developing the First Faculty of Nursing in Thailand: Preliminary Findings
20. Patient Safety and Infection Control Assessment of The PKU Muhammadiyah Hospital Hemodialysis Center: a Basis for Nursing Care Program, 2014
21. Managerial Control of The Hemodialysis Center from The Point of View of Hemodialysis Nurses, 2015
22. Continuing Competence of Practicing Nurses in Indonesia, 2015

23. Availability of Existing Personal Capacity as Perceived by Practicing Nurses in Indonesia, 2016
24. Perceptions' of Female Nurses in Indonesia on Factors Contributing to Continue their Competence, 2016
25. Perceptions of Indonesian Practicing Nurses towards Updating Capability to Provide Care: a Qualitative Study

14. Publication :

1. Arofiati, Rumila (2009), The relation between roles and attitudes of Nurses in Giving Informed Consent as Patient's law Protection at PKU Muhammadiyah Hospital, Yogyakarta, *Journal of Mutiara Medika*
2. Arofiati, Wulandari (2010), Efektifitas Terapi Kognitif terhadap Tingkat Kecemasan Pasien Gagal Ginjal yang Menjalani Hemodialisa di RS PKU Muhammadiyah Yogyakarta, *proceeding at One day Seminari: Palliative Care: Prospect, Role, and Challenges for Health Care Provider, Gadjah Mada University*
3. Arofiati, Permana (2010), The Effect of Listening Al Quran to The Level of Labor Pain First Stage Active Phase on Primipara in Mergangsan Primary Health Center Yogyakarta, *proceeding at National Seminar on Applied Science and Technology of Health: 1st ASTECH, University of Muhammadiyah, Surabaya*
4. Arofiati, Kusrini (2010), The Differences of Knowledge and Professionalism Attitude between Diploma and Bachelor Nurses in PKU Muhammadiyah Hospital, Yogyakarta, *oral presentation at first SEARAME International Conference and 5th Indonesian Scientific Medical Education Expo and Meeting, Jakarta*

5. The level of knowledge about nursing ethic code and health of law impact to the performance of nurses in providing nursing care plan, *Health Research Journal: Suara Forikes, Health Research Journal: Suara Forikes, volume II no. 2, pages 116-121, April 2011, ISSN 2086-3098*

6. The Differences of Healing Process between The Smearing of Propolis 5% and Green Tea 6.4 gr% of Burn Healing on The White Rat (*Rattus Norvegicus*), *International Nursing Conference: Current Nursing Care in Clinic and Community, Faculty of Nursing Airlangga University, Surabaya, Indonesia, 2011*

7. The Implementation of Universal Precaution by Nurses at PKU Muhammadiyah

Hospital of Yogyakarta, International Nursing Conference: Current Nursing Care in Clinic and Community, Faculty of Nursing Airlangga University, Surabaya, Indonesia, 2011

8. The Description Knowledge, Attitudes, and Behavior in Selection Father Complementary Feeding at Age 6 - 12 months in Working Area of Mergangsan Public Health Center, Yogyakarta, Indonesia, *1st International Nursing and Health Sciences Student Conference 2011: Current Issues and Evidence Based Practice: Translating Research into Best Practice in Nursing and Health Sciences Area, Nursing Study Program, Faculty of Medicine, Hasanuddin University, Makassar, Indonesia*

9. The Description of Patient's Preception to The Quality of Nursing Care in Ward of PKU Muhammadiyah Hospital Yogyakarta, Indonesia, *Journal of Hospital Management and Medicoethicolegal, Hospital Management Journal of University Muhammadiyah Yogyakarta, Indonesia, July, 2011, No. 1, vol. 1*

10. The Differences of Healing Process between The Smearing of Propolis 5% and Pinneapple extract 0.8 gr/mL of Burn Healing on The White Rat (*Rattus*

Norvegicus), *Jogja International Nursing Conference: Evidence Based Nursing Practice to Improve The Quality of Life, School of Nursing, Faculty of Medicine and Health Sciences, University of Muhammadiyah Yogyakarta, Indonesia, 2011*

11. The Influence of Celery Leaf Extract toward Change of Blood Pressure of Elderly People with Hypertention at Ngampon Village Pakuncen Wirobrajan Yogyakarta, Indonesia, *Jogja International Nursing Conference: Evidence Based Nursing Practice to Improve The Quality of Life, School of Nursing, Faculty of Medicine and Health Sciences, University of Muhammadiyah Yogyakarta, Indonesia, 2011*
12. *The Differences of Incision Wound Healing Time between Smear Extract Pulutan (Urena Lobata l) Leave Concentration 6.4% and Extract Green Tea (Sencha L) Leave Concentration 6.4 % in Gel on Black Mice, Jogja International Nursing Conference: Evidence Based Nursing Practice to Improve The Quality of Life, School of Nursing, Faculty of Medicine and Health Sciences, University of Muhammadiyah Yogyakarta, Indonesia, 2011*
13. Disaster Management system: Indonesia's experiences, The 3rd AIC-HHC, Hanoi Vietnam (speaker) Hanoi, Vietnam 5-7 Desember 2011
14. *The Influence of Nurse's Knowledge and Attitude on The Implementation of Patient Safety Program at The Wards of PKU Muhammadiyah Bantul Hospital, International Conference: Interprofessional Partnership: Improvement for Global Health Outcomes, Chiang Mai Thailand, 5-7 September, 2012*
15. *Cultural Awareness: Indonesia Nursing Care Based On Islamic Religion, Thai Nurse Association Northeastern Division seminar (speaker), Ubonrachathani, Thailand, August 2013*

16. *Assessment of The PKU Muhammadiyah Yogyakarta Hospital Hemodialysis Center: A Basis for Nursing Care Program*, The 16 th EAFONS (East Asian Forum of Nursing Scholars) Bangkok, Thailand, 21-22 February, 2013
17. *The Experiences of Pioneers in Establishing and Developing the First Faculty of Nursing in Thailand: Preliminary Findings*, The 3rd Global Congress for Qualitative Health Research (poster presentation) Khon Kaen, Thailand, December 4-6, 2013
18. *Advanced Nursing Education In Early Detection*, Indonesia – Germany Conference on Cardiovascular and Cancer Care (SPEAKER) Yogyakarta Indonesia May 3rd – 4th, 2014
19. *Indonesia Nursing Education: Strategy And Planning Upon AEC 2015*, International Seminar & Workshop: Nursing Education & Practice; Challenge Toward Asean Economic Community 2015 & Indonesian National Health Insurance, Malang Indonesia, June 16-18, 2014
20. *Patient Safety and Infection Control Assessment of The PKU Muhammadiyah Hospital Hemodialysis Center: a Basis for Nursing Care Program*, 2014 (International Conference)
21. *Managerial Control of The Hemodialysis Center from The Point of View of Hemodialysis Nurses*, 2015
22. *Availability of Existing Personal Capacity as Perceived by Practicing Nurses in Indonesia*, 2016 (Asian Academic Society International Conference, Nachon Phanom, Thailand)
23. *Perceptions' of Female Nurses in Indonesia on Factors Contributing to Continue their Competence*, 2016 (Journal of Nursing and Research)

15. Workshop/Training/seminar:

Workshop/Training/Seminar	Place	Time
Singapore Volunteers Overseas Workshop on Nursing Preceptorship and Problem-Based Learning	University of Muhammadiyah, Yogyakarta	24 – 28 January 2005

CURRICULUM VITAE



Personal Details

Name : **Cau Kim Jiu**
Sex : Male
Date & Place of Birth : 21th May 1978, Semitau (Indonesia)
Occupation : Lecturer at School of Nursing
Science Muhammadiyah
Pontianak
Nationality : Indonesian

Telephone number : 0999611734 / +6281352525612

Address : Jalan Parit Haji Husin 2 Gang Hidayah No. 12 Pontianak-
West Borneo
Indonesia Post code 78124

Email : adi_stikep@yahoo.com

Education :

2. Diploma Degree from Nursing Academy of Muhammadiyah Pontianak, West Borneo Indonesia 1997 – 2000
3. Bachelor Degree from Faculty of Health Science Muhammadiyah University Pontianak, West Borneo Indonesia 2003-2005
4. Master Degree from Faculty of Nursing University of Indonesia, Jakarta 2008 – 2010
5. Ph. D Student in Faculty of Nursing Khon Kaen University Thailand

Work Experience :

- 3.2.9 Lecturer at the Nursing Academy of Muhammadiyah Pontianak 2001 – 2006
- 3.2.10 Lecturer at the School of Nursing Science Muhammadiyah Pontianak 2006 – 2017

Research Experience :

The effectiveness of health education using leaflet and flipchart to increase mother's knowledge to prevention of Acute Respiratory Infection disease to Infant at Public Health Center Sungai Raya Dalam 2005

The Relationship between the individual and the organization factors with the commitment of nurses in the organization of Dr. Soedarso Pontianak Local Public Hospital on 2010

Relationship pattern of mother care with behavior of children with special needs in Special Needs School Pontianak 2015

Training Program:

Workshop on qualitative data collection technique, organized by the Division of Research and Academic Service Affairs, Faculty of Nursing Khon Kaen University on 21th November 2015

CITI Program Training Social and Behavioral Research 2017

CURRICULUM VITAE



PERSONAL DATA

Name : Wisnu Sadhana, S.Kep., Ns.
Place/date of birth : Yogyakarta, 25 August 1983
Sex : Male
Marital Status : Married
Religion : Islam
Address : Jl.Kaliurang Km.7, Ngabean Kulon
RT.01/RW.34 No.164, Sinduharjo, Ngaglik, Sleman, Yogyakarta
55581

Education : Nursing School, Faculty of Medicine,
Muhammadiyah University Of Yogyakarta (BSN)
Nursing Departement, National Taipei University of Nursing and
Health Sciences (MSN)
Phone number : 081328710048
e-mail : wsn_15@yahoo.com
Height/weight : 174cm/83 kgs

FORMAL EDUCATIONS

Year	Education
1990 – 1995	Condongcatur Elementary School, Condongcatur, Depok, Sleman, DIY
1996 – 1998	SMP 5 Yogyakarta (Junior High School), DIY
1999 – 2001	SMU 2 (high school), DIY
2001 –2005	Nursing School, Faculty of Medicine, Muhammadiyah University of Yogyakarta (Bachelor Nursing)
2005 –2006	Ners Program (Co Assistant), Nursing School, Faculty of Medicine, MUY, Yogyakarta,RS PKU Muhammadiyah Yogya, Saras Husada Hospital, Dr Suroyo Phyciatric hospital, Morangan Sleman Hospital, Wirosaban Hospital Yogya, Panti Asih Pakem, Panti Sosial Tresna

Werdha, Puskesmas Kasihan I Bantul, Puskesmas Tegalrejo and interest in Medical Surgical Nursing)

2012-2014 International Master of Nursing Science Program in National Taipei University of Nursing and Health Sciences, Taiwan (Scholarship from the Ministry of education Taiwan)

NONFORMAL EDUCATIONS (TRAINING)

Periode	Education
June 10 th to August 2 nd , 2005	Short Course in 17 th Level English Conversation, English Link, Yogyakarta.
August 22 nd to October 14 th 2005	Short Course in Post Intermediate 10 th Level, in Real English, Yogyakarta
September 5 th to 8 th , 2007	PPGD 119 Emergency Nursing training, Health Politechnical of Yogyakarta.
June 2 nd to 17 th , 2008	Electrocardiography training for nursing Basic, Panti Nugroho Hospital, Yogyakarta
October 14 th to 29 th , 2009	Electrocardiography training for nursing Advanced, Panti Nugroho Hospital, Yogyakarta
August 3 th to 7 th , 2010	Applied Approach, Yogyakarta State University
June 16 th to October 6 th 2011	260 hour program, "English For Academic purposes", Jakarta State University
August 8 th to 9 th 2011	Critical Thinking and Project Based Learning in Teaching of English to University Students, Jakarta State University

ORGANIZATIONAL AND WORKING EXPERIENCES

Organizer of OSIS SMU 2, year of 1999-2000

Member of Indonesia Independence Day, as a student Young soldier in Yogyakarta 2000

Organizer of HIMIKA MUY, year of 2002-2003

Organizer of HIMIKA Yogyakarta, year of 2002-2003

Organizer of IKM FK MUY, year of 2003-2004

Medical Team Of MUY in Bantul earthquake disasters emergency, 2006.

Clinical Practices, educational hospitals at DIY, Bantul, Sleman, Purworejo and Magelang, year of 2005-2006.

Volunteer of Disaster Response Team on Yogyakarta earthquake disaster as a nurse and community organizer (2006)

Nurse in PKU Muhammadiyah Yogyakarta September 2006 to November 2008.

Member of Disaster Response Team on Merapi Volcano Disaster in Muhammadiyah (PWM) and community organizer year of 2010.

Lecturer in Aisyiyah Health Science College of Yogyakarta, in December 2008 - April 2014.

Organizer of Indonesian Student Muslim Forum in Taiwan (FORMIT) 2012-2014

Part-time employees and lecturer assistant in National Taipei University of Nursing and Health sciences October 2012 – 2014

Lecturer in Wira Husada Health Sciences College 2014 –April 2015

Lecturer in STIK Muhammadiyah Pontianak June 2015 - present

LANGUAGES

6. Javanese

7. Indonesia

8. Simple mandarin

9. English (active), with IELTS (Listening: 7,5, Writing :7,0, Speaking 6,5, Reading :7,0) **overall score 7,0** (test date 24th January 2016) and valid up to 2 year (24th January 2018).

SERTIFICATES/CHARTERS

Participant on National Nursing Seminar, ” Universal Precaution ”, HIMIKA FK MUY, Yogyakarta, December 17th , 2005.

Management on Regional Nursing Panel Discussion, “ Implementasi Praktek Keperawatan Mandiri”, HIMIKA FK MUY, May 9th , 2004 .

Participant on One day seminar, “Diabetes Menghadapi Bulan Ramadhan”, RS PKU Muhammadiyah Yogya, Yogyakarta, September 16th , 2006.

Participant on Workshop and Seminar, “Wound Care Update : Perawatan Luka”, PPNI Solo, Central Java, November 30th , 2006.

Participant on Nursing seminar Regional “Manajemen Resiko”. HIMIKA FK MUY, Yogyakarta, February 18th , 2007.

Participant on PPGD Training, Emergency Medical Service (EMS), Poltekkes Yogyakarta, September 5th to 8th , 2007.

Participant on Elektrokardiography Training for Basic Nursing, Panti Nugroho Hospital, Yogyakarta, Yogyakarta June 2nd to 17th, 2008.

Participant on short course on Nursing Medical Surgical updates, Shanghai Medical University Hospital, December 2008 (Republic of China)

Participant on Elektrokardiography Training for Advance Nursing, Panti Nugroho Hospital, Yogyakarta, October 14th to 29th, 2009.

Participant on Nursing Leadership and management training, Seoul Memorial Hospital, Seoul South Korea, June 2010

Participant on Community Nursing Research Club, Peking University China (Republic of China), September 2010.

Participant on “Advance Wound Care Management: Clinical Application”, Asri Medical Center, Yogyakarta March 20th, 2011.

Participant on English Training For lecturer, the particular program from the Ministry of Education in Jakarta State University June-November 2011

Participant on Traditional healing for any disease, Taipei Veterans Hospital, December 2013, Taiwan

Best evaluator on International Nursing Student Forum 2016, in GZUCM Guangzhou, China.

RESEARCH EXPERIENCE TITLES

3.2.11 Factors affecting the motivation among nurse to be a psychiatrist nursing in Grhasia Hospital, Yogyakarta, 2005.

3.2.12 Effectiveness of Indonesian noni fruit extract toward acceleration of cutaneous wound healing, an random experiment study at PKU Muhammadiyah Yogyakarta Hospital February – April 2009.

3.2.13 The Related factors to the motivation of nurses on implementing nursing documentation in the emergency room at PKU Muhammadiyah Bantul Hospital of Yogyakarta in May - June 2010. (published to regional journal)

3.2.14 Adherence to medication and self care among the elderly with hypertension in Nursing Homes (Panti Jompo), Yogyakarta 2014.

OTHERS

In a good health

Familiar almost all computer program

Thank you and warm regards,

Wisnu Sadhana

SYMPOSIUM PAPERS

DISASTER PREPAREDNESS AMONG NURSING STUDENTS IN ASIA: A CROSS-SECTIONAL SURVEY ON CURRENT STATUS AND DEMAND OF DISASTER NURSING EDUCATION

ABSTRACT

Background: Recent years, disasters have occurred frequently, especially in Asia, causing millions of deaths. Nurses play a crucial role in disaster relief, as they are the largest manpower of disaster medical rescue team. However, few nurses had received disaster nursing education at school, which is a barrier of development of disaster nursing.

Objectives: This study was conducted to explore the current status and demand of disaster nursing education of Asian nursing students.

Design: A cross-sectional study was used in this study.

Participants: Two thousand and Five hundred nursing students in Asia with bachelor degree participated in this study.

Setting and Samples: The samples were chosen using a census method from nursing schools, medical universities and comprehensive universities in Asia (including Mainland China, Hong Kong, Macao, Indonesia and Thailand) from May to October, 2016.

Methods: The samples were asked to fill out the self-design questionnaires consisting of three parts: Basic information, Experience and attitude of disaster nursing and Attitude on the content of disaster nursing course. The data were analyzed using descriptive and inferential statistics via the SPSS software for Windows.

Results: The results are based on 2365 valid questionnaires. Among the participants, 84.4% indicated that a systematic course of disaster education should be offered in universities, 22.2% of the students had ever been in a disaster but only 0.6% of the participants had ever been in a disaster relief activity. The total mean score for demand for disaster course content (5-point Likert scale) was 4.19 ± 0.63 , with items relating to rescue skills given the highest scores. These results suggested that students had high desires for disaster preparedness knowledge, especially knowledge concerning rescue skills. We observed significant differences in disaster education experiences across programs, gender, age, school years, and home locations. Furthermore, we observed statistical significant differences in different

Country/provinces for all the five status (experience with disaster, importance, concern level for disaster, course about disaster, and lecture with disaster).

Conclusions: Our findings showed that nursing students had large needs of education, especially focused on rescue skills. Therefore, a systematic disaster nursing course is recommended for the nursing education program. A lot of study on design of disaster nursing course is needed with the view to different situation of country and region.

Keywords: Disaster preparedness, Disaster education, Asia, Nursing students

NURSES LEADING PRIMARY HEALTH CARE: HOSPICE CARE

Rose Nanju

University Malaysia Sarawak

ABSTRACT

Introduction

Life expectancy in Malaysia is increasing due to better healthcare, resulted in the elderly to suffer from chronic incurable illnesses such as cancer, organ failure and neurodegenerative disorders. Comprehensive healthcare development in the treatment of chronic illnesses are needed to care for the standard of living of our society that has become more aware of the need of a good quality of life despite having illnesses. The provision of end-of-life care in conditions where cure is not possible and deterioration is inevitable. Hospice care is needed more than ever before.

Objective

Hospice Care, Sarawak with the motto “You Matter” which began in Malaysia in the early 1992 is a program designed to provide palliative care, emotional support and end of life care to the terminally ill at their own homes so that the quality of life is maintained and family members can be the active participants in the care, where the opportunities are limited in the hospital setting due visitors and visiting time limit.

Methods

In Sarawak, most of the patients or clients are terminally ill cancer patients, referred by the physician to be at their last 6 months of life, upon the patient’s agreement after curative treatment is not effective any longer. Hospice and palliative care are very similar when it

comes to the most important issue for the dying people, *care & nursing*. It is a compassionate, end-of-life care when patients are in the final phase of their terminal illness and have a life expectancy of 6 months or less. Hospice seeks to neither hasten nor postpone death. The emphasis is on quality of life. Hospice recognizes social, emotional, spiritual and physical needs of clients. The hospice team helps to prepare clients for a peaceful dignified death at home where families are free to be with the patient on their final journey 'home'.

Conclusion

The hospice nurse is the link between the patients, families and the doctors with regards to patients progress and report which are done during a regular centralised meetings at the referral hospital. The nurse visit the client to do nursing care periodically upon request or more often. End of life does not finish once the patient die but continue on after a year or as long as the family still need her/them.

Introduction

Life expectancy in Malaysia is increasing due to better healthcare. This however has also resulted in an increase in the number of Malaysians suffering from chronic incurable illnesses such as cancer, organ failure and neurodegenerative disorders. Comprehensive healthcare development has therefore not only encompass progress in the treatment of chronic illnesses but also in the palliation of the sufferings caused by such conditions.

As our nation develops and the standard of living improves, our society will also become more aware of the need to ensure a good quality of life despite having illnesses and the provision of end-of-life care in conditions where cure is not possible and deterioration is inevitable. Hospice care is needed more than ever before.

Definition: Hospice Care is a program designed to provide palliative care, emotional support and end of life care to the terminally ill at their own home or homelike setting so that quality of life is maintained and family members can be the active participants in care where the opportunities are limited in the hospital setting due visitors and visiting time limit.

Hospice Care began in Malaysia in the early 1992 as a grass root movements with home care programme.

The motto of hospice service, Sarawak is **"You Matter"**

The Differences between Hospice and Palliative Care.

Many people are confused between **hospice** and **palliative care** which are very similar when it comes to the most important issue

for the dying people, *care & nursing*. Most people may have heard of hospice care and have a general idea of what services hospice care provides. What is confusing is that hospice provides “palliative care,” and that palliative care is both a method of administering “comfort” care and an administered system of palliative care offered most prevalently by hospitals. Both hospice and palliative care protocols call for patients to receive a combined approach where medications, day-to-day care, equipment, bereavement counselling and symptom treatment are administered through a single programme. Palliative and hospice care programmes differ greatly in the care location, timing and eligibility for services. In Sarawak, most of the patients or clients are terminally ill cancer patients, whom the referring physician referred to be at their last 6 months of life.

PalliativeCare

Palliative care teams are made up of doctors, nurses, pharmacologists and other professional medical caregivers, NGO’s often from the facility where a patient first receive treatment/referrals. These individuals will administer or oversee most of the ongoing comfort-care that the patients receive. While palliative care can be administered in the home, it is most common to receive palliative care in an institution such as a hospital, extended care

facility or nursing home that is associated with a palliative care team.

Since there are no time limits on when clients can receive, palliative care acts to fill the gap for patients who want and need comfort at any stage of any disease, whether terminal or chronic. In a palliative care program, there is no expectation that life-prolonging therapies will be avoided.

It is important to note, however, that there will be exceptions to the general precepts outlined. There are some hospice programs that will provide life-prolonging treatments, and there are some palliative care programs that concentrate mostly on end-of-life care. WHO defines palliative care of patients whose diseases are not responsive to curative treatment. Many aspects of palliative treatment care are applicable to earlier in the course of illness, in conjunction with anti-cancer treatment. WHO recommends that early introduction of palliative care concept into patients’ management plan whether curative or palliative. Presently, the homecare programmes caters only for cancer patients.

Hospice

The term hospice was used long ago to refer to a type of lodging for travellers. In the olden days, Hospices were places where travellers could find rest and comfort during their journey, and for the terminally ill on

their final journey 'home'. It is a compassionate, end-of-life care when patients are in the final phase of their terminal illness and have a life expectancy of 6 months or less. Hospice may be a better choice than a hospital. Hospice seeks to neither hasten nor postpone death. The emphasis is on quality of life. Hospice recognizes social, emotional, spiritual and physical needs of clients. The hospice team helps to prepare clients for a peaceful dignified death at home or in a homelike setting.

“Hospice treats the person, not the disease, it emphasise on quality rather than the length of life and stresses on human values that go beyond the physical needs of the patients. Hospice neither hasten nor postpone death but affirms life and regards dying as a normal process. It addresses to the unique needs the terminally ill physical, emotional, psychological, social and spiritual needs of the clients and their families.

The hospice philosophy seeks to allow the terminally ill person to be at home with the entire families and friends while still under professional medical and nursing supervision. The service is available when a person can no longer benefit from curative treatment which emphasise on pain and symptom control, so that those the person may live the last days of their life with

dignity and comfort, at home, in the hands of their loving significant others” (Tang <http://www.sarawakhospicesociety.org/index.php?page=sarawak-hospice-society>)

Generally, once enrolled through a referral from the primary care physician, a patient's hospice care program is overseen by a team of hospice professionals and care is administered in the home. Hospice often relies upon the family caregiver, as well as a visiting hospice nurses.

Common features

Hospice care is open to anyone with an advance illness, usually cancer. It is a free service in Malaysia, like any other medical and nursing service rendered by the government. There must be a primary carer at home. Services are provided by volunteer trained nurses, doctors and other non-health professionals such as Non-Government Organization (NGO) members, who make home visits once or twice a week or upon request like an urgent change of feeding tube, catheterization etc. Medications and other medical equipment are given free by the referring public hospital physicians or oncologists.

Most programs concentrate on comfort rather than aggressive disease abatement. By electing to forego extensive life-prolonging treatment, hospice patients can concentrate on getting the most out of the time they have left, without some of the

negative side-effects that life prolonging treatments can have. Most hospice patients can achieve a level of comfort that allows them to concentrate on the emotional and practical issues of dying.

Treating the whole person

Hospice care is provided to both patients and your families. The whole family are involved in making decisions with patient's healthcare provider and hospice team. Whenever possible, patients are encouraged to make decisions about their treatment, relationships and personal business. Patients will also be encouraged to voice their preferences about burial and memorial services. Grief counsellors and hospice team will give counselling to the bereaved family for about a year after their loved one's death.

Providing a team approach

A team of trained professionals and volunteer hospice team includes doctors, nurses, social workers, physical therapists, hospice aides, pharmacists, dietitians, counsellors and volunteers. The team members work to address medical, emotional, psychological, and spiritual needs near the end of life.

Controlling pain

Hospice care will provide pain control. Most people want to have their pain controlled in a way that still allows them to

be alert for some minor activities. The hospice team will work with healthcare provider to ensure that clients are as comfortable as possible.

Funding Of Hospice Services

NGO's we have had to rely on public, politicians' donations and fund raising projects to finance the community services. In addition, grants are available from the Ministry of Health on annual application.

Hospice and palliative care services in the community are now a decade old but the coverage is estimated to only 10% and most cases are cancer cases whereas in Singapore is 66% and 80% in New Zealand. The need for palliative care is set to increase as the population ages and chronic diseases become the norm. Palliative care should be available as a seamless care at home or as in patient utilising services run by public hospital and the NGO's to cover the whole country. The rural areas should be covered by the rural health services which has a good infrastructure, covering the whole country.

Roles of the Hospice Nurses

There are no specific educational requirements for hospice nurses except a nursing certificate and a will and passion to care at the End-of-Life Care.

Hospice nurses focus entirely on end-of-life care and provides hands-on nursing care and visit patient in the patient's home. Hospice nurses manage pain and other symptoms, provide support to patients and families and assist in the process of death with dignity. Each patient and family have a unique perspective relative to end-of-life needs, and the hospice nurse is taught to make a cultural assessment and provide care specific to the individual. The hospice nurse must possess the 3 P's in order to sustain – Passion, Patience, Patient

Duties of a Hospice Nurse

The hospice nurse may help the family learn to care for their dying loved ones at home or may provide a respite to the family members who are providing care. In addition to providing direct care, a hospice nurse may order supplies or obtain the necessary equipment to care for the patient at home and ensure medications are available especially pain killer. Hospice nurses perform patient assessments and create a plan of care for caregivers to follow. They may be called any time when needed.

Spiritual Support and Communication

Many patients need spiritual support at the end of life and a hospice nurse may coordinate with religious persons or other spiritual advisers to meet the needs of the patient or family. In Sarawak, we are assigned to care for patients of the same religion (if possible) and who know local resources of the local area. Nurses in hospice are often the communication bridge between patient, family, physicians and other members of the hospice care team. They often meet once or twice a month to give report to the Oncologist in charge. Hospice nurses are expected to understand the end-stage processes of diseases so as to inform the families to be well prepared when death arrive. They are required to provide culturally sensitive care and emotional support. She is the counsel of the patient and the whole family therefore she is expected to know the culture surrounding death and dying of the patients she cared for.

Crisis Care

Patients in hospice may experience crisis situations such as pain that is out of control such as difficulty in breathing, agitation, confusion or bleeding before they die. The role of the nurse in these situations is to provide supportive care and alleviate symptoms through strategies such as providing medications rather than heroic measures aimed at extending life. Whenever

possible, the hospice nurse should manage the patient's symptoms at home rather than advise transfer to an inpatient hospice or hospital. She must try to adhere to DNR orders.

Bereavement Period

Hospice care does not conclude immediately after patient dies but usually continues at least for 1 year after or any time the family needs support. Although the family feels that they are already prepared for the death, facing the future without the person who died is very difficult. The hospice staff also go through a grieving period for each patient who died and help survivor to vent their feelings and heal.

Ethical Issues on Hospice Care

Ethical issues includes withholding feed, the right to refuse treatment and also DNR orders. It is hoped that the patient's wishes are made known in advance, such as living will or an advance directive, or legal matters. It is imperative that that the hospice nurses are aware of the organisation's ethics policies and procedures so that any questions and concerns may be addressed appropriately and correctly.

Job Skills and Requirements of A Hospice Nurse

- 1. Communication and listening skills.** Based on team and patient feedback, they are required to be able to solve problem and communicate effectively with patients and families to make sure that their patients are clearly understood by everyone else. She is the advocate for her patients and she has to anticipate their needs.
- 2. Critical - Thinking Skills:** Hospice nurses will need to assess a patient's situation as well as detect changes in symptoms, health or pain, and know when nursing action is necessary.
- 3. Compassion:** Hospice nurses help people at the end of their lives, therefore they need to be sympathetic to a patient's needs, and be able to deal with people in various states of pain, trauma and tragedy.
- 4. Attention to Detail:** Hospice nurses can help doctors administer medications, monitor vital signs and subtle changes in a patient's health.
- 5. Organizational Skills:** Hospice nurses will face patients with differing needs, stages of health and risks. Being organized and knowing how to prioritize will be helpful.
- 6. Under Pressure:** Hospice nurses might face emergency situations. Being able to function in the heat of emergency will be necessary.

7. Patience: Giving care under stressful circumstances requires patience.

8. Emotional Stability

Hospice nursing is a stressful job where traumatic situations are common. The ability to accept suffering and death without letting it get personal is crucial. Some days can seem like non-stop gloom and doom.

9. Empathy

Hospice nurses have empathy for the pain and suffering of patients. They are able to feel compassion and provide comfort. Be prepared for the occasional bouts of compassion fatigue; it happens to the greatest of nurses. Learn how to recognize the symptoms and deal with it efficiently. Terminally ill patients look to nurses as their advocates, an empathetic nurse is all patients have to look forward to.

10. Flexibility

Flexibility is especially important for hospice nurses with regards to working hours and responsibilities. Nurses are often required to work long hours, late or overnight shifts and weekends. Spend enough time with your own family while the sun still shines!

11. Attention to Detail

A Hospice nurse pays attention to detail and is careful not to skip steps or make errors as simple mistake can spell tragedy for another's life, attention to

detail can literally be the difference between life and death

12. Interpersonal Skill.

Hospice nurses are the link between doctors and patients therefore interpersonal skills and works well in a variety of situations with different people is crucial. Patients see nurses as a friendly face and doctors depend on nurses to keep them on their toes.

13. Physical Endurance

Frequent physical tasks, standing for long periods of time, lifting heavy objects (or people), and performing a number of taxing manoeuvres on a daily basis are staples of nursing life. Staying strong, eating right, and having a healthy lifestyle outside of hospice nursing home is important too!

14. Problem Solving

A great hospice nurse can think quickly and address problems before they arise. Whether it's handling the family, soothing a patient, dealing with a doctor, or managing the staff, having good problem solving skills is a top quality of a hospice nurse.

15. Quick to respond

Nurses need to be ready to respond to emergencies and other situations that arise. Hospice nurses must always be prepared for the unexpected. Staying on their feet, keeping their head cool in a crisis, and a calm attitude.

16. Respect

Hospice nurses respect people and rules. They remain impartial at all times and are mindful of confidentiality requirements of the different cultures and traditions. Above all, they respect the wishes of the patient and understand that the patient comes first. Nurses who respect others are highly respected in return.

CONCLUSION

A hospice care nurse in Malaysia are mostly registered nurses from the hospital or community clinic, either involved in hospice care on volunteer basis or part of their community visits.

The patients are referred by the oncologist or physician on patients agreement when patient has no more benefit to any treatment or already terminally ill and have not more than 6 months duration to live. There must be at least one full time caregiver in the patients' home before they can accept hospice care.

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**TO LEAVE OR TO LIVE: UNDERSTANDING THE LIVED EXPERIENCES OF
THE OUT OF SCHOOL YOUTHS VICTIMS OF THE TYPHOON HAIJAN IN
CAPUTATAN NORTE, MEDELLIN, CEBU**

*Julius C. Daño, RN, MN, MPHC
Cebu Normal University- College of Nursing*

ABSTRACT

The purpose of this research was to explore the lived experiences of the out of school youths (OSY) victims of the Typhoon Haijan in Caputatan Norte, Medellin, Cebu. A qualitative methodology using a phenomenology framework was employed, with semi-structured interview to facilitate the respondents reveal their lived experience. A convenience sample of five OSY's who have direct experience of typhoon Haijan was needed to reach saturation. Data analysis was based on Colaizzi's methodology. The whole process was based on the data, transcribed interviews, sorting, categorizations (cool analysis), categories as thematized (warm analysis) in a repertory grid or a dendogram that paved the way to discovering the value of the lived experiences of the out-of-school-youths victims of typhoon Haijan. The description of the lived experience revealed is the terrifying experience that emanate from the OSY internal and external environment of retreating, revealing, and regressing experience, the destructive experience that derives from the OSY's understanding of detrimental, desuetude, and destitute observations, and the surviving experience that stems from exodus, endure, and empower experience. The themes, which emerged, suggest that the lived experience reflected a normal adaptation response of human beings siege with disasters.

INTRODUCTION

Rationale

Disaster is any natural or man-made event that causes a level of destruction or emotional trauma exceeding the abilities of those affected to respond without community assistance (Allender et al, 2010). According to the Sunstar Newspaper report

(November 9, 2013), typhoon Yolanda that strikes many parts of the Visayas region in the Philippines causes a disaster that really affects many vulnerable populations. The destruction of the environment by Typhoon Yolanda resulted in injuries, deaths and property destruction especially the vulnerable populations. Vulnerable

population are groups who have a heightened risk of higher mortality rates, less access to health care, are uninsured and underinsured, have a lower life expectancy, and an overall diminished quality of life (Shi & Stevens, 2004). According to Mechanic and Tanner (2007), vulnerability stems from developmental problems, personal incapacities, disadvantaged social status, inadequacy of interpersonal networks and supports, and the complex interactions of these factors over the life course.

One part of the vulnerable population is the out-of-school-youths. The youth is the critical period of person's growth and development from the onset of adolescents towards the peak of mature, self-reliant and responsible adulthood (RA8044). However, the out-of-school, or disconnected youth are young people that lack a high school diploma and are not enrolled in school and are detached from work (www.clasp.org). According to Jill Lawler, children and youths are vulnerable to disasters. As Mechanic and Tanner (2007) describe it, these out-of-school-youths are disadvantaged social status, with personal incapacities, and inadequate interpersonal supports and networks. However, there are insufficient research findings focusing on the lived experiences of the out of school youths.

For nurses working with disadvantage populations such as the OSY's, it is very challenging and strenuous and the intuitive distress should be expected and addressed. According to Frank & Sullivan, feelings of guilt sometimes surface when nurses contrast their own life experiences with those of their clients and future programs and projects are crafted to come up preventive action plans to mitigate disaster responses and promote resiliency in the community. By understanding the experiences of these OSY's, the nurses will be able to prepare for future catastrophic situations where the nursing services will be required. Thus, the nurse researcher intends to explore the lived experiences of the vulnerable out-of-school-youths (OSY's) in Barangay Caputatan Norte, Medellin, Cebu and are victims of Typhoon Haijan.

Statement of the Problem

This research study aims at addressing the central question, "What are the lived experiences of the OSY during the typhoon Haijan." Particularly, this study sought to answer the question "What horrible situations do the OSY experience during the landfall of typhoon Haijan?" that are eidetic in nature based on the fascinating stories of OSY affected by the Typhoon Haijan.

METHODOLOGY

Research Design

Phenomenology is the philosophical approach employed in this research study. Each differing philosophical approach grew out of a particular view of what it means to be human and to be in the world in which we live (Caelli, 2001). The word phenomenology is derived from the Greek words *phainomenon*, meaning appearance, and *logos*, meaning reason. According to Acosta (2010) phenomenology is a “reasoned inquiry which discovers inherent essences of appearances and intuition of the felt sense.

Selection and Study Sites

In collaboration with the local government of Barangay Caputatan Norte, Medellin, Cebu and the Center for Research and Development of Cebu Normal University, selection of these respondents is

based on the purpose of the research for which Kruger (1988), recommended to look for those “who have had experiences relating to the phenomenon to be researched.” Respondents were the out-of-school youths victims of the super typhoon Haijan, age 15 to 30 years old and male or female residing in Barangay Caputatan Norte, Medellin, in the Province of Cebu, Philippines. They are not attending school especially in the secondary and collegiate level and still lives with their parents. The Barangay Caputatan Norte, Medellin was also a victim of the super typhoon Haijan (PRRMC, 2014) and the participants of the study are registered residents.

Table 1

Profile of the Respondents

Participants	Gender	Age	Educational Background	Barangay Address
Y1	M	21	Grade 7	Caputatan Norte, Medellin, Cebu
Y2	M	20	Grade 4	Caputatan Norte, Medellin, Cebu
Y3	F	16	Grade 8	Caputatan Norte, Medellin, Cebu
Y4	F	17	Grade 8	Caputatan Norte, Medellin, Cebu
Y5	M	18	Grade 4	Caputatan Norte, Medellin, Cebu

Data Gathering Procedure

Patton (1990) recommended three qualitative interviewing processes, namely: formal, conversational and semi-structured

interviews. In this study, the semi-structured interview was facilitated as the main source of data collection to help respondents reveal their lived experience with respect to the

frame of thoughts and structure of their responses. Semi structure interviews develop friendly rapport between interviewer and interviewees evading strange feelings of hesitation. Through interview the subjects can easily express their inner thoughts of their real life experiences (Dingwall, 1997).

Interview procedure and ethical consideration

Close question or open-ended questions were medium in finding individual's variation of his or her lived experiences. Questions were directed to the interviewees' experiences, feelings, beliefs and convictions geared toward achieving the purpose of the research study. The study was duly approved by the research ethics committee with the notice to proceed provided by the University's Center for Research and Development. The researcher proceeded to the sample site and a permit was granted by the Barangay Captain who is the head of the community in order to be acknowledged and get support to conduct the study in their respective locality.

Written consent from the respondents was the foremost procedure prior to the interview. The parents were informed before the consent was signed. The interviewer sought approval for note-taking and for audio and video recording when the interview took off (see Appendix

II). As it is a procedure in phenomenological research like intuiting, analyzing and describing, the subjects were requested to elaborate further on their experiences should certain questions were found to be interesting and worth-knowing. When the researcher felt that experiences being researched on were fully described and articulated, the researcher must have the ability to close the interview politely and with ease giving assurance to respondents that their responses were treated with utmost confidentiality. The language in the interview used was the local dialect Cebuano since all participants cannot comprehend the English language. However, the transcriptions were interpreted from Cebuano into English by an English Professor.

Mode of Analysis

Guided by the principle of bracketing or reduction (Gearing, 2004), results of the interview were treated in this manner. Three forms of bracketing were used namely: Descriptive bracketing translated concepts from phenomenological philosophy to the phenomenological research. It allowed the researcher to clearly set aside the base majority of personal suppositions and hold in abeyance most external suppositions, thereby focusing on the pure essences of the phenomenon. Existential bracketing tried to seek the

essence of the story that can be referred to the coding of data into themes, analyzed in order to uncover the central meaning of the “essence” (Lebenswelt) of the phenomenon/pragmatic bracketing was more open to the researcher’s interpretation and design. It can be practiced across qualitative transitions and settings but requires clear forethought and construction from the researcher. In other words, it is the suspension of all judgments of what is real (Creswell, 1998).

The whole process was based on the data, transcribed interviews, sorting, categorizations (cool analysis), categories as thematized (warm analysis) in a repertory grid or a dendrogram that paved the way to discovering the value of the lived experiences of the out-of-school-youths victims of typhoon Haijan. The researcher followed the steps of analysis as proposed by Colaizzi in 1978 (Heppner & Heppner, 2004). First step: Repetitive reading analysis; in order to grasp the whole idea or opinions of the interviewees. In this step the researcher sensed the “feeling” for the materials. The focus was to single out relevant psychological phenomena without the purpose of testing the validity of any particular hypothesis. The second step: Extraction of highlighted responses (Lebenswelt) from each participant. The researcher distinguishes ‘small units’ called the meaning units. No revisions on grammatical errors that may be found. Third

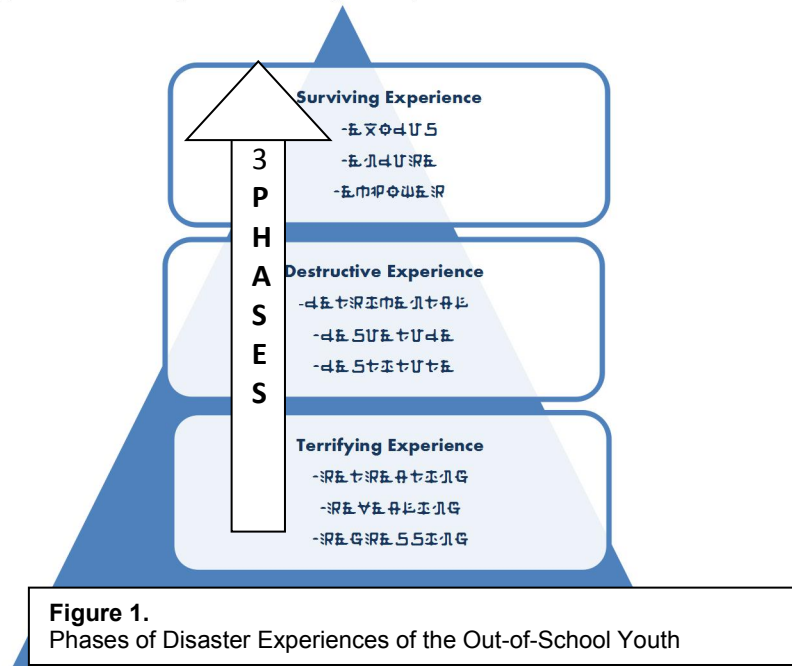
step: Decoding key responses (by participant number under each interview question. Keywords and phrases within each response were highlighted. The researcher transformed each meaning unit from the language of the interviewees (emic) to the language of the researcher (etic). Step four: Formulation of categorical themes. The researcher sought to describe ‘how’ (noeses) the phenomenon express itself and ‘what’ (noema) the phenomenon is. Step five: identifying the ‘emergent themes’ underpinning the relevance to the target study. Each theme was labelled as succinctly and accurately as possible to maintain interviewees’ ideas while showing their participation in the common idea. Once final analysis was done, the researcher presented this to the peer review process, a practice called ‘member checking. These techniques served as feedback to ensure trustworthiness of the captured findings. (McWilliam, Kothari, Catherine, Ward-Griffin, Forbes, and Leipert, 2009).

Findings

This phenomenological study describes the individual and collective experiences of a select group of out-of-school youths (3 OSY males and 2 OSY females) that addresses relative to the main question: “What horrible situations do the OSY experience during the landfall of typhoon Haijan?” Interestingly, the human

experience of disaster of the OSY's revealed fascinating occurrences which is categorized into three (3) phases. The first phase is the terrifying experience that emanate from the OSY internal and external environment of retreating, revealing, and regressing experience. Consequently, the second phase

is the destructive experience that derives from the OSY's understanding of detrimental, desuetude, and destitute perception. The third phase is the surviving experience that stems from of exodus, endure, and empower experience. (See Figure 1)



Terrifying Experience

Terrifying experience operates in the context of disasters. Every human being is frightened and will suffer enormous fear to disasters most especially to strong typhoons. The out-of-school-youth are most frightened due to their fragile intellectual and emotional capacities. On the time of encountering the typhoon Haijan, a retreating thought comes to the mind of the desperate OSY's. To retreat or withdraw is the first course of action in order to position them from danger. They say:

“Everybody was hiding. We were all scrambling and trying to hide.

They went back inside their houses.

When I could no longer bear it, I ran for home.”

At the time the OSY's position themselves from danger, they encountered a profound observation that made them realized and learned from the dreadful event. This disclosure is the revealing experiences that they perceived. They expressed:

“People came to check the damages. The Typhoon Yolanda was very strong.

I was so afraid. As I was running, I feel like I could be blown away. I was afraid that I could not cross the bridge.

I was so afraid and I had goosebumps on my body.”

When the strong typhoon keeps on striking the OSY’S, it gives them the feeling of helplessness and desperation. This times the OSY’s retreat themselves to earlier levels of development or to infantile tendencies. The OSY’s experience the infantile tendencies or a regression personality. The regression personality usually seeks protection from the older persons by hiding from them. They expressed:

“When our father told us to evacuate, we just obeyed his instructions because we still don’t know what to do.”

When that was happening, I asked, “What’s happening, pa?” Then he replied, “You should evacuate.” He said also that a storm was coming and we were trembling with fear.”

Destructive Experience

The destructive experience elucidates contexts of demolition and havoc brought about by typhoon Haijan. The OSY’s destructive experience perceived as detrimental to their lives. Witnessing the devastation in their environment, there inabilities to respond to the difficult situation and the hopelessness of the situation becomes injurious and hurtful to their lives. They say:

“The wind was already blowing hard and I was on my way. The roof the market was blown away. The trees were destroyed and most of the vehicles were turned upside down. Some of the vehicles were pinned down. A coconut tree fell and crushed our house. The roads were being blocked by the debris and the flood. I saw houses being blown away.

When Yolanda hit our place, houses were blown away and we were very afraid since we have to evacuate.

In here sir, the metal roofs were flapping due to the strong winds.”

With the destruction of their environment, the OSY’s see their hopes and dreams shattered and felt they are in a state of desuetude. They sensed their lives were

useless and thought of nowhere to go and hide because everything seems not usable. They expressed as:

“If ever this barangay hall will be destroyed, where will we go? The wind blew our house very hard to the point that our house was like being lifted in the air.

We ran to our neighbor’s house but their house was also struck by the strong wind. We were about to go back to our house but everything was destroyed.”

With the feelings of being useless, a state of destitute was also revealed. The physiological and psychological need which is food, water, housing, and their farms is not available, that causing them to feel impoverished. The typhoon Haijan destroys their farms which is the primary source of their livelihood. They say:

“Our corn plants sir... we were happy sir because they are big and they were green and nice to look at. Everything was destroyed when Typhoon Yolanda came. It can’t be eaten anymore. The corn stalks stopped growing because they were uprooted.”

“It was very difficult and hard before the relief operations came.

Because we are hungry and water and food were short to supply enough for us.”

“We were having a hard time locating the water pump because of the fallen trees and scattered debris. We were only poor and have nothing and I was just hoping that someone will help us so that we may be able to recover from this tragedy.”

Surviving Experience

According to Rick Daniels (2004), every human being responds physiologically, behaviorally and cognitively to prevent or minimize unpleasant or harmful experiences that challenge ones personal resources. Persons use their coping strengths in specific ways depending on whether the situation is “normal” or difficult. According to Updegraff & Taylor (2000), for other individuals, a traumatic experience can serve as a catalyst for positive change, a chance to re-examine life priorities or develop strong ties with friends and family and moreover it reordered priorities may translate into changes in activities. The OSY’s in typhoon Haijan have three surviving experiences that stems from exodus, endure and empower experience. The exodus is the first coping response at the height of typhoon Haijan by the OSY’s. During the onset of the typhoon Haijan, the

initial OSY's reaction was to run away from danger since they find their houses not protective enough to cover them. For them, security is attained if they hide to a safer ground. Fear is a normal emotion, and its purpose is to alert us to potential danger which is necessary for adaptive survivability. (King & Tarrant, 2013) They say:

"If ever this chapel would also get destroyed, where would we evacuate next?" We would go to the mayors building."

"Just before the typhoon wasn't that strong, we already evacuated at the evacuation center. We went here at the barangay hall. Our neighbors were already telling us to evacuate because the typhoon will be stronger sir. So, we evacuated."

"We decided to transfer so as to avoid any accidents that might happen to us. The storm was getting strong and people started to evacuate crowding the place."

The OSY's endure the threats of the typhoon. They endure earnestly by tolerating the hardships of hopelessness and desperation. This covert emotion focused coping is a way of attempting to solve threats to ego integrity (Aguilera, 2000). They expressed as:

"We didn't bring our stuffs sir. We just secured it in a safe place so that whenever we would return to our house, we can still retrieve some of our things."

"When our father told us to evacuate, we just obeyed his instructions because we still don't know what to do."

Typhoon Haijan brought positive impact to the lives of the OSY's. It makes them stronger and confident especially in controlling their life and claiming their rights (Oxford Dictionary 2015). This empowering force is a means to survive the not so good experiences brought about by the disaster. The influences that increase their assertion of change are getting an education and engage in small business enterprise. King & Tarrant (2013) describes the individual that believes in education can generate the better understanding of the world and may visualize any events that led to coping. They claimed:

"I will study well sir so that I will be able to reach my dreams of becoming a policeman (Y1)."

"I will look for a job sir and help my mother."

“I would still prepare sir if typhoon would strike again like our neighbors; they planted trees (Y2).”

“I will strive hard to finish schooling and to work as stewardess or a police so that I will catch those people having bad vices (Y4).”

“I was 17 and I already graduated when the storm hit our place. I was able to secure a job at the camp sir. I'd wake up early sir and if ever I have a neighbor that would ask me to work on something, I would work right away so that I can earn money. I can make use of those fallen branches and made it into charcoal packed in sacks. Other branches of fallen woods were bundled and sold as firewood's (y5).”

Discussion

This study explored the lived experiences of the vulnerable out-of-school-youths (OSY's) who are victims of Typhoon Haijan. Particularly, this study sought to answer the question “What horrible situations do the OSY experience during the landfall of typhoon Haijan?” After the analysis, the themes emerged in the study were identified into three (3) phases of the OSY's experiences during the typhoon

Haijan namely terrifying, destructive and surviving. In each phase, there are three sub-themes emerged. In the terrifying experience, the sub-themes identified were retreating, revealing and regressing. The destructive experience sub-themes emerged were detrimental, desuetude and destitute. The surviving experience sub-themes emerged were exodus, endure and empower.

The first phase of the OSY's experience during typhoon Haijan is the terrifying experience. In this phase of the OSY's experience, they perceived the typhoon Haijan as fearsome and shocking. The fear and horrible situations perceived by the OSY's brought uncertainty that leads to hopelessness into their lives. The hopelessness of the OSY's is derived from being the disadvantaged social status with personal incapacities. (Mechanic and Tanner, 2007).

The second phase of the OSY's experience during typhoon Haijan is the destructive experience. Witnessing the devastation in their environment, there inabilities to respond to the difficult situation, their personal incapacities, and the hopelessness of the situation becomes deleterious to their lives. With the lost of their houses and farmlands, the OSY's find themselves useless and desperate thought of where to go. The inadequacies of food and

water caused them to feel impoverished. This phase brings confusion and chaos to their lives because they see that all what they have is lost and destroyed.

The third phase of the OSY's experience during typhoon Haijan is the surviving experience. In any dreadful situations human encounter, human beings usually respond to prevent or eliminate unlikable experiences that challenge ones personal resources. (Daniels, 2004) Persons use their coping strengths in specific ways depending on whether the situation is "normal" or difficult. According to Updegraff & Taylor (2000), for other individuals, a traumatic experience can serve as a catalyst for positive change, a chance to re-examine life priorities or develop strong ties with friends and family and moreover it reordered priorities may translate into changes in activities. Masten and Obradovic (2007) found out that fundamental adaptive systems play a key role in the resilience of young people facing diverse threats. Thus, a disturbing life event can serve as a catalyst for positive change and a chance to re-examine life priorities. (Updegraff & Taylor, 2000)

Summary

The lived experience of the OSY's developed the phases of disaster experience revealed interesting happenings. The

disaster experiences of the OSY's illustrated that all human beings goes through the stages of adaptation. The themes emerged were the terrifying experience that emanate from the OSY internal and external environment of retreating, revealing, and regressing experience, the destructive experience that derives from the OSY's understanding of detrimental, desuetude, and destitute observations, and the surviving experience that stems from of exodus, endure, and empower experience.

Recommendations

Based on the themes revealed, the following recommendations were suggested:

1. In order to minimize the factors that contributes to OSY's fear in disasters such as typhoons, enabling them in order to respond and react properly at times of disasters.
2. Disaster prevention through education and training is necessary to ascertain and address the roots of their fear.
3. Youth advocates, local and foreign aid agencies and the governments must ensure the participation schools, religious sectors, community members, and family support and each them must take on specific responsibilities in the attaining their respective goals and objectives of disaster resiliency program.

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Appendix A

Transmittal Letter

December 19, 2013

DR. M ARCELO T. LOPEZ

SUC President III

Cebu Normal University

Sir;

Greetings!

The typhoon Haijan badly hit the Northern Town of Medellin last November 8, 2013. The undersigned would like to conduct a qualitative phenomenological research on the vulnerable out-of-school-youths as respondents. The possible title of the study will be “The Lived Experiences of the Out of School Youths in Caputatan Norte, Medellin, Cebu.” The significance of the study would like to draw relevant policies and program in mitigating the effects of disasters.

I am hoping this research proposal would be accepted for funding..

Signed,

Julius C. Daño

Appendix B

Research Instruments

Interview Protocol: Lived Experiences of Out-of-School-Youths in the Typhoon

Yolanda

1.	Can you describe how you find the typhoon Yolanda?
2.	How do you see yourself before the typhoon Yolanda?
3.	How do you see yourself during the typhoon Yolanda?
4.	How do you see yourself after the typhoon Yolanda?
5.	What does disaster mean to you?
6.	Can you describe any particularly difficult or traumatic experience in your life during the occurrence of Typhoon Yolanda?
7.	To what extent do you consider yourself active in both during and after the typhoon Yolanda?
8.	What would you change about yourself if you could after the disaster?
9.	How does your family view your responses to the Typhoon Yolanda?

Appendix C

Work Plan/Timetable of Activities

Date Started	Date Finished	Proposed Activities	Expected Outputs
December 20, 2013	December 31, 2013	Submission of research proposal	Approval of the proposed research
January 2014	April 2014	Data gathering	Process recording
May 2014	August 2014	Making the draft.	Finalizing the draft
September 2014	December 2014	Submission of the final draft	Approval and acceptance of the study.

GANTT Chart

Activity	Mo 1	Mo 2	Mo 3	Mo 4	Mo 5	Mo 6	Mo 7	Mo 8	Mo 9	Mo 10	Mo 11	Mo 12	Mo 13
Submission of research proposal													
Data gathering													
Making the draft.													
Submission of the final draft													

Appendix D

LINE ITEM BUDGET

ITEM/PARTICULARS	AMOUNT
Communication Expenses (Cellphone load, internet, mails, etc.)	P 10,000.00
Honoraria Team Leader 1 x 7000 x 13	P 91,000.00
Research Assistants (transcriber)	P 40,000.00
Insurance	P 5,000.00
Encoder	P 5,000.00
Meals/Venue Expenses 28 x 3 x 75	P 6,300.00
Materials (papers for questionnaires), inks, folders, etc/	P 10,000.00
Transportation 1 x 400 x 5	P 1,200.00
TOTAL	P 168,500.00

DIABETIC WOUND HEALING ASSESSMENT: RELIABILITY AND VALIDITY TOOLS

Suryadi, Ph.D, RN, AWCS

The Institute of Nursing Muhammadiyah Pontianak – Inodonesia

ABSTRACT

Objectives: If diabetic wound healing assessment tools are to be used in the periodic assessment of wound healing, they must prove to be valid and reliable. This literature review aims to evaluate diabetic wound healing assessment tools.

Method: a literature review was undertaken to identify the criteria of an optimal diabetic wound assessment tool.

The results: A total of 6 articles was founded, evaluating the validity of instruments used to monitor wound healing. Instruments used to assess diabetic wound assessment specially, notably the DFUAS and MUNGS. These instruments are good in a validity study, and each of these tools has differences in parameters and can be used in clinical practice.

Conclusion: This review identified substantial gaps in the literature with regard to validation of existing wound healing instruments. Future studies are needed to comprehensively validate these instruments.

Keywords : wound healing assessment , diabetic, validity and reliability.

Introduction

Diabetes mellitus is a major risk factor for the development of chronic wounds 1 and is likely to become more of an issue given its increasing prevalence in Indonesia and around the world 2. Management of chronic wounds is bound to become a significant healthcare issue into the future. Prevention of diabetic wounds in patients with diabetes is extremely important to help reduce the

enormous burden of foot ulceration on both patient and health resources. An important part of chronic wound management involves the periodic assessment of wound healing, which is necessary to assess the healing trajectory and recommend continued or modified treatment 3. Instruments to assess wound healing can help to enhance communication among clinicians by defining a common language and

standardising assessment of wound characteristics³. If such tools are to be used, they must prove to be valid and reliable of wound healing ⁴ . The studies of review literature on diabetic wound healing assessment tools were not explored. Thus, the aim of this review literature is to evaluate available wound healing instruments in terms of validity and reliability. All studies examining the validity and reliability of identified instruments were included in the review.

Methods

The literature review was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines ⁵. Primary outcomes were first diabetic foot ulcer and recurrent diabetic foot ulcer. A diabetic foot ulcer was defined as a ‘full thickness lesion of the skin distal to the malleoli in a person with diabetes mellitus ¹ . The literature search was performed on 16 July 2017, covered publications in all languages and was not restricted by date. The following databases were searched: PubMed, Excerpta Medica Database (EMBASE) via Ovid SP, Cumulative Index to Nursing & Allied Health Literature (CINAHL), Cochrane Database of Systematic Reviews, Cochrane Database of Abstracts of Reviews of Effect and Cochrane Central Register of Controlled Trials, National Health Service Economic Evaluation Database, and Health

Technology Assessment Database, and Google SCHOLAR.

The following search strategy was used to identify relevant studies and using keywords; “wound assessment tool; “wound assessment instrument, diabetic”, “diabetic, wound healing” and (tool or measure or scale or instrument), “ diabetic, wound assessment” and (tool or measure or scale or instrument)”, “ulcer and diabetic, (tool or measure or scale or instrument)”, “diabetic ulcer and (tool or measure or scale or instrument)”, “amputation, diabetic, and (tool or measure or scale or instrument)”, “wound healing and (valid or reliable or reliability or sensitive or respons)”, “ diabetic wound healing” and (valid or reliable or reliability or sensitive or respons)”, “ diabetic foot ulcer, wound healing” and (valid or reliable or reliability)”, “diabetic foot ulcer, wound healing assessment ” and (valid or reliable or reliability)”, “diabetic ulcer, assessment wound healing” and (valid or reliable or reliability)”. “Diabetic ulcer, assessment, wound healing” and (validity)”, “diabetic ulcer, assessment, wound healing” and (reliability)”, and “wound healing, diabetic”. and “ leg ulcers, wound healing, assessment, diabetic”.

Results

Diabetic Foot Ulcers Assessment Scale (DFUAS)

DFUAS is a new assessment tool for diabetic foot ulcers that was developed by Arisandi D et al,⁶. The diabetic foot ulcer assessment scale (DFUAS) has 11 domain items. The minimum and maximum scores on this scale are 0 and 98 respectively; higher scores indicate more severe wounds. A prospective cohort study was conducted on patients with diabetic foot ulcer at Kitamura wound clinic in Indonesia (defa). A total of 62 patients with 70 diabetic foot ulcers were assessed with DFUAS tool. Concurrent validity was determined by correlation of the DFUAS total score with the external criterion (BWAT, PUSH, and wound surface area). A comparison between the total DFUAS score and chronic wound status was made to determine construct validity. The correlation coefficient total scores of the DFUAS against the BWAT, PUSH, and wound surface area were 0.92, 0.87, and 0.82, respectively. The comparison of the total DFUAS score with chronic wound status was $p < 0.001$. The predictive validity test indicated that a DFUAS cutoff score of 12 produced the best balance of sensitivity, specificity, positive predictive value, and negative predictive value (89%, 71%, 86%, and 77%, respectively). Unfortunately, DFUAS was not clearly described the reliability test.

Assessment of healing for leg and venous ulcers (PUSH)

Ratliff & Rodeheaver⁷ evaluated the use of the PUSH tool to assess healing of venous leg ulcers, based on the opinion that parameters used in the PUSH tool may also be relevant to the assessment of leg ulcers. To date, only one study has attempted to validate the PUSH tool in this patient population⁷. Despite the author's conclusion that the PUSH tool fulfils the "need for a simple, valid, reliable and practical tool for monitoring the process of venous ulcer healing", there is limited evidence to support this statement. Although the suitability of PUSH items to assess healing in leg ulcers was based on a review of the literature, no attempt was made to establish content validity. The study did not evaluate criterion validity or intra-rater reliability and determined inter-rater reliability by comparing two raters, for which only five assessments were performed (giving 100% agreement). Also, the study described sensitivity without use of statistical methods, providing no indication of whether observed effects were significant. Therefore, there is no evidence to suggest that the PUSH tool is a valid measure of healing of venous leg ulcers.

Leg Ulcer Measurement Tool (LUMT)

This instrument was designed to describe changes in leg ulcer (including diabetic, venous and arterial ulcers) status over time.

To date, only one study has attempted to validate the LUMT, evaluating this tool with respect to construct and concurrent validity, inter- and intra-rater reliability and sensitivity to change⁸. Construct validity was established by a panel of nine wound care specialists, reaching consensus that all suitable domains had been included and all responses were appropriate. However, no details were provided as to how consensus was reached and how bias was minimised. Concurrent validity was evaluated by comparing total LUMT and LUMT size item scores with measures of ulcer surface area, giving Pearson's r of 0.43 and 0.82, respectively. Since the authors required a correlation >0.75 to demonstrate concurrent validity, total LUMT score cannot be said to show concurrent validity when compared to wound area. Perhaps a more comprehensive method of wound assessment, including factors other than size, is needed to better evaluate concurrent validity. Intra-rater reliability was reported as excellent (intraclass correlation coefficient, ICC, =0.96 for experienced and inexperienced raters), although it is possible that this result was inflated by recall bias due to repeat measures being conducted in the same half-day. Inter-rater reliability was acceptable for both experienced (ICC=0.77) and inexperienced (ICC=0.89) raters, with a higher correlation amongst inexperienced raters possibly due to additional training

they received or chance variation because of the small number of raters ($n=4$ experienced and 2 inexperienced raters). When wounds were followed up monthly over a period of 4 months, total LUMT score was shown to be sensitive to changes in wound status after dividing the patient group in healers, non-healers and those with no change (responsiveness coefficient= 0.84).

ASEPSIS

This tool was originally intended for use in evaluating the efficacy of different antibiotic regimens by describing characteristics of abnormal wound healing⁹. Although the ASEPSIS tool is primarily concerned with assessment of healing with respect to postoperative wound infection, its ability to assess the clinical appearance of a wound warranted its inclusion in this review.

Inter-rater reliability of ASEPSIS has been evaluated by two separate studies by Wilson et al.⁹ and Byrne et al.¹⁰, both demonstrating the ASEPSIS tool to have high inter-rater reliability. However, both studies failed to report data on sample characteristics and used only two raters in performing the wound assessments, limiting generalisability of claims of reliability. Although several studies have used the ASEPSIS tool in the assessment of wound infection rates^{11,12}, none have examined

the validity, intra-rater reliability, or responsiveness of the tool.

MUNGS

The MUNGS consists of five parameters, each representing a different stage of healing. The MUNGS consists; maceration, undermining, necrotic tissue, granulation and sign/symptoms. Inter-rater reliability study of MUNGS reported that Inter-rater reliability between nurse and student were 0.81 for nurses and 0.69 for nursing students with weighted Kappa test by suriadi et al, 2. The MUNGS tool has an area under the ROC curve (AUC) 0.886 and the 95% confidence interval was 0.792 to 0.948. A Receiver Operator Characteristic (ROC) curve for each possible score of the MUGNS tool was constructed. At a cutoff score of 4, the sensitivity was 84.91%, and the specificity was 81.82%, positive predictive value of (91.8%) and negative predictive value of (69.2%) respectively 2.

Discussion

Based on the results of the study of literature found that there were two tools focusing on wound healing assessment in diabetic wounds namely DFUAS and MUNGS. Only MUNGS tool evaluated the reliability and validity, while DFUAS has not yet been evaluated for reliability. This can be used to help nurses decide which

diabetic wound assessment tools to use in practice. Wound assessment tools which score higher on the audit are proposed to better meet the needs of nurses in wound assessment. Unfortunately, from evaluation of 5 different instruments proposed to measure wound healing, 4 tools none was found to satisfy all criteria required for instrument validation, defined by content and criterion validity, intra- and inter-rater reliability and sensitivity to change.

In addition to identifying which diabetic wound assessment tools perform well, the process reveals which wound assessment tools performed poorly against the evaluation criteria. As far as we know, this is the first study to compare diabetic wound assessment tools in this method. However, some tools have developed and used for mix wounds. No other studies identified in the literature review have compared a range of diabetic wound assessment tools for their suitability in helping nurses deliver high standards of wound assessment. Some studies have assessed the reliability of particular tools 13,14,15, but it is important to distinguish between a tool being reliable and it is useful or fit for purpose. This may be the first study to critically compare and evaluate a selected number of readily available diabetic wound assessment tools and to determine whether they meet the needs of nurses. The results could be used to

assist nurses when selecting a wound assessment tools for use in their area of practice. Importantly, if nurses are using a diabetic wound assessment that has been included in this study, the tool described could be used to evaluate it for its suitability in their area of practice.

Conclusion

Diabetic wound healing assessment tools have been well evaluated. DFUAS and MUNGS are Instruments used to describe healing in diabetic wounds adequately and quality evaluation with respect to validity and reliability. From this review, there are substantial gaps in the literature with regard to validation of wound healing instruments. Thus, future studies are needed to comprehensively validate these instruments where gaps exist. Such studies should make use of larger sample sizes, greater number of raters and be conducted across multiple settings in order to improve generalisability of the results.

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SAFE STAFFING FOR IMPROVING THE QUALITY OF NURSING CARE

Sri Yulia, S.Kp., M.Kep.

Lecturer of Undergraduate of Nursing Science Program, STIKes Muhammadiyah Palembang,
Indonesia, mylia_sriplg@yahoo.com

ABSTRACT

Nursing care is an integral part in the health care system that greatly determines the quality of healthcare services. The quality of nursing care can not be separated from the management of nursing resources. The crucial problems and other negative impacts on the health of patient and on the condition of the nurse itself will occur if the management of the nursing resources in the health facility is not well done, therefore the development effort of safe staffing concept in improving the quality of nursing care is greatly required. A strategic framework by integrating managerial approach based on the implementation of management functions and strengthening nurse leadership role will optimize the achievement of safe staffing as well as improve the quality of nursing care.

A. Background

Health is a basic right that must be fulfilled for the realization of a quality and productive life, then closely related to quality health cares for the realization of a healthy society. Nursing care is an integral part in the health care system that greatly determines the quality of health cares because the important role of nurses as a profession that was at the forefront of health cares. The nurse is also the largest human health resource in number and needs compared to other

professions in various health care settings. The existence of nurses in all forms and levels of health cares, nurses who are in the community base, hospital base or the other institutional of health was also adeterminant factor of the importance of nurse roles in the all settings of health cares.

Various problems in the quality of nursing care was a condition that should be considered and become the basis of solutions in order to create the quality of

nursing cares can be better. The problem of quality of nursing care can not be separated from general health care problems such as morbidity rate, mortality rate, increased disease, patient safety problems in hospital, increased health financing, increased population, increased need for health care and shifting demands and public perceptions in general to the health cares it receives. Various data indicated that the risks and impacts on the health of patient will occur if the management of the nursing resources in the health facility is not well done, as well as will have various impacts on the condition of the nurse itself (DPE, 2016). This case shown that the low quality of nursing care was very influential on the quality of health cares. The quality of nursing care can not be separated from the management of nursing resources. The fulfillment of safe staffing provides benefits for the safety of patients and nurses. The key to in providing safe nursing cares is the condition of the nursing resources, ignoring its management means endangering the patient and the nurse itself. Nowadays, there were different variations in management of nursing resources due to various factors affecting nursing conditions in different countries. These differences include policy aspects, policy implementation, and development

of nursing human resources. In many countries, the arrangement of nursing human resources was determined by the internal and external factors of each country.

Safe staffing is inseparable from the management of human resources of nursing and management of other resources that affecting the human resources of nursing. Safe staffing associated with the management of nursing human resources includes the availability of nursing resources in quantity related to the number and distribution of nurses in a country as well as health care facilities, and in terms of quality includes competencies that are compatible with the needs and types of nursing cares required. Management of other resources that directly or indirectly influence the safe staffing in the form of policies, management and leadership, organizational culture, and the availability of facilities and other supporting resources. Both of these lead to a positive work environment in realizing the quality of quality nursing cares.

B. Objectives

1. To identify the description of safe staffing in improving the quality of nursing care

2. To explain the relationship of safe staffing with the quality of nursing care
3. To identify the development effort of safe staffing concept in improving the quality of nursing care

C. Review and Discussion

1. Safe Staffing in Nursing

The American Federation of Teachers (1995) in ICN (2006) states: "Safe staffing means that an appropriate number of staff, with a suitable mix of skill levels, is available at all times to ensure that patient care needs are met and that hazard-free working conditions are maintained". The North Carolina Nurses Association (NCNA 2005) in ICN (2006) more recently stated safe staffing reflects the maintenance of quality patient care, nurses' work lives and organizational outcomes. Safe staffing practices incorporate the complexity of nursing activities and intensities; varying levels of nurse preparation; competency and experience; development of health care personnel; support of nursing management at the operational and executive levels; contextual and technological environment of the facility; available support cares ; And the provision of whistleblower protection. The patient

safety movement is important because it focuses on a variety of care indicators. The literature demonstrates that there is a relationship between nurse staffing levels and patient outcomes (ICN, 2006). Inadequate management of nursing human resources of nursing affects the quality of care to the patient, many studies showed that there was a significant correlation between it and poor patient output, such as increased medical errors including infection, pressure sores, pneumonia, heart failure until sudden death (Laschinger et. al, 2006). While the impact for nurses in the form of musculoskeletal disorders, hypertension, depression, cardiovascular disease, to burnout with other impacts (Aiken, 2010).

The data shows the comparison of numbers and qualifications in various countries is greatly different. The nurse ratios in US State and Australia referring to the characteristics of patients managed by nurses can be examples of how to consider the nurses' workload in determining the nurse and patient ratios effectively. In addition, the existing reward system also shows the difference in perception of the adequacy of the reward system received. Comparison

of salaries and reward systems in certain countries that are sourced from the various limitations and advantages of each country in the world also affect this perception. However, the two examples above are actually all kinds of benefits that result from if safe staffing well. Hospitals with safe staffing levels can realize substantial financial savings. Inadequate staffs generate additional costs incurred through high RN turnover and the need to hire temporary RN staff. The long-term investment in full-time staff yields cost savings in both recruitment and retention (Baumann & Blythe 2003a; Baumann & Blythe 2003b).

2. Principles for Nurse Safe Staffing

The nine principles below were identified by an expert panel for nurse staffing and adopted by the ANA Board of Directors on November 24, 1998 included:

Patient Care Unit Related

- 1) Appropriate staffing levels for a patient care unit reflect analysis of individual and aggregate patient needs.
- 2) There is a critical need to either retire or seriously question the usefulness of the concept of nursing hours per patient day.

- 3) Unit functions necessary to support delivery of quality patient care must also be considered in determining staffing levels.

Staff Related

- 4) The specific needs of various patient populations should determine the appropriate clinical competencies required of the nurse practising in that area.
- 5) Registered nurses must have nursing management support and representation at both the operational level and the executive level.
- 6) Clinical support from experienced RNs should be readily available to those RNs with less proficiency.

Institution/Organisation Related

- 7) Organisational policy should reflect an organisational climate that values registered nurses and other employees as strategic assets and exhibit a true commitment to filling budgeted positions in a timely manner.
- 8) All institutions should have documented competencies for nursing staff, including agency or supplemental and travelling RNs, for those activities that they have been authorised to perform.

9) Organisational policies should recognise the myriad needs of both patients and nursing staff.

It needs a positive practice environment for nurses to work in a safe environment to realize optimal quality of nursing care. Existing studies show that nurse staffing is a complex problem that requires not only regulation but also requires support for the fulfillment of safe nurse ratios to encourage patient safety (Frith, et al., 2012). Ganey, 2015 in his study noted that an effective nursing practice environment was an essential element for improving the quality of care, this is a further impact of safe staffing.

How to improve safe staffing for quality of nursing care?

The managerial role of nurse leadership at various levels is strongly supported by the implementation of managerial strategy in designing the approach of developing the safe staffing that can guarantee the quality of nursing care. The framework on the principle of fulfillment of safe staffing was mentioned above is described by the model of applying management functions in the strategy of developing the safe staffing. Next discussion will

provide the breakdown of strategies that can serve as a foundation.

3. Nursing Management Approaches in Safe Staffing for Quality of Nursing Care

a. Planning

1. Nursing human resource policy that ensures the availability and equity of Nursing HR in all aspects of health services by consider the quantity and quality Nursing HR including the availability of professional and competent nurses at various levels (institutional, regional, national) as outlined in various written policies
2. Planning in staffing through analysis of nursing resources that includes an analysis of the number and qualifications of nurses.
3. Standardization of safe aspects of service such as the ratio of nurses and patients, the standardization of a positive work environment for nursing, standardization of facilities of health services, as well as standardization of income and reward system for nurses at various levels

4. Strengthening the authority and responsibility of the profession in its contribution to various health care efforts supported by regulatory policies that favor the security of the nursing profession
5. The policy of developing a nursing care system that ensures the quality of nursing care
6. The policy of nursing education system that guarantees the quality of graduates, competent and professional as well as competitive by still paying attention to the fulfillment of local needs.

b. Organizing

1. Encourage nursing involvement in various authority structures at various levels. For example in the government both central and regional through the existence of institutions whose existence has a high bargaining value against various policies that can ensure safe staffing. For example: nurse involvement in ministry structure related to health service arrangement. In Indonesia, the Directorate of Nursing has been removed in the existing strategic authority structure of the

Ministry of Health. The question is whether the existence of the directorate of nursing must reappear or is it enough to be in the structure of other service directorates that can show the strengthening of the role and contribution of nurses in the health service amangement system? In countries that already had nursing councils, such as the Philippines and Thailand, it can be seen that nurse involvement is in the strategic line at the relevant levels of government and shows its impact on the system and quality of nursing care.

2. Placement of nurses based on profession and competence. Avoiding the placement of nurses who are not in appropriate with the scope of authority possessed by designing various patterns and models of management of nursing care system. It is an effort that will support the direction of safe staffing and impact on the quality of nursing service.
3. Encourage the implementation of job descriptions that refer to the competence and authority clear to ensure safe staffing in

accordance with regulations and policies that must be developed for it. Both of these must simultaneously complement each other, therefore the purpose of safe staffing can be achieved.

c. Actuating

1. Development of competence through education and training. Well-managed in providing opportunities nurses for taking further education as well as increase competence through certification of various competency levels.
2. Increasing positive collaboration among various stakeholders to promote the development of quality nursing resources that are compatible with the fulfillment of safe staffing principles
3. Development of research on safe staffing
4. Optimization of professional judgment in designing the conditions required to create safe staffing in nursing
5. Formulate a framework that describes the close relationship between safe staffing and the quality of nursing care as a strategic translation of the

urgency of the necessary nursing resources.

d. Controlling

1. Formulate and conduct assessment of matters related to safe staffing through the development of various assessment instruments
2. Establish the team or agency that responsible for preparing the important aspects of safe staffing at the institution, regional and national level.
3. Develop recommendations to ensure and enhance the fulfillment of safe staffing aspects at various levels.

D. Conclusions

1. Safe staffing is a determinant factor of nursing care quality
2. Need to improve the quality of management staff that involves managerial roles of nurse leadership at various levels both within the scope of institutional, regional, and national
3. Strategy with the management function approach by nurse leadership at various levels will optimize the achievement of safe staffing

A. Recommendations

1. Safe staffing as the focus of development that must be addressed on to improve the quality of nursing care
2. Safe staffing management should be designed with managerial approach based on the implementation of management functions and strengthening nurse leadership role
3. Strategic framework for the fulfillment of safe staffing is required on various levels as the basis of implementation and evaluation

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PHENOMENA FAMILY WHO HAD CHILDREN WITH AUTISM IN INDONESIA

Cau Kim Jiu, S.KM., M. Kep.

ABSTRAC

Background

Autism is one part of autism spectrum disorders (ASDs). Autism is a group of neurodevelopmental disorders and brain dysfunction categorized by core insufficiencies in three domains: social interaction, verbal communication, and repetitive or stereotypic behavior. The degree of impairment between individuals with ASD is variable, but the effect on affected individuals and their families is universally life-altering (Newschaffer et al., 2007; Lindgren & Doobay, 2011; CDC, 2016). Furthermore, in term of its area coverage autism is considered a global health crisis, which does not discriminate borders, nationalities, ethnicities or social status. It therefore can be obviously found in any country and region of the world, whose prevalence is estimated to be increasing continuously (Kopetz & Endowed, 2012)

Regarding the annual increased of prevalence of children with autism in some countries. In the United States alone, a survey's data generated by the Centers of Disease Control and Prevention claimed that in the period between 2011 and 2013, 1 out of 80 children suffered from autism; while the figure has significantly become 1 out of 45 children in 2014 (Zablotsky, Black, Maenner, Schieve, & Blumberg, 2015).

Likewise, the case of children with autism in some ASEAN countries is also growing.

Whereas in Indonesia there has not been definite data available yet regarding the number of children who suffer autism, yet in 2013 it was estimated that there were more than 112, 000 autistic people with ages range from 5 to 19. While, in 2015, the estimated children with autistic spectrum disorder were about 1: 250, in which there approximately about 12, 800 children

were suffering autism (Judarwanto, 2015). Particularly in Pontianak, West Kalimantan, there are about 356 children with autism comprising 280 children who are taking a therapy in Pontianak Autism Center (Medical Report Autism Center Pontianak, 2016) and 76 autistic children in schools with special education program. Nevertheless, despite the statistic figure of children with autism prevalence, no one knows for sure what causes autism.

The etiology of autism is unknown; however, many various cultural groups have their own wisdom about the causes of the disorder (Ennis-Cole, Durodoye, & Harris, 2013). Autism Spectrum Disorders is a complex disorder, and most scientists who study Autism Spectrum Disorders believe that there is not only one cause. There may also be many different factors, including environmental and genetic factors, which make a child more likely to have ASD (Centers for Disease Control and Prevention (CDC, 2016). As for Indonesians, cultural belief regarding the causes of autism and how to deal with it has an important influence, that is parenting attitudes and behaviors, including the consideration of appropriate ways to parent children with autism (Riany, Cuskelly, &

Meredith, 2016). Some ethnic groups in Indonesians of such ethnicities as Javanese, Sumatrans and Sundanese believe that autism is caused by traditional cultural beliefs such as restricted behaviors carried out during pregnancy, karma, God's plan, and family size, and splitting taboos during pregnancy (Riany et al., 2016). Children with ASD are individuals who have unique strengths and needs, where symptoms shown by each child with autism are different from child to child.

According to Lindgren & Doobay, (2011) autism common symptoms are present before age of 3 (three). With the common symptoms, the child might show some such indications as poor eye contact, poor "reading" of social cues, failure to develop peer relationships, lack of social or emotional reciprocity, delayed speech development, difficulty sustaining conversation, lack of make-believe play, repetitive motor mannerisms, and rigid adherence to routines. Children with Autistic Disorder have trouble forming normal social relationships and communicating with others. They may also have a limited range of activities and interests (Abuelo, Achin, Aplito, & Degos, 2011). Generally, symptoms shown by autistic

children consist of some disorders occurring in communication, social interaction, and behavior. The symptoms certainly will affect the family, society, and the children with autism themselves.

Since such children have inability to properly interact with others, there is a fear of consequences that they might get poor treatments from their family and environment. For examples, children with autism are often restricted to play (outdoors) out of house; they are even locked in their room and are bullied. Besides that, some children even might get both physical and psychological abuses from their parents or other family members. According Gammicchia (2015) claims are supported by a survey of over 1,500 individuals targeting people with autism, their caregivers who are family members, and crime victim professionals reported that 35% of individuals with autism had been the victims of a crime. Of these victims, 38% has been reported to experience physical abuse or assault, 32% reported as emotional abuse, and 13% reported as sexual abuse.

Despite the negative sides faced by autistic children, the children with autism surely possess some positive and

potentials to be developed. Although children with autism have problems in communication, social interaction and conduct, among them are found some special talents or skills as special gifts that might not be found in a normal child. Among children with autism about 1 in 10 has been described to be gifted or the one who displays special talents or abilities; this may be somewhat similar to the incidence of talents among normally developing children (Pring, 2005). It is affirmed that autistic children have better abilities in the fields of mathematics, numeric, knowledge memorization, and playing music when compared with those of the children who suffer from Asperser syndrome (Bennett & Heaton, 2012). Hence, children with ASD also need to be provided opportunities to use their social skills and generalize them to the larger school environment, home, and community (Ontario Ministry of Education, 2007). Thus, in their family environment an autistic child, first of all, needs an acceptance, loving kindness, affection, and then capability acknowledgement from her/his parents, siblings and other family members.

Regarding family acceptance, at first, before being able to accept a child with autism, the family may perform

various responses when firstly find out about their autistic child, who in fact is one of their family members. It is of course not easy for a family to accept a presence of an offspring with autism. According to (Ryan, 2012), parents of children with Autism experience grief, denial, anger, guilt, depression, isolation, stress, financial difficulties, and marital struggles. Additionally, parents of children with autism are more likely to experience serious psychological distress than parents of children with other developmental disabilities (Bromley, Hare, Davison, & Emerson, 2005). These responses appear because their children are not in accordance with the expectations of parents and families: who are not normal, have special needs, and their got the bullying of society and the people judge them as children who had not future and useless. Besides, the parents who have children with autism have poorer quality of life than parents whose children typically develop suiting the population's norms (Vasilopoulou & Nisbet, 2016). In addition to how this situation also negatively affects attitudes of siblings and parents, grandparents are also very much impacted by their grandchild's autism diagnosis. ASD presents families with unique stressors,

including grandparents and other family members.

Having children with autism also affect other family members such as siblings, grandmother and grandfather as a caregiver. A caregiver is any person that has a direct input or an impact on the wellbeing of your child. This would include: family members, babysitter, doctors, therapists and teachers. Working together as a team to help support your child will help their progress. Caring for a child who is diagnosed with autism could affect the quality of life of the caregiver in various different ways (Kheir et al., 2012). In a line with Kheir and colleagues, Hartmann (2012) states that grandparents, similar to parents, experience sadness, frustration, and disillusionment due to their grandchild's inability to express their feelings or needs. Grandparents also fear or avoid taking their grandchild out in public settings because of behaviors that are produced from the autism diagnosis (Hartmann, 2012).

Nevertheless, there are positive impacts on attitudes of families and parents who have children with autism; they show more care and attention towards children, and spend more time and affection on their child. A

phenomenological qualitative research conducted by Hidayah (2013) affirms that parents are steadfast and patient in taking care of their autistic children, they seek medical assistance, seminars about autism, they also attempt to get supports from friends, family, and other parents of children with autism as well as improving the quality of their religious life (Hidayah, 2013).

In the same way, in society positive impacts shown by children with autism are similar to normal children in general. For examples, educating the adults and normal children about how to socially live side by side with the children with especial needs; educating teachers and social environment how to carry out social interaction, and accept the children with special needs properly. Furthermore, the society is encouraged to learn positive social attitudes like loving kindness, respect, tolerance, helpfulness, generosity, and empathy so that such positive attitudes can create a proper environment that can help the development of children with special needs (Srianita, 2015).

In the society, a family with autistic children becomes a gossip and especially bullying object. This surely will not only affect the family but also the children with autism; and their

siblings will also experience the bully for their sibling's disability (Reid & Batten, 2006). In the same way, the society might consider autistic children as useless individuals with no future, and merely burden to their family and others for they are considered to have no capability of doing their daily basic needs independently. Consequently, the negative impacts of bullying on children with autism are distressingly clear. It has damaging effects on children's self-esteem, mental health, social skills, and progress at school. According to Reid and Batten (2006), 83% of parents uttered their child's self-esteem got damaged and it affects the development of child's social skills and interpersonal relationships. Just like in society, the family and children affected by autism experience unpleasant treatment, discrimination as well as bullying at school. Therefore, multi-supports coming from any elements are needed such as societal, familial, and governmental supports, so that the presence of autistic children can be welcome in society, especially in their family.

Global supports come from World Health Organization (WHO) where the world health organization decided April 2nd as World Autism

Awareness Day. Another international support towards autistic children comes in form of program that can improve the lives of people with disabilities and facilitate the implementation of the United Nations Convention on the Rights of Persons with Disabilities (World Health Organization, 2013). In a convention on the rights of persons with disabilities (article 3) shall be: respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons; non-discrimination; full and effective participation and inclusion in society; respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; equality of chance; availability; equality among males and females; respect for the evolving capacities of children with incapacities and respect for the right of children with disabilities to preserve their identities (UNICEF, 2007).

In addition, Central Government supporting the Local Government is definitely needed in order to help parents who have children with autism. The policy contained in the Constitution of 1945 (UUD 1945) Article 31, paragraph 1 says every citizen has the right to education. Meaning education

does not view the status and condition of a person, but every individual has the right to get good teaching regardless of physical or mental condition (handicapped or normal), and the government has an obligation to support and provide education for all. All people, including children with special need have the same right to get an educational that is appropriate to their ability and condition. The education should be about enabling all children, in line with their abilities, to live full and independent lives so that they can contribute to their communities, cooperate with other people and continue to learn throughout their lives.

This condition is also reinforced by the Act of the Republic of Indonesia No. 20 /2003 on National Education System, Article 5 Paragraph 2, which says citizens who have physical, emotional, mental, intellectual, and / or social disorder or abnormality are entitled to special education. Under this regulation, it is clear that children with autism should receive special education and teaching, and the government is obliged to provide for it. Educational services for children with disabilities in Indonesia are still very exclusive. They are served in special schools called SLB which stands for "Sekolah Luar Biasa"

(Purbani, 2013). According Center for Data and Statistics Education and Culture Republic of Indonesia (2016) Indonesia has 1,962 Schools spreading across 34 provinces. While in West Kalimantan, there are only eighteen (18) special schools that are located in several districts and cities (Pusat Data Dan Statistik Pendidikan dan Kebudayaan, 2016).

However, there are some gaps found in the real society life. Firstly, the special schools do not have any special programs or teaching methods that are appropriate to be applied for students with autism. Consequently, the teaching and learning process is still mixed with children who have mental retardation. Unlike normal children, a person with autism requires different approaches from a teacher. Furthermore, there is no specific curriculum intended for children with autism in the schools. Such teaching system therefore will make it difficult for autistic children to develop their full potential. Secondly, to enroll to Special Need Education requires substantial cost where parents need to pay a large sum of money each month. For example, one of Special Need Education institutions in Pontianak city, the provincial city of West Kalimantan, requires parents to

pay for monthly tuition from IDR 300.000 to IDR.350.000 / month. That high education tuition certainly can only favor the wealthy families as they can afford to send their children to the Special Need School. On the other hand, those who come from poor families even some cannot go to schools due to budget limitation.

Government's policies in the health sector listed in Health Act of the Republic of Indonesia Number 36 Year 2009 on Health, article 5 paragraph 1, reads everyone has the same right to gain access to resources in the field of health; and paragraph 2 which reads everyone has rights in obtaining safe health services, high quality, and affordability (Health Act No. 36 of 2009). Based on these two verses, families and children who have autism have the same rights as any other child to get health services with good quality, and the government is responsible for the availability of resources in the health sector, which is fair and equitable for all citizens to obtain good health standard.

However, the implementation of the health service has not been accessible to all families and children who suffer from autism because not all health facilities provide health care suiting to children with autism both at

the level of basic services such as health centers and hospitals. In the first level or primary health center cannot provide neither sufficient nor appropriate health tools, services, facilities, and medical professionals, and which then is carried on to the second level or secondary health service. Some hospitals that provide services to families and children with autism are only available in urban areas with limited resources and facilities. Autism Center Pontianak is one place therapy that provides free services for handling of children with autism and other disabilities but the problem is the limited human resource only six therapists to handle 280 children with autism and eighty eight children on the waiting list in 2017 (Autism Center Pontianak, 2016)

Indonesia has one of the largest and most ethnically diverse populations in the world, little is known about cultural beliefs regarding family care for children with autism within Indonesian culture. Indonesians practicing eastern-cultures are generally ashamed and stressed out of having an autistic child in their family. The children are more

often left alone at home or with caregivers. This condition is due to the strong influence of beliefs, values, and customs of the people towards families care for children with autism. Thus, the social stigmas and negative perception of having children with autism are still encountered among the people of Indonesia.

Based on this phenomenon, Indonesia has been possessing resources and policies in education and health system for family to take care of children with autism. However, the existing resources and policies have not been appropriate and optimal because it does not cover family's needs in taking care of autistic children. Therefore, this situation needs to be changed in order to support the children and family needs. Before making a new system or developing the existing system, it is important to know the family and community's situations, needs and demands to support the family, what the existing problem is, as well as the existing care system on family care for children with autism.

CHRONIC WOUND AND BIOFILM ON DIABETIC FOOT ULCER

Haryanto*

* The Muhammadiyah Institute of Nursing, Pontianak, Indonesia

Prevalence of diabetes mellitus (DM) is increasing in the worldwide. The latest report estimated that, in 2015, 415 million adults worldwide were living with DM, with an expected increase to 642 million people by 2040 or increased from 8.8% to be 10.4%.¹⁾ Indonesia was ranks seventh highest globally, with 10.0 million peoples in 2015 and will increase to 16.2 million by 2040.¹⁾ Meanwhile, according to a national survei in Indonesia that two regions has highest prevalence are Ternate (19.6%) and West Kalimantan (11.1%).²⁾ Therefore, prevalence of DM in Indonesia is potential increase in the future.

One of the most common complication of DM is diabetic foot ulcers (DFUs). At 15-25%, DFUs ocured in people with diabetes.³⁻⁴⁾ In addition, the most problem of DFU's is lower extremity amputation and an estimated 54% is the most common reason for admission to hospital in Indonesia.⁵⁾ Also, this condition will affect to quality of life, psychology and socioeconomic.⁶⁻⁸⁾ Thus, the increasing of complications is in accordance with the increasing of prevalence of diabetes mellitus.

DFU's is one of the chronic or non-healing wound. Unlike acute wounds, chronic wounds is characterized by increasing expression of TNF- α and IL-1 β , which are stimulator factors for MMPs production.⁹⁾ This result caused increasing or imbalance of MMPs especially MMP-2/MMP-9 and -1.¹⁰⁾ On the other hand, chronic wounds are an ideal enviroment for biofilm formation. Up 60% biofilm are microscopically identifiable in chronic wounds.¹¹⁾ In aggregate, these pathophysiologic phenomena result in the failure of these wounds to heal. Therefore, is needed a management to increase wound healing.

Biofilm could stimulate chronic inflammation by increasing release of proinflammatory cytokines that leads to highly increased level of proteases and reactive oxygen species that degrade proteins that are essential for healing. A study reported that IL-1 β and TNF- α increased in non-healing wound and to be decreased on healing wound¹¹⁾. Therefore, Inflammation in chronic wounds must be reduced to

levels that lead to low protease activities that allow wounds to heal with to reduce bacterial level both planktonic and biofilm.

In conclusion, due to their continued persistence, biofilm infections cause more damage and greater inflammatory responses than the corresponding infections caused by planktonic bacteria. Therefore, the use of suitable antimicrobial agents to treat such infection is critical.

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MANUSCRIPT
ADHERENCE TO MEDICATION AND SELF-CARE AMONG THE
ELDERLY WITH HYPERTENSION IN NURSING HOMES IN
YOGYAKARTA, INDONESIA 2014.

Wisnu

ABSTRACT

Hypertension is a common chronic disease among Indonesian elderly. The biggest community of elderly in Indonesia is found in Nursing home, as a governmental health provider for retirement of old people. Keeping medication adherence for hypertension is the biggest challenge for elderly in Nursing homes. The purpose of this study was to explore self-care and adherence to medication among the elderly with hypertension in Yogyakarta, Indonesia. The study applied triangulation method to assessed their adherence and self-care with hypertension in nursing homes. The quantitative study recruited 152 respondents with the mean age of 73.06 ± 7.67 years old. Hill bone instrument was used to explore the medication adherence and related factors such as age, marital status, education level, gender, type of medication, economic source, family type and religion.

The study revealed the significant association between economic source, age, type of medication and education level. There are three factors, age, medication type and economic source are 23.4% of the total variance for explanation medication adherence

The study suggested that health provider should be more considerate in assisting the elderly with the age equal or older than 75 years old, no formal education or lower education level, using an ACE Inhibitor or Combination medication. Collaborative care approach should facilitate the education of elderly about the hypertension, benefits of medications, the importance of continuous medication use especially in the treatment and management of chronic diseases (Hypertension) with optimize health care management.

Keywords Medication adherence, Hypertension, Elderly, and Nursing home Indonesia

Introduction

Hypertension is the top ten most common disease suffered by the elderly in Indonesia (Ministry of Health). The number of elderly is growing in Indonesia and this will bring a great influence in the management of health problems (Sya'bani, Mirza & Rusdianto, 2008), for instance government may need to prepare a tough health system to cover all the needs. The government should standardize the elderly care at nursing homes i.e. employing professional nurses instead of non-professionals (Nurdin, 2010). However, In Indonesia, only a few nursing homes provide professional nursing care to the elderly.

The number of mortality cases by cardiovascular disease amounted to 16.7% across the Indonesian population. Patients with hypertension in Indonesia currently are estimated at 15 million, but only 4% are under controlled hypertension. In the elderly population it is estimated that more than 54% of Hypertension are not controlled. In the productive age, it is assumed to be 6-15% prevalent in general (Amirudin, 2007). The number of hypertensive cases increase every year and need a serious attention from the government.

A person who has entered the elderly age bracket already experienced a decline in health both physically and psychologically. Along with age, there are losses of function of the organs and other physical changes. These decline occurred at all levels of the cell, organs and systems. This results in increased incidence of diseases among the elderly. Vascular system is no longer elastic and the lead elements in the blood increase (Darmojo, 2006). Damage to blood vessels elasticity or rigidity leads to atherosclerosis (narrowing of blood vessels). It is better to take care of hypertension in the elderly, will be better with sustainable treatment. This is very important to prevent them from any complication. The level of complication risk will be reduced or prevented when there is discipline in the treatment. It means medication adherence should be well enforced.

Medication adherence by the patient depends on patient's behavior, that is complying with all the suggestions and guidance recommended by health care professionals, such as physicians and nurses (Nair et.al, 2011). One of the key factors to reach the treatment objectives is the compliance of the treatment plan. Every person has their own unique therapy process or

management. This uniqueness can be related to degeneration of human body physiology, the self care activities to meet their own need (Alligood, 2012). Generally, the level of compliance towards hypertensive treatment will increase the effectiveness of the treatment and prevent severe episodes of the disease. Certainly, its long term impact will decrease morbidity and mortality of the patient. Anyway, it is difficult to realize this impact, because compliance is based on several factors. (Fitriana, 2010).

Social Ministry of Indonesia government has made several social facilities to care for the elderly. This elderly nursing home is referred to as Panti Jompo or (home stay for the elderly). This nursing home for the elderly is constructed to be a solution to the problems of elderly people. In concomitant to the increase of life expectancy in Indonesia. Nursing home or home stay for the elderly is arranged by laws and these laws are implemented for all disabled including their access to facility. According to the social Ministry, the elderly include those with mental or physical disabilities (Siregar A, 2012).

Finally, medication adherence and self-care is a crucial

factor to prevent the damage of the body's vital organs, such as kidneys, brain, and heart in elderly with hypertension (Nair, et al, 2011). Protection of these vital organs can reduce the risk of kidney failure, stroke, and myocardial infarction, which may ultimately avoid complex organ damage. It can be concluded that in order to avoid the risk of mortality obeying medication adherence is the main control mechanism of hypertension. Even though, some patients do not feel like taking medication when they feel "normal", this is wrong (Sya'bani, et al. 2008).

Method

Quantitative method was applied to conduct the research. The Predictors were to investigate the relationship between medication adherence and the demographic data (such as: age, marital status, sex, level of education, economic factor, type of medication, family type and religion) among elderly with hypertension in nursing homes at Yogyakarta city of Indonesian country. The instrumentation, adopted from Hill bone scale medication adherence were taken from the research of Gohar, 2008.

This study was conducted at 3 public elderly nursing homes in

Yogyakarta city; All the nursing homes were located in different districts of Yogyakarta city with standard facilities. The facilities there include an on-call medical clinic, on call dental clinic, isolation room, prayer room, physiotherapy room, library and counseling rooms.

RESULTS

Table 1.

Association Checked between demographic factor with medication adherence

Variable	n	M±SD	t/F	p value	LSD
Gender			0.358	0.721	
Male	61	64.6±11.7			
Female	91	63.9±10.9			
Age			7.423	0.001*	①>②
① Elderly (55-74 yrs)	98	66.7±10.8			
② Old (75-90 yrs)	51	59.7±10.6			
③ Very old (>90 yrs)	3	58.9±9.5			
Marital status			2.498	0.116	
Married	68	66.5±10.1			
Single	84	62.3±11.7			
Economic Source			-3.480	0.001*	
Government	99	61.9±11.4			
Pension	53	68.4±9.5			
Education			5.661	<0.001**	④>③>② >①
① No formal education	52	60.6±9.8			
② Low educated	39	63.6±13.5			
③ Medium educated	36	65.4±10.7			
④ Highly educated	25	71.1±7			
Family type			0.852	0.396	
Nuclear family	76	65.6±11.1			
Others	76	64±11			
Medication type			5.695	0.004*	①>③>②

① Beta blocker	86	66.7±10.6		
② ACE Inhibitor	41	62.1±11.8		
③ Combination	25	59.2±10.1		
Religion			0.264	0.792
Islam	93	64.4±11.54		
Others	59	63.9±10.7		

There were 8 independent factors which tested the dependent variable. The Data shows that there are no significant differences between group in gender with medication adherence in elderly (t=0.358, P=0.721), but there was significant difference between age of the elderly group (t=7.423, P=0.001). LSD analysis indicated that elderly (55-74yrs) group was greater than old group (75-90yrs), but didn't find a significant number with very old (>90yrs).

Similarly, it had been found in economic source, was found a significant correlation between group (t=-3.480, P=0.001). There was no significant difference between adherence of medication with Marital status (t=0,466, P=0,469).

The result also shows that education level was significantly associated to medication adherence with F=5.661 and P=<0.001. This factor is the most significant number in between 8 factors

that we checked. From the LSD of post hoc in anova analysis, also indicates that highly educated was greater than medium educated, medium educated was greater than low educated and low educated was greater than no formal education. That means, highly educated was the most affecting the group. In family type, that did not appear any significant different (t=0.852, P=0.396).

It was interesting to see that the religion of respondent showed no significant correlation with adherence of medication (t= 0.264,P=0.792), but it showed in the medication type factor. There was significant difference between medication type with t=5.695, and P=0.004. LSD also indicated that was beta blocker greater than combination and combination greater than ACE inhibitor.

Table. 2.
Multiple regression with step wise method

Variable	B	SEB	p	Tolerance	VIF
1. High edu vs No formal Edu	7.012	1.815	< 0.001	1.00	1.00
1. High edu vs No formal edu	5.990	1.808	0.001	0.961	1.040
	5.213	1.816	0.005	0.961	1.040
2. Pension vs Government					
1. High edu vs No formal edu	4.812	1.826	0.005	0.905	1.105
	5.444	1.782	0.003	0.959	1.043
2. Pension vs Government	4.612	1.729	0.009	0.942	1.062
3. Elderly vs Old					

Note : $R^2 = 0.234$; $F(3,148) = 14.96$, $p = < 0.001$

Stepwise regression analysis above, shows that Education, age and economic status are predicting factors. Research question three was what factors seem to adherence of medication among elderly with hypertension in Nursing homes. All assumptions of regression met, variance inflator (IVF) and tolerance of the variables were 1.00 indicating no problem of multicollinearity.

When education was considered alone, it significantly predicted adherence of medication $F(1,150) = 14.92$, $p < .001$, adjusted $R^2 = 0.09$, indicating that 9% of the variance in

adherence of medication score could be predicted by advised on education. However, those who were counseled on education on adherence of medication . As economic included in the model, it reduces the prediction R^2 change was 0.159, $F(2, 149) = 11.94$, $p = 0.001$, that means in two group the variance was 15.9% and education was still a significant predictor. When other variables were considered, they significantly decrease the prediction, R^2 change was 0.234, $F(3, 148) = 10.66$, $p = 0.005$. Thus economic source also had high adherence of medication scores.

The entire group of variables significantly predicted adherence of medication scores, with total variance 23.4% in a group. In addition the most significant values, which contribute to predicting medication adherence in elderly with hypertension when the three variables were considered, are the education to be the first then economic source and age.

Discussion

The findings of the study revealed that age is associated with medication adherence among the elderly in nursing homes Yogyakarta. The younger elderly group are more aware of adherence of taking hypertension medication.

Medication adherence is one of the most intriguing and complex behaviors demonstrated by patients. Non-adherence to a therapeutic regimen may result in negative outcomes for patients and may be compounded in populations with multiple morbidities which require multiple drug therapy, such a population is exemplified by the elderly (Lukman,2011). However, non-adherence may not be more prevalent in older patients in age above 75 years old and there is no consensus in the literature (Azack, 2008), That age is a the one predictor of poor adherence.

Indeed, older patients may deliberately choose not to adhere to medication (intentional non-adherence) to avoid adverse effects (Gohar et al, 2008). Furthermore, the study conducted by Klymko et.al (2011) on adherence lack commonality in terms of how adherence is measured, the definition of an 'older' patient and the range of disease states which have been examined. In addition to the aging process conformity declines with cognitive function, elderly have some initiative to ask for help or support in compliance with the treatment process.

The study also found significant association between economic factors with medication adherence in elderly with hypertension. Economic factor refers the power to any of the considerations that involve economic variables and that are relevant to a decision (Wikipedia.com) . Economic factor to the elderly brings a wide view. The power of economic makes people to have a choice. Elderly who have a choice, usually have so many consideration, especially to their health. For instance the medication and treatment, they can choose which one is the best and appropriate to them as long as they can afford. Different with the government subsidized group, they

didn't have any choice to choose their medication. As we know most of the subsidize drugs for hypertension is a national standard, sometimes the medication that elderly need is not included into the government subsidized, so the health provider modified it with combination drugs, to fulfill the elderly medication needs.

Another research emphasize that economic factor is one of the factors that also Associated With Poor Medication Adherence In Hypertensive Patients In Lusaka, Zambia (Mwene et. al, 2010). The economic factor is one of the crucial aspect in that community. Researcher mentioned, if lack of transportation, high cost of transportation fee, and living at a distance of more than 10 km from the hospital is the factors that can be associated with medication adherence.

One of another factor that was associated with poor adherence is a level of education. The highest number of educational level in this research was no formal education group. Few elderly from the group of no formal education were illiterate. Educational levels was the predictor of adherence in this research and revealed that the elderly who have higher education reported higher treatment adherence.

Illiteracy is a big issue since long time ago in Indonesia. Nowadays, it is an actual problem in elderly who lived in nursing homes Yogyakarta. All the elderly illiterates were above the age equal or above 75 years old. Formal education usually helped people to think big and rationalize things as they happened. Therefore it can be concluded that elderly who has no formal education, is highly dependent on their life experience and information sources such as poster, learning from somebody experience.

Our results supported by Gohar et.al (2008) that hypertensive patients with higher education could insist taking medication, implementing physical activity, and controlling BP. It indicated that more care should be offered to patients with lower education and illiterate. The potential reason is that hypertensive patients do not comply with treatment and refuse recommendations from healthcare professionals because of the lifetime therapy (Krousel-Wood, Munther, Jannu & Desalvo, 2005).

The fruitfulness of medication is not only determined by the diagnosis and the selection of drug, but also to carry out patient adherence in taking the drug by a prescription. The result in this

research, shows the association between medication adherence and the type of hypertensive drug. There are 3 kind of medication drugs commonly use in elderly nursing homes that is, ACE inhibitors, Beta blocker, and combination.

In LSD analysis by using anova, the elderly who take Beta blocker drugs are more adherence than combination and ACE inhibitor. Majority of the participants take beta blocker, few of them take combination drugs by a prescription, which is mixture of ACE inhibitors and betablocker. The side effects of drugs usually appear in elderly who take ACE inhibitor as a hypertensive treatment. The most important complains from elderly was that anytime they take medication it caused a side effects such as cough, dizziness, myalgia, loss the appetite and fatigue (Medline plus.com). ACE inhibitor usually has more side effects than beta blocker but depend on the dosage and also may cause of allergies in some people (Gohar et.al, 2008).

The study conducted by Suellen, Nina, Kelly, Paul & Audrey (2013) has also revealed that patients with diabetes have one of the lowest medication adherence rates at 65% to 85% have been because of the influence

of type of medication. This study assessed the impact of a broad range of factors on medication adherence and persistence among adult patients with type 2 diabetes mellitus. They also mention that treatment satisfaction was meaningful among diabetes militus type 2 in that community. Health promotion and providing the appropriate information about drug and therapy are very important to get the satisfaction in the future.

Conclusion

In elderly nursing homes, health care service quality is very low. It happens due to the care giver as primary the health care provider, dissatisfaction health care system and limitation of the health care personnel. Caregiver and health provider need to pay more attention especially in elderly with low education, respondents who taking ACE inhibitor medicine and elderlies aged equal or above 75 years old in general. The health providers need to assist on their self-care behaviors and teach their health knowledge due to their limitation and wrong concept of knowledge. The elderly mostly like to take Jamu traditional herbal therapy besides their medication. Collaboration to take traditional medicine as a complement

medication in elderly nursing home need to be consider. To improve the patient's ability to follow a medication regimen and self-care behavior, all potential barriers factors to adherence need to be considered and solved.

Health care professionals can play a major role in this regard and a collaborative care approach should facilitate the education of elderly about the hypertension, benefits of medications, the importance of continuous medication use especially in the treatment and management of chronic diseases (Hypertension) and optimalize heath care management. Further studies are also recommended to identify another major contributory factor to non-adherence and self-care behavior.

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“SOMETHING NEW, SOMEWHERE NEW, SOMEONE NEW”

¹Antonieta G. Obiedo, ² Joni Inocencia F. Gonzaga, ³Jake Cañeda

^{1,2,3}Faculty – College of Nursing Cebu Normal University

ABSTRACT

Nursing education in the Philippines has had its own share of fluctuations in the production of fresh graduates. A small portion of these fresh board passers has taken solace in the nursing academe who had expressed their need for clinical instructors. The purpose of the study is to understand the meaning of the lived experiences of novice clinical instructors as they handle nursing students in their respective clinical assignment and learn the consequences of this phenomenon as experienced by the participants.

This research utilized phenomenology to describe their experiences and meaning of the lived experiences being novice clinical instructors and this helps in reducing individual experiences to a description of the universal essence. Purposive sampling was employed in this study. The participants in the study were registered nurses with no clinical experiences when hired, and those with less than three years employment in the academe. Their responses during the interviews were recorded, and transcribed.

Four major themes emerged these were **Inspirational Drives**, with subthemes of Thoughts Becoming a CI, The Prestige in the Profession, and the Motivation in Positive feedbacks, **Intrinsic Features**, with subthemes of Possessing Effective Good Character, and Knowledge as Power. **Intimidating Circumstances**, with subthemes of Uncertainties and Apprehensions with Respect to their New Role, Realisms of Being a CI, Coping with Pressure, and Self Confidence and **Improved Relations**, with subthemes of Respect, Relationship Building, and Self Development.

Many novice clinical instructors perceived their role as prestigious however when confronted with challenges some were doubtful, apprehensive, and others felt inadequate not only with their intellectual/professional capability but also with their interpersonal relationships. The positive feedbacks that they received from their students motivate them to become effective mentors. Furthermore, being a novice

signifies an entry into the unknown that tests not only their confidence but also their individual capabilities to impart knowledge to their students.

Keywords: Novice, Clinical Instructor, Lived experience, Novice clinical instructor

Introduction

Nursing education in the Philippines has had its own share of fluctuations if one is to consider the trends of the production of fresh graduates who, unfortunately, get enlisted in the roster of unemployed Filipinos. Despite the fact that these degree holders can easily prove their efficiency through qualifying national examinations that only entails minimum competence to carry out nursing skills and utilize basic nursing judgment. A constant surplus of nurses has caught the attention of the public as biannually, numbers of registered Filipino nurses increase.

A small portion of these fresh board passers has taken solace in the fact that nursing colleges and similar educational institutions have continuously expressed their need for clinical instructors who can guide nursing students- some of whom may be merely a year older than their students. Furthermore, clinical experience is still an essential

component to nursing education. A temporary solution to this unemployment is nursing preceptorship. Preceptorship is a method to bridge the gap between the classroom and the clinical area where nursing is practiced. A preceptor prepares students using a variety of skills. This has been an alternative for many fresh graduates who find employment in the academe.

To highlight, these young clinical instructors eventually wind up with their students in the clinical areas, equipped only with their own experiences as former nursing students themselves. Banking on such constitutes a dilemma in the part of these individuals as they have to maintain an impression of authority and knowledge in front of their students.

The purpose of this study **was** to explore the various experiences of novice clinical instructors as they handle nursing students in their respective clinical assignments. The proponents also wish to construct

themes that will thoroughly describe such experiences.

Theoretical and Conceptual Framework of the Study

In 1984, Benner published her groundbreaking work *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. In this book, Benner describes the Dreyfus and Dreyfus model of skill acquisition and how it applies to nursing practice. This model is used to address the novice clinical instructors' needs at various stages of professional growth. This will help nurses understand how expertise develops in the nursing academe with students who look up after them for their related learning experience.

The five stages of skill acquisition (Benner, 2004) are characterized by the following: The **Novice** they learn on experience they had when they were a student where theory and principles are learned and applied in general. His behaviour in clinical setting is limited and inflexible. They are beginners with no experience with handling the students which they are expected to perform. Novice clinical instructors have a very limited ability to predict what might happen in a particular patient situation under the

care of nursing student who's under her supervision.

Next is the **Advanced Beginner**.

These are nurses who have had enough experience with real situations. **They** can recognize elements of past situations where he or she has experienced before and uses these to guide his/her behaviour. The advanced beginner begins to formulate guidelines that govern his/her actions in supervising and training nursing students. These clinical instructors have "knowledge, skills and know-how but don't have many in-depth encounters with a similar patient population" that will assist him in training the students in the clinical area.

Meanwhile, the **Competent** nurse begin to see their actions in terms of long-range goals or plans. An increasing sense of saliency helps them recognize what is important. They begin to recognize patterns and the nature of a clinical situation more quickly and accurately. These traits will assist him to examine fewer options to make decisions using the nursing process. Thus, competence develops when the clinical instructors organize principles to quickly access the particular rules that are relevant to the specific task of teaching and training nursing students.

Furthermore, **Proficiency** is shown by a nurse who develop intuition to guide their decisions and devise their own rules to formulate plans. The nurse views situations as “wholes” rather than parts, and maxims, reflecting nuances of a situation, guide performance. The proficient nurse learns from experience what events typically occur and how to modify plans in response to different events. The nurse sees goals and salient facts, but still must consciously make decisions. He possesses “intuition” or “know-how” which often cannot be articulated, but still thinks analytically. A proficient clinical instructor can plan, and synthesize students learning experience among patient in various case scenario.

Lastly, the **Expert** developed ability to recognize demands and resources in situations and attain goals. They no longer rely solely on a rule, guideline or maxim to connect understanding of a situation to the appropriate action. They have an intuitive grasp of each situation based on their deep knowledge and experience. They focus on the most relevant problems, not irrelevant alternative options. They use analytical tools only when they have no experience with an event or when events and behaviours don't occur as expected. An expert clinical instructor is a highly skilled, with in depth knowledge and experience who can appropriately train nursing students in specialized clinical setting.

This model can be used in supporting progress in the development of skills, by understanding the learning needs and styles of learning at different levels of skill acquisition. The diagram below illustrates the use of the model in the study.

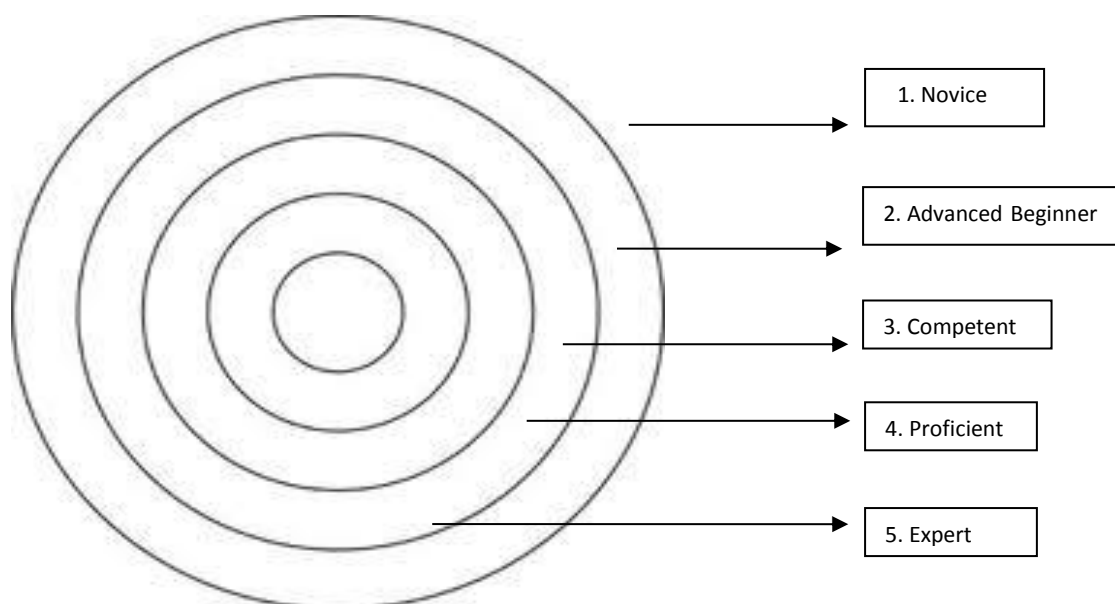


Figure 1. A schematic representation of The Dreyfus and Dreyfus model of skill acquisition (described in Benner, 2001).

Review of Related Literature

Novice clinical instructors need to feel confident and knowledgeable about their role in supervising the students in the hospital setting. However, there are factors that limit the instructor in developing their skills and knowledge necessary to facilitate students' learning. Clinical instructors could enhance their role related knowledge and confidence for teaching to improve quality of clinical education.

Previous studies had been conducted with the similar focus. Won and Wong cited interesting points in their article regarding this: "Clinical instruction in baccalaureate nursing programmes becomes the primary responsibility of either the inexperienced or part-time, contractual instructors (2006). In addition, the study being done by Babenka-Mould et. al who's focused on concerns, priorities, and self-efficacy of Novice Clinical Instructors: Leadership in Nursing Education. The proponents' approach entailed three phases; phase 1 explained that clinical instructors' expressed

concerns and priorities formed the basis of development of online modules. In phase 2, Participants completed a self-efficacy instrument pre and post online module use. In phase 3, transcribed interviews were analyzed using content analysis procedures. Themes which emanated from participants' discussions were validated through member checks. Themes included clinical instructors' roles and responsibilities, clinical teaching, and clinical evaluation.

In a study by Toelke (2012), a critical review of the literature for information regarding best practices in orienting newly hired clinical instructors was performed. The overall goal of this is to improve understanding of the current orientation process which will lead to the development of more caring, more effective, personalized orientation for newly hired clinical faculty. A desirable outcome of a more personalized orientation for new clinical faculty is to increase employee satisfaction and decrease turnover within the first few years of clinical teaching. In addition, a caring environment is needed in order for

novice faculty to acquire the tools that are necessary to become a successful educator (Snelson, 2002).

According to Tanner (2006), clinical education has, for the most, remained unchanged for the past 40 years. Therefore, it is time for change, but the change needs to be centered on best practices in teaching and learning that combine the knowledge obtained in theory class and the practical application of that knowledge in the clinical setting (Benner et al, 2010). In addition to exploring their new role, newly hired clinical faculty must also realize that everything is new for them as novice faculty. According to Boyd and Lawley (2009), novice faculty are newcomers in many aspects of their role. In order for these expert clinical nurses to move effectively into the role of nurse educator, they must embrace the novice within.

Another study conducted, revealed the need for stronger school supports in induction programs for new teachers. First-year teachers should be followed for a longer period of time to understand difficulties they face as they grow into experienced teachers. (Warsame, 2011)

The study of Poldervaart revealed that clinical experiences of

nursing clinical instructors contribute to their confidence, competence, and intent to remain in the profession. Education may require reform to meet current needs of health care and the anticipated continuing nursing shortage. Nursing education curriculum leaders are responsible for program design that prepares students for their role in the nursing profession immediately after graduation.

Further studies, indicated the critical importance of welcoming the new nurse into an inquisitive, supportive environment where good staff relationships flourished. The wise preceptor and sophisticated staff know that inclusion, supportive behaviours, and constructive feedback are the approach to take to develop the new nurse. New nurses are well aware of their inexperience. Self-judging qualities do not need to be reinforced; rather the new recruit benefits from positive reinforcement, recognition of daily accomplishments, and opportunities to be included as part of the staff (Chandler 2012)

The gaps in relation to the decision making among novice nurses tends to be linear, based on limited knowledge and experience in the profession, and focused on single tasks

or problems. Novice nurses, new graduates or nurses with limited experience in the care settings in which they work, tend to view decision-making as responding to patient complaints and following protocols or documented care plans (Chase, 1995; Itano, 1989; Radwin, 1998). As they make decisions, their focus leans toward doing, rather than on thinking and reflecting (Benner, 1984; Benner, Tanner, & Chesla, 1992).

Novice nurses often do not recognize or appreciate the relevance of deviations from the textbook picture of a clinical situation (Benner, Tanner, & Chesla, 1996; Haffner & Raingruber, 1998; Tabak, Bar-Tal, & Cohen-Mansfield, 1996). When confronted with complex or unfamiliar clinical situations, novice nurses frequently respond by drawing on theoretical knowledge and psychomotor skills, rather than enacting decision-making that addresses the complex and multidimensional nature of the situation. Further, when novices lack confidence in the clinical setting, they may rely excessively on more experienced nurses and avoid situations that require them to make decisions. Experiencing role dissatisfaction, some novice nurses will

leave the profession (Messmer, Gracia Jones, & Taylor, 2005).

It is anticipated that the inexperienced nurse **would** carry increasing responsibility for clinical decision-making about the care of increasingly complex patient situations. It has been suggested that nurses become expert in their practice when they have sufficient experience in the clinical setting to move from reliance on abstract principles to the application of concrete experience, viewing clinical situations within context and as a whole (Benner et al., 1996; Decker, 2006). However, in practice settings today, nurses function with few supports and mentors. It is clearly not feasible to simply wait for nurses to develop sufficient experiential knowledge to ensure that their decisions will be accurate and safe.

Methodology

Research Design

This is a qualitative research where the primary method of collecting qualitative data is through self-reports-an in depth interviews of the study participants. The total number of participants within the inclusion criteria consisted of five novice clinical instructors who had no clinical

experience at the time they were employed as clinical instructors and has been in the academe three years or less. Focus group discussion (FGD) was utilized in validating the research guide questions formulated. They were asked about their perceptions, opinions, beliefs, attitudes, issues and concerns based on the guide questions drawn up by the researcher/facilitator.

The researchers utilized phenomenology to look for experiential descriptions of the phenomenon being studied. A phenomenological study describes their experiences and meaning of their lived experiences being novice clinical instructors. The researcher will focus on describing what all novice participants have in common. The purpose of this is to reduce individual experiences to a description of the universal essence.

After analysis of the responses, the significant statements of the participant's experiences were identified and given corresponding 145 formulated meanings. Attached in the appendix page is a selected example of significant statements and corresponding formulated meanings. The formulated meanings created were then clustered around four themes.

Research Environment

The study was conducted in Cebu City, specifically in educational Institutions that provide nursing education and the agreed venues for individual interview.

Research Participants

The participants of this study are novice clinical instructors or nurse educators with no teaching/clinical experience in nursing academe when they were hired; and with less than three years employment in the academe.

Research Sampling

The researchers selected participants by non random methods (nonprobability sampling); beginning with a convenience sample (volunteer informants) supplemented with new participants through snowballing then eventually evolved to purposive sampling strategy.

In purposive sampling, the researchers handpick the cases that will best contribute to the information needs of the study. This involves studying of cases that meet a predetermined criterion. A registered nurse with no clinical experience when hired and those with less than 3 years employed in the academe.

Research Instruments

Interviewers' questions guide was utilized in this study where it was divided into two parts: the demographic data and the discussion guide. The demographic data are essential information about the respondent which includes the names (initials), age, board rating, and highest educational attainment. The discussion guide questions were categorized to warm up, transition, main, wrap up questions. The questions were draft carefully to monitor the wording of each question for clarity and sensitivity to participants and sequenced in meaningful order. The draft instrument was critically reviewed by colleagues.

The researcher also utilized audio recordings (cell phone), transcripts of those recording, the moderator's and note taker's notes from the discussions. Encoded transcript is utilized to form the group data.

Data Gathering Methods

In gathering the data, self-reports specifically FGD and semi structured focused interviews was utilized. FGD was used to test the formulated test questions to describe and explore their feelings when they were a novice clinical instructor. The

participant's responses to questions posed by the researcher were evaluated before it was given to the research participants. The questions were asked in an interactive group setting in four to six participants where they are free to talk their opinions and experiences simultaneously. The moderator guides the discussions according to the topic guide or set of questions. The discussions were recorded. A second researcher, the note taker/ observer takes detailed notes on the discussions.

During the discussions, the moderator **led** the discussions, listens intently and keeps the conversation flowing and takes a few notes to remember comments that he/she may want to use later. Notes are initially handwritten then are expanded into more complete narratives then entered into computer.

Once the questions were validated, a semi structured focused interviews were conducted. In this approach, the researcher will study the interview plan- informant, venue, questions, equipments etc. To ensure their concentration, the Researcher introduces **themselves** to the participant stating the purpose of **their** study. The researcher will asks permission on the use of the recorder during the interview.

There will be a written discussion guide to ensure that all questions areas are covered and participants were encouraged to talk freely. Before the end of the interview, the researcher ask the participants if there if they has anything to add then thank the respondent for participating.

During the data analysis phase, narrative data transcript were listened and read over and over in search of meaningful segments. The data were then classified into Verbatim, English translation, Significant Statements, Formulated Meaning, Theme, Notes. These data **were** converted to smaller, more manageable units that can be retrieved and reviewed. The segments were closely examined in order to determine the phenomena and its meaning. Concepts were identified and given label that forms the basis for the category scheme. The related concepts are grouped together to facilitate the coding process. The coded data were bracketed according to the most salient themes. This data were developing to construct a phenomenon that was consistent with that of participants.

Results and Discussions

Thematic Discussion

After significant statements were extracted from the transcripts of responses and the analysis of formulated meanings, four themes emerged. The four themes were: **Inspirational Drive**, with three subthemes, Thoughts of becoming a CI, Prestige more than the Profession, and Positive feedbacks motivates; **Intrinsic Features**, with two subthemes, Possessing effective, good character and Knowledge is power; **Intimidating Circumstances**, with four subthemes, Uncertainties and apprehensions, Realisms of being a CI, Grace under pressure, and An Air of Confidence; and, **Improved Relations**, with two subthemes, Value respect, Nurture good relationship, and Learning outside of the box. Each of the emergent themes will be discussed and defined with excerpts from the transcripts of responses used to support and highlight each theme.

Theme 1. Inspirational Drive

The emergent theme “Inspirational Drive” are those factors that motivates the novice clinical instructors. It has three subthemes, Thoughts of becoming a CI, Prestige in the profession, and Positive feedbacks motivates.

Thoughts of becoming a CI

They entered in college of nursing with the thought of being successful in the future. As they attended with their regular schedule of classes, they met several clinical instructors to whom they gained the needed knowledge that equipped them in their chosen vocation. Techniques and strategies learned from their previous instructors assisted them in their clinical supervision. Some were encouraged and inspired to follow their footsteps. Their former clinical instructors became their guiding star and hope to become efficient and as effective as they are. Several participants were very much inspired by their clinical instructors in the way they were taught. **It was mentioned by one of the participant** “I want to become a CI even before because I see my CI as very good in teaching and they look good in their uniforms.” **also another participant mentioned** “I always look up at my clinical instructor as my mentors and the person I consider as “know it all”.

Some participants doubted their abilities, but were encouraged by people who were closed to them, made them realize that their student’s experience

was enough to supervise the nursing students.

Prestige in the Profession

Many perceived that being a clinical instructor was a prestigious profession. The remuneration was bigger compared to those in the hospital. The compensation **was** good, and the benefits were many compared to the nursing service. Participant conveyed that he was proud as a clinical instructor. It gave him a sense of **dignity** when students look up to him especially if you’re a graduate of a prestigious school.

The Motivation in Positive Feedbacks

It is said that in teaching, the best reward that an educator can get is a remark that his students has learned much from what he has taught them, that every concept that is being taught will remain in them even if they are already licensed and practicing the profession.

Majority of the participants gained remarkable positive feedbacks from their students. Regardless if they were novice clinical instructors, they received expression of gratitude from their students which gave them a sense

of energy to continue to their chosen career.

Theme 2. Intrinsic Features

A person, despite of age, who knows how to handle himself will become an effective person in the future. It is inherent in every individual to have a sense of direction and a sense of autonomy to oneself. With whatever situation a person is being led on, he is able to find his way through.

Possessing Effective, Good Character

Before, the clinical instructors were traditional in their ways, of how they taught and handled their students. In the recent times, this characteristic is waning, and that seldom you can see a clinical instructor of this caliber. The stern and rigid personality of some of the clinical instructors may fear the students. However, that façade is but for the welfare of every students.

Some participants were grateful for their former clinical instructors being strict and firm. They were able to realize the value of such consistency of such attitude now they become a clinical instructor.

Knowledge as Power

When one becomes a nurse educator, you are expected to know much so that you can impart to them the needed knowledge to your students. Being a clinical instructor entails responsibility and accountability to impart for this knowledge. Learning is a lifelong process and as long as one live, the process of learning never stops.

Theme 3. Intimidating Circumstances

Being novice in the workforce is a challenge. They made decisions for a a students in a given patient case scenario. There were situations that may seem familiar and others were long forgotten. Because of much ambiguity and unfamiliarity of such case, at times the some participants will doubt oneself in supervising nursing students while they carry various procedures in the clinical areas.

Uncertainties and Apprehensions with Respect to their New Role

First days will always leave an imprint to someone, and this will serve as a make or break moment for one in the workplace. Naturally, a certain amount of anxiety was felt for the novice who is new to an endeavour. Changes in the student's attitude pose

additional challenge to her profession. Teaching student nurses how to take care of patient made him nervous and apprehensive because of fear that he might give a wrong instructions that may possibly cause patient's life

Realisms of being a CI

Having been able to earn the license to practice nursing is a very rewarding experience, as one is able to enhance his skills in performing the necessary nursing procedures. However, the practice of nursing in the academe is another scenario. It entails enhancing your knowledge attitude and skill in teaching nursing students to become effective nurses in the future. Being a clinical instructor is a two – fold responsibility as a nurse and at the same time an instructor.

Furthermore, many considered clinical instructor as noble and prestigious profession though at times they felt exhausted in checking all their requirements. However, the novice clinical instructors stated that its a rewarding profession because you were able impart knowledge whom they valued. As you advance in this profession, you realized your strengths and weaknesses.

But sometimes the demands of the work entail an extension of time outside the boundaries of the regular working hours. Oftentimes, one goes beyond the parameters of the teaching profession, that they becomes exhausted.

Coping Under Pressure

Not only the patients experienced pressure brought about by their disease conditions. Everyday a nurse is also put at any battles, in every patient they attended to. Novice clinical instructors, has so many eyes looking at their every performance in the way they handled the students in the clinical area, how they come to terms with the personnel in the ward, and how to meet the expectations of almost every one looking at them.

Majority of the participants when confronted with challenges will think positively that things will turn out right. The novice CI at times felt irritated and intimidated by other people. They managed the situation with a smile and let go of the unpleasant feelings because she realized that its part of his job.

Self Confidence

One should have a sense of enthusiasm every day as he goes to

work despite the odds. You should have the right knowledge and be equipped with the right set of skills to do the tasks you are employed to do and most importantly, the right attitude in all situations that you are being put into.

Some novice participants were passionate and dedicated with their nursing profession. The love for teaching transcends to all their students. Despite of their inexperience, the novice clinical instructor maintains that sense of confidence so that he can effectively guide the students in the clinical area. Eventually, the feelings of anxiety subside with the constant exposure in the clinical areas and familiarization with the different procedures.

The participants were grateful for their former clinical instructors who taught them in college days. The experienced they had with their previous CI's serve as their inspiration that motivates them to continue in their chosen career.

Theme 4. Improved Relations

For someone who is new to the workplace, a sense of respect from all the personnel should be a must. The novice clinical instructors was hesitant with his status in the academe considering he was newly employed.

According to the Golden Rule, what you do unto others will be done unto you. A workplace was an avenue for him to enhance effective learning, and enhanced effective relationship among co-workers in order to maintain a harmoniously relationship. Learning is a process that entails knowledge on the concepts and putting those learning into practice. The novice was not able to appreciate the value of what is being learned unless he was able to discover the realities of it.

Respect, Relationship Building

Respect is a very important component that elicits a harmonious relationship among the people in the workplace. It was emphasized by the participant that "Respect is not given, it is earned." He also believed that respecting their feelings in turn they will begets respect to your space and privacy.

Self Development

The skilled practice of nursing exceeds the bounds of formal theory. Concrete experience provides learning about the exceptions and shades of meaning in a situation (Tomey & Alligood, 2008). There is a need for it to be applied in the clinical setting because learning is best facilitated if the students

themselves experience the learning process.

Participant realized the difficulty when you taught the concept and theory in the classroom compared to the clinical area. As teacher, we need to prepare and study our lessons ahead of time. Furthermore, the participant added that that a teacher should project his image with full of knowledge on the subject matter. Applications of the learned concepts in the classroom should be applied in the clinical area.

The knowledge and experienced they got can lead to discovering new things which you can impart to your students in the various clinical setting. The lived experiences of novice clinical instructors is according to four I's: **Inspirational** (wherein the thought of becoming a clinical instructor is highly influenced by their respective clinical instructors); **Intrinsic** (wherein it is inherent in every clinical instructor, be it a novice or an expert to have set of values and good characteristics that help him mode to become an effective educator); **Intimidating** (wherein the initial phase of being a clinical instructor is going through the process of so many adjustments to almost everything along the way); and, **Innovative** (wherein strategies of

learning should be made suitable to the various learning styles of the students).

Summary of Findings

The lived experience of novice clinical instructors formulated four major themes **Inspirational Drive**, with three subthemes, Thoughts of becoming a CI, Prestige more than the Profession, and Positive feedbacks motivates; **Intrinsic Features**, with two subthemes, Possessing effective, good character and Knowledge is power; **Intimidating Circumstances**, with four subthemes, Uncertainties and apprehensions, Realisms of being a CI, Grace under pressure, and An Air of Confidence; and, **Improved Relations**, with two subthemes, Value respect, Nurture good relationship, and Learning outside of the box.

Conclusions

Many novice clinical instructors perceived their role as prestigious however when confronted with challenges some were doubtful, apprehensive, and others felt inadequate not only with their intellectual/professional capability but also with their interpersonal relationships. The positive feedbacks that they received from their students

motivate them to become effective mentors. Furthermore, being a novice signifies an entry into the unknown that tests not only their confidence but also their individual capabilities to impart knowledge to their students. Thus, they need considerate guidance and learning resources in the areas of orientation, mentorship, and peer support.

Recommendations

Based on the findings, the researchers would like to recommend the following:

1. Novice clinical instructors are confronted with various challenges. Thus, the administration should initiate an orientation/ training program that will enhance their skills in handling classes and students in the clinical area.
2. Senior clinical instructors should develop a sense of duty to mentor the novice CI , so that they will have a grasp of the extent of their work in the classroom as well as clinical area. The administration and the members of the faculty should be supportive to these novice clinical instructors, and create an atmosphere of growth and development to flourish in the college.
3. A novice clinical instructor should also make every effort to be knowledgeable, confident, firm and consistent with the rules and policies for the benefit of the students. He/ she should be well motivated in teaching, respectful and employ innovations in consideration with the working environment and the type of students.
4. Opportunities will be given to the novice CI to enhance their capabilities to be effective mentors to their students. They should not be criticized of the incapacities, but, instead be helped to perform what is expected of them so that they can become efficient and at the same time effective role models for their students.
5. Personal responsibility and accountability for his/her profession should be develop. Thus, continuing education

through seminars, training etc is recommended to update her knowledge, attitude and skills.

6. For the novice clinical instructor's feedback from the administration and students is important to them thus it is suggested that a written feedback will be given to them at the end of semester. Furthermore, it is recommended that administration and senior faculty will have a meeting with the novice to assist them with their needs.
7. A nurse should be included in the panel of the interviewers in order to assess the novice applicants if they have the attributes of being a good clinical instructor. Regardless of age and experience it is important that the interviewer will be able to identify the applicant's dedication and commitment in the profession.

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PREDICTORS OF SELF-ACTUALIZATION

Melinda C. Pausanos DScN,MAN,RN.

Cebu Normal University- Graduate School

Email Ad: mpausanos2003@yahoo.com

ABSTRACT

The Theory on Attaining Self-actualization among Older Adults stated that there are characteristics that a person should develop which will enable him or her to become self-actualized. These characteristics namely emotional intelligence, spirituality and life satisfaction as possible predictors of self-actualization among older adults, were investigated in this study to validate those assumptions of the theory. This descriptive-correlational study utilized a multi-stage sample of 180 senior citizens in Tagbilaran City, Bohol. A 5-part instrument package was utilized to (1) describe the respondents' demographic profile and obtain measures for their (2) emotional intelligence using the 30-item Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF), (3) spirituality using the 12-item Functional Assessment of Chronic Illness Therapy—Spiritual Well-Being Scale (FACIT-Sp), (4) life satisfaction using the 5-item Satisfaction with Life Scale (SWLS) and (5) self-actualization using a 16-item questionnaire developed by Boyum (2004). A Pearson r analysis indicated that emotional intelligence [$r(180)=.232, p=.004$], spirituality [$r(180)=.295, p=.019$], and life satisfaction [$r(180)=.530, p=.000$] correlate positively with self-actualization. A multiple regression analysis further indicated that the three variables significantly predict self-actualization ($p=.000$). The findings suggest that becoming a self-actualized older adult requires the combined attributes of having a sense of spirituality, developing emotional intelligence and attaining life satisfaction.

Keywords – older adult, senior citizen, Filipino family, life satisfaction, emotional intelligence, spirituality, religion

Introduction

The Theory on Attaining Self-Actualization among Older Adults states that self-actualization of an older adult is attributed to his/her capability as a human being, and perspective in life. It is a product of different experiences of a person and can be attained depending on his/her characteristics. Specifically, such characteristics and experiences correspond to factors such as sense of spirituality, sense of emotional intelligence and life satisfaction. This study aimed to validate the assumptions of the theory on the influence of spirituality, life satisfaction and emotional intelligence on the attainment of self-actualization among older adults.

Emotional intelligence is the foundation of each relationship and the power of those emotions cannot be overlooked. Emotions often override thoughts and profoundly influence behavior. Most commonly, self-actualizing people see life clearly. They are less emotional and more objective, less likely to allow hopes, fears, or ego defense to distort their observations. Self-actualizing people are dedicated to a vocation or a cause for which it is a requirement to grow something greater

than oneself and success at one's chosen tasks. It is possible that self-actualization can reflect experiences that have affected a person in a positive way. These experiences have the ability to motivate people to pursue and reach their goals (Bailey, Eng, Frisch, & Snyder, 2007).

Consequently, hope and optimism both consist of cognitive processes that are usually oriented towards reaching one's goals and the perception of those goals. Thus, self-actualization comes from within an individual based on the individual's personal values and what he or she holds important. For some it is family, for others it is love, and for others it is money or other material items; either way, it varies from one person to another.

However, expressions of sense of spirituality through religious practice or compassion, service to others or passing on wisdom to succeeding generations often bring deep personal satisfaction, comfort, and peace to older adults and thus help them mature more successfully. "Spirituality" is important in the lives of older adults as they seek to, identify, trust, and invest in

meanings, values, and relationships that cannot be lost or taken away by the unexpected changes of the aging process (Petrides, 2009).

Despite the fact that older adult Filipinos are also facing a global crisis, they have the capacity to use strongly what they made of their way to recovery. These are by winning repeat businesses through hospitality and utmost care by the members of the family, by treating each and every order with respect, by being inspired by the families to work hard. It is important to ensure that the older adult person is making a satisfactory progress in his or her day-to-day life even within the hierarchy of needs.

According to Bulatao (1989), by nature, Filipinos possess a strong sense of resilience. This resiliency accounts for the fact that they can endure life's adversities and can withstand poverty over a long period of time. Filipinos can still laugh or brush away a tear and can make a humorous comment in the face of a tear-jerker scene. This tenaciousness or resilience is sublimation to self-actualization in the real sense of Maslow's paradigm.

However, older adults' life satisfaction could be explained by the individual's access to key resources –

material, social, or personal characteristics that a person possesses, which may be critical in promoting and maintaining well-being, because they help him/her achieve his/her personal goals and fulfil his/her basic physical and psychological needs (Diener & Fujita, 1995).

Among older adults, being married or having a partner is a strong resource for life satisfaction, because it provides companionship and social support (Diener, Suh, Lucas, & Smith, 1999). Moreover, an inclusion of personality in addition to health, marital status, and financial resources is needed to obtain a more accurate picture of the foundations of older adults' life satisfaction.

In light of the related literature reviewed, the different attributes of an older adult, specifically emotional intelligence, spirituality and life satisfaction correspond to the older adult's fundamental need that prompts them to shift awareness to the existence of a higher need which ultimately leads them to self-fulfillment through self-actualization.

Problem and Hypotheses

The study aimed to validate the assumptions of Attaining Self-Actualization among Older Adults. Furthermore, it sought to determine the predictors of self-actualization among older adults in Tagbilaran City, Bohol.

From these assumptions, the following hypotheses were tested:

Ha1. The higher the emotional intelligence, the more self-actualized are the older adults.

Ha2. The higher the spirituality, the more self-actualized are the older adults

Ha3. The higher the life satisfaction, the more self-actualized are the older adults

METHODOLOGY

To meet the research objectives, the investigator made use of a descriptive-correlational design to test the study hypotheses.

Employing a multistage sampling technique, 180 older adults from eight selected barangays in Tagbilaran City, Bohol, participated in the study. Those ages 60 to 75 years old were eligible to participate. The only criteria for exclusion would be the

presence of significant cognitive and neurosensory deficits.

Through several home visits conducted by the researcher and her trained research assistants, respondents were personally invited to participate in the study. Prior to data-gathering, informed consent was sought which involved a thorough verbal and written explanation of the study objectives and allowing time for questions or concerns to be entertained. It was likewise emphasized to the older adults that joining the study is entirely voluntary. They may refuse to answer the questionnaire as they wish and non-participation in the study would not affect them in any way.

Self-report measures were utilized to yield data on the study variables. A five (5) - part research instrument, accomplishable in 30 to 45 minutes, was put together for this purpose. To facilitate comprehension and improve administrability, the entire instrument package was provided with Visayan translations (the respondents' mother tongue). Moreover, contents of the said instrument package included the first part which is a researcher-made questionnaire obtaining the demographic profile of each respondent, while the second through fifth parts are

standardized instruments measuring the target constructs of the study.

Specifically, to yield data on the study's predictor variables (or independent variables), the *Trait Emotional Intelligence Questionnaire – Short Form* (TEIQue-SF), *Functional Assessment of Chronic Illness Therapy—Spiritual Well-Being Scale* (FACIT-Sp), and *Satisfaction with Life Scale* (SWLS) were utilized to measure emotional intelligence, spirituality, and life satisfaction, respectively.

The *Trait Emotional Intelligence Questionnaire – Short Form* (TEIQue-SF), developed by Konstantin Vasily Petrides, is a 30-item questionnaire designed to measure global trait emotional intelligence. It is based on the full form of the TEIQue. Two items from each of the 15 distinct facets of the TEIQue (i.e. adaptability, assertiveness, emotional perception) were selected for inclusion, based primarily on their correlations with the corresponding total facet scores (Petrides & Furnham, 2006).

Respondents are required to rate each statement on the TEIQue-SF on a 7-point Likert scale by putting a circle around the number that best reflects their degree of agreement or disagreement with that statement. There are seven possible responses to each

statement ranging from 'Completely Disagree' (number 1) to 'Completely Agree' (number 7) (Petrides, 2009). In the study, scores on each statement were summed up and then interpreted as follows: low (score of 30-89), average (score of 90-150) and high (score of 151-180) in emotional intelligence.

The *Functional Assessment of Chronic Illness Therapy—Spiritual Well-Being Scale* (FACIT-Sp), developed by Bredle, Salsman, Debb, Arnold, and Cella (2011), is a 12-item questionnaire which uses a 5-point Likert-type scale to measure one's reported spiritual well-being (0 = Not at all; 1 = A little bit; 2 = Somewhat; 3 = Quite a bit; and 4 = Very much). Scores on each item were summed. Interpretation and corresponding range of scores were as follows: very low (0-11), low (12-23), average (24-36), high (37-48) and very high (49-60) in spirituality.

The 5-item *Satisfaction with Life Scale* (SWLS), developed by Diener, Emmons, Larsen & Griffin (1985), requires the respondents to rate their degree of agreement or disagreement of each statement on a 7-point Likert-type scale (1 = strongly disagree, 2 = Disagree, 3 = slightly disagree, 4 = Neither Agree or disagree,

5 = Slightly agree, 6 = Agree, 7 = Strongly agree).

Scores on the SWLS may be interpreted in absolute rather than relative terms. In this case, it has been suggested that a score of 20 is regarded as neutral, while scores in excess of 20 represent satisfaction (21-25=slightly satisfied; 26-30= satisfied), and scores of less than 20 represent dissatisfaction (15-19=slightly dissatisfied; 5-9=extremely dissatisfied) (Pavot & Diener, 1993). The test-retest reliability of the SWLS for a 2-month interval is 0.82 (Diener et al., 1985). In their 1993 review, Pavot and Diener reported test-retest reliability ranging 0.83 – 0.50 – in a time interval 2 weeks to 4 years and, in general, higher reliabilities were associated with shorter retest intervals.

On the other hand, measuring the study's criterion variable (or dependent variable), Boyum's (2004) Self-Actualization scale is a 16-item questionnaire, which requires the respondent to rate on a 10-point scale, the extent to which he/she possesses the qualities of a self-actualized person as described in each item (10 being the score reflecting strong agreement to have possessed each quality). Scores in each item were summed and interpreted as: very low (16-46 points), low (47-73),

average (74-103), high (104-131) and very high (132- 160) in self-actualization. The highest score is 160 and the lowest score is 16. However, there are no exact cut-off points for interpretation indicated by Boyum (2004). Grouping of scores was thus done arbitrarily in the study, bearing in mind the author's comment that the closer one is to 160, the more self-actualized he/she is.

Data collected were subsequently analyzed with the aid of the Statistical Package for the Social Sciences (SPSS) version 17 software. Data gathered were analyzed using percentage for profiling of respondents. Meanwhile, inferential statistics, specifically Pearson product-moment correlation (Pearson r) and multiple regression analysis, were used to determine relationships among the study variables, with p values of less than 0.05 considered as statistically significant.

Results and Discussion

A total of 180 older adults who met the inclusion criteria participated in the study. Table 8 presents their demographic profile.

As shown in Table 8, there are an equal number of male and female respondents. Majority are married

followed by those who are widowed. The respondents' age range from 60 to 75 years old which corresponds to the study's inclusion criteria. They mostly live in an urban area.

It is notable that all the respondents have attended school although a majority only finished elementary education. Most of them are not working but receive subsidy from

their children working in the country or overseas. Other older adults have no work while others receive monthly pension as a benefit from the government or private sector after retirement. Sources of income of some of the respondents include farming, fishing or being employed as drivers or laborers.

Table 8
Respondents' Demographic Profile (N=180)

<i>Demographic Variables</i>	<i>Frequency</i>	<i>%</i>
Gender		
<i>Male</i>	90	50.0
<i>Female</i>	90	50.0
Civil Status		
<i>Single</i>	7	3.90
<i>Married</i>	104	57.8
<i>Widow/Widower</i>	69	38.2
Educational Attainment		
<i>Elementary</i>	67	37.2
<i>Secondary</i>	50	27.8
<i>College</i>	47	26.1
<i>Post-Graduate</i>	16	8.90
Status		
<i>Not working, with subsidy</i>	58	32.2
<i>Not working</i>	55	36.8
<i>With pension</i>	46	25.6
<i>Working</i>	21	11.7
Living with		
<i>Children</i>	93	51.7
<i>Spouse</i>	67	37.2
<i>Relatives</i>	12	6.70
<i>Caregiver</i>	8	4.40

Note. Percentage totals may not equal 100 due to rounding.

It can be deduced from the aforementioned data that although the respondents are predominantly married with both spouses still living, a majority still live with their children, tailed closely by those who are not. This implies that these married ones live together by consensual arrangement or have married children who have not owned a conjugal dwelling yet.

Majority of the respondents are receiving subsidy from their children working locally or overseas. This result implies cohesiveness among Filipino families which serve as emotional

blankets for the older adults. This is reinforced by the fact that although majority of the respondents were elementary graduates only, this was not a hindrance in supporting their children who landed in jobs locally or overseas. Their effort of investing for their children's education had evidently paid off. Now, it is their children who are supporting them.

Table 9 presents the reported self-actualization, emotional intelligence, spirituality and life satisfaction of the older adult respondents.

Table 9
Reported Self-Actualization, Emotional Intelligence, Spirituality and Life Satisfaction of Respondents (N=180)

<i>Variables</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>Interpretation</i>
<i>Self-actualization</i>	121.12	27.77	High
<i>Emotional Intelligence</i>	132.31	28.64	Average
<i>Spirituality</i>	33.65	7.83	Average
<i>Life satisfaction</i>	26.20	5.25	Very Satisfied

As shown in Table 9, a majority of the respondents report a high level of self-actualization. It is also noteworthy that they are generally very satisfied

with life. The said findings provide insights that as an individual ages, higher level needs specifically self-actualization needs are achieved. Most

individuals who reach old age also possess a certain degree of contentment with life as a whole. Despite the fact that older adult Filipino respondents are facing a global crisis, they have the mental or physical ability to do something to be self-actualized by being inspired by the families surrounding him/her.

This is consistent with the views of Cruz (2004) that self-actualization among the Filipino older adult is ably provided for by the ideally and typically close knit Filipino family. The thought and feeling of being wanted, cared and useful more than compensate the poverty they have endured for the past years; so much so that Filipino older adults can still achieve self-actualization which defies the hierarchy ladder of Maslow (Cruz, 2004).

Furthermore, studies contend that among older adults, being married or having a partner is a strong resource

for life satisfaction, because it provides companionship and social support (Diener, Suh, Lucas, & Smith, 1999; Mroczek & Spiro, 2005). Thus, with most of the respondents living with their spouse, grandchildren and relatives, they are more satisfied with their lives owing to the consistent social contact and family composition that they regard as sources of happiness.

To determine if a relationship exists between self-actualization and the three independent variables (emotional intelligence, spirituality and life satisfaction), a Pearson product-moment correlation was done. The results of the said analysis are shown in Table 10.

As shown in Table 10, a significant slightly positive correlation exists between emotional intelligence and self-actualization, $r(180)=.232$, $p=.004$. The higher the emotional intelligence of the older adult, the more self-actualized he/she is.

Table 10
Correlates of Self-Actualization

	<i>Emotional Intelligence</i>	<i>Spirituality</i>	<i>Life Satisfaction</i>
Pearson Correlation ^a	.232	.295	.530
<i>p</i> -value	.004**	.019*	.000**

Note. $df=180$

^a the *r* values are presented; all three variables are correlated with self-actualization
***p*<.01, **p*<.05

Self-actualization can be observed in older adults who are able to level off feelings without inhibitions and effectively manage their emotions. This is consistent with Greenberg's (1983) findings which contend that because of emotional strength, self-actualizing people tend to be less egocentric than non-self-actualizing people; meaning, they are better able to accept others on their own terms. De Lazzari (2002) yielded to the fact the emotional self-control or being in control of one's emotion and behavior is another important quality for a person, as it helps them create a safe environment loaded with mutual trust and equity.

Table 10 also shows that a significant slightly positive correlation exists between spirituality and self-actualization, $r(180)=.295, p=.019$. The higher the level of spirituality of the older adult, the more self-actualized he/she is. Expressions of spirituality through religious practice or compassion, service to others or passing on wisdom to succeeding generations (generativity) often bring deep personal satisfaction, comfort, and peace to older

adults and thus help them mature more successfully. Spirituality connects older adults with the profoundly powerful and divine force that is present in this universe. Whether they are looking for worldly success, inner peace, or supreme enlightenment, no knowledge can propel one to achieve his/her goals and provide as effective a plan for living as does spiritual knowledge.

Finally, the sense of spirituality is considered a lifelong process, and it can serve for the entire lives, the basis for self-care is the foundation for long-lasting satisfaction, happiness in life and self-actualization, which are intricately linked to mental, emotional, and physical health (Bandura, 1999).

Lastly, Table 10 shows that a significant moderately positive correlation exists between life satisfaction and self-actualization, $r(180)=.530, p=.000$. The more satisfied the older adult is with his/her life, the more self-actualized he/she is

The life of older adult respondents had been productive, their conditions strengthened their faith and spiritual beliefs. It can be surmised that older adults, due to their age and

experiences, possess life satisfaction and have attained spiritual development. The positive feelings of older adults create an emotional space that allows him/her to utilize creativity to not only enjoy life more but also reserve something on emotional and life resources that help whenever they face the adversity.

The preceding analyses reject the three null hypotheses. Therefore, *Next slide;;;;*

linearly, emotional intelligence, spirituality and life satisfaction of older adult respondents all have a bearing on self-actualization

A multiple regression analysis was conducted to evaluate how well emotional intelligence, spirituality and life satisfaction predicted self-actualization. Table 11 shows the regression model summary.

Regression Model Summary for Predictors of Self-Actualization

<i>R</i>	<i>R</i> ²	<i>Adjusted R</i> ²	<i>SEM</i>	<i>Change Statistics</i>				
				<i>R</i> ² Change	<i>F</i> Change	<i>df</i> 1	<i>df</i> 2	<i>p</i> -value
.577	.333	.321	22.88	.333	29.227	3	176	.000**

Note. *SEM*=Standard Error of the Estimate

***p*<.01

As shown in Table 11, the linear combination of emotional intelligence, spirituality and life satisfaction was significantly related to self-actualization. Furthermore, 33.3 % of the variance of self- actualization (the dependent variable) is contributed by emotional intelligence, spirituality and life

satisfaction (the independent or predictor variables).

Next table::;

Regression Coefficients for Predictors of Self-Actualization

<i>Independent Variables</i>	<i>Unstandardized Coefficients</i>		<i>Standardized Coefficients</i>	<i>t</i>	<i>p-value</i>
	<i>Beta</i>	<i>Std. Error</i>	<i>Beta</i>		
<i>Emotional Intelligence</i>	.194	.060	.200	3.210	.004**
<i>Spirituality</i>	.318	.236	.090	2.345	.019*
<i>Life Satisfaction</i>	2.593	.349	.490	7.429	.000**

** $p < .01$, * $p < .05$

The next Table showing the corresponding regression coefficients that emotional intelligence ($\beta = .194$, $p = .004$), spirituality ($\beta = .318$, $p = .019$) and life satisfaction ($\beta = 2.593$, $p = .000$) significantly predicted self-actualization. With a result of the statistical relationship between self-actualization and emotional intelligence, spirituality and life satisfaction of the older adult respondents, it revealed a regression model in self actualization = $16.832 + (0.194x_1) + (0.318x_2) + (2.593x_3)$.

The said findings suggest that for older adults to achieve self-actualization, they should possess a high level of emotional intelligence, a stronger sense of spirituality and better

life satisfaction. The three predictors of the theory of Attaining Self-Actualization among Older Adults are thus validated.

Recommendation

1. Respecting the older adults' rights and treating them as individuals with dignity can motivate them to be emotionally intelligent.
2. Providing them the opportunities for them to exercise their religion boosts their spirituality.
3. To achieve life satisfaction, it cannot be overlooked that the family and community have the biggest responsibility in maintaining the well-being of the older person.

4. The community, schools and interest groups should come up with better ways to provide avenues for the elderly to socialize, be productive and carry out their physical functions independently.

5. Local government units, other government (since our 2 congressmans is here) or as the private sectors could come up with programs which are tailor-fit to the older adults' needs, most especially in helping them attain self-actualization.

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THE NET CONTRIBUTION OF THE LEVEL OF AWARENESS ON THE PSYCHOLOGICAL STATUS OF THE POST DISASTER VICTIMS

Esperidion B. Corvera Jr Emmiliano Ian Suson

Laurence Garcia

Cebu Normal University College of Nursing

ABSTRACT

This study determined the net contribution of the level of awareness on the psychological status of the post disaster victims. Path analysis was utilized to estimate the magnitude and significance of hypothesized causal connections between sets of variables. SPSS was used to process the data. The results of the study revealed that the significant variables contributing to the net level of awareness are the knowledge on disaster, sufficiency of assistance and the coping ability which directly influence the psychological status of the post disaster victims.

Keywords: level of awareness, coping ability, disaster risk reduction and psychological status

Introduction

Humans react in different ways when disaster strikes, but most will experience anxiety and stress. How one copes with that stress and anxiety differs from person to person (Kopec,2007).

This study aims to investigate the net contribution of the level of awareness on the psychological status of the post disaster victims. The factors considered are the level of knowledge on disaster, the degree of ability to cope

disaster, the level of awareness on disaster, the sufficiency of assistance, the degree of implementation of risk reduction programs and practices and the post disaster psychological status of the victims. This study will support the existing programs on disaster risk reduction management in decreasing the effects of natural disaster by increasing the community awareness on disaster.

There is predictable psychiatric morbidity in population who are

exposed to disaster. The most common effects include distress and grief, and, less frequently, but nonetheless commonly, anxiety disorders and depression (McFarlane and Williams, 2012).

In 2005-08, research found that 50 out of 82 National Societies had carried out structured public-awareness and educational activities on disaster reduction, 38 percent of which were connected to childrens and school. But there was no source for an overview of all these different types of work, no synthesis of good practices, and no means for sharing this wealth of experiences (IFRC and RCS, 2011). This study can help enhance dissemination of disaster awareness and reduce the psychological effects of disasters.

Literature Review

Various studies have revealed the relationship between the level of preparedness and the psychological effects to the post disaster victims. Some of the variables correlated to disaster awareness are the knowledge on disaster, the ability to cope, the sufficiency of assistance and the implementation of the different risk reduction programs and practices.

In the study of Eisenman, et al, 2010, they found out that specifying structural components (internal organizational structure and chain of command, resources and infrastructure, and knowledge and skills) should be in place before an event to minimize psychological consequences.

According to the Australian Psychological Society, people who have better understanding of their own likely psychological responses in natural disaster warning situations can help them feel more in control and better able to cope.

The literature reviewed indicate that knowledge on disaster, coping ability, presence of assistance and the risk reduction programs and practices are widely accepted variables that can affect the level of awareness on disaster. However, none had studied the net contributions of the level of awareness on the post disaster victims, thus this study was conducted.

Methodology

Researcher-made questionnaire was utilized in this study. It was piloted on the same locale but the respondents were excluded in the final list of respondents. The standardized Outcome

Questionnaire-45 was used to assess the psychological status of the respondents

The study was conducted in Guihulngan City, Negros Oriental and St. Bernard, Southern Leyte. Both were affected by landslide due to earthquake and flood respectively.

There were 201 respondents recruited by simple random sampling method. Most of the respondents were adults in the evacuation sites.

In order to determine the significant relationships of the variables, the path analysis method was utilized to determine the net contributions of the level of awareness to the psychological status of the post disaster victims. The correlation values were solved using the minitab software version 12.

Level of awareness refers to the the over-all percetion of person or group

of persons or their comprehensive mental picture of a disaster as indicated by its components such as sufficiency of assistance, degree of implementation of safety programs and practices for disasters, knowledge of the disaster, the coping mechanism available to the victims.

Coping ability is the persons resilience to stress and anxiety.

Disaster risk reduction refers to concept and practices of reducing disaster risks through systematic efforts to analyze and manage the causal factors of disasters (IFRC and RCS, 2011).

Psychological status is a mental condition in which the qualities of a state are relatively constants even though the state itself may be dynamic (Thesaurus Dictionary).

Results and Discussions

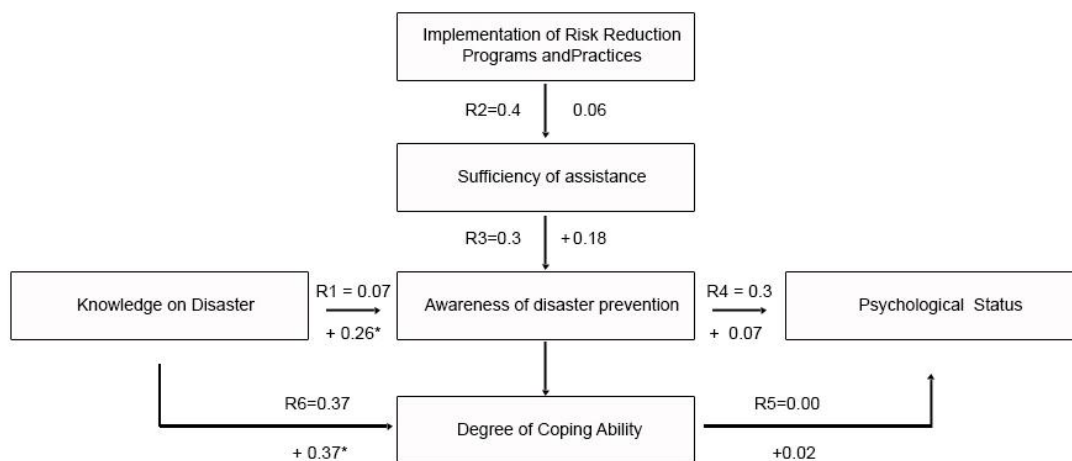


Figure 1. Path model for the net contribution of awareness to the psychological status of the post disaster victims

	r	p	R square	F	p	Beta
R1 Knowledge and awareness	0.46	0.26	0.002	0.428	0.514	0.046
R2 Degree of implementation and sufficiency of assistance	.060	.201	.004	.705	.402	.060
R3 Assistance and awareness	.18	.005	.032	6.645	.011	.180
R4 awareness and mental status	.078	.135	.007	.657	.52	.071
R5 coping and mental status	.046	.257	.007	.657	.520	.023
R6 knowledge and coping	.370	.000	.137	31.408	0.000	.37

Table1. Correlation Coefficient Values on the Relationship of the Different variables on the level of Awareness on the Psychological Status of the Post Disaster Victims

Shown in Figure 1 is the suggested Path Analysis Diagram of the Net Contribution of the Level of Awareness on the Psychological Status of the Post Disaster Victims. As shown, degree of implementation was assumed to have direct relationship with the sufficiency assistance. This was magnified by the coefficient value of $r=0.06$, F value of 0.428, and Beta of 0.046 as indicated in Table 1 which is not significant at 0.05 alpha. In addition, Knowledge was

assumed to have a direct relationship with awareness of disaster prevention. This was magnified by the coefficient value of $r=0.46$, analysis of variance value of 0.428 and Beta of 0.046 as indicated in Table 1 which is significant at 0.05 alpha. Further, awareness of disaster prevention to mental status was assumed to have direct relationship. This was magnified by the coefficient value of $r=0.07$, F value of 0.657 and a Beta of 0.071 as indicated in the same

Table which is not significant at 0.05 level of significance. Furthermore, knowledge is assumed to have a direct relationship to coping mechanism. This is magnified by the coefficient value of $r=0.370$, analysis of variance value of

31.408 and a Beta of 0.37 which is significant at 0.06 level of significance.

In addition, as to the net contribution of awareness to mental status, this is indicated in Figure 2.

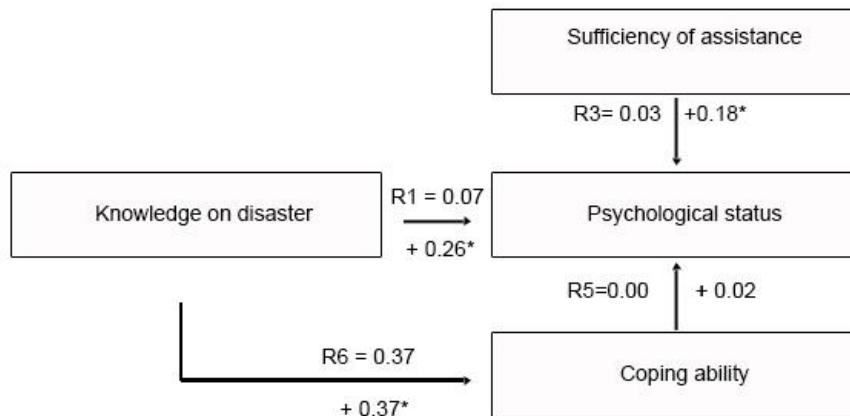


Figure 2. Path Analysis Diagram of the Net Contribution of the Level of Awareness on the Psychological Status of the Post Disaster Victims

As shown in Figure 2.,It is assumed that Mental Status is the independent variables and the dependent variables were sufficiency of assistance, knowledge, and coping mechanism. As shown in Figure 1 and as indicated in Table 1, knowledge, sufficiency of assistance were significantly related with mental status with coping mechanism is indirectly but significantly related with mental status. Thus, the null hypothesis that states

“There is no correlation between the level of awareness and the psychological status of the post disaster victims” is disconfirmed. Level of awareness as indicated by its components of knowledge, sufficiency of assistance and coping mechanism affected significantly the psychological status of the post disaster victims.

Conclusion

It is concluded that the mental status of post disaster victims is affected by the level of awareness of the post disaster victims.

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JUNK FOOD CONSUMPTION AND NUTRITIONAL STATUS OF HIGH SCHOOL STUDENTS IN SURIN PROVINCE

Worawut Saengthong, M.N.S.^{*,**}

Jirawan Tanwattanakul, Ph.D.^{***}

ABSTRACT

This descriptive research aims to study unhealthful or “junk” food consumption and nutritional status of high school students in Muang District, Surin Province. Participants were 429 high school students selected using a cluster sampling technique. Research instruments included a development assessment tool, and a junk food consumption behavior questionnaire that the researchers developed. Content validity of the junk food questionnaire was evaluated by a panel of 5 experts and yielded a CVI of 0.92. Knowledge about junk food subscale was assessed for its reliability using KR-21 method with $r = 0.4$. In addition, attitudes towards junk food subscale had a reliability coefficient of 0.84. Data collection was carried out during March 2017 and April 2017. Data analysis was completed to obtain means, percentages and standard deviations. One-way ANOVA was used to compare mean differences with alpha set at 0.05.

Results indicated that most students (74.1%) had a high level of junk food-related knowledge. The majority of them (94.9%) reported a moderate level of attitudes towards junk food consumption and all of them admitted consuming junk food. Most students had junk food before lunch and the most common foods reported were carbonated drinks and sweetened beverages. The main reason for purchasing junk food was its tastiness. Most students reported consuming junk food every day of the week. On average, students were given 74.25 Baht to spend at school and they paid about 31.48 Baht on junk food. The most common junk food vendors were located in front of the schools. Students received junk food-related information mostly from their family members. Lastly, students with over-nutrition reported a significantly higher energy intake ($\bar{x} = 821.74$ kcal.) per day that those with well balance-nutrition ($\bar{x} = 572.10$).

This study reflects a worrisome situation that most of participants have had high level of knowledge relating to junk food consumption. However, they consumed junk food and particularly those with over-nutrition reported the highest amount of junk food consumption which will eventually affect their health and lead to chronic illnesses in the future. As a result, it is crucial for all relevant parties to find solutions and reduce junk food consumption in high school-age students.

Key words: Junk food, Junk food consumption behavior in teenagers, Overnutrition in teenagers

*Master of Nursing Science Thesis in Pediatric Nursing, Faculty of Nursing, Khon Kaen University

** Master of Nursing Science student in Pediatric Nursing, Faculty of Nursing, Khon Kaen University

*** Associate Professor, Faculty of Nursing, Khon Kaen University

Background and Significance of Problem

Junk food refers to food, which has little to no nutritional value at all (WHO, 2015). It contains fat, sugar, and carbohydrate as the major components. It is packed into beautiful packages and conveniently find in the market (Institute of Nutrition, Mahidol University, 2015). Nowadays, junk food has fairly become an important role in food consumption of Thai children and has various varieties that are sold in the nation. Junk food consumption of Thai children is one of the problems that can affect to children health. These health

problems are 1) it affects nutritional status in which can be both over-nutrition and under-nutrition (WHO, 2015); 2) it affects dental health, especially dental caries (tooth decay) that has a fair rate of morbidity; 3) it affects health risks of causing chronic diseases such as obesity, cardiovascular diseases, diabetes, hypertension (Thai Food and Drug Administration, 2009); and 4) it affects the nation's economy as it was reported that the purchasing power in snacks of Thai children and minors reached about 142,357 million baht per year (Prasertsom, 2014).

From a report regarding the Situational Survey of Problems in Nutritional Status by Thai National Health Foundation in 2015, it was found that Thai children were considered as obese at 12% and overweight at 5%. Children and teenagers suffered from type 2 diabetes up to 18.4%. This can indicate that obesity is a national burden in term of medical fees. Furthermore, it was found that students at the age of 15-18 years old started to experience over-nutrition status up to 17.2%, which was due to high consumption of carbohydrate and sugary foods exceeding body requirement and there are lacks of exercises (A Report on Food and Nutritional Status Survey in Thailand, 2016). Additionally, it was found that behaviors of food consumption in most teenagers were likely to consume new types of junk food that were broadcast through advertisement and commercials, which had the most influence in purchasing decision (Pongutta, 2013). Nevertheless, behaviors of food consumption seemed to be one factor that inappropriately changed food consumption styles of teenagers and created a trend in causing nutritional problems in the future. A behavior of food consumption of one individual depends on various factors,

which are knowledge about the consuming food, consumption perspective, and receiving information about food consumption. These factors are driving forces in making individual to have a behavior as needed to be as the sources of information are from family, friends, teachers, and various commercials.

The researcher of this study was then interest in studying behaviors of junk food consumption and nutritional statuses of senior high school students in Mueang District, Surin Province. Since the researcher had foreseen a phenomenon in junk food consumption of senior high school students (Grade 10 - 12) in Surin Province and from observation in behaviors of junk food consumption of students in many schools as well as from supervision experiences in nursing courses focusing on hygiene promotion in school, these events provides some interests in the information regarding to junk food consumption behavior of the students. Such information was not yet clearly collected in the area. Moreover, Surin Province is in a development stage in becoming urban society, thus, there are increases in shops and shopping malls, more convenient transportations in which increases distribution of junk

food, and easier accesses for teenagers to gain information about junk foods. Therefore, the researcher had studied about knowledge and perspective about junk foods of students, amount of money used in purchasing junk food, locations of purchase, ability to gain information about junk food from various sources, and junk food consumption behaviors of students. This also included the comparison of differences in means of energy intake from junk food among good nutritional status group, under-nutritional group, and over-nutritional group. The data from this analysis will be great benefits for the application in solving health problems from junk food consumption behaviors in teenagers as well as to use the data as a guideline in changing such behaviors of senior high school students in Mueang District, Surin Province to follow proper nutritional recommendation. In addition, the data can be used as suggestion and compositional information in policy planning used by public health officials, school managing board, and related individuals regarding the control of junk food consumption in school, as this is an essential preventive action and can importantly reduce further public health issues of the nations.

Research Questions

1. What are the factors related to behaviors of junk food consumption of senior high school students in Mueang District, Surin Province?
2. What are behaviors of junk food consumption of senior high school students in Mueang District, Surin Province?
3. Is the means of energy intake from junk food among good nutritional status group, under-nutritional group, and over-nutritional group of senior high school students in Mueang District, Surin Province, different?

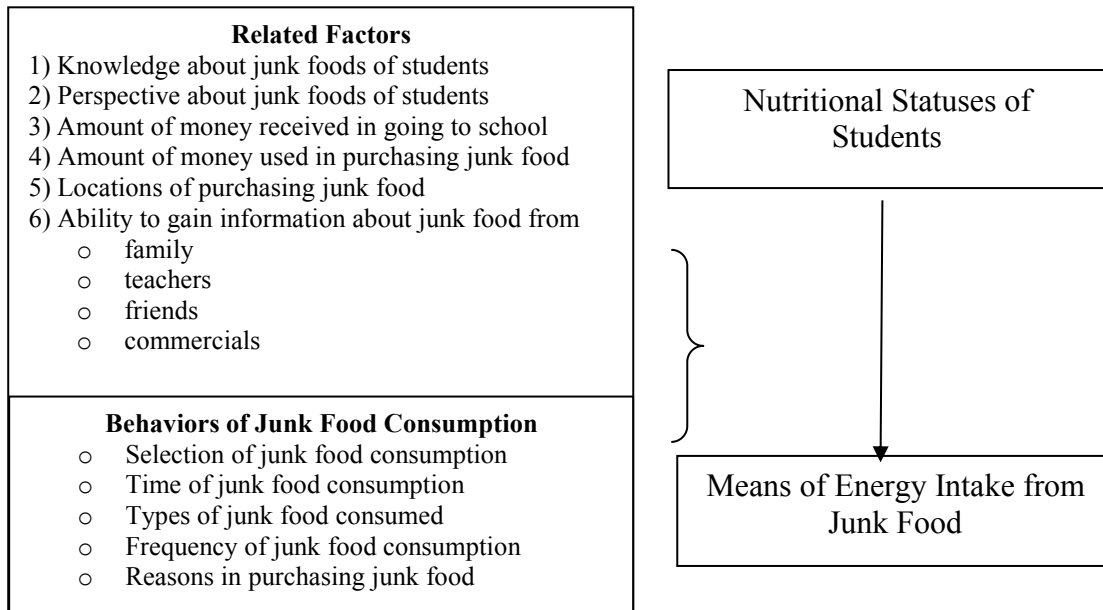
Research Objectives

1. To study factors related to behaviors of junk food consumption of senior high school students in Mueang District, Surin Province.
2. To study behaviors of junk food consumption of senior high school students in Mueang District, Surin Province.
3. To compare differences in means of energy intake from junk food among good nutritional status group, under-nutritional group, and over-nutritional group of senior high school students in Mueang District, Surin Province.

Research Framework

This research is a study of the behaviors of junk food consumption and nutritional statuses of senior high school students in Mueang District, Surin

Province, to know the characteristics of junk food consumption of students, and is used as a data to be used to solve health problems due to behaviors of junk food consumption. Researcher has the following research framework:



Methodology

This research is a descriptive study with samples of 429 senior high school students that were randomly selected with cluster sampling method. The instrument used in this research included 1) nutritional status evaluation form 2) questionnaire and 3) behavior of junk food consumption record form created by the researcher and verified content validity by 5 experts with content validity index (CVI) at 0.92. Reliability of the questionnaire about

junk food knowledge was at KR-21 and its difficulty was 0.4 while the questionnaire about junk food perspective had validity at 0.84. Data were collected during March – April 2017 and analyzed with mean, percentage, standard deviation and One-way ANOVA with statistical significance at 0.05. After it was approved for ethics in human research by Khon Kaen University (HE 592327), the researcher collected data as follows:

1. The researcher asked for benevolence from the dean of Faculty of Nursing at Khon Kaen University to issue a letter asking for permission in conducting the research and collecting data to the directors of schools to carry out the research in study area and to meet samples for introducing myself and enumerating objectives of the study and procedures of data collection as well as asking for cooperation in this study. Before collecting data, the researcher informed the samples about underlying diseases that affect physical growth such as thyroid diseases and Down syndrome. If detecting samples with such diseases, the researcher would sort them out. The result showed that the samples did not have such underlying diseases. After that, the samples were instructed to sign in letter of consent of volunteers and the researcher asked consent from their guardians by directing them to sign in the letter of consent of guardians and made an appointment about date and time of accepting letter of consent and the place where questionnaire completion happened in following day.
2. The researcher accepted letters of consent to participate in the research from samples. If they agreed to join this research program, the researcher would give the questionnaire to them and they had 30-45 minutes to complete it. After receiving the completed questionnaire, the researcher examined it whether the samples selected to answer “purchase” or “do not purchase”. If they selected to answer “purchase”, the researcher gave them the behavior of junk food consumption record form of senior high school students. The sample would record their consumption behavior for 7 consecutive days. In case the answer was “do not purchase”, the researcher

- would keep the questionnaire, check completion, thank the samples and give souvenir to them.
3. When the term was due in 7 days, the researcher collected behavior of junk food consumption record forms. In case the behavior of junk food consumption record form was not responded within 7 days, the researcher would follow up and collect data until the number of questionnaire was complete as specified. In case the behavior of junk food consumption record form was lost, it would be resent to samples and it took another 7 days to collect data. After collecting behavior of junk food consumption record form in 7 days, the researcher found that the samples intentionally did not behave according to food consumption behavior pattern (Hawthorn Effect). 21 samples did not record data; thus, the researcher determined a new group of 429 samples for data record.
 4. The researcher weighed and measured height of samples by recording data in weighing and height measuring form with scale of kilogram and centimeter respectively. The obtained data would be employed to analyze nutritional status of each person by comparing height with age and weight with age. The data were verified so as to be analyzed according statistical method to interpret the nutritional result by exercising growth chart.

Research Result

1. Factors related to behaviors of junk food consumption of senior high school students in Mueang District, Surin Province

Knowledge about junk food of students: the research result was found that the samples had knowledge about junk food of students at high level accounted for 74.1% followed by middle level for 16.18% and the mean of knowledge level was 16.89 and standard deviation was 2.31. For perspective about junk foods of students: the study result indicated that most

students had perspective about junk foods at middle level accounted for 81.1% followed by low level accounted for 13.1 % with mean score at 64.78 and standard deviation at 8.85. The mean of amount of money the student received was 74.25 Baht and the majority of samples or 242 persons received 50-100 Baht to go school accounted for 56.4%. The mean of expenses for purchasing junk food was 30.44 Baht and most expenses were used for junk food in each day less than 20 Baht per day. Locations of purchasing junk food, most students for 44.3% purchased snacks at the store in front of the school. Ability to gain information about junk food was found that the data source that played an important role in giving most information about junk food was family for 408 persons accounted for 95.10%.

2. Behavior of junk food consumption of senior high school students in Mueang District, Surin Province: the research result observed that all samples selected to purchase junk food for 100% and the time that the majority consumed junk food was before lunch accounted for 65.75%. Type of junk food that the samples consumed most was soft drink and sweet drink equal to 52.75% and reason why they selected junk food was

because it tasted delicious accounted for 95%. Frequency of consuming junk food in one week was found that most samples consumed junk food for 7 days equal to 36.59% with mean of 3.02 times per week and standard deviation at 1.82.

3. The researcher compared differences in means of energy intake from junk food among good nutritional status group, under-nutritional group, and over-nutritional group of senior high school students in Mueang District, Surin Province by analyzing data from 429 samples. The result showed that means of energy intake from junk food most in over-nutritional group ($\bar{X} = 821.74$) ($SD = 485.15$) followed by under-nutritional group for 18 persons ($\bar{X} = 591.66$), ($SD = 374.31$) and good nutritional status group for 364 persons ($\bar{X} = 572.10$), ($SD = 315.94$) respectively as shown in Table 1.

When comparing differences in means of energy intake from junk food among good nutritional status group, under-nutritional group, and over-nutritional group of senior high school students in Mueang District, Surin Province by using One-Way ANOVA of Variance, the researcher found that it was statistically significantly different

($F = 11.181$, $p < .05$) as shown in Table 2.

Therefore, the researcher did multiple comparison test by considering it from homogeneity of variances and found that variance of data had statistically significant difference at $p < .05$. After that, the researcher did multiple comparison tests in method of Tamhane's T2 and the research result

was found that means of energy intake from junk food among good nutritional status group and over-nutritional group was statistically significant different at .05. The over-nutritional group ($\bar{X} = 821.74$), ($SD = 485.16$) had more behavior of junk food consumption than good nutritional status group ($\bar{X} = 572.10$), ($SD = 315.95$) as shown in Table 3.

Table 1
Number, percentage, mean, and standard deviation of nutritional status in each group (n=429)

Nutritional Status	n	Mean	Standard Deviation	95% Confidence Interval for Mean		Lower	Upper
				Lower Bound	Upper Bound		
Good nutritional status group	364	572.10	315.95	539.54	604.67	100	2000
Under-nutritional group	18	591.6	374.31	405.53	777.81	100	1500
Over-nutritional group	47	821.74	485.16	679.30	964.19	200	2000
Total	429	600.28	348.69	567.19	633.37	100	2000

Table 2
Comparison result of differences in means of energy intake from junk food
among good nutritional status group, under-nutritional group, and over-
nutritional group

Variance Source	SS	df	MS	F	p
Between groups	2595492.5	2	1297746.28	11.181	.000*
Within group	74 49444660. 97	426	7 116067.279		
Total	52040153. 54	428			

*p<.05

Table 3 Comparison in means of energy intake from junk food among
nutritional status group

Nutritional Status	Good Nutritional Status Group	Under-nutritional Group	Over-nutritional Group
Good nutritional status group	-	-19.56227	-249.64029*
Under-nutritional group	-	-	-230.07801
Over-nutritional group	-	-	-

*p<.05

Discussions

1. Knowledge and perspective about junk food of senior high school students in Mueang District, Surin Province, was found that students had high level of knowledge about junk food and had the moderate level of

perspective about junk food, but all students selected to consume junk food. This could be explaining that even though the samples had high level of knowledge about junk food and knew the dangers of junk food consumed but they also consumed junk food. This was

indicated the lack of awareness or attention to the effect on health and chronic illness in the future. It is therefore important that all sectors should find ways to reduce the consumption of junk food in this age group.

2. Behavior of junk food consumption of senior high school students in Mueang District, Surin Province, was found that 100 percent of all students selected to consume junk food. The time to consume junk food most was before lunch which this might result in less eating lunch. Type of junk food that the samples consumed most was soft drink and sweet drink which had high sugar content. This might have an effect on the body's excess energy intake and might lead to sugar craving. Even though the students gave a reason to purchase junk food that it was delicious. Also, the frequency of junk food consumption in a week of most students was that they consumed junk food 7 days. This has been reflecting that junk food influenced the student's daily consumption behavior. This was corresponded to the amount received to the school day-to-day of students that half of such amount was spending as expenses to purchase junk food. Location of purchasing junk food was at

the store in front of the school that the school could control the distribution of junk food. Ability to gain information about junk food was mostly from family members. This could motivate students to recognize and appreciate the potential effect on their future health.

3. Means of energy intake from junk food among good nutritional status group, under-nutritional group, and over-nutritional group of senior high school students in Mueang District, Surin Province, was found that means of energy intake from junk food among good nutritional status group and over-nutritional group was statistically significantly different at .05. This could be explaining that the 2 groups of nutritional status groups had different behavior of junk food consumption. The over-nutritional group had more behavior of junk food consumption than good nutritional status group.

Recommendations

1. The effect of junk food consumption of students should be studied by comparison at each level in order to be able to appropriately manage the junk food consumption of students.

2. For the tools used in this study, some of the students' knowledge questions were too difficult for the

students, and additional questions about the effect of snack consumption should be further rectified.

3. For the study on nutrition of students, this study was a one-time study because the researcher had limitation on the duration of study, in which the study on nutrition of students should be monitored.

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ABSTRACT

NESTING AND PRONE POSITION TO INCREASE OXYGEN SATURATION IN PRETERM AT HOSPITAL X PONTIANAK CITY, INDONESIA

Tiara Amalia Mentari¹, Ramadhaniyati², Maria Fudji Hastuti³, Lilis Lestari⁴

1. Bachelor of Universitas Tanjungpura, Indonesia
2. Department of Pediatric Nursing. The Muhammadiyah Institute Of Nursing Pontianak, Indonesia
3. Universitas Tanjungpura Hospital, Indonesia
4. Department of Pediatric Nursing. The Muhammadiyah Institute Of Nursing Pontianak, Indonesia

Correspondent Author :

Tiara Amalia Mentari. Bachelor of Universitas Tanjungpura, Indonesia. Email: tiaraamaliamentari2016@gmail.com

ABSTRAC

Background: Preterm have the potential to increase mortality by 65-75%. This occurs due to the immaturity of the organ system, especially breathing that results in decreased oxygen saturation in preterm. Interventions of nesting and prone positioning are aimed at increasing oxygen saturation in preterm.

Objective: To determine the effectiveness of nesting and prone position against oxygen saturation in preterm.

Method: Pre experimental quantitative research on 6 respondents with 1 pre group and post intervention without control group taken by purposive non probability sampling which was analyzed Paired T-Test with $p < 0,05$. Interventions were performed for 60 minutes with full observation recorded on the observation sheet at 0 minutes, 30 minutes and 60 minutes of intervention. The nesting intervention begins at 0 min intervention and prone position intervention begins at 30 minute intervention.

Result: There is difference of oxygen saturation value before and after intervention of nesting and prone position ($p = 0,000$) ($p < 0,05$).

Conclusion: Nesting and prone position effective against oxygen saturation level in preterm at Hospital X Pontianak City, Indonesia

Keywords: Nesting, Prone, Preterm, Oxygen Saturation

Background:

Preterm is delivery with a gestational age of less than 37 weeks or less than 2500 g (WHO, 2012; Manuaba, 2007). Preterm is the highest cause of death in the neonatal. The rate of preterm in the world ranges from 5% to 18% of newborn. An estimated 15 million babies are born pretermly every year, more than 80% of preterm occur between 32-37 weeks of pregnancy. Indonesia is one of the nine most preterm with a percentage of $> 15\%$ in the world. WHO states that infant mortality is mostly caused by preterm with low birth weight (25-30%), (Depkes RI, 2008). The high infant mortality rate is still the main problem faced by Indonesia (WHO, 2012: Kemenkes RI, 2015, WHO, 2016).

Data from Health Profile of West Kalimantan Province (2016) number of neonatal mortality as much as 455 neonatal, 157 (34,5%) of them caused by BBLR. Pontianak is the capital of West Kalimantan Province which based on Health Profile data of West

Kalimantan Province in 2016 still has a high prevalence of death from BBLR that is 46.15%.

Low birth weight problems, especially in preterm due to immaturity of the organ system in the baby. Low birth weight babies have a tendency towards increased infection and susceptible to complications. Common problems of respiratory diseases, central nervous system, cardiovascular, haematological, gastrointestinal, renal and thermoregulatory disorders (Profil Kesehatan Indonesia, 2014).

Based on the results of a study conducted by Bayuningsih in 2011 revealed that prone and nesting positions proved to be effective can increase oxygen saturation in preterm. But prone intervention in bayuningsih research is only done for 20 minutes. This is not yet compatible with the physiological stabilization of preterm who take 30 minutes (Kassim et al., 2007; Yin et al., 2015).

The researcher is interested in conducting research on "nesting and

prone position to increase oxygen saturation in preterm at X Hospital, Pontianak City, Indonesia".

Method :

Quantitative research, using pre experimental design research, design with one group pretest-posttest design without control group. The one group pretest-posttest design without control

group approach uses a group of subjects, i.e pre-and post-treatment values in the intervention group.

With pretest or preliminary observation prior to intervention nesting and prone position, after intervention nesting and prone position, then re-done posttest or final observation (Hidayat, 2011). The research technique can be described as follows:

Table 1. A one-group pretest-posttest design without control group design

Pretest	Interventions	Posttest
Oxygen saturation, in preterm	Nesting and prone position	oxygen saturation in preterm

Population:

The population of this study was newborn with preterm condition that was treated in perinatology room X hospital Pontianak City, Indonesia.

the number of samples added by 1 respondent. So the number of samples used in this study amounted to 6 respondents (Dharma, 2015).

Sample:

The samples used were preterm who were treated in the perinatology room x hospital Pontianak City, Indonesia. Samples were taken in this study based on inclusion and exclusion criteria with standard deviation of 2,344.

Researchers anticipate the respondents drop out, then the number of respondents in plus by 20%. So get

Sample Criteria:

Inclusion Criteria

The inclusion criteria in this study in accordance with Notoatmojo (2012) are:

1. Preterm with parental consent
2. Preterm treated in the incubator
3. Gestational age \geq 28 weeks, baby BB > 1000 grams

Exclusion Criteria

The exclusion criteria in this study in accordance with Nursalam (2011) are:

1. Preterm with congenital abnormalities
2. Preterm with lung problems, severe respiratory function and nerve damage
3. Preterm who performed surgery
4. Preterm attached monitoring tools
5. Preterm with oxygen therapy who during the intervention had increased SaO₂ to 100%

Result:

Table 4.2 Distribution of RR Normalities, Oxygen Saturation, Pulse and Temperature before, during and after intervention nesting and Prone Position.

Variabel	Hasil	Mean	Median	SD	Min-Max	P Value
Oxygen Saturation	Pretest <i>nesting</i>	94,17	94	0,753	93-95	0,212
	Pretest <i>prone</i>	95	95	0,894	94-96	0,167
	Posttest <i>nesting and prone</i>	96,50	96,50	1,049	95-98	0,820

From table 4.2, it is known that the normal oxygen saturation value distribution.

Table 4.3 Tailed Test Results Effectiveness Nesting and Prone Position

Variabel	Hasil	N	Mean	SD	p Value
Oxygen Saturation	Before <i>nesting</i>	6	94,17	0,753	0,004
	After <i>nesting</i>	6	95	0,894	
	After <i>nesting</i>	6	95	0,894	0,001
	After <i>prone</i>	6	96,50	1,049	
	Before <i>nesting</i>	6	94,17	0,753	0,000
	After <i>nesting dan prone</i>	6	96,50	1,049	

In Table 4.3 it is also found that the nesting and prone positioning interactions have an effect on the oxygen saturation value value which can be seen in three time. The effect of nesting intervention before and after 30 min intervention nesting with p value 0,004. The effect of prone position intervention from 30 minutes was nesting and after 30 minutes prone position with p value 0,001. Influence of intervention nesting and prone position with p value 0.000.

Discussion:

The results showed that there was an effectiveness of nesting and prone position on oxygen saturation in preterm. This can be seen from the increase of the average value of oxygen saturation of respondents before and after intervention nesting and prone position which increased from 94.17% to 96.50%. Paired T-test results show the influence of nesting intervention and prone position on oxygen saturation in preterm with p value 0.000. The results of this study are in line with research conducted Bayuningsih (2011) where nesting effect on oxygen saturation improvement. Prone position greatly influences oxygen saturation improvement, lung development, chest

wall development and decreased incidence of apnea in premature (Wilawan, et al., 2009). In this study, however, the results of the analysis were also affected by decreased oxygen saturation levels at 0 min intervention taken as pretest data because the infant had just been bathed and then increased 60 minutes later after the intervention. Research conducted by Abdeyazdan (2016) mentions that nesting is also effective for improving the quality of baby sleep, where adequate sleep is very important for the neonate because it affects the development of sensory systems, hippocampus structure, punch, brainstem, midbrain, motor system, limbic, learning , Long-term memory, thermoregulation, and appropriate responses to face changes, where it is known that the medulla oblongata is the center of lung regulation. In addition, good thermoregulation will increase the baby's oxygen saturation level. A good thermoregulation mechanism can support the achievement of NTE which is the temperature or environmental condition where the body temperature under normal conditions with caloric expenditure and minimal oxygen consumption (Tjipta, et al, 2011).

As a comparison, the researcher also conducted an analysis of the value

of recording done 3 times at 0 minutes, 30 minutes and 60 minutes to assess whether there is a significant difference in the value of the influence of separate nesting intervention, prone position intervention and the influence of the combination of both interventions. From the analysis results obtained that nesting alone can increase the average value of oxygen saturation of respondents at 0 minutes and 30 minutes of nesting intervention. The average oxygen saturation level of respondents at 0 minute nesting intervention was 94.17% and increased after 30 min of nesting intervention to 95%. Paired T test results showed the influence of nesting intervention on oxygen saturation level of respondents with p value 0,004.

The results of the analysis showed that the prone position itself was able to increase the average saturation value of the respondent's oxygen measured at 30 min of nesting intervention as pretest prone position data and 30 min intervention prone position as prone position posttest data. The mean oxygen saturation rate of pretest respondents to prone position intervention was 95% and the mean value of intervention after 30 min of prone position was 96.50%. The result of Paired T test shows the influence of prone position intervention

on oxygen saturation level of respondent with p value 0,001. So it can be concluded that the position of prone gives greater influence to the increase of oxygen saturation level of respondent compared with nesting intervention. The prone position in the baby is a very energy-saving proce, as this position will reduce heat loss compared to the supine position. This is because in the prone position, the baby's feet are flexed so as to decrease the body's metabolism consequently there is a decrease in the amount of heat loss (Hegner and Cadwel, 2003 in Bayuningsih, 2011). Research conducted by Idemmiaty (2011) shows that the position of prone increases lung volume characterized by increased oxygen saturation. According to research conducted by Kusumaningrum (2009) the oxygen saturation value in patients performed prone position is obtained within normal limits and this is related to respiratory physiology. Prone positioning will affect the perfusion of oxygen. The impact of oxygenation of the prone position on the alveolar inflation distribution will be more homogeneous. Increased density of pulmonary arterio is less than the decrease in posterior pulmonary density, which indicates that in the prone position there is greater

posterior emphasis. Pulmonary weight size will affect the intrapulmonary air distribution. This intrapulmonary air redistribution is related to hydrostatic pressure, so that in the prone position it is likely that the dependent lung area is a more minimal ventral area.

Conclusion:

This study has the following limitations are during the intervention of respondents using diapers so that the position of prone given in the study becomes not optimal where the baby's leg position cannot be stretched straight, intervention conducted in the study is given too early that sometime after the respondent was bathed, so physiological respondents have not been stable in adapting from exposure to temperature during infant process is bathed. This study also have limitation i.e little sample size (only six respondents), this is due to the small standard deviations from previous studies. It is hoped that the future researcher can use larger sample quantities and with control groups and conduct behaviors against oxygen saturation of premature infants at regular intervals.

Nesting and prone position are effective against oxygen saturation levels in preterm.

Conflict of Interests :

There is no conflict of interest in this study.

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**THE INFLUENCE OF WARM COMPRESS OF CLOVE STEW AGAINST
RHEUMATIC PAIN SCALE OF ELDERLY PATIENTS AT PANTI TRESNA
WERDHA TERATAI PALEMBANG**

2017

Yudi Abdul Majid, Trilia, Iis Sari

Nursing Science Program STIKes Muhammadiyah Palembang

ABSTRACT

Background : Elderly is someone who has reached the age of 60 years and above. Increased age of the elderly along with physical, psychological, and social changes. One of the physical changes that are often experienced by the elderly is the occurrence of rheumatic disease. Rheumatism is any condition accompanied by pain and stiff joints in the musculoskeletal system, this causes a disturbance of comfort, mobility limitations, the risk of falling even can decrease in quality of life sufferers. One of the non-pharmacological pain treatment that can be done is warm compress of clove stew.

The purpose of this research is to know the influence of warm compress of clove stew to the scale of arthritic pain in elderly at Tresna Werdha Teratai Palembang in 2017.

Research Method. This research uses experimental pre method with One Group Pretest-Posttest research design. Sampling technique used is Total sampling with the number of samples of 28 respondents.

Results Of The Research. The results showed that the average of arthritic pain scale before intervention was 7 with a standard deviation of 1.25. After the intervention was given with warm compresses of clove stew, the average of the respondent's pain scale was 5 with the standard deviation of 1.10. Wilcoxon statistical test results obtained p value 0.001 means there is a difference in the scale of pain of the elderly suffering from rheumatism before and after a warm compress clove stew. Conclusion: There is difference of rheumatic pain scale before and after warm compress of clove stew at elderly at social of tresna werdha teratai palembang in 2017.

Keywords: *Clove Stew, Warm Compress, Elderly, Pain, Rheumatic*

INTRODUCTION

According to Law no. 13 of 1998 on the welfare of the elderly in article 1, paragraph 2, which states that elderly is someone who has reached the age of 60 years and older. Aging is not a disease, it is a natural process that gradually leads to cumulative changes of all aspects of both physical, psychological and social (Padila, 2013). The degenerative process experienced by the elderly results in the emergence of problems both physical, mental, and social. One of the degenerative diseases associated with elderly musculoskeletal function is rheumatism (Noorkasiani, 2009).

Rheumatism is any condition accompanied by pain and stiff joints in the musculoskeletal system (Noer, 1996). Rheumatic diseases, often called arthritis, are considered to be a condition of more than 100 different types of disorders. The disease is mainly about the muscles of skeleton, bone, ligament, tendon and joints, both in men and women of all ages (Smelzer, 2005), but the elderly are more affected by rheumatic attacks (Hayati, 2006).

Rheumatism is a disease that attacks the joints and structures or supporting tissues around the joint. Rheumatic

patients worldwide have reached 355 million people, meaning that 1 in 6 people in the world suffer from rheumatism. It is estimated that this figure will continue to increase until 2025 with an indication that more than 25% will experience paralysis. The World Health Organization (WHO) reports that 20% of the world's population is infected with rheumatic diseases. Where 20% were those aged 55 years and above (Zulipurnama, 2009). Rheumatic prevalence in Indonesia 0.1% to 0.3% is estimated there are 360 thousand patients in Indonesia. This disease is very progressive and most often leads to defects. The prevalence of rheumatism in Palembang city in 2009 the number of incidents of rheumatoid arthritis is 44,200 people who are in the order of 3 of the 10 largest diseases. In 2010 the number of incidents of rheumatoid arthritis was 84,852 people who were in the order of 2 of the 10 largest diseases. In 2011 the incidence of rheumatoid arthritis was 73,216 people in the order of 3 of the 10 largest diseases and in 2012 the incidence of rheumatoid arthritis was 92,876 persons and remained at number 3 of the 10 largest diseases (Palembang City Health Office, 2011).

The high incidence of rheumatic diseases is causing various complaints in the elderly such as swelling, pain, joint stiffness, difficulty making extremities because of pain. This resulted in impaired mobility and decreased quality of life for the elderly (Kisworo, 2008). From these various complaints the underlying primary complaint is pain (Smelzer, 2005).

Pain is an unpleasant sensory and emotional experience resulting from tissue damage. According to Potter and Perry (2006), a person's reaction to pain consists of physiological responses and behavioral responses that occur after perceiving pain. The behavioral response caused by the above complaints is to reduce the activity or mobility due to the pain that is experienced, so it is very necessary to do the pain management. Pain management with nonpharmacologic use may be a warm compress (Smeltzer, 2002).

The use of warm compresses can also be modified with herbal supplementary ingredients such as hot compresses with clove stew. The clove plant in English called cloves is useful for rheumatic diseases because of its antiseptic and analgesic properties (Nuryanti, 2015). The content of flavonoids in cloves is

also useful for anti-inflammatory (Aprilianti, 2014). Another content of cloves is methyl salicylate a pain reliever (Aprilianti, 2014).

Based on preliminary study conducted at Tresna Werdha Teratai Palembang Social House in march 2017 got 28 elderly (19 female and 9 male) experiencing rheumatism with complaint most of elderly are pain.

METHODOLOGY

The design of this study was Pre Experimental with one group pretest-posttest. The study involved only one experimental group to be given a warm compression intervention of clove stew with a temperature of 40 ° C for 15 minutes. The researchers made a measurement of pain scale before and after intervention. Instrument of pain scale using numerical scale (NRS) range (Mubarak, 2008). Determination of the sample in this study is the total sampling that is all the elderly suffering from rheumatism at the Tresna Werdha Teratai Palembang as many as 28 elderly.

RESULT

Univariate Analysis

Table 1. Frequency Distribution Of Sex

Sex	Frequency	Percentage
Male	9	32.1
Female	19	67.9
Total	28	100

Based on table 1. it can be seen that most of the respondents are women that is (67.9%)

Table 2. Scale of Pain Before Intervention

Variable	Median	SD	Min - max	95% CI
Scale of pain	7.00	1.25	5-9	6.87-7.84

Based on table 2. it is known that median scale of pain before intervention is 7 with standard deviation 1.25, minimum value 5 and maximum 9

Table 3. Scale Of Pain After Intervention

Variable	Median	SD	Min - max	95% CI
Scale of pain	5.00	1.10	3-7	4.68-5.53

Based on table 3. it is known that median value of pain scale after intervention is 5 with standard deviation 1.10, minimum value 3 and maximum 7

Bivariate Analysis

Table 4. Scale Of Pain Before and After Intervention

Scale of pain before	7.00	1.25	2.49 - 2.86	0,0
Scale of pain after	5.00	1.10	1.89 - 2.04	01

Based on table 4. Wilcoxon statistical test results obtained p value 0.001 means there is difference in the average scale of pain before and after the intervention.

DISCUSSION

Based on the results, the average elderly arthritic pain scale before applying warm compresses of cloves stew is 7 and the scale of pain after the intervention is 5. This means that there is a decrease in the pain scale after warm compresses with cloves stew.

Wilcoxon statistical test results obtained p value 0.001 means there are differences in the scale of rheumatic

pain elderly before and after a warm compression of clove stew.

Decrease or difference of pain scale before and after warm compress of clove stew is happened because compress is one effort in overcoming physical condition by manipulating body temperature or by blocking effect of pain (Jailani, 2009). Warm compresses of cloves stew can relax the muscles, inhibit inflammation, giving a feeling of comfort, stimulate spending endorphin and inhibit the transmission of pain impulses to the brain (Rahmawati, 2013).

Based on interviews with respondents who had intervened warm compress of clove stew for 3 days, no complaints were submitted and all respondents said they liked the smell of cloves because the smell was pleasant and soothing. The warm compress of the clove stew also gives a warm sensation to the skin that makes the respondent feel comfortable during the warm compression of the clove stew.

According to Gloria in 2013 in the book *Nursing Interventions Classification (NIC)* warm compresses (hot or cold) to soothe and reduce pain, provide pain relief and improve relaxation and comfort is one method of therapy aromatherapy.

According to Setyodi's theory (2011), a unique and soothing aroma therapy smell can reduce anxiety, tension, and lower client emotions. Thus, pain intensity may decrease. The content of eugonol and essential oils in the cloves are useful to overcome inflammation and inflammation in the joints, relaxation, reduce anxiety levels, and able to improve one's mood.

The results are reinforced by the theory in Brunner & Suddart's book of 2002 which states that warm compresses of clove stew can relieve muscle aches and spasms. Maximum benefits will be achieved within 20 minutes after warm compresses.

Several similar studies also support the above results as the study Yanti (2014) concerning the Effect of Compress Warm Aromatherapy Lavender Against Decrease Scale Pain In Arthritis, that giving a warm compress can increase the absorption of molecules of essential oils in the skin due to occlusion caused by the closure of the skin surface that will reduce Evaporation of essential oils as well as warm the skin (Koesoemardyah, 2009).

This study is in line with research of Sari (2014) said that the influence of a warm compress aroma therapy lavender toward scaling back pain patients with

rheumatoid arthritis (osteoarthritis) in the elderly in Panti Tresna Werdha Sabai Nan Aluih Sicincin, this study is in line also with the research of Masyahurrosyidi (2014) there is the influence of a warm compress of ginger Stew to the level of pain and so also with Aini research (2010), Noorhidayah (2013) research, Igirisa research (2015), from all these studies there is a warm compress effect on the reduction of pain scale.

Based on the results, theories and previous studies researchers found scaling back pain in older adults with arthritis after treatment warm compresses of cloves stew caused by relaxation of muscle due to dilatation of blood vessels so that blood becomes smooth, reduced stiffness by joint inflammation, lowers the viscosity of the synovial fluid and flavors Comfortable, calm as a clove aromatherapy effect thereby lowering the scale of arthritic pain.

CONCLUSION

There is significant difference of pain scale before and after warm compress of clove stew (p 0.001) at Tresna Werdha Teratai Palembang.

SUGGESTION

1. For the panti tresna werdha teratai Palembang is recommended to apply a warm compress with this clove stew to reduce arthritic pain in elderly
2. For further research can be developed with in-depth research with essential substances contained in the cloves that are beneficial to health.

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**THE DOMINANT RISK FACTORS OF OCCURENCE OF URINARY
INCONTINENCE TYPE OF STRESS ON ELDERLY WOMEN CLIENTS
AT TRESNA WREDHA NURSING HOME – BEKASI, INDONESIA**

Shintha Silaswati

Lecturer at STIKes Bani Saleh - Bekasi

shinta16@hotmail.com

ABSTRACT

Urinary incontinence is one of the health problems that can cause interference in personal hygiene and social interaction. One type of incontinence is most common in elderly women is the type of stress urinary incontinence (IUS). IUS symptoms occur due to an increase in intra-abdominal pressure as a result of laughing, sneezing, including cough. This study aims to separately acquire a dominant factor of the IUS in elderly female client at the Wredha center Bekasi. Methodology: Cross-sectional study with a sample of 82 respondents (35 cases, 47 controls). Techniques of data collection is using purposive sampling with inclusion criteria of age ≥ 60 years, staying at least 3 months at home and willing to become respondents, the exclusion criteria: interviews suffer from diabetes or have a history of stroke, bedrest ≥ 3 days, the results of the screening AMT <8 and results screening GDS > 4 . Analysis of the data: the relationship between variables were analyzed using Chi-square and logistic regression was used to determine the most dominant factor. Results: Body Mass Index (BMI) ≥ 26 is the most dominant factor for the risk of IUS on respondents aged women (OR 2.99 [95% CI; 1.07 to 8.36]). Implications in nursing: the weight control for women can be provided through health education for prevention of IUS in old age. Health education performed by nurses can be started from childhood to parents well in order individuals, families and communities.

Preliminary

Indonesia is now facing the problem of double burden of disease is not

infectious and contagious diseases occur all at once (Statistik & Nasional, 2002). The number of people suffering

from degenerative non-communicable diseases such as Hypertension, Stroke, Diabetes Mellitus, Cancer and Chronic Obstructive Pulmonary Disease (COPD) are increasing with the increase in life expectancy (Penelitian & Kesehatan, 2013)

World Bank (2010) shows that the average life expectancy in Indonesia has increased from 66.0 years in 1995-2000 to 70.8 years in 2010-2015. Indonesian population life expectancy will continue to rise even predicted to reach more than 78 years in 2050 (WHO, 2014). Correspondingly, the WHO data (Organization, 2001) shows that in 1980-2010 the growth of the world population aged 60 years and over the range of 2.4% and expected to rise to 7.6% in 2010-2040. Overview This data shows that Indonesia's population began to enter the era of the old population structure (aging population structure).

Potential problems that can arise as a result of the high prevalence of degenerative diseases of the elderly group one of which is urinary incontinence. Urinary incontinence (IU) is defined as the uncontrolled loss of urine (involuntary) that can cause disruption konsekuensi personal

hygiene and social relations (Singapore MOH, 2003). IU in the elderly is often not perceived as a problem but is considered a common occurrence due to the aging process (Weiss, 1998). The nurse's role thus becomes very important in improving the quality of life of the elderly, especially in overcoming the difficulties elderly client resolve the issue.

Urinary incontinence is the type of stress (IUS) is one type of IU marked with urine leaking uncontrollably as a result of increased intra-abdominal pressure during coughing, laughing, sneezing or other activities that can exacerbate intra-abdominal pressure (Singapore MOH, 2013) , Cause of the IUS may be due to the weakening of the connective tissue of the pelvic floor muscles. Setiati research results and Istanti (Setiati, 2003) showed that the prevalence of IUS in the elderly in PUSAKA was 32.2%. Prevalence IUS is more common in women than men, especially in the elderly living in the community (Klausner & Vapnek, 2003)

This study aims to determine the dominant factors influencing events on the client IUS elderly women living in Panti Tresna Wredha - Bekasi. By

knowing the dominant factor then the nurse can teach caregivers of elderly how to prevent risks that may result from IU, reduce morbidity and improve quality of life for the elderly in nursing care.

Research methods

This study uses cross-sectional study conducted in April-May 2016. The sample of respondents who live in institutions for at least 3 months. Purposive sampling carried out by the client inclusion criteria elderly women aged 60 years or more, experiencing IUS and willing to become respondents. Exclusion criteria: interviews DM disease or a history of stroke, bedrest \geq 3 days, the results of the screening AMT <8 and the outcome of the screening GDS >4 .

The sample size was set at 82 respondents (35 cases and 47 controls). Data were analyzed using univariate, bivariate and multivariate by looking at the percentage of the distribution of risk factors, chi-square test and logistic regression to obtain a dominant factor IUS elderly women. Data were analyzed using SPSS version 13.

Research result

The results showed that female respondents aged ≥ 75 years of age at risk of IUS 53.3%, had a history of experiencing IUS delivery by action of 50%, has the experience of maternity >2 times through IUS of 43.5% and a BMI ≥ 26 experienced IUS amounted to 58.3%. Details of the distribution of risk factors such as in Table 1.

Table 1: Distribution of Risk Factors for Urinary Incontinence Genesis Stress mode on Elderly Women in Panti Tresna Wredha - Bekasi, 2016

variable	IUS			
	Yes		No	
	n	%	n	%
Age				
≥ 75 years	8	9.8	7	8.5
<75 years	27	32.9	40	48.8

History How Childbirth					
with action		18	21.9	18	21.9
without action		17	20.7	29	35.5
Body mass index					
BMI \geq 26		14	17.0	10	12.2
BMI <26		21	25.6	37	45.1
the originator of the IUS					
Cough		22	26.8	-	-
Coughing, lifting weights		1	1.2	-	-
Coughing, sneezing		4	4.9	-	-
Coughing, sneezing, laughing		4	4.9	-	-
Coughing, laughing		3	3.7	-	-
Sneezing		1	1.2	-	-
No originator		-	-	47	57.3

Furthermore, the analysis of the relationship between age, history of mode of delivery, number of deliveries and IMT as table 2 below.

Table 2: Distribution Type Stress Urinary Incontinence Events in Elderly Women in Panti Tresna Wredha - Bekasi, 2016

variable		IUS				OR (CI 95%)
		Yes		No		
		n	%	n	%	
Age						
\geq 75 years		8	9.8	7	8.5	1.69
<75 years		27	32.9	40	48.8	(0.55 to 5.22)

History How Childbirth					
with action	18	21.9	18	21.9	1.71
without action	17	20.7	29	35.5	(0.70 - 4.14)
Body mass index					
BMI \geq 26	14	17.0	10	12.2	2.47
BMI <26	21	25.6	37	45.1	(0.93 -6.52)

Description: OR = odds ratio, 95% CI = Confidence Interval 95%, p value <0.05

All variables bivariate analysis results that have approached the p value of 0.25 and then included in the multivariate analysis. Variables that are included in this phase is the delivery history and BMI. Results of multivariate analysis can be illustrated in Table 3 below.

Table 3: Distribution of Occurrence Risk Factors Urinary Incontinence Stress mode on Elderly Women in Panti Tresna Wredha - Bekasi, 2016

variable	OR	CI 95%	
		Min	Max
History mode of delivery	2.16	0.84	5.56
Body Mass Index	2.99	1.072	8.36

Description: OR = odds ratio, 95% CI = Confidence Interval 95%, p value \geq 0.25

Analysis Results

Age

This study can not provide a clear picture of the relationship between age and incidence of IUS despite $OR > 1$. However, these data indicate a trend that is increasing the incidence of IUS in accordance with age. This condition is consistent with the results of research (Milsom, Ekelund, Molander, Arvidsson, & Areskoug, 1993) which shows that the older the respondent the higher incidence of IUS. Changes in the structure of the bladder and pelvic floor in women caused by the increasing age generally arise as a result of trauma persyarafan childbirth, hormonal stimulation changes and other factors that have not been identified. The conditions resulted in decreased mean urine flow, increased post-voiding residual urine and increasing pressure isometric.

History mode of delivery

History mode of delivery did not show any correlation with the incidence of IUS on respondents. Respondents in this study is almost entirely undergo episiotomy when menjelang labor action. Research Thom et al (Thom, Van Den Eeden, & Brown, 1997) showed a significant association between the occurrence IUS episiotomy after childbirth in elderly women. This is most likely due to insufficient sample size. IUS risk in elderly women with a history of episiotomy depending on the type of

episiotomies performed. The research result Nager and Helliwell (Nager & Helliwell, 2001) indicates that midline episiotomy can not prevent temporarily the perineal laceration mediolateral episiotomy may decrease the risk of damage to the perineum.

Body Mass Index (BMI)

IMT is a dominant risk factors that may affect older women experiencing IUS. This is reflected by the measurement of multivariate showed significant correlation among respondents with $BMI \geq 26$ with IUS ($OR 2.99$; $CI 95\%$). This study shows that elderly women with a $BMI \geq 26$ will tend to IUS almost 3-fold. Weight gain can lead to a suppression of the pelvic floor tissue. The greater the weight the higher emphasis on the pelvic floor tissue. This condition causes the weakening of the supporting collagen in pelvic fascia and ligaments pudental nerve damage even in neurophysiological mechanisms (Klausner & Vapnek, 2003)

Implications in Nursing

The results of this study can give direction to the efforts of nurses in preventing early IUS in women is a way to control weight. The results of the study Brown et al (Brown et al., 1996) IUS also showed that symptoms can improve with weight loss.

This study has a weakness in sample quantities and a limited execution time. Thus, further research can be done by using a variable, the number of samples were adequate and target age younger respondents (pre elderly) seta method is more appropriate. This prospective cohort study on pre elderly in the family is one of the research that can be done to ensure the IUS events in the elderly.

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***CASE STUDIES ON THE REALITIES OF OLDER PEOPLE'S EXPERIENCES OF
ABUSE***

DR NURSIA MANI-BARJOSE

DR. VICENTA T. ESCOBAR

ABSTRAC

The occurrences of elderly abuse have most likely intensified in view of the increasing number of elderly people and the changing socioeconomic and environmental situations. This study aimed to determine the abuse-related experiences as reported by the elderly. It is hypothesized that elderly of different socioeconomic status would experience different levels of domestic abuse. This study is based on ten in- depth qualitative interviews with men and women 65 years old and above. The open-ended questioning route allowed exploring the extent of the problems of elder abuse. Data gathering was done simultaneously with data analysis until emerging themes were identified and validated from the participants.

Results revealed that the lived experiences of the elderly coming from different socioeconomic level are manifested in different forms of elderly abuse. Elderly belonged to low socio-economic status family experienced verbal abuse, physical as well as neglect. The middle class elderly where economic pursuit is more important to the family caregivers, the latter were subjected to verbal abuse and neglect. The higher class family who are financially secured experienced still neglect (unintentional) and verbal abuse. The study validates one of the assumptions of the theory on Elderly Caregiver Attachment Theory developed by Barjose in which the theory pointed out that elderly may experience different types and degree of abuse depending on their living conditions such as their economic status, level of powerlessness and dependence and belief in Karma.

Keywords: elder abuse, physical abuse, emotional abuse, neglect, financial abuse, abandonment, case study

Introduction

The Philippine society, which strongly upholds the traditional value of respect for life and dignity of the person, is

not free from forms of criminality and wrongdoings. Abuse is one of them especially among the elderly. While the abuse of children had been explored

nationwide and laws have been passed and implemented, the abuses for the elderly are still on the process of plans and congressional discussion and so with no concrete punishment for perpetrators.

As observed by the nurse-researcher some cases of elderly abuse whether physical or verbal are not only among socially low income families, but even among high- income families. They can be simply forms of indifference, disrespect, taken for granted or deprivations which can cause the elderly to be depressed or psychologically disturbed and in more serious cases mentally deranged.

In the experiences of the researcher at the health centers, the elderly in low economic income families have more physical abuse than verbal; middle class families have verbal abuse and the high-income families are mostly neglected. Older persons across all the society whether rich or poor are facing the problems of disrespect, indifference, mistreatment or domestic abuse. This chapter accessed the voices of older people about elderly abuse and focus on the pattern of experiences in terms of verbal or physical in nature, psychological or emotional abuse, financial exploitation and neglect or abandonment. Elderly abuse is a problem that manifests itself in all class of society. The overall experiences of abuse as disclosed by the majority of the elder informants are based

on the physical dependency and economic status of the older person. Sunil K. Verma (2009) revealed in her study that the victim of abuse and neglect mostly belong to lower socio economic status. The elderly in lower class family experience physical as well as verbal abuse, middle class older person experience verbal abuse but the higher class elderly show the experience of neglect. She further explained that the lower class elderly is at risk for physical abuse due to scarcity of resources which leads to conflict in family. The middle class are interdependent and experience less support in house hold work, whereas the higher class are economically dependent and experience neglect probably due to changing lifestyle and values of a family member.

This study is the first scientific undertaking in our locality. This investigates the extent and magnitude of elderly abuse in some barangays in Zamboanga City of elderly persons from 65 years and above. This study focuses specifically on their lived experiences on abuse, neglect and financial exploitation by either family members or caregivers.

The pieces of this information through case study investigation contributes to the development of the Elderly Caregiver Attachment theory as proposed in this study may give insight to the inter generational family relationship and promote healthy aging process among elderly.

The findings of this study may also serve as a platform for better decision-making about policies and models of service provision for thousands of older people whose safety, quality of life and dignity are compromised by elder abuse. Furthermore, this study aims to contribute to the field of Gerontological nursing specifically on theory development process that may contribute towards the development of holistic care for elderly among Gerontology nurses and family caregivers that may allow them to maintain life with dignity and propriety.

This study is anchored on the Elderly Caregiver Theory as developed by Barjose relative to elderly caregivers and elderly abuse. The theory pointed out that elderly may experience different types and degree of abuse depending on their living conditions such as their economic status and level of powerlessness and dependence. The literature in this study claims that if the family is confronted with poverty the value of respect and love are less recognized and diminished and so domestic violence can happen. Researchers also cited that the incidence of elderly abuse is high among persons who are unable to care physically for themselves, impoverished and economically dependent on others.

The Elderly Caregiver Attachment theory is believed to be viable and strong enough to decrease the probability of elderly

abuse, the problems of elderly and caregivers relationship. Hence, this study sought to validate this assumption of the theory.

Problem statement and hypothesis

This study aimed to validate the emergence of Elderly Caregiver Attachment theory in the lived experiences of domestic elder abuse in selected two barangays of Zamboanga City. Specifically it focused on the abuse related-experiences as reported by the elderly coming from different economic strata. It is hypothesized that elderly of different economic status would experience different levels of domestic abuse.

Methods and Materials

This portion sets out the context of research by outlining briefly the methodology used in case studies approach, sampling techniques, procedure and cross-case analysis of data.

This study is based on ten in- depth qualitative interviews with men and women 65 years old and above. The major objective of the case study was to have a deeper understanding on the experiences of victims of elder abuse, the patterns or levels of abused behaviors among elderly of different family status. The open-ended questioning allowed exploring the extent of the problems of elder abuse. The informants

themselves make sense of their experiences, their own perspectives and allowed unexpected issues, and themes to emerge. Data gathering was done simultaneous with data analysis until emerging themes were identified and validated from the participants.

This case study (Creswell, 2008) with cross case analysis (Soy, 2006) involves exploration of an issue through cases as the unit of analysis within a bounded system (setting and context – domestic abuse manifested in the experiences of elderly among families of different socioeconomic status, and the care givers' characteristic that influence the degree of abuse). Cross case analysis enables the comparison of multiple cases, which would not be possible within a single case analysis. The case comparison was made against predefined categories (type of abuse, socioeconomic status, level of abuse, type of abuser and tolerance of the abused), in search of similarities and differences, and classifying the data according to data sources.

The research study was conducted in Zamboanga City, where two barangays; Ayala and Baliwasan are purposively chosen to be the specific areas of study. The barangay of Ayala is located at the western portion of Zamboanga, where canning factories are located. This barangay has a total population of 74,919 as of 2011 census

done by the City Health Office, but the registered member of the senior citizen in this area came from the DSWD record. It showed there are 158 senior citizens in September, 2011. Baliwasan is a seaside barangay on the west coast of Zamboanga City. It is about 3-5 km from the city hall. It has a total population of 60,461 as of 2011 census. It showed that there are 101 members of the senior citizens registered member of the Senior citizen organization. The senior citizens are well-organized, incidents of elder abuse are very discreet, but cases of neglect and abandonment are evident according to the assigned social workers in these areas.

The local social workers were consulted and asked for case referrals of those elderly who are victims of domestic abuse. In Ayala district, only one case referred as abandoned and claimed there were cases of abuse reported but not officially documented, so concerned victims do not prosper in their complains. Given a relatively small number of eligible informants the research team employed the snowballing sampling techniques. There were 4 cases that emerged as victims of abuse. In the other area like Baliwasan, there were 6 cases reported by a familiar health care provider assigned in this area.

The interviews took place between late December and February 2012. Most of the conversations took place in the home of

the informants. There was also a letter of permission to the Department Head of the City Social Welfare and Development dated December 21, 2011. The research team composed of 3 professional teachers with the researcher as the team leader. They were chosen on the basis of their previous experiences as data collectors of local researches done in their respective places. They were trained as to the conduct, main objective and process of the study. The active participation of the members were done out of love for the study without expecting any remuneration. The researcher facilitated the interview while the members of the research team were responsible for taking the demographic details, invitation for the participants, preparation for the site where focus group and individual multiple interviews were conducted. They also assisted in the picture and video recording. Informed consent was obtained before the participants take part in the study. They were provided assurance on the confidentiality of the interview responses, and their anonymity. The interviews followed a topic guide to ensure proper coverage of all key areas of inquiry, but used flexibility to explore the experiences or life stories of each participant.

The researcher is the main instrument for the qualitative part of the study (Polit & Beck, 2009). The concept is frequently used by qualitative researcher to

describe the significant role of the researcher in analyzing and interpreting cases and phenomenon. A semi-structured schedule interview guide for the abused elderly was utilized to facilitate data gathering procedure (multiple individual interview and focused group discussion) and observation was done to verify results. Essential parts of the semi-structured interview guide include the informant's general background and circumstances, their experiences of abuse, perceived impact of abuse and overall family dynamics within the home setting.

The main gathering tool in this study is a face to face interview. Several personal interviews were done to each participant until all data related to the main objective of the study were investigated, understood and exhausted. At the point of data saturation, where the last participant interviewed has revealed similar ideas, insights and themes with the earlier participants' data gathering ended. A detailed transcript of each interview conducted is noted and transcribed verbatim for analysis. Content analysis was performed to derive, categorize themes and patterns emerged during the conversation.

Elderly who was emotionally upset sharing about their lived experiences and who have had a traumatic relationship with the family caregiver were debriefed to ease the distress and reduce the psychological

impact on their well-being. Psychological therapy or debriefing have been deployed as a single-session intervention.

Results and Discussion

Among the ten cases, there are three cases of male and seven cases of female victims. Of the ten, one is married, five are widowed, one is single, and three are separated. The nature of cases is distributed as six emotional abuses, one physical abuse and three cases involving neglect (and/or combined). The health of the informants greatly vary as two of the informants claimed to be very fit and independent in some aspects like attending to their personal needs. The rest of the informants disclosed of feeling generally frail and needed assistance or help especially in the performance of activities of daily living. Across the sample, the older informants aging 80 years old and above also mentioned deteriorating sights and hearing.

A range of other illnesses and ailments were also mentioned such as hypertension, diabetes, arthritis pulmonary tuberculosis, and anemia; had also experienced mild stroke, heart attack and still suffered the effects. In order to capture the realities of domestic abuse as experienced by older persons a modest effort was made to study the issue by

conducting in depth case studies on elderly belonging to different strata of the society-upper, middle and lower socioeconomic classes. Interviews were conducted among elderly samples, and the investigator came across cases of elderly abuse which were evaluated to determine the nature and extent of abuses. The details of case studies are presented below.

Case I

Mrs. C H. is 72 and a widow who lives with her son as a caregiver. The son is 43 years old and is a gay. This widow has eleven children, and is now a military pensioner after the death of her military official husband. Almost all her children are professionals and with decent jobs except for one who is a college drop-out and also drug dependent. According to her, this son gives her so many headaches and problems that affect her physical well-being. She is forced to support him and his wife and two kids for the reason he cannot even find a job. Another son in the military with a family makes her jittery and causes her blood pressure to rise every time he demands for monetary support and expressed sadly:

“ kada pidi sila sen komigo ta sinti iyo debe gayot iyo dale sen kanila

Si hindi ay asusta iyo man waras sila”.

("Every time they asked money, I could feel the pressures and demands that I really have to give them money or else they go on berserk"...)

The old woman further shared that her other children gave her consolation and happiness for visiting her constantly and most of the time takes her out for lunch or dinner. She is also contented for having thirteen grandchildren for which most of them are already professionals and have jobs. She is inspired to keep on living, although teary-eyed when asked why she almost cried, she said,

"si muri iyo tan lastima iyo na me anak mareng pati este dos anak ta depende komigo. Bien pesao komigo este dos me anak pero hindi hindi iyo pwede bira kara hindi kanila dale. Ta tiene iyo miedo si sabe me otro anak... ta resa iyo aprende sila vive enbonamenta komo me otro anak"

("If I will die, what will happen to my gay son, he will be alone and the two other sons who are

financially dependent on me". "I do not like this burden they put on me, but I can't turn my back from them. They are my children". I don't like to tell my other children so there will be no further trouble". "I pray with the hope it is not too late for them to live and support their families just like my other children"...)

Financial exploitation is revealed in this case study. The old woman is being coerced to give money to her unemployed sons, who are very dependent on her. Financial abuse as operationally defined; a close family member had persistently coerced or forced the elderly to give him/her money. Other than this financial abuse, she also experienced verbal aggression. This is her mental anguish, fear and distress; she is confronted with more than one type of abuse. Accordingly older adult may experience more than one type of abuse at any given time (Swanson, 1999). It is said that victims may be subjected to more than one type of abuses. According to Clarita R. Carlos, (1999) abuse of the elderly is divided into four categories: physical abuse or violence, psychological or emotional, material or financial exploitation or neglect.

Case II

Mrs. A, an 86 year old widow for 52 years is a retired public teacher. She has two children all married and all employed. She is staying with her daughter and son-in-law with adopted daughter. She has poor relations with son-in-law and the adopted daughter. At her age, Mrs. A. showed physical, physiological and even cognitive changes. She is suffering from hypertension. Her greatest difficulty according to her is her unable to recall things, her memory and hearing acuity decline affected her daily activities. Her hearing impairment caused a lot of miscommunications and even misunderstandings. The son-in-law and the adopted daughter justify their abuse or like shouting and or yelling at her because of her difficulty to hear. The old woman strongly dislikes being mistreated whether physical or verbal that makes her desire to die than mistreated as she lamented:

“...bien malo gayot sila ta trata komigo kay bungol iyo, grita’y grita di ila trabajo. Mal klase sus, ta kere ya lang iyo muri vieja ya man”...
(“They are treating me badly, just because I cannot hear, they shout too much. I feel like dying anyway I am already very old”...)

Although her daughter really cares for her, and is very affectionate and is deeply concerned of her physical well-being but her daughter’s absence make her lonely and afraid when left in the house with daughter’s husband and adopted daughter. Although her basic needs are being met she is hurt when no longer consulted on any important family matters. The old lady feels depressed of what had happened to her old age, though she has her monthly pension which she feels too meager to buy something to make her happy. Most of the time she shares to her group that she has no wish to live longer. She is unhappy of her being continuously admonished, yelled at and criticized by her daughter’s family.

The son-in-law is the abuser in this case. The in-laws who have no direct affiliation of the family treat the elderly as “the other” or “etic” (outsider). This maybe a projection of their personal feeling – that they were treated as an outsider before. Poor direct affiliation maybe equated with less responsibility and thus in-laws, most of the time, may not care much to the elderly (Hong kong Christian Service 2002). There is a long-time conflict between the couple. It is deep-rooted, and the abuser shows uncaring attitude coupled with verbal aggression on the old woman. The victim looked at the situation as his son-in-law’s

revenge on her daughter because of their marital discord.

Case III

Mr. T. Is 79 year old separated from his wife. He lives in a shabby residential colony. He has six children, most of them are married. He is staying with an unemployed son single and 46 years old. The old man is dependent on the help of his neighbors. He is now abandoned by his family. He has no money, and no means to earn a living except to watch the store of his neighbor and offer other services to earn for his basic needs like food and medicines. Few years back, he was diagnosed with Pulmonary Tuberculosis and was given treatment in the nearby health center. He looks very thin and showed signs and symptoms of under nourished. His life framework is full of frustrations and resentment. He is completely abandoned by most of his children due to family conflict, except a jobless son. He feels so hopeless and in despair. He feels that his son with him doesn't even care of his existence as a person; he is being shouted, shoved, and pushed if he stands along his way. He is blamed for their misery. His son constantly says that he is a failure and has lived his life badly. No one among his children visit him. He has thought of going to the police of the threats and abuses, but he doesn't want also

his son to get into trouble or be put behind bar. As he commented:

*"...nuay mas iyo cosa pwede
hace si bombiya man ele
dehalo ya lang. Ele lang mi
uban na casa, si abisa iyo na
pulis kien ya komigo Atende.
Este ya gaha ya dale el Dios
komigo supri kay malklase
man iyo tata"...*

*("...I cannot do anything if he boxes
me, never mind. If I am going to
report to the police who will
stay and take care of me? This
is what I deserved because I
have been a bad father to my
children...")*

Time is too short according to him; he is nearing death because of his ailments. He has no time to repent and correct his life. He accepts his misery as karma for what he had done to his family when he was young. This is a common phenomenon among elderly who were delinquent parents to their children. As the saying goes, "they deserve what they get for being a bad parent" (American Psychological Association, 2006). The law of reciprocity and karma can be applied in this situation. Parents who neglected the family and unkindly to their children, and did not show love and respect will most likely suffer the repercussion to be

mistreated when they grow old. This is also the net effect of karma, which is stated, “what goes around comes around” (Berman, 1987).

Case IV

A 65 years old, widow, Mrs. H. A. lives with her only daughter who is married to a laborer with three school age children. They live in a simple house, poor condition without electricity. Her son-in-law is the one earning for the family as laborer. Her daughter stays at home and takes cares of her children. The old lady complains that her daughter is the one mistreating her. Most of the times she is criticized and makes her feel that she is useless. Whenever she is not feeling well, all the more her daughter gets angry because she cannot take care of her grandchildren. She claimed the behavior of her daughter as brutal and uncaring. When asked why she is being treated this way, she just cried and said,

“El dios kwidaw kunele. Keda le syempre vieja ay sabe le kilaya...”

(“I rest everything to God she will also grow old, and she will know what The feelings would be...”).

It is a known fact among neighbors how the old woman is treated by her family.

She experienced on and off chest pain, easy fatigability dizziness and she thinks she is anemic. They tried to refer the case to the local social worker for whatever help they could extend to her. Love and respect diminish among families belonging to low socioeconomic status. Srinivasan and Vijaylakshmi (2001) cited in their study most of the victims of abuse and neglect belonged to lower socioeconomic condition and the form of abuse is more frequently verbal abuse than physical. In this particular case, the old woman is abused verbally due to limited food, poverty and dependency. This becomes a burden and great stress to the daughter. Hudson, MF. (1991) cited that financial difficulties on the part of the abuser did appear to be an important risk factor. Resentment by family members at having to spend money on the care of the older person may also have played a part in the abuse of this nature.

Case V

Mr. E.F. is an 80 year old retired employee of a prestigious local university. He is a widower with three daughters all single, all employed and stayed with him. At present he is financially stable with his monthly pension, so he is not financially dependent on any of his daughters for his needs. The entire family is very close knit, and he is given due respect by all except

that he has no more social activities in any form.

At present, the old man is suffering from hypertension with very poor visual acuity. He used to be very active in the church, but because of his ailments, he is confined at home. He listens to the Words of God over the radio. His children restrict his activities, curtail his social networks with friends for fear he may be injured or harmed. Since all the children are busy working he left at home with a health aide to attend to his medications and physical needs. According to the children leaving their father does not mean they don't love him; they are thinking of the financial stability in case their fathers' condition becomes worst. The old man expressed his loneliness and his depression in silence with this condition.

“Este mga tiempo bien triste keda solo. Nuay mas ya mi mujer, me mga Anak todo bien busy na trabaje. Malisud...”

(“This time it's too lonesome. My wife died, my children are too busy with their work. It's difficult...”)

The case cited in this situation is an example of emotional abuse and unintentional neglect, of which the children are aware of this predicament. As revealed, the old man is detached from his social

networks, his social activities are controlled, his decision making power is removed, and all these may result to low self-esteem. The old man is deprived of his social activities, so he becomes lonely and depressed so these negative experiences are gaining grounds. Unfortunately, this growing loneliness may lead to alcoholism, heart disease and even cancer. Edie Dykeman (2010) cited in her article that as people aged, socializing must rank in a ladder of importance. This often extend their lives by years, other than the benefits like stress reduction, a feeling of importance and a feeling of high esteem. Being around with people who have the same interest will help the elderly enjoy life even more. Sharing old memories and creating new ones are among the best medicines to keep someone from the negative side of life and social status.

Case VI

Manang Telang a 72 years old, separated from husband with six children living together with her in a very poor housing facilities. The informant has been working as laundry woman all her life. In spite of her medical condition, she has goiter and possible with pulmonary tuberculosis as evidenced by continuous lack of appetite so has lost weight. She is burden with the responsibility of supporting her two daughters who are now separated from their husbands and who are left with

children; the older daughter with four children the younger daughter with two children. From the four sons only, one helps her to support the family as skycap employee. Their life is full of despairs and loneliness as she shared:

“...el pasada me vida bien depicil pati triste. Me dos anak mujer

Bien malo gayot ta trata komigo. Bien duro cabeza, mga bastos e Nuay respeto...”

(“...my life is so difficult and lonely. My two daughters mistreated me.

They are bull-headed, disrespectful. They don't respect me as their Mother...”)

The mother feels life is so unfair that she was not given the opportunity to be happy. She hated much her husband for leaving her and some resentment for daughters who mistreat badly. According to her, despite her devotions and attention to her grandchildren, her two daughters are very uncaring, harsh and abusive in their language and behaviors towards her. When asked why such kind of disrespect among them, she said her daughters are unhappy of their situation and blamed her for their poor condition. Her two daughters are frustrated of their marriages and tend to have hatred and anger of their

fate, their mother becomes their outlet of their problems.

The personal problems or emotional impairment of her two daughters are not properly directed. Their problems contribute to their abusive language and behaviors against the elderly. The old woman is undergoing a period of painful struggle. Her marriage is a failure, her parenting skills are not accepted, and many things seem to go out of her desire in life. What remain in her now are desperation, hurt and problems. The effects of abuse on the psychological and physical state of the elderly are extremely disturbing to their well-being (Goldstein, 1996). There is substantial evidence that an abused elderly becomes depressed. Other effects include feelings of helplessness, alienation, guilt, shame, fear, denial and posttraumatic stress syndrome.

Case VII

Lola L. as fondly called by family and friends is an 80 year old widow with no children of her own. She is staying with an older sister, niece and grandchildren. She has been serving the family as *yaya*. She doesn't receive any monetary compensation for her services instead the family claimed she is being provided with food and a place where to stay, and believed that will be enough. It was noticed by the neighbors Lola L is not given enough food; she has to

watch the carenderia of a nearby friend in exchange of viand and rice. She further claimed her older sister also a widow and the mother of her niece is very rude and sometimes verbally abuse her. She is being lambasted if she could not immediately do what they ask her to do. She feels insulted, ridiculed with a name calling and make her feel inadequate most of the time. If at times she gets sick, the family is not concerned, instead the neighbors are the one giving her medicine. Lola L. is suffering from malnutrition as evidenced by dizziness, lost of weight, pale and anemic. As she described her situation:

“...mal klase este mi hermana pati su anak e apo. Tan yaya ya iyo

Na mga bata, bien umaling pa sila komigo. Mal boca se me hermana.

Ni hindi tan kunsensya el cosa iyo yah ace para su pamilya...”

(“...My sister, her children and grandchildren were all bad to me.

I have been working as nanny to her grandchildren but still treated me

badly. They don't even reciprocate for what I have done for her family...”)

Lola L has reached the age of powerlessness and dependency. She is now dependent for lodging, maintenance and other expenditures from the family which

she served when she was younger and now cannot do otherwise but tolerates the abusive family members. At times, mistreatment tends to be acceptable because the older person looks at it as justifiable. Her dependency and being useless and not any more of service to the family makes her at risk for all forms of discriminations and abusive treatment. As a person aged, some of the physical and mental abilities diminish resulting to all forms of powerlessness and dependence on others. Today it is estimated that approximately one in every 10 seniors has experienced some forms of abuse (American Psychological Association, 2006)

Case VIII

Manong Pedro 70 years old lives alone in his decent concrete house. The wife left for Davao for personal reason leaving him alone to take care of himself. He has enough savings and able to provide his physical needs well. He has no children and feels lonely all the time. Relatives are just around but are too busy with their chores so don't care much about the old man. For them, the old man is greedy for money, and they said it's good for him to die alone with his money. Mang Pedro shared to his neighbor the only one to answer his call whenever he is sick. Most of the time, he complains on and off dizziness, lack of appetite to eat and unable to sleep well (insomnia). He is very thankful for having a

good neighbor. Still he hopes one day his wife will come home. He still want to have a family around especially he feels he is getting old and is now sickly as he commented:

“...ta resa iyo me mujer ay pensa bolbe komigo. Triste solo pati

Hindi todo dia pwede ayuda me mga visinos komigo...”

(“...I am praying that one day my wife will come home, it’s lonely and I don’t expect neighbors are always there to help me).

Mang Pedro was confident that money can secure him and so did not practice the principle, “love begets love” when he was young. Now that, he is getting older, alone and having all kinds of sickness suffers from uncaring relatives and abandonment from his wife. The neighbors are but helpful to the old man. James Dowd (1984) stated that the exchange of social support involving older people, particularly the very old who are largely limited in resources or abandoned are entitled by the norm of beneficence. The norm of beneficence requires individuals to give others help as they need and without thoughts of what they have done or can do for them. It is acceptable in other words that the very old received more than what they owed under the norm of reciprocity.

Case IX

Miss L.I. 65 years old single living with her nephew married with five children. She took care of her nephew at his tender age till he got married and in return the nephew promised to take care of her especially now she is old with no family of his own. She has mild hypertension with blood pressure reading 140/90 mm hg accompanied with joint pains and possibly arthritis. The nephew forgot his promise; at present, he treats her rudely like insulting the old woman as useless and threatens to throw her out for she has become a liability. Thus, nephew abuse her verbally. Lately, she learned from a relative that the wife of her nephew was the one pushing him to let her go because she will be a problem to the family in the near future if she will get sick. So it’s better as early as now she would be out as she stated:

“...Sabe tu ese mujer me subrino bien mal klase, hindi komigo ta manda

kome pati bien malo le tat rata komigo. Pirme ta larga palabra mal boca...”

(“...you know the wife of my nephew, she is so bad. She does not feed

me and most of the time gives side comments that I am a liability to them...”)

She regrets every moment why she spent her time and money for this nephew instead preparing for her old age. She has no savings and has to depend on her nephew for her physical needs and other provisions for her daily needs. She succumbed to the insults for she has nowhere to go. She said she just bear this mistreatment because she is old and useless.

This is a real case of an old person whose kindness sacrificed to bring up a nephew with love and care to become a man instead of saving for her aging years and becomes unproductive with no family of her own. She regrets that she didn't save for her old age. Now, she has nothing but loneliness frustrations and despair. Many older people like these are counting every moment of their lives and cursing themselves for not saving anything for their old age.

Case X

Mrs. C. 78 years old, married and all her children are working and having their own family. She used to be a businesswoman and so was able to save well for her old age. Now, she is a post stroke patient and even up to now she is having mild attack that resulted to frequent admission to the hospital, her savings are now drained. The old lady said, she is not afraid to die. She is prepared anytime that's why she wanted to eat the food she likes.

She is very stubborn according to the children. She will eat foods which are strictly not allowed by the doctor. This is the reason why most of the time her children would raise their voice to her in anger whenever she does not comply with the advice of the doctor. She feels her children lost their respect and love for her. She is happy if she could eat lechon, ice cream and even dried fish for she says she loves most.

The old lady complains that she is being mistreated; her children are rude and too harsh with their words to her maybe as she said, and they are too tired of taking care of her as she narrated with difficulty:

"... ta rabya me mga anak komigo porcausa duro daw me cabeza.

bien kere iyo kome sabroso comida no kere sila. No kere ya gaha sila queda komigo..."

("... my children were angry because I am hard-headed as they said. I only like to eat delicious food maybe they don't like to take care of me...")

The old woman does not know how to live harmoniously using a half-way strategy; she is too preoccupied thinking of herself as too sensitive, very stubborn and

wanting more attention. Her present physical impairment contributed to her being cranky, demanding and overly sensitive. She feels everyone is treating her badly, although her daughter lost respect and sometimes raises her voice to stress her rules regarding food restrictions and other activities. Such behavior is felt as abusive by the old woman. Edie Dykeman (2012) stated in her article that sometimes elderly

appear to become stubborn and uncooperative as they age. Reasons for stubbornness include frustration due to loss of independence, loss of ability to do things, isolation, anger and fear of dying. As seen from this particular elderly and so she is partly responsible for the mistreatment. Maybe a professional psychologist will be of great help to her.

Table 1. SUMMARY OF THE LIVED-EXPERIENCES OF ABUSE AMONG ELDERLY

Case	Condition of the Elderly	Type of Abuse	Abuser	Socio-Economic Status of Abused elderly	Tolerance of the Elderly	Remarks
I	- Hypertension -Mental, physical and emotional pain -Pulmonary congestion	-Financial with psychological or emotional/verbal abuse	-Son who is a drug addict with no work -Bully military son	-Moderate	-Low	-Helpless in refusing coercive financial abuse
II	-HPN -Physical and cognitive problems -Arthritis -Dementia -Hearing Impairment	-emotional-verbal (communicative-aggressive)	-Son-in-law -Adoptive daughter	-Moderate	-Moderate	-Victim perceive as revenge for marital discord -Shouting was due to elder cannot hear which was misinterpreted
II I	with Pulmonary Tuberculosis , anemic, with s/s of under nutrition	-Neglect (abandonment) -Physical and emotional	-Children	-Low	-High (though thought sometimes of reporting to	-Dependent from the help of the neighbors -Watching the store of the neighbor to earn

					authorities)	-Thinks that it is his karma for his doings -Delinquent parent
I V	on and off chest pain easy fatigability dizziness maybe anemic	-Emotional-verbal (communicative-aggressive) -Neglect (does not care if the elderly is sick)	-Daughter	-Low	-Low (but claimed that she just offer it to the Lord)	-Daughter criticize her for greed of food -Daughter is angry if the elderly is sick (for not taking care of her children)
V	-HPN -Poor visual acuity	-Emotional and neglect (restricted personal and social activities; removed decision power)	-Children	-High	-Low (unnoticed by children)	-Unintentional emotional abuse and neglect for decent reasons
V I	Goiter with pulmonary problem maybe PTB because of loosing wt.	-Emotional (harsh behavior; disrespect) -Neglect (no care)	-Daughters	-Poor	-Moderate (blamed her marriage failure and poor parenting)	-Children blamed mother for fate -Children had frustrating marriage

continuation of Table 1

V II	anemic, dizziness wt S/s of malnutrition	-Neglect (food and medication deprivation) -Emotional-verbal (communicative-aggressive; lambasted)	-Older sister -Mother of her niece	-Poor	High -in exchange of basic needs dependency	-Worked as a yaya of the family of her older sister with no compensation in exchange of food and shelter
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V II I	complained on and off dizziness, lack of appetite to eat and insomnia	-Neglect (abandonment)	-Wife	-High	-High (High hopes)	-The elderly did not show compassion and love when younger and thus experienced similar dealings with relatives and wife at present
I X	mild hypertensive with joint pain possible arthritis, wt on and off cough	-Emotional- verbal (communicati ve-aggressive)	-Nephew and wife	-Poor	-Low	-Single -Took care of her nephew when young -Nephew did not keep the promise of taking care of her -Nephew's wife pressure him to let go of the elderly
X	-Post stroke with frequent mild attacks	-Emotional- verbal (communicati ve-aggressive due to stubbornness of the elderly against medical advice)	-Children	-High	-High (does not bother)	-Good amount of savings are drained due to hospitalization -Verbal abuse is due to stubbornness of the elderly not following doctor's orders -Elderly wants her children to give all she desires even against medical advice

Table 1 reflects the types of abuse as experienced by the elderly from the significant others who are their caregivers. It reveals further the condition of the elderly and their socio-economic status as

independent variables in this study that are assumed to influence the occurrence of elderly abuse.

An initial finding yielded data revealing the realities on the experiences of

older persons belonging to different socioeconomic background regarding domestic abuse. As noted the elderly from the upper class, although fully secured financially are confronted with emotional problems, loneliness and neglect. The nature and quality of the support available to the older person have also changed. Although care giving to aging parents is not a burden rather the pressure on their busy life, so the elderly is left to untrained home health aide. The elderly from lower stratum are suffering from the economic crisis, need comfortable housing facilities to stay and have meager resources to meet their health and other essential needs. The love and respect from the elderly deteriorated which resulted to all forms of abuse.

Most elderly from middle class are pensioners they have invested their money time and effort to educate their children with the expectation, that in their elderly their adult children will take care of them. In many Asian cultures, Confucian moral principles provide a strong ideological basis for the importance of respect and warmth for the elderly. Accordingly, the Confucian teachings demand that children should love, respects, and serve their parents (See Ingersoll-Dayton and Saengtienchai, 1999). These expectations based on this conventional thinking are not realized because in return youth of this generation have their own needs that unintentionally

have neglected the personal needs of their aging parents.

From the data presented, the level of elder abuse was higher for those with declining health status, especially the very old with hearing acuity problem, poverty and an alcoholic family member.

The problem of neglect and emotional abuse stand out as the predominant type of abuse, followed by financial and physical abuse. This is in contrast to most of the assumed notion of abuse as physical violence. The extent of neglect is characterized by lack of attention by the caregiver or family member; thus resulted to persistent weight loss leading to malnutrition among elderly. The emotional abuse as experienced by the elderly were manifested through verbal forms such as intimidation through yelling, humiliation, ridicule, habitual blaming, belittling or controlling behavior; non verbal are seen in the form of ignoring the elderly, less attention and isolating the elderly from friends and other social network or activities. Neglecting the older persons unintentionally; not including them in decision- making especially in times of family problems have caused loneliness to the elderly. The common abusers were adult children, son-in-law and adoptive granddaughter.

Socio-Economic Status and Elderly Abuse

To find out the influence of socio-economic status to the type and degree of abuse the cross case analysis was used as

shown in Table 2. The lived experiences of the elderly coming from different socioeconomic level are manifested in different forms of elderly abuse.

Table 2. Cross-case analysis on the condition, SES and the types of abuse among Elderly

Cas e	Condition of elderly	Socio-Economic Status	Type of Abuse
V	hypertension Poor visual acuity	High	Emotional and neglect (restricted personal and social activities; removed decision power)
VII I	complained on and off dizziness, lack of appetite to eat and insomnia	High	Neglect (abandonment)
X	Post stroke with frequent mild attacks	High	Emotional-verbal (communicative-aggressive due to stubbornness of the elderly against medical advice)
I	hypertension Mental, physical and emotional pain Pulmonary congestion	Moderate	Financial and psychological abuse
II	hypertension Physical and cognitive problems Arthritis -Dementia -Hearing Impairment	Moderate	emotional-verbal (communicative-aggressive)
III	with Pulmonary Tuberculosis , anemic, with s/s of under nutrition	Low	Neglect (abandonment) Physical and emotional

IV	on and off chest pain easy fatigability dizziness maybe anemic	Low	Emotional-verbal (communicative-aggressive) -Neglect (does not care if the elderly is sick)
VI	Goiter with pulmonary problem maybe PTB because of loosing wt.	Low	Emotional (harsh behavior; disrespect) Neglect (no care)
VII	anemic, dizziness wt S/s of malnutrition	Low	Neglect (food and medication deprivation) -Emotional-verbal (communicative-aggressive; lambasted)
IX	mild hypertensive with joint pain possible arthritis, wt on and off cough	Low	Emotional-verbal (communicative-aggressive)

As noted the findings are consonant with the literature in which psychological or verbal abuse is experienced by all participants regardless of their economic status.

Those elderly belonged to low socioeconomic status family reportedly faced these common forms of abuse such as lack of attention, denial of food and health care; most likely the neglect is intentional; verbally they are more abused and to some extent they are physically harmed by their caregivers. The middle class elderly where economic pursuit is more important to the family caregiver; the latter were subjected to verbal abuse and neglect. The families in this category tend to be materialistic and

become more selfish and so less attention is given to the older persons. The higher class family who are financially secured experienced still lower degree of neglect which is unintentional. The elderly in this category reported to experienced more emotional abuse, less care and attention resulting to more depressed and lonely feeling within the elderly.

Conclusion

The study validates one of the assumptions of the theory of Elderly Caregiver Attachment Theory (Barjose 2012) in which the theory pointed out that elderly may experience different types and degree

of abuse depending on their living conditions such as their economic status. Lack of financial resources to buy the needs in the household may lead the caregiver to think this is caused by the needs of the elderly and give more problems and stress hence, blame and abuse the elderly.

Recommendations

It is recommended that further studies be done to validate the assertion of this theory. The theory must be tested across different caregiver and care receiver situations such as wife caring for her husband with Alzheimer's disease, etc. to determine the strengths, weaknesses and applicability to various geriatric situations. There is a need to corroborate further the Elderly Caregiver Attachment Theory in terms of the validity and generalizability.

This theory can be integrated in the nursing curriculum particularly in Elective 2 (Gerontology) as an important process for learning theoretical works that may contribute in the care of the elderly.

Furthermore, as reflected from the case study, majority of elderly abuse cases are caused deep-rooted conflicts and value crisis. For such kind of elder abuse cases, interventions should focus on the family instead of individuals. Social services particularly the social worker at the ground should assume professional responsibility to

design family program that may improve intergenerational relationship among families as well as the in-law relationship. To strengthen this intergenerational relationship more effort should be made on family counseling and strengthening family life values education.

At the local barangay level, it is recommended to infuse in their priority program on health and social care an age-friendly facility where elderly can feel safe and be able to socialize with the other elderly. They have to design program where the older person's awareness on the issue of elderly abuse will be raised, information on the signs of elder abuse, preventive measures and how to report and respond to abuse. These are essentials in empowering elderly people to protect themselves and their peers. A helpline services for reporting suspicious elderly abuse cases should be readily available. An emergency shelter and support program for victims of abuse must be accessible and should be part of their advocacy for the elderly.

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**DUST AFTER THE FALL: EXPLORING THE LIVED EXPERIENCES OF YOUNG
MOTORCYCLE DRIVERS FROM MOTOR VEHICULAR ACCIDENTS**

Francis Theres C. Aparece, RN

Master of Science in Nursing Candidate, Cebu Normal University Infection
Control Nurse, St. Vincent General Hospital

Email: ft.aparece@gmail.com

Norie Jane G. Maxino RN

Master of Science in Nursing Candidate, Cebu Normal University Senior
Nurse, Vicente Sotto Memorial Medical Center ED Trauma Email:

noriejanemaxino@gmail.com

Nestlen Khim D. Pore, R.N.

Master of Science in Nursing Candidate, Cebu Normal University

Staff Nurse, Chong Hua Hospital Mandaue Email:

mihkhaii08@gmail.com

DR. LAURENCE L. GARCIA, Adviser

Graduate School Professor, Cebu Normal University

Email: laurence@cnunursing.org

**DUST AFTER THE FALL: EXPLORING THE LIVED EXPERIENCED OF YOUNG
MOTORCYCLE DRIVERSFROM MOTOR VEHICULAR ACCIDENTS**

AUTHORS:

APARECE, FRANCIS THERES C., R.N.

MAXINO, NORIE JANE G., R.N.

PORE, NESTLEN KHIM D., R.N.

UNIVERSITY:

Cebu Normal University

DEGREE:

Master of Science in Nursing, Medical-Surgical Nursing

ABSTRACT

Road crashes are leading causes of traumatic injury in the world and the motorcyclists are always the most endangered. Furthermore, MVAs have been found to be the single leading cause of posttraumatic stress disorder in the general population. They are the most frequent, directly experienced trauma for men and the second most frequent trauma for women (Galovski & Veazey, 2016). Encountering an accident can have profound effects on a young person's life. Understanding the meaning of the accident among young adults is vital, so as to fully extrapolate the significance of the experience and the lessons they learned from this fall.

This study utilized the Hermeneutic Phenomenology by Martin Heidegger to explore the meaning of a person's experience. Five (5) male young adults who encountered a motor vehicular accident within the localities of Cebu participated in the study when data saturation was reached. After consent was signed a recorded interview was done to explore the experience of these informants. Subsequently, transcription were made by each researcher, the data were then compared and condensed to draw a common ground.

Using the Interpretative Phenomenological Analysis (IPA), three themes emerged from the 35 significant statements of the informants. The first theme, "*The Red Light*", talks about the

trauma that caused a standstill. “*The Yellow Light*”, the second theme, refers to proceeding with caution; this has two subthemes namely, “*Blind Curve*” which gives significance to being focused and “*Slippery When Wet*” which entails the avoiding distractions. The third and last theme, “*The Green Light*”, refers to moving on. These inspired the creation of the poem entitled “Dust After the Fall”.

The study gave light for the need of holistic care for these victims, that however minimal the injuries may be, trauma can still be experienced. Moreover, the results of the study would help assist in reshaping the driver’s mindset when driving and additional measures may be implemented to ensure road safety such as educating drivers of the possibilities of the events that might occur when they ignore the risks of driving.

Key words: *Motor vehicular accident, traumatic experience, lived experience, traffic light*

GOING BEYOND SKIN DEEP: LIFE AFTER LEPROSY

Mark Gilbert S. Milallos, RN & Sheila Mae L. Ruiz, RN

Cebu Normal University

Adviser: Dr. Laurence L. Garcia

ABSTRACT

Leprosy is a chronic disease wherein symptoms may appear after 5-20 years from infection of the bacteria *Mycobacterium Leprae* wherein it causes irreversible physiologic effects. This study aimed to explore the experiences of individuals after being cured from leprosy. The methodology used was Husserlian phenomenology and Colaizzi's method was used during the analysis phase. A total of five (5) informants participated in the study. Three (3) themes emerged in this study. The first theme is Challenges and Difficulties in life with 2 subthemes, Social Disconnection; and Psychological Issues. The second theme is Uncertainty in Life with subthemes of, Feeling Lost; and Sense of Stagnation. The last theme generated is Regaining Clarity and Meaning of Life with the following subthemes of, Sense of Belongingness; Sense of Liberation; and Improved Quality of Life. Social Stigma took the lead as the cause of the difficulties and challenges leprosy survivors have to endure and the reason why the reintegration of leprosy survivors back to their communities of origin would fail. The people living in the leprosarium have formed a well-developed community composed of good social networks composed of other survivors and their families.

Keywords: Leprosy; Lived Experiences; Leprosy Survivors

INTRODUCTION

Background and Rationale of the Study

Leprosy is a chronic disease wherein symptoms may appear after 5-20 years from infection of the bacteria *Mycobacterium Leprae* (World Health Organization, 2016;

Department of Health, 2016). Although the disease is curable with multidrug therapy, it may cause irreversible damage to the affected individuals that were not immediately treated (World Health

Organization, 2016; Department of Health, 2016).

A total of 211,973 new cases of leprosy were recorded worldwide at the end of 2015 with 1,617 cases coming from the Philippines (World Health Organization, 2016). According to Eversley Child Sanitarium, they have a total 32 new reported cases for the year 2016 and are currently on multidrug therapy; 16 are currently admitted due to complications; and a total of 95 cottages funded by the government for domiciliary care. In the past decades, the care management of leprosy has advanced greatly; however, there is much more to a disease than just the pathological processes. It does not only affect the physical aspects of the patients; but also, has social and psychological

implications. It was a feared disease that had a negative image. Leprosy patients were treated as outcasts in the society.

Furthermore, leprosy comes with a stigma affecting social functions. International and Local programs addressing the disease are focused on the prevention, treatment and its elimination (Department of Health, 2016; World Health Organization, 2016) and much less on rehabilitation programs for those affected especially to ones with irreversible physiological damage. The researchers would like to further deepen their understanding on the lives of the people who were treated from the disease. The social stigma has always been the toughest they

THE MUSCULOSCELETAL PAIN ON NURSES IN KITAMURA CLINIC PONTIANAK

Wuriani¹ Usman¹ Jaka Pradika¹ Elsy Maria Rosa² Moh. Afandi².

¹Lecturer school of Nursing Muhammadiyah Pontianak

²Lecturer University of Muhammadiyah Yogyakarta

ABSTRACT

Background: Musculoskeletal pain often occurs to nurses with heavy workload such as standing and sitting in long hours, bowing and lifting heaving stuffs. An interventions to reduce musculoskeletal pain is by practicing static stretching and improving body posture with can be performed by correcting working position using chair.

Aim : to analyze and explore the influence of static stretching and the improvement of working posture to musculoskeletal pain to the nurses in Kitamura Clinic Pontianak.

Method: kualitatif fenomenologi Interviews were conducted 4 next nurses has doing stretching and improve body posture and analyzed by transcript , koding and theme .

Result : A theme that concluded 1) the location and characteristic of pain, 2) cause scale pain increased, 3) The benefits of stretching and improvement of working posture.

Conclusion: there was a significant influence between static stretching and the improvement of working posture to a reduce musculoskeletal pain.

Keywords: Improvement of Working Posture, Musculoskeletal Pain, Nurse, Static Stretching.

INTRODUCTION

Pain occurs with the process of disease and included as the most common reason of someone to find health care treatment, diagnostic and healing process. Nurses give health care to clients in any kind of situation

and condition, giving intervention to increase comfort.

Samara (2007) said that the prevalence of musculoskeletal pain in nurses is 45.8% including the pain of nerve, tendons, and muscles abnormalities, and disturbed ligaments surrounding musculoskeletal, for

example the neck, may be caused by incorrect body posture position and its duration.

Some of the most frequent musculoskeletal pains on nurses are myalgia and Low Back Pain, it is related to the work of nurses rested on the spine, such as the activity of bowing during an intravenous infusion, treating wounds, lifting and moving patients from one bed to the other bed, the nurses' attitudes that requires to stand for a long time, those things require a good management and accuracy of posture known as work posture. Susihono (2012) stated that work posture is important to keep workers' comfort in doing work activity so that disruption to the musculoskeletal system can be minimized.

In addition, static stretching is a practical action that can be applied easily, can set the spine to get recovery, and can be done alone and without media (Santi, 2013). Based on the phenomenon above, after the use of static stretching method and improvement of work posture with NBM is expected that nurses can decrease their musculoskeletal pain and be more effective in doing health care procedure

RESEARCH METHOD

this method is qualitative phenomenology. Furthermore, 4 nurses were interviewed and analyzed by using transcript, coding and theme.

Result

Hasil Analisis Kualitatif Pada Perawat Klinik Kitamura Yang Melakukan Stretching Dan Perbaikan Postur Kerja.

CATEGORI	THEME
Sore Stiff Neck Back Foot	Location and characteristics of musculoskeletal pain
Bent Patient more Wound bed Pain level Nurses want to finish	The causes of increased pain level
Stretching Improvement body work Decrease pain level	Benefits from stretching and improvement of work posture

Sumber : Data Primer

Conclusion

found four major themes namely 1) Location and characteristics of musculoskeletal pain. 2) The causes of increased pain level 3) Benefits from stretching and improvement of work posture

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**EFFECT OF CUCUMBER INFUSED WATER (*Cucumis Sativus L.*) ON
BLOOD PRESSURE OF ELDERLY PATIENTS WITH HYPERTENSION
AT SOCIAL PANTI TRESNA WERDHA TAMA INDRALAYA SOUTH
SUMATERA**

Trilia, Yudi Abdul Majid, Inne Yellisni, Nupikha Pinasti Robbani
Nursing Science Program STIKes Muhammadiyah Palembang
Email : triliawm13@gmail.com

ABSTRACT

Introduction: Incidence of hypertension in the last 10 years was increased, around 60 % elderly will experience hypertension after was 75 years old, when a person subjected to increase in blood pressure above normal needs to be done handling immediately to minimize complication. One effort therapy non of pharmacology which done in to overcome the problem of hypertension this by the provision of cucumber infused water. **Methods:** This research is a quantitative research using Pre-Experimental design, with one-group pre-test and post-test design. The research variables are 39 samples of patients' blood pressure before and after drinking cucumber infused water which determined by total sampling method. The population in this research was all seniors suffers from hypertension in social shelters tresna werdha warga tama indralaya south sumatra some 40 people. The instrument was used in this research is the pressure of the blood before and after the provision of cucumber infused water

. **Result:** This research result indicates that mean of systole blood pressure in elderly patients hypertension after the cucumber infused water is 150,51 and the diastole blood pressure is 91,03 mmHg. This suggests a decline in blood pressure having given intervention by $p = 0,001$. **Discussion:** The provision of cucumber infused water have leverage on changes in mean blood pressure elderly patients hypertension.

Keywords : Blood pressure, Cucumber infused water, elderly

Reference : 20 (2010 – 2016)

INTRODUCTION

Elderly is someone who has entered the age of 60 years and above. Elderly is the age group in humans who have entered the final stages of the phase of life, age group categorized Elderly this will occur a process called Aging Process (Padila, 2013).

About 60% of the elderly will have hypertension after 75 years of age. This is the effect of degeneration that occurs in people who are getting older. The incidence of hypertension in adults is about 29 - 31%, which means there are 58 - 65 million people with hypertension in America. Based on MOH data (2010), the prevalence of hypertension in Indonesia is 31.7%. The coverage of hypertension diagnosis by healthcare is only 24%, or in other words as much as 76.0% socioeconomic and Elderly health incidents conducted by National Commission of Elderly in 10 provinces in 2008, it is known that hypertension ranks second most disease suffered by elderly after joint disease.

Cucumber is one type of vegetables that contain many benefits for the human body. One cucumber

contains 147 mg of potassium that can bind sodium in the human body.

Infused Water is a natural infusion, allowing nutrients to merge with water naturally so that useful substances do not decay or reduced. This infusion method

becomes a trend and lifestyle because of its practical manufacture, attractive packaging, and has a myriad of benefits (Sulianta, 2016).

From the results of the survey researchers consider Cucumber Infused Water (*Cucumis sativus* L.) as one of the materials to be tested in the Elderly as an alternative in the decrease in blood pressure in patients with hypertension. Associated with the trending period of Infused Water use, there are so many ways to get cucumbers and high prevalence of hypertension in the Elderly.

METHOD

This research used Pre-Experiment design, with one-group pre-test and post-test design. The characteristic of this study is to reveal causality by involving a single subject group.

Affordable population or total residents of Tresna Werdha Wargatama Indralaya Social Pantl are 75 people. Meanwhile, for the population in this study were all Elderly hypertensive sufferers in Tresna Werdha Wagatama Indralaya Social Institution of South Sumatera Year 2017 as many as 40 Elderly.

The sample of this study using the Total Sampling method that all elderly who suffer from hypertension in Social Institution Tresna Werdha Wargatama Indralaya Sumatera Selatan Year 2017 as many as 39

Elderly. At the time of the study there were 1 respondents who were not cooperative so the total respondents changed to 39 people from the population of 40 people.

RESULT

1. Sex

Table 1.1

Frequency Distribution of sex of hypertension patients at PSTW Warga Tama Indralaya Sum-Sel (n=39)

Sex	Frequency	Percentage
		%
Male	18	46,2
Female	21	53,8
Total	39	100,0

Based on Table 1.1 obtained results of data showing most of the respondents are male as much as 18 respondents (46.2%). While female patients were 21 respondents (53.8%).

2. Age

Table 1.2

Frequency Distribution Of Age of Hypertension Patients at PSTW Warga

Tama Indralaya Sum-Sel (n=39)

Variab	Mean-	Min-	SD	SE
el	Median	Max		
	73,85-		8,74	1,40
Age		60-93		
	75,00		4	0

Based on Table 1.2 Can be seen the average frequency distribution of respondents an average of 73.85 with median 75.00. With

the youngest age of 60 years and the oldest age 93 years.

Univariate Analysis

1. Blood pressure prior to administration of infused water cucumber in elderly (Pre-test) a. Frequency Distribution of Blood Pressure Sistole and Diastole Before Intervention

Table 1.3
Analysis of Blood Pressure Frequency Distribution of Sistole and Diastole Before Intervention in Elderly Hypertension Patients at PSTW Warga Tama Indralaya Sum-Sel (n=39)

Varia bel	Mean- Media n	Min- Max	SD	SE
TDS			23,67	3,79
H1	162,31-	140-		
Mor ning	150,00	220	1	0
TDD				1,46
H1	101,03-	80-110	9,118	
Mor ning	100,00			0

Based on Table 1.3 The frequency distribution of sistole blood pressure before the intervention means 162.31 with a minimum value of 140 and a maximum value of 220, standard deviation of 23.671. While the frequency distribution of sistole blood pressure before the intervention of mean 101.03 with a minimum value of 80 and a maximum value of 110, standard deviation of 9.118.

DISCUSSION

10. Univariate Analysis

a. Analysis of Blood Pressure Frequency Distribution of Sistole and Diastole Before Intervention

The result of blood pressure measurement on the research respondents got the average of sistole blood pressure before the infusion water cucumber was 162,31 mmHg and 101,03 mmHg for diastole blood pressure.

Respondents in this study amounted to 39 people consisting of 18 men and 21 women.

Ovaries that contained in women have function to produce ovum (egg) and estrogen and progesterone hormones. The dominant estrogen possessed by women is known as a protective factor or vascular protector, so that heart and blood vessel disease, including hypertension, is more common in men. However, in the premenopausal period, women begin to experience little by little the estrogen hormone that protects blood vessels from damage. This process continues where the amount of estrogen hormone will naturally decrease with age which generally occurs in women 45-55 years. So that women who have menopause have a tendency of hypertension (Suhardjono, 2012).

From the data of research results there are elderly people with hypertension ranging from 60 years to 93 years old and even beyond that there are still many who are more than 93 years old. In the elderly there is a decline in cells due to the aging process that can result in organ weakness, physical decline, the emergence of various diseases, especially degenerative diseases. One of the problems that often occur in the elderly are hypertension (Jenny, 2010).

Based on the description of the researchers argue that hypertension is more suffered by women who have menopause and elderly, because in women who have menopause and elderly organs - organs have aging that causes decline in organ function so that it can cause hypertension.

A. Frequency distribution of sistole and diastolic blood pressure after action (post-test)

Sistole blood pressure after infusion of cucumber water for 7 days had the highest mean on day 3 in the morning that is 162,75 meanwhile the lowest mean at day 7 afternoon is 150,75.

Likewise with diastole blood pressure after infusion of cucumber water for 7 days the highest mean is on the day 4 am that is 99,75 meanwhile the lowest mean on the day is 7 pm that is 91,00. Almost every morning there is an increase in blood pressure and this occurs due to stress levels and insomnia in the elderly at night.

According to Yogiartoro's theory, 2006 says that the treatment of hypertension consists of pharmacological and non-pharmacological therapies. Nonpharmacologic therapy for

hypertension is maintaining ideal body weight, reducing sodium intake, limiting alcohol assumptions, eating enough calcium and potassium from the diet, avoiding smoking, stress reduction and massage therapy.

According to Kurniasari, 2012 vegetables and fruits have the effect of lowering blood pressure, including bananas, cucumbers, watermelons, strawberries, and tomatoes. Things that make these fruits can lower blood pressure because they both contain potassium. Potassium in the body is necessary because potassium can bind sodium (Na). Sodium that is too high can cause water around to become less and the pressure in the blood becomes increased. If potassium intake increases then potassium can bind sodium and not a lot of fluid is absorbed sodium so blood pressure decreases.

In line with the results of a study conducted by Aisyah (2014), there was a significant decrease in sistole blood pressure ($p = 0.000$) and diastolic blood

pressure (0.002) of treatment group. After consumption of cucumber juice, blood pressure systole treatment group experienced 16.00 ± 8.062 SD mmHg and diastole decreased 6.67 ± 6.726 SD mmHg.

Taking into account the results of research and related resources, the administration of infused water cucumber with the aim of lowering blood pressure can be used as a healthy drink everyday for people with hypertension. In addition, potassium and magnesium minerals contained in the cucumber play the role of blood flow and calm the nerves so that the trigger factors of rising blood pressure such as stress and insomnia can be minimized.

Bivariate Analysis

Based on data from measurements taken from day 1 (pre-test) to day 7 (post-test) results obtained in the form of significant changes in systolic of 164.50 into 158.50 and the diastolic 99.5 becomes 93. Results This shows that cucumber infused water has an effect on blood pressure of hypertension patient.

DETERMINANT MOTIVATION NURSE'S CONTINUING EDUCATION FOR ALL LEVEL HIGHER: A CASE IN BEKASI CITY HOSPITAL

Nur Miladiyah R¹., Nataliya Hari ²

1 Lecturer Study Program Ners Stikes Bani Saleh

2 Perseptor of RSUD Kota Bekasi nurmiladiyahr@yahoo.co.id,
nataliyahari@gmail.com

ABSTRACT

Nurse career development can be achieved through the continuity of education. However, to be able to continue education to a higher level, of career plan that can be used for placement of nurses at levels according to their expertise nurses. Unfortunately, in hospitals Bekasi only 8% of nurses who want to continue to a higher level. This research use analytical method with cross sectional research design with 153 sample. The statistical test using Chi square. The results shows the nurse's career 15.722 times more likely than the policy led to nurses motivation in continuing higher education. (p value 0,000 at $\alpha = 0.05$, OR 15.722). Bekasi City Hospital should be more attention to the factors related to nurses motivation for continuing education for continuing education, nurses will be able to show in a professional nursing. It is very good to improve the provision of nursing services so that the quality of service expected can be achieved.

Keyword: Motivation, education, career

11. Introduction

Nursing services are part of health services that play a major role in determining the quality of health services in hospitals. Nurses as professionals are responsible to provide

nursing services in accordance with competence and authority possessed independently and in cooperation with other health members (MOH, 2006). Nurse career development is a planning and application of career plan that can be used for placement of nurses at

levels according to their expertise, as well as providing better opportunities to suit the abilities and potentials of Marquis and Huston nurses (2010, in Suroso, 2011). Nurses' career gap can also be used as the foundation for promotion, mutation and nurse rotation.

Continuing the formal education of nursing is the choice of each individual nurse. High motivation is required to continue education to a higher level. Motivational theory based on the need to say motivation is owned by someone at the moment has not reached a certain level of satisfaction in his life. Satisfied needs will no longer be a motivator (Nursalam, 2014). Abraham Maslow (1943) develops a hierarchy of five needs: physiology, among others: hunger, thirst, protection (clothing and housing), sex; Security, among others: safety and protection against physical and emotional harm, leadership policy; Social includes compassion, belonging, acceptance and friendship, support; awards include salary, incentives, promotions, flattery; and self-actualization involves achieving one's potential and self-fulfillment through career development. Salaries and Incentives are the incentives that firms give to their employees (Zenah, 2014).

The results of the Patintingan, Pasinringi and Anggraeni (2013) studies suggest that incentives can motivate nurses to do their work.

Supervisor support is a condition where one is encouraged to feel safe and comfortable psychologically (Nursalam, 2012). Supervisor support will have a positive effect to improve nurse motivation.

Result of interview with staff nurse's of RSUD Kota Bekasi got the data of leadership policy which regulate health worker including nurse in case of continuing education that nurse is allowed to continue education if have been working at RSUD Kota Bekasi minimum 2 years and nurse colleagues who are continuing education have finished their education. The policy in RSUD Kota Bekasi refers to Mayor Regulation No.27 of 2013 on Bekasi according on the granting of study permits for Civil Servants in the environment of the city government of Bekasi.

Bekasi Hospital customer satisfaction survey conducted by Noegraha (2015) to get the conclusion that consumers are satisfied with the dimensions of reliability, dimensions of responsiveness, dimensions of assurance, tangible dimensions and empathy dimensions.

Based on interviews with Head of Inpatient Installation RSUD Kota Bekasi, obtained data in 2015 there are only 22 nurses (8%) of the 258 nurses with nursing diploma and nursing degree who continue their education to the nursing undergraduate level. Based on the background above, it is interesting to find out that factors relating to nurse motivation continue to education to a higher level

2. Methodology

This research uses categorical comparative analytical method not paired with cross sectional research design. The statistical test used chi square test. The method was taken by sampling with purposive sampling, with a number of samples of 153 people. Statistical analysis uses the frequency distribution, Chi Square, and the regression logistic.

3. Results

3.1 Univariate Results

NO.	Karakteristik	Kategori	Frekuensi	Persentase	Total
1.	Aged	≥31	77	55,4	100
		< 31	62	44,6	
2.	Sex	Male	31	22,3	100
		Female	108	77,7	
3.	Education	Diploma	130	93,5	100
		High School Nurses	9	6,5	
4.	Motivation	High	74	53,2	100
		Low	65	46,8	
5.	Career Developments				100

The result of this research shows that most of respondent are at age ≥ 31 year that is 77 people

(55,4%), most of them are 108 people (77,7%), most of them are from Diploma nursing is

130 people (93,5%), most of respondent have high motivation to continue education to higher level that is 74 people (53,2%).

3.2 Bivariate Results

3.2.1. The Relationship Career development with nurse motivation to continue education to higher level

Developments of career	Motivation				N		ρ Value	95% CI		OR
	High		Low		n	%		Lo	Up	
	n	%	N	%						
Good	57	41,0	20	14,4	77	55,4	0,000	3,544	16,059	7,544
Poor	17	12,2	45	32,4	62	44,6				
Total	74	53,2	65	46,8	139	100				

The result of analysis of career development relationship with nurse motivation to continue education to higher level obtained data that there are 57 respondents (41,0%) who have good career development and high motivation. There are 17 respondents (12.2%) who have less career development but have high motivation. There are 20 respondents (14.4%) who have good career

development but have low motivation. There are 45 respondents (32.4%) who have low career development and have low motivation. Statistical test results obtained ρ value = 0,000 ($\alpha = 0.05$) then H_a failed rejected means there is a significant relationship between career development with nurse motivation to continue education to higher levels.

3.2.15 The Relationship Incentive relationship with nurse motivation to continue education to higher level

Incentive	Motivation				N		p Value	95% CI		OR
	High		Low					Lo	Up	
	n	%	n	%	n	%				
Good	51	36,7	34	24,5	85	61,2	0,067	1,012	4,040	2,022
Poor	23	16,5	31	22,3	54	38,8				
Total	74	53,2	65	46,8	139	100				

The result of analysis relationship of incentive with nurse motivation to continue education to higher level obtained data that there are 51 respondents (36,7%) who have enough incentive and high motivation. There are 23 respondents (16.5%) who have less incentive but have high motivation. There are 34 respondents (24,5%) who have enough incentive but have low motivation. There are 31 respondents (22,3%) who have low incentive and low motivation.

Statistical test results obtained pvalue0.067 ($\alpha = 0.05$) then H_a rejected means there is no significant relationship between incentives with nurses motivation to continue education to a higher level.

Policy of Motivation		Leadership				Jumlah		95% CI		OR
								Lo	Up	
Leadership	p	High		Low		p Value				
		N	%	N	%	N	%	Lo	Up	
Good		51	36,7	19	13,7	70	50,4			
Poor		23	16,5	46	33,1	69	49,6	0,000	2,596 11,103 5,368	
Total		74	53,2	65	46,8	139	100			

The result of analysis of leadership policy relationship with nurse motivation to continue education to higher level obtained data that there are 51 respondents (36,7%) who have good leadership policy and high motivation. There are 23 respondents (16.5%) who have less leadership policies but have high motivation. There are 19 respondents (13,7%) who have good

leadership policy but have low motivation. There are 46 respondents (33.1%) who have low leadership policy and have low motivation. Statistical test results obtained p value = 0,000 ($\alpha = 0.05$) then H_a failed rejected means there is a significant relationship between leadership policy with nurse motivation to continue education to higher levels.

3.2.4 The Relationships support supervisors with nurse motivation to continue education to a higher level

Support Supervisors	Motivation				N		p Value	95% CI		OR
	High		Low		N	%		Lo	Up	
	N	%	n	%						
Good	56	40,3	33	23,7	89	64,0	0,04	1,468	6,198	3,017
Poor	18	12,9	32	23,0	50	36,0				
Total	74	53,2	65	46,8	139	100				

Result of analysis of support relationship of supervisors with nurse motivation to continuing education to higher level obtained data that there are 56 respondents (40,3%) who have good boss support and high motivation. There are 18 respondents (12.9%) who have the support of supervisor who is less but have high motivation. There are 33 respondents (23,7%) who have good support supervisors.

3.2.5 Determinants Nurse continuing education For a level higher in Bekasi City Hospital

Based on the result of multivariate modeling, it is found that career path has 15,722 times greater than leader's policy toward nurse motivation in continuing higher education. (P value 0,000 at $\alpha = 0.05$, OR 15.722)

4. Discussion

Based on research conducted on 139 respondents obtained data that the age of respondents most of the 31 years of age amounted to 77 people (55.4%). Hasibuan (2009) argues that the age of the individual affects the physical, mental, work ability, and responsibility. Increasing age will increase the wisdom, the ability of a person in making decisions, rational thinking, controlling emotions and tolerate the views of others so that the effect on performance

(Kumajas, Warouw & Bawotong, 2014). In carrying out the education and development of physical and psychological abilities, the physical and psychological abilities of men and women are different (Kartini, 2006). Women's primary role is

the management of a family's household, working is only a function to help ease the burden of the family (Setiawan, Kushariyadi & Kustin, 2012). While men in physical terms have more resistance than women. In addition, from a psychological aspect in a family of men as head of the family acts as a breadwinner, therefore self-development becomes a boost to increase education level. Based on research conducted on 139 respondents obtained data that most of the respondents background of Diploma Nursing graduates are 130 people (93.5%). According to Nursing Law number 38 (2014) that diploma nursing is a vocational education. The academic education that followed was a nursing degree.

Based on the results with good career development have 7,544 chance of having high motivation to continue their education to higher level. This is consistent with Maslow's (1943) theory of a hierarchy of five needs comprising physiological, security, social, self-actualizing and self-actualizing needs: the achievement of one's potential and self-fulfillment through career development. Motivation is owned by a person when he has not reached a certain level of satisfaction in his life. The result of Haryani's (2013) research suggests that more directed career development has proved able to increase employee's motivation. According to the

researchers, the better the direction of the career development program, the nurse's motivation to continue education will increase. Based on the results there is no significant relationship between incentives with nurses motivation to continue education to a higher level. This is in accordance with Royani, Sahar & Mustikasari (2012) research which says there is no relationship between incentives and the performance of nurses. Zenah (2014) says there is a positive relationship between providing incentives with work motivation. The results of interviews of researchers to the respondents obtained data that with the increase of one's education level does not have much effect on the incentive increase. Properly regulated compensation can be predicted as a factor affecting employee motivation to develop. According to the researchers if in calculating the amount of incentives, entering the level of education as one indicator then the nurse's motivation to continue education will be increased.

Based on the results of statistical tests obtained p value 0.04 ($\alpha = 0.05$ OR = 0.017) means there is a significant relationship between the support of superiors with nurses motivation to continue education to a higher level. Respondents with superior support had a chance of 3,017 times having high motivation to continue their education to a

higher level. In accordance with the results of the study Isa, Yusuf & Mursyidah (2014) which says that there is a relationship between the support of superiors with nurse motivation diploma nursing to continue education to level degree. According Setiawan, Kushariyadi & Kustin (2014) there is no relationship between the support of superiors with nurse motivation to continue education through the level of degree.

EXPERIENCE AND AWARENESS OF MAIN CAREGIVERS IN PROVIDING SEX EDUCATION IN ADOLESCENTS WITH AUTISM SPECTRUM DISORDERS IN PONTIANAK MUNICIPALITY, WEST BORNEO, INDONESIA : A QUALITATIVE STUDY

Lestari, L¹, Herini, ES², Gamayanti, IL³

Author information

1. Study Program of Master of Nursing, Faculty of Medicine, Universitas Gadjah Mada, Yogyakarta, Indonesia.
Department of Pediatric Nursing, The Institute of Nursing Muhammadiyah Pontianak, Indonesia.
2. Division of Neurology, Department of Child Health, Faculty of Medicine, Universitas Gadjah Mada, Yogyakarta, Indonesia.
3. Division of Developmental and Social Pediatrics, Department of Child Health, Faculty of Medicine, Universitas Gadjah Mada, Yogyakarta, Indonesia.

Corresspondence : Lilis Lestari, BSN., MSN. Master of Nursing, Faculty of Medicine, Universitas Gadjah Mada, Jogjakarta, Indonesia. Department of Pediatric Nursing, The Institute of Nursing Muhammadiyah Pontianak, Indonesia. (lilis_lestari90@yahoo.com).

ABSTRACT

Introduction : Autism spectrum disorder (ASD) is a developmental disorder that increases very rapidly from year to year. ASD is a complex developmental disorder that results in the disturbance of child self-sufficiency. Whereas independence is very important to meet the needs of self-care. One of them is the need for sexual organs during puberty. This study aims to explore the experience of primary caregivers related to their awareness in providing sex education to adolescents with ASD in West Borneo, Indonesia.

Method : Qualitative semi-structured in-depth interviews were done with 7 main caregivers that have lived together and taken care of the adolescents with ASD in Pontianak Municipality, West Borneo Province. Sampling was taken with purposive sampling (maximum variation). Source (interviews) and method (observations of sexual activities and documents like picture, field notes). Triangulations were taken on 1 participant and 7 autistic

adolescents. Participants' statements were recorded by using a voice recorder, and then transcribed, coded, interpreted, and categorized in order that sub-topics and main topics could be formed.

Result : The study identified two main topics : i.e., 1) Puberty; and 2) Caregiver's main perception on parent's role.

Conclusion : Signs and symptoms of ASD are still visible until the child's teen age. Children with autism spectrum disorders also show similar sexual development with normal children.

Keywords : Caregiver experience, ASD, Autism Spectrum Disorders, Sexual Education.

Introduction :

The number of children with autism spectrum disorders continues to increase. National Institute of Health reports that three to six children are are diagnosed with ASD everyday per 1000 neonates. Although the number of children with ASD can not be known exactly, Center for Health Statistics Indonesia, 2010 was predicted that the increase of children with autism in Indonesia. 1.14% of the total population of 237.5 million people or the total reached 2.4 million people with an increase of 500 children with autism each year.

Expert believed that genetic factors causing cerebral structure disorder is one of the main underlying causes of autism among children. Consequently, children tend to suffer cognitive, affective and psychomotor disorders throughout their life. The disorder causes children with autism to be unable to meet the needs for self care autonomously so that their parents will face challenges, the increase of stress, tension, unpreparedness, and most times will feel lost to meet the self

care needs for their children whose load increases with the increasing age and demands approaching adolescence. This delimita exists because a child with ASD will continue to develop their sexual organs and have puberty like normal adolescents (1,2,3,5 ,6,7,9). Whereas sexual hygiene is very important to do, with the aim of providing comfort, and maintain health. Sexual education in Indonesia is still considered taboo, both for normal children and children with ASD. However, based on preliminary studies that have been carried out the principal caregivers express confusion when the right time to provide sexual education to ASD children. The primary caregiver realizes the importance of sexual education in ASD children and hopes that children can independently maintain the cleanliness of their vital organs, but still doubt when it is appropriate to start and whether the child can independently do so. Whereas the results of research Smith et al, 2012 reveal children with autism spectrum disorder can be independent to do

something if taught. Primary caregiver habits meet all the needs of ASD children, can increase stress.

However, the severe condition must be faced by parents through meeting the needs for self-care of children with autism. The meeting of their needs is very important for them to live a healthy life (8). In their study with a quantitative method, Smith *et al.* in 2012 revealed interesting results concerning the capacity of children with ASD in meeting self care needs autonomously. The results showed that children with ASD can have the ability to meet self care autonomously if they were taught self care since childhood through the early period of adolescence (10). This study is supported by the 2015 results of Duncan and Bishop's quantitative study indicating that better skills to meet self care needs for children with ASD will positively affect the increase of autonomy in the future (4). From the 1970s to 2000s a shift in parenting occurred in the modern era throughout the world. The number of children, including neonates, under five years old, pre-school, and primary school that are cared for by others increased dramatically with a duration of 35 hours or more per week with approximately 50 percent of the children throughout the world who have not been reared by their biological parents. In other words, it is the main caregiver that has more time to care and rear them. Based on these

facts, this research aims to study about main caregiver's experiences to meet self care needs among adolescents with ASD in Pontianak Municipality, West Borneo, Indonesia.

Method

The study was conducted using a qualitative method with the aim to explore experience and awareness of main caregivers in providing sex education in adolescents with autism spectrum disorders. Data was collected by purposive sampling with maximum variation. The population in the study is the main caregivers that taking care of adolescent children in Pontianak Municipality, West Borneo Province. Interviews are conducted in two languages namely Malay language and Indonesian language. The study was conducted for two months (March to April 2016). The total number of caregivers that met the inclusion criteria were seven people equaling from the schools for children with special needs (SLB: *Sekolah Luar Biasa*) A = 5 and SLB B = 2. The majority of main caregivers worked as civil servants, two caregivers were hired, and one is a housewife. Participants consisted of 2 biological mothers, 1 biological father, 1 aunt, 2 caregivers, and 1 couple (a father and foster mother). The study was approved by the Medical and Health Research Ethics Committee (MHREC) Faculty of Medicine

Universitas Gadjah Mada, registration number KE/FK/94/EC/2016.

Result

Results of the study produce two theme i.e : Puberty and main caregiver's perception on parent's role.

1) Puberty

The study showed autism behavior among children until becoming adolescents (10-19 years old), i.e. closing ear spontaneously if hearing a song they liked and memorized but sung by others, hyperactivity, verbal communication disorder, excessive emotions, socialization disorder, motor disorder, monotonous, and attention seeking behavior:

"...when he heard the song he knows he closed his ears"(P1)

"jog back and forth .."(P2)

"...everyday is chatting. The communication he did is short .. so we translate..."(P5)

"laughter at himself.." (P6)

"less able to socialize.." (P7)

Sexual developments of adolescents with autism can be seen from physical changes, interest toward the opposite sex, and showing sexual behavior:

"Only if a girl, if for example the Korean girl, she is happy ..."(P4)

"Yeah disposable hand (give a boost to sex) .. but he does not know how his side clamped only ..."(P5)

"I started to grow... (hair armpits and genitals)..." (P6)

The caregivers revealed the time when children's sexual desire appears in the morning and when no activity is done:

"...he did it only in the morning .. there .. WakeUp.." (P5)

"Usually when there is activity calmly not at all. (Child holds his own sex)..." (P6)

The caregivers did several efforts to anticipate children's sexual development: giving prohibition in order that they stop the sexual activity, admonish them if they were imaging the opposite sex, give explanation, give admonition, and teach using leggings for the girls:

"Well it was banned, we do not allow. we ban..." (P1)

"...I teach wear pads..." (P5)

2) The main caregiver's perception on parent's role

The majority of participants perceived that the parents are the main source of affection for children with ASD. Affection cannot be replaced by other figures, both family and caregiver. The caregiver argued that parent's affection is a kind of affection required by children to achieve much better success, autonomy, and development:

“Yes, because related condition .. because of parental affection to me it would be different .. even if he gives money...” (P3)

One participant stated that the father is the person most responsible for meeting children’s need for their better conditions:

“I think because I need .. what .. need (to meet) him all whatever .. I will take him all whatever..” (P1)

Meanwhile, another participant as a mother revealed that the mother is the most important figure to educate children with ASD to achieve success compared to others:

“Kids like this are unusual role of mothers did .. loving .. with the arms of the outer peripheral usually...” (P4)

Conclusion

Signs and symptoms of ASD are still visible until the child's teen age. However, for the skills of self-care related to puberty can develop better if the skills are taught early childhood. Children with autism spectrum disorders also show similar sexual development with normal children. Although carers do not yet understand how good sexual education is in children, primary caregivers continue to provide sexual education right from the start because of a carer's awareness of the importance of it.

Conflict of interest

The authors declare that they have no competing of interest.

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LIVED EXPERIENCES OF FIRST RESPONDERS IN CAPUTATAN NORTE DURING YOLANDA'S WRATH

¹Hazel L. Cañeda, ²Jillian A. Bejoc, ³Aida A Inabangan

ABSTRACT

The study aims to explore and describe the meaning of the lived experiences of first responders at the height of typhoon Yolanda's outrage. This study will utilize Edmund Husserl's descriptive phenomenological approach to discover and understand the true essence of the true essence of the lived experiences of first responders at the height of typhoon Yolanda's rage. The study will be conducted in Barangay Caputatan Norte which has been badly hit by typhoon Yolanda, After the analysis of data utilizing Colaizzi's (1978) strategy, four clustered themes emerged were: AWARENESS; PREPAREDNESS; INITIATIVE and ACCEPTANCE. As natural calamity arises in a certain area, the involvement of leaders and other key persons is very important. It is best to have people who will be taught on the proper disaster risk management, thus, they will be the one to help in stabilizing or pacifying the situation should an earthquake, typhoon or any other natural calamities arise. First responders to these kind of events should be established in every area there is in the country.

KEYWORDS: Responders, Yolanda, Wrath

Chapter 1

THE PROBLEM AND ITS SETTING

Background and Rationale of the Study

Considered as a powerful storm ever recorded in Philippine area of responsibility, Typhoon Yolanda, killed thousands of people, caused thousands to suffer serious, life-threatening or life-altering physical injury, and an estimated 9.5 million people are in immediate need of shelter, food, clean water, clothing, or other life essentials given the widespread destruction of homes and local infrastructure. In addition to the storm's initial, "primary" victims, countless others may also experience distress even though their exposure to the disaster is less direct (Sormanti & Yoshioka, 2013).

First responders are bravely engaged in risky rescue operations in supporting individuals, families and communities as they manage the impact of the devastation and strive towards improved outcomes. Yet, despite increased attention to disaster response and preparedness efforts at local, national, and international levels, harmful psychological and relational consequences are commonplace. So too is evidence of breathtaking human strength, capacity, and responsibility, always tipping the imbalance back in the direction of survival and growth (Sormanti & Yoshioka, 2013).

Because there is significant diversity of vulnerabilities, stresses, and resources within and across sub-groups of a population, every individual and community may be at risk for the deleterious effects of disaster (Sormanti & Yoshioka, 2013). This does not exclude the first responders most of which are community dwellers themselves who preferred to be exposed to heightened risks for the common good.

At the height of the "monster" typhoon's wreckage, the challenges posed to the first responders to get aid to survivors were enormous. Even well-prepared and experienced emergency

responders hardly made their way to the devastated site owing to damaged infrastructure, electricity and communication lines.

Lived experiences highlighting vulnerabilities and heroism among first responders are remarkable as they managed to wage the catastrophe along with the survivors. However, there is very inadequate literature available to understand the meaning of the lived experience of the first responders. Hence, it is on this premise that the study is anchored upon to serve as benchmark in addressing emerging

health care needs of the first responders following a disaster.

Statement of the Problem

The study aims to explore and describe the meaning of the lived experiences of first responders at the height of typhoon Yolanda's outrage.

Significance of the Study

Considering that first responders' experiences are vulnerable during the height of Typhoon Yolanda to serve as benchmark in addressing emerging health care needs of the first responders following a disaster.

Chapter 2

REVIEW OF LITERATURE AND STUDIES

It has been observed that the Philippines is a country that is prone to several natural calamities such as earthquakes and typhoons. Dungo (2015) noted that the Philippines is a tropical country and the weather is fine – usual half of the year is sunny and almost half is rainy. Actually, it is one of the top countries where people chose to retire; no snow, no long winter, no cold season. On the contrary, the Philippines is also a country that is frequently visited by several typhoons and tropical depression each year, to a total of 20 for the entire year. Recently, the country has been visited by the considered to be the first super typhoon that ever had hit the country which is Haiyan (locally known as Yolanda).

The horrific statistics emerging from the Philippines in the wake of Typhoon Yolanda (as they call it locally, or Haiyan as it has been called

elsewhere)—thousands dead, millions displaced, a still-uncountable number of homes, schools, and businesses destroyed. Ultimately, the tragedy is unique. Disaster violence and social resilience are extraordinarily noted. Digging up of water pipes and looting among others were resorted to for self-preservation. Washed-out roads and already difficult travel conditions have predictably hampered rescue efforts (Katz, 2013).

Much is expected from the first responders. Responders should also

always be honest with their donors, letting them know if they actually have experience in the place they want to work (or even have people on the ground). Donors and reporters should want to know what the groups asking for their money realistically expect to accomplish and how much money they really need to do it. And above all, responders should be accountable to the people they promise to help and always adhere to that primary principle: first do no harm. All too often these things don't happen (Katz, 2013).

Chapter 3

RESEARCH METHODOLOGY

Research Design

This study will utilize Edmund Husserl's descriptive phenomenological approach to discover and understand the true essence of the lived experiences of first responders at the height of typhoon Yolanda's outrage. The approach attempts to understand the structures and importance of how first responders viewed the nature and quality of their experience (Wilson, 1987). Built into the phenomenological approach is the flexibility to explore the issues at the height of Yolanda's devastation. Ultimately, a multi-faceted, complex and substantial description of the first responders-to-community-members' interaction and experience will be captured.

One of the important assumptions of Husserlian phenomenology is bracketing in which the researchers will

declare and subsequently set aside personal biases, assumptions and presuppositions (Gearing, 2004). Hence,

the researchers intend to keep what is already known about the description of the phenomenon separately from informants' description. Expectedly, researchers commit to maintain objectivity of the phenomenon, hence, will refrain from imposing any personal assumptions throughout the data collection process so as to gain insight into the universality of the essence of the phenomenon being investigated.

Research Locale

The study will be conducted in Barangay Caputatan Norte which has been badly hit by typhoon Yolanda.

Research Informants and Sampling Technique

Research informants will be: (1) first responders at the time of disaster; (2) voluntarily consented to be part of the study. The number of informants will be determined after reaching data saturation point. The informants will be identified primarily through snowball sampling technique.

Research Instrument

Researcher-made interview guide will be utilized to capture the essence of the lived experiences of the

first responders at the height of typhoon Yolanda's devastation.

Data Gathering Procedures

Data gathering will be done solely by the researchers through semi-structured one-on-one interview of the informants using pre-prepared interview guide. The informants will be afforded the opportunity to elaborate their responses freely using their own vernacular. Follow-up queries will be done whenever deemed necessary. Prior consent will be sought regarding the use of audio-recorder to document the details of the expressed thoughts and feelings of the informants and will be substantiated with data through direct observations, field notes and field diaries. The interview process will run within 30-45 minutes per informant at a time and venue mutually agreed upon. At the end of each interview, the researchers reminded the informants about the need for a second contact either by phone call or personally to discuss the study findings do ensure that the study findings reflect their own experiences. The level of data saturation will be determined by the project leader and by the consensus among the team leader and member

researcher. The whole interview process will be transcribed. The eventual transcripts will be double-checked by an external researcher who has experience in qualitative research.

Data Analysis

Colaizzi's (1978) strategy of descriptive phenomenological data analysis, as cited by Shosha (nd), will be employed in extracting, organizing and analyzing narrative data set. The following steps will be pursued:

Step 1. Each transcript should be read and re-read several times in order to obtain a general sense about the whole content. At this point, any thoughts, feelings and ideas that will arise by the researcher due to prior knowledge with disaster experience will be added to the bracketing diary. This will enable the researchers to explore the phenomenon as experienced by the research informants themselves.

Step 2. For each transcript, significant statements and phrases that pertain to the phenomenon under study will be extracted from each transcript. These statements must be recorded on a separate sheet and coded based on their "transcript, page and line numbers." After extracting the significant

statements, the researchers will come together to consensus.

Step 3. Meanings should be formulated from these significant statements. Each underlying meaning will be coded in one category as they will reflect an exhaustive description. Researchers will compare the formulated meanings to maintain consistency of descriptions.

Step 4. Agreed-upon formulated meanings should be sorted into categories, clusters of themes, and themes. Each clustered theme will be coded to include all formulated meanings related to the group of meanings. Then, group of clustered themes that points to a particular issue will be incorporated together to form a distinctive construct of theme. The researchers should ensure that the formulated meanings should belong only in one theme cluster that is distinguished in meaning from other structures. Comparison of clustered themes among the researchers will be done thereafter to check the accuracy of the overall thematic map along with having assistance from the expert researcher in qualitative research.

Step 5. The findings of the study should be integrated into exhaustive

description of the phenomenon under study. After merging all study themes, the whole structure of the lived experience of first responders at the height of typhoon Yolanda's devastation will be culled out. Then, the researchers will seek an expert researcher who reviewed the findings in terms of its comprehensiveness to provide sufficient description and to confirm that the exhaustive description reflects the perceptions of the informants.

Step 6. The fundamental structure of the phenomenon should be described. At this stage, a reduction of findings will be done in which repeated,

misused or overestimated descriptions will be eliminated from the overall structure.

Step 7. Finally, validation of the findings using "member checking" technique. This is undertaken by personally going back to the informant or through a telephone call so as to discuss the results as well as to seek to compare with the informants the researchers' descriptive results with their experience and thus secure their approval. The eventual transcripts will be double-checked by an external researcher who has experience in qualitative research.

Chapter 4

SUMMARY OF FINDINGS AND RECOMMENDATIONS

Summary of Findings

After the analysis of data utilizing Colaizzi's (1978) strategy, four significant themes emerged from the shared experiences of the participants being involved in this study. The four clustered themes emerged were: AWARENESS: Before and After its Aftermath; PREPAREDNESS: Plan, Prepare and Mitigate; INITIATIVE; ACCEPTANCE: Realizing that Life Goes On. This study enlighten our minds that survivors start to live again. In time, they begin living a new life, believing that life is worth living and that most of all, despite tragedy life goes on.

Thematic Analysis

Theme 1. AWARENESS: Before and After its Aftermath

The key to reducing loss of life, personal injuries and damage from natural disasters is widespread public awareness and education. People must be made aware of what natural hazards they are likely to face in their own communities. They should know in advance what specific preparations to make before an event, what to do during earthquake, flood, fire or other likely event, and what actions to take in its aftermath. Equally important, public officials and the media- television, radio and newspapers – must be fully prepared to respond effectively, responsibly, and speedily to large-scale natural emergencies. They need to be aware, in advance, of procedures to follow in a crisis that threatens to paralyze the entire community they serve, and they need to know how to communicate accurate information to the public during a natural disaster.

Special efforts must also be made to reach and plan for the care of particularly vulnerable segments of the population- latch-key children, the elderly, individuals in health care and correctional facilities, and people with

disabilities with information about possible disasters and what to do in an emergency.

According to the participants:

Before the typhoon arrived we went to my father's place who is the barangay captain before.(SS2, Participant 1)

When the world gets gloomy and dark we were informed ahead of time that this typhoon is very strong, so we were forced to go to our neighbor but the wind was already strong at that time.(SS1,Participant 5)

We were informed by the barangay councilor that we have to vacate and evacuate to the barangay hall.(SS1,Participant 4)

Theme 2. PREPAREDNESS: Plan, Prepare and Mitigate

Essential preparedness planning and mitigation are key factors in ensuring that historic properties are properly identified, evaluated and treated immediately after a disaster occurs and in the recovery period afterwards. While disasters may be

unpredictable, important steps can be taken before a disaster occurs to minimize the threat of damage. Disaster preparedness is everyone's responsibility. Although it is important for local governments and jurisdictions to implement planning and mitigation measures before a disaster or emergency occurs, many of these measures should also be implemented proactively by local communities or neighborhood organizations or by individual owners of historic properties.

According to the participants:

That is why we asked kap if we can stay in the barangay hall together to avoid accident and prevent harm if the house will collapse.(SS2,Participant 1)

Theme 3. INITIATIVE

Initiative is all about taking charge. An initiative is the first in a series of actions. Initiative can also mean a personal quality that shows a willingness to get things done and take responsibility. An initiative is the start of something, with the hope that it will continue. Government and business start initiatives all the time. You can also talk about initiative as a personal quality. A

person with initiative is motivated to do things. If you take the initiative, you're willing to get things done on your own. Taking initiative can be risky. If you do something on your own initiative, then there's nobody you can blame if it goes wrong.

According to the participants:

That is why we asked kap if we can stay in the barangay hall together to avoid accident and prevent harm if the house will collapse.(SS2, Participant 1)

When the typhoon strikes, I told them if the house will be destroyed we have no choice but to stay in the cave. (SS3, Participant 2)

It was risky to transfer since we saw the coconut trees were already swaying so we decided to stay in the house and I took the old clothes for the people to change since they were wet and felt cold.(SS3, Participant 4)

The following day, my husband picks up some galvanized iron being blown by the wind and replaced those roof of ours also being blown by the wind.(SS4, Participant 4)

Theme 4. ACCEPTANCE: Realizing that Life Goes On

Natural traumatic events are strong reminders of how vulnerable we are to the powerful unexpected forces of nature. Whether the loss of a home, or the loss of a loved one, sudden traumatic events shatter a person's world, destroy what was once familiar and upset the normal sense of safety and stability. Viewing images of destruction, waiting and worrying about safety of family and friends in these areas, have left many witnesses, observers and others feeling shaken and unsure. Survivors are left splintered, shaken and denuded. Equally damaging has been the result on the overall health and wellbeing of survivors to these disasters. The emotional impact of a traumatic event may be felt for years, and for many whom have lost everything—a lifetime.

It is human nature to want to answer the questions "Why?" "Why me?" and "Why did this happen?" yet it may be impossible to ever find an answer. Asking "Why" may be counterproductive, especially when working on recovering and rebuilding. Perhaps the more worthwhile question

to ask is, "How do I pick up the pieces and go on living as meaningfully as possible?" Picking up the pieces of a shattered life and finding ways to keep on living is a challenge. Many survivors discover an internal core of strength, others rely on their faith, and still others cope by making sense of or finding personal meaning in the events. They view the event as a chance to be reborn, a turning point or a wake-up call in their life. Dr. Elisabeth Kübler-Ross said of mourning, that "it usually ends when people realize that they can live again, that they can concentrate their energies on their lives as a whole..." In time survivors come to cope with the difficulties and the challenges, integrate the loss, and begin to rebuild a new life—a life forever change by the events. Integrating traumatic events into a new life involves giving up on old dreams and not spending a lifetime mourning what might have been. Survivors learn to accept what their life is now.

According to the participants:

What we can do since we don't have a house, I told our neighbor to build a small house to live in so they can rest and make sure the children will not get wet from the rain.(SS1, Participant 1)

The following day, my husband picks up some galvanized iron being blown by the wind and replaced those roof of ours also being blown by the wind.(SS4, Participant 4)

Conclusion

As natural calamity arises in a certain area, the involvement of leaders and other key persons is very important. It is a must that these individuals be better equipped with the necessary knowledge and relevant skills that will aid those other people experiencing the calamity or natural disaster. With the consecutive occurrences of natural calamities in the country, it is best to have people who will be taught on the proper disaster risk management, thus, they will be the one to help in stabilizing or pacifying the situation should an earthquake, typhoon or any other natural calamities arise. First responders to these kind of events should be established in every area there is in country.

Recommendations:

Based on the study findings, the researchers would like to recommend the following:

Develop a healthy community vision for disaster recovery. The researchers recommend that state and local elected and public officials incorporate a vision for a healthy community into community strategic planning and disaster recovery planning.

Facilitate the engagement of the whole community in disaster recovery through simplified and accessible information and training. To facilitate the engagement of the whole community in building healthier communities after disaster, should lead an inter-agency effort centered on increasing the accessibility and coherence of information related to disaster recovery and the provision of relevant training.

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FLIPPED CLASSROOM: MAXIMIZING FACE TIME IN TEACHING AND LEARNING ACROSS DISCIPLINES

Lead researchers: Filomena T. Dayagbil(CTE)and Angeline M. Pogoy (CTE)

Co-researchers: Carmel Vip Derasin (CAS),

Emiliano Ian B. Suson II (CN)

Cebu Normal University

ABSTRACT

The focus of this experimental study was to assess the effectiveness of flipped classroom as a pedagogical strategy in teaching courses across disciplines. Specifically, the study looked into the performance of the two hundred thirty eight (238) purposively chosen students in the conventional and flipped classes in the different courses such as Literature of the Philippines, Nursing Informatics and Field Study1. Furthermore, it also examined the students' motivation and engagement level in different groups, the challenges and the best practices in the implementation of flipped classroom. Quan-Qual model was used in analyzing the data gathered using the validated questionnaires and interviews done with focus group discussion (FGD) and triangulation to crosscheck its trustworthiness. T-test and thematic analyses were utilized to analyze the data. Results revealed that students performed better in their flipped classes across disciplines. They were highly motivated and engaged in their respective classes for they can study the lessons at their own pace, time and place. Scaffolding for instructional delivery through technology like videos, online modules and

activities prepared by the professors provided students the avenue to maximize learning. Internet access and slow connection made the flipped classes difficult for the professors and students. Despite the limitation of the educational technology to engage learners, flipped classrooms was effective in maximizing face time in teaching and learning across disciplines. Thus, flipping classes for blended learning for instructional delivery was innovatively responsive in this 21st century.

Keywords: flipped classroom, student performance, motivation, engagement, Quan-Qual model

INTRODUCTION

The changing landscape of 21st century education calls for responsive and innovative teaching strategies that maximize learning. Attention has been focused on developing pedagogies that make use of educational technology to engage learners. One such pedagogy is flipped classroom. Flipped classroom has been gaining popularity in the academic community and actuality media (Estes, 2014; Atteberry, 2013 in Plaisent, et al, 2015). Flipped classroom is also referred to as “reverse teaching”, “flipped learning”, “backwards classroom” or “reverse instruction” (Sunguro, 2014; Hofamn, 2014). In the flipped class, students watch and listen to lectures/videos online prior to class. Class time is devoted to solving difficult problems, working in groups, collaborating, researching, crafting and creating. Classrooms become laboratories and yet content delivery is preserved. Students in a flipped class learn at different pace. They can repeat, rewind, and rewatch

lessons at their own pace. They can watch the subject matter for their class anywhere in any device and teachers spend more time helping students and explaining difficult concepts while in class. The flipped classroom is designed to create a classroom experience that inspires lifelong learning.

A review of researches on flipped classroom reveals positive feedback. Students increase their desire to learn more because of engaging activities and authentic tasks. In a study at Clintondale High School, Michigan, dropout rate decreased as teachers started to flip their classes. The study concluded that the flip approach holds the golden key for students because educators can control and eliminate learning obstacles, and it allows teachers to give their best presentations and share resources (Alvarez, 2012). However, there is limited quantitative evidence based research findings on its effectiveness (Jensen et al, 2014). Flipped classroom as an approach is under-evaluated,

under-theorised, and under research in general (Abeysekera and Dawson, 2015). Even if many question the approach's real effectiveness, majority seem to favor this revolutionary approach (Lape, Levy, and Yong, 2014 in Plaiesent, 2015)

In the Philippines, the traditional one size fits all model of teaching and lecturing has been challenged since it results to limited concept engagement among students. Nowadays, teachers use strategies that engage the millennial learners. Although some teachers used technology enabling strategies in teaching, a good number still hang on to the conventional face to face teaching. Despite the many advantages reported in other parts of the country, some teachers and future teachers in the Philippines are not aware or do not even know flipped classroom. In a study of Plaisent et al (2015) on the perception of Filipino pre service teachers on flipped classroom, it was revealed that flipped classroom is not well known in the Philippines. This could probably be attributed to the readiness and access of Filipino learners to technology. A lot of Filipino families in far flung areas still do not have access to videos and online lectures via the internet. However, as education advances, the use of flipped classroom in teaching and learning has

slowly gained attention and popularity in the Philippines (Azucena, 2104).

Despite the relative success of this new method, there is a need to add up to the limited body of knowledge and literature on the effectiveness of flipped classrooms in the Philippines. It could be significant to evaluate the academic outcomes of students in flipped classes including students' motivation and engagement level and teachers' best practices in integrating educational technology in teaching and learning using flipped class.

As an enabling strategy in Philippine higher education, the focus of this study is to assess the effectiveness of flipped classroom as a pedagogical strategy in teaching courses across disciplines. Specifically, the study looks into the performance of the students in the conventional and flipped classroom in the different courses such as Literature of the Philippines, Nursing Informatics and Field Study1. Furthermore, it also examines the students' motivation and engagement level in different groups, the challenges and the best practices in the implementation of flipped classroom.

Theoretical Anchor

Flipped classroom is a pedagogical approach in which direct instruction moves from the group learning space to the individual learning space, and the resulting group space is transformed into a dynamic, interactive learning environment where the educator guides students as they apply concepts and engage creatively in the subject matter (FLN, 2014). The success of flipped classroom relies on four aspects (FLN, 2014). First, the purpose of the flipping must be well understood. The students must be oriented why they have to access the video or any material online before they report to the class. In this way, they will have an idea that classroom engagement would be spent for challenging activities and interaction instead of looking at the video. Second, the approach suggests that all digital materials have to be shared online. Third, the work in the classroom should focus on understanding through exercises, group work and feedback by the teacher. Lastly, the process shall be assessed by all. Flipping the class means students watch videos/lectures at home in their own pace and concept engagement takes place in the class with the help of the instructor.

Educational technology and activity are major components of flipped classroom model. Flipped classroom model is one of the ways teachers begin bringing more

technology into the students' learning environment

The concept of flipped class was initially conceived in 2007 when two Chemistry teachers, Bergmann and Sams, recorded their lectures for their students who were absent in their class. It was found out to be effective. What started a solution of helping those who missed their classes turned out to be a transformative approach that has gained global interest in all levels of the educational ladder.

Flipped classroom finds its anchor on constructivist pedagogy that focuses on student centered learning, in which teacher acts more as a planner and facilitator for social interactions while the students manage their learning according to their needs (Mazur, 2013). Moreover, Mazur (2013) opines that active learning characterizes flipped classes in which multiple intellectual stimulations are used as instructional methods from reading to communicating, watching video, using computer simulations and many more.

There are identified benefits of the flipped classroom. Milman (2012) said that students have increased time for engaging instruction and they can study at their own time and pace rather than listen to a lecture by the teacher in class. Milman (2012) suggests that the flipped classroom

technique is good for teaching procedural knowledge, which is knowledge about how to do something, such as solving an accounting problem. Another advantage of the method is that students can view lectures on mobile devices whenever they are ready and lectures can be viewed as often as needed to understand a topic (Frydenberg, 2012). The use of the flipped classroom is a large shift from the traditional-classroom method of delivery. In flipped classroom, learning shifts from teachers' to students' and face to face time flipped from teacher centred to learner centred.

Limitations of the flipped class pedagogy may include but not limited to the following: poor quality of video lectures compared with a face-to-face setting; increased responsibility on students for their own learning can leave some students feeling abandoned; culture shock for students accustomed to rote, lecture-style learning; and student resistance to taking on the increased responsibility for learning (Talbert, 2012).

There is no single best way of flipping the classroom (Bull et, 2012). However, a typical flipped class starts with students viewing a short video, podcasts, online lectures about the subject matter outside the class whether at home or in school .Teachers can choose free resources

to upload their videos or use existing videos that explain the intended topics. While watching the video, students take notes, summarize and ask questions. When students report to class, interactive activities are provided by the teacher to develop concepts. With the teacher as facilitator, students talk about important concepts in the video or lecture, discuss, compare answers, work on practice problems, take concept quizzes to prove understanding, create own scenarios, and work on authentic tasks. The teacher's role in a flipped class is to create engaging and supportive environment for students that lead to the development of concepts and higher order thinking skills. The teacher may also provide remediation to revisit concepts and skills students do not understand.

The greatest challenge in flipped classroom is teacher preparation. Teachers need to develop or look for instructional resources and plan engaging activities in class. The process could be time consuming and requires careful planning. McPherson and Nunes (2004) have indicated that efficient and educationally sound use of these technologies needs careful planning, resourcing and support. Tucker (2012) claimed that teachers using the flipped classroom model agree that viewing the recorded videos outside class time is not enough to make the model successful.

Rather, it is how teachers integrate these instructional videos into an overall approach that makes the difference.

2.0 Short Literature Review

Working on the front lines of patient care, nurses play a vital role in helping our nation meet the objectives of the Future of Nursing IOM report and the Affordable Care Act. Nursing schools have a new challenge to prepare students to function in vital roles as leading change agents in this different environment. Simultaneously, millennials, a new generation of learners with unique learning needs have inundated our nursing classrooms. How best to effectively teach millennial students is a pressing issue. Millennials think and learn differently than previous generations and nurse educators are being asked to change their teaching styles to meet their needs. (Towle, 2014)

“Flipping the Classroom” is a new approach to teaching millennial students. This model offers a revolutionary way to teach millennial nursing students. Designed especially for the millennial-aged student, “flipping the classroom” can result in superior learning outcomes, higher knowledge retention, enhanced critical thinking skills and improved clinical judgment. “Flipping” in nursing requires

educators to move away from lecturing as the primary way to deliver information and instead to use various engaging tools and activities to help students make sense of theory and to connect key concepts with realistic experiences. It asks learners to use online resources innovatively and to explore the material prior to class. “Flipping” sets the platform for knowledge application in the classroom. Teachers and students use class time to problem solve, create, critique, and synthesize in a dynamic and engaging environment. Ultimately, both nurse educators and students can be transformed with this unique “flipped” model. (Towle, 2014)

In modern day nursing the use of informatics and technology takes a vital role in patient care. In order to be competent in her nursing task, the nurse needs not only a superficial knowledge in the basic computers, the students are introduced to a deeper, though basic, knowledge of nursing informatics in the application of technology inpatient care. And patient care in the modern era is already well documented both in videos and manuscripts. These instructional materials are easily accessible by nursing students thus making intended nursing concepts and topics to be learned effortlessly. Viewing the videos and reading write ups of routine nursing

procedures in the care of a patient also clarifies a student's apprehension on what to go about or how to even start the procedures as these have already been shown. Even though procedural nursing practices might differ in some situations, which call for in-house hospital policies, the main goal is still geared towards the patient's welfare.

According to American Nurses Association (ANA, 2008), Nursing informatics (NI) is a specialty that integrates nursing science, computer science, and information science to manage and communicate data, information, knowledge, and wisdom in nursing practice. NI supports consumers, patients, nurses, and other providers in their decision making in all roles and settings. This support is accomplished through the use of information structures, information processes, and information technology.

Informatics knowledge and skills are essential if nurses are to master the huge volume of information generated in health care nowadays. Hence, it is deemed vital that informatics competencies be properly defined for nurses and be incorporated into both curricula and practice (Curran, 2003).

3.0 Methodology

This research study utilized a mixed method of quantitative and qualitative methods for the experimental study. Quan-Qual model was used as an explanatory mixed method design where quantitative data were collected first and were heavily weighted before the qualitative data. The research findings of the quantitative data in the first phase determined the data collected in the qualitative study of the second phase (Creswell, 2005).

Quantitative data included were the pre-post tests for the identified courses in each college namely; Literature of the Philippines from the College of Arts and Sciences (CAS), Nursing Informatics from the College of Nursing (CN) and Field Study1 from the College of Teacher Education (CTE), students' motivation level and students' engagement level for both groups in each course across disciplines. Validated test items and questionnaires were used in gathering the data. Descriptive and inferential statistics were used in analyzing the data gathered.

Qualitative data comprised the challenges and best practices in the implementation of flipped classroom. Data were gathered through students' journal and the researchers' interviews and observation.

Focus Group Discussion (FGD) and triangulation were conducted to crosscheck the worthiness of the information gathered. Coding, narrative inquiry and thematic analysis was also utilized for a deeper meaning and understanding in the implementation of flipped classroom in different courses across discipline.

Research participants and respondents were the two hundred thirty eight (238) students from the different colleges of Cebu Normal University enrolled in the first semester of the school year 2016-2017. There were fifty (50) students from the college of arts enrolled in Literature of the Philippines, Forty-four (44) nursing students enrolled in Nursing Informatics and one hundred forty-four (144) education students enrolled in Field Study 1 courses. Through pair-wise matching, two

groups of students enrolled for each course were used as the experimental and control group. The research study for flipped classroom entailed technology engagement on line for off class, varied activities during on-class and the traditional teaching for the control group.

4. Results and Discussion

Replacing direct instruction which is the explicit scripted presentation or delivery of instruction to a flipped classroom which is from the class time with video lectures and other on-line activities observed outside of the classroom allows for more class-time to be used for active learning and effective teaching (Bergmann, Overmyer, & Wilie, 2012). Table 1 below shows the

“To Where the Road Leads to”

**PERCEPTIONS OF INCOMING FIRST YEAR STUDENTS TO NURSING AS A
COLLEGE COURSE**

¹Jose Mari Louis G. Alforque, RN, MN, ²Jezy C. Cutamora, RN, MN, ³Christine Joy B.

Anog, RN, MN

^{1,2,3}Faculty – College of Nursing

Cebu Normal University

jomy_5@yahoo.com

ABSTRACT

This study aims to understand the perceptions of incoming level 1 nursing entrants as to why they choose nursing as a course to take up in college. The study utilized the qualitative content analysis approach and was to be conducted in the Colleges of Nursing of Cebu City, Philippines. The participants were officially incoming level 1 students of the College of Nursing; ages 13 – 15 years old; a high school graduate of any private or public secondary schools. The researcher made use of a semi-structured interview guide. Content narrative analysis specifically Colaizzi’s process for phenomenological data analysis, as cited in Sanders,2003; Speziale & Carpenter, 2007, was utilized in the extraction, organization, and analysis of the narrative dataset. There were 371 extracted significant statements, 148 formulated meanings, eight themes. The themes were (1) Portrait of a Mother; (2) The Essence of Caring, with two subthemes, (a) A Profession; An Art to care, and (b) Childhood Dream to care for others; (3) Prestige and Excellence of an Institution; (4) Multifaceted: A Palette of Qualities; (5) White Appearance: A Look from another perspective; (6) Battling the Circumstances; (7) Role Models: Inspired by many; and (8) An Atmosphere that is Learning and Enabling, with two subthemes, (a) Mentors are Motivators, and (b) Environment that is being in-the-environment.

Keywords: choice, caring, childhood dream to care, role models

**BACKGROUND AND RATIONALE OF
THE STUDY**

For the past 50 years or so, Nursing has persisted to be an established and

dignified profession. As a caring profession, it has technologically evolved as the advancements in equipment and healthcare facilities made caring for many patients

more convenient and systematic. Gone are the days when nurses were thought of as little more than helpers or assistants for doctors (Blanche, 2010). Today's nurses are esteemed professionals in health care in their own right. They are bright, capable, and often have a clearer picture of the overall situation than the doctors they work side by side with. Outside the field of nursing, the world has seen major changes over the past 50 years. Those changes, in many cases, are nothing when compared to the changes that the field of nursing has experienced in the same period of time.

For the recent years, the applicants for the nursing course have sloped down. This marked inclined has led to a decrease in the population of nursing students in some nursing schools, even other schools are forced to close down due to no enrollees at all. However, it can't be denied that the demands for nurses will always be high, both locally and globally. As long as there are people who get sick, the need for nurses will never fade out.

A transition from secondary school to higher education level is a major event in an adolescent's lifetime. This is a first step in shaping their future. A choice of course to take up in college is one major concern, most especially for those who are uncertain of what course to take up. With the man courses therein, nursing is among the many

that is a consideration by some college entrants.

There are several factors that influence the choice of nursing entrants as to why they choose nursing to be their course in college. One major reason for such is that their passion to care for the sick ever since their childhood. Primarily, that is the reason for taking nursing as a course. However, other makes nursing as a stepping stone in pursuing a medical course. It may be said that nursing is a good pre-med course, as the training and exposure to different patients helps much as they carry out their management with their future patients. Sad to say, the practice of nursing is overshadowed by the prestige of the medical profession. But, as they say, once a nurse is always a nurse. There are still several reasons why, despite the decline in the demand for nurses in the country and the great surplus of nurses in the country, there are still college entrants who prefer to take up nursing as a course in college and as a profession in the future.

This study was crafted to give a better understanding of the perceptions of incoming level 1 nursing students to nursing as a course. In this way, nurse educators and nursing schools will be able to take action and modify existing policies and guidelines that will cater to the needs and concerns of the nursing students nowadays. There may be modalities or other

alternatives that may be incorporated to the existing system without totally eradicating the principles being practiced.

Statement of the Objective

This study aims to understand the perceptions of incoming level 1 nursing entrants as to why they choose nursing as a course to take up in college.

REVIEW OF RELATED LITERATURE AND STUDIES

According to Tiffin (2013), today's nurses aren't just caring for the sick; they're changing our very notion of modern medicine and health care delivery. Nurses are giving TED talks, publishing scientific research, developing mobile medical applications, and actively addressing health care policy. They're collaborating with their colleagues, from social workers and oncologists to hospital administrators and public safety personnel. The field is growing, and so are opportunities for nurse practitioners, DNP and PhD nurses, nurse educators, nurse-anesthetists, and nurse researchers.

There have been ebbs and flows in the demand for nurses over the past 50 years (Blanche, 2010). During the 1960s there was an increased measure of demand for nurses as the result of several acts including The Economic Opportunity Act of 1964, the Child and Health and Medical Assistance

Act of 1965, and the Public Assistance Act of 1965. It was also during this time that the Surgeon General made the announcement that a minimum of 40,000 new nurses must graduate each year in order to meet the growing needs of society's overall health care. Today, the nursing shortage is even more critical than even in the 1960s. With new legislation looming and much uncertainty ahead in the future for those in the medical field, it's difficult to envision what the future holds for nurses, salaries, supply, and demand. It is projected that by 2025, there will be a shortage of 260,000 nurses in the U.S.

Furthermore, Blanche (2010) added that not only has demand for nurses changed over time but so has the role that nurses play in the overall medical health picture. Nurses have always been important to patient care. Today's roles are taking on more technologically challenging roles than at any other point in history. Some nurses are taking over roles that were once reserved for physicians (nurse midwives, for example). Nurses are beginning to become more and more specialized than in days past. Today there are specialties like OR (operating room) nurses, Geriatric nurses, medical-surgical nurses, labor and delivery nurses, pediatric nurses, ICU Nurses, and even psychiatric nurses. Education, continuing education, and clinical experience go a long way today to ensure that nurses are on top

of their games from the moment they graduate nursing school until they retire from nursing. The workplace today is as much a part of ongoing education in the respective fields for nurses as colleges and other educational institutions. This hasn't always been the case. In recent years, the nurses' role has become less that of a caretaker for patients and more that of an advocate for patients. The nurse assesses the condition of patients, measures the ability of a patient to make informed decisions from him or herself or to provide informed consent for procedures. Today's nurse is a respected part of a team that is dedicated to delivering excellent patient care.

In a study by Crick, Perkinson, and Davies (2014) revealed that the motivations of its participants to become nurses were largely vocational, that is the primary motivator for the students nurses to enter the profession was given as a desire to care for others. Many of them described their motivation as coming from having experienced or witnessed positive examples of nursing care, with some influenced by working alongside nurse, or having a nurse in the family. It is heartening that within a media climate that seems to consistently highlight poor care and lack of compassion, the vast majority of new student nurses have been influenced by good care and positive role models.

Nursing is widely regarded as a noble profession in the society because of the core value it promotes in its practice- which is the care of life. Public opinion polls identify the nurse as a person who makes the healthcare system work for them. Therefore, a nurse is an important person and nursing an equally important career to the health care system. (Booth 2002, 392-340.)

RESEARCH METHODOLOGY

Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretative, material practices that makes the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach. This means that qualitative research study things in natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them (Denzin & Lincoln, 2005).

Research Design

The study utilized the qualitative content analysis approach. Qualitative content analysis has been defined as: a research method for the subjective interpretation of the content of text data

through the systematic classification process of coding and identifying themes or patterns (Hsieh and Shannon, 2005); an approach of empirical, methodological controlled analysis of texts within their context of communication, following content analytic rules and step by step models, without rash quantification (Mayring, 2000); any qualitative data reduction and sense-making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings (Patton, 2002).

These three definitions illustrate that qualitative content analysis emphasizes an integrated view of speech/texts and their specific contexts. Qualitative content analysis goes beyond merely counting words or extracting objective content from texts to examine meanings, themes and patterns that may be manifest or latent in a particular text. It allows researchers to understand social reality in a subjective but scientific manner.

Qualitative content analysis is one of numerous research methods used to analyze text data. Text data might be in verbal, print, or electronic form and might have been obtained from narrative responses, open-ended survey questions, interviews, focus groups, observations, or print media such as articles, books, or manuals (Kondracki & Wellman, 2002). Qualitative

content analysis goes beyond merely counting words to examining language intensely for the purpose of classifying large amounts of text into an efficient number of categories that represent similar meanings (Weber, 1990). Qualitative content analysis is defined as a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns.

Research Environment

The study was to be conducted in the Colleges of Nursing of Cebu City, Philippines.

Research Participants

The participants of the study were (1) officially incoming level 1 students of the College of Nursing; (2) ages 13 – 15 years old; (3) male or female; (4) a high school graduate of any private or public secondary schools.

Research Instruments

The researcher made use of a semi-structured interview guide. (Please see attached copy the semi-structured interview guide)

Date Gathering Procedures

A letter of intent is prepared. This contained information as to the extent and scope of this study, and the level of

involvement of the selected participants. With the consent of the participants, a researcher-made questionnaire is given to the participants for them to give their responses on. Interview was mutually agreed by the researcher and the participant as to what time and day.

Data Analysis

Content narrative analysis specifically Colaizzi's process for phenomenological data analysis, as cited in Sanders, 2003; Speziale & Carpenter, 2007, was utilized in the extraction, organization, and analysis of the narrative dataset. The following steps were pursued:

Step one. Each transcript was read several times to gain a sense of the whole content. During this stage, any thoughts, feelings, and ideas that arose by the researcher due to her previous work with cancer patients were added to the bracketing diary. This helped to explore the phenomenon as experienced by participants themselves.

Step two. In this stage of analysis, significant statements and phrases pertaining to body image changes and coping strategies were extracted from each transcript. These statements were written in separate sheets and coded based on their "transcript, page, and line numbers".

Step three. Meanings were formulated from the significant statements.

Each underlying meaning was coded in one category as they reflect an exhaustive description. Thereafter, the whole statements and their meanings were checked by an expert researcher who found the process is correct and the meanings are consistent.

Step four. After having an agreement toward all formulated meanings, the process of grouping all these formulated meanings into categories that reflect a unique structure of clusters of themes was initiated. Each cluster of theme was coded to include all formulated meanings related to that group of meanings. After that, groups of clusters of themes that reflect a particular vision issue were incorporated together to form a distinctive construct of theme. Indeed, all these themes are internally convergent and externally divergent; meaning that each "formulated meaning" falls only in one theme cluster that is distinguished in meaning from other structures (Mason, 2002). Later, both researchers compared their clusters of themes and checked the accuracy of the overall thematic map along with having assistance from the expert researcher in qualitative research.

Step five. At this stage of analysis, all emergent themes were defined into an exhaustive description. After merging all study themes, the whole structure of the phenomenon "Learning Feedback Diary: A

Reflective experience in a student nurses' clinical experience" has been extracted. Then, the researcher will seek an expert researcher who reviewed the findings in terms of richness and completeness to provide sufficient description and to confirm that the exhaustive description reflects the perceptions of nursing students in the clinical experience. Finally, a validation to this exhaustive description was confirmed with the research supervisors.

Step six. This step is a bit similar to the previous step, but no exhaustive meanings were sought. In this step a reduction of findings was done in which redundant, misused or overestimated descriptions were eradicated from the overall structure. It seems that such attempt was made to emphasize on the fundamental structure. Some amendments were applied to generate clear relationships between clusters of theme and their extracted themes, which included also eliminating some ambiguous structures that weaken the whole description.

Step seven. This step aimed to validate study findings using "member checking" technique. It was undertaken through returning the research findings to the participants and discussing the results with them. Participants' views on the study results were obtained directly via phone calls. This step was done by the main researcher as she took the approval from the

participants in advance during the first interviewing. Eventually, all participants showed their satisfaction toward these results which entirely reflect their feelings and experiences.

Expected Outcomes

The findings of the study serve as additional body of knowledge regarding the perceptions of Filipino registered nurses about nursing of the past, the present, and the future. The findings can further be used as basis on how to initiate and implement strategies that will further improve all facets of the nursing profession.

Ethical Considerations

A letter of intent was given to the participants notifying the nature, purposes, methodology, risks, and benefits of the study. The participants volunteered and not coerced to participate.

RESULTS AND DISCUSSIONS

The purpose of the study was to provide a description of the perceptions and experiences of incoming freshmen nursing students. Colaizzi's methodological approach to phenomenological inquiry was used for analyzing the data in the current study. All transcriptions from the twenty informants were read multiple times in order to get a feeling for them. The significant statements were extracted from the

transcripts. Formulated meanings were constructed from significant statements, grouped them until themes emerge. The themes and theme clusters are integrated to form an exhaustive description. Validation of the exhaustive description was sought from the informants involved in the research.

Informants' Profile

There were twenty (20) informants in this study with the following characteristics:

Thematic Analysis

The final, purposive sample consisted of 20 people who are incoming first year nursing students. After analysis, 371 significant statements (SS) of student nurses' experiences were identified and given corresponding 148 formulated meanings (FMs). Appendix provides selected examples of significant statements and corresponding formulated meanings. The formulated meanings were then clustered around ten (9) themes. The tabulated responses with all the significant statements, formulated meanings, themes and clustered themes are attached in the appendix A. Statements were coded to facilitate objective analysis.

Thematic Discussions

After extraction of significant statements from the transcripts and the analysis of formulated meanings, emerged nine themes. The themes were (1) Portrait of a Mother; (2) The Essence of Caring, with two subthemes,

(a) A Profession; An Art to care, and (b) Childhood Dream to care for others; (3) Prestige and Excellence of an Institution; (4) Multifaceted: A Palette of Qualities; (5) White Appearance: A Look from another perspective; (6) Battling the Circumstances; (7) Role Models: Inspired by many; and (8) An Atmosphere that is Learning and Enabling, with two subthemes, (a) Mentors are Motivators, and (b) Environment that is being in-the-environment. Each of the emergent themes are defined and discussed with excerpts from the transcripts used to support and highlight each theme.

These emergent themes and the subthemes were illustrated with verbatim extracts from the transcripts. In presenting the verbatim extracts, some minor changes have been made to improve readability without changing its meaning.

THEME 1: Portrait of a Mother

Nursing, known to be a caring profession, is regarded as a profession that manifests of how a mother takes care of her children. Almost all of the participants have said that their perception of nursing is that it is relative to an image of a mother. The responses of the participants below pointed out how a nurse is a portrait of a mother.

According to a participant:

“A nurse is like a mother or mother-like images.” (SS2, Participant 9)

Like a nurse that extends her selfless care to her patient, a mother's love for her children is also unconditional, as expressed by the participants:

"It's like a mother who loves her children unconditionally." (SS2, Participant 8)

"My image of a nurse is a mother caring for her child." (SS3, Participant 12)

Nurses are more than just the person to administer medication to the patients (Northeastern Blogger, 2014). Nurses are in charge of a patient's care. It is nurses that patients are fed with their proper diets, bathed, cleaned, and dressed. On the other hand, mothers are used to these used to these aspects of raising a child. Mothers change diapers, make meals, feed and bathe children and ensure they are generally happy. And while nurse may take care of a single patient for several weeks, a mother's job is never ending. That is why, nurses, with their tasks and responsibilities are likened to a mother.

THEME 2: The Essence of Caring

The ideal of caring for the entire person is not just on the physical body, but is one that dates back to Florence Nightingale herself (Bair, 2016). Every

nurse knows about Florence and her devotion to caring for those who could not care for themselves. Considered to be one of the first holistic nurses, she emphasized the connection between patients and their environment. Nursing has come a long way since the days of Florence Nightingale and her pioneering actions that define her as "The Mother of Modern Nursing." One thing that has not changed, and is unlikely to change anytime in the near future, is the presence of illness and its effect on people.

Subtheme 1: A Profession; An Art to Care

A study by Rhodes, Morris, and Lazenby (2011) discussed the motivations among student nurses on selecting a profession and the contributions of competence and caring to nursing care. Over two-thirds of the respondents expressed 'caring' as an essential 'Nursing' characteristic. Many described caring as 'essential', "the most important trait" central to nursing or "the critical role". Others indicated that caring separated nursing from other professions and is essential for providing holistic care, writing for example, "must care to give patients the best possible care." Other responses included "without caring...not a nurse" and "even if no one else cares, nurses do." Some of the participants expressed the following as to

why they believe that nursing is a caring art and profession:

“Nursing is caring and being a professional who gives altruistic service with compassion and not just a mere occupation.” (SS1, Participant 9)

“It is the art of taking care of patients and giving them the best medicinal aid they need.” (SS2, Participant 1)

“For me, a nurse is the living manifestation of gentle care and affection towards people in need.” (SS2, Participant 15)

“So in a nutshell, nursing for me is caring, loving and putting others safety in priority.” (SS2, Participant 12)

Furthermore, the students involved in the study by Rhodes, et al (2011) identified caring as a motivation to be competent so as to promote positive Outcomes for patients. Additionally, they noted that with caring, it increases competence, ensuring nurses will properly assess patients and perform skills.

Subtheme 2: Childhood Dream to Care for Others

Every child has his/her dream of becoming a successful person someday. But if a child wants to care for the sick, primarily a sick family member, he/she will always have that in her hear to be in a profession of caring. In an article by Malta Independent (2009), a story of Alexis Borg Sapiano was revealed of how she left her job at the Baxter factory to follow a nursing course. When she in year second year in nursing school, she looked forward to the time when she will be a fully-fledged nurse, with all the responsibilities that this entails, as well as the joys of seeing patients recover. According to Alexis, “Becoming a nurse was always my dream. But there was always something that kept me back. Situationally, things became more difficult when I had a child. However, two years ago, when my son started school, I decided to take the plunge. It is worth the sacrifice because I love what I do. Some people tried to discourage me but I persisted in my ambition and do not regret having taken this decision.”

According to the participants:

“I choose nursing because I felt like it was the best course for me to take since my dream as a child is to

become a doctor.” (SS4, Participant 1)

“Originally, this has been my main career that I would like to take when I grow up when I was young.” (SS7, Participant 6)

THEME 3: Prestige and Excellence of an Institution

In the selection of a course to take up in college, an important factor to be considered is the status of the probable institution, whether it is a top performing school, or is it continually produced brilliant graduates, or is it highly recommended by a family member, a friend, or other people. Indeed, the prestige and excellence of an institution influences the decision of a college entrant to choose a certain institution because of its status.

According to the participants:

“My mother also really wanted me to enroll here because it offers one of the best quality of nursing education and also the cheapest one.” (SS13, Participant 1)

“I was influenced by my family to enroll in CNU since some of them

are products of this institution.” (SS11, Participant 1)

“The thing that influenced me to enroll in this institution is the image of the school that I’ve heard from other people, their positive feedbacks and the outcome of the people that have graduated in this institution and being one of the best university among different universities.” (SS6, Participant 4)

“I have no apprehensions in taking this course because I believe that the place that I am taking my course is the best that would make my course to become the best.” (SS10, Participant 4)

An institution of learning that is considered to be a Center of Excellence in Nursing Education is a significant factor that shows everyone that it aims to produce graduates that are of good quality and with an enough quantity. The National Academy of Sciences (2010) noted that there are many nursing schools that have dealt with the rapid growth of health research and knowledge by compressing available information into the curriculum and adding layers of content that require more instruction. New approaches and educational models must be developed to

respond to burgeoning information in the field. For example, fundamental concepts that can be applied across settings and in different situations need to be taught, rather than requiring rote memorization. Competencies must also move from task-based proficiencies to higher-level competencies that provide a foundation for care management knowledge and decision-making skills under a variety of clinical situations and care settings.

THEME 4: Multifaceted: A Palette of Qualities

Lindman (2002) noted that ‘Nursing’ is the caring profession and that a good nurse cares for others. There are three broad philosophical ways to understand the caring ethos and functions of nursing. First, nurses care by defending patients’ human rights, such as right to life or to access to health care. Second, nurse care by promoting the good or best interests of others, and doing so by preventing disease, relieving pain, comforting, rehabilitating, and advocacy. Third, nurses care by living the good or moral life, by embodying the virtues of compassion, sympathy, or empathy. The participants expressed many qualities that a nurse should possess, for them to be able to exemplify the profession that they are portraying and the care they give to their patients.

According to the participants, the following is the image of a nurse that they have envisioned:

“The image of a nurse that I have pictured out in my mind is someone who is physically clean, socially responsive and emotionally comforting.” (SS2, Participant 2)

“It is the idea of having to send or give aid to someone physically (and often times emotionally) in need.” (SS1, Participant 2)

“The qualities that would help me to finish this course are responsibility, passion, and hardwork.” (SS14, Participant 1)

“I strongly contradicted but sooner realized that what I feel and what I love to do is close to being a nurse; that is caring for others.” (SS5, Participant 5)

“My image of a nurse is someone independent, flexible, well-mannered, and can easily coordinate with the competencies in life and he/she has that friendly aura.” (SS2, Participant 11)

There are also some participants who said that in order for them to become that nurse that they have envisioned to be, one must possess the set of qualities to help them become a great nurse someday. It is important that as they are still student nurses who are starting in the nursing course, they gradually embody the qualities of a competent and compassionate nurse: According to the participants:

“The qualities that I needed that would help me in finishing my course is first, determination, my determination in learning new things and to pass in this situation...” (SS7, Participant 4)

“...second, my goal/dreams, this would help me in realizing why did I choose this course and the reason behind it.” (SS8, Participant 4)

“...lastly focus, I need to be focus in everything I do in order for me to see-through the future that is ahead of me.” (SS9, Participant 4)

“I believe in the saying “Work until you no longer have to introduce and prove yourself” which heavily emphasizes on hardwork. I am very hardworking and I believe that that

quality will help me the most.” (SS12, Participant 6)

THEME 5: White Appearance: A look from another Perspective

Tobin (2006) said that the earliest nursing uniforms focused on both functionality and feminine virtue, to better establish the profession as one in which respectable women could pursue economic independence. Wearing a uniform indicates affiliation with a group and evokes a sense of pride in the wearer. In the early 20th century, new findings about germs and their role in spreading infection helped popularize the white nursing uniform.

Furthermore, Tobin (2006) added that nurse continue to wear white until the 1960s, when feminists decided white symbolized diminished power. Elizabeth Norman, a professor of nursing at the New York University stated that “In the constant struggle for independence from doctors, some nurses started to see the white uniform as a symbol of the angelic, demure, dependent woman – not of the tough, resourceful professional she really is.” Some nurses are happy white uniforms are back because they believe it reflects a level of respect and recognition achieve through years of schooling and training. Overall,

nurses' opinions at Grady revealed that overall they are pleased with it (white nursing uniform) because "the patients know who the nurses are" and "it helps with our professional image."

According to the participants"

"A nurse wears a white collared uniform." (SS3, Participant 3)

"My image of a nurse is a person wearing a white uniform with a cap of a nurse with a smile on his/her face that indicates a deeper meaning as being a nurse – to serve, to care, to love and to fulfill the patient's need." (SS2, Participant 4)

"My image of a nurse is someone who is pure and is very professional when it comes to taking care of a patient." (SS3, Participant 6)

"A component why I see nurses as symbols of purity is the way they handle things neatly and also because they always wear white clothing." (SS4, Participant 6)

It is understood that due to comfort in executing tasks and responsibilities, such as carrying and lifting patients, nurses' uniforms became the scrub suits and scrub

pants that is of different color or design. However, in the minds of many, a nurse will always be someone who is wearing a white uniform, an angel in modern times.

THEME 6: Battling the Circumstances

A college entrant who decides to take up nursing may have pre-conceived thoughts as to the nature of nursing school. He may have heard much from those who graduated nursing: the stresses and the struggles. Whatever circumstances there is, stress and struggles will always be a part of nursing school.

According to S.L. Page (2015), it is no secret that nursing school has a reputation of being stressful and keeping one to be very busy. As a nursing student, one will experience times where one thinks "Why in the world am I doing this? I should have done something else..." and then other times one will say "I love this and can't wait until one graduates and becomes a nurse.

Nursing school requires a lot of effort. Every week one will have either an exam, quiz, clinicals, and projects due. Managing your time in school and at home is a consideration. Sometime one may have two or three tests in one week, along with completing clinical time at the hospital and going to classes. One may find it hard to

find time to study and keep one's grades up. It feels like one have much to do in such a little time. Almost everyone finds nursing school to be stressful and hard. However, it is but normal to experience stress and struggle in nursing school and remember that everyone else around one is going through the same ordeal.

According to the participants:

"It will be hard, pressure and stressful, but I can get a lot of information and hands-on practices and teachings." (SS15, Participant 5)

"The more I grew, I realized that nursing has disadvantages but that doesn't stop me to pursue what I love the most." (SS8, Participant 6)

"I am also very caring to the point I become selfless." (SS8, Participant 7)

"I am afraid that I may fail to connect with my patients during duties in the hospital." (SS18, Participant 1)

"A lot of them weighs down on the fact that I have to wake up even earlier since my house is quite far from the place and that I have of studying to do since we are dealing

and talking about life as a whole." (SS9, Participant 2)

"Sleepless nights and getting 100% passing rate." (SS12, Participant 3)

However, despite the struggles and circumstances there is in a student nurse in becoming a registered nurse, a sense of positivity arises at a point that these circumstances becomes a concern that is to be addressed. According to the participants:

"Stressed but willing to continue with the course." (SS13, Participant 5)

"Perseverance, I do everything that I can. I don't give up that easily." (SS7, Participant 5)

"Optimistic, I know that things can get rough but with a positive outlook, I believe I will have positive results." (SS8 Participant 5)

THEME 7: Role Models: Inspired by Many

Nursing is a profession that is considered to be a science and an art of caring. One must have the heart to care because caring is an essential aspect of it. There are some who took this course because it's their dream since they were still young. To some, they were inspired to take

this course because of their family, like their mother is a nurse so they are inspired seeing them do their work. To some, it is because they have taken care of a sick family member, and it is through such experience that they want to develop further their caring skills and attitude. Most of the participants have said that their influence in nursing is primarily from their family, specifically their mothers.

According to the participants:

“My mother it is a nurse and I, too would like to be doing what she is doing for other people.” (SS4, Participant 2)

“My mother is also a nurse and seeing her makes me want to try those things that she does myself.” (SS5, Participant 2)

“Since I was a child, I have seen my mother how she work hard. And by then, I realized that I really want to be a nurse someday.” (SS8, Participant 8)

“The person that influenced to have the decision of becoming a nurse is my father, since my father before was a nurse that makes my mind

when I was a kid.” (SS4, Participant 4)

There may be several reasons why some choose to take up nursing, considering the challenges that lies ahead. The family, most especially the mother is a very important factor that encourages one to delve in this profession. The family is a very important aspect of every individual. Growing up, we find delight in every member of our family. It is in our families that we get the most genuine support and inspiration as we go through with life’s challenges. (Alforque, 2016).

THEME 8: An Atmosphere of Learning and Enabling

Creating a positive learning environment in the classroom will allow the students to feel comfortable, safe, and engaged – something that all students deserve (FootprintsRecruiting, 2015). The students will be more open to actively engage and participate actively in class if in the classroom, the values and roles remain constant and that the focus is placed on the positive aspects of learning. If the students are given the opportunity to become responsible for their own learning, then, they will be more likely to benefit from the lesson being taught, and thus more likely to be self-motivated. This, in mind, should be

one of the primary goals for nurse instructors, since the lack of motivation is often the root of disciplinary and learning issues. In nursing, there is so many learning environment that is not just confined in the four corners of the classroom. Learning in nursing is dynamic: it extend to the outside world. That is why, student nurses learning in the classroom setting is being fully enriched, so that as they go out, they can fully maximized the concepts they have learned and be put it into practice.

Subtheme 1: Mentors are Motivators

Race and Skees (2010) noted that ‘Mentorship for new nurses is crucial to their success and retention as new employees; that if we do not foster growth and development of young nurses, they may flounder, become extremely frustrated, and seek out new alternative employment settings.’ Furthermore, through the guidance and assistance of mentors, it helps the students to develop and to achieve learning objectives, develop essential skills for clinical practice, and to meet the continuing development needs. Having a good mentors is a good aspect of learning among entrant students nurses, but having effective nurse mentors that will guide each students nurses in learning the essentials and the foundations of nursing is very important, as nursing mentors are considered to be the inspirational image that these student nurses

would learn from and would become the nurse that they will want to be in the future. There are certain qualities that a clinical mentor should possess that these student would expect, because knowing the challenges there is, they need a constant source of motivation from their mentors.

According to the participants:

“The CI would be more than patient in dealing with our mistakes.” (SS10, Participant 2)

“CI would teach us every single thing there is to know about the course.” (SS11, Participant 2)

“The CI would be approachable and good.” (SS13, Participant 3)

“They could discipline us well in discussions.” (SS14, Participant 3)

“I am expecting that I would learn many things about the subject they (the Cis) are teaching and they would be my guide in the right path.” (SS11, Participant 4)

Subtheme 2: Environment that is being in-the-environment

Race and Skees (2010) noted that it is a responsibility of a mentor to provide its students with an environment that is conducive to learning as well as to evaluate the student's clinical practice and to ensure the accomplishment of clinical competencies. Furthermore, due to the fact that the mentor spends the most time with the student both in the classroom and clinical environment, the mentors are the best person to then judge the student's capabilities. The classroom, the supportive and friendly classmates, the people in the college, the remarks of students from other levels, the resources available that facilitates learning, etc. are some of the considerations that enhances the learning of students, and would make them be accustomed to the course that they are in.

According to the participants:

"The environment will be a suited place for learning and making good connections with people along the way." (SS12, Participant 2)

"Healthy environment best suited for the nursing course." (SS22, Participant 1)

"I am expecting that I would learn many things and can be used to my everyday life." (SS14, Participant 4)

Conclusion

There are several factors that influence a nursing entrant in choosing nursing as a course to take up in college. Primarily, family plays a major influence on this. Others make this as a stepping stone in pursuing a medical course. However, despite the decline in the demand, there are still those who take up nursing because of their genuine intent to be in the course and pursue a career in nursing, be it in the hospital here or abroad or to other fields of nursing

Recommendation

Nursing schools should take actions and modify existing policies and guidelines that will cater to the needs and concerns of nursing entrants and nursing students per se nowadays. They should take into consideration that nursing as a course is not just purely content-based and skills-oriented but a lifelong-learning approach must also be inculcated.

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**“BLOWN OUT, SAFELY HOMEWARD BOUND”
(LIVED EXPERIENCES OF MOTHERS DURING YOLANDA’S WRATH)**

¹Jillian A. Bejoc, ²Lagrimas G. Elizon, ³Joni Inocencia F. Gonzaga

^{1,2,3} College of Nursing, Cebu Normal University

ABSTRACT

Natural disasters have impacted people in every diverse aspect of life. Expectedly, they can chart the course of human behavior by influencing how they will respond to the dire need of survival. Considered as horrifying and devastating, this tragedy literally swept the land of its precious human and material treasures. Specifically, “monster” typhoon Yolanda that badly hit the Philippine area of responsibility, was reportedly affecting approximately 3.2 million women and girls of reproductive age (United Nations Population /fund, 2013), leaving along weeping and grieving survivors of family members who have been drowned or knocked out defenseless. In this instance, how do emergency and rescue organizations even begin to deal with the women’s needs during a disaster this massive?

Nevertheless, there is very limited literature exploring experiences of mothers during a disaster. Accounts available were only personal stories shared by survivors and first responders during and after typhoon Yolanda. It is on this premise that this phenomenological study has been conceptualized so as to capture the valued experiences women have undergone at the height of Typhoon Yolanda which would eventually impact on the short-term and long-term holistic care of women following a disaster.

It was found out that Typhoon Yolanda did not pass without lessons learned. Unparalleled stories of fear and vulnerability were seen and heard. Primarily, super typhoon Yolanda’s wrath was beyond expectation hence safety for all family members and property has been a priority concern. Significantly, acknowledging God’s Supremacy for safety of loved ones and praying for God’s dominion over calamities for their deliverance from all difficulties towards family togetherness and safety of family-owned properties has been singled-out. Likewise, of paramount importance is the regard for family resiliency after the ruins. Expectedly, preparing basic family provisions which included water, food and clothing were greatly valued.

Keywords: Typhoon Yolanda, natural disasters, lived experiences, family safety

I. Introduction

Natural disasters have impacted people in every diverse aspect of life. Expectedly, they can chart the course of human behavior by influencing how they will respond to the dire need of survival. Considered as horrifying and devastating, this tragedy literally swept the land of its precious human and material treasures. Specifically, “monster” typhoon Yolanda that badly hit the Philippine area of responsibility, was reportedly affecting approximately 3.2 million women and girls of reproductive age (United Nations Population Fund, 2013), leaving along weeping and grieving survivors of family members who have been drowned or knocked out defenseless.

As cited by Villa (2013), Ah-sue insinuated that in times of crisis, the risk of material and infant mortality escalates. Every Mother Counts (2013), an organization which envisioned at making pregnancy and childbirth safe for all moms, is apprehensive whenever natural disasters like typhoon Yolanda will strike a community the fact that expectant women will still go into labor and deliver in any shelter that can find. This is grounded on the anticipation that many these mothers and babies will face complications directly

resulting from the typhoon – dehydration, water-borne illnesses, violence, exposure and injuries acquired during or after a storm. In this instance, how do emergency and rescue organizations even begin to deal with the women’s needs during a disaster this massive?

In the aftermath accounts of typhoon Yolanda, telecasts and audio-visual footages of the shocking, heartbreaking wreckage were aired and incessant cries of family members while recounting their unparalleled stories of fear and vulnerability were seen and heard. Yet, mothers have also relentlessly reminisced acts of heroism amidst grieves and losses. Indeed, human nature predisposes mothers to map out and adopt strategies in an effort to preserve their family members’ well-being as well as safeguard their treasured possessions despite the physical and emotional suffering at that horrifying moment.

Nevertheless, there is very limited literature exploring experiences of mothers during a disaster. Accounts available were only personal stories shared by survivors and first responders during and after typhoon Yolanda. It is on this premise that this study has explored and described the meaning of the lived experience of mothers at the height of typhoon Yolanda’s outrage

so as to capture the valued experiences women have undergone at the height of Typhoon Yolanda which would eventually impact on the short-term and long-term holistic care of women following a disaster.

II. Review of Literature and Studies

Mothers with disability, though taking the minority slice of all vulnerable mothers living in a certain community, have the right to remain safe and secure amidst. Yet, in a survey published by the United Nations Office for *Disaster Risk Reduction* during the 2013's *International Day for Disaster Reduction*, it was reported that 80% of people with disability were unlikely to evacuate immediately without difficulty in the occurrence of unforeseen calamity while six percent (6%) claimed inability to evacuate at all. Likewise, majority of them have no personal preparedness plan for disaster.

Similar scenario has been observed in the aftermath of typhoon Yolanda. Joy, a crutch-dependent mother decided not to leave their concrete abode, relying on her strong faith in God to keep her safe. Flora, the sole caregiver for her two (2) teenage sons who cannot talk and can only walk very short distances, faced an agonizing choice, that is to carry one child at a time to the evacuation center which was one (1) kilometer from her house. These two stories exemplify extreme vulnerability as well as

remarkable resiliency among persons with disability (McElroy, 2013).

Kolbe and Muggah (2013) highlighted a host of risks and vulnerabilities confronting women and their health. Nearly half of their respondents (46.3%) registered post-traumatic stress disorder (PTSD). Beside, 11.3% of all women reported physical and emotional abuse by intimate partners. Additionally, an overlooked need during and after disaster concerns most woman who have no access to feminine hygiene supplies as well as those who are sexually active who have stated inaccessibility to birth control.

The 125-member Israel team [some 22 members of the team are medical doctors, 15 are nurses and the rest are technicians, lab workers and members of the Homefront Command who are coordinating logistics], has been seeing about 300 patients a day who were either injured in the typhoon or unable to care for chronic conditions such as heart disease or diabetes due to lack of running water or electricity. Others with untreated diseases, including those with advanced cancer, also have made their way to the facility. During their three-day stay, Dr. Ofer Merin, a cardiac surgeon and Deputy Director of Shaare Hospital in Jerusalem and the Medical Manager of the field hospital set up by the Israel Defense Force (IDF) in Bogu City on Cebu Island, told that at least 12 babies were delivered in

their facility – mostly premature (Oster, 2013).

III. Methodology

Utilizing Edmund Husserl's descriptive phenomenological approach, the true essence of the lived experience of key informants (Wilson, 1987) at the height of typhoon Yolanda's outrage was captured through a pilot-tested and validated key informant interview guide. This study substantially described mothers' views pertaining to the nature and quality of their experience as typhoon Yolanda hit the vicinity of Barangay Caputatan Norte, Medellin, Cebu. Key informants included (1) mothers of reproductive age with at least one child living with them at the time of disaster; (2) voluntary consented to be part of the study. They were identified primarily through snowball sampling technique. Data saturation was reached during the interview of the third key informant.

Bracketing was employed to filter out undesirable biases during the interview by declaring and subsequently setting aside personal biases, assumptions and presuppositions with the informants so as to mitigate the potential deleterious effects of unacknowledged preconceptions related to research and thereby increased the rigor of the project (Gearing, 2004). Given the close relationship between the researcher and the research topic that both preceded and developed during the process of qualitative

research, bracketing was also a method that protected the researchers from the cumulative effects of examining what may have been an emotionally challenging material. Initially, writing a reflective journal prior to defining the research questions. The researchers included in the journal their preconceptions about the research questions and their assumed impact of the study to themselves as personal individuals and not as researchers. The researchers also conducted a self-awareness session that formally checked or updated their current awareness in order to avoid biases to the study by intending to keep what is already known about the description of the phenomenon separately from informants' description.

In the collection of data, the researchers acted as the sole interviewers of the key informants, transcriber of the collected data and generator of meanings from the transcribed conversation. Moreover, key informants' right to full disclosure, right to autonomy and confidentiality to ensure their safety and security were upheld. Before signing the consent, each key informant was oriented about the process of one-on-one interview and was encouraged to raise questions or seek clarification. The key informants were not forced to participate and had the privilege of withdrawing from this study without due penalty. Written consents were

sought after explaining the whole study prior to the actual data gathering. Accordingly, key informants were assured that anonymity was preserved, in which coding was employed, to safeguard their identity accordingly.

During data gathering, the informants were afforded the opportunity to elaborate their responses freely using their own vernacular. Follow-up queries were done as deemed necessary. Additionally, prior consent was sought regarding the use of audio-recorder to document the details of the expressed thoughts and feeling of the informants. Data obtained were substantiated through direct observations and field notes. The interview process run within 30-45 minutes for each informant at a time and venue mutually agreed upon. At the end of each interview, the key informants were reminded about the need for a second person-to-person contact primarily to discuss the study findings so as to ensure that the study findings reflect their own experiences. The whole interview process was transcribed wherein the eventual transcripts were double-checked by an external researcher who has experience in qualitative research. Transcripts were destroyed after the study was completed.

Colaizzi's (1978) strategy of descriptive phenomenological data analysis, as cited by Shosha (n.d.), was employed in

extracting, organizing and analyzing narrative dataset. The following steps were pursued:

Step 1. Each transcript was read and re-read several times in order to obtain a general sense about the whole content. At this point, any thought, feeling and ideas that emerged from the researcher due to prior knowledge with disaster experience were added to the bracketing diary. This enabled the researchers to explore the phenomenon as experienced by the key informants themselves.

Step 2. For each transcript, significant statements and phrases that pertain to the phenomenon under study were extracted from each transcript. These statements were recorded on a separate sheet and coded based on their "transcripts." After extracting the significant statements, the researchers come together to consensus.

Step 3. Meanings were formulated from the significant statements. Each underlying meaning was coded in one category as they reflected an exhaustive description. Researchers compared the formulated meanings to maintain consistency of descriptions.

Step 4. Agreed-upon formulated meaning was then sorted into categories, clusters of themes, and themes. Each clustered theme was coded to include all formulated meanings related to the group meanings. Then, group clustered themes

that point to a particular issue was incorporated together to form a distinctive construct of theme. The researcher ensured that the formulated meanings should belong only in one theme cluster that is distinguished in meaning from other structures. Comparison of clustered themes among the researchers was done thereafter to check the accuracy of the overall thematic map along with having assistance from the expert researcher in qualitative research.

Step 5. The findings of the study were integrated into exhaustive description of the phenomenon under study. After merging all study themes, the whole structure of the lived experience of mothers at the height of typhoon Yolanda's devastation were culled out. Then, the researchers sought an expert researcher who reviewed the findings in terms of its comprehensiveness to provide sufficient description and to confirm that the exhaustive description reflects the perceptions of the informants.

Step 6. The fundamental structure of the phenomenon was described. At this stage, a reduction of findings was done in which repeated, misused or overestimated descriptions were eliminated from the overall structure.

Step 7. Finally, validation of the findings using "member checking" technique was undertaken. This was done

by personally going back to the informant so as to discuss the result as well as to seek to compare with informants' the researchers' descriptive results with their experience and thus secure their approval.

The key informants were again met up and were informed about the study result. The validation process was initiated by giving those copies of their interview transcripts respectively. All key informants claimed that the descriptions of their lived experiences during super typhoon Yolanda were congruent with their own personal experiences. They also articulated that the transcripts exactly depicted what was on their interview and the formulated meanings truly represented their lived experiences. No new relevant data were obtained during the validation process.

IV. Results and Discussion

Three (3) key informants were interviewed. *Mama Jey* is 19 years old at the time typhoon Yolanda strike Barangay Caputatan Norte. She is married, with three (3) children, a 6-year old preschooler, a 2-year old toddler, and a 2-month old infant respectively. Mama Jey is a full-time housewife and mother with husband earning Php85.00 a day through labor work in the hacienda. No other sources of income to sustain family necessities have been claimed. Though their shanty is built basically of light materials, it is owned by the informant and her family. They were generously

allowed to set up their house in the lot owned by their landlord.

Mama Ems is a 29-year old, pre-school teacher when typhoon Yolanda hit their community. Married, the couple is blessed with two kids who were 7-year old and 3-year old then. Her husband is a casual employee in the municipality of Medellin for a couple of years already. Combined family monthly income amounted to Php 5,000.00. As a nuclear family, they lived in their own house which is made of mixed concrete and light materials.

Mama Gatz is 26-years old when she experienced Yolanda's wrath. She is married and was once employed. Since her employer then was based in Danao City, she sought the assistance of her in-laws to take care of their children. However she noticed that their children were not well-attended. Mama Gatz believed that it would be best if she would personally take care of her children. Convinced of her plan, her husband agreed that she stopped working and stay at home to manage their household and be a hands-on mother to their children. Her husband is employed as a shuttle operator in one of the hotels in Mandaue City and is earning quite enough for the family. Mama Gatz is also tending her "sari-sari" store at the same time raising goats. Her husband was not around when Yolanda hit their own household which was built using light materials.

Thematic Discussion

Sixty Five significant statements were extracted from the transcripts of responses from which sixty five formulated meanings were constructed, whereby five (5) cluster themes emerged: (1) *Super typhoon Yolanda beyond expectation*; (2) *Safety as priority*; (3) *Spiritual-mindedness amidst calamity*; (4) *Family togetherness*; and (5) *Resiliency after the Ruins*.

Cluster Theme #1. Super typhoon Yolanda beyond expectation

with three subthemes: (1.1) Lack of awareness on signs indicating strength of super typhoon; (1.2) Lack of preparation for the upcoming super typhoon; and (1.3) Yolanda at its peak.

Super Typhoon Yolanda (international name: Haiyan) is the strongest storm that hit the Philippines in history. (PAGASA 2013) Unexpectedly the result was very devastating and unimaginable destruction to both public and private infrastructures. Our informants knew that there was an upcoming super typhoon but they did not expect that it was that strong and have not prepared for it. Because of its unknown ferocity, mothers were stunned by the damaged it made to their properties.

Subtheme #1.1 Lack of awareness on signs indicating strength of a super typhoon

Information was announced for the upcoming super typhoon, the US National

Hurricane Center had predicted: storm is classified as a “Category Five,” and will cause high percentage of damage homes with total roof failure and wall collapse. Fallen trees and power poles will isolate residential areas. Power outages will last for weeks to possibly months. Most of the area will be uninhabitable for weeks or months (Timman, 2013). The term *storm surge* was not at all familiar to the community, despite of the advanced warnings not everyone understand what storm surge was and what it can do. Emphases of the right details should have been pointed out so it will have an impact on the community (Mahar & Lagmay, 2014). This was what the mothers claimed:

“Diha anang buntag wa mi nagdahum nga mao natong hangina. Kusog naman kaayo sa tanan.” (That morning, we never knew that the strong winds was the start of the typhoon) SS3, Participant 2

“Wa gud ko ga expect nga kusog kaayo to’ng bagyoha kay sukad na sukad ma’am wa pa gyud mi kasugat nga ning adto ka kusog.” (I wasn’t expecting that the storm can be that strong because ever since our previous experiences of

typhoon it were never this strong) SS7, Participant 2

Subtheme #

1.2 Lack of preparation for the upcoming super typhoon

As mentioned above, there was a weather bulletin of the upcoming super typhoon but there was no emphasis on how the community preparedness should be tackled. PAGASA admitted that they should have explained to the public the severity and strength of a storm surge. The community people were informed but they took the weather bulletin lightly. (PAGASA, 2013) Tropical Storm Yolanda disaster suggested that people, particularly local leaders and those in rural areas, have yet to be properly educated about hazards, risks and vulnerabilities. Information dissemination, its clarification, and call to swift action especially at the local levels, could be done better. The guidance, education, and stronger participation of local communities (given their distinctive local knowledge) in designing the early warning systems still need to be addressed. The experience that was T/S Yolanda exposed the need to ascertain warning message for clarity, understandability, and timeliness (Valendria, n.d.).

“Wala gyud mi nangandam.” (We were not prepared for it.) SS4, Participant 1

“Wala mi ato pangandam, dunay niingon nga na-ay bagyo, maayo pa man ang tiempo, niikalit lang gyud tu siya ug kakusog.” (Somebody informed us that there was upcoming typhoon, but we did not prepare for it as weather was calm, but suddenly strong winds began.) SS3 Participant 3

Subtheme #1.3 Yolanda at its peak

As stated by PAGASA “Typhoon Yolanda made six (6) landfalls, it went on island hopping” gaining more energy as it hit province/towns. At 4:40 a.m. of November 8, 2014, typhoon Yolanda made its first landfall over Guian, Eastern Samar; it was a category 5 typhoon. With peak winds of 315 kilometers (195 miles) an hour, the storm howled and made its second landfall over Tolosa, Leyte at 7:00 o’clock in the morning. Unrelenting, its third landfall was over Daanbantayan, Cebu at around 9:40 o’clock in the morning. An hour later, it struck Bantayan Island, Cebu. By 12:00 noon, it felled Concepcion, Iloilo. It maintained its strength all through the

afternoon as it approached the Calamian Group of Islands. Then, at 8:00 o’clock in the evening, the storm made its 6th and final landfall over Busuanga, Palawan before slightly weakening and moving towards the West Philippine Sea. Unexpected strong winds and heavy rains came but we were not prepared for it (Fonbeuna, n.d.). As claimed by our informants:

“Sa ato pa ig huros sa hangin muuyog siya.” (When the wind blows hard, our house shook up.) SS8 Participant 1

“Pagkusog sa hangin ginerbyos na kug sugud, among sira gigaid na kay murag mo-open among sira. Mao to nilingkod nalang ko naggunit ko sa sira aron dili siya maabli, akong gi-duot nya nadaug man ko sa hangin. Ang usa ka bisagra sa sira kay natangtang, dili nako ka piug.” (When the wind blew hard I became uneasy as I could sense our door will be ripped off. I sat down holding our door and pushing it so it will not open but cannot hold on as the door hinges were detached.) SS10, Participant 1

“Kusug naman gyud murag naka-feel ko nga na’y

natangtang sa taas unya murag niukal naman mao to nisyagit na sad ko.” (The wind was becoming harsher and I could feel that everything upstairs was ripped off and I shouted gain) SS12, Participant 1

“Nangatumba na ang mga kahoy ug lubi. Gahinay-hinay mi ug lakaw kay layo-layo baya nang Martinez hangtod maka-abot mi sa akong iyaan.” (The trees were starting to fall and be uprooted from the ground. We walked slowly and cautiously through the heavy rains and the raging winds.) SS9, Participant 2

“Panahon sa Yolanda, ang payag namo ato gilupad man, didto mi mipasok sa ilang mama kay ang ilahang biranda simento unya ang ilang gidak-ang kay kahoy nga na-ay salog. Mipasok mi didto sa ilawom kay ang atop naukab naman gyud.” (During the height of Yolanda our hut was ripped off. We have to squeeze in under my mother-in-law’s

house for their extension was cemented and their flooring was made of wood.) SS1 Participant 3

Cluster Theme #2. Safety as priority with two subthemes: (2.1) Unwavering optimism for a safer family shelter and (2.2) Concern for safety of family belongings and food.

Subtheme # 2.1: Unwavering optimism for a safer shelter

When the families experienced the wrath of Typhoon Yolanda they were anxious of the outcome. The husband of one of our participant has to cut their star apple tree to prevent this from falling into their house. They have felt that their homes were no longer safe as this was destroyed by the strong winds and belongings were getting wet. Much as they wanted to transfer to a safer place but fear of being hit by flying objects and falling trees have prevented the family. This was what they claimed:

“Mao to gibira ko sa akong bana kay mubalhin mi sa akong papa. Pero naglibog ko, gusto ko mubalhin pero di ko kalakaw mahadlok ko mahanginan, mahadlok na sad ko matagakan ko sa sin.” (My husband drag me so we will transfer to my father’s house but I was confused much as I

wanted to, I cannot walk, I was afraid I might be hit by a flying galvanized iron sheet.)

SS13 Participant 1

“*Niana ko, puslan man nga mutapon ta kita nalang tanan kay muadto ta sa imo mama. Mao to na nana-ug mi ug akong ig-suon akong gida ang mga bata.*” (I said that since we will leaving the house, better it be all of us as a family and go to my mother-in-law’s house. We went out of the house with me is my sister and my children.) SS5 Participant 2

“*Pag-abot nako sa ako ugangan ma’am sos ko! miulbo bitaw na ang sin sa akong ugangan ma’am, niana akong bana nga adto ta sa igsuon sa akong mama kay maayo didto lig-on ang balay.*” (As we arrived at my mother-in-law’s house their roof was being blown away. With that my husband told us to go to his aunt’s house for the house was made of studgy materials.) SS6 Participant 2

“*Pag-abot namo ma’am niana akong iya-an nga ngano kunung nanlakaw mi nga kusog kaayo ang hangin? Wa jud ko gatingog.*” (When we arrived at our in-law’s house, my mother-in-law asks us why we braved the storm, when the wind was blowing hard, I was dumbfounded and was silent.)

SS10 Participant 2

Generally, the standard practice was for evacuation warnings to be disseminated to individual households by Barangay leaders, but many families underestimated the severity of the typhoon. Hence, many families have suffered from major damage than those who evacuated (IRDR Special Report, 2014). As such, establishing an evacuation-safe centers to escape Yolanda-type ocean surges, and torrential rain flooding is of prime importance in as much as strong winds have wiped out some evacuation centers due to structural insufficiency consequently displacing so many families (Philnews.com Editorial, 2013).

Subtheme # 2.2 Concern for safety of family belongings and food

It is noticed that there is pronounced differences in vulnerability between urban and rural households. Since the study was

done on a rural community in which most of the households lacked bracing to ensure lateral stability and have foundations that were too shallow, connections between roofs and frames were inadequate and roofing material had little to restrain them against strong winds . Regarding wooden frame structure it has inadequate connections, and the sizes of timber used tended to be inadequate and inconsistent. Some lessons can only be learned in a painful way. It is sad that the country had to witness firsthand the massive scale of death and destruction brought by Yolanda's storm surge, before we can realize the threat behind each storm warning. Hence, experiences at the height of Yolanda varies as follows:

“Ni higda ko balik, nagsugod na tong hangin , nya akong bana sa luyo sa among balay naa man tuy caimito iyan gipulungan sige aron di mudutdut sa amoa.” (I went back to bed, the wind was blowing hard, and my husband was at our backyard cutting the branches of the star apple tree so that it will not hit our house.) SS6 Participant 1

“Among sin nagpalak-palak nag maayo kulba-an na ko ato, mao tu ang bugas gisud ug sako then giputos ug habol aron dili

mabasa,” (The pounding of the galvanized roof made me nervous, so I decide to cover the sack of rice and the television.) SS11, Participant 1

“Kuan ma'am among mga bugas amo rang gisu'd sa plastic kay amo rang dad-on padong sa akong ugangan. Naguba man ang balay sa akong ugangan gidala na sad namo sa akong iya-an.” (We placed our rice in a plastic bag as we intend to bring this to my in-law's house, unfortunately the house of my in-law was torn down so we decided to bring it to my aunt's house.) SS16, Participant 2.

Cluster Theme # 3. Spiritual-mindedness amidst calamity with two subthemes, (3.1) Acknowledging God's Supremacy for safety of loved ones, and (3.2) Praying for God's dominion over calamities.

Subtheme # 3.1. Acknowledging God's Supremacy for safety of loved ones

God's grace has eased the sufferings of those who lost everything in Yolanda, and re-establish communities that are once again working to have a safer and prosperous future” (Holthaus, 2013). The informants recalled that:

“Nahadlok ko, nagkurog-kurog, nagpasalamat ko sa Ginoo way naunsa namo nga pamilya.” (I was afraid and shivering but still thankful to God for everybody was alright.) SS 17, Participant 3

Things may have been lost, but the survivors remained more faithful in God. The informants haven't forgotten to acknowledge God's Supremacy for safety of loved ones. One informant conveyed utmost gratefulness towards our Creator telling that:

“Pero nagpasalamat gihapon ko sa Ginoo ma'am nga luwas ra ming tanan nga pamilya wala ra gyud gidangatan.” (Even with the present situation I am thankful to God we are all safe and no harm inflicted.) SS14, Participant 2

Keeping a strong faith during tough times is one of the Filipinos' remarkable attributes. Noteworthy, among the informants, no one has ever doubted God's power in keeping all family members safe. Intense prayer and firm faith to God could implore for survival and deliverance from all natural calamities and adversities. One of the mothers was thankful to the Almighty as all of her family members were safe and no

harm was inflicted. Faith in God made the informants stronger and bravely faced the worst of Yolanda's wrath. Another mother prayed that the experience she had gone through will never happen again.

Subtheme # 3.2. Praying for God's dominion over calamities

Filipinos' deliverance over calamities were primarily grounded on strong faith in God. For instance, in 2004, a tsunami killed hundreds of thousands of people in our neighboring Asian countries. Yet, the Philippines was spared from it. Many pointed out that God was watching over our country. However, with the recent, successive natural calamities that hit the Philippine archipelago, many Filipinos have questioned God's omnipresence and omnipotence (Philnew.com Editorial, 2013). An informant shared:

“Kuan ma'am nahadlok ko ma'am atong higayona. Nagpasalamat kug dako sa Ginoo.” (On the height of typhoon Yolanda I was really afraid and thankful to God.) SS 18, Participant 2

“Sus Ginoo ayaw lang gyud usba ang gihimo sa bagyo, tabangi intawon mi. Sige lang ku'g ampo unya nilinog na sad to diha ra gud ko sa akong

payag.” (Please God don’t allow the same thing would happen, please help us. I continued to pray.) SS 19, Participant 3

“Sige lang ku’g tawag sa Ginoo. Ang Senyor Santo Niño ako lang gyud gikuptan kay na-a man kuy Senyor Santo Niño di ko gusto nga makuan sa hangin ba. Pagbagyo ako dayun nga gikuha, akong gihagkan. Senyor Santo Niño, tabangi intawon mi!” (I continued to call God and hold my Senor Santo Nino as I don’t like this to be flown by the winds. During the typhoon I kept and kissed it. I said Senor Santo helped me.) SS23, Participant 3

Expectedly, one’s faith and utmost trust in God were reported to be the vital forces towards liberation from the ominous impact of destructive calamities. In some way, few even considered these calamities as God’s subtle reminder of His love for mankind (Borromeo, n.d.).

Cluster Theme #4. Family togetherness with two subthemes: (4.1) Ensuring Family safety and Being with the family; and (4.2) Essence of Family support after a disaster.

The most important things in life are not material things but our loved one,

parents, brothers, sisters, sons, daughters, and relatives. When there is love in the family, no matter how difficult the situation the families stay together and make the problem easy to bear. Love can make us alive and stronger.

Subtheme #4.1 Ensuring Family Safety and Being with the family

After Yolanda passed the town packing winds of 235 kilometers per hour and gustiness of up to 275 kph, residents were left shocked at the state of their devastated houses. Key services such as electricity, water and sanitation facilities, fuel supply and markets remain inaccessible for large segments of the affected population. The typhoon led to the extensive destruction of agriculture and fishing as well as infrastructure, severely impacting people’s livelihoods. The limited food stocks, lack of access to markets and loss of livelihoods has made food security a major concern for the most of the affected communities. More than half of the barangay assessed report a significant reduction in food consumption (MIRA_Report, n.d.). Many families prayed that no typhoon similar to Yolanda would hit again.

“Nag-anam gyud ug kakusog nya naghuna-huna ko sa akong mga bata kay akong gusto mag-uban gyud mi. Idea sa akong bana noh, iya kong giguyod

padu'ng didto sa akong papa. Didto sad akong mga bata.” (The wind was becoming harsher, then I was thinking of my children, I wanted that we would be together. My husband dragged me to my father's house and my children were also there.) SS14, Participant 1

“Niana ko puslan man nga mutapon ta kita nalang tanan kay muadto ta sa imo mama. Mao to na nana-ug mi nya akong igsuon akong gida ug mga bata.” (I said that since we will be leaving the house, better it be all of us as a family and go to my mother-in-law's house. We went out of the house with me is my sister and my children.) SS5, Participant 2

“Gi-ingnan gali nako nga “tana ma” kay kanang balay ma makita ra na pero ang kinabuhi sa tawo di na mabalik.” (I even told my mother-in-law to come with us because a house can be rebuilt but our life cannot be replaced.) SS 12, Participant 2

Indeed, human nature predisposes mothers to map out and adopt strategies in

an effort to preserve their family members' well-being as well as safeguard their treasured possessions despite the physical and emotional suffering at that horrifying moment.

Subtheme # 4.2 Essence of Family support after a disaster

Devastation brought by super typhoon Yolanda can also bring out the best in people, seen in the way Filipinos banded together as they gave donations, volunteered time and effort to repack relief items and offered prayers for casualties as well as survivors. The response from the international community was overwhelming, with help still pouring in until this very day to speed up the rehabilitation of the areas that were damaged (Romualdez, 2014).

Locally, informants have shared that one of their immediate actions is to find safer shelter in the residences of their relatives. As such, they quipped:

“O ma'am, may man gani ma'am na-ay iya-an sa akong bana silbi maoy nagkunsumo namo. Na-a sad mi ig-agaw sa gawas taga-an tawon mi ug ginagmay nga pagka-on atong higayona, naglisod gyud mi.” (After the typhoon my husband's aunt helped us in our daily needs. There was a cousin who also extends help for our daily sustenance too. It was

really hard for us during that time.) SS19, Participant 2

“Pagkaugma ana niuli akong bana, nagmaniho siya ug atop-atop kay init man to. Ang usa niya ka manghod nga minyo didto sa Cebu iya sang giingnan nga “kuyog ta didto na! Tabangan nato tu’g panday.” (A day after the typhoon my husband came home with his brother whom he convinced to help him in rebuilding his mother’s house. They made a temporary roof as it was very hot.) SS12, Participant 3

Cluster Theme #5. Resiliency after the Ruins with four (4) subthemes: (5.1) Appraising the extent of the Ruins; ((5.2) Salvaging and rebuilding family shelter; (5.3) Valuing weather updates; and (5.4) Realizing the essence of preparing for the worst.

Resilience as defined is the ability to recover from difficulties, adapt well to change, and keep going in the face of calamity. When the winds of Yolanda subsided every family now faced the aftermath of the catastrophe.

Subtheme #5.1 Appraising the extent of the ruins

Once the typhoon subsided, immediately appraising the extent of the ruins were generally done by the survivors. Damages to properties such as houses were determined so as to secure materials for the much-needed repairs. Likewise, whereabouts and well-beings of their livestock were gauged. They quipped,

“Wala siya natumba, pagka-udto na ato ni kusog pagbali na sa hangin ni kusog man to siya wala ko nakasusi kung gi unsa pagkuan ang among atop. Hurot gyud among atop ma’am apil ang kahoy nabunlot gyud.” (The house did not collapse, but the entire galvanized iron sheet and the pillars were gone. Our neighbors saw everything happened.) SS15, Participant 1

“Paglili sa among balay ma’am, lami na ihilak kay kadtong pagbagyo ma’am among balay bag-o pa man to nahuman kay bag-o man mi nibalhin ato. Ni hilak ko uy wa naman siya’y atop. Naka-loan pa gyud ko ato wa pa gyud maimpas.” (When I saw our house I wanted to cry because at time of the typhoon it was newly finished and we

have just transferred. I cried because the house as no more roofs considering that the money we spent was from the loan we made and have not finish paying it yet.) SS16, Participant 1

“Nya paghunong gibalik namo ang akong ugangan nga lalaki sa balay kay wala gyud sila mobiya sa ilang balay ma’am bisan ug naguba na kay mag-unsang nalang kunu.” (When the wind stopped, we went to check my father-in-law’s house as they did not leave this even if it was torn down by the winds.) SS11, Participant 2

“Pagkabuntag ma’am, pwerti nakong hilaka kay nawad-an naman mig balay ma’am na kagagmay pa gyud sa akong mga anak.” (The following morning I wept as our house was totally destroyed, thinking how the young children can move on.) SS13, Participant 2

Community-wide, it was noted that power lines were down, hence no electricity in the entire municipality. They recalled seeing children begging for help. Roads to

the area were hardly passable with trees and wreckages. Local relief goods were not readily available. Survivors’ immediate need include food, shelter as well as potable water, both for drinking, cleaning and cooking (Oxfam.org, n.d.).

Subtheme # 5.2 Salvaging and rebuilding family shelter

Expectedly, the initial emergency response was not perfect, but it was strong, delivering life-saving assistance to millions of survivors. The need for safe shelter also persists in areas affected by the typhoon. For those able to return to damaged homes, many have relied on typhoon debris to make necessary repairs in the absence of shelter assistance. Others continue to live in the cramped bunkhouses and tents, awaiting resettlement to safer land. It is urgent that recovery efforts reach the estimated half a million people who are living in such unhealthy and dangerous locations (Oxfam.org, n.d.).

“Buntag sayo na mi ni-uli sa amua kay diri nalang mi sa barangay ug amo laging hakuton ang sin nga nanglupad kay amo nalang ibalik man lang.” (Early the following day we went home and started to pick the scattered galvanized iron sheets.) SS18, Participant 1

“Naa man siya nanglukot-lukot dili na sya pwede mabalik, pero amo lang gihapon nga gihakot.” (The galvanized iron sheets were crumpled and cannot be used anymore, but we still drag it back to our house.) SS19, Participant 1

“Among balay nga naukal gimantinil ra gyud sa akong bana, bahalag gisi nga sin basta kahigda-an.” (Our house that was ripped off was rebuild by my husband using the available materials that we salvaged as long we can sleep on it.) SS17, Participant 2

“Nibalik mi. Ang mga kahoy nga gagmay kaayu akong gihaligi-haligi, ang mga dahon sa lubi akong gitapok-tapok.” (We made a temporary shelter gathering the woods for temporary pillars and coconut leaves for roofing, these were dripping fortunately there were galvanized iron sheets which we picked up.) SS14, Participant 3

Subtheme # 5.3 Valuing weather updates

Weather warnings are important forecasts because they are used to protect life and property. Generally, on an everyday basis, outdoor activities are severely curtailed by heavy rain, and strong winds. Thus, forecasts can be used to plan activities around these events, and to plan ahead and survive them. Expectedly, better information about the weather allows people to make better decisions particularly when dangerous weather threatens life and property. In this regard, the realization emerged whereby valuing every weather updates wherein an informant opined that:

“Dapat kung nay balita nga nay bagyo mangandam nalang gyud ta, kung unsa pwedi nya mabasa hipuson nalang gyud. I safety ang butang kung nay kahoy atong balay pul-ungan nalang gyud daan.” (Therefore if there is news of an upcoming typhoon we should be prepared.) SS20, Participant 1 (Whatever things that will get wet should be kept in a dry and safe place and if there are trees on the surroundings trimmed them.) SS21, Participant 1

Moreover, the use of weather information will allow for better options in the decision-making of various stakeholders due to its economic impact as well. It is not only the improved quality of available weather forecast that will define the value of

information. The way in which the information is communicated and how it is being utilized by decision-makers are highly relevant steps in a weather service value chain (Nurmi, Perrels & Nurmi, 2013).

Subtheme # 5.4 Realizing the essence of preparing for the worst

For over a decade, this country of ours had been visited by typhoons, earthquakes and other forms of natural disasters or calamities yet this government had never learned a lesson. It had always been caught flat-footed in responding. The level of unpreparedness was so astonishing. Now we begin to cast doubt if the government has an emergency plan in case of natural disasters (Philnews.com Editorial, 2013). Preparing all the necessary things for the worst scenarios to arrive has been deemed essential. As claimed,

“Kanang wala ko ga-expect nga ing ato ka kusog ang bagyo. Wala gyud mi nangandam. Paghuman ug kaon ni balik kug higda.(After we eat, I wasn’t expecting that the storm can be that strong. We were not prepared for it. After supper, I went to bed, despite the bad weather.)
SS3, SS4, and SS5 Participant

1

Certainly, Haiyan/Yolanda is a wake-up call for the Philippines. The thousands of dead, dying, injured, homeless, destitute, devastated, you name it, due to the super typhoon, is not a mere warning. It is a demand for the government to massively modernize PAG-ASA’s capability (manpower, equipment, logistic, and whatever capability necessary) to forewarn all inhabitants. There must also be enough evacuation-safe centers to escape Yolanda type ocean surges, and torrential rain flooding (Philnews.com Editorial, 2013).

Sadly, to this day there are no comprehensive disaster mitigation programs in place. Both local and national governments only spring into action after a major disaster has occurred, doing too little too late, leaving most victims to fend for themselves. In the long run, getting the country prepared for impacts of natural calamities is very challenging, but it is doable. Doing nothing, or next to nothing will become more costly in the long run. This may result to need for more finances, more pain, more suffering, more heartbreak, and more human lives needlessly lost (Philnews.com Editorial, 2013).

Meanwhile, climate experts cautioned that due to global warming, storms like Yolanda may soon be the norm. Therefore, the Philippines need brilliant leaders who have the smarts to triumph over

Nature's wrath. With the effects of climate change staring us in the face, the Philippines must start preparing for disasters in earnest. Needless to say, disaster preparedness needs immediate and sustainable attention. Preparedness drills should be intensified in all sectors; public awareness campaigns to educate the populace should be strengthened; the construction of multi-purpose shelters be fast-tracked; the hardening of public utilities such as electrical and telephone poles, transmission towers, and water mains should be reinforced. It will not be easy: many people will likely be displaced; building codes will have to be changed and toughened; laws must be strictly enforced; and violators swiftly punished.

V. Conclusion and Recommendations

Typhoon Yolanda did not pass without lessons learned. Unparalleled stories of fear and vulnerability were seen and heard. Primarily, super typhoon Yolanda's wrath was beyond expectation hence safety for all family members and property has been a priority concern. Significantly, acknowledging God's Supremacy for safety of loved ones and praying for God's dominion over calamities for their deliverance from all difficulties towards family togetherness and safety of family-owned properties has been singled-out. Likewise, of paramount importance is the regard for family resiliency after the ruins. Expectedly, preparing basic family

provisions which included water, food and clothing were greatly valued.

Based on the findings, the researchers would like to recommend the following:

1. There's a need to translate weather bulletin, such as wind speed and rainfall, to a language that local folks would readily understand. For instance, the term "*storm surge*" was not well understood. Hence, it was generally observed that local folks did not have full comprehension of the damage and adverse consequences to their safety, household, livestock and livelihood.
2. The community constituents, especially mothers who are mostly left at home, should be empowered to be prepared when calamities strike by conducting continuing information drive on weather updates, preparations required and resource groups available during calamities.
3. Having a functional, locally-organized, quick-response team is of great advantage. Hence, regular drills are necessary to equip them with the needed skills in response to calamities.
4. Functional search-rescue-sustenance materials/equipment/goods should be available locally for immediate access as the need arises. Likewise, distribution of relief goods should be organized and timely.

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RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE WITH CONDUCT NURSING CARING IN HOSPITAL PALEMBANG 2017

Triwijayanti, Renny¹; Romiko²; Rasyidi, Muhammad³

*Nursing Diploma Program¹; Nursing Science Program² Student of nursing science program
STIKes Muhammadiyah Palembang
Email: renny.reiqisaisy@gmail.com*

ABSTRACT

Background: Caring behavior of nurses is one important aspect in nursing service since it covers the relationship between nurses and patients. A good emotional intelligence based caring behavior can promote the achievement of a proper nursing service. This study aims at finding out the correlation between emotional intelligence and caring behavior of nurses at in-patient surgery and internal wards in Pusri hospital of Palembang in 2017. **Method:** This is a cross-sectional descriptive correlational quantitative study the respondents of which were 44 nurses who met the inclusive criteria. The respondents were taken from the population using total sampling method. The data were collected using a questionnaire and were analyzed using chi-square test. **Resultes:** The results show that out of 44 respondents, 25 were categorized as good in emotional intelligence, 19 of whom were caring and the rest were not. Furthermore, 19 respondents were categorized as good in emotional intelligence, 18 of whom were caring and the rest was not. The results also indicate that there is a significant correlation between emotional intelligence and caring behavior of nurses (p value: 0.000). **Conclusions:** It is concluded that there is a correlation between emotional intelligence and caring behavior of nurses. The Results are expected to provide information for nurses to exhibit good emotional intelligence based caring behavior which will, in the end, improve the quality of nursing service.

Key Word : caring behavior, emotional intelligence, nurses

INTRODUCTION

The hospital is an institution of health services for the community that is influenced by the development of science. It should still be able to improve the service that is more qualified and reachable by the community in order to realize the highest level of health (Law No. 44 of 2009).

Nursing services are given professionally by the nurse while still paying attention to the quality of nursing service given. (DepKes RI, 2008). (Supriyanto & Ernawaty, 2010).

Quality of nursing services can be realized through the provision of nursing care that is based on caring behavior nurse. because, caring behavior displayed by a nurse can affect patient satisfaction (Directorate of Nursing Services of DepKes RI, 2008)

Caring behavior of nurse can increase patient satisfaction so as to improve the quality of nursing service, because patient satisfaction is one of quality indicator of quality nursing services (Sedarmayanti, 2000).

The caring behavior shown by a nurse in the world is now better, but still in the care of other countries with low clearance.

One of them can be seen from the results of research from Aiken (2012), showing the percentage of nurses who have poor caring service quality found in Ireland 11% and Greece 47.

Caring behavior indicated by a nurse in Indonesia itself becomes one of the assessment for users of health services. Based on the results of the survey on patient satisfaction in several hospitals in Jakarta showed that 14% of patients are not satisfied with the health services provided, due to less both of caring behavior (MOH, 2008).

Caring attitude is the essence of nursing, in providing nursing care, nurses use skills, gentle, give hope and be caring as a media caregiver (Dwidiyanti, 2007). One factor that can affect the nurse in caring behavior is emotional intelligence, The emotional intelligence of the nurse will be easier to meet patient care needs and to conduct cooperative negotiations with other health teams (Robbins, 2001; McQueen, 2004).

Emotional intelligence is very important for establishing the relationship of the client-care nurse, as with the emotional intelligence of a health-care person (nurse) will be blinded, loving and more wise (Freedman & Blase, 2005). The emotional intelligence is one of the ability of a person to recognize and manage his or her own emotion, to be able to understand the self-emotion, and others, and to use the feelings to convey the thoughts and actions of others (Salovey & Mayer, 2003).

Dimensions of social intelligence will affect a person's work. This is in the opinion of

Robbins (2001). Individuals who can identify other people's emotion can be more successful in their social life.

Based on preliminary study results through observation and interviews of five patients about caring behavior. From the interviews, three patients said some nurses were kind, friendly, but sometimes there were nurses who were indifferent, this can be seen when nurses give nursing care shows a sullen faces and sometimes do not give a clear explanation of the actions made. Two patients say the lesser careers show the greeting, rarely ask the patient , Nurses are less complicated to complain about the needs of patients, they realize that the services that get them are the least likely to be attained by the low-care nursing class, may be seen when patients complain of illness and late in the treatment of patients.

While the results of interviews among the five nurses say less can hold or control emotions when emotions are unstable, less able to receive negative feedback from patients, less able to listen to patients complaints, it is difficult to understand the feelings of patients when emotions are unstable and emotions tend to affect his work . Three nurses say they can withhold or control their emotions when there are complaints from clients, can remain calm when clients complain about the services provided and complaints from clients can

be as motivation for nurses to be able to provide better service in the future .it means that caring behavior based on good emotional intelligence is needed by nurses in doing nursing process, for that reason researchers interested to know "Relationship Level of Emotional Intelligence with Behavior Caring Nurses in Surgical and Internal Ward 2017 ".

METHOD

This research use cross sectional design approach which is done on nurses at Hospital Pusri Palembang with the number of samples 44 respondents with the method of Total Sampling.Instrument in the form of questionnaires with data analysis using Chi-Square

Result

1. Analysis Of Univariate

No	Category	Frequen cy	Percentage (%)
1	Intelligent	19	43,2%
2	Less intelligent	25	56,8%
Total		44	100%

Univariate analysis results obtained more than half of the nurses in the installation of surgical and internal ward at Hospital Pusri Palembang with less emotionally intelligent as many as 25 nurses (56.8%) and there are

19 nurses (43.2%) with emotionally intelligent.

Caring Behavior

No	Category	Frequency	Percentage (%)
1	<i>Caring</i>	24	54,5%
2	<i>Not Caring</i>	20	45,5%
Total		44	100%

Based on the above table, it can be seen that more than half of the nurses in the surgical and internal ward at Hospital Pusri Palembang with caring behavior are 24 respondents (54.5%) and 20 respondents (45.5%) behave not caring

2. Analysis Of Bivariate Relationship of Nurses Emotional Intelligence with Caring Behavior

Emotional Intelligence	<i>Caring Behavior</i>				Total	P
	<i>Caring</i>		Not			
	N	%	N	%		
Intelligent	18	94	1	5,	1	10
Intelligent	6	,7	19	3	9	0
Less intelligent	24	,0	20	,0	5	0
Intelligent	54	45	3	10		
Total	,5	,5	7	0		

Based on the above table, it can be seen that from 25 respondents who are less intelligent emotionally there are 19 respondents who behave not caring and there are only 6 respondents who have caring behavior. Meanwhile, from 19 respondents who are emotionally intelligent there are 18 respondents who behave caring and there is only 1 respondent who behave not caring. Statistical test results obtained p value = 0.00 (p value $\alpha = 0.05$), so H_0 rejected means there is a relationship between emotional intelligence with caring behavior nurse. In addition the statistical test results obtained Odds Ratio = 57.00, meaning that emotionally intelligent nurses have a chance 57 times to be able to behave caring,

otherwise less emotionally intelligent nurses have a chance 57 not to behave caring.

This result is in accordance with the results of research conducted by Ardiana (2010) which states that there is a significant relationship between the level of emotional intelligence and caring behavior of nurses, especially on the dimensions of understanding and supporting other people's emotions with p value = 0.049, nurses who have this dimension is likely 2,567 times more caring.

The above study is in line with the opinion of Robbins (2001) which states that one of the factors that can affect the nurses in caring behavior is emotional intelligence, because with emotional intelligence nurses will be easier to meet the needs of patient care. Goleman (2005) divide emotional intelligence in Five dimensions, if the nurse's understanding higher of the dimension of emotional intelligence, the nurse will be emotionally intelligent, so the nurse can behave caring.

CONCLUSION

There is a relationship of emotional intelligence with caring behavior of nurses at Surgical and Internal ward Hospital Pusri Palembang 2017 (p value = 0,000).

CONFLICT OF INTEREST

After doing research and obtained data about emotional intelligence and caring

behavior, it is suggested to Hospital to make Standard Operating Procedures that is reference with standard caring / emotional intelligence. The management of bureaucratic organization must be improved through the change of approach, strategy and operational activities in order to create improved emotional intelligence, caring behavior and team work to achieve organizational mission that is efficient, effective and equitable towards the better. In addition employees and staff employees should perform caring behavior based on good emotional intelligence and the need for monitoring and evaluation.

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IMPLEMENTATION OF THE GUIDELINES FOR DIABETIC FOOT ULCER PREVENTION IN DIABETES MELLITUS PATIENTS IN INDONESIA

Kharisma Pratama,^{1*}, Gusti Jhoni Putra^{2*}

²Lecturer of School of Nursing Muhammadiyah Pontianak, West Borneo, Indonesia

Corresponding author HP: +66 971948160

KP:kharisma@stikmuhptk.ac.id

ABSTRACT

Background:

This descriptive study aimed to implement the guidelines for diabetic foot ulcer (DFU) prevention in DM patients. The Stetler Model of Research Utilization (2001) was applied for implementing the evidence based practice related diabetic foot problem prevention. Data collection was carried out from March to April 2017. Target population were 20 nurses who work at IPD of provincial hospital and 20 nurses who worked at IPD of city hospital in Pontianak, West Borneo, Indonesia.

Methods:

The study instruments included: 1) guidelines for DFU prevention, 2) nursing competency for DFU prevention, 3) nurse opinion questionnaire, and 4) nurse agreement on guideline. The content validity of the Nurse Opinion Questionnaire was 1.0 and Nursing Competency for DFU prevention was 1.0. The internal consistency of Nurse Agreement on Guideline using Cronbach's alpha was 0.89. Data analysis was performed using descriptive statistics.

Results:

The study findings showed that: 1) the guidelines of DFU prevention in DM patients who admitted into the hospital has been implemented, and 2) most nurses agreed with all of the guideline statements. The agreement levels ranged from agree to strongly agree. Similar result of nurse opinion on guideline implementation, all nurses agreed with all of the statements. The agreement levels ranged from agree to strongly agree.

Conclusions:

It can be concluded that the guidelines of DFU prevention are useful and important for nursing practice. Nurses who work with DM patients in in-patient units can use the guidelines for DFU prevention which include assess of diabetic risk, categorize diabetic of risk, and provide the foot care intervention. In addition, some recommendations for nursing practice and further study were proposed.

Keywords:

Diabetik foot ulcer, diabetik foot ulcer prevention, diabetic foot ulcer and diabetes mellitus

Background

Diabetic Foot Ulcer (DFU) is one of microvascular complications and likely the significant segment of the diabetic foot.¹ DFU affects quality of life, and it increases morbidity and mortality, also incurs a substantial economic burden for society, patients and their families.² DFU increases from year by year.³ There were 15% of DM patients who had DFU during their lifetime.⁴ The prevalence of DFU in Indonesia is approximately 15%⁵ and the incidents among DM patients are 29 times.⁶

The ideal treatment of DFU prevention includes regular foot inspection, risk foot assessment, transfers knowledge related risk for DFU and early detect risk of DFU, appropriate DFU intervention.³

The DM patients suffering from DFU need a long treatment period for

wound healing process and it would expend the wound cost. The patients need to spend approximately 15 - 23 USD per visit. Additionally, the routine care is perceived lack of addressing the occurrence of DFU among DM patients. Nurses use diabetic foot risk category at DM clinic, but the guidelines for DFU prevention was not available. This study aimed to implement the guidelines for DFU prevention in DM patients from the evidence based practice. The guidelines for DFU prevention is very important because it would help nurses to early detect DFU in DM patients and it would save cost for DM patients if DFU can be prevented.

Methods

This study design was based on the conceptualization of the Stetler model⁷ of research utilization to facilitate evidence based practice. The Stetler

model consists of preparation phase, validation phase, comparative evaluation/decision making phase, translation/application phase, and evaluation phase. Each phase guided the implementation of guidelines for DFU prevention. This study was conducted in an IPD of Province and city hospital Pontianak, West Borneo, Indonesia. Subsequently, 40 nurses were considered as target population for implemented the guideline. The study instruments consist of guidelines for DFU prevention, nursing competency for DFU prevention, nurse opinion questionnaire, and nurse agreement on guideline.

Results

Demographic data of the nurses

The average age of the nurses who worked in IPD of provincial hospital was 30.4 (SD=5.5) years old and ranged from 24 to 43 years old. The average age of the nurses who worked in IPD of city hospital was 28.3 (SD=3.2) years old and ranged from 25 to 40 years old. 85% the nurses who worked in IPD of provincial were dominantly female whereas 60% nurses in IPD of city hospital were male. Most nurses from provincial hospital earned diploma degree (90%) whereas most nurses from city hospital earned bachelor degree

(60%). In Provincial hospital, the average years of working experience with DM patients was 6.3 (SD=2.6). In city hospital, the average years of working experience with DM patients was 4.6 (SD=1.6). Only two nurses from provincial hospital had wound care certificate (10%) while eight nurses from city hospital had wound care certificate (40%).

Implementation of the guidelines for DFU prevention

Preparation phase. During preparation phase, goal of study had been determined. The goal was implementation of the guidelines for DFU prevention. The sufficiency findings of research articles supported to reach of the goal. The articles were found in multiple sources including Cochrane, Pubmed, Cinahl, and Ovid by keywords such as diabetic foot ulcer/DFU, DFU prevention, risk assessment, diabetic risk category, and diabetic foot care.

Validation phase. 19 research articles had been recruited, there were four research articles excluded. Using the guideline for research critique adapted from Melnyk and Fineout-Overholt,⁸ the level evidence of articles had been analyzed and critiqued. Nine articles were level 1,⁹⁻¹⁷ and 10 articles were level 4.¹⁸⁻²⁷

Comparative evaluation/ decision making phase. In this phase the research findings were drafted into guidelines for DFU prevention. Five nurses who expert in DM and DFU had analyzed and considered that the guidelines were practical. The guidelines can be seen in table 1-3.

Translation/ application phase. All of the nurses involved in training how to apply the guideline. All nurses had ability in implementing the guidelines for DFU prevention in DM patients. There were 11 nurses (27.5%) who had good performance, they were four nurses from provincial hospital and seven nurses from city hospital. There were 23 nurses (57.5%) who had satisfaction performance; they were 12 nurses from provincial hospital and 11 nurses from city hospital. Unfortunately, there were six nurses (15%) who had poor performance; they were four nurses from provincial hospital and two nurses from city hospital. The nurses with poor performance were retrained until they passed and met the satisfaction level.

Evaluation phase. Nurses agreement and opinion on the guideline were assessed by questionnaire. The content validity of the Nurse Opinion Questionnaire was 1.0 and the internal consistency of Nurse Agreement on Guideline using Cronbach's alpha was 0.89. The

agreement levels ranged from agree to strongly agree. There was only one nurse who disagreed on the statement number 11, which is advice on buying shoes for all categorized patients. Overall, most nurses agreed with all of the statements. The opinion levels ranged from agree to strongly agree.

Overall, all nurses agreed with all of the statements. Nurses considered for applying the guideline as routine care for preventing DM patient from DFU.

Discussions

19 research articles were recruited and four research articles were excluded. Four research articles was excluded due to the year of published were very old. In previous chapter, the researcher has explained related criteria of literature study. Melnyk and Fineout-Overholt⁸ views that valid articles for EBP should not use reference more than five years. However, Whitehead²⁹ argues that there is no definite about optimum range year of references. In this study, the researchers decided to choose references within 10 years with the reason that the content of the research articles are still applicable and relevant to current practice.

The result from evaluation of nurse agreement on the guidelines showed that most of the nurses agreed and strongly

agreed with the guideline statements. Only one statement was rated disagreed by one nurse. Similarly, all nurses agreed with the guideline implementation. Nurses agree to decisions and actions for applying research findings when it provide especially strong evidence³⁰. In the other hand, the statement “advice on buying shoes for all of categorized patients” was rated disagreed by one nurse. One possible explanation is that shoes provided for DM patients is not much available in Pontianak and its price is considerably expensive. Based on the experience of researchers, the store which sells shoes for DM in Pontianak is only in one store. According to Polit³⁰ nurses will consider and accept nursing intervention which is cost-effective and beneficial for patients.

Conclusion and recommendation

The guidelines for DFU prevention have been implemented. The guideline is useful and significant for nursing practice. Nurse agree with all the guideline statements and guideline implementation. The researcher has not evaluated the DM patients after implementation of the guidelines for DFU prevention. Therefore, further study should evaluate the result of implementation of the guidelines for DFU prevention in DM patients.

Declarations

Authors' contributions

All authors meet at least one of the following criteria and have agreed on the final version: 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content.

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Ethics approval and consent to participate

The study protocol was approved by the Khon Kaen University Ethics Committee for Human Research based on Declaration of Helsinki and the ICH Good Clinical Practice Guidelines.

Consent for publication

Not applicable

Competing interests

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research reported.

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Tables

Table 1 - Diabetic foot assessment

Components	Assessment
History	Duration of DM: ask the patient how long she or he has had DM
	History of ulceration and history of amputation: ask the patient about previous ulcer and assess the skin for signs of previous ulcer such as scars, Ask the patient about previous amputation and assess the skin for total toes and shape of foot for abnormalities
Physical examination	Neurological: Normal sensory can be indicated if the patient can feel the touching and giving pain on the feet and abnormal sensory can be indicated if the patient can not feel the touching and giving the pain on the feet
	Vascular (PAD/ PVD examination): Palpation dorsalis pedis and posterior tibial
	Dermatologic: Inspection formed callus and fissures
	Musculoskeletal: Inspection foot deformity such as hammer toe, claw toe, hallux valgus, hallux rigidus, pes planus, charcot, and limited joint mobility
Footwear	Assess kinds of footwear that have been used

Table 2 - Diabetic risk category (Level of Evidence IV)

Risk Categories		Definition
Low risk	Group 0	Absence of neuropathy or PVD
High risk	Group 1	Presence of Neuropathy, Absence of PVD or foot deformity
	Group 2	Presence diabetic neuropathy and foot deformity, PVD, or diabetic
	Group 3	Presence of Neuropathy + deformity History of DFU amputation

Table 3 - Diabetic foot care intervention

Risk Categories	Diabetic foot care intervention
Low risk (Group 0)	<ul style="list-style-type: none"> - Education Diabetic foot care <ol style="list-style-type: none"> 1. Daily feet inspection (injury, pain, color change, swelling, redness, breaks in the skin, etc.) including areas between the toes. 2. Regular washing of feet with careful drying, especially between the toes. 3. Advice on buying shoes: Shoes interior must be 1–2 cm longer than the foot. Low heels (<5 cm). Fasten shoes with lace to hold foot back in shoe, wearing socks reduces friction toes. 4. Demonstration of proper pedicure
High risk (Group 1)	<ul style="list-style-type: none"> - Education Diabetic foot care (Except no. 4) - Nurse demonstrate regular foot care and ask the patients to do demonstrate <ol style="list-style-type: none"> 1. Washing feet, cutting nails, removing callus 2. Use of creams for dry skin, tinea pedis and onychomycosis -
Group 2	<ul style="list-style-type: none"> - Education Diabetic foot care (Except no. 4) - Nurse demonstrate regular foot care and ask the patients to do demonstrate <ol style="list-style-type: none"> 1. Washing feet, cutting nails, removing callus 2. Use of creams for dry skin, tinea pedis and onychomycosis - Vascular consultation as needed: a cold, pink, painful foot is an indication of severe ischaemia and requires urgent vascular intervention

Group 3	<ul style="list-style-type: none">- Education Diabetic foot care (Except no. 4)- Nurse demonstrate regular foot care and ask the patients to do demonstrate<ol style="list-style-type: none">1. Washing feet, cutting nails, removing callus2. Use of creams for dry skin, tinea pedis and onychomycosis- Dermatology consultation as needed: When traumatic wounds progress to foot ulcer, requires urgent dermatology intervention and patient education on need for rest, regular dressings, early reporting of problems.
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**THE EFFECT OF TEPID SPONGE TO DECREASE BODY TEMPERATURE IN
CHILDREN WITH DENGUE HEMORRHAGIC FEVER (DHF) IN
MUHAMMADIYAH PALEMBANG HOSPITAL YEAR 2017**

Marwan Riki Ginanjar

Lecturer at STIKES MUHAMMADIYAH PALEMBANG

ginanjar.marky@gmail.com

ABSTRACT

Tepid sponge is an alternative technique which is a combination of a warm compress to wipe block technique. The researcher would like to know the effect compresses tepid sponge to decrease the body temperature of children with dengue high fever. This research used a quasi-experimental design with test Control Group Pre and Post Test Design. The population on this research is all of children with dengue high fever in Rasyid Thalib RS Muhammadiyah Palembang. The sampling method performed is random sampling technique, sampling was obtained 10 children for the intervention group and 10 children in the control group, total sample of 20 children with dengue hemorrhagic fever. The instrument used in this study is a digital thermometer. Data processing univariate analysis with arithmetic average (mean) and bivariate by using dependent t test. The analysis result based on dependent t test results, the P value = 0.010 < α = 0.05. The results of the study concluded that there were an effect compresses tepid sponge to decrease the body temperature of children with dengue high fever. The compress method tepid sponge and made the results of this study as an input in the manufacture of SOP as interventions in nursing care children during a fever of more than 38°C.

Keywords: Dengue hemorrhagic fever, Body Temperature, *Tepid Sponge*

INTRODUCTION

Children are valuable human resources. Children must live prosperous to grow and develop with optimal to perform tasks development in the future. Conversely decreasing quality of life of children will

have a long term effect on His personal life as an individual As well as part of life Social. Children whose health status often disturbed later will grow Become a weak and unprepared person To assume duties as

an agent Successor of the nation (Damayanti, 2008).

Factors that affect the frequency Children experience pain is the region Tropical, where the tropics are like Indonesia is good for germs for Breed for example flu, malaria, Dengue hemorrhagic fever (DHF), and diarrhea. The various diseases are usually increasingly Epidemic in the transitional season and will Affect changing conditions Child health. The child's condition is healthy Become sick resulting body Reacting to increase that temperature.

Referred to as fever (Damayanti, 2008). One of the most common diseases By the child is dengue fever Dengue (DBD) which is one Public health problems in Indonesia With the increasing number of sufferers Increase and spread more large. One of the signs and symptoms of the disease Dengue hemorrhagic fever is a fever. Traditionally, fever is defined as Rise in body temperature above normal. If Fever is not immediately overcome can Cause serious effects on children Ie it can cause dehydration and febrile convulsion. Many parents are Lack of understanding about handling Fever, and cause the child to suffer Dehydration and seizures due to treatment Which is not appropriate (Anver, 2009)

Handling of fever can Carried out by pharmacological action, Non pharmacological measures as well

Combination of both. Action Pharmacologically that gives medicine Antipyretic. While non action Pharmacologically that is extra action In reducing heat after administration Antipyretic drugs. Non pharmacological action Against such a heat reduction Provide plenty of drinks, Placed in a room temperature Normal, using clothes that are not Thick, and ompresses (Kania, 2011).

Compress is one of the physical methods To lower body temperature when the child Have a fever. Another action that is Used to decrease the heat is Tepid sponge. Tepid sponge is A rocedure for improving control Loss of body heat through evaporation And conduction, which is usually done In patients with high fever. The purpose of the action is tepid sponge is to lower body temperature on Patients with hyperthermia (Kozier, 2009).

According to Kolcaba (2005) tepid method Sponge is more effective. Tepid sponge with How to properly lower fever faster 15 minutes from just with drugs Antipyretic. Tepid sponge is Alternative techniques that warm compresses Rampant observed. The main purpose of this technique Is to lower body temperature. This technique Began to be developed and researched in the country Forward like America and England. To Lately this technique is ontinuously researched and

Extends to other countries such as Brazil, Singapore, and India (Alves et All, 2008).

The tepid sponge technique is Combination of block technique with wipes. Technique The tepid sponge uses a compress Block not only in one place only, But rather in some places Which has large blood vessels Such as in the neck, armpit, and groin. In addition there is still additional treatment Namely by giving wipes in some Body area so that the treatment Applied to the client on this technique Will be more complex and complicated Compared with other techniques. However with a compress block directly on These various places will facilitate Forwarding the signal to the hypothalamus with More vigorous. Besides giving wipes Will accelerate widening of the vessels Peripheral blood will facilitate Heat transfer in body to the environment Around which will accelerate more Decreased body temperature (Reiga, 2010).

From the preliminary study results Conducted on 13 January 2017, from 4 nurses who have been in Interview said not know about Tepid sponge that can lower the temperature The child's body due to fever, so they are Has not applied deep sponge tepid Handle child fever. So they are just Do compress the alternating interval Hot compresses (37°C) and warm compresses (35°C) when the child has a fever with Body temperature 39 ° C, and given drug therapy

Antipyretic (Paracetamol) as indicated From a doctor.

Based on the description above, the importance Handling fever in children for Prevent the occurrence of complications that will Aggravate the child's pain condition and yet Knowing the influence of tepid sponge Against decreased body temperature in children

In RS Muhammadiyah Palembang Especially in Rasyid's inpatient ward Thalib, then researchers are interested in doing Research on "Effect tepid Sponge against decreased body temperature In children with dengue hemorrhagic fever (DBD) in Rasyid Thalib hospital ward RS Muhammadiyah Palembang Year 2017"

RESEARCH METHODS

This study uses the type Quasi Experiment research with form Pret Post test design With Control Goup Design. In this study observation Done twice before And after treatment. The population in this study is All children with dengue fever Dengue (DBD) treated in the care room Rashid Thalib Hospital Muhammadiyah Palembang period April to May Year 2017. The sample in this study Were 20 respondents with inclusion criteria Which the researcher has set is 10 Person for treatment group and 10 Person for the control group. This study was conducted in

the ward Rashid Thalib Hospital Muhammadiyah Palembang on 4 April to 4 May of 2017.

Instruments used in This research is a digital thermometer To measure body temperature, water thermometer Mercury to measure hot water, stationery, Tools and materials for tepid sponge, clock Hands and tepid implementation checklists Sponge.

RESULT

1. UNIVARIATE ANALISYS

The result of characteristic analysis of respondents Based on age it is found that on average Age of respondents in the treatment group Is 2.80 with a standard deviation of 1,135 And the average age of respondents in the group The control is 2.50 with the standard deviation 1.509. From the results statistik obtained P value Between the two groups is $P = 0,627$ so no difference of mean age between tepid treatment group Sponge and control groups.

On the characteristics of respondents By sex, in groups Treatment was obtained at most Respondents with male gender Ie as many as 7 people (35%), so too In the control group of respondents with More male sex Compared with respondents type Female genitals as many as 6 people (30%). Statistical results P value between two The group is $P = 0.180$ which Means no

different types are obtained Sex in the treatment group and Control group.

The initial average temperature before tepid Sponge is $38,79 \pm 0,500C$, mean temperature Early in the control group was $38.66 \pm 0.380C$ with average difference $0.130C$ and from the statistical test results obtained $P = 0.548$ which means not obtaineThe difference between the initial body temperature at Groups of sponge and tepid groups Control whereas body temperature averages The end of the sponge tepid group is $37.71 \pm 0.470C$, at the final body temperature The control group was $38.10 \pm 0.380C$ With difference difference average $-0,390C$ And obtained $p = 0,069$.

The research was found that the average initial body temperature before tepid sponge Is $38.79 \pm 0.500C$ and the average temperature The final body on is $37.71 \pm 0.470C$. Visible difference of initial body temperature changes And the final body temperature is $1.080C$. After Done statistik test got value $p = 0.000$, then it can be concluded there A significant difference between the averages Body temperature start and end after Done tepid sponge in children with Dengue hemorrhagic fever. As well as In the control group, mean temperature The initial body is $38.66 \pm 0.380C$, on average End body temperature $38.10 \pm 0.390C$ with The difference between initial body temperature changes

and temperature The final body of 0.560C. Test results Statistik got value $p = 0,000 < \alpha$ (0.05) which means there is a difference Significant mean body temperature and baseline End in the control group in children With dengue hemorrhagic fever.

2. BIVARIATE ANALISYS

The average of body temperature in tepid Sponge group is 1.080C and average temperature Body in the control group is 0.560C with an average difference of 0.520C. The result of t test statistic got p value = 0,010 then it can be concluded there Influence of tepid sponge against Decreased body temperature in children with Dengue hemorrhagic fever (DHF).

DISCUSSION

In this study, the results obtained Average body temperature in the group Tepid sponge is 1.080C and average Body temperature in the control group Is 0.560C with average difference 0.520C. Statistical test results obtained Value $p = 0.01$ then it can be concluded There is influence of sponge against Decreased body temperature in children With dengue hemorrhagic fever (DHF). This is in accordance with that theory Proposed by Kozier (1995 in Journal Pairi 2011) that tepid sponge Is a way to lower Body temperature on fever clients with How to increase heat loss Body by means of conduction and Evaporation. The

conduction process takes place Because of skin contact of the object With temperature difference, whereas Evaporation causes loss Heat caused changes Liquid to gas. In this technique It is believed heat is lost through the process Radiation, due to the surface area The body in contact with the atmosphere. Tepid sponge is a procedure Given to patients with Goal to lower or Reduce body temperature with Using warm water. Like on Warm compress, tepid sponge work By sending implus to Hypothalamus that the surroundings Is in a hot state. Circumstances This will result in the hypothalamus Respond by fixing body temperature The higher by the way Reduce production and conservation Hot body (Guyton & Hall, 2007).

The working mechanism of tepid sponge So it can reduce heat Is the hypothalamic preoptic area Get stimulus in the form of response Heat where in this optical pre area Cue to heat greater than On a cold only cue Third, then heat response Sent to the anterior hypothalamus, if Nerve cells in the anterior hypothalamus Get stimulus in the form of receptor Heat then when impulse is delivered To lower body temperature, if The body gets heat stimulation Preoptic diarea then will Increase heat dissipation Through two paths ie with Stimulation of sweat glands where A large amount of sweat is secreted into Skin

surface to inflict Heat dissipation by evaporation By the body and at this very moment Blood vessels dilate, occurrence This vasodilation causes the vessels Blood widened so that blood flow to The skin increases where this blood flow As the main mechanism of transfer Heat from the core of the body of the skin. This matter As a quick reaction in order to Releasing heat so that helps Lower body temperature to normal (Potter & Perry, 2009).

The results of the study by Syltami Bardu (2014) was obtained in 15 children Toddlers who have a fever in Puskesmas Salaman 1 Kabupaten Magelang obtained a decrease in temperature Body on the treatment of tepid sponging 1.09°C so the tepid sponging is more Effectively lower body temperature due Tepid sponging gives an effect More broadly on the human body Compared with plaster compress Which only affects at one point only. The results of this study are also in line with Previous research conducted By Mailing ortolomeus, Sri Haryani, Arif Syamsul (2012) in RSUD Tugurejo, Semarang, the results showed There is influence of sponge against Decreased body temperature in children age 1-10 years with hyperthermia. In view From result of test analysis wilcoxon signed Rank test in get value p-value $0.0001 < 0.005$ with an average decrease of 1.4°C . In the opinion of researchers, that Tepid sponge and antipyretic action More effectively

lower body temperature Compared with giving Antipyretics only. Tepid sponge Stimulates vasodilation so Speed up evaporation process, Conduction and antipyretic inhibit So prostaglandin production can Lower body temperature. Can not It is undeniable that the decline in body temperature Treatment group in this study Other than due to tepid treatment Sponge is also affected because of it Antipyretics. Giving Antipyretics can not be removed in This study is due when on Child fever is not given a medication for lowering Often called fever Antipyretics can aggravate the condition Child, can cause child Shock, febrile seizures and even a decrease Awareness so that researchers are still Provide a type of antipyretic drug Same in both groups of respondents.

In this study also obtained Average body temperature in the group Control is 0.560C measured after 50 Minutes of antipyretic administration. The findings are supported

A systematic review by Carlton (2001) Which explains that there are three Research reports are present Difference statistically, on average Decreased body temperature in one hour First the antipyretics ie Ranges from $0,50\text{C}-1,10\text{C}$. In the group Control is not given tepid treatment Sponge but there is a decrease in temperature Body in this group. As for Factors affecting the decline The child's body temperature is not given

Tepid sponge ie child wear The clothes were thin and absorbing Sweat, and drug delivery Antipyretic.

This research is in line with that Proposed by Saito (2013) that Fever handling is divided into two Action ie pharmacological action And non pharmacological. Action Pharmacological measures of administration Drugs as fever or lowering Often called antipyretics. Non-pharmacological action is Fever reduction measures with Using physical therapy like Put the child in the room temperature And circulate well, replace Clothing of children with thin clothes And absorbs sweat, gives Adequate hydration, and giving compress. According to Sodikin (2012), Antipyretics work by the way Inhibits cyclooxygenase Hypothalamic, thus inhibiting Synthesis of PGE2. Through dosing Therapeutic paracetamol will Lowered the fever after 30 minutes, Maximum achievement is achieved around 3Hours, and fever will recur 3-4 hours after administration. Need too Watch out for that type of food Consumed, because that food Contains carbohydrate levels High will reduce absorption Thus blocking the decline fever.

Based on research results, Researchers argue that administration Antipyretics can lower the temperature Body on the child, but the difference Decreased body temperature in a child Given antipyretics alone is smaller

Compared with the child being given Combined antipyretics as well With the provision of tepid sponge. From The results of this study, researchers Concluded that there is influence Tepid sponge in lowering the temperature Body in children with fever Bleeding dengue and giving Antipyretics combined with Tepid sponge will experience the difference Decrease in body temperature is greater Compared to that of a child only Given antipyretics. But on This study can not be enforced In general, because of this research Only done on child fever Bloody dengue.

CONCLUSION

Based on the results of research it can be concluded :

1. Average initial body temperature before tepid Sponge is 38,790C and average The initial temperature in the control group is 38.660C in children with fever Bleeding dengue inpatient room Rashid Thalib of Muhammadiyah Hospital Palembang.
2. Average body temperature end at The sponge tepid group is 37,710C, Average body temperature end on The control group is 38,100C on Children with dengue hemorrhagic fever Hospital room Rasyid Thalib RS Muhammadiyah Palembang.
3. There is influence of sponge against Decreased body temperature in children

with Dengue hemorrhagic fever seen from the average decrease in body temperature tepid sponge 1.08 ° C with a value of p value 0.010.

SUGGESTION

1. For Research Sites The results of this study are expected to be Become material for education program Nurses in order to improve Knowledge of care on Child fever in general in Consider giving tepid Sponge to lower body temperature Non-pharmacologically in line with Medical therapy given doctor. The researchers suggested Related instances to not eliminate The procedure remains a warm compress Has been there before.

2. For Health Workers The results of this study can add Insight and knowledge in particular

For nursing a child about Influence of tepid sponge against Decreased body temperature in children with Diagnosis of dengue hemorrhagic fever, as well as Into library reference for Develop research activities next.

3. For Further Researchers Expected for further researchers More developing research results About other compress methods inside His ability to lower body temperature.

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THE EFFECT OF NESTING ON WEIGHT CHANGES IN LOW BIRTH INFANTS IN PERINATALOGI ROOM

Lince Amelia¹, Eka Ardianita Utami²,

Linceamelia2@gmail.com

¹Lecturer at Nursing Institute of Muhammadiyah Pontianak

² Student at Nursing Institute of Muhammadiyah Pontianak

ABSTRACT

Background : Low birth weight (LBW) are including the main factors in increased mortality, morbidity and neonatal disability. West Kalimantan province was the second highest ranked incidence of LBW amount 15%. One of the problems that occur in LBW is unstable weight that causes of increasing loss of energy. LBW causes of energy loss in most organs of the body are caused immature, one of the skeletal system, so that the position of the infant and the infant tends extensions that are in active sleep. This causes increased was stress. Nesting is a a tool to refute the infant sleeping position so that in a flexed position. The purpose of this study to identify the nesting effect on body weight

Method : The design of this research was quasi experiment design with the reserved before and after design without control group only 15 respondents based on inclusion criteria neonates older than 3 days after birth. Neonatal with birth weight ≤ 2000 grams. Neonatal in a stable state. Before setting-up of nesting the firstly given weight measurements by using digital scales. Setting-up of nesting is done for 5 days. The bivariate analysis using t-test dependent.

Result : Statistical test results showed the average weight before of 1529.47 grams, and the weight after doing the nesting of 1552.47 grams. The analysis of this research, there is a significant difference of weight before and after the installation of nesting with p value = 0.002.

Conclusion : Based on the results of the study recommended nesting that can be used in the treatment of LBW in an effort to facilitate the growth of low birth weight, especially weight.

Keywords : Nesting, body weight, low birth weight.

Background

Infant is a child with an age range of 0-12 months. Babyhood is the first month of critical life because the infant will experience adaptation to the environment (Perry & Potter, 2006). High infant mortality is a health indicator of a nation (Maryuni, 2013). Infant mortality is a significant phenomenon, according to WHO (2013) estimated at 2 per 3 deaths under the age of 1 year occurred in the first 28 days. Infant deaths in 2010 was 3.1 million, quarter to one-half occurred within the first 24 hours of birth and due to premature and small births, infections, shortness of breath. Based on the data shown that low birth weight (LBW) infant mortality is still the main cause of death in infants.

Birth of LBW in Indonesia is still relatively high. Indonesia has an infant mortality rate of 34 per 1000 live births (Suseno, 2008). According to the Riskesdas survey in 2013 that the percentage of toddler (0-59 months) with LBW is 10.2%. The highest percentage of LBW was found in Central Sulawesi Province (16.8%) and the lowest in North Sumatra (7.2%). West Kalimantan Province was the second highest ranked for cases of BBLR that is equal to 15% (MOH, 2014).

Infants with LBW are infants with birth weight less than 2500 grams regardless

of their gestational age, either prematurely or moderately months (WHO, 2004 in Kemenkes, 2009). According to Kosim, et al. (2009) that three-quarters of low birth-weight infants are premature. The problem of LBW especially in preterm birth occurs due to immaturity of the organ system in the infant. One of the problems that occur in LBW is the instability of body weight (weight gain difficult). Interference occurs due to an intrauterine growth disorder or shortening of gestational age, so the infant does not have or only have a few subcutaneous fat deposit, limited fat reserves, reflexes suck and swallow the baby is still weak. This condition will affect the digestive process while the digestive function is needed immediately for the sustainability of energy needs (Johnston, Flood & Spinks. 2007; Wong, et al. 2009).

Energy requirements are needed in infant with low birth weight because most of the immature organs in adaptation to the extrauterine environment. One of the immature LBW body systems is the skeletal system. Skeletal system in neonatal contains more cartilage and bone ossification. In low birth weight infant with gestational age less than 37 weeks the muscular system is relatively complete, therefore the position on LBW tends to be extension so that muscle stress increases (Wong, et al. 2009), it

caused the extension position of the infant are tends to be in active sleep that effect in increased cell metabolism, thus it takes a lot of energy that the effect become difficult weight gain (Ferrari, et al., 2007).

Various strategies are carried out on LBW to decrease energy needs, one of which is minimizes stress. The actions that can support above goals include by providing minimize light, sound and nesting (Lucas, 2015). According to Brademeyer, et al (2008) Giving nesting to LBW infant so that the position of infant can provide an effective support for neuromuscular development and increase the activity of hand to mouth for quiteness. According to Guyton and Hall (2007) energy expenditures by the body are classified into two categories that is external and internal work. External work is the use of energy through skeletal muscle contraction. Internal work is all biological energy used. The greatest energy use is required for skeletal muscle contractions (Sherwood, 2008). LBW infants tens become an extension position that caused the infant can not maintain the normality of the torso, so that the risk of energy spending on LBW is more (Kenner & McGrath, 2006).

Nesting is a tool that used linen to disprove the infant's sleep position so as to minimize the movement of the infant. The length of the tool is about 121-132 cm and can be adjusted to the baby's body length

(Lucas, 2015). According to Ward and Hislesy (2009) Nesting is a refuted of the infant's sleep position so that it remains in the flexion position, it is intended that there is no drastic change in position in infants which can caused a lot of energy lost from the body of neonatal. Nesting is one of the nursing actions that apply the principles of the concept of energy conservation, the principle proposed by Myra Estrin Levine. Levine declare that humans will always adapt to changes that occur in around environment (Tomey & Alligood, 2006).

Several studies have been conducted regarding the application of nesting in neonatal Ferrari, et al. (2007) setting up of nesting in premature infants is useful in facilitated the flexion position and adduction of premature infants, so decrease suddenly movement.

The diffrence research of Poulouse, Babu and Rastogi (2015) the results showing that nesting in premature infants significantly influence the infant's physiological response include stable heart rate and respiratory rate. The study was also supported by Comaru and Miura (2009) which states that nesting is effective against the physiological stability and behavior of premature infants at the time of diaper changed. Bayuningsih (2011) conducted a study on preterm infants as many as 15 infants conducted intervention in the form of nesting and prone position, the results of

this study can be concluded that nesting effect on oxygen saturation of premature infants.

Research conducted Reyhani, et al. (2016) that purposed to evaluating the nesting position of the premature sleeping-wake period. The results of the study showed that there was a significant influence on the infant's deep sleep score with increase the quiet sleep period so can help to lower the rate of metabolism.

Research Method

The Research type is quasi experimental with design before and after design without control group. This study was done from June to July 2016. The population in this study were all infants of low birth weight in the RSUD dr. Soedarso Pontianak. Research subjects are infants with low birth weight that the following inclusion criteria: Neonatal aged ≥ 4 days after birth, Neonatal born with birth weight

≤ 2499 grams, Neonatal in stable condition (normal infant breathing (40-60x / min) normal body temperature (36,5-37,50C), pulse in range (120-160x / min). Exclusion criteria are infant complicated such as RDS, anemia, intracranial hemorrhage, NEC, PDA, active infection, and prematurity apnea, treatment of phototherapy, infants have congenital anomalies.

Consideration of large sample was used in this to examine the difference hypothesis 2 group mean paired by using the formula that obtained 13 samples. According to Sastroasmoro and Ismael (2010) to prevent the dropout samples from the research can be added 10%, so the totally are 15 samples. The sample selection used non probability sampling. The independent variable in this research is nesting, dependent variable that is weight change of LBW Infants. Data analysis using paired sample t test with significance level $p < 0,05$

Results and Discussion

Table 1. Respondent characteristics

Variable	Frequency	Percentage (%)
Gestational age < 37 weeks	12	80

37 – 40 weeks	3	20
Sex		
Male	8	53,3
Female	7	46,7

Based on the analysis results can be seen that the major of LBW infants who become respondents with gestational age less than 37 weeks. Meanwhile, based on the frequency of respondents with male more than female that is male (53.3%) and female (46,7%)

Variable	Mean	Standard deviation	Min	Max	95% CI
Infant's age	4,93	1,1	4	7	4,32-5,54
Body Length	39,33	2,582	36	43	37,9-40,76

on the analysis results obtained mean of infant's age with LBW was 4.93 days, the median of 5 days (95% CI: 4.32-5.54) with a standard deviation of 1.1. The lowest of infant's age is 4 days and highest is 7 days.

From analysis results is obtained the mean of body length infants with LBW 39.33 cm, median 40 cm (95% CI: 37,90-40,76) with standard deviation 2,582. The lowest of body length is 36 cm and the highest body length is 43 cm.

Table 2. Mean score weight of respondent before nesting setting-up

Variable	Mean	Standard deviation	Min	Max	95% CI
Weight before	1529,47	304,142	1100	2000	1361,04-1697,90

The analysis result of mean weight of respondents before was 1529.47 (95% CI: 1361,04-1697,90), with standard deviation 304,142. The lowest weight is 1100 and the highest is 2000.

Table 3. Mean score weight of respondent after nesting setting-up

Variable	Mean	Standard deviation	Min	Max	95% CI
Weight after	1552,47	311,797	1130	2060	1379,80-1725,13

The analysis result of mean weight of respondents after was 1552.47 (95% CI: 1379,80-1725,13), with a standard deviation of 311,797. The lowest weight is 1130 and the highest is 2060.

Table 4. The Effect Nesting on Low Birth Weight Infants Before and After Nesting

Variable	Measurement	Weight	p Value
Weight	Before	1529,47	0,002*
	After	1552,42	

Results of statistical test was obtained p value = 0.002, weight increased is a important process in management of LBW infants in addition to prevention of complications. Weight is an indicator of LBW infants growth, it is related to the balance of energy in the body. So it can be concluded that there is a significant difference of mean between of weight infants before nesting and after nesting.

Discussion

Research interpretation is described according to the study objectives and hypotheses proposed in this study. The

purpose of this study was to determine the influence of weight increased on LBW infants in Perinatology room. Infant's weight measurements were made when the

first respondent up to the fifth day became the respondent.

The results showed that from 15 respondents conducted nesting setting-up there is difference of mean of body weight before and after treatment is 23 gram with p value 0,002, so there is significant influence between body weight before and after done nesting.

Nesting in low birth weight infants reduces energy loss through adjustment of flexion positions that can accommodate excessive movement to maintain the normal torso and support early regulation, resulting in increased quiet sleep (Kenner & McGrath, 2006). Elevation of restful sleep is evidenced by the research of Reyhani, et al (2016) in 60 premature infants. The purpose of this study was to evaluate the nesting position of the premature infant sleep-wake phase. The results showed that nesting had a not significant effect on the sleep-wake phase of the baby. However, it has a significant effect on the deep sleep score of a sleeping sleeper in restful sleep (NREM), this is because the baby's nesting fixation remains in the position of flexion so that the infant can maintain the normal torso and reduce the infant awakening unexpectedly . With the condition of the infants in a state of restful sleep is to apply the baby in relaxed circumstances and minimal motor activity with the help of the nesting. This matter was appropriate with research of

Ferrari et al (2007) that infants in nesting have a major effect on spontaneous motor behavior.

The decrease of energy loss is also evidenced from the research of Comaru and Miura (2009) that found the effect of nest mounting on the physiologic response of premature infants. The study was conducted on 48 premature infants to see physiological status. The results of this study indicate that nesting has a significant effect in decreasing the pulse rate ($t = 0.0012$; $p < 0.05$). Stable pulse rate will decrease of spending energy. Infants in calm sleep conditions are cause energy use will be reduced, in this condition the metabolism of the body will be reduced so that the carbon dioxide formed as a result of cell catabolism also decreases which causes decreased of the formation ions $H +$ (Bobak, Lowdermik & Jensen, 2005).

According to Sherwood (2008) sleep is an active process, not only lost of awake conditions, the level of overall brain activity is not reduce during sleep. During certain phase of the sleep the oxygen absorption of brain even increases beyond the normal level when awake.

Physiology of sleep is divided into two types: Paradoxal sleep or rapid eye movement (REM) and non-REM (NREM). NREM sleep consists of four phase. Phase 1 is observed in the transition between wake and sleep. Phase 2 is characterized by the frequent emergence of sleep waves (sleep

spindles). Phase 3 and 4 are known as a slow-wave sleep (Sherwood, 2008). According to Saputra (2013) quiet sleep (NREM) is due to decreased activity in the reticular activation system which is maintained by a serotonergic mechanism. After the 4th phase, suddenly the eyeball began to move quickly, so this sleep is called REM (phase 5). The heartbeat and the breath accelerate, the blood pressure rises, the muscles of the limbs and body tight again.

Guyton and Hall (2007) quiet sleep is marked with decreasing some of the physiological body functions including metabolism, muscle work and vital signs, such as blood pressure and breathing frequency, due to hyperpolarization of GABAnergic neurons, thus inhibiting the projection of corticotalam neurons. At this stage of sleep produces delta waves. The delta phase is the resting phase for the body and mind, in this conditions of metabolic demand of the brain is reduced, muscle relaxation, and decline of parasympathetic.

Research of Liu, et al. (2008) quiet sleep (NREM) plays a role in regulating the ghrelin hormone that works directly on the brain through the vagus nerve in decreasing metabolism so it can be decreasing an energy spending and increasing the keeping fat. So there is a balance of energy in LBW infants and increase there weight.

Conclusion

From the results of this research can be concluded that nesting significantly influence on the weight increased in LBW infants.

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THE EFFECTIVENESS OF STORY TELLING USE THE PICTURES TOWARD PAIN IN TODDLER WHO IS DONE PHLEBECTOMY PROCEDURE

Almumtahanah¹, Marlina Soviani²

¹Lecturer at Nursing Institute of Muhammadiyah Pontianak

²Student at Nursing Institute of Muhammadiyah Pontianak

ABSTRACT

Background : Based on national health survey year 2010 shows that illness number of child aged 0-4 years old is about 25,8% that lead to hospitalization in hospital. Hospitalize is serious condition which is faced by toddler because it will inflict traumatic. The purpose of phlebotomy is to establish medic and nursing diagnose, this procedure is the most one that lead to pain during hospitalization and can cause traumatic in toddler. Distraction is non-pharmacologic management as redirect actions to the pain and negative emotion that cause patient's mind focuses in other stimulus. Storing using the picture is visual and auditory distraction which is part of comfort interventions that can be done in toddler who is done phlebotomy. The aim is to know story telling use the pictures toward pain in toddler who is done phlebotomy procedure at RSIA Anugrah Kubu Raya.

Method : The design used in this research is quasi experiment with post-test only equivalent control group. Total sample were 32 toddlers. The research instrument is FLACC standard. Statistic test used Mann-Whitney test.

Result : There is a significant influence of story telling use the pictures toward pain in toddler who is done phlebotomy procedure. $P = 0,001$.

Conclusion : Distraction of story telling use the pictures effectiveness toward pain in toddler who is done phlebotomy. The recommendation is distraction of story telling use the pictures as non-pharmacologic management intervention to decrease pain in toddler who is phlebotomy procedure.

Keywords: Story telling use the pictures, pain, toddler, phlebotomy

Reference: 2006-2015

Background

Children toddler immune system has not been formed perfectly so that children are susceptible to health problems. Based on the National Health Survey (Susenas) in 2010 the morbidity rate of children aged 0 - 4 years by 25.8%, so that often children are hospitalized.

Hospitalization is a crisis facing children because it will cause anxiety. The toddler child's anxiety response is more visible than preschoolers who are fussy, do not want to be left behind by the mother, ask to be held up, afraid of the hospital environment including the doctors and nurses who care for them. This happens because the child is anxious about separation, loses control of being unable to perform activities properly, suffering bodily injury and pain due to invasive procedures (Wong, et al. 2009).

The child's reaction to hospitalization is influenced by the child's age, his or her experience of illness, separation from family, previous hospitalization, coping mechanisms owned by the child, the severity of the diagnosis, and the support system of the family and health team (Wong, et al. 2009).

One way to enforce a medical diagnosis and nursing diagnosis in a hospital is by taking a blood specimen. The collection of blood specimens is done by inserting syringes in veins, arteries and capillaries. This

procedure most often causes pain during hospitalization in children and can cause trauma to the child (Aryani, et al. 2009).

Pain management is an atraumatic care measure to prevent trauma and anxiety in children. Pain management can be done nonfarmakologi one distraksi. Distraction is an act of diversion to the pain and negative emotions so that the patient's attention is focused on other stimulus (Perry & Potter, 2010; Zakiyah, 2015).

Picture story books include visual and auditory distractions. Storytelling using images makes it easy for the child to explore the story so that the child will be entertained and interested to see the picture. Different images and colors in each sheet plus an interesting storyline are expected to be distracted so children's attention is distracted (Kusuma, 2013; Zakiyah, 2015)..

Maternal and Child Hospital (RSIA) Anugrah is a private hospital that provides limited specialist medical services that provide services to support the health of mother and child. At this hospital when the collection of blood specimens has not been applied nonfarmakologi pain management so the researchers are interested to conduct research on the effectiveness of story telling use the pictures toward pain in toddler who is done phlebotomy procedure at RSIA Anugrah Kubu Raya.

Research Method

The research design used in this study is quasi post test experiments only non equivalent control group. This study was conducted to determine the effect of story telling use the pictures toward pain in toddler child pain that dilakukan procedure of taking blood specimens. The number of

samples in this study were 32 respondents. 16 respondents as intervention group and 16 respondents as control group. The research instrument used was the study of FLACC pain. Statistical test using Mann-Whitney test.

Results and Discussion

Tabel 1 Characteristics of respondents

Variabel		Kelompok	
		Intervention	Control
Gender	Male	5 (31,3%)	8 (50%)
	Female	11 (68,8%)	8 (50%)

Table 2 Result of story telling use the pictures toward pain in toddler who is done phlebotomy procedure

Variabel	N	Mean	SD	Mean Rank	Pvalue
Intervention	16	2,44	1,209	11, 16	0,001
Control	16	4,19	1,276	21,84	

Based on the above table it can be seen the average pain in the intervention group is 2.44 with mean rank 11.16 while in the

control group 4.19 with mean rank 21.84. From statistic data got p value 0,001, p value $<\alpha$ (0,05). This shows that there is

effect of distraction from story telling using picture to pain in toddler who is done phlebotomy procedure with average intervention group pain smaller than control group.

Discussion

The results showed that the average pain in the puppet play group was 4.19 whereas in the story telling use pictures group was 2.44. From statistical data got p value 0,001, p value $<\alpha$ (0,05). This suggests that distraction of story telling use pictures can influence to decrease the pain using control group.

In this research, the researcher perform visual and visual distraction by doing distraction story telling using picture. This play distraction is performed before phlebotomy procedure until phlebotomy procedure finishing.

The presence of a pain stimulus is the collection of blood specimens that stimulate the nociceptor in the periphery. This pain intolerance is continued by seratafferen (A-delta and C) to the spinal cord via the dorsa horn. These impulses are then synapticized in the agelatinous substance (lamina II and III) and then the impulse passes through the spinothalamus tract. From the spinothalamus, the impulse directly enters formationreticular and thalamus. In the formatioretikularis arise emotional response such as shock, anxiety, increased pulse, cold sweat out. In this part of the thalamus the

individual perceives, describes and interprets pain (Sherwood, 2008).

Distraction story telling use pictures in toddler who is done phlebotomy procedure is expected by distraction impulse that go into thalamus can influence perception and interpretation of child toddler to pain so that child perception to pain will be reduced so that the pain scale in child also low.

Conclusion:

Distraction of story telling used picture effectiveness to ward pain in toddler who is done phlebotomy.

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**ANALYSIS OF FACTORS AFFECTING SUCCESS RESUSCITATION
OF HEART PATIENTS OF CARDIAC ARREST PATIENTS
IN THE ROOM OF HOSPITAL BANJARMASIN HOSPITAL**

Nurpratiwi¹, Solikin²

Email: nurpratiwi_atih@yahoo.com

1 Nursing, STIKES YARSI Pontianak, Indonesia

2 Nursing, Muhammadiyah University of Banjarmasin, Indonesia

ABSTRACT

Heart disease and blood vessels are one of the major health problems in both developed and developing countries. In patients with coronary heart disease 80% have cardiac arrest (cardiac arrest). Cardiac arrest is a condition where the heart's work stops as a result of the work of the heart to pump the blood does not work which then causes the supply of oxygen needed by the vital organs in the body is not met. Cardiac arrest if not handled immediately then there will be death. The risk of death can be minimized by the appropriate and adequate treatment of appropriate Lung Heart Resuscitation (RJP). This study aims to analyze the factors that influence the success of CPR in patients Cardiac arrest in the room IGD Banjarmasin hospital. The study design used observational analytic with cross sectional study. This study was conducted on 40 respondents, with statistical test used is chi square and multiple logistic regression. Multivariate analysis result shows that the dominant factor influencing the success of CPR is the number of cycles (p value 0,00 and OR = 23,11). Nurses can pay attention to the patient's condition and number of cycles to increase the success of CPR in Cardiac arrest patients.

Keywords: Cardiac arrest, CPR Success

Reference List: 54 (2006-2014)

ABSTRACT

Cardiovascular disease is one of the major health problems in developed and developing countries. In patients with coronary heart disease 80% had a cardiac arrest. Cardiac arrest is a condition in which the heart stops working as a result of the heart to pump blood is not functioning which then causes the supply of oxygen needed by the vital organs in the body are not met. Cardiac arrest if not handled soon there will be death. The risk of death can be minimized by administering measures Cardiac Pulmonary Resuscitation (CPR) are appropriate and adequate. This study aimed to analyze the factors that influence the success of CPR in cardiac arrest patients in the hospital emergency room Banjarmasin. The study design using analytical observational cross-sectional study. This study was conducted on 40 respondents, the statistical test used was chi square and multiple logistic regression. Multivariate analysis showed that the dominant factor affecting the success of CPR is the number of cycles (p value = 0.00 and OR = 23.11). Nurses can observe the patient's condition and the number of cycles to improve the success of CPR in cardiac arrest patients.

Keywords: CPR, Cardiac arrest, Survival

References : 54 (2006-2014)

INTRODUCTION

Lifestyle and lifestyle are fast-paced, became one of the causes of high rates of heart disease and blood vessels, commonly called coronary heart disease. Coronary heart disease patients 80% have cardiac arrest. Cardiac arrest is the number one killer disease in the world. According to the World Health Organization (WHO), deaths from heart disease will continue to increase worldwide. In total, by 2030 it is

predicted there will be 52 million deaths per year or up 14 million from 38 million people this year. 70% of the global population will die of heart disease (Maukar, 2014).

Statistics on Cardiac arrest events each year in Indonesia are estimated at 10 thousand residents, which means 30 people per day. Most cases experienced by coronary heart patients (Romdoni, 2010). Data in the Health Profile of South Kalimantan Province in 2014 of

cardiovascular disease is among the top 10 cause of death in South Kalimantan due to Cardiac arrest or cardiac arrest that often occur suddenly in people with cardiovascular disease (Kemenkes, 2015).

The result of preliminary study in September 2015 at the IGD room in three types of hospitals in Banjarmasin City found that hospital types A, B and C from 10 patients Cardiac arrest performed RJ

with result 2 patient survive and 8 patient not saved. This can be influenced by several factors such as patient factors, nurse competence that has not been able to properly implement CPR techniques and equipment that is still not adequate.

Research by Yukti and Raharjo (2011) said that from 220 patients with cardiac arrest and after CPR of survivors as many as 3 people (1.4%), 217 people died (98.6%).

Cardiac arrest is a condition of sudden loss of cardiac function resulting in the cessation of blood circulation throughout the organ which causes the oxygen supply required by vital organs

in the body is not met. If not handled immediately will result in death of the brain's major organs and other vital organs. The risk of death can be minimized by the appropriate and adequate treatment of appropriate Lung Heart Resuscitation (RJP).

The purpose of this study is to analyze the factors that influence the success of CPR in patients Cardiac arrest in the room IGD Banjarmasin hospital.

Method

This research is a quantitative research and observational analytic research design using cross sectional approach. Population in this research is all nurse of implementing in room of IGD Banjarmasin Hospital amounted to 77 people. Sample amounted to 40 respondents according to inclusion criteria including patients with cardiac arrest, nurses who served in IGD, nurse educated at least D3 Nursing who work in IGD at least 2 years and who have attended emergency department training. Sampling technique used is non probability sampling technique type consecutive sampling.

Independent variables in this study are patient factors, nurse competence, number of cycles, and resource with ordinal data scale. The dependent variable is success after CPR (survival or not survival) of nominal data scale. Data collection using observation sheet instrument. The results were analyzed by Chi-square statistical test for bivariate analysis and statistical test of multiple logistic regression for multivariate analysis. Prior to conducting the research, the researcher proposed the ethical feasibility at the local institution and declared it worthy of ethics.

Results

The results of research conducted on November 26 to December 14, 2015 in the room IGD Banjarmasin Hospital, obtained data as follows:

A. Univariate Analysis

above are all nurse respondents working in the IGD room of Banjarmasin hospital. Based on sex, the majority of respondents are men as much as 82.5% (33 respondents). Characteristics of respondents based on the most recent education is Nursing DIII education by 70% (28 respondents). The most patients with poor patient condition was 65% (26 respondents),

the highest number of cycles were 72.5% (28 respondents), and survival rate 27.5% (11 patients) and no survival 72.5%, 5% (29 patients). Ugly patients 65% (26 respondents), the highest number of cycles were categorized the number of cycles slightly 72.5% (28 respondents), and survival rate of 27.5% (11 patients) and no survival 72.5% (29 patients).

B. Bivariate Analysis

Based on the result of bivariate analysis with chi square statistic test, it is found that there is no relation of competence of nurse and resource with success of CPR that is with p value $0,69 > 0,05$. There was a significant relationship between the patient factor and the number of cycles with the success of CPR (p value $0.00 < 0.05$).

C. Multivariate Analysis

Multivariate analysis with multiple logistic regression test. From the multivariate analysis of the last model, the most correlated variable or dominant variable influencing the success of CPR is the number of cycles. The results obtained p value 0.00 and OR from the number of cycles 23.11 means that patients who are given CPR with enough CPR cycle (5-10 cycles) have a

risk of success CPR (survival), 23.11 times higher than the number of CPR cycle Little (<5 cycles).

Discussion

A. Patient Factor Relation with Successful CPR

The result showed that there was a significant correlation between patient factor and the success of CPR with p value 0,007 (p value > 0,05) and with OR 10,22 meaning that patient with enough condition had risk of CPR success equal to 10,22 time compared to condition Ugly patients. This is due to slow treatment in patients with Cardiac arrest (cardiac arrest).

The above statement is in line with the theory of Sovari and Kocheril (2009) states that cardiac arrest is also called cardiopulmonary arrest is an emergency with no or no adekuatnya heart to pump blood immediately causes circulation failure. In the absence of immediate treatment or slow treatment will result in death. The first treatment of cardiac arrest patients is Pulmonary Heart Resuscitation (CPR). Likewise, the results of the study by Nolan et al in Jevon and Ewens (2009) states that only

17% of patients who survive after cardiac arrest are patients who get CPR immediately. And 83% of patients did not survive / died, this is because of the delay of getting help (> 30 minutes).

The results of this study are directly proportional to the thought of Hudak and Gallo (2008), stating that poor patient condition ie unconscious more than 30 minutes affect the success of cardiopulmonary resuscitation. Resuscitation action is an action that must be done immediately as an effort to save lives.

Cardiac pulmonary resuscitation is the first action given to the patient's unconscious condition, stopping breathing and cardiac arrest in order for the patient to be saved. The action of resuscitation should be done immediately because in the event of cardiac arrest, there will be direct interruption of blood circulation, this circulation will quickly cause the brain and other organs lack of oxygen (hypoxia). So when the patient encounters with unconscious condition and cardiac arrest then immediately do CPR. This statement is in line with the thinking of the American Heart Association (2013) states every minute

that passed without CPR, the survival of patients with cardiac arrest decreased by 10%. Giving CPR by a helper can immediately increase the likelihood of survival. Survival of patients with two or three-fold cardiac arrest. The theory is supported by research conducted by Handley (2011) states that the number of patients with the most survivors (80%) of cardiac arrest is patients who get CPR help as early as possible with a duration of CPR less than 20 minutes.

One of the things that cause the condition of ugly patients newly checked into the hospital that is with the fact that the field of heart attacks are considered trivial because it is considered only a cold, fatigue it so left but eventually the patient suddenly unconscious. Late relief will lead to poor patient conditions with widespread brain damage or severe heart muscle death resulting in disability and death. That the importance of immediate resuscitation measures to restore the patient's circulation to normal conditions and prevent the occurrence of permanent brain damage and death.

B. Relationship of Nurse Competence with Success of CPR

The results of this study found no relation of nurse competence with the success of CPR with p value $0.36 > 0.05$. The results of this study are not in accordance with the results of Handley (2011) research indicating that the factors that influence the success (Survival) CPR include the ability of health personnel (nurse competence), response time, CPR quality, equipment availability, patient condition and hospital policy. This statement is directly proportional to research Protondo and Oktavian (2012) say the competence of nurses is a factor in increasing the success of CPR. The ability of nurses to identify and analyze the condition of patients with cardiac arrest becomes an important factor in the success of CPR. To have a qualified competence should be through training and update information related to pulmonary heart resuscitation.

This study concludes that there is no correlation between nurse competence and the success of CPR, there are factors causing this to happen that is nurse education and experience. In the research, it is found that the majority of respondents are Nursing DIII education is 28 respondents (70%), training with average 2 times and work

experience with average 3,8 years ie lowest one year and highest 8 years.

The competence of the nurses is influenced by education, training and experience, this statement according to Manton (2013) states that being an emergency nurse requires good competence with experience and training on self-ability, good assessment skills, strong knowledge base, critical thinking in decision making Decisions, and the ability to communicate. Self-care emergency nurses need experience to be able to know themselves so Able to prioritize quickly related to the condition of the patient. And according to Notoadmojo (2003) in Kumajas (2013), states that people who have higher education will have higher knowledge and competence as well when compared with people who have low education. And through education one can increase intellectual maturity so that it can make decisions in taking action.

Nevertheless, but the competence of nurses is a support system that can help improve the success of cardiac pulmonary resuscitation measures in patients with cardiac arrest. Nursalam (2011) declared competence to be an

important part in the self-development of a nurse in carrying out its duties so that will achieve the goal of health services provided by the hospital. The statement is in line with the results of research conducted by Roifah (2014) in ICCU RSUD Sidoarjo said that the competence of nurses affects the quality of CPR given to the success of CPR action.

C. Relationship of Nurse Competence with Success of CPR

The result of this research showed that the respondent with the number of cycles enough 11 respondents and survival 8 patients (73%), not survival 3 patients (27%). Statistical test results obtained p value = 0.00 then it can be concluded that there is a very significant relationship between the number of cycles to the success of CPR is by multivariate analysis of multiple logistic regression test. Cycle number variable is the dominant variable influencing to CPR success. The result of OR 23,11 analysis means that the patient who is given CPR with enough CPR cycle (5-10 cycles) has a risk of successful CPR (survival) 23.11 times higher than the number of little CPR cycle (<5 cycles).

This can be due to the quality of CPR and patient clinical factors.

This study is in line with research Roifah (2014) said that the success of CPR is influenced by the quality of CPR and patient condition factors. The quality of CPR is related to a helper's ability to perform chest compression, a gap time of no more than 10 seconds while measuring the carotid pulse, as well as the speed of providing relief. While the patient's own condition factor affected the number of CPR cycles, it was found that 4 of the 8 patients in this study were unable to survive after 1 CPR cycle. This is directly proportional to research by Ballew and colleagues in Goldberger (2012) suggesting that of 313 patients who performed CPR and who survived out of the hospital 45%, this was because the patient had resuscitation less than 5 min (<10 Cycle), and 55% performed resuscitation for more than 20 minutes. The patient's ability to survive after being given resuscitation of the heart of the lung is highly dependent on the patient's condition that includes (male or female), age and condition of the trigger cardiac arrest itself. This statement is reinforced by research Supriyono (2008) said morbidity due to heart disease in

men 2 times greater than that of women and occurs 10 years earlier in men than in women. This condition occurs because of the estrogen and endogenous in women who are protective, but when it entered the menopause phase then women also have the same high risk with men. This is in line with the field facts obtained by researchers that the percentage of 57.5% (23 people) cardiac arrest patients is male, and the average age of 67 years. Caused by lifestyle with unhealthy patterns, too heavy work factors and heredity that can lead to cardiovascular disease.

Patients with long-term resuscitated cardiac arrest had a higher survival rate when compared to patients who received resuscitation in a short period of time. The duration of resuscitation performed in various hospitals varies. A study by Petter et al (2013) suggests that administration of compression in patients with cardiac arrest is about 100-120 times / min and CPR is performed within 2 minutes. In other words, the minimum number of CPR cycles is 5 cycles. Medical personnel tend to be reluctant to continue CPR if ROSC does not appear

immediately after initial resuscitation, thus stopping CPR before 5 cycles.

According to Gray in Roifah (2014) said there is no clear indication to stop resuscitation efforts earlier. Continuing resuscitation efforts for approximately 30 minutes, proven to have provided adequate oxygenation to the tissues, if spontaneous activity remained after 30 minutes, further resuscitation was not useful.

Chest compression consists of a rhythmically charged pressure on the lower half of the sternum. This compression causes blood to flow through increased intrathoracic pressure and directly suppresses the heart. This emphasis creates blood flow and oxygen delivery to the myocardium and brain. This statement is reinforced by the statement of Potter et al (2009) states effective chest compression is essential to allow for blood flow during CPR. This statement is in line with the theory of Guyton (2008) states that the conventional theory of blood flow during compression is called cardiac pump theory. Direct compression between the spine and the sternum associated with increased pressure in the ventricles causes closure of mitral and

tricuspid valves, related to blood flow to the aorta and pulmonary arteries.

Based on the above exposure of patients who have cardiac arrest or cardiac arrest must be at least performed a high-quality compression chest / cardiopulmonary resuscitation and with an adequate number of cycles of at least 5 cycles and deep. So more patients with cardiac arrest have a chance to survive and increase the success rate of CPR.

D. Resource Relations with Successful CPR

The results of this study found no relation with the success of RJP with p value $0.36 > 0.05$. This happens because of differences in hospital type. Different types of hospitals will have different equipment facilities. This statement is in line with the decision of the Minister of Health of the Republic of Indonesia number: 983. Minister of Health / SK / 1992 on the guidance of general hospital types A, B, C and D. The classification is based on the facilities and equipment owned facilities (Mardatillah, 2014).

This study states no

Resource relationship with the success of CPR, this statement is not in accordance with the results of research by Protondo and Oktavianus (2012) mentions that there are several factors that can affect the success of cardiopulmonary resuscitation is the readiness of tools, patient conditions, response time, CPR guidance, the availability of emergency tools, Nurse and physician collaboration. As well as Handley (2011) research, the factors that influence the success (Survival) of CPR include the ability of health personnel (nurse competence), response time, CPR quality, equipment availability, patient condition and hospital policy.

The result of this research concludes that there is no correlation between the availability of tools with the success of CPR, this is influenced also from other factor that is patient intrinsic factor that is patient condition and accompanying disease. That the condition of the patient in this study is mostly with the category of ugly patient condition 65% (26 respondents) where the patient is unconscious, no pulse and breath > 30 minutes, it can be said that when the heart stops beating there will be no flow of blood flowing so oxygen

Can be streamed throughout the body. This can lead to hypoxia, which if not addressed immediately leads to permanent brain damage and death of other vital organs. This statement is reinforced by Tjokronegoro (2008) said hypoxia or lack of oxygen in the blood caused by respiratory congestion will activate anaerobic metabolism. If the condition is more severe and long, anaerobic metabolism will produce acidosis and lowering blood flow to the brain then there will be damage to the brain and other organs.

The results of this study are also supported by research Roifah (2014) said that the condition of the patient also affects the patient's survival given RJP. Condition factors in this case are the causes or coexisting disorders that trigger cardiac arrest in patients such as chronic myocardial infarction, coronary heart disease, and cardiogenic shock. This statement is aligned according to Achlert (2006) states when the ventricular fibrillation outbreaks then the outcome is still good, but if the originator of PEA or Asistol outcome tend to be bad.

5. Conclusions

A. Patients factors significantly correlated with the success of CPR in

cardiac arrest patients in the IGD room of Banjarmasin Hospital evidenced by p value 0.00 and odd ratio of 10.22 in which the patient factor contributed 10.22 times to the success of CPR.

B. There is no relation of nurse competence with the success of CPR in cardiac arrest patient in IGD room of Banjarmasin Hospital. This is due to other factors that affect the experience and education.

C. There is a very significant relationship between the number of cycles with the success of CPR in cardiac arrest patients in the IGD room of Banjarmasin Hospital

D. There is no resource relationship with the success of CPR in cardiac arrest patients in the IGD room of Banjarmasin Hospital. This is due to differences in the type of hospital.

E. The most dominant factor influencing the success of CPR in patients with cardiac arrest in the IGD room of Banjarmasin Hospital is the number of cycles with p value 0,00 and odd ratio of 23,11 meaning that more / bigger number of cycles have a success risk 23,11 times compared with Number of cycles a bit.

Conducting emergency training for nurses so that the nurses' competencies, skills and experiences are always up-dated and provide adequate facilities and infrastructure to meet the patient's needs (especially for resuscitation spaces).

B. For Nursing Services

Take into account the condition of the patient and the number of cycles in the implementation of CPR as well as improve self-efficacy through learning, education and training related emergency, especially in dealing with patients with cardiac arrest

C. For the Development of Nursing Research

Further research needs to be done, especially the factors of health team cooperation in CPR success and the influence of Basic Life Assistance (BHD) training around the cloud society towards patient survival With cardiac arrest as well as further research on the experience of nurses and / or families of patients on the success of CPR in cardiac arrest patients as well as further studies with the same variables as experimental / experimental research designs.

6. Suggestions

A. For the Hospital

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Suggest an edit

RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE WITH CONDUCT NURSING CARING IN HOSPITAL PALEMBANG 2017

Triwijayanti, Renny¹; Romiko²; Rasyidi, Muhammad³

*Nursing Diploma Program¹; Nursing Science Program² Student of nursing science program
STIKes Muhammadiyah Palembang
Email: renny.reiqisaisy@gmail.com*

ABSTRACT

Background: Caring behavior of nurses is one important aspect in nursing service since it covers the relationship between nurses and patients. A good emotional intelligence based caring behavior can promote the achievement of a proper nursing service. This study aims at finding out the correlation between emotional intelligence and caring behavior of nurses at in-patient surgery and internal wards in Pusri hospital of Palembang in 2017. **Method:** This is a cross-sectional descriptive correlational quantitative study the respondents of which were 44 nurses who met the inclusive criteria. The respondents were taken from the population using total sampling method. The data were collected using a questionnaire and were analyzed using chi-square test. **Resultes:** The results show that out of 44 respondents, 25 were categorized as good in emotional intelligence, 19 of whom were caring and the rest were not. Furthermore, 19 respondents were categorized as good in emotional intelligence, 18 of whom were caring and the rest was not. The results also indicate that there is a significant correlation between emotional intelligence and caring behavior of nurses (p value: 0.000). **Conclusions:** It is concluded that there is a correlation between emotional intelligence and caring behavior of nurses. The Results are expected to provide information for nurses to exhibit good emotional intelligence based caring behavior which will, in the end, improve the quality of nursing service.

Key Word : caring behavior, emotional intelligence, nurses

INTRODUCTION

The hospital is an institution of health services for the community that is influenced by the development of science. It should still be able to improve the service that is more qualified and reachable by the community in order to realize the highest level of health (Law No. 44 of 2009).

Nursing services are given professionally by the nurse while still paying attention to the quality of nursing service given. (DepKes RI, 2008). (Supriyanto & Ernawaty, 2010).

Quality of nursing services can be realized through the provision of nursing care that is based on caring behavior nurse. because, caring behavior displayed by a nurse can affect patient satisfaction (Directorate of Nursing Services of DepKes RI, 2008)

Caring behavior of nurse can increase patient satisfaction so as to improve the quality of nursing service, because patient satisfaction is one of quality indicator of quality nursing services (Sedarmayanti, 2000).

The caring behavior shown by a nurse in the world is now better, but still in the care of other countries with low clearance.

One of them can be seen from the results of research from Aiken (2012), showing the percentage of nurses who have poor caring service quality found in Ireland 11% and Greece 47.

Caring behavior indicated by a nurse in Indonesia itself becomes one of the assessment for users of health services. Based on the results of the survey on patient satisfaction in several hospitals in Jakarta showed that 14% of patients are not satisfied with the health services provided, due to less both of caring behavior (MOH, 2008).

Caring attitude is the essence of nursing, in providing nursing care, nurses use skills, gentle, give hope and be caring as a media caregiver (Dwidiyanti, 2007). One factor that can affect the nurse in caring behavior is emotional intelligence, The emotional intelligence of the nurse will be easier to meet patient care needs and to conduct cooperative negotiations with other health teams (Robbins, 2001; McQueen, 2004).

Emotional intelligence is very important for establishing the relationship of the client-care nurse, as with the emotional intelligence of a health-care person (nurse) will be blinded, loving and more wise (Freedman & Blase, 2005). The emotional intelligence is one of the ability of a person to recognize and manage his or her own emotion, to be able to understand the self-emotion, and others, and to use the feelings to convey the thoughts and actions of others (Salovey & Mayer, 2003).

Dimensions of social intelligence will affect a person's work. This is in the opinion of Robbins (2001). Individuals who can

identify other people's emotion can be more successful in their social life.

Based on preliminary study results through observation and interviews of five patients about caring behavior. From the interviews, three patients said some nurses were kind, friendly, but sometimes there were nurses who were indifferent, this can be seen when nurses give nursing care shows a sullen faces and sometimes do not give a clear explanation of the actions made. Two patients say the lesser careers show the greeting, rarely ask the patient , Nurses are less complicated to complain about the needs of patients, they realize that the services that get them are the least likely to be attained by the low-care nursing class, may be seen when patients complain of illness and late in the treatment of patients.

While the results of interviews among the five nurses say less can hold or control emotions when emotions are unstable, less able to receive negative feedback from patients, less able to listen to patients complaints, it is difficult to understand the feelings of patients when emotions are unstable and emotions tend to affect his work . Three nurses say they can withhold or control their emotions when there are complaints from clients, can remain calm when clients complain about the services provided and complaints from clients can be as motivation for nurses to be able to provide better service in the future .it means

that caring behavior based on good emotional intelligence is needed by nurses in doing nursing process, for that reason researchers interested to know "Relationship Level of Emotional Intelligence with Behavior Caring Nurses in Surgical and Internal Ward 2017 ".

METHOD

This research use cross sectional design approach which is done on nurses at Hospital Pusri Palembang with the number of samples 44 respondents with the method of Total Sampling.Instrument in the form of questionnaires with data analysis using Chi-Square

Result

3. Analysis Of Univariate

No	Category	Frequen cy	Percentage (%)
1	Intelligent	19	43,2%
2	Less intelligent	25	56,8%
Total		44	100%

Univariate analysis results obtained more than half of the nurses in the installation of surgical and internal ward at Hospital Pusri Palembang with less emotionally intelligent as many as 25 nurses (56.8%) and there are 19 nurses (43.2%) with emotionally intelligent.

Caring Behavior

No	Category	Frequency	Percentage (%)
1	<i>Caring</i>	24	54,5%
2	<i>Not Caring</i>	20	45,5%
Total		44	100%

Based on the above table, it can be seen that more than half of the nurses in the surgical and internal ward at Hospital Pusri Palembang with caring behavior are 24 respondents (54.5%) and 20 respondents (45.5%) behave not caring

4. Analysis Of Bivariate

Relationship of Nurses Emotional Intelligence with Caring Behavior

Emotional Intelligence	<i>Caring Behavior</i>				Total	<i>P</i>
	<i>Caring</i>		<i>Not Caring</i>			
	N	%	N	%		
Intelligent	1	9	1	5	1	1
Less intelligent	8	47	1	3	9	0
Total	6	27	9	7	2	0

Based on the above table, it can be seen that from 25 respondents who are less intelligent emotionally there are 19 respondents who behave not caring and there are only 6 respondents who have caring behavior. Meanwhile, from 19 respondents who are emotionally intelligent there are 18 respondents who behave caring and there is only 1 respondent who behave not caring. Statistical test results obtained p value = 0.00 (p value < α = 0.05), so H_0 rejected means there is a relationship between emotional intelligence with caring behavior nurse. In addition the statistical test results obtained Odds Ratio = 57.00, meaning that

emotionally intelligent nurses have a chance 57 times to be able to behave caring, otherwise less emotionally intelligent nurses have a chance 57 not to behave caring.

This result is in accordance with the results of research conducted by Ardiana (2010) which states that there is a significant relationship between the level of emotional intelligence and caring behavior of nurses, especially on the dimensions of understanding and supporting other people's emotions with p value = 0.049, nurses who have this dimension is likely 2,567 times more caring.

The above study is in line with the opinion of Robbins (2001) which states that one of the factors that can affect the nurses in caring behavior is emotional intelligence, because with emotional intelligence nurses will be easier to meet the needs of patient care. Goleman (2005) divide emotional intelligence in Five dimensions, if the nurse's understanding higher of the dimension of emotional intelligence, the nurse will be emotionally intelligent, so the nurse can behave caring.

CONCLUSION

There is a relationship of emotional intelligence with caring behavior of nurses at Surgical and Internal ward Hospital Pusri Palembang 2017 (p value = 0,000).

CONFLICT OF INTEREST

After doing research and obtained data about emotional intelligence and caring behavior, it is suggested to Hospital to make Standard Operating Procedures that is reference with standard caring / emotional intelligence. The management of bureaucratic organization must be improved through the change of approach, strategy and operational activities in order to create improved emotional intelligence, caring behavior and team work to achieve organizational mission that is efficient, effective and equitable towards the better. In addition employees and staff employees should perform caring behavior based on good emotional intelligence and the need for monitoring and evaluation.

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THE THERAPEUTIC EFFECT COMPARISON OF XIANGSHA LIUJUNZI DECOCTION HIGH POSITION RETAINED ENEMA THERAPY WITH ORAL THERAPY IN ACUTE NAUSEA AND VOMIT BY BREAST CHEMOTHERAPY

Huang Ruina

ABSTRACT

Objective To compare the therapeutic effect of Xiangsha Liujunzi Decoction in High Position Retained Enema Therapy with Oral Therapy in the treatment of acute nausea and vomit after breast chemotherapy .**Methods** 60 patients of breast tumor,whose chemotherapy program are CEF (Cyclophosphamide, epirubicin, fluorouracil) or TAC (Paclitaxel, epirubicin, cyclophosphamide),after chemotherapy randomly assigned to the treatment group 30 cases , the control group 30 cases .The 2 groups both receive conventional western medicine therapy(Intravenous injection of granisetron hydrochloride) .The treatment group added Xiangsha Liujunzi Decoction in High Position Retained Enema.The control group added Xiangsha Liujunzi Decoction orally . Then to compare the clinical efficacy in two groups . **Results** The scores of the duration,frequency and degree of nausea and retching of the enema group are lower than that of oral group at d1 after chemotherapy ,and there are statistical significance ($P<0.05$).The scores of the duration,frequency and degree of vomit of the enema group are lower than that of oral group at d1 after chemotherapy ,but there are no statistical significance ($P>0.05$). **Conclusion** Compared with the oral therapy , Xiangsha Liujunzi Decoction in High Position Retained Enema Therapy combined with conventional western medicine treatment can shorten the duration of nausea and retching by breast Chemotherapy,reduce the frequency,ease the degree.

Key words :Xiangsha Liujunzi Decoction ;breast cancer,Chemotherapy induced nausea and vomiting (CINV), High Position Retaine

Chemotherapy plays a major role in adjuvant postoperative breast cancer and advanced breast cancer a. It kills tumor cells and also affects the function of the normal

organ system at the same time. The most common side effects of chemotherapy are nausea and vomiting, which is known as chemotherapy-induced nausea and vomiting (chemotherapy-induced, nausea, and,

vomiting, CINV). Acute vomiting occurs few minutes to several hours after the medication, reaches the peak 5~6h after the medication ,relieve within 24h [1]. The discomfort caused by CINV can reduce the chemotherapy compliance of patients and affect the quality of life of patients [2]. Usually the catheter was inserted into the anus in 4 ~ 10cm in traditional enema method and the effect parts of the drug is low.It can not play a good effect because of the direct stimulation of the rectum,rapid exhaust, short retention time, less intestinal absorption. High retention enema intubation depth is 20 ~ 30cm, which can overcome the shortcomings of traditional enema method [3]. In order to compare the therapeutic effect of Xiangsha Liujunzi Decoction in High Position Retained Enema Therapy with Oral Therapy in the treatment of acute nausea and vomit after breast chemotherapy,this study was carried out and the results were reported as follows.

1 Materials and Methods

1.1 General information

This study was carried out on 60 women with breast cancer , aged 40 to 56 years old,who received CEF (Cyclophosphamide, epirubicin, fluorouracil) or TAC (Paclitaxel, epirubicin, cyclophosphamide) chemotherapeutic regimen in in a three grade hospital in Guangdong province from August 2014 to November 2015.They were

randomly divided into enema group and control group, respectively in 30 cases.The following were set as the inclusion criteria of the study:all patients were treated with first cycles of chemotherapy after breast cancer surgery confirmed by pathological examination.Inspite of chemotherapy contraindications , the patient's physical condition was above 60 points according to the card scoring standard. Patients,whose TCM syndrome differentiation were spleen and stomach,were adopted after chemotherapy.Patients participated in the study with informed consent . Exclusion criteria of this study were:Patients who were suffering from severe hemorrhoids, anal stenosis, artificial anus. The patient was in menstruation. Pregnant or lactating women. One who had not completed a cycle of chemotherapy.

1.2 Treatment

The 60 patients of two groups both received conventional western medicine therapy.The granisetron hydrochloride was injected intravenously 1 times before and after chemotherapy, and the dosage was 6mg.The Chinese medicine composition used by two groups during chemotherapy was(the curative effect of Xiangsha Liujunzi Decoction): Woody 10g (after), Amomum 10g (later), Dangshen 15g,Fuling 15g, Atractylodes 15g, Licorice 10g.One dose a day, and the decoction is 150 to 200ml.

1. 2.1 The enema group

The enema group accepted Xiangsha Liujunzi decoction in high position retained enema therapy on the basis of conventional western medicine therapy. Enema was carried out one hour after chemotherapy and the patients were instructed to take the left decubitus position with the buttocks elevated 10cm. The medicine was heated to 39~41°C. The 50mL disposable syringe with liquid medicine was connected with a disposable sputum suction tube of size 16. The liquid paraffin oil was used to lubricate anus and the front 15 ~ 25cm of the disposable suction tube, and asked them to do deep breathing movements to relax the anal sphincter. The disposable suction tube was inserted into the patient's anus, to a depth of about 20 ~ 25cm, and the liquid injection was ejected uniformly. Observe patients' complexion, ask patients' any discomfort during the injection. After the injection, ask the patient to lie on his back, pad a thin pillow under the buttocks, so that his hips elevated 10~15 cm, and asked the patients to change the position per 15min. Supine position, left lateral position and right lateral position were used alternately.

1. 2.2 The oral group

The oral group accepted Xiangsha Liujunzi decoction oral therapy on the basis of

conventional western medicine therapy. One hour after chemotherapy patients were given the Xiangsha Liujunzi decoction 150 ~ 200ml oral soup.

1. 3 Statistical Method

SPSS17.0 statistical software was used to analyze the data. The measurement data were expressed by mean + standard deviation ($\bar{x} \pm SE$), and t test was used. The difference of $P < 0.05$ was statistically significant.

2 Results

The enema group lost 1 cases, the control group lost 2 cases. The final effective enema group was 29 cases, the control group was 28 cases.

2.1 The scores section of the duration of vomiting, nausea and retching

At d1 after chemotherapy, the scores the duration of nausea and retching of the enema group was (4.14 ± 1.093) and (4.03 ± 0.865) , which was significantly lower than that of the control group (5.25 ± 1.005) and (4.71 ± 0.854) , and the difference was statistically significant ($P < 0.05$). The scores of the duration of vomiting was (4.79 ± 0.819) , which was significantly lower than that of the control group (5.21 ± 0.995) , and the difference was not statistically significant ($P > 0.05$). (Tables 1, 2, 3)

2.2 The scores section of the frequency of vomiting,nausea and retching

At d1 after chemotherapy,the scores the

degree of vomiting was (4.79 ± 0.819) , which was significantly lower than that of the control group (5.21 ± 0.995) , and the difference was not statistically significant

index	enema group (n=29)	oral group (n=28)	P
Score of the duration of nausea	4.14±1.093	5.25±1.005	0.000
Score of the duration of vomiting	4.79±0.819	5.21±0.995	0.097
Score of the duration of retching	4.03±0.865	4.71±0.854	0.008

(P> 0.05). (Tables 1, 2, 3)

frequency of nausea and retching of the enema group was (4.14 ± 1.093) and (4.03 ± 0.865) , which was significantly lower than that of the control group (5.25 ± 1.005) and (4.71 ± 0.854) ,and the difference was statistically significant (P <0.05).The scores of the frequency of vomiting was (4.79 ± 0.819) , which was significantly lower than that of the control group (5.21 ± 0.995) , and the difference was not statistically significant (P> 0.05). (Tables 1, 2, 3)

2.3 The scores section of the degree of vomiting,nausea and retching

At d1 after chemotherapy,the scores the degree of nausea and retching of the enema group was (4.14 ± 1.093) and (4.03 ± 0.865) , which was significantly lower than that of the control group (5.25 ± 1.005) and (4.71 ± 0.854) ,and the difference was statistically significant (P <0.05).The scores of the

Table 1 The scoring comparison of the duration of vomiting,nausea and retching of two groups at d1 after chemotherapy($\bar{x} \pm SE$)

Note: compared with the control group, P<0.05

Table 2 The scoring comparison of the frequency of vomiting,nausea and retching of two groups at d1 after chemotherapy($\bar{x} \pm SE$)

index	enema group (n=29)	oral group (n=28)	P
Score of the frequency of nausea	4.14±1.093	5.25±1.005	0.000
Score of the frequency of vomiting	4.79±0.819	5.21±0.995	0.097
Score of the frequency of retching	4.03±0.865	4.71±0.854	0.008

Note: compared with the control group, P<0.05

Table 3 The scoring comparison of the degree of vomiting,nausea and retching of two groups at d1 after chemotherapy($\bar{x}\pm SE$)

index	enema group (n=29)	oral group (n=28)	P
Score of the degree of nausea	4.14±1.093	5.25±1.005	0.000
Score of the degree of vomiting	4.79±0.819	5.21±0.995	0.097
Score of the degree of retching	4.03±0.865	4.71±0.854	0.008

Note: compared with the control group, P<0.05

3 Discussion

The most common and painful symptoms on breast cancer patients after chemotherapy are nausea and vomiting. Chemotherapy-induced nausea and vomiting (CINV) affect the compliance and efficacy of chemotherapy in patients. Chemotherapeutic drugs stimulate the gastrointestinal mucosal, induce pheochromocyte to secrete serotonin to activate 5-HT₃, and promote it

to combine with the receptor, then the combination leads to vomiting, which through vagal and sympathetic to reach the vomiting centers.^[4] In Chinese medicine, chemical drugs injury the spleen and stomach, cause the spleen fail to move, stop toxin, block middle energizer, incongruous stomach, reflow the qi of the stomach, which

cause nausea and vomiting^[5]. Traditional Chinese medicine can resist vomiting by chemotherapy through the central sedative effect, the function of neurotransmitter and its receptor, the protection of gastrointestinal mucosa and the coordination of gastrointestinal motility, etc. ^[6]. The results of this study show that in d1 after chemotherapy, the scores of the duration, frequency and degree of nausea and retching of enema group were lower than that of the control group, and there were significant difference (P<0.05), while the scores of the duration, frequency and degree

of the vomiting were lower than those of the control group, and there was no significant difference ($P>0.05$). Compared with the oral therapy, Xiangsha Liujunzi decoction in high position retained enema therapy combined with conventional western medicine treatment can shorten the duration of nausea and retching, reduce the frequency, ease the degree, but the effect of prevention and control of vomiting is not particularly obvious.

Oral administration would increase the gastrointestinal pressure and stimulate digestion of digestive glands, thereby aggravate the nausea and vomiting after chemotherapy, which affect patients' compliance, hinder the absorption of oral drugs^[7]. The intubation depth reach 20 ~ 30cm at high retention enema, and the anal canal reaches the descending colon where the irritation to the rectum decrease and defecation voided. When enema, the rectum is in the high position, the sigmoid colon is in the lower position, and the pressure difference exists. The enema solution flows to the colon easily, and the retention time of the medicine in the rectum is prolonged, and the absorption is sufficient^[8]. According to Zhu Jinfeng's^[9] studies on rectal administration of Chinese medicine, drugs were administered from 3 routes after rectal administration. ①It is absorbed directly from the middle, lower and anal veins of the

rectum, which accounts for 50%-70% of the absorption of drugs and bypasses the liver, thus avoiding the first pass effect of the liver and increasing the blood concentration. ②The drug enters the liver from the upper rectal vein and then participates in the large circulation after metabolism. ③The lymphatic system of the rectum also absorbs some drugs. Because of the low lymphatic flow rate, the absorbed dose is very little. High retention enema does not stimulate the gastrointestinal tract and digestive gland. The absorptive capacity of intestinal mucosa is strong so the bioavailability of the drug is obviously higher than that of oral administration. The enterohepatic circulation degradation is reduced through the local penetration and absorption of the drugs. It can be seen that high retention enema administration is faster than oral administration, better absorption, stronger pharmacological effects. It is worthy of clinical promotion.

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**EFFECTS OF A PARENT SELF-EFFICACY AND OUTCOME EXPECTATION
PROMOTION PROGRAM ON WEIGHT CONTROL AMONG PRESCHOOL
CHILDREN WITH OBESITY**

Suthiporn Sriprachote M.N.S.* Assoc. Prof. Dr. Jirawon Tanwattanakul**

Ph.D.Juraporn Tangpukdee***

ABSTRACT

This one-group quasi-experimental study aims to investigate the effects of parents' perceived self-efficacy and outcome expectation promotion program, developed based on Badura's Self-Efficacy theory, on weight control among children age 2-5 years old with obesity at the Child Development Demonstration Center, Faculty of Nursing, Khon Kaen University. Fourteen parents who had an overweight child were purposively selected to receive the program that consisted of a handbook, VDO clip and storytelling about obesity over a period of 4 months. Data collection instruments included the child body weight recording form and a questionnaire that the researcher developed which were evaluated by an expert panel and yielded a Cronbach's alpha coefficient of 0.80. Descriptive statistics were used to obtain means and paired t-test was used to compare means.

Results indicated that 1) The mean score of parents' perceived self-efficacy in controlling the child's weight after the program was significantly higher than before using the program ($p < .05$). 2) The mean score of parents' perceived outcome expectation in controlling the child's weight was not statistically significantly different between before and after the program implementation. 3) The mean body weight of overweight children after program implementation was significantly different from the mean body weight goal ($p < .05$), which reflected weight control failure.

Results from this study suggested that although parents' self-efficacy score increased, their outcome expectation score remain unchanged and that resulted in the inability to reach the children's body weight goal. This finding is consistent with Bandura's theory that when parents' outcome expectation is low, they tend not to strictly adhere to the weight control program for their children.

Keywords: Preschool children, Obesity, Perceived self-efficacy

*Thesis of Master of Nursing Science, Pediatric Nursing, Faculty of Nursing, Khon Kean University

**Student of Master of Nursing Science Program in Pediatric Nursing, Khon Kean University

***Assistant Professor, Faculty of Nursing, Khon Kean University

***Lecturer, Faculty of Nursing, Khon Kean University

Background and Significance of the Problem

Obesity is considered as a health problem and a significant chronic disease. If this problem could not be solved at the young age, it will affect the young when growing into adults. World Health Organization (WHO) stated that the problem must be solved starting at a very young age and announced to its member nations to act in preventing obesity occurs in children before it becomes more severe. Moreover, it was reported about the incident of obesity for the past 10 years that Thailand had the fastest increasing rate of children with obesity in the world. It was found that the obesity in preschool children seemed to have higher ratio than other age groups at about one-fifth of all preschool children.

This means if there were 5 preschool children, there will be 1 child with obesity among them. Thailand has preschool children with obesity in the second rank among the ASEAN countries. Therefore, if this problem was not solved now, it is expected that, in year 2020, there will be approximately 60 million preschool children with obesity around the globe with around 24.3 million of the children in Asia.

Obesity causes many problems around the world and possibly causes severe incidents later on such as heart and vascular diseases found in 2-year-old children, hypertension found in 5-year-old children, and type 2 diabetes found in 6-year-old children. The statistic results showed that among 100 children with obesity, there is a possibility that 1 child will stop breathing

during sleep. This can cause premature death in young children. Children with obesity are likely teased by friends, which creates anxiety, less self-esteem, and depression in children because children at the age of 5 can acknowledge their own looks and beauty of their bodies. It was also found that preschool children with obesity seemed to be lacking in the ability to read causing the children to have low quality lives. In addition, the findings showed that Thailand spent huge amount of budgets to cure diseases caused by obesity.

From literature reviewing about prevention and solving obesity problems in children in foreign countries, it was found that there were changes in weights of preschool children when there were suitable adjustment in food intake, reduction of fatty and high calorie foods, and a promotion of activities with body movement. The children could then successfully maintain and reduce their body weights at the rate of 1 pound/month (equal to 0.45 kg/month). This was cooperation between interdisciplinary groups and family members. The study from Weerasak Cholchaiya and Janthita Pruksananon (2011) stated that 95 – 98% of obesity in children was due to unsuitable food intakes or lacking of exercises. Researches in the country and from international authors did not yet study about the possibility of obesity in adults after successful weight controls in

preschool children. However, Sunthree Ratanachuaek (2006) stated that if the weight controls in preschool children were successful, the children would have 2 – 2.6 times higher possibilities to grow into adults with obesity and at this age, it was less likely to become obese than any other age groups. Therefore, there should be an initiation in solving problems regarding obesity at preschool age. From the study, the findings showed that taking care of children at this age must require aids from parents in weight control. Thus, the researcher has interests in encouraging parents to participate in the program as well.

Children in preschool age have behaviors in imitating actions from their love ones. It is also the age in which they start to have imagination of their own. Therefore, in order to encourage children in this age to have confidence and follow practices, it requires parents to act as their models. Benton (2004) stated that if children have parents as their models in term of consuming good and beneficial foods, the children would follow the same practices. This also included creating other models for children to see and to understand along together. For example, storytelling is one of the essential media for children at this age because naturally, kids in this age would love to hear storytelling, like to learn, and have high imagination. Therefore, storytelling is a beneficial medium. Thus,

telling story to preschool children can change children behaviors. In contrary, a qualitative study from Kanittha Aukwasai (2010) found that nowadays, there were acceptances in obesity of children from parents in many families from a phrase, which said, "Obesity is not a problem and not a disease" as well as from foreign perspective, which stated that, "Bigger is better". Nevertheless, there should be a way to acknowledge parents that obesity is a severe problem. Building up potentials in taking care of children and correctively providing knowledge and understanding to parents are essential factors because it will make parents to actually concern about the problem as well as support to initiate proper practices. Obesity in children will then be solved.

A promotion in providing parents to perceive self-efficacy will cause parents to adjust their behaviors, gain determination to succeed their goals, and have high expectation in their goals. As this happens, parents have higher chances in an accomplishment. Therefore, the researcher has created a program to promote self-efficacy and outcome expectation of parents to weight control of preschool children withobesity in order to find promotional methods for parents to perceive higher self-efficacy and outcome expectation. This in turn will influence the parents to take all practices in the program and adapt it to the

actual practices for preschool children withobesity. This can control weights of the children to reach its goal. The researcher has used the theory of perceived self-efficacy from Bandura as the base in creating the program. Bandura set the relationship leading to the succession reaching the goal into 4 groups, which were: 1) high-high group refers to a group of people that perceive high self-efficacy and high outcome expectation; this group has high tendency to perform action definitely; 2) high-low group and 3) low-high group, both of these groups were found that individuals have tendency to not perform; and 4) low-low group refers to a group of people who have a tendency to not perform action definitely. Consequently, this research program is then required parents to be similar to group 1 to achieve the succession in weight control of the children reaching the set goal. Moreover, the program will find ways in promoting parents to perceive high self-efficacy and high outcome expectation to achieve succession in weight control of the preschool children withobesity reaching the set goal.

Research Questions

1. Can the promoting program be able to increase self-efficacy and outcome expectation of parents in weight control of preschool children withobesity?

2. Can the promoting program be able to control the weights of preschool children to reach the set goal after the experiment?

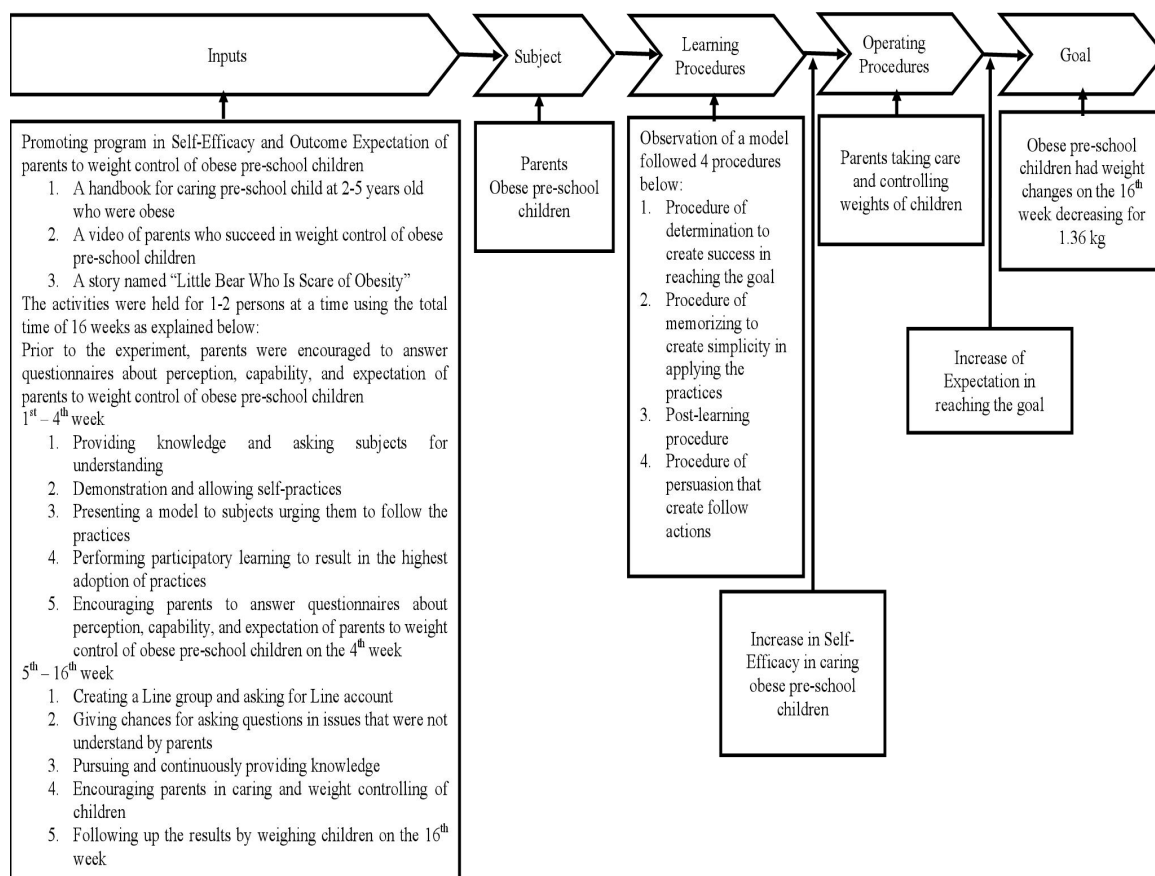
Research Hypotheses

1. After the experiment, parents perceived higher self-efficacy than before the experiment was conducted.
2. After the experiment, parents had higher outcome expectation than before the experiment was conducted.
3. After the experiment, weights of the children were not different from the set goal.

Conceptual Framework

The researcher created the conceptual framework by using researcher's **Figure 1** Conceptual Framework

and Bandura's self-efficacy theories to promote parents to perceive self-efficacy from 4 following sources: 1) performance experiences, 2) observation learning, 3) verbal persuasion, and 4) emotional arousal, which would influence the parents to perceive higher self-efficacy. Furthermore, as the parents have high self-efficacy, it would lead to good results following higher outcome expectation and would promote the occurrence of high outcome expectation as well. This would then become a good influence to preschool children with obesity in that parents could control weights of their children successfully and reach the set goal as this related to the theory which was shown in Figure 1 below.



Research Methodology

This study was a quasi-experimental research using one-group pretest-posttest design. The sample group was parents of preschool children with obesity (overweight and obese stages) when comparing weight to height by using INMU-ThaiGrowth program from Institute of Nutrition, Mahidol University. This study was conducted at Child Development Demonstration Center, Faculty of Nursing, KhonKaen University. The selection of the sample group was conducted via purposive sampling following the criteria as follow: 1) parents gladly provided cooperation in this research; 2) the children did not have any underlying disease or use drug/medicine

that caused obesity. The calculation of the sample size was performed using two dependent sample groups equation and the significant level was 0.05. The obtained sample size was 14 and it was found that the sample group of 14 was the value equal to the calculation of sample group. In addition, all parents accepted to participate in the research throughout the experimental period.

Research Tools

The tool used in this study was the parent self-efficacy and outcome expectation promotion program on weight control among preschool children with obesity, which consisted of the handbook "The Caring of 2-5 Years Old Preschool

Children with Obesity”, the video “Parents Who Succeed in Controlling Weights of Preschool Children with Obesity”, and the story “Little Bear Who Is Scare of Obesity”.It has been checked the content validity by 5 experts. It has been bringing about to parents through the knowledge, teaching, demonstration, and practice with the activity of 1-2 persons. The experimental period was 4 months.

2. Tools used to collect data were divided into 2 parts: 1) standardized weighing machine, 2) questionnaire on the parent self-efficacy in taking care of preschool children with obesity and questionnaire on parent outcome expectation on weight control among preschool children with obesity, which the researcher has created my self.This was measured by 5 rating scale and content validity was verified by 5 experts.The experiment was conducted with 8 close-qualified parents and reliability was calculated using Cronbach’s alpha coefficient, which it was 0.8 and had a CVI of 0.82.

Data Collection

After an approval of the Ethical Conduct for Research Involving Humans (HE 582065), the researcher recruited participants,clarified the purpose, details of the research process, and conducted the experiment as follows: 1) before the experiment parents filling out the

questionnaire and weighing preschool children with obesity, 2) conducting experimental activities:the 1st week encouraging parents to be aware of the negative effects on preschool children with obesityand giving the handbook to parents, the 2nd week encouraging parents to have knowledge and experience in child careby using the five-group diet plan that was appropriate for preschool children with obesity through real media and assumptive media,demonstration, quality evaluation, drinks, desserts, milks which were prepared by parents themselves, the 3rd week creating a model for parents and preschool children with obesity with the model presentation activities in the video media, and the benefits presentation activities of model through storytelling and delivering storytelling for parents to apply to children at home, 3) After the 4th week experiment, parents filling out the questionnaire and following-up weekly children weight control with parents on Line and in the 16th week weighing preschool children with obesity.

Data Analysis

After the data distribution, it was found to be normal curve. The data were analyzed by the following statistics: 1) analyze mean in perception self-efficacy and outcome expectationin taking care of preschool children with obesity of their parents and 2) analyze mean in weight of

preschool children with obesity that could be successfully controlled by the goal. The paired t-test was used (target weight was 1.36 kg lower weight after testing).

Research Result

1. Compared the differences in mean scores of parent self-efficacy in weight control before and after the experiment. According to study, it has been found that after the experiment parents had higher mean score

of perceived self-efficacy. Before the experiment the mean score of perceived self-efficacy was 98.29 (SD 12.28) and after the experiment the mean score of perceived self-efficacy was higher at 109.00 (SD 13.00). When the experiment was conducted by the paired t-test, it was found that the mean scores of parent self-efficacy before and after the experiment were significantly different at a level of 0.01 as shown in Table 1.

Table 1 Comparison of the differences in mean scores of parent self-efficacy in weight control before and after the experiment

Parent Self-efficacy	N	\bar{x}	SD	95% Confidence Interval of the Difference		t	p-value
				Lower	Upper		
Before Experiment	14	98.29	12.28	19.55	1.88	2.62	.01
After Experiment	14	109.00	13.00				

* P>.05

2. Compared the differences in mean scores of parent outcome expectations on children weight changes before and after the experiment. According to study, it has been found that before the experiment parents had overall outcome expectation mean score at 83.71 (SD 7.37). After the experiment,

the mean score was 83.00 (SD 7.99). When the experiment was conducted by the paired t-test, it was found that the mean scores of outcome expectation before and after the experiment was not significantly different at a level of .37. as shown in Table 2.

Table 2 Comparison of the differences in mean scores of parent outcome expectations on children weight changes before and after the experiment

Parent Outcome Expectations on	N	\bar{x}	SD	95% Confidence Interval of the Difference		t	p-value
				Lower	Upper		

Children Weight Changes		N	Mean	SD	Lower	Upper	t	p-value
Before Experiment	14	83.71	7.37					
					3.80	5.22	.34	.37
After Experiment	14	83.00	7.99					

* P>.05

3. The program could make children weight after the experiment not different from the goal weight. According to study, it has been found that mean score of weight after the experiment was different with goal weight. It was found that before the experiment the mean score of goal weight

was 19.84 (SD 3.08) and after the experiment the mean score of weight was 18.62 (SD 2.87). The difference was statistically significant at a level of .01 (it meant that this program could not control the children weight to meet their goals) as shown in Table 3.

Table 3 Comparison of mean score of goal weight and post-experiment weight

Goal Weight and Post-experiment Weight	N	\bar{x}	SD	95% Confidence Interval of the Difference		t	p-value
				Lower	Upper		
				Target Weight	14		
Post-test Weight	14	18.62	2.87				

* P>.05

Discussion

1. After the experiment, the mean scores of parent self-efficacy in taking care of preschool children with obesity were higher than before the experiment. This could be explained that the researcher constructed a program that was consistent with Bandura's self-efficacy theory and found that to create a higher parent self-efficacy requires the following guidance:

having a successful experience, getting to see another person's experience, receiving a persuasive speech, and getting to know their own physical and emotional state. Thus, parents had higher self-efficacy after the experiment.

2. After the experiment, the mean scores of parent outcome expectations for weight control among preschool children with obesity were lower than before the

experiment. This could be explained that in the experimental program there were only activities that showed the model in video to parents, in order for parents to have expectations to follow the model. There is no program that focuses specifically on parent outcome expectations, although research can increase parent self-efficacy and it can lead to higher outcome expectations. However, without a program that directly focuses on outcome expectations creation, it can not make parents have higher outcome expectations.

3. After the experiment, the post-experiment weight of the children was not significantly different from the goal weight because the research needs a group of parents who have high perceived self-efficacy and have high outcome expectations for goal weight change. This could be explained that parents had high perceived self-efficacy. However, there was low outcome expectation for goal weight change. It was likely that parents would not control the children weight. Therefore, the children weight control did not meet the goal, which conformed to the framework of the Bandura's self-efficacy theory.

Recommendation

1. To achieve the goal, it should be developed on creating an outcome expectation in the goal of weight control of preschool children with obesity with their parents.

2. If the next research is to be done, all participants in taking care of children should attend to gain the knowledge, demonstration, practice from the program as well. To confirm the results of the program clearly, it should be experimented in 2 groups. This should include a study of new children weight change along with a more appropriate evaluation timeline.

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**DIFFERENCES TOILET TRAINING PREPARATIONS IN CHILDREN
TODDLER WITH MOTHER WORK AND DOES NOT WORK IN THE
REGION BUILD ONGGOBAYAN DUKUH 11, NGESTIHARJO, KASIHAN,
BANTUL, YOGYAKARTA**

Lestari, L¹, Rahayu, MH², Kurniati, FD³

1. Department of Pediatric Nursing, The Institute of Nursing Muhammadiyah Pontianak, Indonesia.
2. Department of Pediatric Nursing, Panti Rapih Nursing Academy Yogyakarta, Indonesia.
3. Department of Pediatric Nursing, The Institute of Nursing Surya Global, Yogyakarta, Indonesia.

Correspondence : Lilis Lestari, BSN., MSN. Department of Pediatric Nursing, The Institute of Nursing Muhammadiyah Pontianak, Indonesia. (lilis_lestari90@yahoo.com).

ABSTRACT

Introduction : Growth and development of children in accordance with the stages of his age is a very meaningful thing for parents. Toilet training is an exercise in children aged 18-24 months controlling bowel movements, which are associated with certain muscle development, interests and awareness of children. Toilet training is a process that occurs naturally in a child's development. But in reality today many children who experience delays in doing toileting activities. Research reveals that children who are cared for working mothers tend to be late to self-help in toilet training. Children's delays in studying toilet training cause parent's stress. Bantul one of the cities in Java area with the majority of the population working as a farmer who

has a lot of time at home. But on the basis of preliminary studies there are still many reports to the community health center that the child's delay is related to the independence of toilet training. Based on this the researchers are interested to examine the differences of readiness in toilet training in children who care for working mother and not working.

Method : This research is a comparative research, cross sectional design. The population in this study were all mothers of children aged 24-36 months old who live in Hamlet Onggobayan dukuh 11, Ngestiharjo, Bantul, Yogyakarta as many as 35 people. This research uses one variable that is the readiness of toilet training.

Result : There was no significant difference between preparedness of toilet training for working mother and mother not working with α or p value 0349 (> 0.05).

Conclusion : Girls are better equipped to teach toilet training than boys, and no significant difference between preparedness of toilet training for working mother and mother not working.

Keywords: Todler, toilet training, working mother, not working mother, readiness.

Introduction :

Growth and development of children in accordance with the stages of his age is a very meaningful thing for parents. The success of child development can be seen from the developmental task that must be completed in a certain period of time. Children age toddler is a child aged 1-3 years. This stage of children experiencing sexual development as expressed by Sigmund Freud, the child

learns to control the function of his body. Age of toddler Child's physical growth tends to be slow, but character formation through cognitive processes and socializing skills begins at this stage of age. One of the skills that must be present in children of toddler age is the ability to use toilets independently (Potts, et al., 2012). Toilet training is a process that occurs naturally in a child's development. But in reality today many children who experience delays in doing

toileting activities (Kiddoo, 2012). Research conducted by Hooman, et al. 2013 reported the delay in training children to do toilet training resulted in the rejection of children to learn toilet training at older age. Exercise toilet training is needed to support the success of children in performing toileting independently. Research Kaerts, et al. 2014 reports that parents experience stress and frustration when training toilet toilets in children. Percentage of stress levels experienced by parents increased by 30% when asked about when is the right time to train toilet training in children. This is certainly very worrying considering toddler child age is a child who entered the golden period stage of its development, including the ability to do toileting. Child readiness and good parental stimulation can improve successful toileting in children. Parents' attention to the readiness of children's toilet training is very important because it relates to the developmental aspects of toddler age children. Parental delay in assessing children's toilet preparation will result in late child to practice toileting so it can

cause early urine incontinence. This is in accordance with the study of Wu Hsi-Yang (2014) reported urinary incontinence occurs in children aged 6-7 years and 16-17 years old due to delays in parents to train children for toileting independently.

In addition, the phenomenon of diaper use in children is also one reason for inhibition of children practicing toileting. This does not only occur in children with working mothers, but also in mothers who do not work. Parents tend to cultivate the use of diapers in children to facilitate their daily activities (Duong, et al., 2013). Bantul is one of the regencies located in Yogyakarta Special Region. The majority of Bantul district dwellers work as farmers 25.56%, trade 21.16%, industry 18.95%, and industry 18.95%. Comparison of female and male population is 50.13% and 49.87% (Bantul District Government, 2012). Dusun Ongobayan is one of the hamlets in Bantul district. The number of children under five in Ongobayan village is 133 children, 77 children are male and 56 child are female. Information obtained through

cadres in the village there is a mother's complaint about the delay of children in doing toileting independently. Based on the above, the researcher is interested to conduct research related to the difference of preparedness of toilet training on toddler children with working mother and not working in Dusun Onggobayan, Bantul Regency, Yogyakarta.

Method

This study is a comparative study. Measurements of variables are performed only once at a time so that this study is included in the cross sectional design. This research will be conducted in Dusun Hamlet Onggobayan 11, Ngestiharjo, Kasihan, Bantul, Yogyakarta. Data collection was conducted on 14-17 May 2015. The population in this study were all mothers with children aged 24-36 months. The sampling technique was done by purposive sampling. The determination of the sample size is determined by the

Slovin formula (Nasir, 2011). Sampling was performed on women who met inclusion and exclusion criteria. The inclusion and exclusion criteria in this study are as follows: Inclusion criteria: Mothers are willing to be respondents, mothers living with children, mothers with children aged 24-36 months. Exclusion Criteria: Mothers with children with mental / physical disabilities, mothers with children with colostomy. This research uses one variable that is the readiness of toilet training. The toilet preparation questionnaire was adopted from the research conducted by Dhofar (2005) which was then modified by Azizah (2007) with the result of the validity test of r count of 0.312 and the reliability test with the result of 0.8306. The method of data analysis used in this study was Mann Whitney's test. This statistical test was used to test the comparative hypothesis of two independent groups (Dharma, 2011).

Result

Respondents in this study are children 24-36 months who live in the hamlet Onggobayan Yogyakarta. Respondents used in this study amounted to 32 respondents (16 children from working mothers and 16 children from mothers who do not work). Characteristics of children in this study include gender and age of children.

Table 1. Characteristics of respondents by sex and age

Age (In Months)	Gender				Total
	Male	%	Female	%	
24 - 30	17	65,38	9	34,62	26
31 – 36	2	33,33	4	66,67	6
Total	19	59,38	13	40,62	32

Table 1 shows that from 32 respondents from both groups, 19 respondents (59.38%) were male and 13 respondents (40.62%) were female. In the age category, 26 respondents aged 24-30 months, while 6 respondents aged 31-36 months.

Distribution of preparedness toilet training

Table 2. Preparedness of child training on the basis of sex

Readiness for toilet training	Gender				Total
	Male	%	Female	%	
Good	8	47,06	7	46,67	15
Enough	6	35,29	4	26,67	10
Less	3	17,65	4	26,67	7
Bad	0	0	0	0	0
Total	17	100	15	100	32

Based on table 2 male gender most of them have prepared toilet training in good category as many as 8 respondents (47,06%), while girls readiness mostly have toilet preparation preparedness of 7 respondents (46,47%). Of the total respondents, the proportion of male sex has preparedness of toilet training category well greater than the readiness of women with the same category, although only difference of 1 respondent.

This is different from the research Wu (2012) says that girls are better equipped in toilet training than boys with a comparison of age of 28 months and 33 months of age. Another study conducted by Senior (2014) says that 71% of girls are better equipped for toilet training than boys is only 65%.

Aziz et al (2011) states that boys have a faster rate of readiness in toilet training than girls.

Table 3. Preparedness of children's toilet training by age

Readiness for toilet training	Age (Month)				Total
	24 - 30	%	31 - 36	%	
Good	8	34,78	7	77,78	15
Enough	9	39,13	1	11,11	10
Less	6	26,09	1	11,11	7
Bad	0	0	0	0	0
Total	23	100	9	100	32

Tabel 4. Differences in preparedness of toilet training in children with working mothers and not working

		Readiness			Total	<i>p</i>
		Good	Enough	Less		
Working	Yes	6	6	4	16	0,349
	No	9	4	3	16	

Table 4 shows the results of data analysis using Mann Whitney obtained value p value shown is 0.349. With $\alpha < 0.05$, then the value of p value is meaningless there is no significant difference between preparedness of toilet training of child at work mother and mother not work.

This is in contrast to Hurlock's (1997) study in which the role of caregiver and the interaction that occurs between caregivers and children becomes very important because the general development of children including the dominance of cognitive development is largely determined by parenting patterns and the role of the spasm. However, in this case the working mother has a better education level (66.7%) compared with unemployed mother (22.2%). This is in accordance with the results of research Dhofar (2005) that there is a positive relationship between mother care

patterns such as in organizing the environment of children with the readiness of toilet training.

The absence of differences in preparedness of toilet training in working and unemployed mothers is due to the high level of mother education in both groups (minimum high school) so it is assumed that the level of knowledge that mothers have is also quite high. Mothers are more prepared with the knowledge they have to teach children to do toilet training. This causes the readiness of toilet training in children to be good, either in groups with working mothers or not working.

Conclusion

Preparedness of child training on working mother showed that 6 children (37.7%) were in good preparedness category, 6 children (37.5%) children in the category of readiness enough, and 4 children (25%) in the category of poor readiness. The readiness of children's toilet training in non-work mothers showed that 9 children (56.25%) were in the category of good readiness, 4 children (25%) in the category of readiness enough, and 3 children (18.75%) in the category of poor readiness. There was no significant difference between the preparedness of toilet training for the working mother and the mother not working with the indicated α or p value 0.349 (> 0.05). For further research need to do quantitative research by using bigger sample amount in order to get the distribution of value of measurement result approaching normal. Research using qualitative methods can be done to examine more deeply the problems faced by working mothers and mothers who do not work in recognizing the

signs of preparedness of toilet training in toddler age children.

Conflict of interest

The authors declare that they have no competing of interest.

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**EFFECT OF TRANSFERING “HEALTH TIPS (KIAT SEHAT)” PACKAGES
TOWARDS KNOWLEDGE ON PREGNANT MOTHER IN SANGIHE
ISLAND**

Jelita Siska Herlina Hinonaung¹, Elsi Dwi Hapsari², and Widyawati²

Politeknik Negeri Nusa Utara 1 and Universitas Gadjah Mada 2

ABSTRACT

Introduction. Effort to reduce number of maternal mortality has provided by various ways, one of them such as health education. Health education for pregnant mother can be provided on intervention of care. Package of health tips "kiat sehat" consisting of the book "kiat sehat" maternal and practice deep breathing relaxation techniques. The intervention is transferring packages of health tips “*kiat sehat*” to improving knowledge of pregnant mother.

Method. Pre-experimental one-group pra-post test design used sampel 51 respondent were taken by consecutive sampling. Respondent characteristic and knowledge is used as instrument. Analizing data used wilxocon signed rank test to showed score difference between knowlede of pregnant mother before and after transfered packages of “*kiat sehat*” during 14 days.

Result. The results showed that most of the respondents were aged 19-35 years (82.4%), medium education (52.9%), obtaining information from health workers (78.4%). Median score of respondent knowledge before the given packages of “health tips (kiat sehat)” showed $11 \pm 2,1$ and after respondent got the information showed $14 \pm 1,4$. Packages of “*kiat sehat*” has increased The knowledge of pregnant mother significantly ($p < 0,001$).

Conclusion. “Health tips (*kiat sehat*)” significantly influences to increasing knowledge on pregnant mother.

Keywords: “Health Tips (*Kiat Sehat*)” packages, knowledge, pregnant mother.

INTRODUCTION

Maternal mortality as one of indicator of Millennium Development Goals (MDGs). World Health Organization (WHO) has estimated 500.000 maternal mortality in whole world amounts 99% occurred in developing country¹. Condition of maternal mortality in Indonesia on 2012 showed increased amounts 359 mortality per 100.000 lives birth, where as MDGs target of maternal mortality on 2015 must achieve 102 per 100.000 lives birth². Health profile of North Sulawesi Province on 2012 showed amounts 49 cases of maternal mortality and cases of maternal mortality in Sangihe Island amounts 3 cases. Direct causes of maternal mortality in North Sulawesi on 2012 such as bleeding (36%), eclampsia (29%), infection (4%) and others (29%)³.

Effort to reduce number of maternal mortality has provided by various ways, one of them such as antenatal care. Antenatal activity included behaviour of diseases protection for pregnant mother to prevent diseases transmission and pregnancy complication. Health Belief Model (HBM) is one of theory of change behaviour and fit to explains

behaviour of pregnant mother to attending antenatal care⁵. Theory approach of HBM focused on cognitives aspect such as increasing knowledge will affect attitude and behaviour to increasing individual health. Means health education must consider individual perception againts susceptibility of diseases and individual behaviour can prevent threats and eliminates diseases⁶.

Improving health quality must be performed in increasing knowledge. Individual knowledge influenced by internal factors (education, job, and ages) and external factor. Health education was process to changed individual behaviour, groups, family and community by improving their knowledge or affecting their attitude^{7,8}. Health education for pregnant mother can be provided on intervention of care. Package of health tips "kiat sehat" consisting of the book "kiat sehat" maternal and practice deep breathing relaxation techniques. Topic package material healthy tips "kiat sehat" based on the book mother and Child health⁴, healthy tips for pregnant women with hypertension⁹, and the pregnancy book¹⁰.

METHOD

Study design was pra-experimental, one-group pra-post test design. This study has received approval from Committee Ethics of Medical Faculty, Gadjah Mada University on June 22, 2016, collecting data was conducted on 11 July until 18 August 2016. Selection of sample conducted by consecutive sampling. Respondent involved in this study amounts 51 pregnant mother according to inclusion criteria such as respondent always control their pregnancy in East Tahuna Public Health

Center and gestational ages ≥ 20 weeks. Process of collecting data began by measured knowledge before intervention (pretest) than delivered packages of health tips “*kiat sehat*” once per days during 14 days. Second measurement towards knowledge of pregnant mother conducted in the 14th day. Collecting data performed by questionnaire about characteristic and knowledge. Wilxocon signed rank test to analyzed gap of knowledge score (alpha 0,05).

RESULTS

Characteristics of Respondents

The results showed (Table 1) that most of the respondents were aged 19-35 years (82.4%), medium education (52.9%), and obtaining information from health workers (78.4%).

Table 1. The Distribution Characteristics of Respondents in East Tahuna Public Health Center 2016 (n= 51)

	Characteristics	f	%
Age	<19 Year	4	7,8
	19-35 Year	42	82,4
	>35 Year	5	9,8
Educa-tion	Primary School	4	7,8
	Junior High School		
	Senior High School	10	19,6
	College	27	52,9
	Media (Radio, TV, newspapers, Internet)	10	19,6

Information source	Health workers		
	Other: pregnancy books	10	19,6
		40	78,4
		1	2

Sources: Primary data are processed, 2016

The knowledge before and after the given package of health tips “*kiat sehat*”.

Distribution of the knowledge (Table 2) aspects of the item about danger signs of pregnancy before and after the package of health tips "*kiat sehat*" many answered correctly is a statement of pregnant women shall drink tablets blood booster a minimum of 90 tablets during pregnancy and weight gain <6 kg during pregnancy showed good nutrition.

Table 2. The distribution knowledge of aspect items about pregnancy test and danger signs of pregnancy before and after the package of healthy tips "*kiat sehat*" in the East Tahuna Public Health Center 2016 (n = 51)

	Right		False	
	F	%	F	%
Knowledge of pregnancy test				
No need to consult with a healthcare provider if late in coming months.				
Before	49	96,1	2	3,9
After	51	100	0	0
Knowledge of the danger signs of pregnancy				
Pregnant mother obliged to drink the blood booster tablet at least 90 tablets during pregnancy				
Before	27	52,9	24	47,1
After	44	86,3	7	13,7
Addition of weight <6 kg during pregnancy showed good nutrition				

Before	10	19,6	4	80,4
After	29	56,9	1	43,1
			2	
			2	

Sources: Primary data are processed, 2016

Effect of Package "kiat sehat" Against The Knowledge

Statistically significant differences between knowledge (Tabel 3) before and after the given package "kiat sehat". Increased knowledge of the subject 45, 5 fixed and 1 decreased.

Table 3. Effect of transferring "Health Tips (*Kiat Sehat*)" packages toward knowledge of Pregnant mother in East Tahuna Public Health Center 2016 (n = 51)

	Me-dian (SD)	Knowledge			P*
		Dec-line	Fi-xed	In-crease	
Be-fore	11 (2,1)	1	5	45	<0,001
Af-ter	14 (1,4)				

* The Wilcoxon test signed rank test

LIMITATIONS

This research without involving a control group, so that the characteristics of the respondent affect the findings in this study.

CONCLUSION

Transferring packages of health tips "kiat sehat" increases knowledge of pregnant mother significantly was showed by statistical test and median score higher after intervention.

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**FAMILY SUPPORT AT DIABETIC FOOT ULCER PATIENT
(KUALITATIF STUDY 3 TRIBES IN WEST BORNEO)**

**Gusti Jhoni Putra¹, Harisma Pratama², Usman³, Elsy Maria Rosa⁴, and
Novita Kurniasari⁵**

¹Lecturer of Nursing Institute of Muhammadiyah Pontianak

²Lecturer of Nursing Institute of Muhammadiyah Pontianak

³Lecturer of Nursing Institute of Muhammadiyah Pontianak

⁴ Lecturer of Magister manajemen rumah sakit Universitas Muhammadiyah
Yogyakarta

⁵ Lecturer of Magister of Nursing Universitas Muhammadiyah Yogyakarta

ABSTRACT

Background: Improving the quality of life of patients with diabetic foot ulcer (DFU) is the purpose of nursing care. The family support is one of the important aspects that must be considered in patients with DFU, this is because of the family activity and relationship influence on physiological and quality of life. The Purpose of this study is to explore family support at diabetic foot ulcer.

Method: This study was kualitatif with ethnography approach. This study involve 8 participants. Validity was done by expert test with Aiken's V approach to 2 experts.

Result: Theme to family support at 3 tribes in West Borneo are quality of support and caring are good and comprehensive, effort to get information, support and emphaty can improve motivation, and family is the safety place to express emotional.

Conclusion: there are 4 theme of family support to 3 tribes in west borneo that can improve self esteem and obey wound healing management procedur to diabetic foot ulcer patients.

Keyword: Diabetic Foot Ulcer, Family Support, Etnography

Background

The prevalence of DFU in patients with DM continues to increase and steal the attention of many parties to explore the factors related to healing on wound care. The purpose of this exploration is to discover what are the related factors that can accelerate the wound healing process, so that patients can achieve optimal quality of life. Based on some quantitative studies that affect the diabetic foot ulcer (DFU) healing process, this exploration can be directed to physical, social, environmental, life-style management, nutrition, family support, interpersonal relationships, immunity, and psychosocial support.

Diperlukan minimal penghargaan dari keluarga untuk meningkatkan rasa percaya diri dan interaksi sosial pada penderita DM.⁹ Individu banyak menghabiskan waktu dengan keluarga dan masyarakat dibandingkan dengan tim kesehatan, 99% waktu akan dihabiskan di keluarga, tempat kerja dan komunitas sehingga peran dan support dari keluarga dan komunitas sangat berpengaruh pada penyembuhan pasien.¹²

It takes a minimum of awards from the family to increase self-confidence and social interaction in people with DM. Individuals spend more time with

family and community than the health team, 99% of the time will be spent in families, workplaces and communities so that the roles and support of the family and community is very influential on the healing of patients.

Non optimal family support will result stress to the patient. The stress response caused by the disturbance of self-concept and individual social interaction will affect the work of hormones such as glucocorticoids, catecholamines, oxytocin, vasopressin, and cytokinin production, resulting in the healing of the wound itself. Patient health greatly influences social support that will ultimately affect to the work of the heart, neuroendocrine and patient immunity.

The results of preliminary study by random interview to some patients who have DFU, obtained data that 90% of them said that family support is needed in the current conditions, looking at this phenomenon, the authors are interested to exploring family support with the approach of theory kolcaba at Kitamura Pontianak In the 3 largest tribes in West Borneo, so that in the end can be determined specific assessment tools and interventions and in accordance with the needs of patients so that the

optimal quality of life of patients will be achieved.

A. Method

Method that used in this study is qualitative with ethnography approach.

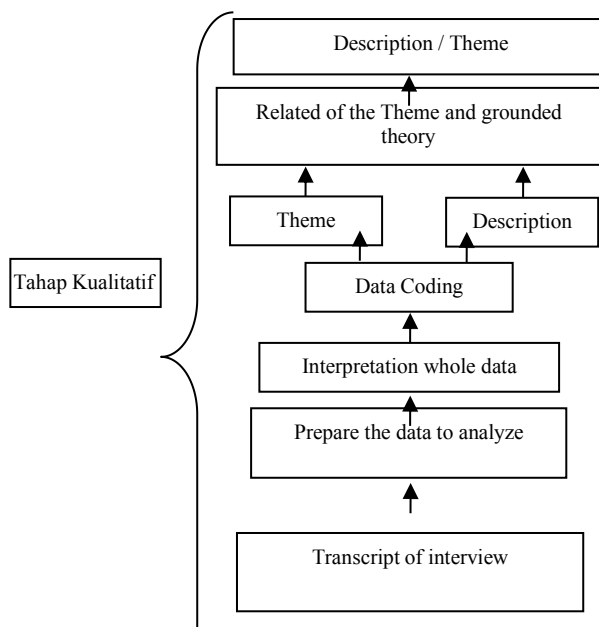
Participants of this study were DFU patients at Kitamura Clinic Pontianak. The number of participants as many as 8 people. This research was conducted at Clinic Kitamura Pontianak, from December 2016-March 2017. The limitation of the problem in this study, as follows.

Table. 1

Limitation of the problem

Category
Emotional Support
Informasional Support
Appraisal Support
Instrumental Support

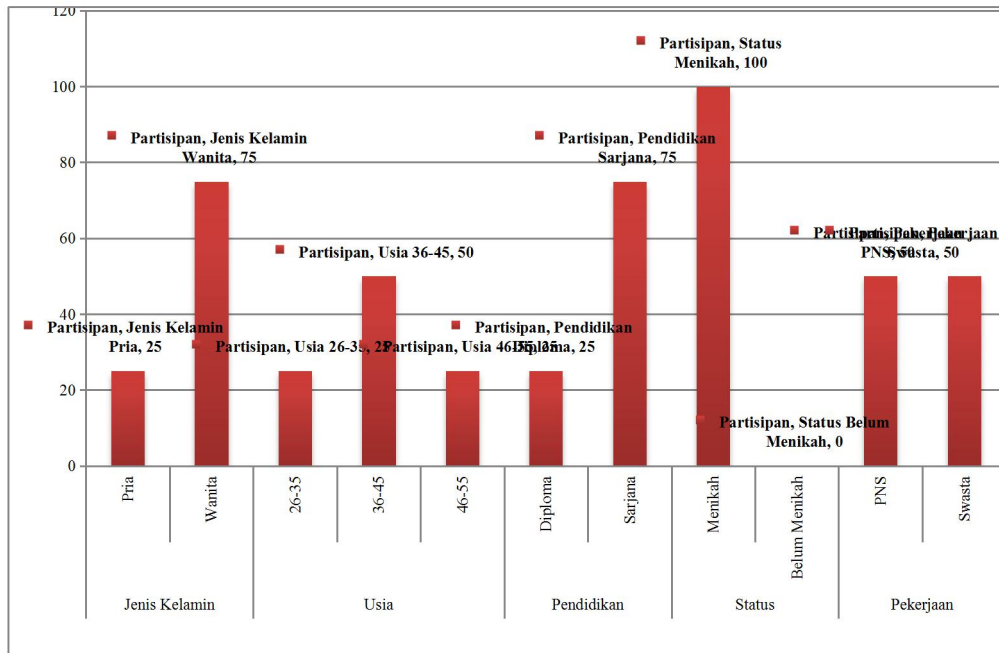
qualitative interview guide refers to the variables studied, family support. The interview results were tested for validity with Aiken's V approach and obtained from valid and reliable results with a range of values between 0-1. Processing and analysis of qualitative data using the Creswell model (2016), the course of research is listed in the following figure.



Picture 1
Kualitatif Procedure

B. Result

1. Partisipant Characteristics



and work at clinic Kitamura Pontianak, Januari 2017 (n=8)

Of the 8 participants, in the graph above, 75% of the participants were female, 50% of the participants were in the final adult stage (36-45 years), 75% of the participants' education was bachelor degree, 100% marital status of married participants, and the work of participants is comparable between civil servants and the private sector.

2. Family Support of DFU Patients

Based on the analysis results obtained 4 (four) themes. Where, all these findings are structured into a form of family support model in patients with DFU in our kitamura clinic Pontianak. Recapitulation of the findings is illustrated in the following table:

Tabel 2
 Hasil Analisis Tema Kualitatif

Dukungan Keluarga	Quality of Support and Comprehensive caring from Family
	Effort to get information that needed to increase knowledge are come from technology by family and health personal
	Support and expressions of empathy from family can increase motivation to treatment process
	Family as a safe and comfort place to express emotional

3. Validity dan Reliability

a. Validity

Expert tests conducted on two experts, both experts are already very expert in the field of injuries. Expert tests were conducted at the Clinic Kitamura Pontianak, Expert tests were conducted by assessing the item statements available on the instrument. The next stage triangulation of sources and data related to the results obtained interview.

comprehensive, showing empathy, providing facilities and providing the required information, this support can certainly increase motivation and make patients feel more secure and comfortable when they are around the family.

DFU patients need support from families to affect their comfort and health, this is related to patient compliance with treatment and care, and this has an effect on the quality of life of patients.

C. Discussion

Family support is an aid received by family members from other family members. Family support is a form of support that serves as a source of practical and concrete support for other family members. The form of family support can be a good quality of support and

1. Quality of Support and Comprehensive caring from Family

Patients with DFU at Clinic Kitamura Pontianak receive good quality family support, a form of support provided by family members in the form of providing and facilitating transportation for

care, financial assistance for medical expenses, and providing time for listening and advise on patient health. The quality of good support and comprehensive care of the family is the basis of the support that should be provided to patients with DFU.

Support and care provided by the family in a comprehensive manner aims to facilitate the patient in doing all activities related to the problems faced. In this case the patient's limitations in the use of facilities and infrastructure, as well as the need for moral and material support in the treatment process.

Family is expected to be responsible for the needs of each various family members, including the need for treatment. With a comprehensive care and good support quality in patients with diabetic foot injuries is expected to improve the health and motivation of patients in their treatment so as to improve the status Health and good impact on quality of life.

Family support can be in the form of a full family assistance in providing help, money, or providing time to serve and listen to the sick family in conveying their

feelings. Patient will recover faster if the family helps him solve the problem effectively through his or her support.

2. Effort to get information that needed to increase knowledge are come from technology by family and health personal

In an effort to improve patient knowledge, family members are expected to be more active in finding and providing information about the disease and the risks. Information provided can make patients feel highly valued. From the results of the analysis, the family plays an active role in fulfilling the patient's information needs, the family attempts to provide the information needed by the patient.

It is thus important that this information aid effort aims to improve the motivation and motivation of the patient in order to improve the health status optimally. Directly provided information support, of course, can reduce the burden of the family and certainly the burden for the patient itself, with information obtained, the

patient will know the development of the disease, what complications and risks are likely to occur, so that patients will be motivated to keep abreast of routine care.

Searching information about diabetic injuries is more frequently accessed via the internet. It is undeniable that the use of technology today is an individual need, the role of family and health personnel is needed to direct patients in finding health-related information. Accurate sources of information and appropriate media use include support that can be provided to patients to improve knowledge about diseases and treatment procedures during the treatment period.

More than 80% of patients with diabetes and its complications have insufficient knowledge and skills in managing the disease. Support information required can be information related to conditions and how to treat it.

3. Support and expressions of empathy from family can increase motivation to treatment process

The supportive responses, attitudes and expressions of empathy from the family in the treatment process make the patient feel happy and valuable. The patient's perceived appreciation will have a positive impact to their. Support in the form of positive attitudes and phrases from the family may affect the activity in carrying out their activities, Motivation and confidence of the patient comes from the family. In other words, patients who get high quality family support will have a high motivation in running the treatment process.

Other benefits, this family support can also improve the psychosocial status, and the patient's self-esteem, because the patient is considered still useful and exist for the family, from this situation the patient is expected to establish healthy behavior in an effort to improve health status.

Family support is expected to be consistent to the patient, given the long process of healing diabetic wounds. If the attitudes demonstrated by family members are unstable, of course, can be felt by the patient, the unexpected

negative impact is that the patient feels that the support provided by the family is a burden for the family in caring for the patient, and certainly influences the patient's motivation.

The family serves as a source of energy that determines happiness, the family as a place to socialize in giving advice, suggestions, information and criticism. The decreasing family support along with the length of the healing process will have an effect on the patient's motivation in the healing process.

4. Family as a safe and comfort place to express emotional

Family is the closest person and a comfortable place for every individual. Family can increase the morale and motivation that affects the psychological and mental status, so that the patient can manage his emotional. Patients with DFU who are unable to manage emotionally are at risk of falling under stress. Stress or depression provides negative implications for wound care management and patient quality of life. Negative family

support is one of the causes of depression.

Psychological stress can clinically affect wound healing and the workings of some hormones. Influential hormones include cortisol, glucocorticoids, ketocalamine, oxytocin, vasopressin, and citokinin which can lead to wound hypoxia. As is known cortisol increased due to stress will affect the increase of glucose through gluconeogenesis, protein and fat metabolism. In addition, cortisol can also affect the absorption of blood glucose levels and will affect the patient's immune system. Impacts that occur both physically and psychologically in patients will certainly greatly affect the quality of life and diabetic wound healing on the patient's feet.

With the support of the family, of course, it helps the patient to be able to maintain psychological health and improve his self concept. DFU patients who are in the family environment and are noticed by members of their family emotionally will be able to generate feelings of security and comfort, so that the patient is sure that the family cares and cares about him,

this will certainly be very beneficial for the healing process of patients with DFU.

D. Summary

1. There are 4 (four) themes of qualitative analysis results for family support of diabetic foot patients at Clinic Kitamura Pontianak
2. The results of validity and reliability test of family support in diabetic foot patients at Clinic Kitamura Pontianak obtained a valid and reliable results, evidenced by the value of Aiken's V which is in the range 0-1.

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**WOUND CARE SIMULATION'S EFFECT TO INCREASE KNOWLEDGE
AND SKILL TO STUDENT IN ELEMENTARY SCHOOL**

Usman¹, Gusti Jhoni Putra², Jaka Pradika³, Lestari Makmuriana⁴ Wuriyani⁵

Maria Putri Sari⁶

Usmanudan@stikmuhptk.ac.id

^{1,2,3,4,5} Lecturers at Nursing Institute of Muhammadiyah Pontianak

⁶ Lecturer at Akper Notokusumo Yogyakarta

ABSTRACT

Background : Number of injuries occurring at Pontianak Almumtaz Elementary School for the last 5 months amounted around 14 cases and all cases were referred to the nearest Clinic or Community Health Center, whereas in elementary school it has health students. The aim is to know the Wound Care Simulation's Effect to Increase Knowledge and Skill Student in Elementary School.

Method : The design used in this research is quasi experiment with pretest approach posttest without control group design with total samples were 18 students.

Result : There is a significant influence of Wound Care Simulation's Effect to Increase Knowledge $P= 0.003$ and There is a significant influence of Wound Care Simulation's Effect to Increase Skill Student in Elementary School, $P = 0.002$

Conclusion : The provision of wound-handling simulation to students at SDIT Almumtaz Pontianak can improve students' knowledge and skills in handling early on in injured patients.

Keywords : Wound care, Simulations, Knowledge and Skill

Background

Health care is a concept used in providing health services to the public. The definition of health services according to Notoatmojo (2007) is a sub-system of health services whose main purpose is preventive services (prevention) and promotive (health improvement) with the target community. While according to. Health Services Is a joint-organized effort within an organization to nurture and promote health, prevent, and cure diseases and restore the health of the family, family, group or community. The definition of health services according to is any effort held alone or collectively in an organization to maintain and improve health, prevent and cure diseases and restore the health of individuals, families, groups and atupun society (Levey and Loomba, 1973); (MOH RI, 2009). Health care is a concept used in providing health services to the public. The definition of health services according to Notoatmojo (2007) is a sub-system of health services whose main purpose is preventive services (prevention) and promotive (health improvement) with the target community. While according to. Health Services Is a joint-organized effort within an organization to nurture and

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Health education provided will affect the level pengetahuan and skills of the community in improving the degree of health. Conversely, if not done will have an impact on the lack of knowledge and skills community (Rahmawati et al, 2016). Elementary School Almunta Pontianak is a private Islamic Primary School which has a small Extracurricular Doctor (DOCIL) which is a driver in helping the simple problems that exist in their class. The number of injuries occurring at Pontianak Almunta Elementary School for the last 5 months amounted to 14 cases and all cases were referred to the nearest Clinic or Puskesmas, at SD Almunta had DOCIL.

One to improve the independence of DOCIL, a simulation and information related to wound care is required. According to a preliminary

study conducted that DOCIL in SDIT Al mumtaz has never done research on the simulation of wound treatment of knowledge and skills of DOCIL in SDIT Al mumtaz Pontianak. Therefore, the authors are interested in conducting research on the Effect of Wound Handling Simulation on the Knowledge and Skills of DOCIL at SDIT Al mumtaz Pontianak.

Research Method

The design used in this study is quasy experiment (quasi research) with **Results and Discussion**

pretest approach posttest without control group design. The purpose of this research is to know the effectiveness of wound treatment simulation on knowledge and skill level of small doctor in SDIT Al mumtaz Pontianak. The number of respondents in this study is 18 people. Instrument used is a valid instrument with the number of questions about to the knowledge of 15 items questions and skills 15 items about.

1. Table 1. Respondent characteristics

Variable	Category	Intervention		Total	%
		N	%		
Gender	Male	3	18.75	3	18.75
	female	15	81.25	18	81.25

Based on the above table, it was found that the characteristics of respondents with female gender more than men.

2. Table 2. Result of Influence of Simulation of Wound Management on Knowledge of Little Doctor at SDIT Al Mumtaz Pontianak

Variable	group	n	Mean	SD	Median (Min-Max)	p
knowledge difference	pre	18	0.0479	0.063	0.31(0.13-0.81)	0.003
	post	18	0.087	0.097		

Based on the above table, the ratio of value difference Knowledge before and after intervention has a significant value $p = 0.003$, which can be concluded that Simulation Handling injuries Effective on Knowledge in Small Doctors at SDIT Al Mumtaz Pontianak

3. Tabel 3 Result of Influence of Simulation of Injury Handling to Skill at Small Doctor at SDIT Al Mumtaz Pontianak

Variable	group	n	Mea n	SD	Median (Min-Max)	<i>p</i>
difference skill	pre	1 8	0.046 9	0.033	0.91(0.18- 0.91)	0.00 2
	post	1 8	0.077 0	0.067		

Based on the above table, the comparison of the value of Skills before and after intervention has a significant value of $p = 0.002$, which can be concluded that the Simulation of effective wound Treatment of Skills in Small Doctors at SDIT Al Mumtaz Pontianak

Discussion

The results showed that the simulation of effective wound treatment on the knowledge and skills of a small doctor in SDIT AL Mumtaz Pontianak with each significant value of $p < 0.003$ and $P < 0.002$. Based on the result of research, the knowledge of respondent of treatment group showed an increase between before and after simulation of wound treatment. Knowledge of respondent in pre test not found knowledge of good category, and more on less category that is 13 respondent (81.25%). Respondent after receiving

the simulation of wound handling, his knowledge increased by 14 respondents (87.5%) with good category knowledge, less knowledge decreased to 1 respondent (6.25%) and enough category 1 respondent (6.25%).

The material in the form of lectures and given leaflets made the respondents more easily understand the material given. The process of giving with the lecture method and the existence of two-way communication between health educators and the question of the respondents make the knowledge given is easily digested.

Therefore, the increase of questionnaire value from the respondents shows the difference of knowledge between before being given simulation of wound handler with after given simulation of wound handling. According to Wawan (2010) the factors that affect one's knowledge level comes from the information it receives, with more sources of information one of which comes from health workers who will increase knowledge to a wider. This situation provides an illustration that simulation is very useful for the improvement of knowledge. Because in the simulation method the tendency of counter cadres to understand about the content of information is easier because with examples and props

Simulation is a learning activity that gives learners an opportunity to mimic an activity that is required in their daily work or related to their responsibilities. The simulation process actively stimulates the cadre of facilitators to focus more on the information given, so that the knowledge level of the cadre is not only to know, but to the analysis phase, that is to describe and analyze the whole information with the situation encountered in the field, and the week of cadres can apply In the process of

teaching and learning, so that the stages of knowledge to the synthesis stage is slowly beginning to form, so that when the knowledge evaluation is done again an increase

This is agreed by Sutomo in 2010, said that the simulation method in educating students' skills will increase if measured before and after the simulation. This means that the simulation method is effective in improving skills. Skill is the result of synthesis analysis as evidenced by motoric motion as an application of the cognitive it has received. Factors affecting skills are age, education level, and occupation. A person's skill can be proved by a motoric response that can be done by a person.

The result of statistical analysis to the skill value shows that there is a significant increase. The result of measurement on the mean of the increase of skill score shows that the simulation group value has high value with the value before the simulation. The result of Sutoro (2009) study that the skill improvement of 18% on the simulation method, in this study there is a skill increase of 12%. While research Edy (2007) improvement in skill score occurred at 4.6% after the evaluation of

2 weeks. It can be concluded that the simulation method can improve the skill.

Conclusion:

There is a significant difference in the provision of wound-handling

simulation to the level of knowledge of small physicians at SDIT AL Mumtaz Pontianak and there is a significant difference in the provision of wound-handling simulation of small physician skills at SDIT AL Mumtaz Pontianak.

THE INFLUENCE OF STATIC STRECHING TOWARD MUSCULOSKELETAL PAIN ON NURSES IN KITAMURA CLINIC PONTIANAK

Wuriani¹, Tisa Gusmiah¹, Lestari Makmuriana¹, Yeni Lukita¹

¹Lecturer school of Nursing Muhammadiyah Pontianak

ABSTRACT

Background: Musculoskeletal pain often occurs to nurses with heavy workload such as standing and sitting in long hours, bowing and lifting heaving stuffs. An interventions to reduce musculoskeletal pain is by practicing static stretching and improving body posture with can be performed by correcting working position using ergonomic chair. Aim this research to analyze the influence of the static stretching to musculoskeletal pain to 15 nurses in Kitamura Clinic Pontianak with Saturated sampling. This research quasi experiment pre post test without control group design, analyze pain score with Nordic Body Map (NBM), and than given improvement of working posture 30 days, and than analyze pain score with NBM again using paired t-test..

Results the research bottom neck pain 46,7 % to 0 %, top neck pain 40 % to 0 %, the right shoulder pain 40 % to 6.7 %, the waist pain 26.7 % to little pain 6.7 %, left calves pain 66.7 % to 6.7 %, right calves pain 60 % being little pain 40 %.

Keywords: Static Stretching, Musculoskeletal Pain, Nurse.

INTRODUCTION

Pain occurs with the process of disease and included as the most common reason of someone to find health care treatment, diagnostic and healing process. Nurses give health care to clients in any kind of situation and condition, giving intervention to increase comfort.

Samara (2007) said that the prevalence of musculoskeletal pain in nurses is 45.8% including the pain of nerve, tendons, and muscles abnormalities, and disturbed ligaments surrounding musculoskeletal, for example the neck, may be caused by incorrect body posture position and its duration.

Some of the most frequent musculoskeletal pains on nurses are myalgia and Low Back Pain, it is related to the work of nurses rested on the spine, such as the activity of bowing during an intravenous infusion, treating wounds, lifting and moving patients from one bed to the other bed, the nurses' attitudes that requires to

stand for a long time, those things require a good management and accuracy of posture known as work posture. Susihono (2012) stated that work posture is important to keep workers' comfort in doing work activity so that disruption to the musculoskeletal system can be minimized.



Activity and Pain Cause in Caring Patients' Wound at Kitamura Clinic Pontianak, n= 15

Activity	Category	Static Stretching	
		n=15	%
Pain	Yes	11	73,3
	No	4	26,7
Pain Caused Activities	Standing for long time	2	13,3
	Bending		
	Squatting		
	Sittingfor long time	5	33,3
	Less Resting	3	20,0
		3	20,0
	2	13,3	

Source: Primary Data

Discussion

In stretching group, male (80%) is more than female (20%) According to Sardjono (2015), gender does not deal with musculoskeletal pain in packing workers in PT. Y Gresik, because the working hours and workload of male and female personnel are relatively the same. This condition shows that male nurses show more courage in facing chronic wound conditions besides that male nurses are more pleased with the challenge of success in wound care.

The education level of respondents are mostly from Associate Degree (D III) that is 86.6% in Stretching Group. This Finding is in line with Andini (2015), which states that the level of education has no effect on musculoskeletal pain in workers, because workers who focus on their work activities, sometimes do not pay attention to posture work, work time and other stressors, because they focus on work that must be done. Similar with the nurse who treats the wound, whether Associate Degree Nurses (D III), Undergraduate Degree Nurses (S1) or Master Degree Nurses (S2) They only focus on patients' wound care, regardless of safety and comfort of themselves.

Marital status in static stretching group was 93.3% for married and not related to musculoskeletal pain. This was in contrast to Widayati (2016) which stated that there was a relationship between marital status against musculoskeletal pain in the elder,

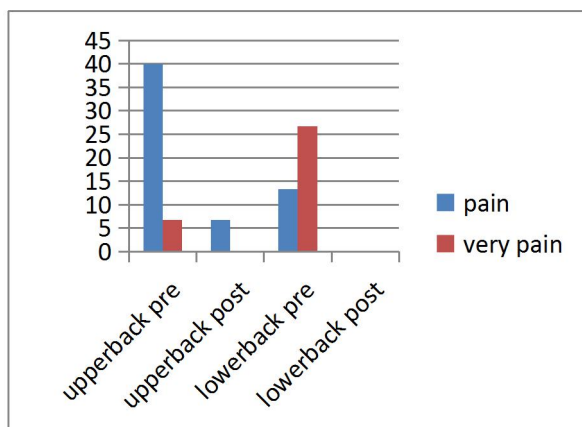
due to muscle strength and elders' joints whose function begins to decline. It found that the most static stretching groups are adult who had gotten married and had responsibilities for doing household, so that the workload will not be felt while working. It was also shown in the fourth theme of qualitative results: location and Causes of pain

The weight of most respondents that was 51-60 kg in the stretching group was 53.3%, its not related to musculoskeletal pain. This result was not in line with Rarford (2007) study, he stated that as the body weight increases the spine will be depressed because it accepted the load, thus causing mechanical stress on the lower back. It proved that the weight of the respondents was dominated between 51 - 60 kg, in the sense that nurses were not in heavy load conditions. These results at once also explained that the condition of a fat body or more than 60 kg aggravated someone's body and caused changes on body posture due to it supported a heavy burden and continuously happened.

Non-smoking habit respondents in stretching group balance that was equal to 86,7%. This condition proved that the health conditions of both respondents who did static stretching and improvement of work posture were dominated by nurses who did not smoke and smoking had nothing to do with musculoskeletal pain. This fact was in

contrast to Sardjono (2015) who stated that there was a correlation between packing labors in PT. Y Gresik with musculoskeletal pain complaints. Smoking habits decreased the capacity of the lungs and caused the oxygen consumption decreased then it affected in decreasing of oxygen levels in muscle cells, therefore carbohydrates burning was inhibited, the lactic acid buildup then caused muscle pain.

Grafik Score Pre Post Static Stretching



Source: Primary Data

Seeing the data on it can be concluded that a decline in a sore on the back and loins through static stretching . Back pain 40 % after stretching be 6,7 % , once on the back pain 6,7 % after stretching be 0 % . Pain in the waist 13,3 % after stretching be 0 % pain once on the waist 26,7 % after stretching be 0 % .

Conclusion.

1. There was a decreasing of musculoskeletal pain before and after static stretching applied on nurses at Kitamura Pontianak.
2. The use of static stretching had an effect in decreasing musculoskeletal pain.

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RELATIONSHIP LEVEL MATERNAL KNOWLEDGE ABOUT CLIMACTERIUM WITH PREPAREDNESS FACING CLIMACTERIUM IN PREMENOPAUSAL MOTHER IN PONTIANAK TENGGARA DISTRICTS

Teti Sudaryati¹, Lidya Hastuti², Lilis Lestari³, Ramadhaniyati⁴, Nesya Andita⁵

1. *Bachelor of The Muhammadiyah Institute Of Nursing Pontianak, Indonesia*
2. *Department of Maternity Nursing. The Muhammadiyah Institute Of Nursing Pontianak, Indonesia*
3. *Department of Pediatric Nursing. The Muhammadiyah Institute Of Nursing Pontianak, Indonesia*
4. *Department of Pediatric Nursing. The Muhammadiyah Institute Of Nursing Pontianak, Indonesia*
5. *Bachelor of The Muhammadiyah Institute Of Nursing Pontianak, Indonesia*

Correspondent Author :

Lilis Lestari. Department Of Maternity Nursing. The Muhammadiyah Institute Of Nursing Pontianak, Indonesia. Email: lilis_lestari90@yahoo.com

ABSTRACT

Background: Climacterium is a period that begins from the end of the reproductive phase, ending at the beginning of the art and occurs in women aged 40-65 years. In the climacterium will occur a variety of complaints, for it is important for a woman always think positive in the face of climacterium where the condition is a natural thing, as well as complaints and problems that arise in other phases of life.

Objective: To know the relationship of knowledge level of mother about climacterium with readiness to face climacterium at mother of premenopause in subdistrict of Bansir Darat Subdistrict of South East of Pontianak.

Method: The design used in this research is descriptive quantitative research. Samples taken as respondents in this study is premenopausal mother as many as 54 people. The research instrument used in the form of questionnaire. Data were tested using Chi Square analysis.

Result: The result obtained from this research is there is no correlation between knowledge level of Mother with readiness to face climacterium in Bansir Darat Village with statistic test result obtained = 1.000 (> 0.05). Estimated test results, it is known that a good mother with a chance of 1,071 times will be ready to face klimakterium compared with less good knowledge (OR = 1.071, 95% CI = 0.361-3.172).

Conclusion: There is no correlation between Mother's level of knowledge with readiness to face climacterium in Bansir Darat Village.

Keywords: Level Knowledge Climacterium, Preparedness Facing Klimakterium

Background:

The elderly is identical with the Climacteric period that is the transition between the reproductive period with old age (senium). Climacterium is divided into 4 phases, namely premenopause, perimenopause, menopause, and pascamenopause. Before the woman has menopause, she will have a premenopausal phase, where in this phase there are various complaints. Premenopausal climacterial phase (40-50 years), perimenopause (45-50 years), menopause 50 years, postmenopause 50-65 years. Women in the face of climacterium vary because it is related to several factors including the level of knowledge. Most women in Indonesia do not know about menopause, especially in rural areas (Prawirohardjo, 2003).

In women with climacteria there are certain changes that can cause mild to severe disturbances. Changes that occur in the climacterium are changes in the internal and external reproductive organs, psychological changes, and physical changes.

Climacterium women will experience a variety of declining body functions such as changes in reproductive organs, changes outside the reproductive organs, clinical symptoms and psychological changes, so that will affect the discomfort in living his life.

These discomfort complaints can be addressed differently in every woman. If women can think positively then the various complaints can be passed more easily. But on the contrary, if women

think negative, the complaints that appear increasingly burdensome and pressed his life. According to Chaplin (2005), Readiness is. The state of alertness to react or respond to something, both physically and mentally or psychologically, is usually interpreted by the level of development of maturity or maturity that is advantageous in practicing something.

For that it is important for a woman always think positive that the condition is something that is natural, as well as complaints and problems that arise in other phases of life. Surely this positive attitude arises if balanced by enough information or knowledge, as well as physical, mental, and spiritual preparedness done in the past. For that it is important to provide information correctly and precisely about how to undergo climacterium with more fun. Moreover, the information or knowledge that can be obtained by the community about it is very limited.

Knowledge itself is the result of knowing and this occurs after people have sensed a particular object. Sensing occurs through the five senses, namely the sense of sight, hearing, smell, taste and touch (Notoatmodjo, 2005). Much of the mother's knowledge of this climacteric age is still low. Based on research conducted by Lulu Wikar (2009) about mother's knowledge about the climacterium period, it is known that the knowledge of respondents about understanding, symptoms and how to handle climacterium mostly included in the

category less. Facilities and infrastructure and information media have not managed to touch the small things that are considered sacred to be informed.

From the description above, the researchers are interested to conduct research on the relationship of knowledge level of mother about climacterium with readiness to face Climacterium in Premenopausal mother in Bansir Subdistrict Darat Subdistrict of South East of Pontianak.

Method :

The research design used is descriptive quantitative research to describe mother's knowledge level about klimakterium with readiness of mother face klimakterium at mother premenopause.

The population in this study were mothers aged 40 years and over in the area of Bansir Darat. From 4 Rt / Rw obtained total population of 62 people.

In this study, the researcher sampel by using the count according to (Nursalam, 2008) of population 62 after inserted into the Nursalam formula taken samples of 54 samples.

Sample Research Criteria

Inclusion criteria:

- 1) Willing to be a respondent
- 2) Aged 40-65 years.
- 3) Patients can read and write

Exclusion Criteria

- 1) Refused to be a respondent
- 2) Mother aged <40 years.
- 3) Respondents can not read and write.

The instrument used in this study is by using questionnaires. Questionnaire used is to measure research variable, that is knowledge as independent variable and readiness to mother as dependent variable. For independent variables, using questionnaires of 21 questions consisting of 2 answer choices. Questionnaire answer given in the form of numbers, if the answer is true given a score of 2 if one given a score of 1. As for the variable readiness to use questionnaires that amount to questions consisting of 2 choices of answers. Questionnaire answers are given in the form of numbers, if the answer is given a score of 2 if not given a score 1. Data collection obtained through primary data and secondary data.

Primary data is data obtained from direct interviews of respondents by using questionnaires and observations as a means of data collection. The researcher gets verbal information from the respondent face to face, done from house to door (door to door), In the neighborhood of Bansir Darat Village, Pontianak District of Southeast. Secondary data is the result of recording other supporting data such as maternal age data and demographic data used to give general description of research location.

Result:

Table 1 Frequency Distribution of Respondents in Bansir Land Village

Variable	n = 54	
	n	Percentage
Age		
40-45	30	55,6%
46-50	24	44,4%
Pendidikan		

Primary School	22	40,7%
Junior High School	8	14,85
Senior High School	12	22,2%
Academy	9	16,7%
Bachelor	3	5,6%
Work		
House Wife	42	81,5%
Civil Servant	12	18,5%
Knowledge		
Good	16	29,6%
Enough	2	3,7%
Less	36	66,6%
Readiness		
Ready	49	90,7%
Less Ready	3	5,5%
Not ready	2	3,7%

Source : Data Primer 2012

Based on table 1 it can be identified that the age characteristics of respondents in this study aged 40-45 years as many as 30 people (55.6%), respondents aged 46-50 years as many as 24 people (44.4%). Characteristics of respondents based on education obtained by respondents who have elementary education as many as 22 people (40.7%), respondents whose education is junior high school as many as 8 people (14.8%), respondents who educated high

school as many as 12 people (22.2%), Academy as many as 9 people (16.7%), respondents who educated Bachelor as much as 3 people (5.6%). Result of data of respondent job characteristic, the most is as housewife as much as 42 people (81,5%) and others work as civil servant as many as 12 people (18,5%). Then, based on the characteristics of knowledge, it is known from 54 mothers who become respondents in Bansir Darat Sub-district mostly have knowledge that less good is 36 people (66,6%), who have enough knowledge as much as 2 people (3,7%), while Who has good knowledge as many as 16 people (29.6%). The result of the preparedness characteristics have preparedness of 49 people (90,7%), less ready as many as 3 people (5,5%), and not ready for 2 people (3,7%). This means that most respondents in the Bansir Darat area have a poor knowledge of the climacterium and have a very good readiness in the face of climacterium.

Table 2 Frequency Distribution of Respondents by Level of Knowledge and Preparedness Facing Climacterium at Bansir Darat 2012

Education	Readiness of climacterium				χ^2	OR	95%CI	ρ
	Less Ready	%	Ready	%				
Less good	14	25,9	17	31,5	0.000	1.071	0.361	1.000
good	10	18,5	13	24,1				

Source : Data Primer Tahun 2012

Based on Table 2 the researchers identified that from the statistical test results obtained = 1.000 (> 0.05). This means that H_0 is accepted and H_a is rejected, there is no relationship between Mother's level of knowledge with readiness to face climacterium in Bansir Darat

Village. Based on the results of the Estimation test, it is known that well-informed mothers have a probability 1,071 times will be ready to face the climacterium compared with less good knowledge (OR = 1.071, 95% CI = 0.361-3.172).

Discussion:

Characteristics of Respondents

The age range of respondents in this study who experienced premenopause ie age 40-50 years. The result of the research according to the distribution of education level shows that the highest percentage of respondents with elementary education is 22 people (40.7%), where the respondents who have elementary education have low knowledge level. The higher the education, the higher the absorption capacity of the information so that the information obtained can be well understood. Conversely, if the lower level of education, then the mindset becomes low so that the absorption of information also becomes less. From the distribution of job respondents, the majority of mothers work as housewives compared to those who work as employees.

Level of Knowledge About Climacterium

The results of this study indicate that most of the level of knowledge about klimakterium is very less that is equal to 36% (66,6%) of respondents who do not know about klimkaterium, compared with having good knowledge about 16 people (29,6%).

Readiness to Cope with Climacterium

From the results of the distribution of respondents based on the readiness to face climacterium mostly included in the ready category of 49 people (90.7%). According to Chaplin (2005), readiness is the level of development of maturity or

profitable maturity in practicing things. Can also be interpreted as state of standby to react or respond to something. Readiness here is defined as a state of the mother to prepare herself in the face of the menopausal phase, both physically and mentally or psychologically.

Relationship Level of Knowledge of Mother About Climacterium with Preparedness Facing Climacterium

Knowledge is the result of knowing, and this occurs after people make sensations to a particular object: Sensation occurs through the five senses of the human sense of sight, hearing, smell, taste and touch. Much of human knowledge is obtained through the eyes and ears (Notoatmodjo, 2005).

According to Chaplin (2005), readiness is the level of development of maturity or profitable maturity in practicing something. Can also be interpreted as state of standby to react or respond to something. Readiness here is defined as a state of the mother to prepare herself in the face of the menopausal phase, both physically and mentally or psychologically.

The result of the analysis found that there was no correlation between knowledge level and maternal readiness about climacterium in Bansir Darat Village, with statistic test result ($P = 1.000 > 0.05$) and $OR = 1.071$. Further data analysis concluded that respondents who have good knowledge of 1,071 times will be ready to face climacterium

compared with poor knowledge (95% CI: 0.361-3.172)

According to researchers in general respondents do not know about klimakterium because respondents never heard the term klimakterium itself. Thus most respondents can not answer questions about the klimakterium knowledge given by the researchers, but there are a few who know the klimakterium itself because it likes to read books about health and get other information.

Conclusion:

Based on the result of the research, the researcher found that there is no correlation between maternal knowledge level with mother readiness to face klimakterium in premenopausal mother with statistical test result $p = 1,000$ ($p > 0.05$). Estimated test results, it is known that a good mother with a chance of 1,071 times will be ready to face klimakterium compared with

less good knowledge (OR = 1.071, 95% CI = 0.361-3.172).

Conflict of Interests :

There is no conflict of interest in this study.

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RELATION BETWEEN MOTHER'S HYGIENE AND HEALTHY LIFESTYLE BEHAVIOR (HHLB) AND DIARRHEA INCIDENTS ON CHILDREN IN SANGIHE DISTRICT

Astri J Mahihody¹, Lely Lusmilasari², Yayi Suryo Prabandari³

¹Department of Health, Politeknik Negeri Nusa Utara, Indonesia

²School of Nursing, Faculty of Medicine, Universitas Gadjah Mada, Indonesia

³Department of Public Health, Faculty of Medicine, Universitas Gadjah Mada, Indonesia

Abstract

Introduction: Children is in the age that are susceptible of various infectious disease, including diarrhea. Diarrhea that occurs for several days could cause severe dehydration that lead to death. In 2015, the highest diarrhea prevalence in Sangihe District occurred in East Tahuna Community Health Center. One factor that influences diarrhea incidents is mothers' clean and healthy lifestyle behavior. This study was aimed to analyze relation of mother's HHLB and diarrhea incidents on children.

Method: This study was conducted from 1 to 30 July 2016 with experimental design of case control study. The experiment subjects were 88 mothers who were selected by consecutive sampling based on inclusion criteria. Data was assessed using questionnaire of mother's HHLB developed from Nuraeni (2012). Data was analyzed using chi square test and logistic regression.

Result: The variables that had significant relation on diarrhea incidents on children were hygiene and healthy lifestyle behavior (HHLB) of mothers ($p = < 0.001$; OR = 18.03; 95%CI: 2.240-145.166), providing exclusive breastfeeding ($p = 0.001$; OR = 4.67; 95%CI: 1.890-11.526), and washing hands with soap ($p = < 0.001$; OR = 6.93; 95%CI: 2.440-19.716). Meanwhile, variable that did not have significant relation on diarrhea incidents on children were using clean water ($p = 1.000$; OR = 1.37; 95%CI: 0.287-6.497) and using sanitary toilet ($p = 0.502$; OR = 1.60; 95%CI: 0.413-6.035).

Conclusion: hygiene and healthy lifestyle behavior (HHLB) of mothers had significant relation on diarrhea incidents on children. Providing exclusive breastfeeding was variable with the most significant relation on diarrhea incidents on children. Further studies to add the open ended question on the questionnaire.

Keywords: HHLB, diarrhea, under five years

Introduction

Diarrhea is a condition in which feces are discharged from the bowels in a liquid form with frequency three times or more in one day. Diarrhea that occurs in several days could cause severe dehydration that lead to death¹.

In 2012, it is estimated that 3.6% of global disease was caused by diarrhea. The number of child mortality in country with low to middle income was 361,000 deaths per year². In Indonesia, it is estimated that the number reached 31,200 children deaths per year due to diarrhea³. Diarrhea

incidents for children in Indonesia is 6.7% with highest characteristic occurs in age group of 12 – 23 months⁴.

In Sangihe Region, the number of diarrhea incidents for children reached 1,266 in 2013⁵. Moreover, in 2015 the highest diarrhea incident percentage was 23.72%, which occurred in East Tahuna Community Health Center in age group of one – four years⁶.

One of the factors related to diarrhea is the clean and healthy lifestyle behavior of the mothers⁷. In North Sulawesi Province, there were 65% household that

can be classified as hygiene and healthy lifestyle behavior (HHLB)⁸. In Sangihe Region, particularly in East Tahuna Community Health Center, only 1,165 of 1,751 households that can be classified as HHLB⁹

No study regarding relation between family clean and healthy lifestyle behavior and diarrhea with population target is mothers with child aged one – four years old in working area of East Tahuna Community Health Center ever conducted. This study was aimed to analyze relation of mother’s HHLB and diarrhea incidents on children.

Method

This study was conducted from 1 to 30 July 2016 with experimental design of case control study. The study subjects were mothers with children aged one – four years old that in the previous month had diarrhea (case group) and had not diarrhea (control group). Parents lived in the working area of East Tahuna Community Health Center and the children with diarrhea were treated in the health center. Mothers who lived outside the working area of East Tahuna Community Health Center were excluded from this study. The samples were distributed evenly to two groups of 44 subjects, case and control groups. Sample collection technique used consecutive sampling method by matching with child age.

The study instruments were HHLB questionnaire and diarrhea incidents adopted from Nuraeni’s study. The result of validity test was in the range of 0.370 – 0.760 and the result of reliability test showed the value of Cronbach’s alpha was 0.908. Hence, 25 question items were declared valid and reliable. Data analysis used univariate, bivariate and multivariate analysis. Bivariate analysis used chi square test while multivariable analysis used logistic regression analysis.

Result

Total respondent in this study was 88 subjects, which were distributed evenly into two groups, case and control groups. In this study, homogeneity test was conducted on respondents’ characteristics. The result showed that there was no significant difference between respondents’ characteristics in both groups.

Table 1 shows that variable of mother’s HHLB related significantly with children diarrhea incidents (p value = 0.000; OR = 18.03; CI95% = 2.240-145.166). Furthermore, providing exclusive breastfeeding had significant relation on diarrhea incidents (OR = 4.67; CI95% = 1.890-11.526). Moreover, washing hands using soap related significantly with children diarrhea incidents (OR = 6.93; CI95% = 2.440-19.716).

Table 1. Bivariate analysis of independent variable (n = 88 respondents)

Variable	Case (Diarrhea)		Control (Not Diarrhea)		Total		OR	CI 95%	p value
	n	%	n	%	n	%			
	Mother hygiene and healthy lifestyle behaviors:	31	70.45	43	97.73	74			
Yes	13	29.55	1	2.27	14	15.91			
No	44	100	44	100	88	100	4.67	1.890-11.526	0.001*
Total	12	27.27	28	63.64	40	45.45			
Providing exclusive breastfeeding:	32	72.73	16	36.36	48	54.55			
Yes	44	100	44	100	88	100			
No	40	90.91	41	93.18	81	92.05	1.37	0.287-6.497	1.000
Total	4	9.09	3	6.82	7	7.95			
Using clean water:	44	100	44	100	88	100			

Yes									
No									
Total	38	86.36	40	90.91	78	8.64	1.60	0.413-	0.502
Using sanitary toilet:	6	13.64	4	9.09	10	11.36		6.035	
Yes	44	100	44	100	88	100			
No									
Total									
Washing hands using soap:									
Yes	21	47.73	38	86.36	59	67.05	6.93	2.440-	< 0.001*
No	23	52.27	6	13.64	29	32.95		19.716	
Total	44	100	44	100	88	100			

*statistically significant ($p < 0.05$)

Results of multivariate analysis in Table 2 show that the statistically significant variables were providing exclusive breastfeeding with OR = 7.37 (CI 95%: 2.406-22.550) and washing hands using soap with OR = 6.40 (CI95%: 1.981-20.672). Between these two variables, providing exclusive breastfeeding was variable with the most significant relation on diarrhea incidents on children as it had the highest number of OR (7.37). The analysis result also showed the value of *R square* was 0.396. This number means that providing exclusive breastfeeding variable contributed 39.6% to diarrhea incidents on children, while the other 60.4% was influenced by other factors.

Table 2. Result of multivariate analysis of factors influencing diarrhea incidents on children

Variable	p value	OR	CI 95%
Washing hands using Soap	0.002	6.40	1.981-20.672
Providing exclusive breastfeeding	<0.001	7.37	2.406-22.550
Access to Information of Washing Hands using Soap	0.054	6.91	0.967-49.423
Constants	0.000	0.155	

R Square = 0.396

In this study, hygiene and healthy lifestyle behavior (HHLB) of mothers had significant relation on diarrhea incidents

on children. This result is similar to Kusumaningrum *et al* finding¹⁰.

Other result in this study showed the significant impact of providing exclusive breastfeeding on diarrhea incidents on children. Similarly, Lamberti *et al* reported that babies aged 0 – 5 months old who did not have exclusive breastfeeding had 10.52 times increase of risk of death by diarrhea compared to babies who had exclusive breastfeeding. Breast milk contains immunoglobulin A (IgA), oligosaccharide, lactoferrin, and other nutrients that protect children from various infectious diseases, including diarrhea¹¹. Washing hands also had significant relation on diarrhea incidents on children. This is in line with Kamm *et al* finding that mothers who washed their hands using soap and running water had children with lower diarrhea duration (less than 1.3 days per 100 children per day) compared to mothers who did not¹². Washing hands with soap is an activity of cleaning palms and fingers using running water and soap to cleanse them and break the chain of infection¹³.

Result of multivariate analysis showed that providing exclusive breastfeeding and washing hands using soap had significant relations with diarrhea incidents on children. The value of *R square*, which was 0.396, means that providing exclusive breastfeeding variable contributed 39.6% to diarrhea incidents on children, while the other 60.4% was influenced by other factors that were not explored in this study.

The limitations on this study is instruments research use only consists of

two choices of an answer that allow for bias information.

Conclusion

In conclusion, mother's clean and healthy lifestyle behavior (HHLB) had significant relation on diarrhea incidents on under five years. Furthermore, providing exclusive breastfeeding was variable with the most significant relation on diarrhea incidents on under five years. Further studies to add the open ended question on the questionnaire.

Conflict of Interest

The authors declare that there is no conflict of interest.

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THE EFFECT OF DRY CUPPING THERAPY TO DECREASE THE INTENSITY OF DISMENOREA WITH ADOLESCENT GIRLS WITH THE STUDENTS JUNIOR HIGH SCHOOL AND SENIOR HIGH SCHOOL MUHAMMADIYAH

Kardiatun Tuttur¹, Almumtahanah², Wienda³

¹ Lecturer of STIK Muhammadiyah Pontianak

² Lecturer of STIK Muhammadiyah Pontianak

³ Student of STIK Muhammadiyah Pontianak

ABSTRACT

Introduction: Menstrual pain (dysmenorrhoea) can disrupt the concentration and learning activities until the concentration decreases. Primary dysmenorrhoea is menstrual pain caused by the physiological activity of menstruation with muscle contraction, that starts from 6 months to 2 years after menarche. Intervention of dysmenorrhoea can be done with one type of non-pharmacological therapy that is therapy cup (al hijamah) which aims to reduce pain. Dry cupping is cupping technic without release of blood.

Aim: This study aims to determine the effect of dry cupping therapy to decrease the intensity of dysmenorrhoea in adolescent girls at JUNIOR HIGH SCHOOL OF MUHAMMADIYAH and SENIOR HIGH SCHOOL OF MUHAMMADIYAH Muhammadiyah Pontianak.

Methods: This study used quasi experimental method with one group pre test design -post test design, non-probability sampling technique that is purposive sampling with a sample of 21 people.

Results: The bivariate analysis using the Wilcoxon test on the pain intensity shows the value of $p\text{-value} = 0.000$ meaning $p\text{ value} < 0.05$. The hypothesis H_a accepted, it means there is the effect of dry cupping to decrease the intensity of dysmenorrhoea with adolescent girls in Junior High School and Senior High School of Muhammadiyah Pontianak.

Conclusions: The conclusion of this study was showed that the reduction of pain occurring during dry cupping because of massage and pressure on the back area stimulated the skin tactile fibers so that the pain signal could be inhibited and the cerebral cortex did not receive the pain signal, the pain felt decreased. The skin part of the vacuum with dry cupping technique can close the gate of pain messages that will be delivered to the spinal cord and brain. Strong pressure on this technique can activate endorphins (chemicals such as self-produced morphine, has the effect of reducing pain and triggering feelings of pleasure, calm or happiness) that are in the synapse of the spinal cord and brain cells, thereby transmitting from Pain messages can be inhibited and cause a decreased status of pain sensation.

Keywords: Dry Cupping, Dismenorea, Pain Intensity

1. BACKGROUND

Approximately 50% of women in the world have an experience dysmenorrhea, and about 10% of them have severe dysmenorrhoea and can not activity due to illness for 1 to 3 days (Ferri, 2017).

Dismenorea or *catmenial pelvic pain* is the condition of a woman experiencing pain during menstruation that has a bad effect causing disruption of daily activities (Afiyanti and Pratiwi, 2016). Dysmenorrhoea is classified into two, primary dysmenorrhoea is menstrual pain caused by physiological activity of menstruation with muscle contraction that starts from 6 months to 2 years after menarche (Nair and Peate, 2015; Reeder, Martin and Griffin, 2011) and secondary dysmenorrhoea is pelvic condition or pathology that causes pelvic pain usually occurs in younger women (20 years), but is most commonly seen in older women (over 20 years). Other causes include organic pelvic diseases such as endometriosis, cervical stenosis, ovarian cysts, uterine myomas, congenital malformations, IUD or trauma (Reeder, Martin dan Griffin, 2011; Lobo, dkk. 2017).

Based on the results research of Lestari (2013) about 70 to 90% of cases of menstrual pain occur in adolescence and caused the impact of emotional conflict, tension and anxiety that can affect the learning ability. Dysmenorrhoea causes disturbed learning activity, concentration decreases even absent so that the material given during the learning takes place can not be caught by women who are experiencing dysmenorrhoea. The results of Chauhan and Kodnani (2015) about study of dysmenorrhoea in 100 girls in Gujarat gave adverse effects on daily routine (73%) and influenced social relationships (64%) and the prevalence of associated menstrual symptoms where the

most common physical and psychological symptoms were lower abdominal pain (42%) and emotional instability (46%).

From January 21 to March 5, 2017, researchers conducted a preliminary study by screening girls in Junior High School and Senior High School of Muhammadiyah Pontianak to find the incidence of dysmenorrhoea. The result shows that from 81 female students in Junior High School of Muhammadiyah 1 there is 55 students (67,9%) have dysmenorrhoea, Junior High School of Muhammadiyah 2 Pontianak from 34 female students as much as 21 female students (75%) have dysmenorrhoea, and Junior High School of Muhammadiyah 3 Pontianak from 28 female students (43.47%) had dysmenorrhoea. Senior High School of Muhammadiyah 1 Pontianak 117 students 67 students (57.26%) had dysmenorrhoea and from 90 female students in Senior High School of Muhammadiyah 2 Pontianak as many as 60 students (66.67%) had dysmenorrhoea. The researchers concluded that the percentage of primary dysmenorrhoea was about 178 female students (82.40%) and secondary dysmenorrhoea about 38 female (17.59%) and the most experienced symptoms in dysmenorrhoea were abdominal pain (88%) and waist region (94%).

The results of interviews with school health counselors (called UKS) at the same time carried out quantitative screening mentions every month there are always students who come to the UKS to take a rest and ask for dysmenorrhoea relief. Interviewing students with dysmenorrhoea said that often menstrual pain (dysmenorrhoea) in every menstruation cycles, menstrual pain also interfere with the concentration of learning and their daily activities. When given an explanation of dry cupping therapy, they say they have never tried the therapy, usually they just a rest and drink water or consumption pain medication.

Handling of dysmenorrhoea can be done in two ways that is with pharmacology and non pharmacology therapy. One type of non-pharmacological therapy is the method of cupping therapy (*al hijamah*) aims to reduce pain. Therapeutic method of cupping called *Thibbun Nabawi* is the treatment of prophet ways popularized by the Prophet Muhammad SAW, listed in many hadiths (Mirza, Naaz, and Alim, 2016).

Dry cupping is a cupping that is not followed by the release of blood. Dry cupping is a cupping only done on the skin without an incision by needle or blade cupping (Suarsyaf, 2012). This research needs to do research to find an alternative therapy with easy to do, economical, and minimal side effects to prevent and overcome the problem of dysmenorrhoea, so researcher interested to do research about dry cupping therapy to decrease menstrual pain (dysmenorrhoea).

Akbarzadeh's research, et al. (2013), entitled the effect dry cupping therapy at acupoint bl23 on the intensity of postpartum low back pain in primiparous women based on two types of questionnaires, 2012; A randomized clinical trial in Iran revealed a significant reduction in the pain scale of 100 primiparous female respondents with low back pain or lower back pain after dry cupping therapy. The results of Kristina's research (2014) entitled the effect of dry cupping therapy to decrease of pain scale in 73 patients with gastritis pain in nurse clinic Latu Husadha Abiansemal-Bandung showed that the influence of dry cupping therapy in patients with gastritis pain and the other results of research from Mirza, Naaz & Alim (2016) entitled management of primary dysmenorrhoea by dry cupping: a review in India illustrates the difference in the scale of pain before the treatment of cupping therapy with pain scale after dry

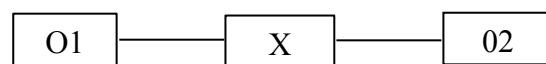
cupping therapy in unmarried women or before age 25 years.

Dry cupping point for menstrual pain (dysmenorrhoea) is the waist area. Selection of dry cupping point at the waist area is appropriate reference point snap elections and clinical manifestations of dysmenorrhea with characteristic pain in the waist area.

2. RESEARCH METHOD

Research Design. This research used *quasi eksperimental with one group pre test -post test design*.

Sceme 4.1 Research Design



Description of the scheme:

- O1: The results of intensity measurement of dysmenorrhoea (Pre-test)
- O2: The results of intensity measurement of dysmenorrhoea (Post-test)
- X : Dry cupping therapy

Criteria Sample. The technique of determining the sample in this study is *purposive sampling*. Sample criteria in this research are:

- a. Girls of class VII and VIII in Junior High School of Muhammadiyah Pontianak; class X and XI in Senior High School of Muhammadiyah Pontianak.
- b. Adolescent girls who have experience primary dysmenorrhoea.
- c. Adolescent girls who have experience primary dysmenorrhoea with moderate and severe intensity.
- d. Adolescent girls who do not take anti-pain medication when experiencing primary dysmenorrhoea.

- e. Willing to be a respondent and follow the research procedure.

The population of this study subjects amounted to more than 100 people and to avoid the drop out during research, the research sample using 15% of the total population of 21 girls (Arikunto, 2006). The process of selecting research respondents through the stage of screening respondents with dysmenorrhoea, determination of respondents research, and implementation of Standard Operating Procedures (SOP) research.

Research Instruments. The instrument of this study is packs of dry cupping consisting of small cup/cup, handpump, butyl-butter oil/olive, handscoons, tissues and cottons) there are measured by conducting a standard operating procedure, a questionnaire to identify the characteristics of respondents who experienced primary dysmenorrhoea, and the scale of pain intensity *Numeric Rating Scale* (NRS) (*pre test* dan *post test*).

Data Collection Process. Researchers have attended the Cupping Training and have received a Certificate from the *Thibbun Nabawi* Institute of Indonesia in West Kalimantan. Selection of samples according to the inclusion criteria of the study and respondents were asked to fill in informed consent and read the procedures, objectives and research benefits. Researcher assisted by team or research assistant do research which also have followed professional cupping training. The intervention of dry cupping was done for approximately 30 minutes for each respondent. Measuring the intensity of pain before and after the intervention, as well as researchers to re-examine the data obtained and then in the analysis with computerized system.

Principles of Ethics. Principles of ethics in this study are respect for human

dignity, respect for privacy and confidentiality, respect of justice and inclusiveness, balancing harms and benefits.

Data Interpretation. Normality data test of this research using *Shapiro Wilk* test is used for small sample (less or equal to 50 people) (Dahlan, 2008), obtained *p-value* pre and post-test = 0,000 < 0,05 then the data is not normally distributed. Bivariate analysis of this study using *Wilcoxon* is to test two samples that are bound or pairs with a minimum ordinal scale, whether it has a significantly different average or not or the difference between the middle value of two samples (Hidayat dan Istiadah, 2011; Pujiati dan Rusliah, 2012).

3. RESULTS AND DISCUSSION

Table 3.1. Frequency distribution of research respondents characteristic Based on the age of adolescent girls

Variables	Frequency (n)	Percentage (%)
Usia:		
Remaja Awal (11-14 Tahun)	9	42.9%
Remaja Pertengahan (14-17 Tahun)	12	57.1%
Remaja Akhir (17-20 Tahun)	0	0%
Totally	21	100%

Based on table 3.1. Shows that from 21 respondents research frequency of most respondents in middle age of adolescent girls or age 14 until 17 years old that is as much as 12 student (57.1%).

Table 3.2. Frequency distribution of respondent characteristics based on duration of dysmenorrhoea and decreased intensity of dysmenorrhoea

Variables	Frequency (n)	Percentage (%)
Durasi <i>dismenorea</i> :		
< 1 hours	3	14.3%
1 - 12 hours	10	47.6%
> 12 hours	8	38.1%
Totally	21	100%

Decrease of <i>dismenorea</i> intensity:		
1 level	5	23.8%
2 levels	8	38.1%
3 levels	4	19.0%
4 levels	4	19.0%
Totally	21	100%

Based on table 3.2. Showed that of 21 respondents, the duration of dysmenorrhoea that is 1 until 12 hours is 10 students (47.6%). The above table also describes the decrease in the intensity of dysmenorrhoea that is the decrease of 2 levels of 8 female students (38.1%).

Table 3.3. Frequency distribution of respondent's characteristics was based on the intensity of dysmenorrhea pretest and posttest

Variables	Frequency (n)	Percentage (%)
<i>Pretest</i>		
<i>Dismenorea intensity</i>		
Mild pain (1-3)	0	0%
Moderate pain (4-6)	13	61.9%
Severe pain (7-9)	8	38.1%
Totally	21	100%
<i>Posttest</i>		
<i>Dismenorea intensity</i>		
Mild pain (1-3)	11	52.4%
Moderate pain (4-6)	10	47.6%
Severe pain (7-9)	0	0%
Totally	21	100%

Based on table 3.3. Showed that from 21 respondents, the frequency distribution of dysmenorrhoea before pre intervention or pre test was moderate pain (4 to 6) as many as 13 students (61.9%) while the frequency of dysmenorrhea after intervention or post test was mostly in mild pain (1 to 3) as many as 11 female students (52.4%)

Table 3.4. Analysis of the effect of dry cupping therapy on the intensity of dysmenorrhoea in adolescent girls in Junior High School and Senior High School of Muhammadiyah Pontianak, 2017

	n	Mean	Std. Deviation	Min.	Max.	<i>p-value</i>
Pain intensity (<i>pretest</i>)	21	2.3810	.4976	2.00	3.00	.000
Pain intensity (<i>posttest</i>)	21	1.4762	.5117	1.00	2.00	.000

Based on table 3.4. used *Wilcoxon* test showed that 21 respondents of the study there is a difference between the intensity of pain (pretest) with the intensity of pain (posttest). Mean value the intensity of dysmenorrhea pretest = 2.3810 and posttest = 1.4762, and standard deviation value of dysmenorrhea pretest = 0.49761 and posttest = 0.51177. Bivariate analysis using the *Wilcoxon* test on pain intensity shows the value of *p-value* = 0.000 means *p-value* < 0.05. The hypothesis is H_a accepted means there is influence of dry cupping therapy on dysmenorrhea intensity with adolescent girls in Junior High School and Senior High School of Muhammadiyah Pontianak.

Pain during menstruation or dysmenorrhoea caused by the excessive release of certain prostaglandins. Prostaglandin F2a derived from uterine endometrium cells. Prostaglandin F2a is one of the strongest stimulants of myometrium smooth muscle contraction and uterine vascular contraction. In line with Calis (2016) that increased secretion of F2a prostaglandins causes increased frequency of uterine contractions. Adolescent girls with dysmenorrhoea have an experiencing cramps and backaches, weakness, edema, diarrhea, headache, decreased concentration, unstable emotions and other symptoms.

Dry cupping therapy is one of *Thibbun Nabawi* that is effective for reducing pain problems. This is in line with several studies that have been done such as low back pain intensity, headache, postpartum pain in primiparous mother, gastritis and other pain.

The results of this study found that dry cupping therapy proved effective in reducing the intensity of dysmenorrhea in adolescent girls with the results showed the *p-value* <0,05. The results of this study are supported by the research from Fatahillah (2006) who stated dry cupping has many benefits one of them relieve pain and relaxan of muscles. The results of this study are almost consistent with a study conducted by Akbarzadeh (2013) which shows that pain measurement results in 100 mothers with primiparous postpartum randomly or randomly using VAS (*Visual Analog Scale*) the average intensity of low back pain in the dry cupping therapy group decreased from before for 24 hours and 2 weeks after intervention there was a significant difference with *p-value* = 0.01, so in this research result is effective in reducing low back pain in mother with postpartum.

The decrease of pain occurring during dry cupping due to massage and pressure on the back area can stimulate the tactile fibers of the skin so that the pain signal can be inhibited and the cerebral cortex does not receive the pain signal, the pain may be reduced or decreased. The pain is felt, then the skin part of the vacuum with dry cupping techniques can close the gate of pain messages that will be delivered to the spinal cord and brain, besides the strong pressure on this technique can activate the endorphins (chemicals such as self-produced morphine body, has the effect of reducing pain and stimulating feelings of pleasure, calm or happiness) that are in the synapse of spinal cord and brain cells, so transmission of pain messages can be inhibited and lead to reduced status of pain sensation.

Increased levels of endorphins in the body can reduce pain during contractions. Increased endorphins have been shown to be closely related to decreased pain, increased memory, improved appetite, sexual ability, blood pressure and respiration (Harry, 2007), so dry cupping can be effective in reducing the problem of dysmenorrhoea pain due to pressure suppression techniques.

The opinion researchers about dry cupping therapy can be an effective alternative for patients with dysmenorrhoea, especially on the intensity of dysmenorrhoea itself. Phases that occur after the treatment of dry cupping are able to with stand the rush of menstrual blood, relieve pain and reduce blood buildup, promote blood circulation, and flex tense muscles (Fatahillah, 2006). The selection of dry brushing spots should be precise, ie, most abdominal and abdominal pain or adjusted to perceived dysmenorrhoea symptoms. The decrease in dysmenorrhea intensity in girls also affects daily activities. This is similar with Ahuja (2016) opinion that the intensity of dysmenorrhoea in young women affects routine activities such as going to school, playing and quality of life.

5. CONCLUSIONS

The change in intensity of dysmenorrhoea is the decrease of dysmenorrhoea intensity and there is influence of cupping therapy to the intensity of dysmenorrhoea after dry cupping therapy using Wilcoxon test shows *p-value* = 0,000 which means *p value* <0,05, Dry cupping against the intensity of dysmenorrhoea in young women in Junior High School and Senior High School Muhammadiyah Pontianak.

The pain is felt, then the skin of the divakum with dry cupping techniques can close the gate of pain messages that will be delivered to the spinal cord and brain, besides the strong pressure on this

technique can activate the endorphins compound that is in the synapse of bone nerve cells Back and brain, so transmitting from pain messages can be inhibited and leads to a reduced status of pain sensation. Increased levels of endorphins in the body can reduce pain during contractions. Increased endorphins have been shown to be closely related to decreased pain, increased memory, improved appetite, sexual ability, blood pressure and respiration (Harry, 2007), so dry cupping can be effective in reducing dysmenorrhoea pain problems due to pressure suppression techniques .

6. SUGGESTIONS

a. Nursing Services

The nurse may act as a counselor / counselor / provider / provider by making a teenage health clinic, so as to provide dry cupping intervention to young women. Apply dry cupping therapy as one of the independent nonfarmakologi independent interventions of certified nurses especially in cases of dysmenorrhoea.

b. Nursing Education

1) The addition of teaching materials on non-pharmacological therapies is dry cupping into the nursing education curriculum or institutionalizing curriculum, as an independent act of the nurse that can be used in the practice of nursing care.

2) Improving cooperation program with institution or institution of health service at home and abroad to develop nursing practice based on non pharmacological therapy one of them is dry cupping therapy (dry cupping).

c. Further Researchers

Further research is expected to be performed with different variables, different sample characteristics, pure experimental research design, or other cupping techniques.

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CLINICAL OBSERVATION ON PEPTIC ULCER WITH UPPER GASTROINTESTINAL BLEEDING BY NURSING INTERVENTION

LI Jiaying

[Abstract] Objective: This article aims to explore the clinical effect of nursing intervention on peptic ulcer with gastrointestinal bleeding. **Methods:** A total of 90 patients with peptic ulcer with upper gastrointestinal bleeding who was hospitalized from October 2013 to July 2015 were selected as research object. Patients were randomly divided into an experimental group and control group, 45 patients in each group. The control group used conventional nursing measures, while in the experimental group, nursing intervention was utilized on the basis of the control group, including psychological nursing, health education, diet nursing care, foreseeable nursing and medication guidance. Compare two groups from following aspects: the time of digestion function recovery, the total time of treatment, the scores of SF-36 and the treatment effectiveness rate. **Results:** After nursing intervention, patients in the experimental group shorten the recovery time and the total time of clinical treatment than the control group ($P < 0.05$). The scores of SF-36 in the experimental group were higher than that in the control group ($P < 0.01$). The effective rate of treatment of the experimental group is higher than that of control group ($P < 0.05$). **Conclusion:** Nursing intervention can improve the clinical efficacy of peptic ulcer with upper digestive tract bleeding, and it can promote the early return to health of patients in our study.

[Key words]: nursing intervention ; peptic ulcer, upper gastrointestinal bleeding, clinical observation

Peptic ulcer with upper gastrointestinal bleeding is a common emergency in internal medicine, mainly due to esophageal, stomach, duodenum, upper jejunum, pancreatic duct and bile duct mucosal inflammation or erosion, etc., which threatens the patient's life and health^[1]. The main clinical manifestations are hematemesis and melena. The author selected from October 2013 to July 2015 in our hospital digestive department of 90 cases of peptic ulcers with gastrointestinal bleeding patients with nursing intervention, and achieved good clinical efficacy, reported as follows.

1 Materials and methods

1.1 Materials

A total of 90 patients with digestive ulcer with gastrointestinal bleeding were entered in this study from October 2013 to July 2015. The patients were divided into the experimental group and control group according to the random number table method. There were 45 patients in each group.

There are 23 males and 22 females in the experimental group. The youngest patient was 20 years old, with a maximum age of 68 years, with an average age of (38.96

± 10.11) years old. And there are 21 males and 24 females in the experimental group, the youngest patient was 19 years old, with a maximum age of 72 years, with an average age of (39.13 \pm 9.98) years old. The gender, age and condition of the two groups were not statistically significant ($P > 0.05$).

1.2 Inclusion and exclusion criteria

Inclusion criteria : (1) Peptic ulcer patients with upper gastrointestinal bleeding. (2) The patient and his family decided to join the observation and signed informed consent. (3) The patient

consciously obeys the arrangements for medical staff.

Exclusion criteria : (1) Heart, liver, kidney dysfunction; (2) Patients who with acute complications; (3) Combined with poisoning infectious diseases; (4) Disturbance of consciousness, mental illness; (5) Poor compliance, do not comply with the arrangements for health care workers.

1.3 methods

1.3.1 Control group

The control group was treated with routine digestive nursing model, including: (1) timely to stop bleeding, give blood transfusion and infusion, if the patient's condition needs; (2) close observation of patients with vital signs (heart rate, blood pressure, pulse and breathing); (3) close observation of consciousness, peripheral circulation, urine output, hematemesis and blood in the stool color, quality, quantity; (4) diet nursing care: inform the patient in strict accordance with doctor's advice, not random diet.

1.3.2 Experimental group

The experimental group used the following nursing care interventions on the basis of the control group.

(1) Mental nursing

The occurrence of upper gastrointestinal ulcer with bleeding is caused by physiological factors, psychological and social factors, especially closely related to the mood. Nurses need to listen carefully to the patient's psychological feelings and give psychological counseling on the basis of patient's age and knowledge level. Through psychological comfort, body language to encourage and explain, so that patients feel the care from the nursing staff. For patients with negative emotions, timely targeted psychological counseling should be given to eliminate the patient's

destructive emotions, so that the patient's mood can be steady [2-3].

(2) Health education

First of all, nurses should be a comprehensive understanding of the patient's disease status, psychological, social support and so on. The nurse communicates with the patient when patient's condition is slightly stable. Ask the patient for the disease awareness knowledge and attitude, encourage patients to speak as much as possible to obtain the patient's current lack of health knowledge. Second, in view of these known situations, nurses can explain to the patient the pathogenesis, risk factors, disease evolution process of peptic ulcer with bleeding, to help patients realize that this is prevented and curable disease. Through long-term health education, to help patients develops positive and healthy habits.

(3) Diet nursing care

If gastrointestinal bleeding or hematemesis is serious, the patient needs ambrosia and through the infusion to ensure adequate nutrition. Patients who have no hematemesis or bleeding is effectively controlled can eat liquid diet to a semi-liquid diet and then digestible ordinary food gradual transition. Follow the diet principle, which is "a little each time but many times", at the same time, refuse to eat fried, rough or indigestible food. If the patient wants to smoke and drink, then the nurse should persuade him to quit smoking and drinking [4]. In addition, we use dietary therapy of TCM to regulate Spleen and Stomach by yam rhizome porridge and semen coicis porridge.

(4) Foreseeable nursing

For patients who have peptic ulcer, predictive care is mainly reflected in the nursing of bleeding aura, abnormal psychological changes [5]. If the patient has dizziness, palpitations, cold sweats and other shock symptoms, nurses should

promptly report physician symptomatic treatment, and make a detailed record. If the patient has stomach burning, nausea and other symptoms, the nurse should observe the blood pressure, urine volume, and so on, to determine whether there is a bleeding aura, while preparing rescue drugs and articles.

(5) Direction of medication usage
Inform the patient of the importance of compliance and explain the pharmacological effects, precautions and adverse reactions of the medicine patient's taken. Prohibit the use of drugs that damage the gastric mucosa, such as indomethacin, aspirin, and Paul Thai pines.

1.4 observation indexes

1.4.1 The time of digestive function recovery ; clinical treatment time

1.4.2 Life quality score

The quality of life of SF-36 was evaluated before and after treatment in the experimental group and control group. The SF-36 assesses health-related quality of life in 8 areas: 1) limitations in physical activities because of health problems; 2) limitations in social activities because of physical or emotional problems; 3) limitations in usual role activities because of physical health problems; 4) bodily pain; 5) general mental health; 6) limitations in usual role activities because of emotional problems; 7) vitality; and 8) general health perceptions. The higher the score, the better the quality of life [6].

1.4.3 Comparison of therapeutic effects [7]

Cure: symptoms all disappears, ulcer scar healing or no trace healing and Hp eradication.

Markedly effect: the main symptoms disappeared, ulcer healing process (H2) and Hp eradication.

Effective: symptoms are reduced, ulcer healing process (H1) and Hp decreased.
Ineffective: symptoms, endoscopy and Hp examination were not any improvement.

2.1.5 Statistical analyses

SPSS18.0 software was utilized to analyze the data. Measurement data were shown with ($\bar{x} \pm s$) compared with the t test. Count data were demonstrated with rate (%). the comparison of treatment effective rate use chi-square test. When $p < 0.05$, indicating that the difference between the two groups was statistically significant.

3. Results

3.1 The comparison of digestive function recovery time and treatment time is used in two groups

The digestive function recovery time in the experimental group is shorter than the control group. And the time of treatment of the experimental group is shorter than the control group too, $P < 0.05$, there is a statistically significant difference in two groups in digestive function recovery time and treatment time. See table 1.

Table 1. The comparison of digestive function recovery time and treatment time between two groups (d)

Group	n	Digestive function recovery time	Time of treatment
Control group	45	9.94±2.65	13.58±3.28
Experimental group	45	6.05±1.24*	9.48±2.27*

Compare with control group, * $P < 0.05$

2.2 Comparison of patient's score of SF-36

After treatment, the scores of SF-36 were higher than those before treatment both

two groups, and $P < 0.05$. Compared with the control group, the scores of SF-36 of the experimental group was higher than that of the control group, $P < 0.01$.

Table 2. The comparison of patient's score of SF-36

Group	N	Before treatment	After treatment
Control group	45	501.3±82.4	519.8±82.7*
Experimental group	45	497.8±81.6	587.4±83.2**

Compare with before treatment, * $p < 0.05$, compare with control group, ** $p < 0.01$

2.3 Comparison of treatment effect of peptic ulcer between two groups

After intervention the total effective rate of the control group and experimental group

was 84.44% and 97.78% respectively. $P < 0.05$, there is a statistically significant difference in total effective rate.

Table 3. The comparison of treatment effect between two groups

Group	N	Cure	Markedly effective	Effective	Ineffective	Total effective rate
Control group	45	12	14	12	7	84.44
Experimental group	45	21	19	3	1	97.78*

Compare with control group, * $F=4.939$ $P=0.026 < 0.05$

4. Discussion

Upper gastrointestinal bleeding refers to the flexor tract above the flexor, including esophageal, stomach, duodenum or pancreatic gallbladder caused by bleeding. A large number of bleeding was within a few hours of blood loss more than 1000ml or 20% of circulating blood volume. The clinical manifestations of upper gastrointestinal bleeding are hematemesis and / or black manure, often accompanied by reduced blood volume caused by acute peripheral circulatory failure. It is a common emergency, the mortality rate as high as 8% to 13.7%.

Therefore, high quality nursing care for peptic ulcer upper gastrointestinal bleeding patients is of particular importance, and to develop a reasonable and feasible nursing care program for improving the clinical efficacy of patients is indispensable.

This study shows that on the basis of conventional nursing care, adoption of psychological care, health education, diet nursing care with special dietary therapy of TCM, predictive care and medication care that can improve the treatment effect. The time of digestion function recovery of experimental group was (6.05±1.24)d, while the time of control group was 9.94±2.65)d. The time of treatment of experimental group was (9.48±2.27)d, while the time of control group was (13.58±3.28)d. There is a statistically significant difference both in digestion function recovery time and treatment time between two groups. After nursing care intervention, the scores of SF-36 of the experimental group were (587.4±83.2), while the scores of the control group were (501.3±82.4), $P < 0.01$, there is a

statistically significant difference between two groups. The treatment effective rate of the experimental group and control group was 97.78% and 84.44% respectively. There is a statistically significant difference between two groups in treatment effectiveness rate.

Related research shows that through clinical care pathways to care for patients, can improve patients' satisfaction^[8]. This suggests that nursing interventions have a good effect on digestive ulcers associated with gastrointestinal bleeding. Nursing interventions are based on the patient's clinical symptoms and psychological characteristics targeted care measures, which can avoid aggravating the patient's condition, ease the mental stress of patients and improve patient treatment effect^[9-10].

The disease history of patients who have peptic ulcer with bleeding is generally longer. In the course of the occurrence and development of the disease, the patients' condition is very unstable and often accompanied by dangerous bleeding. At the same time, the patient's digestive function has been compromised. And the effect of eating greatly affected the patient's nutritional energy intake. Such a long-term recurrence of the disease is easy to make patients lack confidence in treatment and feeling frightened, nervous, and anxious. So psychological care, health education and medication guidance can give patients a positive psychological support to improve the patient's understanding of the disease, change the attitude and behavior of patients, thereby enhancing clinical efficacy^[11]. Predictive care can detect disease in advance and prevent the deterioration of ulcers and bleeding. Diet nursing care can correctly guide patients to eat suitable food and ensure adequate nutrition. At the same time, eating yam rhizome porridge and semen coicis porridge can help patients regulating Spleen and Stomach.

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