

The First International Conference on Nursing (ICON) 2015
**Strengthening the Linkages of Emergency, Community and
Public Health, and Nursing Management**



Nursing Department, Faculty of Medicine, Brawijaya University



ICON

International Conference on Nursing

Nursing Department
Faculty of Medicine
Brawijaya University



2015

ICON: INTERNATIONAL CONFERENCE ON NURSING

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We are welcoming you!

COMMITTEE'S WELCOME

Greetings conference attendees and welcome to the 1st Annual International Conference on Nursing 2015. I hope you all have a wonderful, fulfilling conference and are able to take great ideas back to your individual programs.

The conference is designed to provide many positive educational and networking experiences. The conference will begin on Saturday February 28th with seminars presented by an expert and breakout session into oral and poster presentation. The conference will continue on Sunday March 1st with a half day of keynote speakers and following oral and poster presentation. We are fortunate to have a number of our keynote speakers during the outstanding events and those are coming from Thailand, Australia, United States of America and Indonesia itself.

I would like to take this opportunity to thank everyone on the committee member. Planning for the conference began in October 2014. Members of each of these committees have spent an incredible amount of time and energy in planning this year's conference and I would like to thank each and every one who worked so hard throughout the year. There are so many different aspects of the conference that need to be discussed, organized and put into place to make this weekend a successful event. Please take the opportunity and thank them for their countless hours of work. I also would like to extend a thank you to the sponsors in this extraordinary event to be able to support such a great conference.

In the globalization era, the development of science, knowledge and technology is running so fast. A new invention has been published the scientist and researcher around the world. Health innovation is being part of an invention that represented an endless process in healthcare practice, including the nursing field to improve nursing practice quality. Researches and other scientific activities are continuously conducted to improve knowledge and healthcare services. Research improvement both in quality and quantity has always been the concern of high education level. Having a research quality with its international standard will play a significant role in building the capacity of human resources including health care professional. Therefore by gathering and interacting each of attendees here can tighten our bond as academia, researcher and professional in order to increase the spirit of research and study.

Finally, I would like to ask you all to become more involved in this conference. Your unique talents, expertise and ideas are welcomed and appreciated. Please enjoy the conference and hopefully we can get a new knowledge and friend through this outstanding conference.

Thank you,

ICON 2015 Committee



The 1st ICON, Malang 28 February-1 March 2015

The Brawijaya Nursing Science Development (Brainseed) Committee 2015

Prof. DR. Dr. Kusworini, M.Kes, SpPK

Dr. dr. Retty Ratnawati, MSc

Dr. Titin Andri Wihastuti, MKes

Ns. Dewi Kartikawati, MPH

Ns. Dian Susmarini, MN

Ns. Mukhamad Fathoni, MNS

Ns. Ahmad Hasyim W, M.Kep, MN, CWCC

Ns. Bintari Ratih K, M.Kep

Ns. Ikhda Ulya, M.Kep

Ns. Ayut Merdikawati, S.Kep

Ns. Sholihatul Amaliya, S.Kep

Ns. Evi Harwiati N, S.Kep



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The 1st ICON, Malang 28 February-1 March 2015

Conference schedule

Saturday, February 28 th	
7:30 am – 8:30 am	Registration
8:30 am – 9:00 am	Opening <ul style="list-style-type: none"> • Chief of The Committee Report • Speech from Dean of Faculty of Medicine Brawijaya University • Speech from Rector of Brawijaya University
9:00 am – 9:30 am	Plenary Session 1 Nursing Management Prof DR. Nursalam S.Kp. M.Kes.
9:30 am – 10:00 am	Nursing Care Model Based on Knowledge Management in Prevention Nosocomial Infection After Section Cesaria In Hospital DR. Ahsan, M. Kes. Senior Lecturer at College of Nursing Brawijaya University Indonesia
10:00 am – 10:45 am	Discussion
10:45 am – 11:00 am	Coffe Break
11:00am – 11:30am	Plenary Session 2 Nursing Management at Emergency Department In Australia Assoc Prof. Virginia Plummer, PhD, MSc, Grad Dip, Grad Cert, Grad Cert Emerg Hth, Critical Care Cert, MidwiferyCert, BN
11:30 am – 12:00 am	Pre Hospital Care In Australia Dr. Malcolm Boyle, ADipBus,AdipHSc, MICA Cert, BInfo Tech, GCertAcaPrac, MclinEpid, PhD, FPA
12:00 am – 12:30 am	Discussion
12:30 am – 1:30 pm	Lunch Break
1:30 pm – 5:00 pm	Parallel Oral Presentation in Three rooms
Sunday, March 1 st	
7:30 am – 8:30 m	Registration
8:30 am – 8:40 am	Opening
8:45 am – 9:15 am	Plenary Session 3 Occupational Safety and Health Candran Achutan, Phd. Associate Professor of College of Public Health University of Nebraska Medical Centre, USA



9:15 am – 9:45 am	Nursing Management and Health Record Ns. Rini Rachmawaty, M.Nurs, Phd. Lecturer at College of Nursing Hasannudin University, Indonesia
9:45 am – 10:15am	Nursing Role in Thailand Quantar Balhip. PhD.,RN
10:15 am – 10:45 am	Discussion
10:45 am – 11:00 am	Coffe Break
11:00 am – 11:30 am	Plenary Session 4 Gender, Mother and Child Nutrition (MCN) in Disaster Response Abigail Beeson, MPH
11:30 am – 12:00 am	Infant Feeding in Emergency Dr. Utami Roesli, Sp.A, IBCLC, FABM, MBA
12:00 am – 12:30 am	Discussion
12:30 am – 1:30 pm	Lunch Break
1:30 pm – 5:00 pm	Parallel Oral Presentation in Three rooms
5:00 pm – 5:30 pm	Closing

Plenary session

Prof. DR. Nursalam, M.Nurs (Hons)

Introduction. Nursing management is performing leadership functions of governance and decision-making within organizations employing nurses. It includes processes common to all management like planning, organizing, staffing, directing and controlling. The objective of the article is to improve quality and patient safety through implementing model of nursing care approach. **Methods.** Design used in this study was literature review and observational on implementation of model of nursing care approach in Airlangga University hospital and others. A purposive sample nurses were performed in the study. Data were analysed by descriptive. **Result.** The effectiveness of nursing care can be demonstrated by its effect on patient outcomes, namely quality and patient safety as the key indicator for nurse contribution in nursing care. Much evidence exists to demonstrate links between nurse staffing and skill-mix and adverse patient outcomes. Developmental of nursing service quality model through the development of organisation characteristic, especially organisation culture and reward system by supporting of hospital policy in task and authority of nurse. Nurse. **Discussion and conclusion.** Nursing management on patient through implementation of Nursing care model (MAKP) increase quality of care and patient safety by looking of STEEP (safe, timely, effective, efficient, equity, and patient center. The safety can be seen on implementation Of 6 IPSGs.

Keywords : nursing management model, quality, patient safety



Plenary session

DR. Ahsan, S.kp, M.Kes

NURSING CARE MODEL BASED ON KNOWLEDGE MANAGEMENT IN PREVENTING NOSOCOMIAL INFECTION AFTER SECTIO CAESAREA INHOSPITAL

ABSTRACT

Introduction: Model of nursing care based on knowledge management can reduce the incidence of nosocomial infections through the performance of nurses in the prevention of infection. Nursing care based on knowledge management is established from identification knowledge which is required, prevention performance of nosocomial infections post section caesarea. Nosocomial infections component consists of wound culture result. **Method:** This study was an observational study with a quasi experimental design. The population was all of nursing staff who working in obstetrics installation in hospitals A and B as much as 46 people. Sample was the total population. Data was collected through questionnaire, observation sheets and examination of the wound culture. Data was analyzed using t test

Result: The result showed that (1) there was difference in knowledge management implementation before and after training (2) there was difference in nurse's performance in preventing nosocomial infection before and after training (3) there is significant relationship between nurse's performance in preventing nosocomial infection and infection incidence (4) there is no significant difference of nursing care implementation on nosocomial incidence.

Discussion and conclusion: In conclusion, the development of nursing care based on knowledge management as a synthesis or induction of findings directed at (1). nurses' knowledge does not affect the performance of the prevention of nosocomial infections (2). Knowledge management has a positive effect on the performance of the prevention of nosocomial infections, (3) . Implementation of infection prevention is integrated capabilities between knowledge, skills and attitudes of nurses in implementing performance in care

Keywords : Model prevention, nosocomial infections, nursing care, knowledge management, sectio Caesarea



Oral presentation schedule

Day 1	
Room 1: Unique ballroom (main conference room)	
Time	Abstract title and author (s)
1.30 PM - 1.45 PM	THE EFFECT OF MUSIC THERAPY TO DECREASE BLOOD PRESSURE, PULSE RATE, AND A RECOVERY TIME ON ONE DAY SURGERY PATIENTS Adin Mu'afiro, Kiaonarni OW, Endang Soelistyowati, Joko Suwito
1.45 PM - 2 PM	CORRELATION BETWEEN SMOKING AND THE INCIDENCE OF DIABETIC ULCER TO DIABETIC PATIENT IN THE WORK TERRITORY OF PUBLIC HEALTH CENTER II OF KEDUNGWUNI PEKALONGAN REGENCY IN 2011 Aisyah Dzil Kamalah, Nurul Fatikhah, Nuniek Nizmah, Zulfa Atabaki
2 PM – 2.15 PM	OVERVIEW ANXIETY AND SELF-CARE ABILITY IN CNCER PATIENTS WITH CHEMOTHERAPY Nurul Huda
2.15 PM – 2.30 PM	LITERATURE REVIEW : ART THERAPY AND QUALITY OF LIFE IN END STAGE RENAL DISEASE (ESRD) PATIENT THOSE UNDERGOING HEMODIALYSIS Atikah Fatmawati, M. Rachmat Soelaeman, Imas Rafiyah
2.30 PM – 2.45 PM	THE INFLUENCE OF THE COMBINED INTERVENTION OF DEEP BREATHING AND PROGRESSIVE MUSCLE RELAXATION TO THE INTRADIALYSIS COMPLICATIONS IN HEMODIALYSIS UNIT IN RSUP DR. SOERADJITIRTONEGORO KLATEN Cornelia D.Y Nekada, Rully M.A Roesli, Aat Sriati
2.45 PM – 3 PM	HYPERBARIC OXYGEN THERAPY EFFECTS ON BLOOD GLUCOSE LEVELS CHANGE IN DIABETES MELLITUS IN LAKESLA DRS. MED. RIJADI R. S., PHYS SURABAYA Dhian Satya Rachmawati
3 PM – 3.15 PM	AFFIRMATION TAPPING TECHNIQUES: A COMPLEMENTARY OF NURSING INTERVENTION TO REDUCE PAIN PERCEPTION OF CANCER PATIENTS Joko Suwito, Padoli
3.15 PM – 3.30 PM	INTERRATER AGREEMENT BETWEEN FOUR SCORE AND GCS IN ANALYZING CONSCIOUSNESS LEVEL Diah Pujiastuti, Yanti Hermayanti, Ayu Prawesti
3.30 PM – 3.45 PM	VISUAL INSPECTION ACETIC ACID AND CERVICAL CANCER SCREENING Eva Berthy Tallutondok
3.45 PM – 4 PM	EFFECTIVENESS OF HEAD UP 30 ⁰ TO IMPROVE CEREBRAL PERFUSION IN PATIENT POSTOP TREPANATION IN MITRA KELUARGA SURABAYA HOSPITAL Nuh Huda

Abstract no 019

Title : INTERRATER AGREEMENT BETWEEN FOUR SCORE AND GCS IN ANALYZING CONSCIOUSNESS LEVEL

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Background

The changing of consciousness level is one of emergency indicator and deals with the prognosis which tends to the death. An accurate analysis will determine the accuracy of intervention. GCS is a consciousness level measuring tool which is often used with a verbal respond as one of the component. The analysis of consciousness level is still a problem because a group of patient cannot report verbally by them self so that it needs further interrater agreement measuring tool that is FOUR Score.

Objectives

The aim of the reseacrh was to identify the interrater agreement between FOUR Score and GCS in analyzing consciousness level. The research is an analytical-observational research with cross-sectional approach in 30 respondents with purposive sampling in intensive care area of Hasan Sadikin Hospital Bandung. The data is analyzed using t-test differentiating test, Pearson correlation test and Kappa Test to measure the significance with $p < 0,05$.

Results

There is a significant difference between FOUR Score and GCS ($p < 0,05$); not only on the first scoring ($p = 0,002$) but also 24 hours after the first scoring ($p = 0,003$). There is a significant correlation ($p < 0,05$); not only on the first scoring ($p = 0,000$) but also 24 hours after the first scoring ($p = 0,000$). There is an interrater agreement ($p < 0,05$); not only on the first scoring ($k = 0,574$) but also 24 hours after the first scoring ($p = 0,692$).

Conclusions

FOUR Score and GCS are measuring tool which can be used in analyzing consciousness level with altered level of consciousness. FOUR Score has agreement with GCS. FOUR Score has advantage is able to analyze the brain stem reflex and respiratory of a group of patience which are not able to give the respond verbally. FOUR Score is a consciousness level measuring tool which is easy to used in area of intensive care because it has clear operational definition. FOUR Score can be used in patients intubated and detecting brain stem death.

Keyword: Full Outline of UnResponsiveness Score, Glasgow Coma Scale, altered consciousness



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