



5Th International AgroNursing Conference in Conjunction with 1st International Post Graduate Nursing Student Conference (1st IPGNSC) 2023 "Chronic Care Management: Bridging Theory and Practice"

Jember, May $11^{th} - 12^{th}$, 2023

PROCEEDING

FACULTY OF NURSING UNIVERSITY OF JEMBER



REMARK

Bismillahirrohmanirrohim Assalamualaikum Wr Wb Good morning and greetings

The Honorable, Rector of University of Jember

The Honorable, All Speakers of the fifth international nursing conference In Conjunction with first International Post Graduate Nursing Student Conference

The Honorable, Guests, all dean of the faculties in University of Jember, Director of hospitals, primary health center, and other guests.

The Honorable, Conference Committee

Dear All oral presenters, poster presenter and Participants of the conference

Alhamdulillahirobbil'alamin, we praise the presence of Allah SWT; because of the blessing, we all can be present here in this auditorium to attend the fifth international nursing conference In Conjunction with first International Post Graduate Nursing Student Conference, Faculty of Nursing. Salawat may always be delegated to the Great Prophet Muhammad SAW.

Ladies and Gentlemen,

As the beginning of this speech, I would like to welcome all of you to the fifth international nursing conference In Conjunction with first International Post Graduate Nursing Student Conference, with the theme "Chronic Care Management: Bridging Theory and Practice". It is an honor to facilitate health professionals from around the world to enhance health sciences.

As a nurse, we can provide holistic care that addresses not just the physical needs of our patients but also their emotional, social, and spiritual needs. By taking the time to listen and understand our patients' unique situations, we can take care to meet their needs best and help them achieve their health goals.

In addition to caring for our patients, it is also important to care for yourself. Nursing can be a demanding and emotionally taxing profession, and it is crucial that we can take steps to prioritize our well-being. This can include things like practicing self-care, seeking support from colleagues or a mental health professional when needed, and taking time off to rest and recharge.

To answer that question, on May eleventh and twelfth of may, twenty twenty-three, we will discuss and enhance this topic with speakers from four countries: Australia, the United Kingdom, Thailand, Taiwan, and Indonesia. Not only that, in the series of international conferences, this time, there will be a guest lecturer in collaboration with community service from Western Sydney University (WSU) Australia. Thanks to Associate Professor Caleb Ferguson and the team who have attended and shared with us. This collaboration can continue and improve the knowledge of the profession we love. We also call the researchers to join not only the conference but also to share their research through oral presentation or poster presentation.



Ladies and Gentlemen

This conference is attended by undergraduate and postgraduate students, lecturer and health care professional from Asia Pacific and Australia. We have more than thousand registrants with two hundred participants able to attend on this room.

This event can be held because of the support and efforts of all parties. Therefore, I would like to thank the Rector of University of Jember, Indonesian National Nurses Association (INNA) and all the committees who have worked hard to carry out this activity.

I sincerely hope that this conference will deliberate and discuss all different facets of this exciting topic and come up with recommendations that will lead to a better and healthier new world.

I wish this conference great success. Aamiinn.

Wassalamualaikum Wr. Wb.

Dean Faculty of Nursing Ns. Lantin Sulistyorini, M. Kes



GREETING MESSAGE

Bismillahirrohmanirrohim Assalamualaikum Wr Wb Good morning and best wishes

The Honorable, Rector of University of Jember

The Honorable, Dean School of Nursing, University of Jember

The Honorable, All Speaker of the International Nursing Conference

The Honorable, Guests

The Honorable, Conference Committee

Dear All, All Participants of the conference

Thank God we praise the presence of Allah SWT, because of the blessing and grace, we all can be present in this place, in order to attend the International AgroNursing Conference. In Conjunction with first International Post Graduate Nursing Student Conference, Solawat and greetings may still be delegated to the Great Prophet Muhammad SAW.

Ladies and Gentlemen,

As the beginning of this speech, I would like to say welcome to the fifth international nursing conference In Conjunction with first International Post Graduate Nursing Student Conference, with the theme "Chronic Care Management: Bridging Theory and Practice".

Chronic care refers to the ongoing, long-term medical care and support provided to individuals with chronic or long-lasting health conditions such as diabetes, heart disease, arthritis, and asthma, among others. Chronic conditions often require ongoing management and treatment to control symptoms, prevent complications, and improve quality of life.

Chronic care may involve a team of healthcare professionals, including primary care physicians, nurses, specialists, physical therapists, and other healthcare providers, who work together to develop and implement a comprehensive care plan tailored to the individual's needs.

The goal of chronic care is to improve the health and well-being of individuals with chronic conditions by providing ongoing, patient-centered care and support that helps them manage their symptoms, maintain their independence, and prevent complications. What is the latest application of chronic care management, bridging theory and practice?

To answer that question, then for the next two days starting from today on 11-12 May 2023 at Auditorium of Universitas Jember, we will discuss the Chronic Care Management: Bridging Theory and Practice with speakers from 5 countries namely:

- 1. Assoc. Prof. Caleb Ferguson (Australia).
- 2. Assoc. Prof. Wasana Ruaisungnoen (Thailand)
- 3. Dr. Asri Maharani, MMRS, Ph.D (United Kingdom)
- 4. Assoc. Prof. Chi-Yin Kao (Taiwan)
- 5. Ns. Muhamad Zulfatul A'la, M.Kep, Ph.D (Indonesia)



Ladies and Gentlemen

This conference is attended by students, health department delegates, academics, hospital and community clinic practitioners with a total of 350 participants.

This event can be held because of the support and efforts of all parties. Therefore, I would like to thank the Rector of University of Jember, Head of School of Nursing- University of Jember, Indonesian National Nurses Association (INNA) or PPNI, Auditorium of Universitas Jember and all the committees who have worked hard to carry out this activity. I also thank to the sponsors who have worked with us so that this event run as expected. Amen.

We as the committee, apologize if there is any inconvenience during this event. Our hope that this activity can increase our knowledge that benefits all of us. Amen.

Before I end my speech, I want to say "when we interpret that today is an ordinary day, then we will come out of this room as an ordinary people, but when we interpret that today is a very extraordinary day, then we will come out of this room as a very wonderful person ". Finally, please enjoy this conference, May Allah SWT always gives blessings to all of us. Amen

Wassalamualaikum Wr. Wb.

Chairperson

Dr. Ns. Rondhianto, M.Kep.



TABLE OF CONTENTS

Remarks	ii
Greeting Message	iv
Table of Contents	vi
Committee	vii
Conference Schedule	ix
List of Key Note Speakers.	xi
List of Oral Presentations.	xii
List of Poster Presentations.	χV

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Key Note Speakers

Associate Professor Caleb Ferguson RN PhD.

Wasana Ruaisungnoen, PhD RN dr. Asri Maharani, MMRS, Ph.D

Ns. Muhamad Zulfatul A'la, S.Kep., M.Kep., Ph.D



Conference Schedule

5th International Agronursing Conference (5th IANC) in conjunction with 1st International Post Graduate Nursing Student Conference (1st IPGNSC) "Chronic Care Management: Bridging Theory and Practice in Healthcare Services"

Jember, May 11-12th, 2023

FIRST DAY (07.00 - 16.00)

Time (WIB) GMT + 7	AGENDA		
	REGISTRATION		
07.00 - 08.00	Registration – Log in Zoom Meeting		
	OPENING CEREMONY		
08.00 - 09.00	Opening Ceremony		
	Report Speech Dr. Ns. Rondhianto, M.Kep. (The Chairman Committee)		
	 Welcome Speech: 1. Ns. Lantin Sulistyorini, S.Kep., M.Kes. (Dean Faculty of Nursing, Universitas Jember, Indonesia) 2. Dr. Ir. Iwan Taruna, M.Eng., IPU (Rector Universitas Jember, Indonesia) 		
09.00 – 09.15	Coffee Break		
	PLENARY SESSION I		
09.15 – 10.15	PLENARY I (Offline) (45 + 15 mins Q&A)		
(ICT)	SPEAKER I Assoc. Prof. Caleb Ferguson (Western Sydney University, Australia)		
	PLENARY SESSION II		
10.15 – 11.15	PLENARY I (Online) (45 + 15 mins Q&A)		
(AEDT)	SPEAKER II Assoc. Prof. Dr. Wasana Ruaisungnoen (Khon Kaen University, Thailand)		
11.15 – 12.30	Lunch & Pray		



PLENARY SESSION III			
12.30 – 13.30	PLENARY III (Online) (45 + 15 mins Q&A)		
(BST)	SPEAKER IV Dr. Asri Maharani, MMRS., Ph.D. (The University of Manchester, United Kingdom)		
14.00 – 14.30	Coffee Break & Break out Room		
ORAL	ORAL PRESENTATION AND POSTER EXHIBITIONS DAY-1		
14.30 – 16.00	ORAL PRESENTATION		
(15 mins/ presenters)	6 presenters/room (48 presenters/8 rooms)		

SECOND DAY (07.00 - 13.00)

Time (WIB) GMT + 7	Agenda		
	REGISTRATION		
07.00 - 08.00	Registration – Log in Zoom Meeting		
	PLENARY SESSION IV		
08.00 - 09.00	PLENARY IV (Online) (45 + 15 mins Q&A)		
(JST)	SPEAKER IV Assoc. Prof. Chi-Yin Kao (National Cheng Kung University, Taiwan)		
	PLENARY SESSION V		
09.00 - 10.00	PLENARY IV (Offline) (45 + 15 mins Q&A)		
(WIB) 10.00 – 10.15	SPEAKER V Ns. Muhamad Zulfatul 'Ala, M.Kep., Ph.D. Faculty of Nursing, Universitas Jember, Indonesia Coffee Break & Break out Room		
ORAL	PRESENTATION AND POSTER EXHIBITIONS DAY-2		
10.15 – 11.00 (15 mins/ presenters)	ORAL PRESENTATION 3 presenters/room (24 presenters/8 rooms)		
CLOSING			
11.00 – 11.15	Back to the main hall		
11.15 – 11.30	Closing by MC		
11.30 – 13.00	Lunch, Pray, & Certificate Distribution		



LIST OF KEY NOTE SPEAKERS

No.	Title	Page
1.	Recalibrating Chronic Disease Management for The Digital Revolution	xvi
	(Associate Professor Caleb Ferguson RN PhD.)	
2.	Complementary Approach In Chronic Care Management	xvii
	(Wasana Ruaisungnoen, PhD RN)	
3.	Application of Smarthealth, a Multifaceted Mobile Technology-Enabled Primary	xviii
	Care Intervention, to Enhance Cardiovascular Disease Risk Management in Rural	
	Indonesia	
	(dr. Asri Maharani, MMRS, Ph.D.)	
4.	Recalibrating Chronic Disease Management for The Digital Revolution	xix
	(Ns. Muhamad Zulfatul A'la, S.Kep., M.Kep., Ph.D)	



LIST OF ORAL PRESENTATION

No.	Title	Page
1.	Application of Food Management (Little but Often) to Control Blood Sugar in	1
	Patients with Diabetes Mellitus	
	(Mukhammad Toha, Mokh. Sujarwadi, Ida Zuhroidah)	
2.	Improving Students' Hands Only Cpr Skills Through Bls Simulation Activities: A	6
	Pre-Experimental Study at Khomsani Nur Boarding School in Lumajang	
	(Syaifuddin Kurnianto, Arista Maisyaroh, Eko Prasetya Widianto)	
3.	Literature Review: The Effectiveness of Supportive Group Therapy in Family	12
	with Early Adults with Anxiety in The Quarter-Life Crisis	
	(Bagus Dwi Cahyono, Nurul Huda, Evy Aristawati, Septian Yoga Permana)	
4.	The Effectiveness of Participatory Learning and Action Method in Increasing	24
	Knowledge in Stunting Prevention Among Mothers	
	(Erik Kusuma, Ayu Dewi Nastiti, R.A.helda Puspitasari, Dwining Handayani)	
5.	Risk Factors for Diabetic Foot in Farmers with Diabetes Mellitus	39
_	(Laili Nur Azizah, Indriana Noor Istiqomah)	
6.	Knowledge Of Clean and Healthy Life Behavior with Tracoma Prevention	46
	Measures in The Elderly	
	(Siswoyo, Kushariyadi, Setyo Bagus Hariyanto)	
7.	Optimizing Outcome of Diabetes Patient Care Through Health Education	55
	Programme: A Literature Review	
0	(Yusron Amin, Haswita Haswita)	<i>C</i> 1
8.	Trigger Factors of Long Covid (Post Covid Syndrome)	64
0	(Firdawsyi Nuzula, Maulida Nurfazriah Oktaviana)	77
9.	The Effect of Recitation Method on High School Students' Self-Efficacy	77
	in Earthquake Preparedness	
	(Baskoro Setioputro, Bina Salsabila, Wantiyah, Rismawan Adi Yunanto,	
10	Ruris Haristiani) A Systematic Poviny of Family Caragiyare' Purden Haying Parent Living with	85
10.	A Systematic Review of Family Caregivers' Burden Having Parent Living with Mental Illness.	63
	(RR Dian Tristiana, Ah Yusuf, Rizki Fitryasari, R Endro Sulistyono)	
11.	The Nurse's Role as An Educator and Dietary Adherence in Type 2 Diabetes	96
11.	Mellitus Patients	70
	(Syafira Nabillah Wijatmiko, Nur Widayati, Jon Hafan Sutawardana)	
12.	The Effect of Jins Three Needle Acupuncture on Complaints of Stift Neck	104
12.	Teachers of Sdn 01 Ketindan Lawang East Java	10.
	(Mayang Wulandari, Chantika Mahadini, Riki Ristanto)	
13.	The Relationship Between Family Support and Death Anxiety in The Elderly	109
	Undergoing Hemodialysis	
	(Erti I Dewi, Benaya Sriharja, Fitrio Deviantony, Enggal Hadi Kurniyawan, Yeni	
	Fitria)	
14.	Healthy Perception Based Health Belief Model with Seeking Behavior of Rubber	116
	Farmers at Sentool Plantation, Suci Village, Panti District, Jember Regency	
	(Retno Purwandari, Alfid Tri Afandi, Nafisatus Shofiyyah, Anisah Ardiana, Dicky	
	Endrian Kurniawan)	



No.	Title	Page
15.	How To Build Self-Directed Learning Readiness (Sdlr) As the Foundation for	126
	Nursing Students to Be Lifelong Learners? A Scoping Review	
	(Anggia Astuti, Dodi Wijaya, Zainal Abidin, Rizeki Dwi Fibriansari)	
16.	Causal Factors And Interventions To Prevent Hypertension In Rural Area:	139
	Literature Review	
	(Zaiful Rahman, Tantut Susanto, Rodhianto)	
17.	ϵ	150
	(Heri Siswanto, Nurfika Asmaningrum, Rondhianto)	
18.	Antecedents And Consequences Perceived Well-Being Pada Kalangan Perawat	161
	Yang Bekerja Di Rumah Sakit Sektor Swasta: Literatur Review	
	(Ika Mardiyah Bratajaya, Dodi Wijaya, Anisah Ardiana)	
19.		179
	(Suciati, Nurfika Asmaningrum, Suhari)	
20.	The Role Of Informal Caregivers In Improving The Physical, Mental	188
	Health And Quality Of Life Of Elderly With Hypertension: Literature	
	Review	
	(Gesit Wira Mustapa, Tantut Susanto, Nurfika Asmaningrum)	
21.	Effectiveness Of Spiritual Emotional Freedom Techniques (Seft) In The	202
	Management Of Sleep Quality And Depression Among Older Adults	
	(Niken Asih Laras Ati, Tantut Susanto, Latifa Aini Susumaningrum, Hanny Rasni,	
	Fahruddin Kurdi, Muhammad Alfin Maulana, Asma Yudhi Efendi)	• • • •
22.	Uncertainty In Illness For Patient With Lung Cancer: A Literature Review	209
	(Pradika Ghozi Syamsiar, Rondhianto, Dodi Wijaya)	220
23.	The Influence Of Information Sources Toward Knowledge, Attitude, And	220
	Student Action Under Covid-19	
24	(Dewi Rokhmah, Khoiron, F K Alfarisy, and Nafi'atul Irbah)	220
24.	Prevention of Stunting In Rural Families: Literatur Review	229
25	(Sulton Wariin, Tantut Susanto, Iis Rahmawati)	240
25.	Nurses Response Time in Emergency Handling of Patients with High Priority	240
	Categories: A Literature Review	
26.	(Sugito Tri Gunarto, Rondhianto, Dodi Wijaya) Knowledge, Anxiety And Management of Stunting Through Roles Of Mother: A	250
20.	Systematic Review	230
	(Essy Sonontiko Sayekti, Anisah Ardiana)	
27.	Factors Affecting the Quality of Life of Copd Patient: A Literature Review	262
27.	(Sutrisno, Rondhianto, Tantut Susanto)	202
28.	Analysis Of Nurse Ability in Identifying Clinical Risk: Literature Review	271
20.	(Eka Yufi Septriana Candra, Dodi Wijaya, Nurfika Asmaningrum)	2/1
29.	Is It True That Poverty Is a Major Factor In Early Marriage?	280
	(Syifana Hajarul Istiqomah, Iis Rahmawati, Nurfika Asmaningrum)	200
30.	Literatur Review: The Effect of Gadjet on Attention Deficit Hyperactivity	287
50.	Disorder (ADHD) In Preschool Children.	20,
	(Mega Vuriyanti, Iis Rahmawati, Suhari)	
31.	Collaboration of Nurses and Dentists to Improving the Oral Health of The	294
	Elderly	
	(Zahreni Hamzah, Nadia Kartikasari, Kushariyadi	
	· · · · · · · · · · · · · · · · · · ·	1



No.	Title	Page
32.	Nurses' Job Satisfaction and Leadership Styles in A Public Hospital: A	306
	Systematic Review	
	(Suparman, Anisah Ardiana)	
33.	Nutritional Improvement Interventions for Malnourished Preschool Children: A	314
	Systematic Review	
	(Dewi Aminah, Anisah Ardiana, Iis Rahmawati)	
34.	Factors Related to Nurses Non-Compliance in Implementing Standard Operating	321
	Procedures (SOP) In Healthcare Settings: A Systematic Review	
	(Arif Candra, Dodi Wijaya, Anisah Ardiana)	
35.	Quality OF Life and Stress Adaptation Models in Patients with Chronic Kidney	330
	Disease: A Literature Review	
	(Kiki Maria, Rondhianto, Suhari)	
36.	Literature Review: HIV Prevention In Women Sex Producer With Physical	340
	Disabilities	
	(Sarah Wulan Putrianti, Nurfika Asmaningrum)	
37.	Surgical Safety Checklist Application Compliance Analysis Based on Theory of	351
	Planned Behavior in Surgical Patients	
	(Kusnul Kotimah, Iis Rahmawati, Rondhianto)	
38.	Nurse's Post-Traumatic Growth During The Covid-19 Pandemic In Hospital	360
	Settings: Literature Review	
	(Yudho Tri Handoko, Nurfika Asmaningrum, Anisah Ardiana)	
39.	An Overview Of The Risk Factors For Preeclampsia In Women With A History	371
	Of Preeclampsia In Previous Pregnancies In The Jember Agricultural Area	
	(Septinia Anggraita, Dini Kurniawati, Eka Afdi Septiyono, Iis Rahmawati)	
40.	Interventions To Reduce Stunting in Rural Area: A Systematic Review	380
	(Siti Marina Wiastuti, Tantut Susanto, Iis Rahmawati)	



LIST OF POSTER PRESENTATION

No.	Title	Page
1.	The Relationship between Diabetes Self Care Management and Diabetic	381
	Peripheral Neuropathy in Elderly People with Diabetes Mellitus in Jember	
	Regency	
	(Yoga Bagus Santoso Putra, Trisna Vitaliati, Nurul Maurida)	
2.	Accuracy Of Glasgow Coma Scale (GCS) Components As Predictors Of	392
	Mortality Of Moderate And Severe Head Injury Clients	
	(Riki Ristanto)	
3.	Stategies To Improve Fine Motor Development In Children At Posyandu	400
	(Musviro, Iis Rahmawati, Nurul Hayati, Sri Wahyuningsih)	
4.	Role Community-Based Disaster Management System: Systematic Review	401
	(Suhari, Dwi Ochta Pebriyanti, R Endro Sulistyono, Primasari Mahardhika	
	Rahmawati)	
5.	Using of Artificial Intelligence ChatGPT among Health Department Students in	409
	Indonesia: A Descriptive Survey Study	
	(Susaldi, Ruris Haristiani, Nur Al Marwah Asrul, Wa Ode Sri Asnaniar, Agus	
	Purnama)	
6.	School-Based Interactive Reproductive Health Education to Improve	410
	Adolescent Understanding of HIV/AIDS	
	(Ela Dyah Indrasti Priwardani, Oktavia Catur Wulandari, Sania Salsabila,	
	Adinda Aprilia Putri, Rifadah Amaniyah, Kharisma Bela Ramdani, Elok	
	Permatasari)	



RECALIBRATING CHRONIC DISEASE MANAGEMENT FOR THE DIGITAL REVOLUTION

Associate Professor Caleb Ferguson RN PhD.

Associate Professor Chronic & Complex Care, University of Wollongong & Western Sydney, Australia

We live in an era of increasing chronic disease and multimorbidity. Stroke, atrial fibrillation (AF), heart failure and dementia are increasingly common and burdensome chronic diseases, all associated with increased death and disability, and reduced quality of life. Informal caregivers play a fundamental role in providing ongoing care at home and in the community for these patients. Home based care and virtual care capabilities, including consumer ready wearables, are increasing in their availability and sophistication. It is critical to consider how these impact nursing assessment and care delivery, in the context of increasing chronic disease. There is the potential to revolutionise how vital signs are measured and used in clinical practice, for example. Further, there is potential to disrupt 'nursing work'. Dr Ferguson will provide deep insight into the digital revolution in the context of chronic disease management.



COMPLEMENTARY APPROACH IN CHRONIC CARE MANAGEMENT

Wasana Ruaisungnoen, PhD RN

Faculty of Nursing, Khon Kaen University, Thailand

Complementary and alternative approach (CAA) is commonly used by those suffering from chronic illnesses. Patients with chronic conditions often experience long-term intricated symptoms, either physical or psychological, that only standard therapy may not be able to fully manage. Complementary and alternative medicine (CAM) refers to a wide range of healthcare approaches that are not mainstream treatment and have not been fully integrated into the dominant healthcare system [1]. The complementary method is used in conjunction with standard medical treatment, whereas the alternative approach is employed in place of it. The term integrative treatment is frequently used in the literature, defining a medical approach that combines standard treatment with CAM methods proven to be safe and effective [2]. Both CAM and integrative methods often emphasize the importance of body-mind interaction and holistic aspect of healthcare.

The roles of CAA in managing chronic illnesses can include symptom control, cognitive and behavioral therapy, and mood and emotional problem management [3]. A substantial amount of evidence supports the effectiveness of a complementary strategy in chronic illness care. People with various chronic conditions including hypertension, heart disease, cancer, diabetes mellitus, chronic respiratory disease, and osteoarthritis have been found to benefit from CAA. Chronic pain, dyspnea, fatigue, dyslipidemia, anxiety, depression, and insomnia are some of the frequent problems that CAA has been used to treat. Lifestyle modification, herbal and dietary supplements, meditation, yoga, Tai Chi, acupuncture, massage therapy, reflexology, and biofeedback are common strategies found in the literature pertaining to CAA in chronic illness [2-3]. Although evidence supports the CAA's effectiveness with the fact that majority of the approaches is safe, patients' misconduct may have negative impacts on their health and well-being.

The presentation will cover the nature of chronic condition in relation to the roles of CAA. Subsequently, the definitions of CAM and integrative therapy in comparison to conventional treatment in chronic care will be revealed. In addition, the categories and types of CAA, the major outcomes, and patients' perception and utilization will be presented. Lastly, CAA with its effectiveness in hypertension and diabetes mellitus, two of the most common chronic illnesses, will be discussed.

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- 2. National Cancer Institute. Complementary and Alternative Medicine (National Institute of Health, March 21, 2022), https://www.cancer.gov/about-cancer/treatment/cam.
- 3. Edwards E. The Role of Complementary, Alternative, and Integrative Medicine in Personalized Health Care. Neuropsychopharmacol 37, 293–295 (2012). https://doi.org/10.1038/npp.2011.92



APPLICATION OF SMARTHEALTH, A MULTIFACETED MOBILE TECHNOLOGY- ENABLED PRIMARY CARE INTERVENTION, TO ENHANCE CARDIOVASCULAR DISEASE RISK MANAGEMENT IN RURAL INDONESIA

dr. Asri Maharani, MMRS, Ph.D.

Manchester Metropolitan University, United Kindom

Cardiovascular diseases (CVD) are the leading cause of death in Indonesia. However, less than one-third of Indonesians with moderate to high cardiovascular risk were not receiving appropriate treatment. This study aimed to evaluate the impact of SMARThealth (Systematic Medical Appraisal Referral and Treatment), a mobile technology-supported, multifaceted primary healthcare intervention on CVD care provision in Indonesia. This study was a quasi-experimental study involving 6579 high-risk individuals aged 40 years and older in four intervention and four control villages in Malang district, Indonesia, conducted between 2016 and 2018. We found that 30% (3494 of 11647) and 28% (3085 of 10988) of respondents in the intervention and control villages, respectively, had high CVD risk. After the intervention, the proportion of individuals with high CVD risk taking the BP lowering therapy was higher in the intervention villages (56.8%) than in the control villages (15.7%). The mean systolic blood pressure reduction from baseline was 17.2 (0.4) mmHg among high-risk participants in the intervention villages and 9.2 (0.4) mmHg among those in the control villages (adjusted mean difference, -8.3 mm Hg; 95%CI, -10.1 to -6.6mmHg). We further found that despite the higher primary care and pharmaceutical costs among individuals who received the intervention, they were projected to experience fewer major CVD events and incur lower hospitalization expenditures. In conclusion, multifaceted mobile technology-supported primary healthcare intervention was associated with greater use of preventive CVD medication and lower BP levels among high-risk individuals in this rural Indonesian population. Relative to usual care, the intervention was a cost-effective means to improve the management of CVD in the population.



HEALTH SYSTEM STRENGTHENING THROUGH COMMUNITY VOLUNTEERING SYSTEM QUALITY ENHANCEMENT

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Health system strengthening (HSS) is one of the essential strategies for improving health outcomes. Improving the quality of health financing, developing human resources, health information, service delivery and leadership can increase a country's cost-effectiveness in providing health services to the public. Strengthening the health system can be done from several approaches or one of the components of the health system from the WHO framework. WHO formulates six building blocks in a health system framework that can be used in various country conditions. The building blocks are service delivery; health workforce; information; medical products, vaccines, and technologies; financing; and leadership and governance (stewardship). Several interventions have been carried out to strengthen health systems worldwide: health insurance, service integration, decentralization, contracting, hospital autonomy and routine health information systems. This intervention still needs other developments and innovations so that the cost-effectiveness of health services can be more optimal.

In supporting HSS, we conduct literature reviews and empirical research regarding community volunteering systems. The community volunteering system could be one of the strategies in HSS. In that case, service delivery can be optimized, budgeting for health can be optimized, information systems can run optimally, and leadership will also be optimal. Volunteering and volunteers are part of the health system. Volunteering in the health context is defined as an activity given free of charge, which benefits from prolonged processes through formal organizations.

Cancer is the condition we chose in an empirical study related to the community volunteering system because cancer is a complex condition with a high mortality rate. Moreover, a phenomenon in our research setting is the urgent need to help people with cancer in the community by optimizing the volunteering system, which needs to be explored more deeply. This research was conducted in Jember, Indonesia, from June 2022 to May 2023. This research approach uses a qualitative approach and ethnographic methods. Researchers believed that the phenomenon of the community volunteering system is complex and requires a multi-perspective lens to see the problem. This study involved 63 informants using observation methods, in-depth interviews and focus group discussions. This study concluded that there are six subsystems in the community volunteering system. There are PwC conditions, health budgeting, healthcare service delivery, volunteer organization management, community systems, and healthcare innovation. In a further study, researchers recommend seeing the effect of optimizing six subsystems of the community volunteering system in improving the quality of health services and cost-effectiveness for cancer patients and other conditions.

