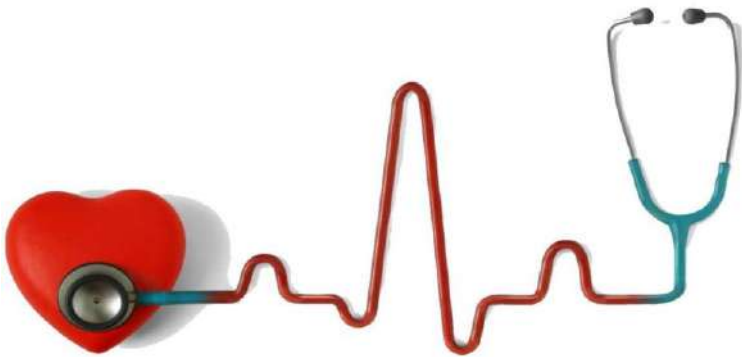


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- THE CORRELATION BETWEEN ACADEMIC STRESS AND ACADEMIC MOTIVATION IN FIRST-YEAR**
- STUDI KASUS EFEKTIVITAS TERAPI AUTOGENIK DALAM MENGURANGI NYERI PADA PASIEN POST EKSISI FAM DI SALAH RUMAH SAKIT SWASTA DI BEKASI, JAWA BARAT**
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REMARKS

Even as we transition from 2024 to 2025, the global nursing shortage remains a challenge in most countries. There are ongoing conversations about globalization and circular migration of nurses. There continues to be significant challenges with other global events such as war, poverty, inflation, corruption, climate issues, flooding, earthquakes, and new outbreaks of diseases. In all these challenges, nurses continue to work together and to collaborate with others to care for patients, speak to political leaders, and dialogue with policymakers. As we begin 2025, it will be important that nursing continues to lead and speak-up, advocating for appropriate healthcare for individuals, families, communities, and vulnerable populations.

This issue provides insight into nursing research in a variety of populations and issues. Nurses play an important role in resuscitation events in the hospital, so it is important to learn more about their experiences. Nursing is a challenging and rewarding profession, yet it is also a demanding profession; therefore, as we train the next generation of nurses it is important to explore academic stress and motivation in nursing students.

Providing care for patients with various conditions includes exploring ways to reduce pain in patients with fibromyalgia, investigating adherence to supplement therapy in pregnant women, and understanding the factors related to breast self-examination as a method for early detection of breast cancer. Nurses also play a role in developing standards of care and competence in caring for patients with HIV/AIDS. As nurses care for patients in various settings, an understanding of their awareness and behaviors regarding health and climate change may influence the care being provided.

We encourage you, as you read these articles, to consider contributing to the next edition of “Nursing Current” based on your experiences, knowledge, and research. I pray that God will continue to guide us as we seek to serve Him in nursing.

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KATA PENGANTAR

Praise God, to be the glory

Nursing Current: Jurnal Keperawatan kembali terbit pada Volume 12 No. 2.

Tim editor Nursing Current mengucapkan syukur atas hasil reakreditasi SINTA yang meningkat menjadi SINTA 3 yang akan berlaku mulai Volume 11 Nomor 1 Tahun 2023 sampai Volume 15 Nomor 12 Tahun 2027. Berkenaan dengan peningkatan akreditasi tersebut, kami sangat mengharapkan lebih banyak lagi manuscript yang dikirimkan dari kolega, alumni dan peneliti di lingkup keperawatan dan kesehatan di Indonesia sehingga Nursing Current Jurnal Keperawatan (NCJK) kembali terbit dengan topik yang lebih beragam dan menarik.

Selain itu, kami mengucapkan syukur karena perpindahan jurnal di bawah lingkup Universitas Pelita Harapan yang semula OJS 2 menjadi OJS3. Kami juga menyadari adanya peningkatan akreditasi dan perpindahan jenis OJS tersebut akan menghasilkan banyak perubahan yang dapat terjadi, khususnya untuk biaya publikasi. Namun, kami terus tetap mempertahankan kualitas jurnal ini sehingga akan terus meningkatkan akreditasinya baik Nasional maupun Internasional.

Selamat membaca artikel dan mengirimkan manuscript untuk publikasi di jurnal ini.

Tuhan berkati!

*Pemimpin redaksi,
Dr. Ni Gusti Ayu Eka*

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CRITICAL NURSES' EXPERIENCE WHILE PERFORMING CPR AT HOSPITAL X BATAM

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ABSTRACT

Cardiac arrest is one of the leading life-threatening emergencies, requiring life-saving procedures commonly known as Cardiopulmonary Resuscitation (CPR). In hospitals, nurses are the first responders to cardiac arrest cases. The success of CPR is greatly influenced by several factors that affect nurses' ability to act in emergency situations. This study aims to explore the in-depth experiences of nurses while performing CPR at X Hospital Batam. The research involved 10 critical care nurses, recruited through snowball sampling, with data saturation being achieved. In-depth semi-structured interviews were conducted, audio-recorded, and transcribed verbatim to collect the data. The data were analyzed using Colaizzi's method of analysis. The findings of this study identified five key themes: The Important Role of Nurses during CPR, Accuracy in Therapy Administration, Nurses' Experiences of Pleasant and Unpleasant Emotions, Expectations of CPR Success, and Focusing on the Patient during Family Presence in CPR, among others. In conclusion, the study highlights the diversity of feelings, experiences, abilities, and knowledge that critical care nurses encounter while performing CPR at X Hospital Batam.

Keywords: Cardiac Arrest, CPR, Experiences, Nurses

INTRODUCTION

Cardiac arrest is a sudden cessation of normal heart activity, accompanied by hemodynamic collapse due to arrhythmias. If heart activity ceases within a few seconds, it leads to the collapse of the entire circulatory system. As a result, cardiac arrest is considered one of the leading causes of life-threatening emergencies (Putri, 2022). It is the third leading cause of death in Europe, with out-of-hospital cardiac arrest (OHCA) occurring in approximately 67 to 170 cases per 100,000 inhabitants annually. In contrast, in-hospital cardiac arrest (IHCA) cases in Europe range from 1.5 to 2.8 per 1,000 hospital admissions (Gräsner et al., 2021). In the United States, there are over 356,000

cases of OHCA annually, with nearly 90% resulting in fatality (Newman, 2023). Additionally, approximately 290,000 cases of IHCA occur each year in the U.S. (Andersen et al., 2019). In China, more than 230 million people suffer from cardiovascular disease, and approximately 550,000 individuals experience cardiac arrest annually, with a survival rate of less than 1% (Yan et al., 2020).

According to the Global Burden of Disease (GBD) and the Institute for Health Metrics and Evaluation (IHME) reports from 2014 to 2019, cardiovascular disease is the leading cause of death in Indonesia. Data from the Riset Kesehatan Dasar (Riskesdas)

indicates an increase in cardiovascular disease prevalence from 0.5% in 2013 to 1.5% in 2018 (Tarmizi, 2022). In the Riau Islands, 1.2–1.9% of the 8,173 individuals surveyed were diagnosed with cardiovascular disease by a physician. Unfortunately, comprehensive data on cardiac arrest are unavailable; however, it is estimated that approximately 10,000 people experience cardiac arrest annually in the region (Ismiroja & Mulyadi, 2018). Effective management of cardiac arrest requires the ability to detect and respond swiftly and accurately to restore spontaneous circulation (ROSC). This highlights the critical importance of cardiopulmonary resuscitation (CPR), an emergency life-saving procedure performed when the heart stops beating. CPR significantly increases the chances of survival following cardiac arrest (AHA, 2023). In general, nurses are typically the first responders in cardiac arrest cases, initiating basic life support (BLS) while awaiting the arrival of the advanced cardiovascular life support (ACLS) team.

The success of cardiopulmonary resuscitation (CPR) is significantly influenced by the readiness, skills, creativity, and experience of nurses in managing emergency situations. Adequate experience provides nurses with the opportunity to encounter new challenges,

which can serve as valuable learning guides for future actions. This, in turn, enhances their ability to deliver high-quality care in subsequent emergency scenarios. Given the critical role of nurses and the importance of their experience during CPR, it is not surprising that CPR is considered one of the most stressful situations for nurses, both during and after resuscitation efforts (Koželj et al., 2021). Accordingly, this study aims to explore nurses' experiences in-depth while performing CPR.

METHOD

This study employed qualitative design with a phenomenological approach. The participants included 10 critical care nurses from the Emergency and Intensive Care Units, recruited through snowball sampling until data saturation was achieved. Data collection was conducted through in-depth semi-structured interviews, which were audio-recorded and transcribed verbatim. The data were analyzed using qualitative content analysis following Colaizzi's method.

In this study, several ethical principles were upheld, including respect for humanity, beneficence, non-maleficence, and justice (Polit and Beck, 2021). Ethical clearance for this research was obtained from Awal Bros University, under the approval

number 0051/UAB1.20/SR/KEPK/06.23.

The principle of respect for humanity emphasizes the importance of respecting individual autonomy and freedom. In this study, this principle was applied by prioritizing the decisions of potential participants. They retained the right to decide whether to continue or withdraw from the study without any coercion. For those who agreed to participate, informed consent was provided to obtain their approval. The researcher ensured that participants were fully informed about the study, including its objectives, potential risks, and possible impacts, in a comprehensive manner. Additionally, the researcher upheld the ethical principles of beneficence and non-maleficence by prioritizing the well-being of participants and minimizing any potential harm.

In this research, anonymity was maintained to ensure the security and privacy of participants. Additionally, the researcher upheld impartiality by avoiding discrimination against participants from any group throughout the research process, including during interviews, data examination, and the verification of verbatim transcripts. This approach reflects adherence to the ethical principle of justice. Furthermore, qualitative research typically relies on data triangulation, which involves

collecting data through three methods: interviews, participant observation, and document analysis (Fadli, 2021).

RESULT

From the research conducted on July 15 2023, the following result were obtained:

Participant characteristics

The participants consisted of 10 critical care nurses from the Emergency Department (ED) and Intensive Care Unit (ICU), including 2 males and 8 females, with an average age range of 25–40 years. Their educational backgrounds varied from Nursing Diplomas to the Nursing Profession Program (NERS), and their work experience ranged from 1 to 15 years. Data saturation was achieved during the study, as participants provided consistent responses to the questions. However, differences in terminology were noted between the ED and ICU nurses. ED nurses commonly stated, "If there are any emergency cases, they will be admitted to the resuscitation room," while ICU nurses used terms such as "patients with high quality of life" and "patients with low quality of life."

Results of thematic analysis and theme identification

There were five main themes, each

accompanied by two sub-themes.

First theme: The Significant Role of Nurses while performing CPR

From this theme, two sub-themes were identified: the ability to assess patients and teamwork. As ED nurses, they often face unexpected CPR situations with limited information about their patients. On the other hand, ICU nurses also frequently deal with CPR procedures, as ICU units specialize in caring for critically ill patients, many of whom are terminally ill. Therefore, the ability to assess patients and effective teamwork are crucial to increasing the chances of survival. The sub-theme of the ability to assess patients is explained as follows:

“... patient was taken to the ED room then was examined and there was no breath, no pulse as detected then the patient will be transferred immediately to the resuscitation room,...” (Participant 1)

“The experiences while performing CPR. First of all, we found the patient who had no breath, no pulse. Then I checked the patient’s response and still no responses, next we decided to do CPR for the patient,...” (Participant 8)

Meanwhile, the sub-theme of teamwork will be explained on:

“... next, we do the CPR while everyone moves, so it is not about who finds the patient first. We do it simultaneously,...”
(Participant 1)

“If there is no pulse and breath, we do the CPR immediately with the physician.”
(Participant 3)

“First, surely there are emergency patient then we have CPR team. Then we do the CPR with 30:2 compression-ventilation ratio.” (Participant 5)

“Cardiac arrest patient, we tell the doctor then we bring emergency trolley near us. Then we do the CPR while the doctor gave the advices that based on the theory it was 30:2 compression-ventilation ratio”
(Participant 10)

Second theme: The Accuracy of Administration Therapy

Participants' experiences highlighted the accuracy of administering therapy, including chest compressions and drug therapy. The participants' knowledge about chest compressions was evident in their ability to accurately convey their understanding during the interviews. Their knowledge encompassed key aspects such as the 30:2 compression-ventilation ratio in CPR, performing compressions at a depth of at least 5-6 cm at a rate of 100-120

compressions per minute, ensuring complete recoil, and the importance of evaluating and supporting cardiac arrest survivors.

“The correct technique of CPR is hands located in the 1/3 sternum or the left chest so that it can be same as the anatomy of heart position, the 30:2 compression-ventilation ratio, so we do 30 times of compressions and 2 times of ventilations during 5 cycles then we evaluate the patient by checking the pulse. If the pulse still being impalpable then we continue doing CPR.” (Participant 2)

“In my opinion, to do the correct technique of CPR is that we know the right position of our hands, we do the CPR with push hard and complete recoil. If we do the CPR with the correct technique, correct rhythm and the fast is about 100-120/min it will affect the outcome of CPR..” (Participant 4)

“The correct technique of CPR is the location of hand which is 1/3 of the lower sternum, push hard about 5-6 cm and make sure our full recoil too.” (Participant 10)

In terms of drug therapy, 5 out of the 10 participants mentioned commonly used medications during CPR, including Sulfat Atropine (SA) and Epinephrine.

“Then the drug administration is also given to the patient...” (Participant 7)

“And the drugs administration, to increase arterial blood pressure and coronary perfusion during CPR. SA and Epinephrine are given usually.” (Participant 9)

Third theme: Nurses' Experience of Pleasant and Unpleasant Feelings

Nurses' involvement in resuscitation can evoke a range of emotions. Pleasant feelings include happiness, relief, satisfaction, and a sense of being blessed. Conversely, CPR can also bring about unpleasant emotions, such as disappointment, guilt, fear of being sued, regret, sadness, exhaustion, resignation, and empathy.

“It is such a satisfying feeling, being able to save someone.” (Participant 3)

“If the patient ROSC, I feel relieved, we can give the best treatment and it works.” (Participant 4)

“It feels happy and blessed when the patient survive or ROSC and improves.” (Participant 9)

“If the patient died, I feel disappointed.” (Participant 1)

“Patient with low life saving, we still do the CPR, but there is a sence of resignation and empathy.” (Participant 6)

“After performing CPR, I am definitely tired” (Participant 8)

Fourth theme: The Expectations of CPR Successfulness

This study found that the success of CPR is influenced by the patient's condition. For instance, patients with a high quality of life who receive immediate CPR are more likely to achieve return of spontaneous circulation (ROSC) and be successfully treated in the ICU.

“Some patients are ROSC and be treated in ICU.” (Participant 2)

“In the ICU we faced various condition of patients such patient with high-quality of life and also low-quality of life. So my experiences based on the patient’s condition. Some are survive or ROSC..” (Participant 6)

Additionally, patients with a low quality of life or those with terminal illnesses, who are typically treated in the ICU, generally have a lower chance of CPR success.

“As long as I did the CPR, patient entered to the ED were already in the severe condition so they are definitely intubated.” (Participant 2)

“If there is a patient with low-quality of life and just lying on the bed or no goals, we still do CPR while thinking of their family, whether the family be able to do home treatment of their family member.” (Participant 7)

Fifth theme: Focusing on The Patient during FPDR and others

Although nurses frequently perform CPR, each individual's response can vary. Additionally, the presence of family members during CPR (FPDR) and other factors can evoke a range of feelings and experiences. Two sub-themes were identified: junior nurses with less than five years of experience and senior nurses with more than five years of experience. Junior nurses reported feeling afraid of making mistakes, both in front of senior colleagues and other healthcare professionals, as well as concerned about how their actions might impact the patient’s condition.

“As fellow of healthcare professionals, I feel free, more confident in taking action, but if in the presence of patient’s family I feel reticent, they shouldn’t see when a patient is being treated.” (Participants 2)

“I was afraid of making mistakes both in presence of seniors and others healthcare professionals, whether it is correct or not. In real life what we do is what patient feels.”

And I feel sad with the presences of family member when they see their member incapacitated.” (Participant 5)

The responses from senior nurses indicated that they generally felt calm and composed, both in the presence of other healthcare professionals and family members. Due to their extensive experience in performing CPR, they are more accustomed to the procedure, which allows them to focus primarily on the patient’s condition.

“Because I’ve often done it, I only focus on my patient’s condition. How we see the rhythm on the monitor or maybe patient’s sign of ROSC. If FPDR we respect them but try to not showing them the procedure because they will feel sadful. (Participant 4)

“I feel confidence and just focus to the patient because I understand the theories and the indications. So as long as we understand what we do then it is absolutely and no burdensome feeling.” (Participant 8)

DISCUSSION

Several studies related to nurses’ experiences while performing CPR have been conducted in various countries. According to Ismiroja, Mulyadi, Kiling (2018), their study showed that nurses’ experience in handling cardiac arrest was

influenced by both their knowledge and readiness, as well as limitations in facilities and infrastructure.

In a study by Nayeri et al. it was reported that nurses faced numerous challenges and limitations before, during, and after performing CPR. Therefore, the study emphasized the importance of improving nurses’ ability to manage and implement CPR effectively. The study summarized the challenges into four key categories: 1) Human resources (a) fluctuations in coordination and cooperation, (b) abilities, (c) motivation; 2) Management and procedures (a) CPR, (b) shock, (c) airway, (d) drug therapy, (e) vascular access; 3) Context and structural roles (a) equipment and physical space, (b) contextual factors, (c) time loss; and 4) Law and ethnicity (a) guidelines, (b) reporting and evaluation, (c) the power of conscience.

Additionally, Saud et al. (2020), found that many nurses lacked sufficient knowledge about CPR, with a significant relationship between nurses’ knowledge and their academic qualifications.

CONCLUSION

The findings of this study highlight the diversity of feelings and experiences, as well as the abilities and knowledge, demonstrated by critical nurses while performing CPR at

X Hospital in Batam, Indonesia. These insights are crucial for providing optimal health services to all those in need of medical care. The results of this research were categorized into five main themes: 1) The Significant Role of Nurses while Performing CPR, 2) The Accuracy of Administration Therapy, 3) Nurses' Experiences of Pleasant and Unpleasant Feelings, 4) The Expectations of CPR Success, and 5) Focusing on the Patient during FPDR and Other Considerations.

This section also includes several suggestions for various parties. First, for hospital services, it is recommended to continue regular training activities every two years, incorporating the latest scientific advancements. Additionally, the hospital could consider organizing an event titled "RS X Goes to..." This event could take place in public spaces such as schools, harbors, airports, and other community areas, serving as an educational platform to increase public awareness about cardiac arrest and how to respond to it. Such events could coincide with significant days, such as World Heart Day on September 29th.

For nursing education, further studies are needed to explore issues related to nurses' experiences and to expand the literature on the subject to improve relevant information. Future researchers could consider conducting in-depth interviews using different sample selection methods,

including various nursing units, to enrich the diversity of characteristics in this qualitative research. Additionally, employing a mixed-methods approach in future research may provide a more comprehensive understanding of the subject matter.

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THE CORRELATION BETWEEN ACADEMIC STRESS AND ACADEMIC MOTIVATION IN FIRST-YEAR NURSING STUDENTS

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ABSTRACT

Academic stress is a common phenomenon in academic environments, particularly among first-year students. Several students have reported that academic stress can influence their learning motivation, as evidenced by findings from this study. This research aims to examine the relationship between academic stress and academic motivation among first-year nursing students at a private university in Indonesia. A non-experimental quantitative research method with a cross-sectional approach was employed. The study population consisted of 419 first-year nursing students, with a sample size of 205 students selected through simple random sampling. The research instruments included the Educational Stress Scale for Adolescents (ESSA) by Sun et al. (2011) and the Academic Motivation Scale (AMS) by Vallerand et al. (1992). The ESSA instrument demonstrated high validity and reliability, with a Cronbach's Alpha of 0.932. The AMS questionnaire, validated and adapted into Indonesian by Natalya (2018), assessed intrinsic and extrinsic motivation as well as amotivation, showing robust psychometric properties (RMSEA \leq 0.08; GFI \geq 0.9; CR \geq 0.7; $\alpha \geq$ 0.7). Data analysis utilized Pearson correlation tests, revealing a significant relationship between academic stress and academic motivation ($p = 0.001$, $p < 0.05$). The findings indicate that increased academic stress can enhance academic motivation, highlighting the concept of positive stress (eustress). Future studies are encouraged to design interventions aimed at helping students balance academic stress and motivation using experimental methods.

Keywords: Academic stress, Learning, Motivation, Students, Nursing

INTRODUCTION

Entering college requires individuals to adapt to a new environment. According to Erindana et al. (2021), the adaptation process upon entering college involves an interaction between individuals and their surroundings, with mutual influences. The transition from high school to university presents significant challenges, and many students face difficulties adjusting to this new environment (Rahayu & Arianti, 2020). Hasanah (2017) also found that first-year students often experience stress, even when they have strong academic motivation to pursue nursing.

Research by Amelia (2014) at an Indonesian university reported that 8.4% of first-year students struggled with adapting to their new environment. Similarly, Resubun et al. (2022) found that 70% of nursing students encountered challenges in adapting. These difficulties often become significant hurdles for first-year students. A preliminary study further indicated that while 8.4% of first-year students in general struggled with adaptation, this percentage was higher among nursing students.

First-year students face transitions in various aspects of their academic and social

lives, including changes in learning methods and materials that differ from high school curricula (Rinaldi et al., 2016). The learning approaches used in high schools, such as Group Investigation and Student Team Learning Modification, emphasize students developing materials through independent research from various sources like books and the internet, followed by group discussions (Mulyati, 2016). In contrast, the college learning environment, particularly in nursing education, involves more complex and demanding methods.

Mardiati (2018) highlights that difficulties in adapting can disrupt students' interactions with peers, seniors, and lecturers, hinder the learning process, and even trigger identity crises, all of which can lead to stress. Additionally, the numerous academic demands of college life further contribute to academic stress (Way, 2021). Academic stress often stems from emotional tension, the adaptation process, lifestyle changes, and the challenges of managing heavy coursework (Dewi, 2016; Rahmawati, 2014; Rosyidah et al., 2020).

Nursing education, in particular, poses unique challenges designed to prepare students for a career that demands responsibility and resilience. Common challenges include clinical placements, where students must quickly adapt to the

differing demands of various healthcare settings (Wardani et al., 2022). Nursing students are also subjected to high expectations, requiring them to meet rigorous academic and professional standards while dealing with emotionally and psychologically challenging situations, such as witnessing patient suffering, death, or grieving families (Lestari, 2022). Furthermore, nursing students often struggle to balance the demands of lectures, clinical practice, and personal life due to their busy schedules (Utami, 2023).

Yusriyyah (2020) found that nursing students frequently encounter difficulties applying theoretical knowledge during clinical practice. Anxiety, particularly when communicating with patients, is a common issue that can lead to academic stress. If nursing students fail to manage stress effectively, this can result in prolonged academic stress, which adversely impacts their learning process. In addition to academic stress, other factors, such as academic motivation, also play a crucial role in influencing learning outcomes (Astuti et al., 2021).

The researchers observed that many first-year students reported feeling overwhelmed by academic demands and struggling to adapt to new learning environments. These challenges often result in decreased

learning motivation. An initial survey conducted with 30 first-year students at a private university revealed that 56% experienced stress, 50% reported symptoms of depression, and 66% faced difficulties with their studies. Additionally, findings related to academic motivation indicated that 53% struggled to focus during lectures, 37% disliked learning, 30% lacked support, 67% faced challenges in completing coursework, 30% were unenthusiastic about learning, and 63% were dissatisfied with their learning experience. Given these challenges, this study seeks to examine the relationship between academic stress and academic motivation among first-year nursing students.

METHOD

This study employed a cross-sectional correlational research design with a quantitative approach. The aim of this design was to develop mathematical models, theories, and hypotheses related to the observed phenomena (Maharani & Mustika, 2016).

The population for this study consisted of all first-year nursing students, totaling 419 individuals. A sample was selected using a simple random sampling technique, wherein participants were randomly chosen

from the population. Sampling was conducted online by distributing questionnaires through digital platforms. The Microsoft Excel **RAND** formula was used to randomly generate names, and selected participants were included in the study based on the inclusion criteria: first-year students and respondents who participated in the VR test. Using the Slovin formula, the required sample size was determined to be 205 respondents. Only those willing to participate in the study were included in the final analysis.

Two validated questionnaires were utilized for data collection. The first was the Academic Motivation Scale (AMS), developed by Vallerand et al. (1992) to measure seven types of motivation derived from intrinsic, extrinsic, and amotivation constructs. The AMS consists of 30 items, covering various aspects of academic motivation, and has been adapted into Indonesian by Natalya and Purwanto (2018). The adaptation process involved a construct validity test, which demonstrated strong reliability ($\alpha \geq 0.7$) and goodness-of-fit measures ($RMSEA \leq 0.08$; $GFI \geq 0.9$; $CR \geq 0.7$), making it suitable for this study. The second questionnaire was the Educational Stress Scale for Adolescents (ESSA), developed by Sun et al. (2011), which measures academic stress across five

dimensions: pressure, workload, concerns about grades, self-expectations, and despondency. The ESSA consists of 16 items and uses a four-point Likert scale with options ranging from strongly disagree (1) to strongly agree (4).

To ensure the validity and reliability of the instruments, a VR test was conducted on the ESSA questionnaire with a sample of 36 respondents from Pelita Harapan University (df = 34, r table = 0.329). The validity test showed an r value ranging from 0.509 to 0.849, confirming that all items were valid (r count > r table). Reliability testing produced a Cronbach's Alpha score of 0.932, indicating high reliability. The data were further tested for normality using the Skewness-Kurtosis test and QQ plots. The Skewness-Kurtosis test assessed the symmetry and shape of the data distribution, while the QQ plots confirmed that data points were evenly distributed along the reference line (Silalahi et al., 2019). Results from both tests confirmed that the data for academic stress and academic motivation were normally distributed. Following the normality test, the Pearson correlation test was used for statistical analysis, as both variables were measured on a ratio scale and satisfied the normality assumptions.

RESULT

The demographic data of the study population, as presented in Table 1, indicate that the majority of participants were female, comprising 165 students or 80.5% of the total sample.

Table 1. Distribution of demographic characteristics of respondents based on gender

Category	Frequency (n)	Percentage (%)
Gender		
Male	40	19.5%
Female	165	80.5%

Table 2. Bivariate table for Academic Stress and Academic Motivation

Variable	Mean	Deviation Standard	Academic Stress	Pearson Test Result
• Total Motivation	3.25	8.94	Mean 2.71;	r: 0,390, sig: 0.001
• Intrinsic motivation	3.19	4.11	Deviation Standard 6.59	r: 0,141, sig: 0.044
• Extrinsic motivation	3.19	4.39		r: 0.309, sig: 0.001
• Amotivation	1.90	1.93		r: 0.320, sig: 0.001

This study employed bivariate data analysis techniques to explore the relationships between variables. The significance of the correlations was determined by a p-value threshold of <0.05. As shown in Table 2, the mean score for academic stress was 2.71. Among the components of academic motivation, intrinsic motivation and extrinsic motivation both had the highest mean scores at 3.19, while amotivation had a lower mean score of 1.90. The total

motivation score was the highest overall, with a mean value of 3.25.

The analysis revealed a significant relationship between academic stress and total motivation. Further examinations showed that academic stress was significantly correlated with intrinsic motivation, extrinsic motivation, and overall motivation. These findings suggest that academic stress is closely linked to various aspects of academic motivation, confirming a relationship between the two constructs.

DISCUSSION

This study demonstrates a significant relationship between academic stress and academic motivation among first-year nursing students. Conducted on a sample of 205 respondents using a cross-sectional approach and the Pearson test, these findings align with Marlina's (2022) research, which also identified a positive relationship between academic stress and learning motivation. Marlina suggested that increased academic stress correlates with heightened academic motivation. While both studies used a cross-sectional approach, Marlina's sample included first- to third-year nursing students, whereas this study focused solely on first-year students. The larger sample size and specific focus

on first-year students provide a more targeted exploration of this demographic.

Similarly, a study by Muliani (2020) confirmed a relationship between academic stress and learning motivation among nursing students. This study employed a cross-sectional approach with 145 participants and analyzed data using the Spearman Rank Test. While the statistical methods differ, both studies targeted first-year nursing students, reinforcing the validity of this study's findings.

In contrast, research by Way (2021) and Amirudin & Rangga (2019) found no relationship between academic stress and learning motivation. These discrepancies may stem from differences in the sample population. Their studies focused on fourth-year nursing students and nursing professional students who, by this stage, have likely developed effective coping mechanisms to manage academic stress. First-year students, on the other hand, face unique challenges related to adjusting to academic demands, which could explain the variation in results.

Addressing academic stress and motivation is critical for student well-being. According to Sujadi (2021) and Agustini (2019), counseling programs can help mitigate academic stress and foster motivation.

Institutions are encouraged to provide resources such as counseling services and workshops to support nursing students in managing stress and enhancing their academic motivation. Students are also advised to proactively seek help from lecturers, counselors, or psychologists when needed.

Future researchers investigating the relationship between academic stress and academic motivation may find this study valuable as a reference and source of additional information. It is recommended that future studies build upon the current findings to explore the specific factors influencing academic stress and motivation among first-year nursing students. Moreover, researchers could design and implement interventions aimed at balancing academic stress and motivation, utilizing experimental methods to evaluate their effectiveness.

A limitation of this study is that data collection was conducted only once using a cross-sectional design, which prevents the establishment of causal relationships and limits the generalizability of the findings. Additionally, the sampling technique employed was simple random sampling, which may have introduced bias due to the characteristics of the population. Since data collection was conducted online, the

researchers were unable to assess potential obstacles or gauge the respondents' level of engagement when completing the questionnaire. These factors may have influenced the results and their interpretation. To address these issues in future research, it is recommended to conduct data collection multiple times, use a total sampling technique, and gather data directly from respondents to ensure more reliable findings.

CONCLUSION

This study examined the relationship between academic stress and learning motivation among first-year co-educational students, with a focus on how academic stress correlates with the various types of motivation (intrinsic, extrinsic, and amotivation). The findings indicate a significant relationship between academic stress and academic motivation. Based on these results, the author recommends that future research explore interventions or strategies that universities and educators can implement to help manage academic stress and enhance student motivation.

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STUDI KASUS TERAPI AUTOGENIK DALAM MENGURANGI NYERI PADA PASIEN POST EKSISI FAM DI SALAH SATU RUMAH SAKIT SWASTA DI BEKASI, JAWA BARAT

CASE STUDY OF THE EFFECTIVENESS OF AUTOGENIC THERAPY IN REDUCING PAIN IN POST-EXCISION FIBROADENOMA PATIENTS AT A PRIVATE HOSPITAL IN BEKASI, WEST JAVA

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ABSTRAK

Fibroadenoma mammae atau FAM merupakan benjolan yang terdapat pada payudara dan merupakan tumor jinak. Salah satu penatalaksanaan medis pada FAM ialah dengan eksisi bedah. Salah satu efek samping yang timbul setelah eksisi bedah adalah nyeri. Penatalaksanaan nyeri dapat dilakukan dengan teknik farmakologi dan non-farmakologi. Salah satu intervensi keperawatan dalam mengurangi nyeri dengan teknik non-farmakologi ialah terapi autogenik. Terapi autogenik merupakan salah satu terapi relaksasi yang berdasarkan konsentrasi pasif dengan menggunakan persepsi tubuh yang difasilitasi oleh sugesti diri sendiri dan mempunyai manfaat dalam menurunkan nyeri, mengurangi stres dan ketegangan otot. Studi kasus ini bertujuan untuk mengetahui efektivitas dari terapi autogenik dalam mengurangi nyeri pada pasien post eksisi FAM dengan pendekatan asuhan keperawatan. Studi kasus ini dilakukan kepada salah satu pasien post eksisi FAM dengan keluhan nyeri skala 5 saat beraktivitas dan skala 4 saat istirahat dengan indikator *Numeric Rating Scale* (NRS). Implementasi keperawatan terapi autogenik dilakukan kepada pasien selama 3 hari dengan durasi terapi 10 menit dan dilakukan 3 kali dalam sehari. Evaluasi yang didapatkan pada hari pertama nyeri pasien berkurang dari skala 5/4 menjadi skala nyeri 3/2, evaluasi hari kedua menjadi skala nyeri 2/1, evaluasi hari ketiga menjadi skala nyeri 1/0. Hasil penelitian menunjukkan bahwa terapi autogenik efektif dalam mengurangi nyeri pada pasien post eksisi FAM.

Kata kunci: *Fibroadenoma mammae*, Nyeri, Terapi autogenik, Non-farmakologi

ABSTRACT

Fibroadenoma mammae (FAM) is a benign breast tumor that presents as a lump. One of the medical treatments for FAM is surgical excision. A common side effect following surgical excision is pain. Pain management can be achieved through pharmacological and non-pharmacological methods. One non-pharmacological nursing intervention for pain relief is autogenic therapy. Autogenic therapy is a relaxation technique based on passive concentration and body perception, facilitated by self-suggestion, with proven benefits in reducing pain, stress, and muscle tension. This study aims to evaluate the effectiveness of autogenic therapy in reducing pain in patients following FAM excision, using a nursing care approach. This case study was conducted on a post-FAM excision patient who reported pain at a level of 5 during activity and 4 at rest, as measured using the Numeric Rating Scale (NRS). The nursing implementation of autogenic therapy was carried out for 3 days, with each session lasting 10 minutes, performed three times a day. On the first day, the patient's pain decreased from a 5/4 scale to a 3/2 scale, on the second day it decreased to a 2/1 scale, and by the third day, the pain was reduced to a 1/0 scale. The results indicate that autogenic therapy is effective in reducing pain in post-FAM excision patients.

Keywords: *Mammary fibroadenoma, Pain, Autogenic therapy, Non-pharmacology*

PENDAHULUAN

Bentuk benjolan pada payudara yang dikenal sebagai *fibroadenoma mammae*, juga dikenal sebagai FAM, adalah tumor jinak (Putri & Hudyono, 2015). Multifaktor dapat menyebabkan *fibroadenoma mammae*. Faktor endogen termasuk genetik heredofamilial, penebaran, nullipara, epigenetik, fungsi hormonal, stres psikis yang signifikan, dan status imun. Faktor eksogen termasuk konsumtif (kurangnya protein, vitamin A dan derivatnya, antioksidan, diet tinggi lemak), alkohol, perokok, pengguna terapi sulih hormon, trauma/pasca bedah lokal, dan diet tinggi lemak (Artini et al., 2021).

Data dari *International Agency for Research on Cancer* (IARC) tahun 2012, dikutip oleh Alini & Widya (2018), menunjukkan bahwa 40 kasus kanker payudara per 100.000 perempuan. Menurut data Globacan tahun 2020 dari Kemenkes RI (2022), jumlah kasus baru kanker payudara di Indonesia mencapai 68.858 kasus, atau 16,6% dari total 396.914 kasus kanker. Eksisi bedah adalah metode pengobatan *Fibroadenoma mammae*, tetapi prosedur ini dapat menyebabkan luka yang sakit setelahnya, menurut Putri & Hudyono (2015). Nyeri adalah pengalaman subjektif dan tidak menyenangkan yang disebabkan oleh kerusakan jaringan, untuk mengurangi

nyeri, baik terapi farmakologi maupun non-farmakologi dapat digunakan. Terapi autogenik adalah salah satu terapi non farmakologi yang dapat digunakan untuk mengurangi nyeri.

Menurut Mardiono (2016), terapi autogenik adalah salah satu jenis terapi relaksasi yang melibatkan menempatkan diri dalam keadaan terhipnotis ringan, yang membantu mengurangi nyeri, stres, dan ketegangan otot. Selain itu, terapi autogenik juga merupakan jenis terapi yang menggabungkan terapi musik, relaksasi nafas dalam, dan distraksi/hipnotis ringan. Berdasarkan hasil penelitian yang telah dilakukan oleh Syamsiah & Muslihat (2015) bahwa terapi autogenik mempunyai pengaruh dalam menurunkan skala nyeri pasien. Penelitian tersebut menggunakan desain *quasi eksperimen* dengan melakukan penelitian kepada 30 orang dengan diagnosis *abdominal pain* dan membagi dalam 2 kelompok yakni 15 orang kelompok intervensi dan 15 orang kelompok kontrol. Hasil dari penelitian menunjukkan perubahan rata-rata nilai *pretest* dan *posttest* sebelum diberikan terapi analgetik pada kelompok kontrol yakni nilai 8,33 pada *pretest*, dan nilai rata-rata *posttest* setelah diberikan terapi analgetik adalah 3,20, sedangkan pada kelompok intervensi menunjukkan perubahan rata-rata nilai *pretest* dan

posttest sebelum diberikan terapi analgetik dan terapi autogenik pada kelompok intervensi yakni nilai 8,53 pada *pretest*, dan nilai rata-rata *posttest* setelah diberikan terapi analgetik adalah 3,00.

Berbanding lurus dengan hasil penelitian yang telah dilakukan oleh Andriati (2019) pada pasien post *section caesaria* yang menunjukkan adanya pengaruh pemberian terapi autogenik dalam menurunkan skala nyeri pasien dengan rata-rata tingkat nyeri pada kelompok intervensi sesudah diberikan terapi relaksasi autogenic yaitu 2,88, dan pada kelompok kontrol yaitu 3,48. Terapi autogenik efektif dalam menurunkan skala nyeri pada pasien dengan berbagai kasus dan telah dibuktikan oleh beberapa penelitian yang telah dijelaskan. Namun, masih belum ada penelitian yang menunjukkan bahwa terapi autogenik efektif dalam mengurangi skala nyeri post eksisi FAM. Berdasarkan uraian diatas, maka peneliti tertarik dalam melakukan penelitian “Efektivitas Terapi Autogenik Pada Pasien Post Eksisi *Fibroadenoma Mammae*”.

METODE

Studi kasus ini dilakukan menggunakan pendekatan asuhan keperawatan kepada salah satu pasien pasca eksisi FAM dekstra

yang dilakukan di ruang rawat inap di salah satu rumah sakit swasta di Bekasi dari tanggal 24 hingga 26 Mei 2022. Terapi autogenik diberikan berdasarkan prosedur yang telah dilakukan pada penelitian sebelumnya serta terapi ini diberikan kepada pasien selama tiga hari, pada sore hari dengan durasi sepuluh menit setiap kali.

HASIL

Studi kasus ini dilakukan kepada pasien pasca eksisi FAM. Hasil pengkajian objektif dan data subjektif menunjukkan bahwa pasien merasakan nyeri. Berdasarkan pengkajian dengan wawancara, pasien merasakan nyeri dengan skala 5 dari 10 saat beraktivitas, dan skala 4 dari 10 saat istirahat dengan memakai NRS serta nyeri tidak menyebar dibagian tubuh lain. Data objektif menunjukkan pasien tampak meringis, gelisah, dan sulit berkonsentrasi. Pasien juga mengeluh mual post eksisi dan mengatakan bahwa kurang percaya diri setelah dilakukan tindakan operasi di payudaranya.

Dari data subjektif dan objektif yang telah dikaji maka masalah keperawatan pasien berdasarkan prioritas ialah nyeri akut, mual serta gangguan citra tubuh. Salah satu teknik non-farmakologi yang sebagai intervensi keperawatan yang dilakukan

pada pasien untuk mengurangi nyeri ialah terapi *autogenik*. Implementasi yang telah dilakukan kepada pasien selama tiga hari berturut-turut jam post operasi dilakukan terapi autogenik sebanyak 3 kali dalam sehari setelah efek farmakologi menurun dengan durasi 10 menit. Pasien mendapatkan terapi farmakologi post eksisi dengan dosis 30 mg diberikan secara IV dengan frekuensi pemberian empat kali dalam sehari selama 24 jam post operasi. Evaluasi yang didapatkan pada hari pertama nyeri pasien berkurang dari skala 5/4 menjadi skala nyeri 3/2, evaluasi hari kedua menjadi skala nyeri 2/1, evaluasi hari ketiga menjadi skala nyeri 1/0.

PEMBAHASAN

Terapi autogenik merupakan pengobatan non medis yang dilakukan secara mandiri untuk mengurangi nyeri. Salah satu strategi yang dapat digunakan perawat untuk mengatasi nyeri secara non-farmakologi adalah terapi relaksasi autogenik (Ati Nurhayati, 2015; Nurhayati, 2019). Pada studi kasus ini, pasien menerima terapi farmakologi yaitu *ketorolac* 30 mg. *Ketorolac* adalah *Nonsteroidal Anti-Inflammatory Drugs* (NSAID) prototipikal dengan sifat *antipiretik* dan *analgesik* (Haris, 2014). *Ketorolac* bekerja dengan cepat dalam mengatasi rasa nyeri yang dialami oleh pasien salah satunya adalah

nyeri setelah operasi. *ketorolac* memiliki bekerja dengan waktu puncak satu sampai dua jam pemberian secara *IntraVena* dan efek dapat bertahan sampai sekitar empat jam (Mims, 2022). Setelah efek *ketorolac* menurun kemungkinan rasa nyeri pada pasien akan timbul akibat dari faktor prediposisi nyeri pada pasien. Efek farmakologi pada terapi *ketorolac* menurun setelah empat jam, pasien mulai merasakan nyeri setelah efek farmakologi menurun. Pengkajian nyeri pada pasien menggunakan *tools* pengkajian nyeri PQRST, didapatkan hasil setelah efek analgesik menurun pasien mengeluhkan nyeri jika melakukan gerakan bangun dari tempat tidur, nyeri hilang timbul dan nyeri menetap, nyeri dirasakan seperti tumpul dengan skala 5 saat beraktivitas dan skala 4 saat istirahat dengan memakai NRS. Pasien terlihat meringis dan menjaga daerah yang terasa nyeri. Dari hal tersebut didapatkan bahwa setelah efek farmakologi analgesik menurun, pasien masih mengeluhkan nyeri.

Rencana keperawatan pasien yang direncanakan untuk penatalaksanaan nyeri akut adalah penatalaksanaan nyeri non medis dengan menggunakan teknik autogenik. Relaksasi autogenik merupakan psikoterapi psikofisiologis dasar yang menggunakan autosugesti dan pertama kali dikembangkan oleh seorang dokter dan psikiater Jerman yaitu J.H. Schultz pada

awal abad ke-20 (Kanji, White dan Ernst, 2006 dalam (Luh, Ekarini dan Krisanty, 2018). Relaksasi autogenik dilakukan dengan memadukan teknik relaksasi nafas dalam, relaksasi musikal, dan relaksasi hipnosis ringan.

Pemberian relaksasi autogenik memerlukan kesepakatan dengan pasien, penjelasan prosedur dan penggunaan teknik komunikasi yang efektif untuk menciptakan hubungan saling percaya antara pasien dan perawat. Pertama, pilihlah satu kata yang menenangkan pasien, misalnya “Alhamdulillah”, baringkan pasien pada posisi nyaman, pejamkan mata secara perlahan, ajarkan pasien untuk merilekskan seluruh bagian tubuh secara perlahan mulai dari kepala, bahu, punggung, tangan hingga kaki, ajari pasien bernapas perlahan: tarik napas melalui hidung, buang napas melalui mulut. Saat napas dihembuskan melalui mulut, ucapkan kata-kata yang menenangkan pasien, dengarkan alat musik yang disukai pasien dan kata-kata pengganggu yang dapat menenangkan pasien. Relaksasi autogenik dapat dilakukan dalam waktu sekitar 10 menit.

Setelah pasien merasa nyaman, mereka dapat membuka matanya secara perlahan. Dalam penelitian Jufri Jufri dkk. (2019), “Relaksasi Autogenik Nyeri post Operasi

Caesar di RSAD Kodam V Brawijaya Surabaya”, 36,7% dari 30 responden mengalami nyeri berat, 53,3% nyeri sedang, dan 10% nyeri ringan. Setelah menggunakan relaksasi autogenik didapatkan 6,7% mengalami nyeri berat, 33,3% dan 60% nyeri ringan. Hal ini menunjukkan terdapat perbedaan yang signifikan skala nyeri sebelum dan sesudah perlakuan dengan teknik relaksasi autogenik. Hal ini bertolak belakang dengan evaluasi pelaksanaan yang dilakukan pada pasien sejak hari pertama post operasi hingga hari ketiga pengobatan. Skala nyeri diubah dari skala nyeri sedang menjadi ringan.

Andriati., et al (2020) telah melakukan penelitian untuk mengetahui adanya pengaruh terapi autogenik dalam menurunkan nyeri pada pasien post SC. Hasil penelitian dari 25 responden 68% mengalami nyeri hebat terkontrol dengan skala nyeri 7-9 dan 32% mengalami nyeri sedang dengan skala nyeri 4-6 sebelum implemetasi *autogenik*. Sebanyak 20% mengalami nyeri sedang dengan skala nyeri 4 -6 dan 80% mengalami nyeri ringan dengan skala nyeri 1-3 setelah melakukan implementasi relaksasi *autogenik*. Hal ini menunjukkan Adanya perbedaan tingkat nyeri pada pasien post operasi sectio caesaria setelah diberikan terapi relaksasi *autogenik*. Hal ini sejalan dengan evaluasi

implementasi yang diberikan pada hari pertama perawatan post eksisi Fam, pasien mengalami penurunan tingkat nyeri dari 5/4 menjadi 3/2 setelah dilakukan implementasi relaksasi autogenik.

Hasil implementasi yang dilakukan kepada pasien pada hari kedua didapatkan skala nyeri sebelum melakukan terapi autogenik adalah 3/2. Setelah melakukan terapi autogenik didapatkan skala nyeri menjadi 2/1. Hasil tersebut menginterpretasikan bahwa penggunaan terapi autogenik efektif dalam menurunkan rasa nyeri. Penelitian lain yang dilakukan oleh Syamsuddin dan Dewi (2015) "Pengaruh Teknik Relaksasi Autogenik terhadap Penurunan Nyeri pada Pasien Apendiktomi" didapatkan 30 responden dirawat di ruang operasi dan menjalani prosedur relaksasi autogenik dan pasien terbanyak. Tingkat nyeri dapat diatasi dengan prosedur relaksasi autogenik, nyeri ringan sebanyak 2 responden (6,7%), nyeri sedang sebanyak 28 responden (93,3%) dan nyeri sedang sebanyak 29 responden (96. 7%) dan satu nyeri sedang (3,3%).

Dari hal tersebut menunjukkan efektivitas penggunaan penggunaan teknik autogenik untuk mengurangi nyeri. hal ini berbanding lurus dengan implementasi terapi autogenik kepada pasien pada hari terakhir dimana sebelum melakukan terapi autogenik pasien

mengatakan skala nyeri berada pada skala 2/1 dan menjadi 1/0 setelah dilakukan terapi autogenik. Namun perlu diperhatikan bahwa teknik relaksasi autogenik tidak efektif untuk anak di bawah usia 5 tahun, kurang motivasi atau individu dengan masalah mental dan emosional yang parah (Nuratam et al, 2022).

KESIMPULAN

Teknik non-farmakologi sangat penting dalam mengurangi nyeri pada pasien, tidak memiliki efek samping, tanpa menggunakan obat-obatan dan lebih cenderung menunjukkan perilaku *Caring*. Implementasi keperawatan terapi autogenik telah dilakukan kepada pasien post eksisi FAM selama tiga hari berturut-turut jam perawatan dengan durasi terapi 10 menit dan dilakukan 3 kali dalam sehari setelah efek farmakologi menurun. Evaluasi yang didapatkan pada hari pertama nyeri pasien berkurang dari skala 5/4 menjadi skala nyeri 3/2, evaluasi hari kedua menjadi skala nyeri 2/1, evaluasi hari ketiga menjadi skala nyeri 1/0. Berdasarkan asuhan keperawatan yang telah dilakukan kepada pasien, dapat disimpulkan bahwa terapi autogenik terbukti efektif dalam mengurangi nyeri post eksisi FAM pada pasien.

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Lampiran Asuhan keperawatan

Data subjektif/ <i>Subjective Data</i>	Data Objektif/ <i>Objective Data</i>	Diagnosa keperawatan/ <i>Nursing Diagnosis</i>	Hasil yang diharapkan/ <i>Outcome Objectives</i>	Intervensi/ <i>Intervention</i>	Rasional/ <i>Rationale</i>	Implementasi	Evaluasi/ <i>Evaluation</i>
<ul style="list-style-type: none"> - Pasien mengatakan nyeri pada bagian luka operasi - Pasien mengatakan nyeri seperti tumpul dan menetap dengan skala 5 saat beraktivitas dan skala 4 saat istirahat - Pasien mengatakan nyeri tidak menyebar ke bagian tubuh lain - Pasien mengatakan sulit berkonsentrasi karena nyeri - Keluarga pasien mengatakan pasien sulit istirahat dan mengeluh karena rasa nyeri - Keluarga pasien mengatakan bahwa pasien tidak nafsu untuk makan karena merasakan nyeri 	<ul style="list-style-type: none"> - Pasien tampak balutan luka operasi mamae dekstra - Pasien tampak meringis - Pasien tampak gelisah - Pasien tampak sulit berkonsentrasi - Pasien tampak tidak bisa istirahat karena nyeri - Pasien tampak pucat - Makanan pasien belum habis di tempat makanan - TTV Pasien: TD:113/80 mmHg Nadi 89 X/mnt RR 20 X/mnt Suhu 36.3 °C Nyeri 5/4 spO₂ 99% 	<p>Nyeri akut b.d agen cedera fisik:luka post operasi d.d pasien tampak meringis serta mengatakan nyeridi bagian luka operasi dengan skala 5/4 (Nanda, 2018)</p>	<p>Setelah dilakukan tindakan keperawatan selama 3 x 24 jam pada pasien, diharapkan nyeri pasien dapat teratasi, dengan Kriteria hasil:</p> <ul style="list-style-type: none"> - Pasien mampu mengenali nyeri (skala, intensitas, frekuensi dan tandanyeri). - Pasien mampu mengontrol nyeri (tahu penyebab nyeri serta mampu menggunakan teknik nonfarmakologi untuk mengurangi nyeri) - Pasien dapat melaporkan bahwa nyeri berkurang dengan skala nyeri ringan atau skala nyeri 0 serta dapat menggunakan manajemen nyeri - Pasien mampu menyatakan rasa nyaman - Pasien tampak tidak 	<p>Mandiri:</p> <ul style="list-style-type: none"> - Gunakan teknik komunikasi terapeutik untuk mengetahui pengalaman nyeri pasien - Kaji nyeri pasien secara komprehensif (P,Q,R,S,T serta faktor presipitasi) - Kaji kultur yang mempengaruhi nyeri pasien - Observasi adanya petunjuk non verbal mengenai ketidaknyamanan - Kontrol lingkungan yang dapat mempengaruhi nyeri seperti suhu ruangan, pencahayaan serta kebisingan - Kurangi faktor presipitasi nyeri pasien - Bantu pasien dan keluarga dalam menemukan dukungan pada pasien <p>Edukasi:</p> <ul style="list-style-type: none"> - Ajarkan pasien bagaimana manajemen 	<p>Mandiri:</p> <ul style="list-style-type: none"> - Komunikasi terapeutik merupakan salah satu komunikasi yang baik dalam melakukan pengkajian yang dapat membangun hubungan saling percaya padapatient sehingga dapat memperoleh informasi yang lebih dalam selama melakukan pengkajian pada pasien - Membantu mengevaluasi derajat ketidaknyamanan dan efektivitas analgesia atau dapat mengungkapkan perkembangan komplikasi - Untuk mengetahui kultur/budaya yang dapat mempengaruhi nyeri pasien - Isyarat nonverbal dapat atau tidak dapat mendukung intensitas nyeri klien, tetapi mungkin merupakan satu-satunya indikator jika klien tidak dapat menyatakan secara verbal 	<p>Mandiri</p> <ul style="list-style-type: none"> - Melakukan komunikasi efektif dalam pengkajian pengalaman rasa nyeri pada pasien - Melakukan pengkajian nyeri secara komprehensif (P,Q,R,S,T serta faktor presipitasi) - Mengkaji kultur yang dapat mempengaruhi rasa nyeri pasien - Mengobservasi adanya petunjuk non verbal mengenai ketidaknyamanan setelah operasi - Mengontrol lingkungan pasien yang dapat mempengaruhi nyeri seperti suhu ruangan, pencahayaan serta kebisingan - Mengurangi faktor presipitasi nyeri 	<p>S:</p> <ul style="list-style-type: none"> - Pasien mengatakan nyeri berkurang menjadi skala 1/0 - Pasien mengatakan nyaman - Pasien mengatakan terapi autogenik yang diberikan dan diajarkan efektif dalam mengurangi nyeri pasien - Pasien mengatakan sudah mampu mengontrol nyeri - Pasien mengatakan sudah bisa berkonsentrasi dan dapat melakukan aktivitas dengan baik - Pasien mengatakan

			<p>meringis dan bisa beristirahat dengan baik</p> <ul style="list-style-type: none"> - TTV pasien dalam batas normal (BP: 120/80 mmHg, HR: 60-100x/m, RR: 12-24x/m, T:36,5-37,50C, SpO2: 95-100%) 	<p>nyeri nonfarmakolog</p> <p>Kolaborasi:</p> <ul style="list-style-type: none"> - Kolaborasi dengan dokter terkait obat dalam mengurangi nyeri pasien (Nanda, 2015) 	<p>teknik readuksi ansietas dan ketakutan dapat meningkatkan relaksasi dan kenyamanan</p> <ul style="list-style-type: none"> - Dengan mengontrol lingkungan, pasien dapat tenang serta tidak terdistraksi dengan situasi lingkungan yang dapat menyebabkan nyeri bertambah - Meningkatkan istirahat dan meningkatkan kemampuan koping - Supaya pasien dan keluarga dapat menemukan apa/siapa saja yang dapat mendukung pasien dalam membantu manajemen nyeri pasien <p>Edukasi:</p> <ul style="list-style-type: none"> - Dengan adanya manajemen nyeri nonfarmakologi, nyeri pasien dapat berkurang serta pasien dapat mengimplementasikannya secara mandiri setelah diajarkan <p>Kolaborasi:</p> <ul style="list-style-type: none"> - Melalui kolaborasi dengan dokter, pasien dapat mendapatkan obat analgetik dalam mengurangi nyeri yang dirasakan oleh pasien 	<p>pasien</p> <ul style="list-style-type: none"> - Membantu pasien dan keluarga dalam menemukan dukungan mengatasi nyeri pada pasien <p>Edukasi</p> <ul style="list-style-type: none"> - Mengajarkan pasien teknik mengatasi nyeri secara nonfarmakologi yaitu teknik autogenik <p>Kolaborasi</p> <ul style="list-style-type: none"> - Mengkolaborasi pemberian advice obat analgetik Ketroloral 30 mg QDS dalam mengurangi nyeri pasien 	<p>sudah bisa menghabiskan makanannya dan tidak terganggu akibat nyeri</p> <p>O:</p> <ul style="list-style-type: none"> - Pasien tampak ceria dan semangat - Pasien tampak dapat melakukan aktivitas dengan baik tanpa terganggu dengan nyeri - Pasien tampak menghabiskan makanannya <p>- TTV pasien:</p> <p>TD: 113/80 mmHg N: 89 X/mnt RR: 20 X/mnt T: 36.3 OC SN: 2/1</p> <p>A: Masalah keperawatan nyeri akut teratasi. P: Intervensi dihentikan</p>
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<ul style="list-style-type: none"> - Pasien mengatakan mual setelah selesai operasi - Pasien mengatakan tidak nafsu makan - Pasien mengatakan ingin muntah - Pasien mengatakan pusing 	<ul style="list-style-type: none"> - Pasien tampak berbaring dan lemas - Pasien tampak gelisah - Pasien tampak sekali-sekali reflek untuk muntah namun tidak muntah - Makanan pasien tampak belum habis - TTV pasien TD:113/80 mmHg, Nadi 89 X/mnt, RR 20 X/mnt, Suhu 36.3 OC, Nyeri 5/4, spO299% 	<p>Nausea b.d efekagen farmakologi d.d pasien mengatakan mual dan tidak nafsu untuk makan (Nanda 2018)</p>	<p>Setelah dilakukan tindakan keperawatan selama 3 x 24 jam pada pasien, diharapkan tingkat nausea menurun, dengan Kriteria hasil:</p> <ul style="list-style-type: none"> - keluhan muntah berkurang - perasaan ingin muntah berkurang - frekuensi, durasi, dan tingkat keparahan mual pasien berkurang 	<p>Mandiri:</p> <ul style="list-style-type: none"> - Lakukan pengkajian lengkap rasa mual termasuk frekuensi, durasi, tingkat mual, dan faktor yang menyebabkan pasien mual - Evaluasi efek mual terhadap nafsu makan pasien, aktivitas sehari-hari, dan pola tidur pasien - Anjurkan pasien mengurangi jumlah makanan yang bisa menimbulkan mual - Berikan istirahat dan tidur yang adekuat untuk mengurangi mual <p>Edukasi:</p> <ul style="list-style-type: none"> - Edukasi pasien supaya makan sedikit tapi sering dan dalam keadaan hangat <p>Kolaborasi:</p> <ul style="list-style-type: none"> - Kolaborasi pemberian antiemetik - (Nanda, 2015) 	<p>Mandiri:</p> <ul style="list-style-type: none"> - Untuk mengetahui rasa mual yang dialami oleh pasien serta penyebab mual - untuk mengetahui efek mual terhadap nafsu makan pasien serta perubahan dalam aktivitas ual. Rasional: Supaya mencegah terjadinya mual secara terus menerus - supaya dapat mengurangi sensasi mual pasien <p>Edukasi:</p> <ul style="list-style-type: none"> - Supaya menghindari pasien mengalami muntah serta nutrisi dapat masuk <p>Kolaborasi:</p> <ul style="list-style-type: none"> - supaya dapat membantu mengatasi sensasi mual pasien melalui terapi farmakologi. 	<p>Mandiri:</p> <ul style="list-style-type: none"> - Melakukan pengkajian lengkap rasa mual termasuk frekuensi, durasi, tingkat mual, dan faktor yang menyebabkan pasien mual - Mengevaluasi efek mual terhadap nafsu makan pasien, aktivitas sehari-hari, dan pola tidur pasien - Menganjurkan pasien mengurangi jumlah makanan yang bisa menimbulkan mual - Memberikan istirahat dan tidur yang adekuat untuk mengurangi mual <p>Edukasi:</p> <ul style="list-style-type: none"> - Mengedukasi pasien supaya makan sedikit tapi sering dan dalam keadaan hangat <p>Kolaborasi:</p> <ul style="list-style-type: none"> - Berkolaborasi 	<p>S:</p> <ul style="list-style-type: none"> - Pasien mengatakan sudah tidak mual - Pasien mengatakan sudah nafsu makan - Pasien mengatakan tidak pusing <p>O:</p> <ul style="list-style-type: none"> - Pasien tampak berbaring, - Pasien tampak tidak mual - Pasien tampak menghabiskan makanannya <p>TTV pasien: TD: 116/81 mmHg N: 76 X/mnt RR: 20 X/mnt T: 36.2 OC SN: 2/1 A: Masalah keperawatan nausea teratasi</p> <p>P:</p> <ul style="list-style-type: none"> - Intervensi
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						<p>memberian antiemetik - (Nanda, 2015)</p>	<p>dihentikan.</p>
<p>- Pasien mengatakan merasa bahwa dirinya kurang percaya diri setelah kedua payudara dilakukan tindakan operasi,</p> <p>- Pasien mengatakan merasa kehilangan sesuatu dari tubuhnya</p> <p>- Pasien mengatakan merasa dirinya sekarang kurang menarik dihadapan suaminya</p> <p>- Pasien mengatakan ingin seperti tubuhnys ysng dulu</p> <p>- Pasien sedikit malu memperlihatkan bekas operasi payudaranya saat pengkajian</p>	<p>- Pasien tampak sedih</p> <p>- Pasien tampak malu</p> <p>- Pasien tampak tidak melihat bagian payudaranya</p> <p>- Pasien tampak tidak menyentuh bagian payudaranya</p>	<p>Gangguan citra tubuh b.d eksisi FAM dektra d.d. pasien merasa kurang percaya diri serta merasa kurang menarik dihadapan suaminya setelah dilakukan operasi bagian payudaranya (Nanda, 2018)</p>	<p>Setelah dilakukan tindakan keperawatan selama 3 x 24 jam pada pasien, diharapkan gangguan citra tubuh pasien dapat teratasi, dengan: Kriteria hasil:</p> <ul style="list-style-type: none"> - Body image pasien positif - Pasien mampu mengidentifikasi kekuatan personal - Pasien mampu mendiskripsikan secara faktual perubahan fungsi tubuh <p>Pasien dapat mempertahankan interaksi sosial</p>	<p>Mandiri</p> <ul style="list-style-type: none"> - Identifikasi harapan citra tubuh berdasarkan tahap perkembangan - Identifikasi perubahan citra tubuh yang mengakibatkan ketidakpercayaan diri - Monitor apakah pasien bisa melihat bagian tubuh yang berubah - Diskusikan perubahan tubuh dan fungsinya - Diskusikan perbedaan penampilan fisik terhadap harga diri - Diskusikan cara mengembangkan harapan citra tubuh secara realistis <p>Edukasi</p> <ul style="list-style-type: none"> - Jelaskan kepada suami dan keluarga tentang perawatan perubahan citra tubuh - Latih peningkatan penampilan diri - Latih fungsi tubuh yang lain yang dimiliki <p>(SIKI, 2016)</p>	<p>Mandiri</p> <ul style="list-style-type: none"> - Membantu mengetahui citra tubuh pasien - Untuk mengetahui citra tubuh pasien yang menyebabkan ketidakpercayaan diri - Agar pasien berani melihat tubuh yang mengalami perubahan bentuk - Untuk pasien mengetahui perubahan fungsi tubuh yang berubah - Agar pasien dapat memahami perbedaan fisik dan peningkatan harga diri - Agar pasien dapat meningkatkan harapan secara realistis terhadap perubahan fungsi tubuh <p>Edukasi</p> <ul style="list-style-type: none"> - Agar suami pasien dan keluarga dapat menerima pasien dan mendukung pasien untuk meningkatkan citra tubuh - Agar pasien dapat meningkatkan penampilan dan harga diri <p>Agar pasien dapat meningkatkan fungsi tubuh pasien yang lain</p>	<p>Mandiri</p> <ul style="list-style-type: none"> - mengidentifikasi harapan citra tubuh berdasarkan tahap perkembangan pada pasien - mengidentifikasi perubahan citra tubuh yang mengakibatkan ketidakpercayaan diri - memonitor apakah pasien bisa melihat bagian tubuh yang berubah - mendiskusikan perubahan tubuh dan fungsinya - mendiskusikan perbedaan penampilan fisik terhadap harga diri - mendiskusikan cara mengembangkan harapan citra tubuh secara realistis - menjelaskan kepada suami dan keluarga tentang perawatan perubahan citra tubuh - melatih peningkatan penampilan diri 	<p>S:</p> <ul style="list-style-type: none"> - Pasien mengatakan sudah mulai belajar terkait penerimaan diri - Pasien mengatakan sudah percaya diri terhadap tubuhnya - Pasien mengatakan sudah tidak malu dihadapan suaminya <p>O:</p> <ul style="list-style-type: none"> - Pasien tampak tidak sedih - Pasien tampak ceria - Keluarga pasien memberikan dukungan pada pasien <p>A: Masalah keperawatan</p>

							gangguan citra tubuh teratasi.
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KEPATUHAN KONSUMSI TABLET TAMBAH DARAH DENGAN KEJADIAN ANEMIA PADA IBU HAMIL DI PUSKESMAS SUKASARI

ADHERENCE TO IRON SUPPLEMENTATION AND THE INCIDENCE OF ANEMIA IN PREGNANT WOMEN AT PUSKESMAS SUKASARI

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ABSTRAK

Definisi anemia pada ibu hamil merupakan hemoglobin dalam tubuh dengan konsentrasi kurang dari 11 g/dL. Tahun 2018 pada laporan Riskesdas mengalami peningkatan angka kejadian anemia sebesar 48,9% dibanding dengan Riskesdas tahun 2013 yang hanya sebesar 37,1%. Kontribusi anemia cukup signifikan terhadap angka kematian di Indonesia dengan persentase 50-70%. Di Indonesia, 48,9% ibu mengandung mengalami anemia atau kekurangan darah. Upaya pencegahan yang dapat dilakukan oleh pemerintah terhadap kejadian anemia ibu yang tengah mengandung dengan dilaksanakan program suplementasi tablet sulfas ferusus sejak dimulainya ibu hamil memeriksakan kehamilannya, pemberian dilakukan minimal 90 hari. Tujuan penelitian untuk melihat keterkaitan kepatuhan konsumsi tablet tambah darah dengan kejadian anemia pada ibu hamil di Puskesmas Sukasari. Metode penelitian ini adalah uji kuantitatif yang memanfaatkan studi deskriptif korelasional dengan menggunakan teknik *purposive sampling* menggunakan kuisioner MMAS-8 dengan sampel berjumlah 106 responden. Hasil Penelitian ini menunjukkan nilai $p = 0,000$ dengan koefisien keterkaitan yaitu sebesar 0,544, yang mengindikasikan keterkaitan antara kepatuhan dalam mengonsumsi tablet penambah darah dengan kejadian anemia pada ibu hamil di Puskesmas Sukasari pada tahun 2024.

Kata Kunci: Anemia, Ibu hamil, Kepatuhan, Tablet tambah darah

ABSTRACT

Anemia in pregnant women is defined as a hemoglobin concentration of less than 11 g/dL. The 2018 Riskesdas report showed an increase in the prevalence of anemia to 48.9%, compared to 37.1% in the 2013 Riskesdas. Anemia significantly contributes to maternal mortality in Indonesia, accounting for 50–70% of cases. In Indonesia, 48.9% of pregnant women experience anemia or a lack of hemoglobin. To prevent anemia among pregnant women, the government has implemented a ferrous sulfate tablet supplementation program, which is initiated during the first antenatal visit and administered for at least 90 days. This study aims to examine the correlation between adherence to iron supplementation and the incidence of anemia in pregnant women at Sukasari Health Center. A descriptive correlational design was used, employing purposive sampling and the MMAS-8 questionnaire with a sample of 106 respondents. The results indicated a p-value of 0.000 and a correlation coefficient of 0.544, suggesting a significant correlation between adherence to iron supplementation and the incidence of anemia among pregnant women at Sukasari Health Center in 2024.

Keywords: Adherence, Anemia, Blood addition tablet, Pregnant women

PENDAHULUAN

World Health Organization (WHO) mengemukakan bahwa anemia bisa dianggap sebagai masalah kesehatan masyarakat ketika prevalensi anemia lebih tinggi dari 5,0% di suatu daerah (*Stephen et al.*, 2018). Tahun 2018 dari laporan Riskesdas menunjukkan kejadian anemia yang mengalami kenaikan sebesar 48,9% dari pada dengan Riskesdas tahun 2013 sebesar 37,1%.

Kontribusi anemia penting terhadap angka kematian di Indonesia dengan persentase 50-70%. Di Indonesia, 48,9% ibu hamil terdampak anemia (Badan Penelitian dan Pengembangan Kesehatan, 2020). Sebanyak 62,3% kasus anemia defisiensi besi menjadi pemicu mayor anemia dalam kehamilan di Indonesia. Ini mampu mengakibatkan keguguran, partus prematur, durasi partus yang lama, inersia uteri, atonia uteri, perdarahan, dan syok (Dhilon, Sundari, & Riani, 2019). Menurut *World Health Organization* (WHO), anemia defisiensi besi di Asia lebih dari 75%, sedangkan di Indonesia sendiri, anemia defisiensi besi di angka 63,5% (*Rohmatika et al.*, 2020).

Tahun 2020, Angka Kematian Ibu (AKI) di negara dengan pendapatan kapita yang rendah sejumlah 430 dari 100.000 kelahiran hidup, berbeda dengan negara-negara berpenghasilan tinggi yang hanya 12 per 100.000 natalitas. Penyebab kematian ibu salah satunya adalah anemia kehamilan, dikenal sebagai bahaya potensial bagi ibu dan anak. Dikatakan anemia jika dalam trimester I juga trimester III, kadar hemoglobin (Hb) ibu tidak lebih dari 11 gram/dl, serta ketika trimester II tidak lebih dari 10,5 gram/dl. Pencetus debilitas kronik tersebut dapat berdampak pada kesejahteraan sosial, ekonomi, dan kesehatan fisiologis merupakan dampak yang dapat terjadi oleh anemia (Dewi, 2021).

Menurut klasifikasi WHO anemia dapat dikatakan ringan ketika kadar Hb > 10,0 – 11,9 gr/dl, anemia kategori sedang ketika kadar Hb 7,0 – 9,9 gr/dl, anemia berat ketika kadar Hb < 7,0 gr/dl, dan normal atau tidak anemia bila kadar Hb > 12 gr/dl. Gejala anemia dapat berupa pusing, jantung berdebar, dan telinga berdenging, 5L (lemah, letih, lesu, lunglai, lalai), pembesaran kelenjar limpa, jaringan epitel kuku mengalami perubahan, gangguan sistem neurumuskular, disphagia serta gangguan sistem neuromuskular. Gejala

semakin jelas jika kadar Hb < 7 gr/dl (Saidah, 2019).

Hasil penelitian yang didapatkan oleh Oktariza (2020) dari total 111 ibu hamil yang mengalami anemia, terdapat 53 (47,7%) kejadian perdarahan postpartum, sementara hanya 14 (21,5%) dari 65 ibu hamil yang tidak mengalami pendarahan postpartum. Sekitar 12% hingga 28% mortalitas pada janin, 30% mortalitas pada perinatal, dan 7% hingga 10% angka mortalitas pada neonatal merupakan dampak yang didapatkan dari anemia defisiensi besi (Puspita, 2019).

Capaian penyerahan tablet Fe kepada ibu hamil telah tercapai optimal dan telah meningkat. Tahun 2021, penyaluran tablet besi sedikitnya 90 tablet pada ibu hamil di Indonesia mencakup 84,2%, mengalami kenaikan dari 84,6% pada tahun 2020. Di Provinsi Bali mencapai 92,6%, Jambi mencapai 92,1%, dan Jawa Timur mencapai 91,3%. Provinsi Papua Barat mencapai 37,5%, Papua 56,8%, dan Sulawesi Tenggara mencapai 64,1 (Nuristigfarin & Islami, 2022).

Di Banten sendiri, kabupaten atau kota pada jumlah pemberian besi tertinggi di tahun 2018 yaitu Kabupaten Serang dengan 102,98 persen, disusul oleh Kota Tangerang dengan 99,97 persen, sementara kabupaten atau kota dengan capaian pemberian tablet

tambah besi terendah pada tahun 2018 adalah Kabupaten Banten dengan 78,77 persen. Lingkup ibu yang mengandung yang memperoleh 90 tablet zat besi di tahun 2018 adalah 93,73 persen, lebih tinggi dari cakupan tahun 2017 (Dinkes Prov. Banten, 2019). Untuk mencegah anemia, pemerintah melakukan program suplementasi tablet sulfat ferrous kepada ibu hamil selama sembilan puluh hari setelah pemeriksaan kehamilan pertama (Haikal *et al.*, 2021).

Data yang didapat bersumber dari Dinas Kesehatan Kota Tangerang, ibu hamil yang mengontrol kadar hemoglobin di wilayah kerja Puskesmas Kota Tangerang pada bulan April 2024 sebanyak 9.354 dan yang mengalami anemia sebanyak 1.154 ibu hamil atau 12,34% dari total populasi. Kehamilan tanpa anemia adalah tolak ukur kesehatan ibu hamil karena berpengaruh pada kesehatan serta keselamatan ibu dan bayi. Akibat belum tercapainya target nasional pelayanan kesehatan pada ibu mengandung dan kemungkinan anemia ibu mengandung masih tinggi, peneliti ingin mengetahui kepatuhan konsumsi tablet tambah darah dengan kejadian anemia pada ibu hamil di Puskesmas Sukasari Kota Tangerang.

METODE

Studi ini menggunakan metode *cross-sectional* ini melibatkan pengumpulan data secara bersamaan dan observasional dengan tujuan mengeksplorasi keterkaitan antara faktor risiko dan efeknya (Notoatmodjo, 2018). *Purposive sampling* digunakan peneliti dalam tulisan ini, karena peneliti memiliki kriteria khusus terhadap responden yakni hanya ibu hamil yang memeriksakan kehamilannya rutin ke puskesmas dengan atau tanpa penyakit penyerta serta mendapat tablet tambah darah dan dilaksanakan di Puskesmas Sukasari pada bulan Juni 2024 hingga Juli 2024. Sampel yang digunakan sejumlah 106 responden. Data yang telah dikumpulkan memakai kuisisioner dari *Morisky Medication Adherence Scale* (MMAS-8) tercantum 8 butir pertanyaan untuk mengetahui kepatuhan minum tablet tambah darah, kemudian dilakukan tes hemoglobin menggunakan alat tes *easy touch* dengan menggunakan *pen lancet* dan stik khusus untuk mengetes kadar hemoglobin dan menilai keadaan anemia pada ibu hamil. Kuisisioner MMAS-8 ini sudah dilakukan uji validitas oleh Indriana, Swandari, & Pertiwi (2020) dengan nilai 0,576 dan reliabilitasnya dengan nilai *alpha cronbach* 0,795 yang bernilai tinggi reliabelnya (Sugiyono, 2019).

Sudah dilakukan uji etik pada penelitian ini dan dinyatakan lulus oleh Komite Etik Universitas Yatsi Madani dengan nomor surat208/LPPM-UYM/VI/2024.

Responden juga telah mengisi *informed consent* yang menyatakan ketersediaan responden untuk membantu proses riset ini tanpa adanya paksaan dari pihak lain.

HASIL

Tabel 1. Distribusi Frekuensi Kepatuhan Konsumsi Tablet Tambah Darah

Kepatuhan Konsumsi TTD	Frekuensi (n=106)	Persentase (%)
Patuh	67	63,2
Tidak Patuh	39	36,8
Jumlah	106	100

Didapatkan hasil dari tabel 1 di atas, bahwa responden dengan mayoritas patuh sebanyak 67 responden (63,2%) dan yang tak patuh dalam meminum tablet tambah darah yaitu sejumlah 39 responden (36,8%).

Tabel 2. Distribusi Frekuensi Kejadian Anemia pada Ibu Hamil

Kejadian Anemia	Frekuensi (n=106)	Persentase (%)
Normal	66	62,3
Anemia Ringan	33	31,1
Anemia Sedang	7	6,6
Anemia Berat	0	0
Jumlah	106	100

Tabel 2 menunjukkan hasil yang mana sebagian besar responden telah melakukan

tes hemoglobin tidak dijumpai anemia sebanyak 66 orang (62,3%) dan total yang mengalami anemia ringan dan sedang sebanyak 40 orang (37,7%).

Tabel 3. Hubungan Kepatuhan Konsumsi Tablet Tambah Darah dengan Kejadian Anemia pada Ibu Hamil

Variabel	Koefisien Korelasi	Nilai P
Kepatuhan Konsumsi TTD	0,544	0.000
Kejadian Anemia	0,544	0.000

Pada tabel 3 menunjukkan bahwa kepatuhan dalam mengonsumsi tablet zat besi dan kejadian anemia pada ibu hamil memiliki nilai $p = 0.000 (< 0.05)$ yang mendefinisikan adanya keterkaitan bermakna pada variabel kepatuhan konsumsi tablet tambah darah dengan kejadian anemia pada ibu hamil, dan mempunyai keterkaitan yang positif dengan nilai koefisien hubungan sebesar 0,544 menunjukkan bahwa kepatuhan konsumsi tablet tambah darah dengan kejadian anemia pada ibu hamil memiliki tingkat korelasi yang sedang.

PEMBAHASAN

Gambaran Kepatuhan Konsumsi Tablet Tambah Darah pada Ibu Hamil di Puskesmas Sukasari Tahun 2024

Tabel 1 menunjukkan penyebaran kepatuhan konsumsi tablet tambah darah ibu hamil di Puskesmas Sukasari terhadap

106 responden, kepatuhan mayoritas responden sebanyak 67 orang (63,2%) dalam meminum tablet zat besi penambah darah selama kehamilan dan yang tidak patuh sebanyak 39 orang (36,8%). Sejalannya penelitian penulis dengan studi yang sudah dilaksanakan oleh Yunika (2021) yang menyatakan bahwa sebagian besar responden patuh untuk mengonsumsi tablet tambah darah (55,4%). Hasil ini pun relevan dengan studi oleh Bakhtiar *et al.* (2021) yang menyatakan responden lebih banyak yang patuh mengonsumsi TTD (56,25%).

Pemberian suplementasi tablet zat besi yang dilakukan oleh pemerintah adalah salah satu cara supaya mencegah ibu hamil terdampak anemia dan efek negatifnya di masa kehamilan dan masa nifas (Bakhtiar *et al.*, 2021). Anjuran pencegahan anemia gizi besi oleh WHO dimulai sedini mungkin dengan satu tablet TTD setiap hari selama kehamilan dan dilanjutkan sampai masa nifas, sehingga mampu mengurangi kemungkinan terjadinya anemia maternal hingga 70% dan defisiensi besi mencapai 57% (Kementerian Kesehatan Republik Indonesia, 2021).

Pada saat dilakukan penelitian di lapangan pada ibu hamil yang tak patuh saat meminum tablet tambah darah, mayoritas mengatakan kalau tablet tambah darah memiliki efek samping terhadap responden

seperti mual, diare, atau sembelit, dan mulut yang terasa pahit, seperti penelitian Anggraeni & Muchtar (2021) yang menulis bahwa beberapa faktor, termasuk warna, rasa, bentuk, serta dampak yang berupa mual, muntah, konstipasi, nyeri lambung, bahkan diare, berpengaruh terhadap kemampuan seseorang untuk minum tablet zat besi sesuai anjuran.

Gambaran Kejadian Anemia pada Ibu Hamil di Puskesmas Sukasari Tahun 2024

Berdasarkan tabel 2 distribusi frekuensi insiden anemia pada ibu mengandung di Puskesmas Sukasari terhadap 106 responden, total responden anemia ringan dan sedang sebanyak 40 responden (37,7%). Sesuai dengan studi riset yang dilakukan oleh Pratiwi & Safitri (2021) bahwa terdapat ibu hamil yang terkena anemia sebanyak 24 responden (43.6 %) serta penelitian yang dikemukakan oleh Hariati, Alim, & Thamrin (2019) yang mana terdapat 40 ibu hamil yang terkena anemia atau sekitar 25,3%.

Minimnya kadar zat besi dan asam folat bisa mengakibatkan anemia. Minimnya zat besi hingga anemia dapat terbentuk dalam beberapa tahap. Pertama, cadangan zat besi menurun dan lalu saat pemasukan zat besi tidak mencukupi, gejala anemia muncul bersamaan dengan penurunan kadar

hemoglobin (Kurniawati & Pasiriani, 2023).

Perubahan fisiologis yang terjadi selama kehamilan pada minggu ke-6, menyebabkan peningkatan volume plasma, dan penurunan kadar Hb, yang terjadi pada minggu ke-26, diketahui bahwa anemia dapat meningkat seiring bertambahnya usia kehamilan (Dewi & Mardiana, 2021). Selain itu, seiring naiknya usia kehamilan, ibu yang akan melahirkan cenderung memiliki fisiologis yang bisa mengalami stres, yang pada gilirannya dapat menyebabkan kurang nafsu makan, asupan gizi yang kurang, sehingga dapat berisiko menyebabkan anemia (Astuti & Kulsum, 2018). Di trimester ketiga kehamilan, ibu hamil hampir 3x cenderung mengalami anemia dibandingkan ibu hamil pada trimester kedua. Kemungkinan ini disebabkan oleh naiknya kebutuhan zat besi janin dan ibu harus membagi kadar zat besi dalam darah dengan janin, sehingga menekan cadangan zat besi ibu (Dewi & Mardiana, 2021).

Derajat keparahan anemia yang diderita ibu hamil menjadi tolak ukur kasus kematian bayi baru lahir. Risiko kematian bayi baru lahir < 28 hari meningkat dengan tingkat keparahannya. Risiko ini dapat meningkat lagi jika status gizi ibu kurang dari normal (IMT < 18 kg/m² (Farhan & Dhanny, 2021). Zat besi yang dibutuhkan meningkat sekitar

9 mg pada trimester kedua dan ketiga, tetapi tidak meningkat pada trimester pertama karena pertumbuhan janin masih lambat (Fitriah, Supriasa, Riyadi, & Bakri, 2018).

Sebagian besar ibu hamil yang memiliki riwayat kehamilan yang sering terjadi anemia; anemia pada ibu dengan jumlah persalinan yang tinggi meningkatkan risiko perdarahan pascapersalinan karena kandungan ibu dan proses persalinan menghabiskan cadangan zat besi dalam tubuh. Ibu dengan paritas rendah juga berisiko lebih rendah mengalami anemia dari pada dengan ibu dengan paritas rendah (Bakhtiar *et al.*, 2021). Mirisnya, selama kehamilan, masih di bawah 50% ibu tidak memiliki simpanan zat besi yang memadai. Akibatnya, risiko mengalami defisit zat besi atau fenomena anemia meningkat (Pratiwi & Safitri, 2021).

Pemahaman tentang anemia dapat memengaruhi kemungkinan terjadinya anemia, karena pengetahuan tersebut berperan dalam membentuk perilaku seseorang, termasuk pola hidup dan kebiasaan makannya. Jika seseorang tidak tahu tentang anemia, tanda-tanda, dampak, dan pencegahannya, mereka dapat mengonsumsi makanan yang mengandung sedikit zat besi, sehingga mereka tidak menerima asupan zat besi yang diperlukan selama kehamilan (Damayanti, Saputri, Ratnasari, & Tangerang, 2021). Peneliti

berasumsi berdasarkan penelitian di atas bahwa mayoritas responden yang menderita anemia penyebabnya tidak lain yaitu kebutuhan zat besi selama kehamilan belum atau tidak terpenuhi.

Hubungan Kepatuhan Konsumsi Tablet Tambah Darah dengan Kejadian Anemia pada Ibu Hamil di Puskesmas Sukasari Tahun 2024

Hasil analisa dengan uji korelasi *spearman rank* pada tabel 3 menunjukkan nilai $p = 0,000$ ($\alpha < 0,05$). Penelitian memperlihatkan adanya korelasi yang baik antara kepatuhan dalam mengonsumsi tablet tambah darah dengan kejadian anemia pada ibu hamil di Puskesmas Sukasari. Hasil uji statistik didapatkan hubungan kedua variabel dalam hubungan yang positif dengan nilai angka korelasi sebesar 0,544 dengan kategori angka korelasi yang cukup.

Sejalannya riset ini dengan penelitian yang dilakukan oleh (Wigati, Nisak, & Azizah, 2021) menyatakan diperoleh nilai *chi square* hitung 15,896 dengan nilai $p < 0,000$ ($\alpha < 0,05$), jadi ditemukan hubungan kepatuhan mengonsumsi tablet tambah darah dengan kejadian anemia ibu hamil. Penelitian lain yang dilakukan oleh (Kurniawati & Pasiriani, 2023) menyatakan bahwa diperoleh hasil nilai $p < 0,017 < \alpha :$

0,05, yang artinya kepatuhan dalam mengonsumsi tablet tambah darah memiliki pengaruh terhadap insiden anemia pada ibu hamil.

Kurangnya pengetahuan responden terhadap anemia dapat mengakibatkan ketidaktahuan terhadap berbagai gangguan dan penyakit yang menyertai kehamilan, terutama anemia, sehingga latar belakang pendidikan ibu hamil bisa memengaruhi kepatuhan mereka terhadap penggunaan tablet zat besi (Sudrajat, 2022). Akibatnya, terjadi minim pencegahan bahkan pengobatan anemia selama kehamilan. Responden tidak tahu tentang konsumsi makanan dan asupan nutrisi, terutama terhadap mengonsumsi tablet besi untuk ibu hamil, yang meningkatkan risiko anemia (Nuristigfarin & Islami, 2022).

Dari hasil yang diperoleh, dapat disimpulkan, jika semakin patuh konsumsi tablet zat besi penambah darah, maka semakin meningkat pula kemungkinan ibu hamil tanpa anemia. Hasil penelitian ini mengungkapkan adanya keterkaitan antara kepatuhan dalam mengonsumsi tablet tambah darah dengan kejadian anemia pada ibu hamil di Puskesmas Sukasari dengan kekuatan korelasi sedang.

KESIMPULAN

Dari 106 responden, frekuensi kepatuhan dalam mengonsumsi tablet zat besi memperlihatkan bahwa sebagian besar responden termasuk kategori patuh mengonsumsi tablet tambah darah yang diberikan oleh puskesmas yaitu sebanyak 39 responden (36,8%), kemudian distribusi frekuensi kejadian anemia didapatkan bahwa responden yang mayoritas mengalami anemia sebanyak 40 responden (37,9%), serta adanya korelasi kepatuhan konsumsi tablet tambah darah dengan kejadian anemia pada ibu hamil di Puskesmas Sukasari Tahun 2024 dengan nilai p sebesar 0,000.

Keterlibatan responden dan instansi kesehatan berperan penting dalam menaikkan tingkat patuh ibu mengandung ketika mengonsumsi tablet tambah darah, sehingga dapat dilakukan intervensi seperti menyediakan edukasi-edukasi tentang benefit dari meminum tablet tambah darah bagi ibu yang tengah mengandung oleh instansi kesehatan.

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GAMBARAN FAKTOR-FAKTOR PEMERIKSAAN PAYUDARA SENDIRI SEBAGAI DETEKSI DINI KANKER PAYUDARA

OVERVIEW OF BREAST SELF-EXAMINATION AS AN EARLY DETECTION METHOD FOR BREAST CANCER

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ABSTRAK

Kanker payudara menyumbang kematian terbanyak dikalangan wanita. Pemeriksaan payudara sendiri (SADARI) merupakan deteksi awal kanker payudara yang penting untuk dilakukan, karena dapat meningkatkan peluang sembuh jika kanker diketahui lebih dini. Berdasarkan survei awal kepada 20 mahasiswi keperawatan di satu universitas swasta Tangerang, didapatkan 18 mahasiswi tidak pernah mendapatkan informasi SADARI, 18 tidak pernah melakukan SADARI, dan 2 mahasiswi memiliki riwayat kanker payudara di keluarganya. Tujuan dari penelitian ini untuk mengetahui gambaran faktor-faktor pemeriksaan payudara sendiri sebagai deteksi dini kanker payudara. Metode penelitian menggunakan kuantitatif jenis deskriptif menggunakan analisis univariat dengan menggunakan 199 sampel mahasiswi keperawatan tingkat pertama pada satu universitas swasta di Tangerang yang ditentukan dengan teknik *purposive sampling*, penelitian ini dilakukan pada bulan Februari - April 2024. Hasil penelitian ini mendapatkan 83,9% responden memiliki pengetahuan cukup tentang pemeriksaan payudara sendiri, 54,3% responden memiliki sikap negatif, 60,3% responden berperilaku kurang, 100% responden mendapatkan dukungan baik dari tenaga kesehatan dan 54,5% responden mendapatkan informasi pemeriksaan payudara sendiri dari petugas puskesmas. Perilaku seseorang dipengaruhi banyak faktor. Penelitian selanjutnya diharapkan dapat melakukan penelitian dengan mencari hubungan antara faktor - faktor pemeriksaan payudara sebagai deteksi dini kanker payudara

Kata Kunci: Kanker Payudara, Mahasiswi, Pengetahuan, Sikap, SADARI

ABSTRACT

Breast cancer is the leading cause of death among women. Breast self-examination (BSE) is a crucial method for the early detection of breast cancer, as it increases the chances of recovery when cancer is detected early. An initial survey of 20 nursing students at a private university in Tangerang revealed that 18 had never received information about BSE, 18 had never performed BSE, and 2 students had a family history of breast cancer. This study aimed to describe the factors related to breast self-examination as a method of early detection for breast cancer. This research employed a quantitative descriptive design with univariate analysis, involving 199 first-year nursing students from a private university in Tangerang, selected through purposive sampling. The study was conducted from February to April 2024. The findings showed that 83.9% of respondents had sufficient knowledge about BSE, 54.3% demonstrated negative attitudes, 60.3% exhibited inadequate practices, 100% received good support from healthcare workers, and 54.5% obtained information about BSE from community health center staff. Many factors influence individual behavior. Future research is recommended to explore the relationships between these factors and the early detection of breast cancer.

Keywords: Breast Cancer, Student, Knowledge, attitudes, BSE

PENDAHULUAN

Kanker payudara merupakan salah satu jenis kanker yang menyerang banyak wanita di seluruh dunia, jumlah wanita penderita kanker payudara di seluruh dunia melebihi 2,26 juta. (World Cancer Research Fund International, 2020). Indonesia menduduki urutan ke-3 di wilayah Asia Pasifik, dengan kejadian kanker terbanyak setelah Cina dan Jepang dengan angka kejadian kanker payudara 12% (WHO, 2017), sedangkan di Asia Tenggara, Indonesia berada pada urutan ke-8 yang memiliki penderita kanker payudara yaitu sebesar 42,1 per 100.000 penduduk (Kemenkes RI, 2019).

Kanker payudara menempati peringkat pertama diantara seluruh penyakit kanker yang ada di Indonesia dan menjadi penyebab kematian terbanyak, hal ini terjadi karena kurangnya kesadaran masyarakat untuk melakukan deteksi dini dengan teknik pemeriksaan payudara sendiri (KemenPPPA RI, 2022). Data tahun 2020 menyatakan jumlah kasus kanker payudara di Indonesia mencapai 68.858 atau 16,6% dari total 396.914 kasus kanker baru, dengan jumlah kematian lebih dari 22 ribu jiwa kasus (Kemenkes RI, 2022). Di Indonesia, daerah istimewa Yogyakarta, Kalimantan Timur, dan Sumatera Barat merupakan

provinsi yang memiliki prevalensi kanker payudara yang tinggi (KemenPPPA RI, 2022), sedangkan untuk provinsi Banten, Kabupaten Tangerang berada di posisi kedua dengan angka kejadian kanker payudara sebanyak 4.3% setelah kota Cilegon (Dinas Kesehatan Provinsi Banten, 2021).

Teknik SADARI merupakan pemeriksaan payudara sendiri, tanpa biaya dan mudah dilakukan oleh setiap wanita untuk mendeteksi dini kanker payudara (Kurniasih, 2021)(Asmare et al., 2022). SADARI dapat mendeteksi kanker payudara dengan cepat, sehingga jika diketahui lebih awal dapat segera diobati, sehingga dapat meningkatkan 80-90% peluang untuk sembuh. (Kemenkes RI, 2023). Namun, banyak wanita yang menunda melakukan SADARI, seperti dalam penelitian Winarni didapatkan walaupun 57% responden berpengetahuan baik tetapi 52,3% responden punya motivasi yang rendah dalam melakukan SADARI (Winarni et al., 2021).

Penelitian Anggraini & Handayani (2019) mendapatkan, responden tidak melakukan SADARI karena 78% responden belum mendapatkan informasi

tentang SADARI, keterpaparan informasi berpengaruh terhadap perilaku SADARI, begitu juga dalam penelitian Fatimah (2018), didapatkan 46,3% responden kurang mendapatkan dukungan tenaga kesehatan sehingga dapat beresiko mempunyai perilaku SADARI yang kurang.

Kesadaran remaja perempuan akan SADARI sebagian besar dapat ditingkatkan oleh keluarga mereka dan juga dari puskesmas atau klinik yang bekerja sama dengan sekolah, dimana tenaga kesehatan dapat menjawab pertanyaan, memberikan informasi yang tepat, dan memberikan saran yang berguna tentang cara melakukan SADARI (Haque & Nurviani, 2023).

Berdasarkan survei awal yang telah dilakukan melalui wawancara kepada 20 mahasiswi keperawatan di satu universitas swasta Tangerang mengenai SADARI, didapati hasil bahwa 18 mahasiswi tidak pernah mendapatkan informasi tentang SADARI, 18 mahasiswi tidak pernah melakukan SADARI dan 2 mahasiswi memiliki riwayat kanker payudara di keluarganya. Berdasarkan latar belakang informasi yang diberikan diatas, maka penulis ingin

meneliti lebih lanjut tentang gambaran faktor-faktor pemeriksaan payudara sendiri sebagai deteksi dini kanker payudara.

METODE

Penelitian ini menggunakan metode kuantitatif deskriptif. Tujuan penelitian ini adalah untuk mengetahui gambaran faktor-faktor pemeriksaan payudara sendiri seperti pengetahuan, sikap, perilaku, dukungan tenaga kesehatan dan keterpaparan informasi sebagai deteksi dini kanker payudara. Penelitian ini telah memenuhi aspek etik sesuai rekomendasi nomor 022/KEPFON/1/2024 dan telah disetujui oleh Komite Etik Penelitian Fakultas Keperawatan. Seluruh responden telah menyetujui *informed consent* untuk terlibat dalam penelitian ini, dengan menekan tombol “Setuju” pada halaman *informed consent* pada kuesioner online melalui *google form*. Responden pada penelitian ini berjumlah 199 mahasiswi keperawatan tingkat pertama Universitas Pelita Harapan yang dipilih dengan memakai teknik *purposive sampling*. Kriteria inklusi pada penelitian ini merupakan mahasiswi keperawatan tahun akademik pertama yang bersedia menjadi responden dan memiliki kewarganegaraan Indonesia. Kriteria eksklusi pada penelitian ini adalah

mahasiswi yang tidak lengkap dalam mengisi kuesioner.

Penelitian ini dilakukan di Fakultas Keperawatan di salah satu universitas swasta di Tangerang. Pengumpulan data dilakukan menggunakan instrumen kuesioner Fatimah, (2018) yang telah diuji validitas dan reliabilitasnya. Untuk variabel pengetahuan nilai $r \geq 0,361$, variabel sikap dengan nilai $r \geq 0,361$, variabel dukungan tenaga kesehatan dengan nilai $r \geq 0,361$, dan semua variabel dinyatakan reliabel dengan memiliki skor *Alpha Cronbach* $> 0,7$.

Pengumpulan data dilakukan pada bulan Februari hingga bulan Maret 2024 secara *online* dengan menggunakan *google form*. Penelitian ini menggunakan analisis data univariat, yang digunakan untuk mengetahui karakteristik tunggal atau gambaran faktor-faktor pengetahuan, sikap, perilaku, dukungan tenaga kesehatan dan keterpaparan informasi sebagai deteksi dini kanker payudara dari suatu kelompok atau populasi yang digambarkan dalam statistik.

HASIL

Tabel 1. Karakteristik Responden (n=199)

Kategori	Frekuensi (n)	Presentase (%)
Usia		
18	120	60.3
19	61	30.7
20	13	6.5
21	4	2.0
22	1	0.5
Pendidikan terakhir		
SMA non kesehatan	185	93.0
SMA kesehatan	14	7.0
Pendidikan ayah		
Perguruan Tinggi Tamatan	68	34.2
SMA/SMK Tamatan SMP	99	49.7
Tamatan SD	20	10.1
Tidak Tamat SD	8	4.0
Pendidikan ibu		
Perguruan Tinggi Tamatan	65	32.7
SMA/SMK Tamatan SMP	96	48.2
Tamatan SD	17	8.5
Tidak Tamat SD	19	9.5
Riwayat kanker payudara di keluarga		
Ada	0	0
Tidak ada	199	100

Tabel 1 menunjukkan bahwa 120 (60,3%) mahasiswi berada pada usia 18 tahun. Responden terbanyak merupakan mahasiswi dengan pendidikan terakhir SMA non kesehatan sebanyak 185 (93%), dengan pendidikan terakhir ayah responden merupakan tamatan SMA sebanyak 99 (49,7%) dan pendidikan terakhir ibu responden merupakan tamatan SMA sebanyak 96 (48,2%), 100% responden tidak mempunyai riwayat penyakit kanker payudara di

dalam keluarga.

Tabel 2. Gambaran Pengetahuan tentang Pemeriksaan Payudara Sendiri (n=199)

Kategori	Frekuensi(n)	Presentase (%)
Baik	21	10.6
Cukup	167	83.9
Kurang	11	5.5
Jumlah	199	100

Tabel 2 menunjukkan hasil mayoritas 167 (83,9%) responden memiliki tingkat pengetahuan dalam kategori cukup.

Tabel 3. Gambaran Sikap tentang Pemeriksaan Payudara Sendiri (n=199)

Kategori	Frekuensi (n)	Presentase (%)
Positif	91	45.7
Negatif	108	54.3
Jumlah	199	100

Tabel 3 menunjukkan 108 (54,3%) responden memiliki sikap dalam kategori negatif.

Tabel 4. Gambaran Perilaku tentang Pemeriksaan Payudara Sendiri (n=199)

Kategori	Frekuensi (n)	Presentase (%)
Baik	79	39.7
Kurang	120	60.3
Jumlah	199	100

Tabel 4 menunjukkan 120 (60,3%) responden memiliki perilaku dalam kategori kurang.

Tabel 5. Gambaran Dukungan Tenaga Kesehatan tentang Pemeriksaan Payudara Sendiri (n=199)

Kategori	Frekuensi (n)	Presentase (%)
Baik	199	100
Buruk	0	0

Tabel 5 menunjukkan keseluruhan 199 (100%) responden mendapatkan dukungan tenaga kesehatan dengan kategori baik.

Tabel 6. Gambaran Keterpaparan Informasi tentang Pemeriksaan Payudara Sendiri (n=199)

Kategori	Frekuensi (n)	Presentase (%)
Koran/Majalah	40	32.5
Seminar/Diskusi ilmiah	50	40.7
Petugas Puskesmas	67	54.5
Kader Kesehatan	61	49.6
Televisi/Radio	60	48.8
Pengajian	7	5.7
Media Sosial	11	8.8
Saat Pembelajaran	2	1.6
Internet	2	1.6
Keluarga yang bekerja di bidang kesehatan	1	0.8
Pamflet di rumah sakit	1	0.8
Dosen	4	3.2
Buku	1	0.8
Keluarga	2	1.6

Tabel 6 menunjukkan sebesar 54,5% responden mendapatkan informasi dari petugas kesehatan dan 49,6% mendapatkan informasi dari kader kesehatan, dan 60% responden dari televisi atau radio.

PEMBAHASAN

Responden dalam penelitian ini 60,3% berusia 18 tahun. Usia 18 tahun merupakan usia remaja akhir yang sedang berproses menuju kedewasaan (Hanifah & Suparti, 2017). Murfat (2021) dalam penelitiannya menyatakan pada usia remaja, rasa keingintahuan sesuatu semakin besar, sehingga akan mendorong

remaja untuk melakukan tindakan pembuktian dari rasa ingin tahu tersebut. Penelitian Adimuntja et al. (2022) mendapatkan 56,3% respondennya berusia 21-23 tahun memiliki sikap positif terhadap SADARI, pada usia ini wanita akan lebih memungkinkan untuk melakukan skrining kanker payudara dikarenakan pengetahuan dan kesadaran yang lebih meningkat seiring bertambahnya usia yang mempengaruhi daya tangkap dan pola pikir seseorang, semakin tua usia seseorang, semakin besar pengetahuan yang dapat mereka peroleh (Siregar & Marpaung, 2021).

Mayoritas 93% responden berpendidikan terakhir SMA/SMK non kesehatan. Hal ini sejalan dengan penelitian (Sella et al., 2019), yaitu 50,9% responden dengan pendidikan terakhir SMA non kesehatan. Tuelah et al. (2020) mengatakan bahwa jenjang SMA non kesehatan belum mendapatkan pembelajaran terkait SADARI.

Pada penelitian ini sebanyak 49,7% ayah responden dan 48,2% ibu responden mempunyai latar belakang SMA/SMK. Penelitian ini sejalan dengan penelitian Biswas et al. (2020), yaitu sebanyak 59,7% ayah responden dan 68,9% ibu responden dengan pendidikan terakhir SMA/SMK. Tetapi penelitian ini tidak

sejalan dengan penelitian Sulistiyowati (2017), yaitu sebanyak 61,2% ibu responden dengan pendidikan terakhir SD, dimana tamatan SD mempunyai pengetahuan dan pengalaman belum cukup sehingga akan membuat responden akan lebih sulit dalam menerima informasi dan belum mendapatkan informasi yang jelas tentang SADARI. Semakin tinggi tingkat pendidikan formal akan memudahkan seseorang untuk menerima informasi, termasuk informasi kesehatan dan gaya hidup sehat. Tingkat pendidikan yang lebih tinggi dapat memiliki pengetahuan yang lebih luas daripada seseorang dengan tingkat pendidikan yang lebih rendah (Noviani et al., 2022).

Penelitian ini mendapatkan 100% responden tidak memiliki riwayat kanker payudara dalam keluarga. Surury et al. (2020) dalam penelitiannya menyatakan bahwa mahasiswa yang tidak memiliki riwayat kanker payudara dalam keluarga tidak akan mencari tahu informasi tentang SADARI, karena mereka merasa tidak memiliki risiko terkena kanker payudara. Berbeda dengan penelitian Azmi et al. (2020), didapati 60% respondennya mempunyai riwayat kanker payudara di dalam keluarga. Responden dengan riwayat kanker payudara dalam keluarga akan meningkatkan resiko kanker

payudara sepuluh kali lebih besar dibandingkan dengan responden yang tidak memiliki riwayat kanker payudara di dalam keluarga.

Pada tabel 2 berdasarkan variabel pengetahuan didapatkan hasil 83,9% responden dengan pengetahuan kategori cukup. Hal ini sejalan dengan penelitian Alviariza et al. (2020), yaitu sebanyak 66% responden dengan pengetahuan cukup dikarenakan responden merupakan mahasiswa kedokteran yang seharusnya sudah mengetahui terkait SADARI. Pengetahuan terkait SADARI yang cukup akan berdampak dengan perilaku SADARI yang cukup (Femilia et al., 2023). Hasil penelitian ini tidak sejalan dengan penelitian Anugerah et al. (2021), dimana sebanyak 68,8% responden mempunyai pengetahuan baik dikarenakan telah menerima penyuluhan tentang SADARI.

Pada tabel 3 berdasarkan variabel sikap didapatkan 54,3% responden memiliki sikap kategori negatif. Hal ini sejalan dengan penelitian Jadhav et al. (2024), dimana sebanyak 73,8% responden mempunyai sikap negatif dikarenakan kurangnya kesadaran dalam melakukan perawatan diri, kurang mendapatkan edukasi dari keluarga terkait kelainan payudara yang dipengaruhi oleh faktor

budaya, dimana membuat seseorang menjadi malu ketika membahas bagian yaitu payudara. Namun pada penelitian yang dilakukan oleh Khairunnissa & Wahyuningsih (2018), didapatkan hasil berbeda yaitu sebanyak 83,3% responden dengan sikap positif, sehingga responden dapat mengetahui secara awal apabila terdapat kelainan pada payudara. Menurut Patui et al. (2023) seseorang dengan sikap yang baik maka akan dapat melakukan pemeriksaan payudara sendiri agar dapat mendeteksi kelainan dini pada payudara.

Pada tabel 4 berdasarkan variabel perilaku didapatkan hasil 60,3% perilaku dengan kategori kurang. Hal ini sejalan dengan penelitian Sarina et al. (2020), dimana 58,7% responden mempunyai perilaku kurang dikarenakan kurangnya pengetahuan, kurangnya keterpaparan informasi, dan kurangnya dukungan keluarga. Namun pada penelitian Triana et al. (2023) didapatkan hasil berbeda yaitu sebanyak 86,1% responden mempunyai perilaku baik dikarenakan adanya persepsi akan manfaat SADARI, ketika seseorang mempunyai persepsi maka akan mendorong empat kali lebih besar dalam melakukan SADARI.

Pada tabel 5 berdasarkan variabel dukungan tenaga kesehatan didapatkan

hasil 100% responden mendapatkan dukungan tenaga kesehatan. Hal ini sejalan dengan penelitian Nining Anggraini (2017), yaitu sebanyak 65,4%, responden telah mendapatkan dukungan tenaga kesehatan dan mempunyai perilaku SADARI yang baik sebanyak 57,4%, dukungan tenaga kesehatan sangat membantu dikarenakan dengan adanya dukungan dan motivasi dari tenaga kesehatan akan mendorong ketaatan untuk melakukan SADARI secara rutin. Namun pada penelitian Rozkiah et al. (2021), didapatkan hasil berbeda dimana sebanyak 62,3% tenaga kesehatan masih kurang dalam memberikan dukungan.

Pada tabel 6 berdasarkan variabel keterpaparan informasi didapatkan hasil 54,5% responden mendapatkan informasi dari petugas puskesmas. Hal ini sejalan dengan penelitian Prasetyaningtyas et al. (2023), yaitu sebanyak 52,8% responden mendapatkan informasi dari tenaga kesehatan. Ketersediaan data mengenai SADARI dan kanker payudara dapat menjadi pendorong untuk memperluas pengetahuan tentang area payudara (Ajeng, 2017). Namun pada penelitian yang dilakukan oleh Herdiani & Rosiana (2020), didapatkan hasil berbeda yaitu sebanyak 54% responden tidak terpapar informasi dikarenakan terbatasnya

sumber informasi yang ada di media dan masih ada responden yang masih tidak memiliki alat elektronik yang terhubung ke internet. Paparan informasi bisa didapatkan dari teman, keluarga, tenaga kesehatan dan media massa dan dapat dijadikan sebagai sumber informasi terkait kanker payudara dan SADARI (Adimuntja et al., 2022).

KESIMPULAN

Berdasarkan penelitian yang melibatkan 199 responden, dapat disimpulkan 60,3% responden mempunyai perilaku pemeriksaan payudara sendiri yang kurang, meskipun telah mendapatkan dukungan yang baik dari petugas kesehatan, para mahasiswi masih perlu mendapatkan informasi atau wawasan mengenai SADARI untuk meningkatkan pengetahuan dan sikap responden melalui pembelajaran dan seminar yang dapat diberikan oleh pihak institusi. Harapannya dengan pengetahuan dan sikap yang baik dapat meningkatkan perilaku responden dalam melakukan SADARI sebagai deteksi dini penyakit kanker payudara. Diharapkan instansi dapat menggunakan temuan penelitian ini untuk mengedukasi masyarakat mengenai kanker payudara dan meningkatkan pemahaman mengenai kondisi tersebut. Penelitian ini juga dapat

menjadi referensi untuk penelitian selanjutnya mengenai hubungan faktor-faktor yang mempengaruhi SADARI.

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BRIDGING THE NURSING CARE GAP: BUILDING QUALITY NURSING SERVICES FOR GAY INDIVIDUALS WITH HIV/AIDS THROUGH STANDARDIZATION, ENHANCEMENT OF NURSES' COMPETENCE, AND PATIENT PARTICIPATION

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ABSTRACT

Nursing care plays a critical role in addressing health issues such as Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS), particularly within the gay population. Limited knowledge and understanding of nursing care tailored to this population can impede efforts to reduce HIV/AIDS cases. There is an urgent need for nursing care standards that are not only comprehensive but also culturally sensitive and responsive to the unique needs of gay individuals living with HIV/AIDS. Negative perceptions of nursing care can affect the quality of care and patient involvement in managing their health. This study aims to explore the perceptions of gay individuals with HIV/AIDS toward nursing care. A qualitative descriptive design was employed to gain an in-depth understanding of their views. The data were collected through in-depth interviews with 14 purposively selected participants. The interviews focused on participants' perspectives, experiences, and expectations regarding the nursing services they received. The data were analyzed using thematic analysis, enabling the identification and categorization of key themes. Two main themes emerged from the analysis: (1) the need for professional nursing services tailored to gay individuals with HIV/AIDS, and (2) the limitations faced by nurses in involving gay clients in the nursing care planning process. Consistent and standardized nursing care services, as well as enhancing nurses' skills and abilities through mentoring and training, are the expectations of gay individuals with HIV/AIDS towards professional nursing care. A heavy workload is a limitation faced by nurses in providing optimal nursing care to gay individuals with HIV/AIDS.

Keywords: Nursing Care, Gay, HIV/AIDS

INTRODUCTION

HIV/AIDS remains a persistent epidemic in Indonesia, continuing for over three decades, with the gay community being one of the most disproportionately affected groups. The increasing visibility and growth of the gay population could potentially intensify both global and domestic HIV/AIDS epidemics. Several factors contribute to the heightened risk of HIV/AIDS among gay men, including having multiple sexual partners and engaging

in unprotected anal intercourse (Silalahi et al., 2019).

Despite increased access to healthcare services, many gay individuals living with HIV/AIDS remain hesitant or avoid seeking medical care due to various factors. In 2021, 13,512 new HIV cases were reported among gay individuals, accounting for 37% of the total new cases (Kementerian Kesehatan RI, 2022). According to the 2020 AEM modeling results, while the number of people living with HIV has decreased, AIDS-related deaths have risen, posing significant challenges that need

urgent attention. Effective programs to address these issues include early case detection, prompt initiation of antiretroviral therapy (ART), adherence to treatment, and improved availability and equitable distribution of ARVs. Enhancing the motivation of gay individuals with HIV to undergo and adhere to treatment is a critical step in tackling the HIV/AIDS epidemic and reducing AIDS-related mortality. Research indicates that stigma, discrimination, and privacy concerns are among the primary barriers preventing individuals from accessing and maintaining care (Darmawan & Permatasari, 2022; Salsabila & Fitriyani, 2020).

Healthcare services offer a potential solution for gay individuals living with HIV/AIDS. However, many still avoid or refuse these services due to various factors. Key reasons include feelings of intimidation, differential treatment from healthcare providers due to their sexual orientation, and the stigma they face (Zeeman et al., 2017). Studies indicate that gay individuals with HIV/AIDS endure dual stigma associated with both their disease and sexual orientation (Chen et al., 2019; Connolly & Lynch, 2016). This stigma significantly impacts their health, not only by exacerbating physical health issues but also by negatively affecting emotional well-being and

quality of life (Slater et al., 2015). Furthermore, stigma and discrimination can adversely influence self-care behaviors, thereby increasing the risk of disease transmission (Handayani et al., 2019). To address these challenges, building trust and eliminating discrimination within healthcare settings is essential. Such efforts are critical for fostering awareness and encouraging gay individuals to utilize health services, including those aligned with their human rights (Parameshwaran et al., 2017).

Gay individuals in need of healthcare services often conceal their sexual orientation due to fear of stigma from healthcare providers. Beyond stigma, they frequently face psychological challenges, including feelings of helplessness in coping with an HIV/AIDS diagnosis and interpersonal conflicts (Silalahi & Fitriani, 2024). Additional barriers to accessing healthcare include difficulty disclosing their sexual orientation, discrimination from healthcare providers, increased vulnerability as members of the LGBT community, and the ongoing struggle to secure their right to health services (Smith & Turell, 2017). Nurses play a critical role in the prevention and treatment of HIV/AIDS. Research findings highlight that an open and accepting attitude among nurses is key to fostering trust and comfort during health

consultations for gay individuals with HIV/AIDS (Silalahi et al., 2019). However, Indonesia currently lacks specific nursing care standards tailored to the needs of this population. Developing nursing care standards based on their unique needs and perspectives is essential for improving the quality of care they receive.

Understanding the experiences of gay individuals with HIV/AIDS in nursing services in Indonesia is crucial for improving the healthcare system. Gaining insights into their lived experiences allows for the identification of specific barriers and challenges they face in accessing quality care. This understanding can inform the development of more effective strategies and policies aimed at enhancing the quality of nursing services provided to this population. To achieve this, the study will employ a qualitative descriptive approach, which offers an in-depth exploration of individual perceptions and experiences. This method is particularly valuable for capturing the nuances and complexities of patient experiences that quantitative methods may overlook. Data collection will involve in-depth interviews with gay individuals who have utilized HIV/AIDS-related healthcare services, providing first-hand accounts of their experiences. These interviews will explore

various aspects of their healthcare journey, including their satisfaction with the services, the challenges they encountered, and their aspirations for improved care.

The objective of this study is to explore the experiences of gay individuals with HIV/AIDS in nursing services in Indonesia. The findings will provide valuable insights into the current quality of nursing care while identifying deficiencies and areas for improvement. This research aims to inform the development of specialized training for healthcare professionals, create more inclusive and sensitive healthcare programs, and propose policy recommendations to enhance access to and the quality of health services for gay individuals with HIV/AIDS in Indonesia.

MATERIALS AND METHOD

This study employs a qualitative descriptive approach to explore individuals' feelings, reasons for utilizing services, and the factors that facilitate or hinder their use (Colorafi & Evans, 2016). The data were collected through in-depth semi-structured interviews and complemented by field notes. The research involved 14 participants selected using purposive sampling. The sample size was determined by data saturation, which was reached with the 13th participant. To validate

the findings further and ensure data diversity, an additional participant was included, resulting in a final sample of 14. The inclusion criteria for the study included gay individuals diagnosed as HIV/AIDS-positive, as confirmed by a medical statement, currently undergoing medical treatment (both inpatient and outpatient), and having experience interacting with nurses during their treatment. Thematic analysis, as outlined by Braun dan Clark (2012), was used to identify themes that emerge from interviews, including introducing data, coding, looking for themes, reviewing potential themes, and writing.

The recruitment of participants for this study was conducted in collaboration with the NGO Yayasan Kasih Suwitno Jakarta, where the research took place. The NGO assisted in identifying four key informants who helped the researchers locate potential participants meeting the inclusion criteria. Once potential participants were identified, the researchers contacted them by telephone to arrange an initial meeting. During this meeting, the researchers explained the purpose and benefits of the study, outlined the participants' rights, and assured them of confidentiality. Participants' willingness to participate was reconfirmed, and they were given 24 hours to decide. Interviews were conducted at mutually agreed locations, with durations ranging from 26 to 75 minutes. This study was

approved by the Research Ethics Committee under protocol No. 95/UN2.F12.D/HKP.02.04/2018.

RESULTS

This study involved 14 gay male participants with HIV/AIDS, aged between 22 and 53 years. Their educational backgrounds were diverse, including three high school graduates, one D3 diploma holder, eight bachelor's degree holders, and one master's degree holder. The duration since participants were diagnosed with HIV/AIDS varied: five participants had been diagnosed for 6–8 months, two for 1–2 years, four for 5–7 years, one for 8 years, and one for 24 years. Similarly, the duration of participants' contact with nurses ranged from six months to 17 years, with five participants receiving care for 6 months to 1 year, three for 1.5 to 2 years, and six for 5 to 17 years. Analysis of the interview data identified two main themes: the professional nursing services expected by gay men with HIV/AIDS and the limitations faced by nurses in involving gay clients with HIV/AIDS in nursing care planning.

The first theme found in this research was the professional nursing services expected by gay people with HIV/AIDS. The theme raised by this researcher is the hope that gay people with

HIV/AIDS have regarding professional nursing services from nurses. Some of the hopes of gays with HIV/AIDS for professional nursing services are the existence of equal and consistent nursing care services and the implementation of efforts to increase the abilities and skills of nurses.

Nursing services refer to the care provided by nurses during the treatment process and play a significant role in how patients assess the overall quality of nursing care. Interviews with participants revealed notable differences in the nursing care received by gay men with HIV/AIDS. These differences were observed based on the gender of the nurse (female versus male), the level of experience (senior versus junior nurses), and the type of healthcare facility (government versus private hospitals). Participants shared their experiences of these disparities during the interviews, as illustrated in the following excerpts:

...If the nurses are old, they are kind and like to joke around, unlike the new nurses who can be rude. When they are old, they are nice ... (P10,33).

...But sometimes, the difference between female and male nurses is noticeable. Sometimes, male nurses are friendlier. They are more welcoming. "You haven't been here for a long time." "I don't want to be sick all

the time," I replied while laughing ... (P10,77).

... so for me, it's very different between what I have experienced in government hospitals and private hospitals. Private hospitals' staffs are friendlier, they are more professional, and they really care... (P11,21).

...Nurses from the past and nurses nowadays are different... (P11,74).

The disparities in nursing care experienced by gay men with HIV/AIDS have led to a desire among some participants for the establishment of standardized nursing care guidelines. These standards would ensure consistency in the quality of care provided to all gay patients with HIV/AIDS. People with HIV/AIDS can get the same nursing care wherever they are. This was expressed by 3 of the 14 participants as follows:

...there should be the same standard of services... (P3,85)

the biggest hope is that they can provide quality of services remains consistently good (P7,72).

hoping that nurses remain consistent with the good services they already provide (P7,73).

...If they can, be consistent ... so it's not just being friendly and caring when we are being treated by them ... but during our monthly check-ups, they should consistently continue to also support and encourage us... (P8,91).

To enhance nursing services, various approaches are necessary to ensure better care. According to several participants, nurses can improve nursing care for gay men with HIV/AIDS by participating in sharing sessions with senior staff and colleagues and attending training programs designed to enhance their skills and competence in delivering effective care. This was expressed by participants P1, P3, P9, and P10 through the following interview results:

...each nurse's ability is different, so maybe having sharing sessions in the morning or in the evening, after their activities, to discuss everything, that can be shared from each nurse. It could be beneficial for other nurses as well...(P1,55).

...doing training on how the nurses' mental in handling really dirty or challenging situations, because I don't really understand...(P3,84).

...attending training and following the procedures issued by the Ministry of Health...(P9,88).

...Learn more from the seniors where there are juniors, there are always seniors; thus, they need to learn. How to handle patients since everyone has a different personality...(P10,98).

The second theme found in this research was the limitations of nurses in involving gay patients with HIV/AIDS in nursing planning. The theme raised by this researcher is that nurses' role in involving patients in making a nursing plan has not been maximized. This was expressed by 2 of the 14 participants as follows:

...there isn't any yet plan from the nurses...(P13,39).

...There isn't any yet, mostly I also asked about it, I asked a lot...(P14,48).

Nurses' less-than-optimal role in involving patients in nursing planning has been influenced by several limitations related to too many tasks. This was expressed by several participants in interviews as follows:

...I feel bad for them because they work more than doctors do...(P10,114).

...sometimes, the nurses are going back and forth, from one room to another, they have to move around a lot...(P12,59).

...because here, the nurses are also busy with their own tasks. When I come, we will chat for a bit, like earlier, when one of them greeted me, "Are you okay with the medication?" They laughed and joked around for a while, then again, they got busy with their work again. I waited... and then I said goodbye...(P13,59).

Table 1. Conclusion of the Theme

No	Theme	Category	Keywords	Participant Statement	
1	Professional nursing services expected by gay people with HIV/AIDS	Differences in nursing services	Differences between senior and junior nursing services	...nurses in the past and nurses nowadays are different... (P11,74) ...If the nurses are old, they are kind and like to joke around, unlike the new nurses who can be rude. When they are old, they are nice... (P10,33)	
			Differences in nursing services for women and men	...But sometimes, the difference between female and male nurses is noticeable. Sometimes, male nurses are friendlier. They are more welcoming. "You haven't been here for a long time." "I don't want to be sick all the time," I replied while laughing... (P10,77)	
			Differences in nursing services in private hospitals and government hospitals	... so for me, it's very different between what I have experienced in government hospitals and private hospitals. Private hospitals' staffs are friendlier, they are more professional, and they really care... (P11,21).	
		Nursing services must be standardized	Same standards	...there should be the same standard of services... (P3,85) the biggest hope is that they can provide quality of services remains consistently good (P7,72)	
			Consistent	Hope that the nurses who are already good, be consistent with the remain services (P7,73) ...If they can, be consistent ... so it's not just being friendly and caring when we are being treated by them ... but during our monthly check-ups, they should consistently continue to also support and encourage us... (P8,91)	
			Increasing the ability and skills of nurses	Sharing session	...each nurse's ability is different, so maybe having sharing sessions in the morning or in the evening, after their activities, to discuss everything, that can be shared from each nurse. It could be beneficial for other nurses as well... (P1,55)
				Training	...attending training and following the procedures issued by the Ministry of Health... (P9,88) ...doing mental training for nurses to handle patient conditions... (P3,84)
2	Limitations for nurses to involve gay clients with HIV/AIDS in nursing planning	There has yet to be any planning	Learn from seniors	...learn more from the seniors (P10,98)	
			Mostly I ask	...there isn't any yet, mostly I also asked about it, I asked a lot... (P14,48). ...there isn't any yet plan from the nurses... (P13,39).	
			There isn't any yet	...there isn't any yet plan from the nurses... (P13,39).	
Nursing limitations	Lots of work	...I feel bad for them because they work more than doctors do... (P10,114).			

...nurses do more work than doctors, right? Doctors only check, but nurses write... (P10,66).

Busy

...because here, the nurses are also busy with their own tasks. When I come, we will chat for a bit, then again, they got busy with their work again. ... (P13, 59).

DISCUSSION

Professional nursing services are the type of care that gay individuals with HIV/AIDS expect from nurses. Nurses are required to possess the skills and personal attributes necessary to adapt to various situations and apply their knowledge and expertise appropriately in diverse contexts (Fukada, 2018). This study found that the professional nursing services expected by gay individuals with HIV/AIDS include the need for standardized nursing care, ensuring no disparities in the services provided, and enhancing nurses' skills and competencies.

The quality of a good nurse is an essential expectation for all patients, especially for gay individuals with HIV/AIDS, and is reflected in their ability to deliver consistent and effective nursing care. This study revealed that several participants observed differences in the nursing services they received or experienced. These differences included variations in care provided by senior versus junior nurses, female versus male nurses, and nurses in private versus government hospitals. Such disparities highlight the absence of a unified

standard for nursing care tailored to gay patients with HIV/AIDS. Consequently, patients continue to experience inconsistencies in the nursing care they receive.

The differences in services received by gay people with HIV/AIDS can have an impact on their reluctance to use health services to treat their illness. This was also conveyed by one of the participants that the difference in service received from nurses made him sometimes think about looking for alternative hospitals to continue the treatment he was undergoing and consider that coming to the hospital was not a good solution for improving his health. Differences in services received from health workers result in the reluctance of HIV/AIDS patients to seek and use health services to treat their disease (Zeeman et al., 2017). Getting poor-quality services is the cause of increasing HIV rates (Demeke et al., 2024).

The professional attitude of nurses greatly influences the quality of health services provided to gay people with HIV/AIDS (Silalahi et al., 2019). Research has shown that

providing high-quality health services is a critical step in strengthening the health resilience of gay patients with HIV/AIDS (Ranuschio et al., 2023). To address disparities in nursing care, developing a standardized framework for nursing care that can be adopted universally by nurses in Indonesia and globally is among the most effective solutions. Implementing evidence-based nursing interventions also offers a practical approach to bridging the service gaps experienced by gay patients with HIV/AIDS (Demeke et al., 2024).

Apart from creating standards of nursing care for gays with HIV/AIDS, participants in this research also said that sharing sessions with seniors and attending training related to HIV/AIDS could be a solution to equalize the services provided by nurses and improve the abilities and skills of nurses who Of course, this can have an impact on increasing the professionalism of nursing services. The sharing session delivered by participants in this research was mentoring. Mentoring is an activity where experienced people share experiences with people with less experience for a mutually determined goal (Dirks, 2021). Sharing information between nurses in one organization is necessary to increase knowledge and competence, considering that nursing is vulnerable and at high risk of errors

(Pratiwi Yuliansari, 2020). The results of a study reveal that mentoring is a model that is considered quite effective in helping nurses who are less experienced in caring for patients with HIV/AIDS. Mentoring can reduce the stigma that may unknowingly come from nurses because, through this method, the knowledge, attitudes, and practices of nursing care will be changed so that the resulting nursing care services will be more comprehensive and holistic (Worthington et al., 2016). The stigma given by nurses is thought to be related to a lack of knowledge and education regarding the management of patients with HIV/AIDS, counseling, perceptions, and religious and cultural backgrounds. Through mentoring, nurses will gain a lot of experience caring for HIV/AIDS patients and help nurses practice self-reflection to maintain awareness of changes in perceptions, attitudes, values and beliefs when working as nurses for patients with HIV/AIDS (Puplampu et al., 2014). Mentoring in nursing is a way to increase the role of nurses in improving the health system because it can produce good quality nursing care services (Hoover et al., 2020).

Nursing planning, often referred to as nursing intervention, plays a crucial role in delivering effective nursing care. A key competency of nurses is their ability to provide individualized

care through well-structured nursing plans (Fukada, 2018). However, attitudes, knowledge, and communication have been identified as significant challenges affecting the quality of nursing care for gay individuals with HIV/AIDS (Silalahi et al., 2019). In this study, it was found that the role of nurses was not optimal in involving patients in making a nursing plan for the patient's health. The involvement of PLWHA patients in care can help nurses provide the most effective care and can increase knowledge and change perceptions about the importance of health services for patients with HIV (Worthington et al., 2016).

Several limitations hinder nurses from fully optimizing their role in involving patients in nursing planning. This study identified excessive workloads as a significant barrier, with nurses often feeling overwhelmed by their responsibilities and constrained by limited time to complete all tasks. This phenomenon of excessive workload remains unresolved and is widely recognized as a factor that negatively impacts the quality of nursing care provided to patients. Research supports this observation, indicating a clear relationship between workload and nurse performance in delivering nursing care (Manuho et al., 2015). Furthermore, an excessive workload increases the risk of

frustration and burnout, ultimately affecting the quality of work delivered (Jones et al., 2022).

Nursing interventions are all forms of therapy carried out by nurses based on clinical knowledge and judgment to achieve improvement, prevention, and restoration of the health of individual clients, families, and communities (Persatuan Perawat Nasional Indonesia (PPNI), 2018). Nursing interventions include physiological and psychological aspects and usually include treatment of disease conditions, prevention of disease conditions, and health promotion. Most interventions are used on individuals but also on families and communities (Maier et al., 2014). The nursing interventions found in this research that nurses have implemented are counseling activities, providing ARV drug therapy, and providing health education.

Counseling activities are typically provided by nurses during the initial stages of an HIV/AIDS examination, often while participants await their test results. Counseling serves as a means to facilitate behavioral change. In this study, nurses engaged in counseling by offering motivation, helping participants regain their footing, and encouraging them to focus on building a meaningful future. These counseling efforts

had a profound impact on participants, as several expressed experiencing a renewed sense of purpose and enthusiasm to move forward with their lives. The presence of counselors plays a vital role in alleviating the psychological burden of HIV/AIDS patients (Priharwanti & Raharjo, 2017). The same thing was also expressed by Gupta (2010) that counseling has proven to be very effective in reducing feelings of anxiety and depression experienced by HIV patients.

Providing drug therapy is one of the nursing interventions received by all participants in this study. Asking about medication adherence is a routine action performed by nurses when administering medication to participants during their hospital check-in, allowing the nurse to monitor the patient's medication regimen. The nurse's role in controlling and educating patients about ARV drugs is linked to increased patient compliance with medication (Astuti & Mulyaningsih, 2017). Providing health education was also one of the interventions provided by nurses for several participants in this study. Health education provided by nurses usually focuses on HIV disease, how it is transmitted, and how to prevent transmission. In addition to health education, nurses also provide opportunities for patients to gain knowledge related to the disease they are experiencing by providing

information and inviting participants to attend seminars that are often held regarding HIV/AIDS and how to treat it through these seminars, all patients can meet other patients who have the same problems which can help them motivate each other to remain enthusiastic about undergoing treatment and living a better and healthier life.

CONCLUSION

The hope of gay people with HIV/AIDS for professional nursing services includes receiving standardized and consistent care, as well as improvements in the abilities and skills of nurses through mentoring and training. An enormous workload is a limitation faced by nurses in providing optimal nursing care for gay people with HIV/AIDS. Health education provided by nurses must focus on the disease itself, how it is transmitted, and how to prevent its transmission. Health education programs offer patients the opportunity to gain knowledge about their condition, particularly HIV/AIDS, and its treatment. These programs help motivate patients to stay committed to their treatment and lead healthier, more fulfilling lives.

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NURSES' AWARENESS, CONCERN, MOTIVATION, AND BEHAVIOR TOWARD HEALTH AND CLIMATE CHANGE

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ABSTRACT

Climate change significantly impacts health, food security, housing, safety, and work through long-term shifts in temperature and weather patterns. In Jakarta, these changes have led to the city experiencing the worst air pollution in Indonesia, with an Air Quality Index (AQI) score of 161. Nurses play a vital role in educating the public about behavioral changes to mitigate the effects of climate change. This study aimed to assess nurses' awareness, concerns, motivation, and behaviors related to health and climate change in a private hospital in Jakarta. This quantitative descriptive study involved 92 respondents selected through purposive sampling. The data were collected using the Climate, Health, and Nursing Tool (CHANT) questionnaire. The analysis revealed that nurses' awareness of evidence-based information on climate change ranged from "somewhat familiar" to "moderately familiar." Their concerns about the impacts of climate change were rated from "somewhat concerned" to "moderately concerned." Nurses' motivation levels were reported as ranging from "somewhat motivated" to "very motivated" regarding health and climate change. Behavioral practices to mitigate climate change varied, with activities at home ranging from "rarely" to "often" and those in the hospital ranging from "sometimes" to "often." This research highlights the need to enhance nurses' knowledge and awareness of health and climate change and serves as a reference for future studies exploring the intersection of nursing, health, and climate change in Indonesia.

Keywords: Climate change, Indonesia, Motivation, Nurses, Weather

INTRODUCTION

Climate change refers to temperature and weather patterns in the long term. Over the past 2000 years, the greenhouse effect, driven largely by human activities, has been accelerating (United Nations, 2023). If this continues, they will likely lead to severe consequences, including prolonged droughts, water scarcity, wildfires, rising sea levels due to the melting of polar ice, flooding, storms, and a loss of biodiversity. Over time, these changes will significantly

impact various sectors, including health, food, housing, safety, and work (United Nations, 2023).

In 2022, the Centers for Disease Control and Prevention highlighted the health impacts of climate change, noting that air pollution contributes to an increase in asthma and heart disease, while also exacerbating allergies. Additionally, climate-related changes to food systems have been linked to the spread of diseases such as cholera,

malnutrition, and diarrhea. Environmental damage is also expected to lead to an increase in mental health issues, further compounding the health burden.

Jakarta is recognized as having the worst air pollution in Indonesia and ranks as the third most polluted city globally, with an Air Quality Index (AQI) score of 161, classified as unhealthy (Ministry of Health of the Republic of Indonesia, 2023). According to the Global Burden of Disease Study (2019), air pollution in Jakarta was responsible for an estimated 5,054 deaths (equivalent to 54 deaths per 100,000 people). These fatalities contribute to a reduction in the productive workforce, increased healthcare expenditure, and a decline in the overall quality of life. Furthermore, a study by Syuhada et al. (2023), reported that air pollution accounts for more than 5,000 hospitalizations annually in Jakarta.

According to the Alliance of Nurses for Healthy Environments (2022), nurses are uniquely positioned professionals to convey and provide information to the public about behavioral changes necessary to address climate change. However, a study by Anåker et al. (2021) identified

inconsistencies between nurses' awareness of climate and environmental issues and their daily behavioral patterns. Butterfield et al. (2021) emphasized that nurses hold significant potential as key professionals to disseminate information about climate change to the public. Nurses play a crucial role in mitigating and anticipating the impacts of climate change, particularly through health education, which serves as an important first step in addressing these challenges. To fulfill this role effectively, nurses need a strong understanding of climate change, supported by sustainable education and the integration of climate change topics into specialized nursing curricula Butterfield et al. (2021).

According to the Alliance of Nurses for Healthy Environments (2022), climate change has been recognized as a critical issue in the United States, particularly in the health sector, since 2018. In response, the United States implemented a program to educate 50,000 health workers by 2022. Similarly, Europe launched a conservation-focused initiative in 2021 to address the health impacts of climate change, resulting in the education of 6,537 nurses by 2022. In contrast, Indonesia has yet to conduct

studies on the effects of climate change on health in the nursing profession. This highlights the need to explore Indonesian nurses' awareness, concerns, motivation, and behaviors regarding health and climate change.

METHOD

This study employed a descriptive quantitative design with a sample of 92 nurses from a private hospital in Indonesia. Participants were selected using purposive sampling based on specific inclusion criteria: actively working nurses who were willing to participate in the study.

The instrument used in this research was the Climate, Health, and Nursing Tool (CHANT), which measured nurses' awareness, concern, motivation, and behavior regarding climate change (Schenk et al., 2023). To assess nurses' awareness of climate change and health, the questionnaire comprised closed-ended questions using a Likert scale. It included five questions with response options ranging from 1 ("I have never heard of this") to 5 ("I have definitely heard of this"). This section of the questionnaire demonstrated a high

reliability score with an alpha value of 0.85.

To evaluate nurses' concerns about climate change and health, the questionnaire also employed a Likert scale with response options from 1 ("Not at all") to 5 ("Extremely"). This questionnaire had been tested for reliability with an alpha value of 0.91. Similarly, nurses' motivation toward climate change and health was assessed through closed-ended questions with Likert scale responses ranging from 1 ("Never") to 5 ("Always"). This questionnaire had been tested for reliability with an alpha value of 0.91. Lastly, the questionnaire measured nurses' behaviors related to climate change and health in two settings: home and work. These behaviors were assessed with Likert scale responses ranging from 1 ("Never") to 5 ("Always"). This questionnaire had been tested for reliability with an alpha value of 0.75 and 0.67.

Data collection was conducted through an online Google Form, which was distributed with the assistance of the Director of Nursing and the Clinical Nursing Educator. They facilitated the dissemination of the questionnaire to the nurses. Data analysis was performed using univariate descriptive

statistics in SPSS, with results presented as frequency distributions, percentages, means, and standard deviations for each variable. This research was ethically reviewed and approved by the Faculty of Nursing Ethics Committee of Pelita Harapan University, under letter number 008/KEPFON/I/2024.

RESULT

The findings presented in Table 1 indicate that most respondents were aged between 26 and 35 years, accounting for 39 respondents (42.4%). The majority of respondents were female, comprising 81 individuals (88%). Regarding the length of employment, the largest proportion of respondents had worked for 1 to 5 years, with 37 respondents (40.2%) falling into this category.

Table 1. Distribution of Characteristics Respondents (n=92)

Variable	Frequency (n)	Percentage (%)
Age		
17-25 years old	29	31.5
26-35 years old	39	42.4
36-56 years old	24	26.1
Gender		
Woman	81	88
Man	11	12
Length of Work		
<1 year	8	8.7
1-5 years	37	40.2
5-10 years	17	18.5
10-20 years	22	23.9
20-30 years	4	4.3
30-40 years	3	3.3
>40 years	1	1.1
Profession		
Head Nurse	1	1.1

Direct/Clinical Nurse	91	98.9
Professional Environment		
Outpatient	27	29.3
Hospital/Acute Care	65	70.7

The majority of respondents were employed in direct or clinical nursing roles, representing 91 respondents (98.9%). Additionally, most respondents worked in a professional acute care environment, totaling 65 individuals (70.7%).

Awareness

The research results presented in Table 2 indicate that 40 respondents (43.5%) were moderately familiar with the concept that the planet has warmed significantly since the 1850s, contributing to climate change, with a mean value of 3.47 (± 1.05). A total of 36 respondents (39.1%) stated that they were moderately familiar with the idea that warming, which causes climate change, is primarily driven by human activities that add greenhouse gases (GHGs) to the atmosphere (such as the use of gas and coal to produce electricity, fuel for transportation, and modern agriculture), with a mean value of 3.77 (± 1.07). Additionally, 24 respondents (26.1%) reported to be somewhat familiar with the statement that health service

delivery is responsible for greenhouse gas emissions contributing to warming, with a mean value of 2.83 (± 1.21).

Furthermore, 42 respondents (45.7%) answered that they were moderately familiar with the statement that climate change increases the likelihood of adverse health conditions, such as heat stroke, asthma exacerbations, Lyme disease, and others, with a mean value of 3.60 (± 1.03). Finally, 43 respondents (46.7%) stated they were moderately familiar with the statement that vulnerable populations, such as the very young, elderly, and other at-risk groups (e.g., people with weak economic conditions, the homeless, people of color, etc.), experience worse health impacts due to climate change, with a mean value of 3.55 (± 1.13).

Concern

The research results presented in Table 3 indicate that 40 respondents (43.5%) expressed moderate concern about the health impacts related to climate change, with a mean value of 3.96 (± 0.97). A total of 38 respondents (41.3%) were moderately concerned about the financial consequences of climate change, with a mean value of 3.90 (± 1.07). Similarly, 36

respondents (39.1%) reported moderate concern about the overall impact of climate change on themselves, their families, or people they knew, with a mean value of 3.86 (± 1.00). Additionally, 33 respondents (35.9%) expressed extreme concern about the overall impact of climate change on future generations, with a mean value of 3.92 (± 1.05). Lastly, 29 respondents (31.5%) felt extremely worried about the changes to the planet due to climate change, with a mean value of 3.76 (± 1.11).

Motivation

The research results in Table 4 reveal that 33 respondents (35.9%) reported being somewhat motivated and felt sufficiently prepared to face the impacts of climate change, with a mean value of 3.14 (± 0.94). A total of 34 respondents (37%) were somewhat motivated to prevent further climate change, with a mean value of 3.11 (± 0.94). The findings also showed that 60 respondents (65.2%) stated they had neutral motivation to change practices in order to reduce greenhouse gas contributions, with a mean value of 3.25 (± 0.76). Additionally, 41 respondents (44.6%) expressed neutral motivation in teaching patients, clients, or community

members about how climate change impacts health, with the same percentage (44.6%) indicating that this statement was "true for me" in their approach to teaching. This had a mean value of 3.35 (± 0.74). Lastly, 44 respondents (47.8%) reported having neutral motivation in preparing to face the health impacts of climate change in their workplace, with a mean value of 3.55 (± 0.76).

Behavior at Home

The research results in Table 5 show that, regarding respondents' behavior at home, 34 respondents (37%) never used non-fossil fuel-based energy sources (such as wind or solar energy, geothermal, offset energy, etc.), with a mean value of 2.07 (± 1.06). A total of 37 respondents (40.2%) often saved energy (such as using energy-saving equipment, maintaining moderate temperature settings, turning off lights and electronic devices, etc.), with a mean value of 3.72 (± 0.95). Additionally, 39 respondents (42.4%) sometimes used less gasoline (by driving fuel-efficient vehicles, reducing unnecessary trips, cycling, etc.), with a mean value of 3.34 (± 0.94). Moreover, 48 respondents (52.2%) sometimes reduced waste, with a

mean value of 3.20 (± 0.81), and 43 respondents (46.7%) sometimes chose food that required fewer resources to grow, with a mean value of 3.27 (± 0.85).

Behavior at Work

The research results in Table 6 show that 35 respondents (38%) often engaged in behaviors related to saving energy (such as turning off lights and electronics) at work, with a mean value of 3.68 (± 0.93). A total of 32 respondents (34.8%) sometimes traveled to work using active transportation (bicycle, walking), or engaged in other similar behaviors, with a mean value of 3.59 (± 1.09). Furthermore, 42 respondents (45.7%) reported that they sometimes engaged in behaviors at work to reduce waste (such as plastic, paper, linen, and clinical supplies), with a mean value of 3.55 (± 0.81). Additionally, 48 respondents (52.2%) indicated that they sometimes advocated at work for policies, products, and/or processes that produce fewer greenhouse gases (GHG), with a mean value of 2.69 (± 0.99).

DISCUSSION

Awareness

Nurses' awareness of evidence-based statements on climate change ranges from somewhat familiar to moderately familiar, indicating a need for further awareness-building. Schenk et al. (2021) found similar results among 483 respondents, with a mean awareness score of 2.97 (± 0.87), indicating moderate awareness. Other studies suggest that while awareness alone may not directly change nurses' behavior, it can enhance their concern and motivation to address climate change's societal impacts and causes.

The results of a literature review by Diallo et al. (2023) stated that nurses need more awareness and knowledge about climate change, its causes, and its impact on health. The findings from this research also highlight a gap between nurses' critical role in mitigating the effects of climate change on health and their need for knowledge and awareness. Increasing nurses' awareness and knowledge is expected to strengthen their role in advocating for patients vulnerable to climate change. A better understanding of climate issues among nurses enables them to assess risks more effectively and provide appropriate patient care and education. Schenk et al. (2021)

suggest that nurses' awareness of climate change and health is shaped by their observations of patients, personal experiences, and information obtained from various sources, such as literature on diseases, local geography, and natural conditions related to climate change.

Concern

Nurses' concerns about climate change range from somewhat to moderate, indicating a need to heighten awareness of its impacts. Schenk et al. (2021) found that 469 respondents expressed concerns about addressing climate change, with an average score of 3.43 (± 0.77). This reflects significant apprehension among nurses about future climate challenges.

Susilawati (2021) highlights that concerns regarding climate change stem from its health impacts, including increased risks of vector-borne diseases, non-communicable diseases like asthma and skin cancer, and heat-related conditions such as heat stroke. Climate change also intensifies heatwaves and contributes to higher risks of mental health disorders such as depression, anxiety, and stress. These health risks arise from direct impacts, such as disasters causing individual stressors like loss and damage, as well as secondary stressors,

such as job loss and financial worries.

The research results indicated that respondents witnessed health conditions worsened by climate change in patients, themselves, and their families, and in reports about others at varying frequencies. These findings underscore the need for increased attention to health impacts exacerbated by climate change. According to the American Nurses Association (2023), nurses are pivotal in adapting to and mitigating the health effects of climate change, including preparing for emerging diseases and educating communities about disaster preparedness and disease prevention strategies.

Motivation

Nurses' motivation regarding health and climate change ranges from somewhat to very motivated, indicating a need to further enhance motivation concerning climate change impacts. According to Schenk et al. (2021), 453 respondents expressed motivation to address climate change, with an average score of 3.27 (± 0.89), showing significant motivation among nurses to act. Respondents were motivated by health impacts, a desire to maintain clean air and water, and concerns for the future. However, barriers to motivation

include insufficient knowledge, complexity, and skepticism about human capability to mitigate climate change.

Nurses' motivation to confront climate change shapes efforts to prepare for worsening health impacts in the workplace. The Ministry of Health of the Republic of Indonesia (2016) underscores that climate change exacerbates health issues such as mosquito-borne diseases and water scarcity-related illnesses, including diarrhea, skin diseases, respiratory infections, malnutrition, and lung diseases. To combat these challenges, healthcare professionals must educate the public on hygiene practices and ensure access to clean water and adequate medical supplies.

According to Haryanto and Prahara (2019), motivation to address climate change is influenced by perceived direct and indirect impacts on water quality, forests, health, agriculture, wildlife habitats, and disease spread. Overcoming fatalistic beliefs about climate change's inevitability is crucial for boosting motivation. Expanding nurses' motivation regarding health and climate change can promote pro-environmental behaviors, such as environmental advocacy, participation in seminars, and support for

environmental initiatives.

Behavior

Nurses' behaviors at home to reduce climate change range from rarely to sometimes engaging, indicating inconsistent habits in mitigating climate change. Schenk et al. (2021) found that 457 nurses reported behaviors at home aimed at reducing climate impact, with an average score of 2.28 (\pm 0.75), suggesting occasional efforts rather than consistent actions. Nurses' behaviors at work also range from sometimes to often engaging in efforts to mitigate climate change, indicating room for improvement in preventing its exacerbation. In the same study by Schenk et al. (2021), 430 nurses exhibited behaviors to reduce climate impact at work, with an average score of 1.81 (\pm 0.85), highlighting more consistent efforts at home compared to the workplace.

The disparity in respondents' fossil fuel use reductions reflects the challenges nurses face due to workplace requirements, energy demands, infection control protocols, and other factors (Schenk et al., 2021). Increasing awareness and adopting behaviors like reducing electricity consumption, using energy-efficient lighting, minimizing vehicle use, promoting alternative transportation

methods, and planting trees can mitigate the impacts of climate change (Mukono, 2020).

Healthcare facilities contribute to climate change through greenhouse gas emissions, waste disposal, and energy consumption. Health professionals can enhance environmental stewardship by fostering a climate-resilient workplace, reducing carbon emissions, and collaborating across sectors to address climate change and health (Kementerian Kesehatan Republik Indonesia [Ministry of Health of the Republic of Indonesia], 2024). Nurses, as accessible healthcare providers, can lead community efforts to mitigate climate change impacts both personally and professionally, benefiting patients, communities, and public health services.

This study has several limitations. First, the questionnaire was administered online, which prevented the researchers from directly clarifying the content to respondents and ensuring their understanding of the questions. Additionally, the sample is limited to nurses from a single private hospital, which restricts the generalizability of the findings to the broader population of nurses in Indonesia.

CONCLUSION

The majority of respondents demonstrated awareness ranging from somewhat familiar to moderately familiar with evidence-based information on climate change. Similarly, nurses' concerns about the impact of climate change were also in the range of somewhat to moderate. Nurses' motivation levels varied from somewhat to very motivated regarding health and climate change, and their behavioral habits in reducing climate change ranged from rarely to often engaged at home and from sometimes to often engaged in the hospital. This research contributes valuable information that can enhance nurses' awareness, concerns, motivation, and behaviors regarding health and climate change. It may serve as a reference for nurses in addressing climate change and promoting optimal health outcomes. Additionally, it provides nurses with greater insight into the impact of climate change on health and encourages the implementation of behaviors to reduce climate change as a form of applied knowledge.

Table 2. The Nurses' Awareness toward Health and Climate Change (n=92)

Awareness Question	Not at all familiar (1)		Slightly familiar (2)		Somewhat familiar (3)		Moderately Familiar (4)		Extremely familiar (5)		Mean Value (Std. Dev)
	n	%	n	%	n	%	n	%	n	%	
1. The planet has warmed significantly since the 1850s, causing climate change	4	4.3	14	15.2	21	22.8	40	43.5	13	14.1	3.47 (±1.05)
2. The warming that causes climate change is largely caused by human behavior that adds greenhouse gases (GHG) to the atmosphere (such as the use of gas and coal to produce electricity and heat buildings, fuel for transportation, and modern agriculture)	4	4.3	7	7.6	20	21.7	36	39.1	25	27.2	3.77 (±1.07)
3. Health care delivery is responsible for greenhouse gas emissions that contribute to warming	16	17.4	21	22.8	24	26.1	24	26.1	7	7.6	2.83 (±1.21)
4. Climate change increases the likelihood of adverse health conditions such as heat stroke, asthma exacerbations, Lyme disease, etc.	4	4.3	10	10.9	20	21.7	42	45.7	16	17.4	3.60 (±1.03)
5. Vulnerable populations such as the very young	7	7.6	10	10.9	16	17.4	43	46.7	16	17.4	3.55 (±1.13)

or old, and other at-risk groups (economically disadvantaged people, homeless people, people of color, etc.) experience worse health impacts from climate change

Table 3. The Nurses' Concern toward Health and Climate Change (n=92)

Concern Question	Not at all (1)		Slightly (2)		Somewhat (3)		Moderately (4)		Extremely (5)		Mean Value (Std. Dev)
	n	%	n	%	n	%	N	%	n	%	
How worried are you about the following things, related to climate change?											
1. Health impacts	1	1.1	9	9.8	12	13	40	43.5	30	32.6	3.96 (±0.97)
2. Financial impact (rebuilding after hurricane or fire, health costs, etc.)	4	4.3	7	7.6	13	14.1	38	41.3	30	32.6	3.90 (±1.07)
3. The overall impact on you, your family, or someone you know at this time	1	1.1	10	10.9	17	18.5	36	39.1	28	30.4	3.86 (±1.00)
4. Overall impact on future generations	3	3.3	5	5.4	21	22.8	30	32.6	33	35.9	3.92 (±1.05)
5. Changes to the planet (other species, forests, oceans, etc.)	3	3.3	10	10.9	22	23.9	28	30.4	29	31.5	3.76 (±1.11)

Table 4. The Nurses' Motivation toward Health and Climate Change (n=92)

Motivation Questions	Not at all (1)		Slightly (2)		Somewhat (3)		Very (4)		Extremely (5)		Mean Value (Std. Dev)
How optimistic are you that humans will:	n	%	n	%	n	%	n	%	n	%	
1. Have you prepared enough to face the impacts of climate change?	2	2.2	23	25	33	35.9	28	30.4	6	6.5	3.14 (±0.94)
2. Prevent further climate change?	4	4.3	21	22.8	30	32.6	34	37.0	3	3.3	3.11 (±0.94)

Motivation Questions	Very untrue to me (1)		Somewhat untrue for me (2)		Neutral (3)		True for me (4)		Very true for me (5)		Mean Value (Std. Dev)
Please indicate how true the following statements are for you.	n	%	n	%	n	%	N	%	n	%	
1. I want to change my practices to reduce my GHG (Greenhouse Gas) contribution	3	3.3	3	3.3	60	65.2	20	21.7	6	6.5	3.25 (±0.76)
2. I want to teach patients/clients/community members about how climate change impacts health	2	2.2	2	2.2	41	44.6	41	44.6	6	6.5	3.35 (±0.74)
3. I want to be prepared for the health impacts of climate change in my workplace	1	1.1	2	2.2	44	47.8	35	38	10	10.9	3.55 (±0.76)

Table 5. The Nurses' Behavior at Home toward Health and Climate Change (n=92)

Behavioral Questions	Never (1)		Rarely (2)		Sometimes (3)		Often (4)		Always (5)		Mean Value (Std. Dev)
	n	%	n	%	n	%	n	%	n	%	
How often do you do the following behaviors at home:											
1. Using non-fossil fuel-based energy sources (such as purchasing wind or solar energy, geothermal, purchasing offset energy, etc.)	34	37	28	30.4	22	23.9	5	5.4	3	3.3	2.07 (±1.06)
2. Conserve energy (such as using energy efficient appliances, keeping moderate temperature settings, turning off lights and electronic devices, etc.)	2	2.2	6	6.5	27	29.3	37	40.2	20	21.7	3.72 (±0.95)
3. Use less gasoline (drive fuel-efficient vehicles, reduce unnecessary trips, bike rides, etc.)	2	2.2	13	14.1	39	42.4	27	29.3	11	12	3.34 (±0.94)
4. Reduce waste (buy less, reuse more, recycle and compost more)	2	2.2	12	13	48	52.2	25	27.2	5	5.4	3.20 (±0.81)
5. Choose foods that require fewer resources to grow/produce (local, seasonal, fewer animal products, less packaging)	2	2.2	12	13	43	46.7	29	31.5	6	6.5	3.27 (±0.85)

Table 6. The Nurses' Behavior at Workplace toward Health and Climate Change (n=92)

Behavioral Questions	Never (1)		Rarely (2)		Sometimes (3)		Often (4)		Always (5)		Mean Value (Std. Dev)
	n	%	n	%	n	%	n	%	n	%	
How often do you engage in the following behaviors at work:											
1. Save energy (like turning off lights and electronics, etc.)	1	1.1	8	8.7	29	31.5	35	38	19	20.7	3.68 (±0.93)
2. Travel to work using active (bicycle, walking), shared, or public transportation	2	2.2	12	13	32	34.8	21	22.8	25	27.2	3.59 (±1.09)
3. Reduce waste (plastic, paper, linen, clinical supplies, etc.)	0	0	6	6.5	42	45.7	31	33.7	13	14.1	3.55 (±0.81)
4. Ask your workplace leaders to support policies, products and/or processes that emit fewer Greenhouse Gases (GHGs)	15	16.3	15	16.3	48	52.2	11	12	3	3.3	2.69 (±0.99)

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PETUNJUK PENULISAN JURNAL NURSING CURRENT

The Journal of Nursing Current (NC) terbit dua kali setahun. Jurnal ini bertujuan menjadi media untuk meregistrasi, mendiseminasi, dan mengarsip karya perawat peneliti di Indonesia. Karya yang dipublikasikan dalam jurnal ini secara tidak langsung diakui sebagai karya kecendekiawanan penulis dalam bidang keperawatan. Artikel dapat meliputi sub-bidang keperawatan dasar, keperawatan dewasa, keperawatan anak, keperawatan maternitas, keperawatan jiwa, keperawatan gerontik, keperawatan keluarga, keperawatan komunitas, manajemen keperawatan, dan pendidikan keperawatan. Jenis artikel yang diterima redaksi adalah hasil penelitian, tinjauan pustaka (*literature review*) atau laporan kasus. *Literature review* berisi telaah kepustakaan berbagai sub-bidang keperawatan. Laporan kasus berisi artikel yang mengulas kasus di lapangan yang cukup menarik dan baik untuk disebarluaskan kepada kalangan sejawat. Penulisan setiap jenis artikel harus mengikuti petunjuk penulisan yang diuraikan berikut ini. Petunjuk ini dibuat untuk meningkatkan kualitas artikel dalam NC. Petunjuk penulisan meliputi petunjuk umum, persiapan naskah, dan pengiriman naskah.

Panduan Bagi Penulis

Naskah yang dikirim ke NC merupakan karya asli dan belum pernah dipublikasikan sebelumnya. Naskah yang telah diterbitkan menjadi hak milik redaksi dan naskah tidak boleh diterbitkan lagi dalam bentuk apapun tanpa persetujuan dari redaksi. Naskah yang pernah diterbitkan sebelumnya tidak akan dipertimbangkan oleh redaksi.

Nursing Current (NC) is a biannually publication which aims to be a media for registering, disseminating, and archiving the work of Indonesian nurse researchers. The works published in this journal are not directly recognized as the work of nurse scholars in the field of nursing. Articles include sub field of foundation of nursing practice, adult nursing, pediatric, maternity, mental health, gerontic nursing, family nursing, community nursing, nursing management, and nursing education. Articles received by the NC Editorial including research, literature review or case report. Literature review contains of various sub-fields of nursing. Case report contains articles which review the interesting cases in the field and useful to be disseminated to the peer. Article writing should follow the instructions outlined below. These instructions were made to improve the quality of articles in NC. Instructions include general guideline writing, manuscript preparation, and delivery of the manuscript.

Guidelines for Authors

Manuscript sent to NC is original work and has never been published before. The manuscript that has been published become the property of the editorial and should not be published again in any form without the consent from the editor. Previously published manuscripts will not be considered by the editors.

Selama naskah dalam proses penyuntingan (*editing*), penulis tidak diperkenankan memasukkan naskah tersebut pada jurnal lain sampai ada ketetapan naskah diterima atau ditolak oleh redaksi NC. Naskah harus ditulis dalam bahasa Indonesia atau bahasa Inggris, dengan judul, abstrak, dan kata kunci dalam bahasa Indonesia dan Inggris dengan menggunakan format seperti tertuang dalam petunjuk penulisan ini. Semua naskah yang masuk akan disunting oleh dewan editor (*Editorial board/EB*), dan teknikal editor (*TE*). NC akan mengirimkan naskah kepada penyunting secara anonim sehingga identitas penulis dan penyunting dapat dijaga kerahasiaannya.

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Naskah akan direview secara anonim oleh periview sesuai bidang keahlian topik naskah. Pada halaman judul, penulis diminta hanya menulis judul artikel, tidak perlu menulis nama atau institusinya. Halaman judul ini tidak akan diberikan kepada periview, dan identitas periview tidak akan diberitahukan kepada penulis.

Petunjuk Persiapan Naskah

*Persiapan naskah meliputi format pengetikan naskah dan penulisan isi setiap bagian naskah. Penulis perlu memastikan naskahnya tidak ada kesalahan pengetikan. Ketentuan **Format Naskah** sebagai berikut:*

1. Naskah ditulis 3000-5000 kata, jenis huruf "Times New Roman" dalam ukuran 12 (kecuali judul dengan font 14 dan abstrak font 10), 1.5 spasi, pada kertas ukuran A4. Batas/margin tulisan pada empat sisi berjarak 2.54 cm. Tanpa indentasi dan menggunakan spasi antar paragraf.
2. Nomor halaman ditulis pada pojok kanan atas.
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*During the process of editing scripts (*editing*), the author is not allowed to enter the manuscript in another journal with no provision whether it is accepted or rejected by the NC Editor. The manuscript must be written in Bahasa Indonesia or English, with the title, abstract, and keywords in Bahasa Indonesia and English using the format as attach in the writing instructions. All the incoming manuscripts will be edited by the editorial board (*EB*), and technical editor (*TE*). NC will send the manuscript to the editor so that the identity of the anonymous authors and editors can be kept confidential.*

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Manuscripts are reviewed anonymously by peer reviewers with expertise in the manuscript topic area. Authors should not identify themselves or their institutions other than on the title page. The title page will not be seen by reviewers, and reviewers' identities will not be revealed to authors.

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Preparation of manuscripts includes manuscript typing format and content of each part of the manuscript. Writers need to make sure there are no typos in the script. Manuscript format provisions as follows:

1. The manuscript is written 3000-5000 words, font "Times New Roman" in size 12 (except the title-font 14 and abstract-font 10), 1.5 space, in A4 paper size. Margin in each of side is one inch (2.54 cm). Without indents and uses spaces between paragraphs.
2. Page numbers is written on the upper right corner.
3. Figures and tables are not grouped separately but integrated with the text/manuscript.

Bagian dari naskah hasil penelitian ditulis dengan urutan IMRAD. Secara rinci meliputi bagian;

1. Judul (Indonesia dan Inggris)
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3. Abstrak (Indonesia dan Inggris)
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5. Pendahuluan
6. Metode
7. Hasil
8. Pembahasan (mencakup keterbatasan penelitian)
9. Kesimpulan
10. Ucapan terima kasih
11. Referensi

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Naskah yang telah memenuhi ketentuan dalam petunjuk penulisan dikirimkan dalam bentuk *hardcopy* dan *softcopy* dalam CD. Penulis harus memastikan *file* yang dikirim bebas virus. Naskah dikirimkan ke Sekretariat *Nursing Current*.

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Penulisan uraian bagian naskah mengikuti ketentuan berikut:

JUDUL

(semua huruf besar, font 14, bold, center)

Judul publikasi (berbeda dari judul penelitian), ditulis dengan mencakup kata kunci utama dan tidak menggunakan singkatan, 12-14 kata. Penulis perlu menuliskan juga judul pendek yang diinginkan ditulis sebagai *page header* di setiap halaman jurnal. Penulis **tidak** menuliskan kata studi/hubungan/pengaruh dalam judul publikasi. Contoh: Penurunan gula darah melalui latihan senam DM pada lansia.

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3. Abstract (Indonesian and English)
4. Keywords (Indonesian and English)
5. Introduction
6. Method
7. Result
8. Discussion (including limitations of the study)
9. Conclusion
10. Acknowledgements
11. References

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Penulis

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Nama lengkap penulis (tanpa gelar) terletak di bawah judul. Urutan penulis berdasar kontribusi dalam proses penulisan (lihat panduan penulisan Dikti tentang petunjuk sistem skor untuk penentuan hak kepengarangan bersama sebuah karya tulis ilmiah).

Data Penulis

(font 10, center)

Nama lengkap penulis beserta dengan gelar dan afiliasi penulis. Alamat korespondensi (salah satu penulis) meliputi alamat pos dan *e-mail*. Contoh: Yakobus Siswandi, BSN, MSN. Keperawatan Medikal Bedah, Fakultas Ilmu Keperawatan dan Ilmu Kesehatan Universitas Pelita Harapan, Gedung Kedokteran Lantai 4 Lippo Karawaci. E-mail: yakobus@yahoo.co.id.

Abstrak

(font, 10, bold)

Abstrak ditulis menggunakan **bahasa Indonesia** dan **Inggris**. Jumlah kata tidak melebihi 200 kata, tidak ada kutipan dan singkatan/akronim. Abstrak harus diawali dengan **pendahuluan** (latar belakang, masalah, dan tujuan). **Metode** (desain, sampel, cara pengumpulan, dan analisis data). **Hasil** yang ditulis adalah hasil riset yang diperoleh untuk menjawab masalah riset secara langsung. Tuliskan satu atau dua kalimat untuk mendiskusikan hasil dan **kesimpulan**. **Rekomendasi** dari hasil penelitian dituliskan dengan jelas.

Kata kunci: kata kunci ditulis menggunakan **bahasa Indonesia** dan **Inggris**. Berisi kata atau frase maksimal enam kata, diurutkan berdasarkan abjad.

Author

(Font 12, center)

The full name of author (without a degree) is located under the title. The order of the authors based on contributions in the writing process (see the posting of Higher Education on the instructions of a scoring system for determining the rights of authorship of a scientific paper).

Author Data

(Font 10, center)

The full name of the author, the title and author affiliations. Correspondence address (one of the authors) include postal address and e-mail. Example: Yakobus Siswandi, BSN, MSN. Medical Surgical Nursing, Faculty of Nursing and Allied Health Universitas Pelita Harapan, Medical Building 4th Floor Lippo Village. E-mail: yakobus@yahoo.co.id.

Abstract

(Font, 10, bold)

Abstract written in Bahasa Indonesia and English. Word count does not exceed 200 words, no citations and abbreviations / acronyms. Abstracts must be preceded by the introduction (background, issues, and goals). Methods (design, sampling, collection method, and data analysis). The results which is written is the result of the research obtained to answer the research problem directly. Write one or two sentences to discuss the results and conclusions. Recommendations from the study clearly written.

Keywords: keywords written in Bahasa Indonesia and English. Containing the word or phrase, with maximum of six words, sorted alphabetically.

Pendahuluan

(font 14, bold)

Pendahuluan berisi justifikasi pentingnya penelitian dilakukan. Kebaruan hal yang dihasilkan dari penelitian ini dibandingkan hasil penelitian sebelumnya perlu ditampilkan dengan jelas. Nyatakan satu kalimat pertanyaan (masalah penelitian) yang perlu untuk menjawab seluruh kegiatan penelitian yang dilakukan penulis. Penulisan pendahuluan **tidak** melebihi enam paragraf.

Metode

(font 14, bold)

Metode menjelaskan desain, sampel, instrumen, prosedur pengambilan, pengolahan, dan analisis data, serta etika pengambilan data.

Hasil

(font 14, bold)

Hasil dinyatakan berdasarkan tujuan penelitian. Pada hasil tidak menampilkan data yang sama dalam dua bentuk yaitu tabel/gambar/grafik. Kutipan tidak ada pada bagian hasil. Nilai rerata (*mean*) harus disertai dengan standar deviasi. Penulisan tabel menggunakan ketentuan berikut:

- Tabel hanya menggunakan 3 garis *row* (tanpa garis kolom)
- Penulisan nilai rerata (*mean*), SD, dan uji t menyertakan nilai 95% CI (Confidence Interval). Penulisan kemaknaan tidak menyebutkan *p* lebih dahulu. Contoh: Rerata umur kelompok intervensi 25,4 tahun (95% CI). Berdasarkan uji lanjut antara kelompok intervensi dan kontrol didapatkan hasil yang bermakna ($p=0,001$; $a=0,005$)

Introduction

(Font 14, bold)

Introduction provides justification for the importance of the research conducted. New thing resulted from this study compared to the previous research results need to be displayed clearly. State one sentence question (research issues) that need to answer all the research activities of the author. Writing introductory does not exceed six paragraph.

Method

(Font 14, bold)

The method describes the design, sample, instruments, data collecting procedures, processing, data analysis, and the ethics of data collection.

Result

(Font 14, bold)

The results stated based on the research goals. In the results do not display the same data in two forms, for example tables / images / graphics. No citations in the results section. Average value (mean) must be accompanied by the standard deviation. Writing tables should use the following terms:

- Table row using only 3 lines (no line column)*
- Writing average value (mean), SD, and t-test should include the value of 95% CI (Confidence Interval). Writing the significance do not mention p first. Example: The mean age of the intervention group was 25.4 years (95% CI). Based on further test between intervention and control groups obtained significant results ($p = 0.001$; $a = 0.005$)*

Pembahasan

(font 14, bold)

Uraian pembahasan dengan cara membandingkan data yang diperoleh saat ini dengan data yang diperoleh pada penelitian/tinjauan sebelumnya. Tidak ada lagi angka statistik dalam pembahasan. Pembahasan diarahkan pada jawaban terhadap hipotesis penelitian. Penekanan diberikan pada kesamaan, perbedaan, keunikan serta keterbatasan (jika ada) hasil yang peneliti peroleh. Peneliti melakukan pembahasan mengapa hasil penelitian menjadi seperti itu. Pembahasan diakhiri dengan memberikan rekomendasi penelitian yang akan datang berkaitan dengan topik tersebut.

Kesimpulan

(font 14, bold)

Kesimpulan merupakan jawaban hipotesis yang mengarah pada tujuan penelitian. Peneliti perlu mengemukakan implikasi hasil penelitian untuk memperjelas dampak hasil penelitian ini pada kemajuan bidang ilmu yang diteliti. Saran untuk penelitian lebih lanjut dapat ditulis pada bagian ini.

Ucapan Terima Kasih

(font 14, bold)

Ucapan terima kasih diberikan kepada sumber dana riset (institusi pemberi, nomor kontrak, tahun penerimaan) dan pihak/individu yang mendukung pemberian dana tersebut. Nama pihak/individu yang mendukung atau membantu penelitian dituliskan dengan jelas.

Discussion

(Font 14, bold)

Description of the discussion in a way to compare the current data obtained with the data obtained in the study / review earlier. No more statistics in the discussion. The discussion focused on the answers to the research hypothesis. Emphasis is placed on the similarities, differences, uniqueness and limited (if any) research results obtained. Researchers conducted a discussion why the results of the research need to be like that. The discussion concluded with a recommendation of future studies related to the topic.

Conclusion

(Font 14, bold)

Conclusion is the answer to the hypothesis that leads to the research objectives. Researchers needs to have suggested implikasi hasil research to clarify the impact of these results on the progress of science under study. Suggestions for further research can be written in this section.

Acknowledgements

(font 14, bold)

Acknowledgement is given to the source of funding of research (institutional providers, contract number, year revenue) and party / individual who supports the provision of funds. Major parties / individuals that support or assist research is clearly written.

Referensi

(font 14, bold)

Referensi dalam naskah dengan mengikuti gaya pengutipan “nama penulis dan tahun terbit”. Semua referensi di dalam naskah harus diurut secara abjad pada akhir tulisan dengan mengacu pada format (*American Psychological Association*). Sebagai contoh, dalam menulis referensi dari artikel jurnal ilmiah, penulis harus dirujuk di dalam naskah (*in text citation*) dengan menuliskan nama keluarga/nama belakang penulis dan tahun penerbitan di dalam kurung: (Potter & Perry, 2006) atau Potter dan Perry (2006). Nama penulis pertama dan “dkk” ditulis bila terdapat lebih dari enam (6) penulis. Contoh penulisan referensi dapat dipelajari melalui situs APA atau melalui link berikut: <http://flash1r.apa.org/apastyle/basics/data/resources/references-sample.pdf>

References

(font 14, bold)

References in text are inserted by following citation style "name of author and year of publication". All references used in the text should be listed alphabetically order at end of paper using APA (American Psychological Association) format. For example, writing in the scientific journal article references, the author must be referenced in the text (in text citation) by writing the family name/ last name of the author and year of publication in parentheses, for example: (Potter & Perry, 2006) or Potter and Perry (2006). Name of the first author and "et al" is written when there are more than six (6) authors. Sample references can be further learnt through APA website or the following link: <http://flash1r.apa.org/apastyle/basics/data/resources/references-sample.pdf>

MANUSCRIPT PREPARATION INSTRUCTION AND TEMPLATE

Preparation of manuscripts includes manuscript typing format and content of each part of the manuscript. Writers need to make sure there are no typos in the script. Manuscript format provisions as follows:

- 1) The manuscript is written 3000-5000 words, font “Times New Roman” in size 12 (except the title-font 14 and abstract-font 10), 1,5 space, in A4 paper size. Margin in each of side is one inch (2,54 cm). Without indents and uses spaces between paragraphs.
- 2) Page numbers is written on the upper right corner.
- 3) Figures and tables are not grouped separately but integrated with the text/manuscript.
- 2) Citations. For citations in the text use APA Style (Authors name).
- 3) References. All references must be in the same format as the ones at the end of this document and the reference list must include all cited literature. **Minimum reference of the last 10 years with DOI link added (required)**

Part of text / manuscript written with the IMRAD order. In detail parts;

- 1) Title. (In Indonesian and English for Indonesian article. In English for English article)
- 2) Author data
- 3) Abstract (In Indonesian and English for Indonesian article. In English for English article)
- 4) Keywords (In Indonesian and English for Indonesian article. In English for English article)
- 5) Introduction
- 4) Method
- 5) Result
- 6) Discussion (including limitations of the study)
- 7) Conclusion
- 8) Acknowledgements
- 9) Reference

TITLE

First Author¹, Second Author², Third Author³, Fourth Author⁴

¹⁻⁴ Affiliation

Email: corresponding author

ABSTRACT

The abstract needs to summarize the content of the paper. The abstract should contain at least 70 and at most 200 words. Font size should be set in 10-point and should be inset 1.0 cm from the right and left margins. A blank (20- points) line should be inserted before and after the abstract. Abstract written in Bahasa Indonesia and English. Abstracts must be preceded by **the introduction** (background, issues, and goals). **Methods** (design, sampling, collection method, and data analysis). **The results** which is written is the result of the research obtained to answer the research problem directly. Write one or two sentences to discuss **the results** and **conclusions**. **Recommendations** from the study clearly written.

Keywords: Please list your keywords in this section alphabetically

INTRODUCTION

Introduction provides justification the importance of the research conducted. New thing resulted from this study compared to the previous research results need to be displayed clearly. State one sentence question (research issues) that need to answer all the research activities of the author. Writing introductory does not exceed six paragraph.

METHOD

The method describes the design, sample, instruments, data collecting procedures, processing, data analysis, and the ethics of data collection.

RESULT

The results stated based on the research goals. In the results do not display the

same data in two forms, for example tables/images/graphics. No citations in the results section. Average value (mean) must be accompanied by the standard deviation. All included tables must be referred to in the main text and the table title and caption are to be positioned above the table. The captions need to be written in Times New Roman, 9pt.

Table 1. Table title. Table captions should always be positioned *above* the tables

Heading level	Example	Font size and style
Title (centered)	Core	12 point, bold
Table Content		10 point

Figures need to be inserted separately as a .jpg or .png file and must be referred to in the text, for an example see **Figure 1**. [1] Figure descriptions should be placed below the figure and written in Times New Roman, 10pt.

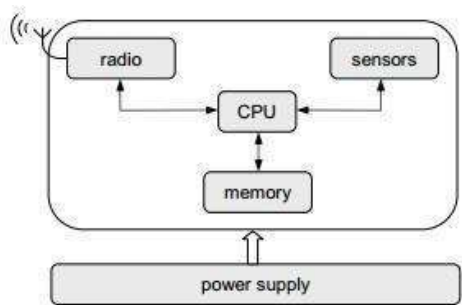


Fig. 1. Architecture of a typical wireless

DISCUSSION

Description of the discussion in a way to compare the current data obtained with the data obtained in the study/review earlier.

No more statistic in the discussion. The discussion focused on the answer to the research hypothesis. Emphasis is placed on the similarities, differences, uniqueness and limited (if any) research results obtained.

Researchers conducted a discussion why the results of the research need to be like that. The discussion concluded with a

recommendation of future studies related to the topic.

CONCLUSION

Conclusion is the answer to the hypothesis that leads to the research objectives. Researchers needs to put forward the implications of the result research to clarify the impact of results this research on the advancement of the scientific field researcher. Suggestions for further research can write in this section.

ACKNOWLEDGEMENTS

Acknowledgement is given to the source of funding of research (institutional providers, contract number, year revenue) and party/individual who supports the provision of funds. Major parties/individuals that support or assist research is clearly written.

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KRITERIA PENILAIAN AKHIR DAN PETUNJUK PENGIRIMAN

Lampirkan fotokopi format ini bersama naskah dan *softcopy* naskah Anda. Beri tanda (v) pada setiap nomor/bagian untuk meyakinkan bahwa artikel Anda telah memenuhi bentuk dan sesuai syarat-syarat yang ditentukan NC. Contoh:

Jenis Artikel

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Berisi artikel tentang hasil penelitian asli dalam ilmu kedokteran dasar atau terapan. Format terdiri dari **abstrak, pendahuluan, bahan dan cara kerja/metode, hasil, dan pembahasan, kesimpulan.**
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Artikel ini merupakan kaji ulang mengenai masalah-masalah ilmu keperawatan dan kesehatan yang mutakhir. Format terdiri dari **abstrak, pendahuluan, metode, pembahasan, dan kesimpulan.**
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Suatu artikel yang berisi tentang kasus-kasus klinik menarik sehingga baik untuk disebarluaskan kepada rekan-rekan sejawat. Format terdiri dari **pendahuluan, laporan kasus, pembahasan, dan kesimpulan.**
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Artikel ini memuat hal-hal lama tetapi masih *up to date*. Format **pendahuluan, pembahasan, dan kesimpulan.**

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Attach a copy of this format with the script and softcopy of your manuscript. Tick (v) on any number / part to ensure that your article has met the NC appropriate forms and requirements specified. Example:

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- *Research Articles*
*Contains of the results of original research in basic or applied medical science. The format consists of an **abstract, introduction, materials and practices/methods, results, discussion, and conclusion.***
- *Literature Review*
*This article reviews the up to date of nursing issues and health sciences. The format consists of **abstract introduction, method, discussion, and conclusion.***
- *Case Report*
*An article that contains interesting clinical field cases which so good to be disseminated to colleagues. The format consists of **introduction, cases reports, discussion, and conclusion.***
- *Toner Nursing / Commentary*
*This article contains old stuff but still up to date. The format is **introduction, discussion, conclusion***
-

- Catatan Pengajaran Keperawatan Terkini
Merupakan suatu tulisan dan laporan di bidang dunia kedokteran/kesehatan terkini yang harus disebarluaskan. Format **sesuai dengan naskah asli ceramah.**

- Tinjauan buku baru
Suatu tulisan mengenai buku baru di bidang kedokteran/kesehatan yang akan menjadi sumber informasi bagi pembaca. Format terdiri dari **pendahuluan, isi buku, dan kesimpulan.**

Halaman Judul

- Judul artikel
- Nama lengkap penulis
- Tingkat pendidikan penulis
- Asal institusi penulis
- Alamat lengkap penulis

Abstrak

- Abstrak dalam Bahasa Indonesia
- Abstrak dalam Bahasa Inggris
- Kata Kunci dalam Bahasa Indonesia
- Kata Kunci dalam Bahasa Inggris

Teks

Artikel penelitian sebaiknya dibuat dalam urutan

- Pendahuluan
- Metode
- Hasil
- Pembahasan
- Kesimpulan

- *Lecture Notes*
It is a writing and reporting in the field of medicine / health which has to be disseminated. Format is same to the original lecture.

- *Overview of new books*
*An article about a new book in the field of medical / health will be a source of information for the reader. The format consists of **introduction, book contents, and conclusion.***

Page Title

- *Article Title*
- *Author full name*
- *Writer's level of education*
- *Origin author's institution*
- *Author full address*

Abstract

- *Abstract in Bahasa Indonesia*
- *Abstract in English*
- *Keywords in Bahasa Indonesia*
- *Keywords in English*

Text

Research articles should be made in the following order

- *Introduction*
- *Methods*
- *Results*
- *Discussion*
- *Conclusion*

□ **Gambar dan Tabel**

- Pemberian nomor gambar dan/atau tabel dalam penomoran secara Arab
- Pemberian judul tabel dan/atau judul utama dari seluruh gambar

□ **Kepustakaan**

- Menggunakan gaya *APA*
- Maksimal 25 referensi

□ ***Figures and Tables***

- *Providing image numbers and/or tables in Arabic numbering*
- *Providing the table's title and/or the main title of the whole picture*

□ ***Library***

- *Using APA style*
- *Maximum 25 references*

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