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PROCEEDING

The Fourth ASIAN International Conference On Humanized Health Care (AIC-HHC) 2013

Intercollaboration of Health Care Professional for Better Humanized Health Services: Facing Asean Community 2015









































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CONFERENCE PROGRAMME

| Time | Program | Venue |
|--|---|--------------------------|
| 07.15-08.15 Registration | | Inna Garuda Hotel |
| 08.15-09.05 | Opening Ceremony: | Nakula and Sadewa's Room |
| | Dance performance Opening remarks: Rector of Muhammadiyah University of Yogyakarta Governor of DIY | Nakula and Sadewa's Room |
| 09.05-09.35 Keynote Speech: "Strengthening the role of the ASEAN Socio- Cultural Community Council to provide policy guidelines for the implementation of Humanised Health Care for ASEAN Community 2015" by Professor Ali Gu | | Nakula and Sadewa's Room |
| 09.35-09.50 | Discussion | Nakula and Sadewa's Room |
| 09.50-10.05 Coffee Break | | Lobby |
| 10.05-11.35 Expert Panel Presentation 1: 1. "Global Collaboration on Humanised Health Care in the 21st Century" by Dr Je Kan Adler-Collins RN PGCE REMT PhD-Associate Professor of Nursing, Health Promotion Centre, Fukuoka Prefectural University, Japan 2. "Publishing Evidence-Based Research to Promote The Quality of Humanised Healthcare" by Teresa Elizabeth Stone, PhD Editor, Nursing & Health Sciences Yamaguchi University Faculty of Health Sciences Japan 3. "The Role of Humanised Communication in Inter collaboration of Healthcare" by Marcelo T.Lopez, R.N., Ed.D., D.PA-SUC President III, Cebu Normal University | | Nakula and Sadewa's Room |
| 1.35-11.55 | Discussion | Nakula and Sadewa's Room |
| 1.55-12.55 | Lunch | Malioboro Coffe Shop |
| 2.55-13.30 | Poster presentation/exhibition | Lobby |
| 3.30-15.30 | Concurrent Session 1 | Oral Presentation's Room |
| 5.30-16.00 | Coffee Break | Lobby |
| 6.00-17.30 | Concurrent Session 2 | Oral Presentation's Room |
| 7.30-19.00 | Break | |
| 9.00-23.00 Gala dinner | | Borobudur Hall |

| Time Program | | Venue | |
|---|---------------------------------|--------------------------|--|
| 07.30-08.30 Registration | | Nakula and Sadewa's Room | |
| 08.30-08.35 Opening | | Nakula and Sadewa's Room | |
| 08.35-09.10 Keynote Speech: "Preparing Professional Health Care Provider Through Intercollaborative Academic Curricula" byProf. Dra. Elly Nurachmah, S.Kp., M.App.Sc., DNSc., RN. (Chair of Association of Indonesian Nurse Education Centre). | | Nakula and Sadewa's Room | |
| 09.10-09.20 | Dance performance | | |
| 09.20-09.40 | Coffee Break | Nakula and Sadewa's Room | |
| 09.40-10.40 Parallel Expert: 1. "Promoting Exchange Of Best Practices On Cross-cultural And Emerging Intercollaborative Issues on Humanized Health Care System" by Assist. Prof. Dr. Pulsuk Siripul, Faculty of Nursing, Khon Kaen University, Thailand 2. "Enhancing Leadership To Promote Better Quality in Humanized Healthcare" by Professor Helen Edwards, OAM Head, School of Nursing Program Leader, Wound Management Innovation CRC Queensland University of Technology, Australia | | Nakula and Sadewa's Room | |
| 10.40-11.05 Discussion | | Nakula and Sadewa's Room | |
| 11.05-11.15 | Dance Performance | Nakula and Sadewa's Room | |
| 11.15-12.00 | Poster presentation/exhibition | Nakula and Sadewa's Room | |
| 12.00-13.15 | Lunch | Malioboro Coffe Shop | |
| 13.15-15.15 | Concurrent session 3 | Oral presentation room | |
| 15.15-15.45 | Coffee break | Oral presentation room | |
| 15.45-17.00 | Parallel Panel Session 2(cont.) | Oral Presentation's Room | |

c. 3rd Day (December, 14th 2013)

| Time | Program | Venue |
|--|---------------------|--------------------------|
| 07.30-08.30 | Registration | Nakula and Sadewa's Room |
| 08.30-08.35 | Opening | Nakula and Sadewa's Room |
| 08.35-08.45 | Dance's Performance | Nakula and Sadewa's Room |
| The same of the sa | | Nakula and Sadewa's Room |
| 10.35-11.20 | Closing ceremony | Nakula and Sadewa's Room |
| 11.20-12.00 Photo session | | Nakula and Sadewa's Room |
| 12.00 - Check Out | | Inna Garuda Hotel |

PREFACE

The first Asian International Conference on Humanised Health Care 2007 (AIC-HHC 2007) was successfully held in Khon Kaen City, Thailand. The second AIC-HHC, 2009 was held in the Faculty of Nursing Guangxi University of Traditional Chinese Medicine, Chinese. It drew regional and global attention to the concept of Humanised Health Care and the third AIC-HHC, 2011 was held in Ha Noi, Vietnam and brought a new concept of caring in humanised health care.

Today, we togather here on the fourth AIC-HHC in Universitas Muhammadiyah Yogyakarta. The theme, "Inter collaboration of Health Care Professionals For Better Humanised Health Care"; in the Asean Community hope to bring awareness of the inter collaboration between health care providers and to create synergies for overcoming current and future issues in humanised health care.

The ASEAN Vision 2020, adopted by the ASEAN Leaders on the 30th Anniversary of ASEAN, agreed on a shared vision of ASEAN as a "concert of Southeast Asian nations, outward looking, living in peace, stability and prosperity, bonded together in partnership in dynamic development and in a community of caring societies".

The healthcare sector is dedicated to: provide solutions for the needs of the patients and make a difference by removing boundaries in healthcare with innovative affordable technology solutions throughout the entire people in Asean. Other than that, it also aimed to promote health in facilitating timely sharing of appropriate, accurate and complete information for the benefit of public health. Moreover, it will promote collaboration in research and development of health promotion, healthy lifestyles and risk factors of non-communicable diseases in ASEAN Member States and promote the sharing of best practices in improved access to health products including medicines for people in Asean.

Collaboration between health care providers is needed to minimize the gap and improve health care services. In order to deliver better care to clients, nurses need to build interest. This cooperation will then give assurance in understanding clients and consideration of humanized care.

In this conference, we would like to welcome our new member from the Philippine. And I thank you for the supporting co host, steering committee and organizing committee to all effort you put for the success of this conference.

Warm regards, Chair of steering committee

OPENING REMARKS

WELCOME SPEECH BY THE GOVERNOR OF YOGYAKARTA SRI SULTAN HAMENGKU BUWONO X

"Inter Collaboration of Health Care Professional for Better Humanized Health Services: Facing Asian Community 2015" UNIVERSITAS MUHAMMADIYAH YOGYAKARTA, INDONESIA

Honorable Vice Ministry of Health, Professor Ali Gufron Mukti Honorable Rector Universitas Muhammadiyah Yogyakarta, Professor Bambang Cipto Distinguished Speakers Distinguished Delegates, Ladies, and Gentlemen

Assalammualaikum Wr Wb

Good morning and welcome to everybody.

At this precious moment, let us first express our gratitude to the Merciful God, Allah SWT, who has granted us with blessing and grace that we could gather here today to attend "The 4th Asian International Conference on Humanized Health Care (AIC-HHC) 2013", under the theme "Inter Collaboration of Health Care Professional for Better Humanized Health Services: Facing Asian Community 2015". It is a great honor to have the opportunity to say a few words before this conference get started. I would like to express our great pleasure in welcoming all of you to Yogyakarta. We are honored for being a host city for this conference.

Now days, the health problems became very complicated. The healthcare providers is expected to be able to provide not only the best care but also the humanized health care, the care that rooted from the human needs and human being holistically. However, this best and humanized health care only is not enough. Remember that right now, there are no boundaries among people in the world. The health problems become even more complicated. As an individual, can we solve those problems alone? I am sure that we cannot.

The theme of this conference "Inter Collaboration of Health Care Professional for Better Humanized Health Services: Facing Asian Community 2015" reflects the need of being engaged each other, to work inter-collaboratively to ensure that we are ready to serve the best and humanized health care to all people in the world. Let us express our appreciation to the host of this conference, School of Nursing, Universitas Muhammadiyah Yogyakarta, and several co-host of this conference that brought this issue at this conference and facilitate us to meet and share knowledge in order to improve the health care services in the future. I expect that from this conference, the commitment to collaborate among the participant can bring better health services and be able to

support the achievement of ASEAN Vision 2010 to live in peace, stability and prosperity, bonded together in partnership in dynamic development and in a community of caring societies

I would like to close my speech by expressing my sincere wish for the success of the conference. I wish you all s pleasant stay. For those who visiting Yogyakarta for the first time, please spare your time to explore the beauty of Yogyakarta "Never Ending Asia". Thank you for your attention.

Wassalammualaikum Wr Wb

Poster Presentation Program

December 12 - 13, 2013

THURSDAY, 12th December 2013, 12.55 – 13.30 WIB

Venue: Lobby

| Number | Title | Presenter |
|--------|--|---|
| 1.1 | The Aplication of Phases and Techniques of Nurse Therapeutic Communication In Nusa Indah Room of Dr. Ernaldi Bahar Hospital North Sumatera Province | Asih Fatriansari |
| 1.2 | Implementation of Therapeutic Communication to Improve Communication Skills of Social Isolation Patient at Puri Mitra Room Menur Psychiatric Hospital of Surabaya | Mundakir, Reliani, Deni Sopala |
| 1.3 | Effect of Fluid Management Guidance Counseg on Fluid Intake Compliance in Patients With Chronic Renal Failure Undergoing Hemodialysis | Erna Melastuti |
| 1.4 | Social Support With Quality of Lifein Patient With Acute Miocard Infarkin RSUD Dr. Moewardi Surakarta | Heru Supriyatno, Mn1, Sugih Wijayati, Skp, Ns, M.Kes², Bekti Adityaning³ |
| 1.5 | Development of the Nursing Innovation "Box of Change" | WirunyuphaWangkahat [*] , SuwannaChachumnan [*] , SouwaneeChantapong [†] , SaowalukComeha [†] , AnussaraKunchamorin [†] , ApinyaChaiking [†] , OrataiYotha [†] , OntichaSukhanon [†] , OrawanKengna [†] , OrawaeChangrueng [†] , OrasaSupap [†] , Arissara Prapsima [†] , AmpornpanTheeranut [†] |
| 1.6 | Relationship Islamic Caring Behavior With Patient Satisfaction in Sultan Agung Islamic Hospital | Muh. Abdurrouf |
| 1.7 | Coronary Artery Bypass Graft Care | Ampond Khamlar |
| 1.8 | Syringe-Made Operative Equipments | Chatchai Ninnanon |
| 1.9 | Evaluation Of A Post-Operative Pain Management Clinical Nursing Practice Guideline | Naiyana Nakrobthai |
| 1.10 | Development of A Self-Awareness Model for Regular Exercise | Prohmin Methakanjanasak ¹ , Nonglak Methakanjanasak ¹ |
| 1.11 | The Seif Care Experience Of Patients With Type 2 Diabetes In Uncontrollable And Controllable Blood Sugar Levels | Pailin Perayapothidecha, Warinmad Kedthongma |
| 1.12 | Effectiveness Of The "Tilting Coconut Shaft" (Kanmapraow Kradok) On Ankle Stiffness And Leg Muscle Tone Of Patients With Cerebrovascular Disease Who Had Foot Drop | Pranee Sadkong, Rut Udmuangpia, Nid Saiwat, Ratdawan Klangklang |
| 1.13 | "The Rolling Massage" | Ausa Supornpun¹, Bussaba Uma², Bu- ngaSeepakpong², PanuddaSrikun², Papawadee Pakdeepong², Prapaipis Thumcha², Prapaporn Kodsri², Prasit Rittiya², PriyapornSrimarurng², PawarisaKheawpitag², Pinruethai Saiyot², PriyanunSriyotee² |
| 1.14 | The Happy Ladder | Assistant Professor Dr. Mayuree Leetong-in ** Miss Chanita Sae-si** Miss WarapornOng-art** Mister Adisak Sakmak**Miss Kingdaow Innoi** Miss Jaruwon Lakornkaew** Miss Chananya Somboon** Miss Thapanee Jomkhumsee** Miss Natnicha Maneewan** Miss Tatsanee Maneekan**Miss Namfon Meechok** Miss Booranee Fangseekhum** Miss Panida Yodrak |
| 1.15 | Group Process For IVP (Intravenous Pyelography) | Sasima Chuapraditpan |
| 1.16 | Korat Puddle Vac Floor Suction | Sasiporn Patanapotiwat* |
| 1.17 | Prevention of Urinary Tract Infection caused by Retained Urethral Catheterizationin Orthopedics patient. | Sasitorn Saensakdi, Chaichet P, Kingchan S |
| I.18 | SECI Model In Pre-Operative Care For Hysterectomy | Sirinat Sriwatanapong*¹,Sunisa Paduang¹, Atcharawan Tiprak¹ |
| I.19 | Influence Spiritual Emotional Freedom Technique (SEFT) Islamic Care to Blood Pressure Patient of: 3ge Hypertension 45-59 Years in Dr. Soegiri General Hostital Lamongan | Virgianti Nur Farida |
| 1.20 | My Best Bodyguard | Wassana Dathonglang, Kittipong Kaewta, Amporn Khamlar |
| 1.21 | Correlation Between The Attitude Of Medical-Nursing- Midwifery Students Toward People Living With HiV/AIDS (PLWH) And The Level of Religiosity | Tuti Herawati ',Agung Waluyo', Muhtarudin Mansyur ² , Riri Maria'. |
| 1.22 | The Relationship Between The Knowledge And The Attitude Of Students Toward The People Living With HIV/AIDS (PLWH) In Medical-Nursing-Midwifery Students In Indonesia | Riri Maria ¹ , Agung Waluyo ¹ , Muhtarudin Mansyur ² , Tuti Herawati ¹ . |

AIC-HHC 2013: EFFECT OF FLUID MANAGEMENT GUIDANCE COUNSELING ON FLUID INTAKE COMPLIANCE IN PATIENTS WITH CHRONIC RENAL FAILURE UNDERGOING HEMODIALYSIS

Erna Melastuti

Universitas Islam Sultan Agung Semarang Jl. Raya Kaligawe Km.4, Semarang. Email: <u>mela 205@yahoo.com</u>

Introduction: Chronic renal failure patients often experience fluid overload due to lack of compliance to fluid intake. One reason is that there has been no guidance counseling for cases of chronic renal failure who undergoing hemodialysis. The purpose of counseling is to improve fluid intake compliance in patients with chronic renal failure undergoing hemodialysis.

Methods: This was a quasi-experimental study using pretest posttest group design. Sample size was 34 patients with inclusion criteria. Samples were enrolled with consecutive sampling. This study was conducted at Islamic Hospital Sultan Agung Semarang in May 2013. Fluid intake compliance was assessed from interdialysis weight gain (IDWG), self-efficacy, thirst and fluid intake. Data were analyzed with Wilcoxon signed rank test trials (p < 0.05), paired samples and Mann Whitney statistical test (p < 0,05).

Results: The results showed no significant difference in the aspects of IDWG with p (0.001) < 0.05, self-efficacy with p (0.001) < 0.05, thirst with p (0.001) < 0.05, and fluid intake with (0.001) < 0.05 after given counseling.

Conclusion: In conclusion, fluid management counseling in patients with chronic renal failure undergoing hemodialysis significantly affect their fluid intake compliance. Hospitals need to prepare SOP on structured counseling for hemodialysis patients and on hemodialysis patient care as well as to facilitate regular meeting of chronic renal failure patients with hemodialysis.

Keywords: fluid management counseling, compliance, chronic renal failure, hemodialysis

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