

THE 3RD

IJCNS

International Joint Conference on Nursing Science

in conjunction with

THE 2ND

ICPS

International Conference Postgraduate Symposium

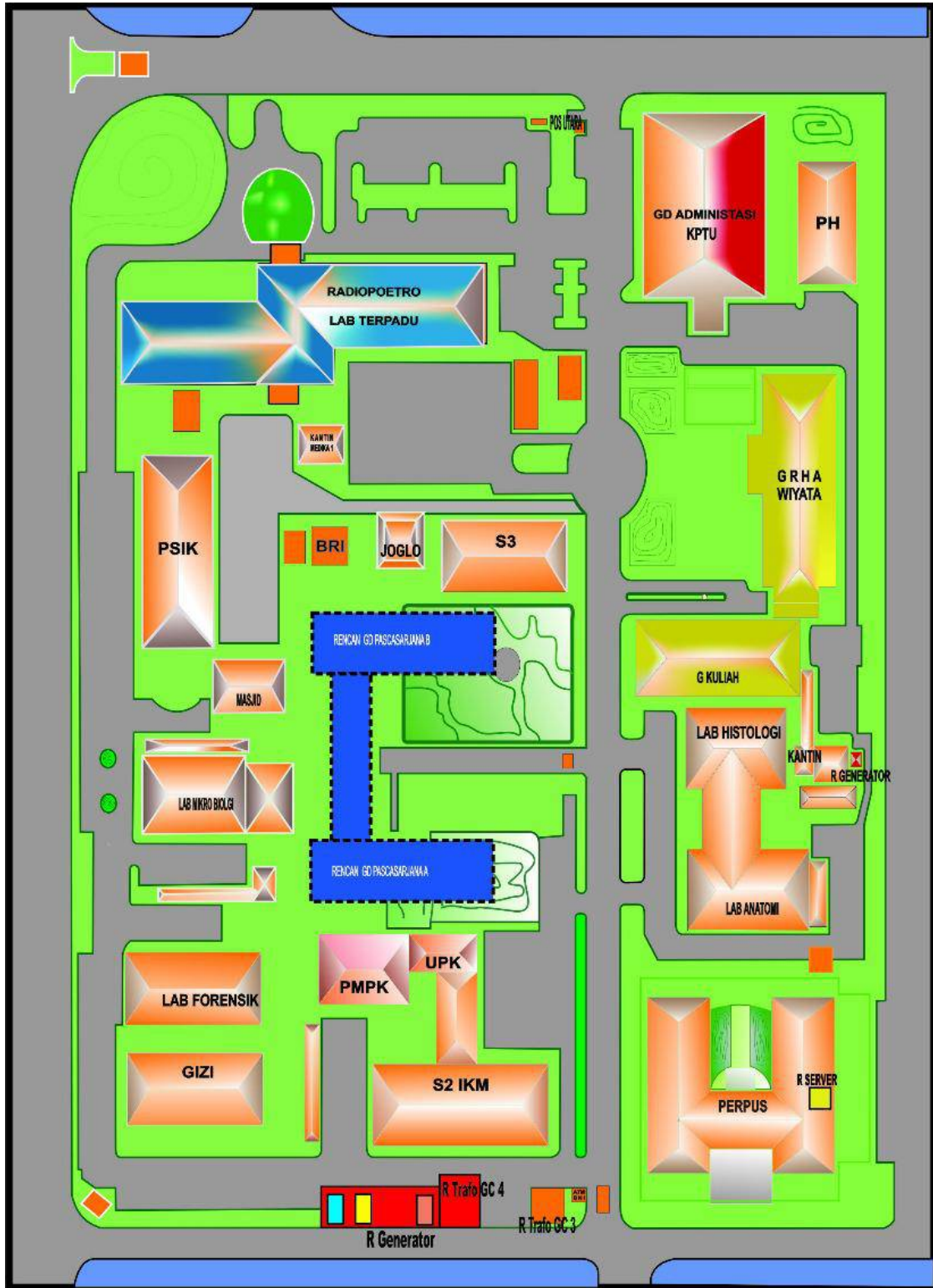
**EMBRACING THE FUTURE OF HEALTHCARE SERVICES
TOWARDS HEALTH FOR ALL**

Yogyakarta, 12-13 November 2019

Organized by:



UNIVERSITAS GADJAH MADA
FACULTY OF MEDICINE,
PUBLIC HEALTH AND NURSING



DENAH FK-KMK UGM

PSP 04 NOVEMBER 2015

VENUE

Time (GMT+8)	Agenda	Speakers
08.00 – 08.30	Registration	
	Opening	MC
08.30 – 08.50	Opening Ceremony Safety Briefing National Anthem: Indonesia Raya	Bayu
08.50 – 09.00	Opening Remarks	1. Conference chair (5') 2. Dean of Faculty Medicine, Public Health, and Nursing, UGM (5')
09.00 – 09.40	Keynote speaker 1	Prof . Laksono Trisnantoro <i>“Innovation and health professionals’ roles toward health for all”</i>
09:40 – 10:00	Photo session	Venue: Auditorium
10.00 – 10.15	Coffee break	
10.15 – 12.30	Plenary session 1	Preparing health professionals human resources to actualize health for all
10.15 – 10.35		Lourdes Tejero, PhD* University of the Philippines Manila <i>“Health for all: Challenges to health professionals’ capacity”</i>
10.35 – 10.55		Prof. Emily Ang National University of Singapore <i>“Interprofessional Education (IPE) at NUS Nursing”</i>
10.55 – 11.15		Lely Lusmilasari Universitas Gadjah Mada <i>“Ensuring nursing care competencies in clinical education”</i>
11.15 – 11.45	Discussion session	Moderator: Syahirul Alim
11.45 – 13.00	Lunch Break	
13.00 – 14.30	Paralel Session I	@ presenter and discussion 15 minutes x 4
14.30 – 15.00	Preparation for the next session Coffee Break	
15.00 – 16.00	Paralel Session II	@ presenter and discussion 15 minutes x 4

Time (GMT+8)	Agenda	Speakers
07.00 – 08.00	Registration	
08.00 – 10.00	Plenary session 2	Future healthcare: what changes are coming? Prof. Dr. Yohanes Widodo Wirohardjojo, Sp. KK (K)
08:00 – 08:20		Application of Stem Cell in Skin Aging
08:20 – 08:40		Prof. Dr. Iwan Dwi Prihasto, M. MedSc., PhD Precision Medicine: The future of healthcare.
08:40 – 09:00		Prof. Sofia Mubarika Micro RNA as biomarker for cancer
09:00 – 09:20		Dr. dr. Ahmad MAhmudi Liver transplantation in children
09:20 – 09:40		Prof Juffrie The role of probiotics in child health
09.40 – 10.00	Discussion	Moderator: dr. Gunadi
10.00 – 10.15	Coffee break	
10.15 – 10.45	Special session: Philippine Journal of Nursing	Dr. Erlinda Castro Palaganas Publications and Health for All
10.45 – 12.00	Plenary session 3	Technologies in healthcare practice and education toward health for all
10.45 – 11.05		Laura Fillmore, DNP, CNE Chamberlain University, USA “An age of data analytics and educational technology advances”
11.05 – 11.25		Dr. Shawn Goh, National University Singapore “Community reintegration for people with mental health conditions: The challenges ahead.”
11.25 – 11.45		dr. Lutfan Lazuardi, PhD Universitas Gadjah Mada Big data analysis for future healthcare services
11.45 – 12.00	Discussion session	Moderator: Ariani Arista Putri Pertiwi
12.00 – 13.00	Break	
13.00 – 14.30	Paralel Session I	@ presenter 15 minutes x 5 Discussion 15 minutes
14.30 – 14.40	Preparation	
14.40 – 15.30	Paralel Session II	@ presenter 15 minutes x 5 Discussion 15 minutes
15:30 – 16:00	Closing ceremony & awards announcement	MC



Professor Dr Laksono Trisnantoro, MSc, PhD
Professor of Health Policy and Administration
Faculty of Medicine, Public Health, and Nursing
Universitas Gadjah Mada
Indonesia

Prof. Dr Laksono Trisnantoro is a Professor in Health Policy and Administration and a senior researcher at Faculty of Medicine, Public Health and Nursing Universitas Gadjah Mada Indonesia. He is currently the Head of the Department of Health Policy and Management. He obtained his MD from Universitas Gadjah Mada in 1987, and Master of Science (MSc) in Health Economics, in the Department of Economics University of York, UK. His Ph.D from London School of Hygiene and Tropical Medicine. The interest is in health policy and administration, especially hospital management, decentralization, and equity. In 2001 he spent a year at Harvard Medical School, Department of Social Medicine, Boston. He is currently the Director of Graduate Programme in Health Policy and Management Universitas Gadjah Mada and Chief Editor of Indonesian Journal of Health Service Management. His main interest is in health policy and administration, especially health service decentralization. He serves as consultant for Minister of Health and local government for many years. During the the last 8 years, he is the director of various programs for supporting health services in remote areas under Universitas Gadjah Mada, local government, and Ministry of Health collaboration. During Aceh and North Sumatera recovery after tsunami in 2004, Prof Laksono Trisnantoro directed a strong team for supporting health service for 4 years. After that, he manage a consortium of hospitals and medical schools for supporting remote hospitals in Nusa Tenggara Timur province. He spends part of his time as short-term consultant and technical advisor to a number of international agencies such as World Health Organization, AusAid, and the World Bank. Currently he is one the Board of Directors member in the Asian Health System Strengthening Network (ANHSS).

**Lourdes Marie Tejero, RN, MAN, MTM, PhD**

Professor, Director, Technology Transfer and Business Development Office

University of the Philippines Manila
Philippines

Professor Dr. Tejero is currently the Director of the Technology Transfer and Business Development Office at the University of the Philippines Manila (UPM), the office that manages the biomedical innovations of faculty and researchers of UPM. Dr. Tejero also served as Dean at UPM College of Nursing, and Director of the National Graduate Office of the Health Sciences that coordinated the graduate programs of all the colleges in UPM. She was primary investigator of a number of health researches, author of several publications, and reviewer in international journals. She received awards nationally and internationally for her work in education and research.

Prof. Dr. Tejero graduated from University of California (UC) Berkeley and UC San Francisco with Master of Translational Medicine (MTM). MTM is a combination of Bioengineering, Clinical Therapeutics, and Entrepreneurship/Business. She completed her Bachelor (cum laude and class valedictorian) and PhD in Nursing from the University of the Philippines. She did her post doctorate at the University of Technology Sydney, Australia.

**Ang Neo Kim Emily**

Professor, Head, Alice Lee Centre for Nursing Studies
National University of Singapore
Singapore

Dr Emily Ang is the Professor and Head of Alice Lee Centre for Nursing Studies (ALCNS), Yong Loo Lin School of Medicine, National University of Singapore. As Head of Department, Emily has revamped and aligned the curricula for the BSc (Nursing), BSc (Nursing)(Honours) and Master of Nursing programmes to meet Singapore's current and future national healthcare needs.

Dr Ang has been recently appointed as the first Group Chief Nurse for the National University Health System (NUHS) on 1 October 2019. Her role is to work closely with the NUHS institutions' Chief Nurses to develop strategic vision for Nursing in clinical practice, applied research and teaching, and also ensure the delivery of quality nursing services across NUHS.

Dr Ang is internationally recognised for her work in evidence-based practice. She received several national awards including the President Nurse Award.

**Laura Fillmore**

Senior Director, Center for Transformational Education and Learning Innovation (TELI)
Chamberlain University
United States of America

Dr. Fillmore provides leadership for the Center for Transformational Education and Learning Innovation (TELI). TELI supports academic initiatives which include: academic support, course design and development, academic technology, virtual simulation and virtual learning environments, the library, and global health. The goal of TELI is to support academic rigor, student centric learning environments and the use of technology to bring students and faculty together across time and locations. Dr. Fillmore established the Chamberlain Care Curriculum design to incorporate the culture of Chamberlain Care into teaching practices. Dr. Fillmore holds a Bachelor of Science in Nursing degree from Madonna University, a Master of Science in Nursing degree from the University of Phoenix, and a Doctor of Nursing Practice degree from Touro University. Over the course of her 30+-year career, she has held a broad range of roles in nursing practice, education, and educational leadership.



Dr. Yong-Shian Shawn Goh, RN, RMN, BHSN, MN, PhD

Assistant Professor
Alice Lee Centre for Nursing Studies
Yong Loo Lin School of Medicine
National University of Singapore
Singapore

Dr. Shawn Goh is an Assistant Professor at Alice Lee Centre for Nursing Studies, National University of Singapore. Dr. Goh has been a registered nurse and registered mental health nurse for more than two decades. Before joining ALCNS, Dr. Goh was a teaching in a Polytechnic for nine years and had been Course coordinator for five cohorts of mental health specialization program.

Dr. Goh has been actively involved in research since 2009. His research interests mainly focused on Community Engagement and Community Reintegration of people in Singapore. Dr. Goh had worked on research topic ranging from acculturation of migrant healthcare workforce, international nursing, nursing management, community nursing, mental well-being for healthy adults and innovations related to mental health nursing education. Dr. Goh has been an active peer reviewer for various double-blinded peerreview international journals, Open-Access Journals as well as professional organizations such as Sigma Theta Tau Honour Society.



Lely Lusmilasari, S.Kp., M.Kes., PhD

Head Department of Pediatric and Maternity Nursing
Faculty of Medicine, Public Health, and Nursing
Universitas Gadjah Mada
Indonesia

Lely Lusmilasari, Ph.D currently is the Head Department of Pediatric and Maternity Nursing, Faculty of Medicine, Public Health, and Nursing UGM. She earned her Ph.D from Chulalongkorn University in 2015. Her dissertation titled The Development of The Parental Feeding Behavior Questionnaire (PFBQ) For Indonesian Parents with Toddlers.

Her expertise is in pediatric nursing especially in family context, health promotion and prevention, nursing education, and instrument development. Currently, She is appointed as a member in Pediatric Nursing Collegium in Indonesia and serving as research and publication committee in Association of Indonesian Nurse Education Centre. In 2015 and 2016, Lely conducted joint-research with Faculty of Nursing Chulalongkorn University focusing in “Nurses’ Mobility: Opportunities And Challenges Of Asean MRA on Nursing Services in Indonesia”, funded by ASEAN Studies Centre.



Prof. Iwan Dwiprahasto, MD., M.Med.Sc., Ph.D

Professor

Faculty of Medicine, Public Health, and Nursing

Universitas Gadjah Mada

Indonesia

Prof. Iwan Dwiprahasto is a professor in pharmacology. He joined UGM in 1988 at the Department of Pharmacology and Toxicology. His major focus in rational use of medicine started in 1994 when completing a master degree at the London School of Hygiene and Tropical Medicine (LSHTM), England in 2000. His academic career started as a lecturer in 1988 and in the years 2005 - 2008 he was appointed as Vice Dean for Academic and Student Affair, Faculty of Medicine, Public Health, and Nursing Universitas Gadjah Mada. In 2012 - 2017, he was appointed as the Vice Rector for Academic and Student Affairs, Universitas Gadjah Mada. At national level, Prof. Dwiprahasto chaired a number of national committee on drug formulary, among those are the committee for the national insurance (ASKES), Ministry of health, Food and Drug Administration, key National Business Industries, and he was speakers in key international and national seminar forums.



Dr. dr. Akhmad Makhmudi, Sp.B., Sp.BA(K)

Lecturer

Faculty of Medicine, Public Health, and Nursing

Universitas Gadjah Mada

Head of Pediatric Surgery Division

Dr. Sardjito Hospital

Indonesia

Dr. dr. Akhmad Makhmudi, Sp.B., Sp.BA(K) is a senior lecturer at Faculty of Medicine, Public Health and Nursing, UGM and both an attending physician as well as the Head of Pediatric Surgery Division in Dr. Sardjito Hospital. He also finished his Ph.D. in Molecular Genetic Analysis of Gastroschisis in UGM. His focus research is the effect of miRNA-21 in the pathogenesis of biliary atresia in Indonesia. He has published many scientific articles in prestigious journal in the surgery field such as Journal of Pediatric Surgery, Journal of Investigative Surgery, Journal of Surgical Research, and Pediatric Surgery International. He is also the leader for Pediatric Liver Transplantation Team at Dr. Sardjito Hospital which has been successfully performing several pediatric liver transplants alongside Kyoto University Hospital as the collaborator, ever since the first flourishing surgery back in 2015.

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ORAL PRESENTATION SCHEDULE (12 November 2019)

Venue:
Auditorium FKKMK

Time	Title	Authors
13.15 - 13.30	A Supportive Educational Program on Caring Burden and Quality of Life in Family Caregiver of Women with Cervical Cancer	Mutia Nadra Maulida (University of Sriwijaya, Indonesia)
13.30 - 13.45	The Importance of Health Education as One of the Health Promotion Strategies to Enhance Health Literacy of Prisoners in Jember	Anisah Ardiana (Fakultas Keperawatan Universitas of Jember, Indonesia)
13.45 - 14.00	Inter-rater Reliability of Colostomy Care Skill Checklist in the Objective Structured Clinical Examination (OSCE)	Alenda Dwiadila Matra Putra, Melyza Perdana, Christantie Effendy and Intansari Nurjannah (Universitas Gadjah Mada, Indonesia)
14.00 - 14.15	The Correlation of Health and Previous Employment Status to Activeness of Elderly Participation in Community Program	Kartinah Kartinah (University Muhammadiyah of Surakarta, Indonesia)
14.15 - 14.45	Break	
14.45 - 15.00	Analysis of the Need to Improve Family Empowerment in Treating Non Communicable Disease at the Disaster Areas	Tuti Nuraini, Nani Asna Dewi, Siti Shafriani and Nurul Jannah (Universitas Indonesia, Indonesia)
15.00 - 15.15	Relationship Between Self-Efficacy and Social Support to Suicidal Ideation in Students	Riska Amalya Nasution (Universitas Indonesia, Indonesia)



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15.15 - 15.30	Using Game as an Educational Method to Increasing Disaster Preparedness: A Literature Review	Herlin Lidya, Hersinta Retno Martani, Horizon Trivita Andriana, Bambang Sudono, Sri Warsini and Uki Noviana (Universitas Gadjah Mada, Indonesia)
15.30 - 15.45	Nursing Student's Attitude Towards People with Disability Measurement: A Literature Review	Nadya O Syarifa and Azam Saifullah (UGM, Indonesia)
15.45 - 16.00	Knowledge of Sexually Transmitted Infection and Appropriate Health Education Among Nursing Students in Yogyakarta Province	Elsi Dwi Hapsari (Universitas Gadjah Mada, Indonesia)



Venue:
Discussion Room 5, Grha Wiyata Building

Time	Title	Authors
13.15 - 13.30	Analysis of Outpatients Preparation in Adult Cardiac Surgery Services in Hospital	Ari Kusumantoro
13.30 - 13.45	THE ROLE OF LEADERSHIP IN COMMUNITY HEALTH VOLUNTEER (CADRE) OF POSYANDU PERFORMANCE: A SURVEY IN RURAL INDONESIA Ngatoiatu Rohmani, Dewi Utari	Ngatoiatu Rohmani; Dewi Utari
13.45 - 14.00	Health-promoting Behaviors Among Hypertensive Adult Patients with and Without Comorbidities in Indonesia	Anggi Lukman Wicaksana; I Putu Athia Alit Artawan; Adhe Destiana
14.00 - 14.15	Nurses and Physicians' Perceptions on the Electronic Health Record Implementation	Yuni Kartika; Nurwestu Rusetiyanti; Ariani Putri Pertiwi
14.15 - 14.45	Break	
14.45 - 15.00	Fertility Desire in Women Living with HIV/AIDS in Victory plus Foundation Yogyakarta	Dwi Kartika Rukmi; Afi Lutfiyati; Ike Wuri Winahyu Sari
15.00 - 15.15	Why Children are Not Vaccinated: Parent's Perception of Vaccine Hesitancy	Ferry Efendi; Alpian U. Dewa; Andri S. Wahyudi; Ahmad Putro Pramono
15.15 - 15.30	Relationship of Family Support with Self Efficacy of People Undergoing Chemotherapy in Makassar, Indonesia	Indargairi Indargairi
15.30 - 15.45	Psychometric Testing of ORTO-15	Irwan Supriyanto; Sri Warsini
15.45 - 16.00	Efforts to Improve Self-Esteem Quality in Patients with Mental Disorders Through Community Mental Health Nursing (CMHN) and Guidelines for Self-Concept Assessment Training in the Bantul Public Health Center in Yogyakarta	Ibrahim Rahmat; Mohammad Hakimi; Soewadi Soewadi



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Venue:

Discussion Room 6, Grha Wiyata Building

Time	Title	Authors
13.15 - 13.30	The Correlation Between Anxiety Level with Personal Identity Patients Cancer in Jember	Kushariyadi Kushariyadi, Didik (University of Jember, Indonesia)
13.30 - 13.45	Correlation Between Nutrition Status on Cognitive Function in Hypertension Patients	Kushariyadi Kushariyadi, Didik (University of Jember, Indonesia)
13.45 - 14.00	The Effect of Qigong Exercise on the Teacher's Work Stress Level	Nina Dwi Lestari (Universitas Muhammadiyah Yogyakarta & Nursing Science Program, Indonesia)
14.00 - 14.15	Corelation of Marital Status and Quality of Life Patients with Schizophrenia	Kellyana Irawati (Universitas Muhammadiyah Yogyakarta, Indonesia)
14.15 - 14.45	Break	
14.45 - 15.00	The Challenges of Healing Garden Therapy Program Implementation in Hospital	Agustina Sri Oktri Hastuti
15.00 - 15.15	QUALITY OF LIFE AMONG PREDIALYSIS CHRONIC KIDNEY DISEASE PATIENTS IN RSUP DR SARDJITO YOGYAKARTA	Melyza Perdana; Anggi Lukman Wicaksana; Fa Paramitha



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15.15 - 15.30	The Differences of Excessive Daytime Sleepiness Among Adolescents with Over-nutrition and Normal Nutrition in Yogyakarta	Dian Novitasari; Anik Rustiyaningsih; Lely Lusmilasari
15.30 - 15.45	The Decision Making Forgoing Life Sustaining Treatment in Terminal Stage Critically Ill Children: Parental Views and Factor's Influence	Nurnaningsih Nurnaningsih; Sri Setiyarin
15.45 - 16.00		



Venue:
Discussion Room 7, Grha Wiyata Building

Time	Title	Authors
13.15 - 13.30	The Effect of Education Using Video on Mother Care Behavior to Toddlers with Pneumonia in Piyungan Puskesmas Bantul District Yogyakarta	Lely Lusmilasari; Yuliatil Harahap
13.30 - 13.45	End-Of-Life Decision Making in ICU: Mix Method Study in the Era of the National Health Insurance Program in Indonesia	Sri Setiyarini
13.45 - 14.00	The Relationship Between Adherence of Taking Antiretroviral and the Quality of Life of People Living with HIV/AIDS (PLWH) in LSM Victory plus Yogyakarta	Anita Kustanti
14.00 - 14.15	Enriching Disaster Nursing Competencies with the Indonesian Local Wisdom: a Narrative Literature Review	Syahirul Amim
14.15 - 14.45	Break	
14.45 - 15.00	Is Perceived Self-Efficacy Related to Occupational Stress of Tobacco Farmer in Jember?	Emi Wuri Wuryaningsih
15.00 - 15.15	Cross Cultural Adaptation Validity and Reliability Study of Mqol-R Indonesian Version in Patients with Cancer in Indonesia	Christantie Effendy; Sri Setiyarin; Listi Sukmawati
15.15 - 15.30	QUALITY OF LIFE OF PATIENTS UNDERGOING CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD)	Melyza Perdana; Orin Rizal
15.30 - 15.45	The correlation between sexual function and quality of life,	Zulfa Putri, Sri Warsini, Christantie Effendy
15.45 - 16.00	The Effect of Foot Massage on Anxiety in Ami Patients	Arif Adi Setiawan (Jenderal Achmad Yani



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		University of Yogyakarta & Siliwangi Street, Ringroad Barat, Banyuraden, Sleman DIY, Indonesia)
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Venue:

Discussion Room 8, Grha Wiyata Building

Time	Title	Authors
13.15 - 13.30	Physicians and Nurses' Readiness in Using Electronic Health Record (EHR)	Rasyid Herlambang Wicaksono; Ariani Putri Pertiwi; Sugiarsih Sugiarsih
13.30 - 13.45	Cultural Adaptation and Psychometric Testing of the CaSPUN (Cancer Survivors' Partners Unmet Needs) Measure Among Partners of Gynecological Cancer	Haryani Haryani; Yati Afiyanti
13.45 - 14.00	Factors Related to Behavior of Cervical Cancer Screening Pap Smear Among Married Woman	Haryani Haryani; Destin Hidayati; Anita Kustanti
14.00 - 14.15	Anemia During Pregnancy as a Risk Factor of Postpartum Blues: a Cohort Retrospective Study	Widyawati
14.15 - 14.45	Break	
14.45 - 15.00	The Correlation Between Anxiety Levels and Spiritual Activities with Motivation to Recover in Pulmonary Tuberculosis	Ika Nur Pratiwi
15.00 - 15.15	Experiences and Coping of Cancer Patients Undergoing Radiotherapy: A Qualitative Study	Lingga Dewi; Ika Nur Pratiwi; Lailatun Ni'mah; Rr Dian Tristiana; Graeme Smith
15.15 - 15.30	Nurses' Empowerment Needs in Diabetes Self-Management	Yanuar Primanda; Lisa Herviani



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Venue:
Discussion Room 9, Grha Wiyata Building

Time	Title	Authors
13.15 - 13.30	The Effect of Gum Chewing to Enhance Intestinal Peristaltic Frequency in Patients Postoperative Laparotomy	Ika Linawati Istam; Yuda Handaya; Syahirul Alim
13.30 - 13.45	Factors Associated with Length of Stay in Emergency Department: A Literature Review	Happy Indah Kusumawati; Judy Magarey; Philippa Rasmussen
13.45 - 14.00	The Prevalence of Elder Neglect Among Older People in the Rural Area of Pajangan Bantul Yogyakarta, Indonesia	Dewi Utari (University of Jenderal Achmad Yani Yogyakarta, Indonesia); Ngatoiatu Rohmani (Universitas Jenderal Achmad Yani Yogyakarta, Indonesia)
14.00 - 14.15	The Effect of Training on Dementia Care among Nurses: a Literature Review	Sri Mulyani
14.15 - 14.45	Break	
14.45 - 15.00	How Ex-Drugs Users' and Health Professionals' Perspectives About School-Based Drug Use Prevention Programs: A Phenomenology Study	Teuku Tahlil; Aiyub Aiyub
15.00 - 15.15	The Effect of a Combination of Therapeutic Walking Exercise and Ankle Pumping Exercise on Value Ankle Brachial Index (ABI) in Clients with Type 2 Diabetes Mellitus	Jon H Sutawardana



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15.15 - 15.30	The Effect of Health Education About Menstrual Patterns with Mobile Menstruation Monitoring (Mommi) Against Perception About Natural Pregnancy Methods	Ika Parmawati; Wenny Nisman; Erna Sari; Erviana Kusuma; Fauziyyah Ningtyas
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Venue:

Room Discussion 10, Grha Wiyata Building

Time	Title	Authors
13.15 - 13.30	Correlation Between Body Image and Quality of Life of Patients with Breast Cancer	Christantie Effendy; Sri Setiyarin; Tri Yatmi
13.30 - 13.45	The Effect of Education in Nutrition to Feeding Behaviour of Mothers' of Children Under Five with Overweight and Obesity in Yogyakarta	Lely Lusmilasari
13.45 - 14.00	Bullying in Elementary School and Mental Health: An Integrated Review	Abdul Ghofur
14.00 - 14.15	The Effect of Foot Reflexology on Behavioral and Emotional Problems in Preschool Children	Ami Novianti Subagya, Intansari Nurjannah, Sri Hartini
14.15 - 14.45	Break	
14.45 - 15.00	The Corelation Between Anxiety Level with Personal Identity Patients Cancer in Jember	Mulia Hakam
15.00 - 15.15	Post Discharge Complications of Patients with Post Surgical Hip Fracture: A Literature Review	Umi Istianah; Intansari Nurjannah
15.15 - 15.30	Brain Vitalization Gymnastics Increasing Cognitive Function in Hypertension Patients	Kushariyadi Kushariyadi, Didik



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POSTER PRESENTATION

Code	Title	Authors
HEALTH PROFESSIONAL EDUCATION		
P 001	Clinical Nursing Students Perception Toward E-learning Usability in Clinical Learning of Nursing Management Stage at School of Nursing Faculty Medicine, Public Health and Nursing (FMPHN) Universitas Gadjah Mada	Totok Harjanto (Universitas Gadjah Mada, Indonesia); Ariani Putri Pertiwi (Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Indonesia); Made Gautama, Kharisma Suryani, Desti Wahyuningrum and Murrantia Ramadhina (Universitas Gadjah Mada, Indonesia)
P 002	The Effect of Peer Education on Knowledge Toward Human Papillomavirus Vaccination Among Adolescent Girls	Wiwin Lismidiati and Elsi Dwi Hapsari (Universitas Gadjah Mada, Indonesia)
P 003	Hierarchy Elimination in Interprofessional Collaborative Practice: A Literature Review	Hafidz Maruf and Eri Yanuar Akhmad Budi Sunaryo (Universitas Gadjah Mada, Indonesia); Totok Harjanto (Universitas Gadjah Mada, Indonesia)
P 004	Reflective Learning: How It Could Be Implemented in Emergency Nursing Practice	Kurnia Putri Yuliandari (Universitas Gadjah Mada, Indonesia)
HEALTHCARE MANAGEMENT		
P 005	Experience of Head Nurse in the Implementation of Islamic Leadership Style in Syarif Hidayatullah Hospital	Jamaludin Tarkim (UIN Syarif Hidayatullah Jakarta, Indonesia)
P 006	Starting Using EHR How Satisfy are Physicians and Nurses?	Nurul Dyah Kusumawati (Universitas Gadjah Mada, Indonesia); Ariani Putri Pertiwi (Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Indonesia); Wenny Nisman (Universitas Gadjah Mada, Indonesia)
P 007	Hierarchy Among Doctors and Nurses in Interprofessional Collaboration in Operating Room	Muhamad Sardiman (Universitas Gadjah Mada, Indonesia)



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THE CHALLENGES OF HEALING GARDEN THERAPY PROGRAM IMPLEMENTATION IN INDONESIAN HOSPITALS

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ABSTRACT

Background: Nowadays, many hospitals in Indonesia getting aware of Healing Garden Therapy Program (HGTP) as program to improve patient quality of life and services excellent. Some private hospitals have implemented this program and the benefits have also been felt by patients, families and by hospital staff. Nevertheless, there are several challenges in implementing HGTP faced by hospitals Quality of Life (QOL) and satisfaction during the implementation. The purpose of this study is to explore the challenges of Healing Garden Therapy Program in hospital.

Method: A qualitative study was conduct between January and March 2019 at two private hospitals in Indonesia. The twenty one (21) participants were chosen purposively. There were nurses, midwifery, hospital public relation, hospital staff, lecturer, architecture, and patients. Semi-structure questionnaire was guide to the in depth interview. The data was analyzed thematically.

Result: There were eight (8) challenges themes as a key to be aware to improve the implementation of HGTP consist of:

1) the need to harmonize the different background & culture, 2) how to involve the parties from outside the hospital to contribute HGTP, 3) how to present the program more interestingly, 4) and how to make the patients smile and not feel disappointed during the activity, 5) how to be able to make HGTP as a superior services in the hospital, 6) how to informing to public about the importance of HGTP, 7) how to use the garden can be optimized by users (patients, family, visitors, and hospital staff), and 8) how to make HGTP be a positive promotion venture for the hospital.

Conclusion: From the eight themes we conclude in to 2 aspects of the challenges. There were the human resources and the organizational.

Keywords: *Challenges, Healing Garden Therapy Program, Indonesia, Holistic, Implementer, Management*

THE CHALLENGES OF HEALING GARDEN THERAPY PROGRAM IMPLEMENTATION IN HOSPITALS

Introduction

Healing Garden Therapy Program (HGTP) in a hospital is a program held by the hospital by inviting patients, families and visitors to come to the garden and enjoy the entertainment prepared by the organizer (Hastuti, 2017). This program is very beneficial for patients, patients' families and hospital staff. For nurses, the HGTP program is part of a caring implementation. In Indonesia, several hospitals have gardens, but have not been used optimally to support the healing process of patients. Two hospitals in Indonesia, namely the Panti Rapih Hospital in Yogyakarta and St. Carolus Hospital in Jakarta have implemented HGTP. The government supports the implementation of this program with the issuance of Government Regulation number 24 of 2016 concerning the technical requirements of hospital buildings and infrastructure which states that hospitals must provide garden that function as preservation and healing areas. The minimum area of the garden is 15% (fifteen per cent) of the land area.

HGTP can be implemented well in hospitals, besides having a fairly representative garden for the implementation of HGTP, all professionals in the hospital also should be understand the benefits of HGTP in supporting patient recovery. Besides that the hospital management support is very important for the provision of facilities and human resources. However, the implementation of HGTP does not mean that it can be done easily. Based on the preliminary study, several obstacles in the implementation and benefits of the program have been revealed by professionals and patients but there are still no results of research related to the challenges in implementing of the HGTP. Therefore, researchers want to know more deeply related to the challenges faced by the organizers in the implementation of HGTP in hospitals.

Research Question

In implementing HGTP, there are several challenges that experienced by hospitals. The research questions was:

What was the challenges encountered by the hospital staff in implementing of the HGTP ?

Purpose

The purpose of this study was to explored the challenges of Healing Garden Therapy Program in Indonesian hospital

Methodology

Design

This study used a qualitative method with descriptive phenomenological approach. Semi-structured questionnaire as a guide interview to get an overview of the challenges experienced by the participants who conducted of the Healing Garden Therapy program at the hospital

Setting

The place for this study was in two private hospitals in Indonesia that have implemented a healing garden therapy program.

Participants

Participants in this study were people who work in hospitals from various professions and have implemented healing garden therapy programs, academics, architectures who understand the design of Healing Garden, and also patients in both private hospitals in Indonesia. There were 21 participants and chosen purposively, because the selection of participant was criterion based. The following inclusion criteria were considered: first, the nurses should have an education degree with minimum Diploma Three in nursing and who have experienced working as a nurse for a minimum of three years and should have experienced conducting a Healing Garden Therapy in the hospital. Second, for the hospital staff, she/he should have an education degree with a minimum of Diploma Three, have experienced conducting a Healing Garden Therapy in the hospital, and willingness to be participants in this study. Third, the architects should have experience with focus on the landscape part, and should be willing to be participants. Fourth, *for* academics, they should know about the Healing Garden Therapy concepts, have experience in the Healing Garden Therapy Program and should be willing to be participants in this study. Fifth, for the patients, they should have undergone treatment with a stable condition both physically and psychologically or someone who have been hospitalized for more than one (1) week in Panti Rapih or St. Carolus hospital, and have experience in the Healing Garden Program in hospital and should have willingness to be participants.

Ethical Consideration

Ethical clearance was approved by the Ethics Review Committee of St. Paul University Philippines and was given protocol code 2018-01-PhDNS-016. Approval was also obtained from Christian University of Duta Wacana Indonesia (UKDW), and written Indonesian language (number: 912/C.16/FK/2019).

Data Collection

Researcher conducted interviews in Indonesia from January to February 2019. Direct face-to-face interviews were conducted with 19 participants in two different places namely Panti Rapih hospital in Yogyakarta and St Carolus in Jakarta according to their places of work. Two (2) other participants due to difficulties in the time agreement, then the interview was conducted via email. Before the interview is conducted, the researcher first explains to the potential participants related to the research objectives and technical implementation of the interview. Next the researchers asked for willingness to be involved in this research. After the participants understood and agreed to be involved in the research, the participants signed an informed consent.

Participants were interviewed related to their experiences and in more detail related to the challenges they faced in implementing the Healing Garden Therapy program for patients who were being treated at the hospital. Interviews were conducted around the hospital in a private room dedicated to interviews where they worked and were preceded and prior time contracts so that the situation was relaxed and sufficient time. Each interview takes place within 30-45 minutes using a semi-structured interview guide

Data Analysis

We used phenomenological, and the data analyst were Colaizzi approach. After the interview the researcher transcribed the results of the interview, coding until finding a theme using Indonesian language and assisted with Nvivo 12 software. The coding up to the discovery of these

themes is also examined by other researchers. After finding themes that were agreed upon between the researcher and other researchers, the researcher then transferred them into English.

Result of findings

Table 1. Participant of this study

Participants	Age	Gender	Educations	Professional
1	35	Female	S2	Public Relation
2	47	Male	S1	Patient
3	51	Female	D3	Hospital administration
4	45	Female	D3	Midwifery
5	45	Female	S1	Nurse
6	58	Male	S1	Social worker
7	45	Female	S2	Lecturer
8	45	Male	D3	Nurse
9	46	Female	S1	Patient
10	47	Female	S1	Nurse
11	50	Female	S2	Architecture
12	40	Male	D3	Hospital administration
13	46	Female	S1	Nurse
14	35	Male	S1	Public Relation
15	38	Female	S1	Nurse
16	52	Female	S1	Nurse
17	26	Female	S1	Hospital Administration
18	52	Female	S2	Social worker
19	52	Male	S1	Patient
20	53	Female	S1	Patient
21	49	Female	S3	Lecturer
Total Participants	Age	Gender	Educations	Professional
1	35	Female	S2	Public Relation
2	47	Male	S1	Patient
3	51	Female	D3	Hospital administration
4	45	Female	D3	Midwifery
5	45	Female	S1	Nurse
6	58	Male	S1	Social worker
7	45	Female	S2	Lecturer
8	45	Male	D3	Nurse
9	46	Female	S1	Patient
10	47	Female	S1	Nurse
11	50	Female	S2	Architecture

12	40	Male	D3	Hospital administration
13	46	Female	S1	Nurse
14	35	Male	S1	Public Relation
15	38	Female	S1	Nurse
16	52	Female	S1	Nurse
17	26	Female	S1	Hospital Administration
18	52	Female	S2	Social worker
19	52	Male	S1	Patient
20	53	Female	S1	Patient
21	49	Female	S3	Lecturer
Total				

The challenges encountered by the participants were taken from the in-depth interviews of the different groups of participants. There were eight themes that represent challenges that come from the organizer and challenges from the management.

Challenges that come from the implementer include:

1. The need to harmonize the different background & culture

Participants felt that there was a challenge to be able to harmonize all patients from various cultures in the implementation of HGTP. This was verbalized by one of the participants:

"If the challenge is ... many of them are admitted to this hospital ... there are many people. With different educational backgrounds ... different cultures ... different ... so we have to learn more ..." (P16, female, 27 years old). If necessary the dance or a song from the region from where the patient's came from, could be presented so that the patient would feel more attention.

2. How to involve the parties from outside the hospital to contribute HGTP.

How to involve parties from outside the hospital to contribute to HGTP. Organizers have the challenge that for success and more interesting activities it needs to involve outsiders for example by inviting famous figures or artists known by patients

The statement conveyed by participants is as follows:

..."the future challenge is actually how to make patients more interested in being able to work with outside parties..." (P3, female, 52 years old).

3. How to present the program more interestingly,

Participants always do an evaluation after the completion of the HGTP implementation and seek improvements in the administration to make it more interesting morning patients and families. This was among the verbalization of the participant:

... "The challenge in the future is how to organize more interesting HG." (P8, male, 42 years old).

4. How to make the patients smile and not feel disappointed during the activity.

HGTP is one of the objectives of HGTP is to keep patients entertained so that patients will feel happy and not disappointed. For this reason, participants try to arrange the event as well as possible to suit the patient's favorite needs.

Thus, this challenge was verbalized by one of the participants:

.....”for me ... it’s hard to bring a happy atmosphere ... make patients smile ... Challenge as organizers ... afraid they’re disappointed ...”(P1, male, 48 years old).

While the challenges that come from the hospital management include:

5. How to be able to make HGTP as a superior services in the hospital,

At present the hospital must compete to get the attention of the community. HGTP implementation in hospitals can make superior services that differentiate it from other hospitals. There were the following statements:

.....”The challenge in the future is when people have seen this HG as more value, I think other hospitals will emulate, so there is a need to understand the important awareness that this HG is more value and Panti Rapih hospital as the originator, so if it can be patented ... can be the branding of Panti Rapih hospital...”(P1, female, 30 years old).

.....”For me ... because e ... I love the Carolus hospital and I know that the healing garden is an added value ... the added value because there are not many other hospitals that implement ...” (P20, female, 47 years old).

6. How to informing to public about the importance of HGTP,

Because of the great benefits of this program for healing patients and also their families, the hospital management wants to convey to the wider community to be able to take advantage of this program. Verbalized as a challenge by the participants as follows:

“Now the Panti Rapih hospital has already released itself as a Garden Hospital, yeah ... it’s clear ... that means it must be explored so ... Garden Hospital must be explored ... and people must know ...”(P6, male, 57 years old).

.....: that the hospital is required to be more creative and produce a healing therapy concept that is useful and to change the views of patients or the public that hospitals do not always have a bad impression...” (P10, female, 46 years old).

7. How to use the garden can be optimized by users (patients, family, visitors, and hospital staff). It is well known that being in a park for most people will have a positive experience, for this reason hospital management wants that parks around the hospital can be utilized more optimally by users. The participants have provided this concern through the following statements:

...”Our challenge is how do we optimize the existing garden... what can we make that we already have ... yes that's the challenge ... yeah ... the optimization we have is ... to be able to be used by more people” (P6, female, 47 years old).

...”so that comprehensive programs of nursing can be carried out, rehabilitative and Panti Rapih have supporting infrastructure so that at it is time to begin to increase the role of the garden which was originally an active means of the healing process ..”(P10, female, 46 years old).

8. How to make HGTP be a positive promotion venture for the hospital.

If the hospital can hold HGTP for its patients periodically, then the patient, family, visitors and the wider community will understand that the hospital has different services from other hospitals, this will automatically become a positive promotional media for the hospital. This can be seen in the following participants’ statement:

“This healing garden can be appointed as a potential ... promotion through social media also adds people to know ... then yes we can invite sponsors also to participate in healing garden. The healing garden also has education too ... you can also hold a seminar ... not only sick people ... healthy people can also join ... if the hospital is only for sick people it can be broken ... What is certain is that many who have seen the healing garden have become a special value for the Carolus Hospital ...(P15), male, 36 years old.

“.....:The second is healing garden which can be a more appropriate hospital promotion place ...” (P8), male, 42 years old.

Discussion

Challenge according to the Large dictionary of Indonesian (1998) is the thing or object that inspires determination to improve the ability to overcome problems. In an organization, the challenge is used as an opportunity to improve what is currently being implemented. Based on the results of interviews, the challenges were grouped according to challenges of the organizers related to how the program can become better and organized, and the challenges for the hospital management related to the development of the program.

The first challenge is the need to harmonize the different backgrounds and cultures of participants who participated in the Healing Garden Therapy Program. The country of Indonesia consists of thousands of islands and many ethnic groups. Indonesian society is known to be very heterogeneous in various aspects such as the diversity of ethnic groups, religions, languages and customs. For that, tolerance and mutual respect must be maintained for without that commitment will open opportunities for destructive excesses in society (Suranto, 2013). With good tolerance, cultural differences can be processed as resources in realizing humanistic communication.

The second challenge are how to involve parties from outside the hospital to contribute to the healing garden therapy program. In general, a hospital has a division called Public Relation which has the task of cooperating with communities outside the company. A public relations is a business that is planned continuously on purpose, in order to build and maintain a mutual understanding between the organization and the community. This definition shows that Public Relation is the part of a marketing and communications strategy that crafts an organization’s message(s) to its diverse public including customers, prospects, investors, employees, suppliers, distributors, media/journalists, social media networks, the government and the public (Cohen, 2011).

Another challenge in the development of the Healing Garden Program is inviting someone or a group of people to become resource persons or volunteers in the healing garden activities. Usually

organizers have made a schedule for one year and in the implementation raised an interesting theme for that month. For example, the World Sickness Day, Tuberculosis Day or World Cancer Day is celebrated on certain months.

There are times when the committee needs to invite certain figures or speakers. For example, they invite an expert to deliver health education at the education session. Or the committee could also invite a group of musicians and singers to fill the event in the healing garden activities for patients, and this is their charitable / social activity. It could also invite a group of people or categorical organizations to volunteer whose job is to accompany and pick up patients from the room where he was treated and bring the patient back to his room after finishing the Healing Garden Therapy activity. To be able to present outside parties to this hospital, the organizer can work together with the public relations department of the hospital to realize this opportunity according to the procedures that apply in the hospital.

The third challenge encountered by organizer is how to make the event interesting.

According to Prelo (2017), what determine the success of an event are the themes raised and the concepts of implementation. She further said that if the choice of concepts and themes are interesting, it can automatically spread to other elements in the event. Whitehouse (2001) believed that programmatic components of the healing environment are the arts and culture programs like musical performances, storytelling, artist-in residence, and the like. As far as the researcher understands, the HGTP team already has a schedule and raised the themes that are commemorated together in each month, as in the implementation of January with the theme of Christmas and New Year, in August; the theme of the Indonesian Independence Day was raised.

The organizers were very enthusiastic in organizing a healing garden program so they wanted to always improve the program to become more interesting. At the end of each session in Healing Garden Therapy activities, there were testimonials conducted, namely by asking the participants' feelings during the activity. From the documentation presented by the participant who happened to be the head of the public relations division at the hospital, he said that so far the patients were very enthusiastic in participating in the Healing Garden Therapy Program.

The fourth challenge is to make the patients smile and not feel disappointed about his or her participation in the program. This is one of the four challenges included in the outcome indicators in the development of a Healing Garden Therapy Program at the hospital. Kaplan and Kaplan (1993) as cited in Whitehouse (2001) proposed that the hospital environment are stressful in part, because they are typically complex and unfamiliar. They theorized that sustained exposure to the hospital environment would likely result in mental fatigue and the experience of "cognitive chaos". As an organizer, one would want to always provide the best service that can satisfy customers. This is in accordance with the principles of customer service. This is analogous to Watson's (2008) statement, where she defined that "nursing" as a human science of person and human health. In this instance, caring does not only heal the patients, but it also heals nurses by building a nurse to patient and nurse to nurse mutually dependent relationship. Furthermore, Watson (2001) stressed at the 8th carative factor that nurse should assist in creating a healing environment at all levels (physical as non-physical), subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.

Gartner (2019) claims that customer service can make or break a company. Not surprisingly now, consumers must get what they want, compile what they want, their expectations have increased. In fact, in a recent poll, 82% of CEOs predicted customers from companies were "somewhat" or "far" higher than three years ago. What's more, today's customers quickly share negative experiences online,

where they can quickly support a large audience. It is more important than before to support customers from day one and prepare what the customer gives both internally and externally.

Generally patients who come to the hospital are patients who experience heavy burdens, both physical burdens, possibly pain and others. And also the psychological burden on where they are in a new place that needs to adapt to new people who will care for them where they are not know to each other beforehand. This can make patients anxious and reduce body immunity. By participating in the HGT program, patients are expected to be entertained so as to speed up the healing process. The real service is if the party being served feels satisfied, then the nurse as a provider of the service will also feel satisfied. For each HGT Program in a hospital, participants are given a simple questionnaire containing questions related to their satisfaction or dissatisfaction during the HGT Program. This result will be used in the evaluation meeting after each activity is completed to improve the next session. Research related to patient satisfaction after participating in the HGT program has never been done but from the public relations department's records it can be seen that more than 80 percent of patients feel satisfied following the HG program (notes from the public relations department, 2018).

The fifth challenge make the HGTP as a superior service in the hospital and differentiate it from other hospitals. Understanding of superior services or center of excellence, according to Andayani (2013), is a service that is full of innovation, supported by the best technology, and usually focuses on a particular disease, and is not owned by competitors. Zuckerman & Markham (2006) as cited in Andayani (2013) further states that there are four important aspects considered in developing superior services, namely which aspects of service will be differentiators (uniqueness), how to expand market coverage, how can hospitals take a position (in the arena of competition), how hospitals can provide specific to support these excellent services. Andayani (2013) likewise stated that to be able to develop superior services, the following are needed: team work (from multi-disciplines), leadership, commitment and financial support.

The notion of "being a superior service" in the development of a healing garden therapy program in hospitals is more about "making a unique service" from the hospital that organizes the HGT program. Supporting Andayani's (2013) statement above, that in order to develop the HGT program in hospitals it also requires team work from various professions in the hospital, competent leadership, and high commitment from the organizing team and support from all levels in the hospital.

Sixth challenge was informing the general public about the importance of the garden in around the hospital to help the healing process. Marcus and Barnes (1995) conducted series of case study, the reaction of adult patients and staff who used the gardens were almost uniformly positive with nearly all subjects reporting positive changes in mood as a result of garden use. At present, almost all hospitals have marketing managers. Hospital marketing is an effort that can be done so that the utilization or use of hospital services becomes higher so that it has an impact on increasing the degree of society. The purpose of hospital marketing is to inform the public as clearly as possible about the services and facilities in the hospital to the wider community, and to form a positive image of the hospital through public trust (Yuningsih, 2009).

Whitehouse (2001) indicates that the first and perhaps most importantly, staff needs to be educated as to the purpose of garden: who it is for, and how to incorporate use of the garden to patient and family care. Furthermore, the second is to ensure that families and patients know about the garden and are able to have access to it. Colorful brochures with pictures information about the garden, and maps how to get there are needed. This informational item should be included in new patient packages and in the patient information book in hospital room. Then the third, installing posters about the garden in elevators or other high-traffic areas could further increase the visibility of

information about the garden. Finally, assigning volunteers and hospital interns to bring the patients and families to visit the garden would increase its use and accessibility.

The marketing strategies in the hospital include the program but it seems that it is still not being maximized by the supposed participants. In relation to the healing garden therapy program at the hospital, because this program has been proven useful in helping the healing process of patients, it is appropriate to inform the public at large. The community would have to be informed about the purpose of the HGTP service so that more people (and patients) will benefit from this program. Thus more can be done through the media: brochures, banners, seminars on Healing Garden Therapy, and holding events by inviting patients, former patients and related stakeholders.

The seventh challenge was how to optimize garden utilization around the hospital by users (patients, families, visitors, and hospital employees). A therapeutic garden is an outdoor garden space that has been specifically designed to meet the physical, psychological, social and spiritual needs of the people using the garden as well as their caregivers, family members and friends. The healing environment is a term used to describe the physical and cultural atmosphere created to support families through hospitalization, medical visits, healing, and bereavement (Whitehouse, 2001). Marcus (2007) posited that a healing garden is for patient, visitor, or staff because spending long hours in hospital can be a stressful experience. So, nearby access to natural garden can enhance people's ability to deal with stress and thus potentially improve health outcomes. Further she emphasized that "healing" is not synonymous with "cure". A garden cannot mend a broken leg or cure the cancer but it can do following: 1) facilitate stress reduction which helps the body reach a more balanced state, 2) help a patient summon up their own inner healing resources, 3) provide staff with a needed retreat from the stress of work, and 4) provide relaxed setting for patient-visitor interaction away from the hospital interior.

A government policy in Indonesia is that every hospital in Indonesia has to have a garden and the use of the garden should be optimized (Minister of Health Regulation No. 24 of 2016 concerning Technical Requirements for hospital building and infrastructure). Marcus (2007) said, the garden around the hospital, can be used as a healing garden for patients, its full potential: visibility; accessibility; familiarity; quiet; comfort, and clearly shape art. To be more useful for user, management can add facilities in the form of chairs to be used to sit by several people in groups or chairs that can be used alone. Besides that, the management can also present soft (classic) music at certain hours outside the Healing Garden Therapy program. Ulrich (1999) in the Supportive Garden Theory indicates that the basic premise of the theory revolved around four dimensions that a garden provides such as social support, sense of control, physical movement and exercise, and access to nature and other positive distraction (Goodson & Ulrich, 2008). According to Rogers (1970) nursing aims to promote symphonic interaction between the man and the environment thereby strengthening the coherence and integrity of human beings and to direct and indirect patterns of interaction between the energy fields for the realization of maximum health potential.

Furthermore, Marcus (2007) also conveyed that potential activities in a healing garden such as: viewing the garden; sitting outside meditation/prayer; gentle rehabilitation exercises; walking to preferred spot; eating; doing something; taking a stroll; children playing in the garden; raised bed gardening, and vigorous walking. It is in this way that the garden does not only provide activities but is used by people even on their own.

The eight challenge was how to make the Healing Garden Therapy Program to be a positive promotional activity for the hospitals. Hospitals as health care providers need promotional media to provide information needed by the community. But hospital services are a type of service that is unique and different when compared to other services. Clear ethical guidelines are very

necessary in conducting promotions for hospitals so that ethical guidelines can be used as a reference for hospitals in conducting promotions (Azzahra, 2015). Hospitals in conducting barns marketing promotions are informative, not comparative, based on a real basic path, not excessive, and based on the Indonesian Hospital Code of Ethics.

"Promotion strategy is the planning, implementation, and control of communication from an organization to consumers and other targets." (Cravens, 1998 as cited in Azzahra,2015)

The promotion intended to develop the healing garden therapy program is more about effort to inform the program to the community. By getting to know the services or programs that exist automatically will also introduce the hospital that organizes the program.

Hospital promotion can be done by uploading on the website about the healing garden program in the hospital, accompanied by photos or interesting videos, also by distributing brochures, putting up banners in strategic places. Promotion can also be done by holding seminars related to new service programs. Hospitals can also promote through social activities such as free medical treatment for the community. In ways like this a positive promotion for the hospital will be achieved. Hutton and Richardson (1995) as cited in Whitehouse (2001) indicate that the healing environment may influence patient and family perception of their health care provider as measured by health care satisfaction, quality assessments, intentions to return and willingness to recommend a health care provider to others. As stated by Also (1998) patients who were happier with their health care environment used fewer strong medications, were easier to care for, returned to their house sooner and recommended the hospital to others (Coile, 2002 as cited in Mitrone and Larson, 2007).

Conclusion and recommendation

Through this study we found that there are several challenges faced by hospital administrators and managers in implementing the healing garden therapy program in hospitals. All of these findings are very useful in developing HGT programs in hospitals. If the hospital can implement the HGT program for patients who come for treatment, the hospital will become a hospital that is increasingly recognized by the wider community for providing the holistic care. The hospitals that have implemented therapeutic healing garden programs can increase the satisfaction of patients treated, in addition to that it can also increase the promotion of hospitals for the existence of these services. It can even be a superior service. We found that the HGTP is beneficial for patients, family, and hospital staff. The program has been adjusted appropriately, and can be applied anywhere by considering local culture.

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CERTIFICATE

This is to certify that

Agustina Sri Oktri Hastuti

Has participated in **The 3rd International Joint Conference on Nursing Science (IJCNS)**
in conjunction with **The 2nd International Conference Postgraduate Symposium (ICPS)**

as **Oral Presenter**

in Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia

on 12 - 13 November 2019

organized by Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada.

Yogyakarta, 13 November 2019

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