PROCEEDING

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SCHOOL OF HEALTH SCIENCE MUHAMMADIYAH PALEMBANG
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PREFACE

Assalamu'alaikum Warahmatullahi Wabarakaatuh

Praise for almighty God for giving us healthy and opportunity to carry out the 8th International Nursing Student Forum (INSF).

This event provides forums for disseminating and exchanging multidisciplinary research results in nursing science. It covers all aspects of nursing field, such as Education Innovation, creating a culture of evidence based nursing, nurse a force change, nursing innovation, nursing management and new method of nursing and others specific health theme as well. This is the appropriate forum for students and professionals to discuss how to transfer knowledge into action since nursing is about how to make people have healthy life.

The meeting that held consisting of scientific activities such as symposium, oral and poster presentations. agenda consisting of the appearance of each of these students is one way in improving soft skills, communication, and social activity to highlight the issue trend that happening in the world of nursing. To share experience in this activity, the committee was invited experts in nursing so that students are able to understand the depth of information about the knowledge, experience and the latest innovations.

After the rigorous peer-review process, a total of 99 papers and abstract were reviewed on the basis of originality, significance, and clarity and were accepted for publication in the proceeding. The authorswere from provinces in Indonesia and others countries; Thailand, China, and Malaysia.

The interesting ideas can be found when reading the contents of proceedingand will inspire participant to bring the theories of Nursing into action. The program has prepared well to favor interactions among attendance coming from different background.

We would like to sincerely thank to Chairperson of STIKes Muhammadiyah Palembang, all distinguished speakers: Prof. Elly Nurachmah, S.Kp., M.AppSc., DNSc, Fitri Arofiati, S.Kp.,MNS.,PhD, Prof.Violeta Lopez, RN,BSN,MNA,MPET,JBICF,PhD,FACN, Assoc. Prof Dr.ZabidahPutit,BNSc,MHSc,PhD, Prof. Carol Grech, RN, DipApSc (Nsg), BN (Ed). GranDip (CritCare), MN, PhD, Asst. Prof. Dr. Sauwamas Khunlan Thuennadee, all participants and sponsors.

Wassalamu'alaikum Warahmatullahi Wabarakatuh.

Committee,

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CONTENTS

THE RELATIONSHIP OF CONSUMPTION OF HERBAL MEDICINE BY THREE MONTHS PERIOD HEMODIALYSIS PATIENT WITH THE INCREASE OF UREUA AND CREATININE IN ULIN HOSPITAL BANJARMASIN

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ABSTRACT

The belief, vulnerability, danger, the benefits, barriers, cues and self efficacy, economic, the facility service therapy herbal medicine, the information on the system of health service govermant and the facility health service the influence of the people in the choice of therapy herbal remedies. This study uses a cross sectional and analytical research design. The population of research are 119 three months period hemodyalisis patients who consumed herbal medicine, 19 of those patients have chronic renal failure and routine hemodyalisis. Purposive sampling technique eith non probablity sampling method is applied in this study. Data collection is carried using questionnaire and observation of timtable therapeutic therapy and laboratory results of urea and creatinine The key factorin tehusage of herbal treatment in three months period hemodialysis patient is the quality of goverment helth service facility factor with p value = 0.169 and α = 0,25. The key factor associated with herbal treatment selection in over three months period hemodialysis patients with the increased of urea and crreatinine was the quality of government health service facilities.

Keywords: The choice of herbal treatment, HD patients more than three months, the in increased of urea and creatinine

PRELIMINARY

The decision to use herbal remedies is usually done not as a form of rejection of synthetic or factory medicine, but rather the desire of the community to maintain their own health independently and naturally. People are also convinced that alternative medicine with herbs is in harmony with the philosophy values that exist in the community. Beliefs that motivate that the use of something natural is safe. This is slightly misleading and not entirely true, as herbal remedies contain a variety of active chemical compounds that can have harmful side effects on the kidneys. (Http: // www.healthy articles.co.id.diakses January 3, 2015).

The goal of self-medication is to improve health, treatment of minor illness and routine treatment of chronic illness after doctor's treatment. The reasons for self-medication are practical in terms of time, belief in traditional or herbal remedies, privacy concerns, cheaper cost economy issues, greater distances to health services and less satisfaction with health care. (Supardi dkk, 2011).

Chronic renal failure, also called renal phenomenal impairment, will fail the body's ability to maintain metabolic, fluid and electrolyte balance, due to decreased glomerular filtration rate, increased BUN plasma urea concentration and creatinine. Of the renal phenological disorders, some management measures depend on the level of severity of the damaged stages in the kidneys, such as maintaining fluid and electrolyte balance, hypertension control, high calorie and low protein diet, neuropathy treatment,

hemodialysis and even kidney transplantation. (Wijaya, 2014).

Hemodialysis treatment is most often used for clients of renal failure. The client undergoe dialysis three times a week. Dialysis replaces three main human renal functions, cleansing blood by disposing of hazardous waste products, removing fluid access and balancing electrolytes. (Syamsudin, 2011)

Result of data from Indonesia Renal Registry (IRR), Number of hemodialysis clients starting 2012-2011 is increasing, especially client using service facility JAMKESMAS / GAKIN, the amounts included in the data from 2012 ranged from 400 active clients to hemodialysis and increasing in 2011, approximately 2,700 clients are still actively undergoing hemodialysis. Results of RISKESDAS 2014 Ministry of Health of the Republic of Indonesia, South Kalimantan in particular, the highest incidence of chronic renal failure reached 63.1%. (Http: // www.depkes.go.id.diakses January 24, 2015).

Hospitals that have hemodialysis therapy services, in particular the hemodialysis therapy service room for medical personnel, are knowledgeable about the clear and accurate information on the selection of complementary therapies in the content of herbal medicines, which may be consumed and the dangers consumed for patients already experiencing Chronic renal failure. It is when the patient is less informed then will exacerbate the state of the kidney physique.

Based on the description above, according to the Evidance Base Nursing according to Mohamed Rafiq in his journal 2012, stating that the cystone formula in the herbal treatment content concluded, the effect of cystone causes the severity of renal function associated with a significant increase in renal function figures such as serum urea, Creatinine, blood urea nitrogen (BUN), decreased creatinine values and increased renal load in weight ratio, as well as changes according to histopathologically found severity of tubular necrosis, decline and luminal formation.

Based on the foundation of the EBN, the researchers are interested in lifting research on the relationship of herbal drug consumption selection in hemodialysis patients more than three months to increase urea and creatinine at Ulin Banjarmasin Hospital

RESEARCH METHODS

This research use cross sectional design with analytic research design because the researcher aim to know the relation between variables where independent variable and dependent variable are identified at one time. (Dharma, 2011).

Researchers use cross sectional approach because the researcher intends to identify whether there is any relationship of belief factor, vulnerability factor, hazard, benefit, obstacle, cue and self efficacy, economic factor, facility factor of herbal medicine therapy service, herbal medicine ease factor, Government health services and the factor of government health service facilities on the selection of herbal medicine consumption in hemodialysis patients over three months to increase urea and creatinine at Ulin Banjarmasin Hospital, in one measurement or one time

This research used sampling technique used by non probability sampling method of purposive sampling. Selection of sample as the respondent using non probability sampling because it produces unequal opportunities in the respondents in the population to be selected to sample respondents research

The researcher identified the respondents who were taken according to the inclusion criteria of the samples in this study were hemodialysis patients diagnosed with chronic renal failure, hemodialysis therapy, patients undergoing

herbal medicines, patients JAMKESMAS / GAKIN, BPJS and general, ±> 3 patients Hemodialysis patients, patients who are able to communicate well and clearly and patients willing to be respondents in the study While the exclusion criteria of the study were hemodialysis patients who did not undergo herbal medicine therapy, patients who first undergo hemodialysis, patients with severe anxiety and who are not willing To be respondents Number of population obtained 119 people, sample respondents taken, some patients taking herbal medicines and hemodialysis more than three months identified routinely consume herbal medicine therapy in RSUD Ulin Banjarmasin as many as 20 respondents who meet the inclusion criteria, but at the time the study went, one respondent Was excluded from the study because the respondent died, so the number of respondents taken as the respondent respondents research 19 respondents.

The study, conducted two rooms Hemodialisa RSUD Ulin Banjarmasin, which consists of upper and lower hemodialysis space. The reason for choosing the place is because Ulin Banjarmasin Hospital is one of the referral hospitals in Banjarmasin which has many machines dyalisis.

RESEARCH RESULT

Data analysis

Tabel 5.1
Distribusi faktor tindakan terapi komplementer obat herbal (n = 19)

Variabel	Jumlah	%
Terapi komplementer		
Jamu	4	21.1
Madu	10	52.6
Herbal Cina	5	26.3
Keyakinan		
Keyakinan tinggi	8	42.1
Keyakinan rendah	11	57.9
kerentanan, bahaya, manfaat, hambatan, isyarat dan *self efficacy*		
Baik	5	26.3
Kurang	14	73.7
Fasilitas pelayanan terapi komplementer		
Fasilitas baik	15	78.9
Fasilitas kurang	4	21.1
Kemudahan mendapatkan obat herbal		
Mudah	8	42.1
Sulit	11	57.9
Informasi sistem pelayanan kesehatan pemerintah		
Baik	11	57.9
Kurang	8	42.1
Fasilitas pelayanan kesehatan pemerintah		
Baik	8	42.1
Kurang	11	57.9

The results of this study indicate that respondents use complementary honey therapy as much as 52.6%. High confidence of 57.9%. Respondents have 73.7% vulnerability, hazards, obstacles, cues and self efficacy, good herbal medicine service facilities as much as 78.9%, easy to get herbal medicine as much as 57.9%, good government service system information as much as 57.9% and government health service facilities Less as much as 57.9%

The relationship between belief in the choice of herbal medicine consumption in hemodialysis patients over three months to increase urea and

creatinine The results of the relationship analysis of the relationship between beliefs on the choice of herbal medicine consumption in hemodialysis patients over three months to the increase of urea and creatinine are presented in the following Table 5.2.

Table 5.2
The analysis of the relationship between belief in the selection of herbal medicine consumption in hemodialysis patients over three months to increase urea and creatinine (n = 19)

		Terapi Komplementer			
		Jamu	madu	Herbal cina	p *value* = 0.006
Keyakinan	Tinggi	4	1	3	
	Rendah	0	9	2	
	Total	4	10	5	

Based on Table 5.2 it is known that the p value value for the relationship between beliefs on the choice of herbal medicine consumption in hemodialysis patients over three months to increase ureum and creatinine is 0.006 while the value of $\alpha = 0.05$. These results suggest there is a relationship between the belief of herbal drug consumption selection in hemodialysis patients for more than three months on increasing urea and creatinine.

The relationship between vulnerability, hazards, benefits, barriers, cues and self efficacy to the selection of herbal medicine consumption in hemodialysis patients over three months of increased urea and creatinine

The results of the analysis of the relationship between susceptibility, hazards, benefits, barriers, cues and self efficacy to the selection of herbal medicinal consumption in hemodialysis patients over three months to the overall urea and creatinine enhancement are presented in Table 5.3 below.

Table 5.3
The analysis of the relationship between vulnerability, hazards, benefits, barriers, cues and self efficacy against herbal drug consumption in hemodialysis patients over three months of increased urea and creatinine (n = 19)

		Terapi Komplementer			
		Jamu	Madu	Herbal Cina	
kerentanan, bahaya, manfaat, hambatan, isyarat dan *self efficacy*	Baik	1	1	3	p *value* = 0.116
	Kurang	3	9	2	
		4	10	5	

Based on Table 5.3 it is known that p value for the relationship between susceptibility, hazard, benefit, obstacle, cue and self efficacy toward herbal drug consumption in hemodialysis patient more than three months to increase ureum and creatinine is 0.116 while $\alpha = 0.05$. These results indicate no association between susceptibility, hazard, benefit, obstacles, cues and self efficacy of herbal drug consumption in hemodialysis patients over three months of increased urea and creatinine

The relationship between the economics of herbal drug consumption in hemodialysis patients more than three months to increase urea and creatinine

The results of the analysis of the relationship between the economics of the selection of herbal medicinal consumption in hemodialysis patients over three months to the improvement of urea and creatinine are presented in the following Table 5.4.

Table 5.4
Analysis of the relationship between economies on the selection of herbal medicinal consumption in hemodialysis patients over three months of increased urea and creatinine (n = 19)

		Terapi Komplementar			
		jamu	madu	Herbal cina	
Ekonomi	Tinggi	4	1	3	p *value* = 0.006
	Rendah	0	9	2	
		4	10	5	

Table 5.4 shows that there is a significant relationship between the economics of herbal drug consumption selection in hemodialysis patients over three months to the increase of urea and creatinine ($p = 0.006$; $\alpha = 0.05$).

The relationship between the complementary herbal therapy therapy service facility to the herbal drug consumption in hemodialysis patients over three months to increase urea and creatinine

The result of the analysis of the relationship between complementary therapy service facilities on the selection of herbal medicine consumption in hemodialysis patient for more than three months to the improvement of urea and creatinine is presented in the following Table 5.6.

Table 5.5
Analysis of the relationship between herbal medicine service facilities on the selection of herbal medicine consumption in hemodialysis patients over three months to increase urea and creatinine (n = 19)

		Terapi Komplementer			
		Jamu	Madu	Herbal cina	
Fasilitas pelayanan terapi komplementer	Baik	3	8	4	p *value* = 0.977
	Kurang	1	2	1	
Total		4	10	5	

Table 5.5 shows that the value of p value = 0.977 and the value of $\alpha = 0.05$ then p value> α so there is no relation between the complementary therapy service facility to the choice of herbal medicine consumption in the hemodialysis patient for more than three months to the increase of ureum and creatinine.

The association between the ease of obtaining herbal medicine against the herbal drug consumption in hemodialysis patients over three months of increased urea and creatinine

The results of the analysis of the relationship between the ease of obtaining herbal medicine on the selection of herbal medicine consumption in hemodialysis patients over three months to increase urea and creatinine, more presented in Table 5.6 below

Table 5.6

Analysis of the relationship between the ease of obtaining herbal medicine on the selection of herbal medicine consumption in patients taking herbal medicines and hemodialysis more than three months (N = 19)

		Terapi Komplementer			
		jamu	Madu	Herbal cina	p *value*
Kemudahan mendapatkan obat herbal	Mudah	4	1	3	= 0.006
	sulit	0	9	2	
Total		4	10	5	

The result of the analysis of the relationship between the ease of obtaining herbal medicine on the selection of herbal medicine consumption in hemodialisa patient over three months to increase ureum and creatinin p value value is 0.006 and α = 0.05. Then p value <α (0.05) Statistically there is a relationship between the ease of obtaining herbal medicine in hemodialysis patients more than three months to increase urea and creatinine.

The relationship between the information system of the government health service on the selection of herbal medicine consumption in hemodialysis patients more than three months to the increase of urea and creatinine

The result of analysis of relationship between information system of government health service to the selection of herbal medicine consumption in hemodialisa patient more than three month to increase of ureum and creatinin, more detail presented in Table 5.7 below.

Table 5.7

Analysis of the relationship between information on the government health service system on the selection of herbal medicine consumption in hemodialysis patients over three months to increase urea and creatinine (n = 19)

		Terapi Komplementer			
		Jamu	Madu	Herbal cina	p *value*
Informasi sistem pelayanan kesehatan pemerintah	Baik	2	5	4	= 0.507
	Kurang	2	5	1	
Total		4	10	5	

The result of analysis of relationship between information system of government health service to the selection of herbal medicine consumption in hemodialisa patient more than three month to increase of ureum and creatinin p value value is 0.507 and α = 0.05. Then p value <α (0.05) Statistically there is no relationship between Information system of government health service in hemodialisa patient more than three months to increase of ureum and creatinin

Selection The more related factors

Multivariate selection of logistic regression factors most closely related to the selection of herbal medicine consumption with renal physiology in patients with chronic renal failure and hemodialysis

Selection Analysis of the factors most closely related to the selection of herbal medicine consumption with renal physiology in patients with chronic renal failure and hemodialysis. Can be seen in Table 5.10 below:

Table 5.10

Selection Analysis of the factors most closely related to the selection of herbal medicine consumption with renal physiology in patients with chronic renal failure and hemodialysis

(N = 19)

Variabel	B	SE	*Df*	pV	Exp(B)
Keyakinan	0.307	0.329	1	0.364	0.221
Kerentanan, bahaya, manfaat, hambatan, isyarat dan *self efficacy*	-0.471	0.360	1	0.208	-0.303
Ekonomi	0.307	0.329	1	0.364	0.221
Fasilitas pelayanan terapi komplementer	-0.067	0.408	1	0.872	-0.040
Kemudahan mendapatkan obat herbal	0.307	0.329	1	0.364	0.221
Informasi system pelayanan pemerintah	-0.307	0.329	1	0.364	-0.221
Fasilitas pelayanan kesehatan pemerintah	0.307	0.329	1	0.364	0.221

The results of the analysis obtained significant variables of confidence, economy, ease of getting herbal medicine and government health care facilities.

Table 5.11

Selection Analysis of the factors most closely related to the selection of herbal medicine consumption with renal physiology in patients with chronic renal failure and hemodialysis

Variabel	B	SE	*Df*	pV	Exp(B)
kerentanan, bahaya, manfaat, hambatan, isyarat dan *self efficacy*	-0.434	0.383	1	0.278	-0.279
Fasilitas pelayanan terapi komplementer	0.538	0.511	1	0.311	0.320
Informasi system pelayanan kesehatan pemerintah	-0.659	0.442	1	0.160	-0.474
Fasilitas pelayanan kesehatan pemerintah	0.246	0.341	1	0482	0.177

The results of the analysis obtained significant variables of herbal medicine service facilities and government health service facilities

Multivariate selection of logistic regression factors most closely related to the selection of herbal medicine consumption with renal physiology in patients with chronic renal failure and hemodialysis

Table 5.12
Final selection Analysis of factors most closely related to selection of herbal medicine consumption with renal physiology in patients with chronic renal failure and hemodialysis

Variabel	B	SE	*Df*	pV	Exp(B)
Fasilitas pelayanan kesehatan pemerintah	-0.487	0339	1	0.169	-0.351

The results of statistical test, from the above table note that the variables - the variables that are the end result of multivariate analysis with logistic regression has 1 (one) selected variables that really - the most dominant factor related to the selection of herbal medicine consumption with renal physiology in patients with chronic renal failure And hemodialysis at RSUD Ulin Banjarmasin. The result of statistical test shows that the value of exp B of government health service facility is -0.351 means that the factor of good health service facility has an influence - 0.351 times less than the information factor of government service system which is less

CONCLUSION

The most dominant analysis

Analysis of the factors most closely related to the selection of herbal medicine consumption in hemodialysis patients over three months of increased urea and creatinine

Multivariate analysis was used to analyze the most dominant factors related to the selection of herbal medicinal consumption with renal physiology in patients with chronic renal failure and hemodialysis of the results of research conducted by researchers showed that from 5 independent variables studied there were 2 (two) influential variables.

The results of statistical tests, from the above table note that the variables that are the end result of multivariate analysis with multiple logistic regression have 1 (one) selected variable is really the most related factors in the selection of herbal medicine consumption on the selection of herbal medicine consumption on Hemodialysis patients more than three months to increase urea and creatinine at Ulin Hospital Banjarmasin. The results of statistical tests show that the value of exp B information system of government services is -0.351 means that the information system of good government service system has an influence - 0.351 times smaller than the information system of government services is less.

Communities are less aware of the information about hemodialysis and the correct hemodialysis schedule, so they assume that hemodialysis is not so important.

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