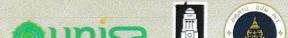


PROCEEDING

INTERNATIONAL CONFERENCE: Maternal, Child, and Family Health 2016

Strengthening Maternal,
Child and Family Wellbeing Through
Bridging Research and Practice

October 19 - 20, 2016



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Hall 4 'Aisyiyah University Yogyakarta, Yogyakarta Indonesia 19 - 20 October 2016









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1 PROCEEDING

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The deepest gratitude is only addressed to Allah SWT for the blessing and mercy to us, so the Proceeding of International Conference of 'Aisyiyah University of Yogyakarta in 2016 can be completed well. This proceeding contains research papers which were presented during Seminar, Workshop, and International Conference of 'Aisyiyah University of Yogyakarta within the cooperation of some universities from several countries.

International conference of 'Aisyiyah University of Yogyakarta with the theme "Strengthening Maternal, Child, and Family Wellbeing through Bridging Research and Practice" is held as the media to share information of research results and scientific experiences. The goals of the international conference are as follow:

- 1. Conducting one day seminar, presented by topic experts to gain more understanding of maternal, child and family health matters.
- 2. Conducting workshop to improve research quality and impacts in maternal, child and family wellbeing

The gratitude is also addressed to the Rector of 'Aisyiyah University of Yogyakarta and her staffs, the committees of the conference, and all parties who have participated and given the supports for the success of this international conference. However, this proceeding is still far from perfect. Thus, it is expected that there will be positive suggestion for further development of the proceeding in the future. It is also expected that the proceeding will give positive contribution for the development of health professionals in Indonesia. Please, enjoy the international conference.

Wassalamualaikum warahmatullah wabarakatuh

Yogyakarta, Oktober 2016

Head of LPPM 'Aisyiyah University of Yogyakarta

Sarwinanti, M.Kep., Sp.Kep.Mat

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ANALYSIS OF CARDIAC REHABILITATION FITNESS LEVEL OF PATIENTS POST PTCA

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Abstract

Cardiac problems will arise if there is obstruction or abnormalities in the coronary arteries. Before the total blockage of the blood vessels, the heart surgery patients for stenting via heart catheterization is usually called PTCA (Percutaneous Transluminal Coronary Angioplasty). Patients who had heart surgery performed PTCA required to undergo a cardiac rehabilitation program to improve fitness. Fitness is important for patients post PTCA such as cardiac rehabilitation. This study design is a pre-experiment. Primary data collected from the patient's cardiac rehabilitation Main Husada Hospital Surabaya. Repeated Measure Annova analysis with SPSS 16 software was employed. The results showed that the value of p = 0.000 (α = 0.05), which means there is influence between cardiac rehabilitation (road 6 minutes) to increase the fitness of patients post PTCA.

Background

The heart is a vital organ in the human body. Heart problems will arise if there is obstruction or abnormalities in the coronary arteries. For example, if there is total blockage that occurs in the coronary arteries, potentially will result in a heart attack that may be followed by sudden death or heart failure. Therefore, before the total blockage of the blood vessels, the heart surgery patients for stenting via heart catheterization is usually called PTCA (percutaneous Transluminal Coronary Angioplasty). PTCA is useful to dilate the blood vessels narrow so that the blood vessels in the heart can be widened and it can improve the works. After the operation of cardiac catheterization, the patient will follow a cardiac rehabilitation (Perk, Joep, 2012).

Cardiac rehabilitation is an effort to help people with heart disease to restore physical health status, increase fitness, improve medical conditions, psychological, social, emotional, and sexuality. The rehabilitation program is done through activities that are comprehensive, including education and counseling, controlling risk factors, and physical education programs. (Rokhaeni, et al, 2011). Today has been known concept of cardiac rehabilitation are integrated by a team of cardiac rehabilitation,

involving various disciplines, namely medicine cardiac specialist, nutrition, physiotherapy, medical rehabilitation and psychology.

According to data recorded in of the Local Health Department of Surabaya in 2013 there were 3,480 cases of coronary heart disease, and in 2012 was 3,636 cases was occurred. Besides, the data recorded on the Main Husada Hospital Surabaya in 2013, there was 2,699 people with heart disease. Furthermore, in 2014 the number of patients with coronary heart disease was 3,025. There is fact need to be highlighted that the increasing incidence of heart disease, the increasingly high number of heart operations performed. Therefore, patients who had heart surgery performed PTCA required to take a cardiac rehabilitation program such as fitness. On average, during first time usually patients post PTCA performed less on cardiac rehabilitation fitness level, especially for the elderly.

Based on the description of the background above the important role of nurses in nursing care for patients post PTCA is to improve fitness. Patients need to be encouraged to attend cardiac rehabilitation exercise which is a program of exercise training in cardiac patients that are useful to restore the quality of life and improve physical fitness as well as physical, especially in the elderly. Therefore, there will be positive influence of the 6 minutes in a cardiac rehabilitation for elderly patients with post PTCA fitness level.

Research methods

The research design was pre-experimental design with pre and post measurements on a sample of post PTCA patients who followed the path 6 minutes. Which in this study, independent variable is (path 6 minutes in a cardiac rehabilitation) and the dependent variable is fitness level. Both variables will be analyzed if there would be any influences or not. This research was conducted in November 2015. The location of this research is the first space Cardiac Rehabilitation Hospital Husada Utama Surabaya. The population in this study were all patients post cardiac rehabilitation PTCA which were 35 people. The number of participation were decided from total number of patients post PTCA per year about ie 420, therefore every month it would be

35 on average. The sample in this study, a number of 35 samples. Sampling in this study are nonprobability sampling using purposive sampling. Data collected was analysed by using Annova repeted measure.

Result

General data research results is a picture of the characteristics of respondents that include gender, age, education, occupation, income and marital status.

1. Characteristics of respondents by sex

Tabel.1 Characteristics of respondents by sex post PTCA in elderly patients in cardiac rehabilitation

Gender	Frequency (f)	Percentage (%)
Man	22	68.8
female	10	31.3
Total	32	100

Table 1 shows about sex of the patients post PTCA. There was 22 male (68.8) and 10 (31.3%) female.

2. Characteristics of respondents by age.

Table. 2 Characteristics of respondents by age post PTCA in elderly patients in cardiac rehabilitation

	Age (Years)	Free	quency (f) Percentage (%)
60 Year	s - 65 Years	20	62.5
66 Years	s - 70 Years	10	31.3
71 Years	s - 75 Years	2	6.3
Total		32	100

Table 2 presents that post PTCA patients aged 60 Years - 65 Years was 20 people (62.5%), 66 Years - 70 Years was 10 people (31.3%), and 71 Years - 75 year was 2 people (6.3%).

3. Characteristics of respondents by education

Table. 3 Characteristics of respondents by education post PTCA in elderly patients in cardiac rehabilitation

Last education	Frequency (f)	Percentage (%)
SMP	0	0
SMU / SMK	10	31.3
College	22	68.8
Total	32	100

Table 3 describes about level of education of patient with post PTCA which are 22 people (31.3%) completed college, 10 people (68.8%) completed high school, and there are no post PTCA patients with secondary school education.

4. Characteristics of respondents by job

Table. 4 Characteristics of respondents by job post PTC elderly patients in cardiac rehabilitation

337- wl-	Frequency Percenta	
Work	(f)	(%)
Retired Public Servant	15	46.9
Private employees	10	31.3
Traders / Self Employed	5	15.6
Housewife	2	6.3
Does not work	0	0
Total	32	100

Table 4 shows about patient's occupation 15 people (46.9%) were retirement, 10 people (31.3%) as private employees, 5 people (15.6%) as having their business, and 2 people (6.3%) as housewives, and nothing worked.

5. Characteristics of respondents by income

Table. 5 Characteristics of respondents by income post PTCA in elderly patients in cardiac rehabilitation

Income < Rp.2.000.000	Frequency (f)	Percentage (%)
Rp.2.000.000- Rp 3,500,000 >Rp.3.500.000- Rp.4.500.000 >Rp.4.500.000- Rp. 5,000,000 > Rp. 5,000,000	0 2 5 10 15	0 6.3 15.6 * 31.3 46.9
Total	32	100

Table 5 shows that of the total sample of 32 respondents, there were 15 respondents (46.9%) earnings of Rp. 5.000.000, -, 10 respondents (31.3%) earnings of Rp. 4.500.000, - - Rp. 5.000.000, - 5 respondents (15.6%) had an income of Rp. 3.500.000, - Rp. 4.500.000, -, 2 respondents (6.3%) had revenue of Rp. 2.000.000, - - Rp. 3.500.000, - and no respondents whose income <Rp.2.000.000, -

6. Characteristics of respondents by marital status

Table. 6 Characteristics of respondents by marital status post PTCA in elderly patients in cardiac rehabilitation

Marital sta	tus Frequency (f)	Percentage (%)
Married		` /
not Marrie	d 28	87.5
Married (Husband 0	0
Died)	2	6.3
Married	(Wife 2	6.3
Died)		
Total	22	100

Table 6 describes about marital of participants, there were 28 people (87.5%) are married, 2 people (6.3%) was widowed.

Specific data to be displayed in tabular form the effect of 6 minutes in a cardiac rehabilitation on the level of fitness of patients post PTCA in Cardiac Rehabilitation Hospital Room Husada Utama Surabaya measured with each arrival of patients who run rehabilitation program.

7. Effect of Road 6 Minutes On The Level Fitness Post PTCA In Elderly Patients in Cardiac Rehabilitation hospital room Husada Utama Surabaya.

Table 7 Effect of Road 6 Minutes On The Level Fitness Post PTCA In Elderly Patients in Cardiac Rehabilitation hospital room Husada Utama Surabaya.

Measure: MEASURE_1

Within Subjects Effect	Approx.Chi-Square	df	Sig
TIME	47 305	2	0.000

Based on Table 7 explains that there is influence of the 6 minutes in a cardiac rehabilitation to fitness level post PTCA in elderly patients with repeted measure ANOVA test results that showed p = 0.0000 (p < 0.05).

Discussion

1. Respondents before the 6-minute program in cardiac rehabilitation

At first the elderly patients after PTCA surgery less fitness level before the 6-minute training in cardiac rehabilitation, so you will need to follow the program the way 6 minutes in a cardiac rehabilitation to improve his fitness. In accordance with the theory described cooper (2009) that for heart patients need special training to restore their quality of life as they are, therefore, specific exercises that are safe and healthy elderly patients for heart patients who have surgery is to follow the program the way 6 minutes into cardiac rehabilitation.

6-minute walking exercise in cardiac rehabilitation can improve fitness and improve quality of life of such patients before surgery and it is much better than before. Besides the advantage of the path 6 minutes program in a cardiac rehabilitation patients also need to be discuss with a nutritionist, medical rehab doctors and psychologists. Therefore, in addition to 6-minute walking exercise in cardiac rehabilitation, patients will be monitored for their nutritional status, the movement of walking and breathing exercises by doctors of medical rehabilitation. Psychological status after surgery will be seen and assessed by a psychologist.

From the results of the study, there is an evidence that previously patients have less performance on the 6-minute training in cardiac rehabilitation. Some of the factors affecting the level of fitness such as knowledge and lack of exercise. On average, patients with less fitness level is because they are in elderly. Therefore, their age influence their body function. Then the lack of knowledge about the factors healing process and good nutrition after surgery. On average patients after cardiac surgery have lack understanding related to the sport for heart health. That might be one of the reason on the less number of patient who participate in the rehabilitation.

There are many complex issues related to post PTCA in elderly patients before they took the 6-minute training in cardiac rehabilitation. Usually, elderly patients is very rare for the sport at home after heart surgery. Therefore, elderly patients usually need special supervision and special observations and special training such as by doing a 6-minute walking exercise in cardiac rehabilitation at the hospital main husada Surabaya. According Butland, stating that the road test for 6 minutes has the best mileage value and correlated with optimal functional ability in elderly patients. Measuring respiratory gas exchange during maximal exercise test is the preferred method for assessing the functional capacity. This measurement is required to adjust the intensity of the exercise and assess the effects of exercise during a cardiac rehabilitation program, especially in the elderly safe.

Several studies have shown that significantly the 6-minute test (6 MWT) is a submaximal exercise test that resembles everyday activities and was well tolerated with heart failure. Beside that running capacity is an important factor in assessing the quality of life for heart patients. 6 minute road test provides an objective indication of functional capacity and exercise tolerance because of the distance ambulation is shown in conjunction with a maximum of symptoms that arise due to limited oxygen consumption. And a road of test 6 minutes also show the results of clinical improvement in heart patients who had heart surgery PTCA and following cardiac rehabilitation program on a regular basis and measured in accordance doses of exercise done, this test at test for the easy way to do, better tolerated and more describe activities of daily life.

2. Respondents after 6 minutes following the walking program in cardiac rehabilitation

After following the program of 6 minutes walking, there were more than 50% of respondents increased their fitness and health If respondents were active in participating in a cardiac rehabilitation program they tend to have higher level of fitness.

Program 6 minutes walking in a cardiac rehabilitation exercise is the safest sport and good for the elderly who have heart surgery such as post PTCA. According to Cooper (2009), with the 6-minute exercise, the body will make a smooth blood circulation and the body would become healthier. Healthy lifestyle after surgery post PTCA is necessary because it will prevent re-blockage of the blood vessels in the heart. Physically and mentally healthy life reduces the risk of heart disease returned.

Sports in cardiac rehabilitation in the elderly consists of several steps that must be done. Stages include heating, exercises, drills road 6 minutes, and cooling. Heating should be performed within 5-10 minutes so that the heart rate increases gradually. Examples of walking, the slowly walking, stretching, performed for 5 minutes or later then heart gymnastics performed for 10 minutes and continued to practice the 6-minute recorded by means of telemetry for 6 minutes and then rest and cooling. If the stage is already done, the next step in order to evaluate the 6-minute walking exercise is further increased in accordance with the training program as a benchmark early next exercise. It is need to be highlight that the evaluation is important for a fitness component that shows signs of increase or decrease in fitness. But after the respondents joint the 6-minute exercise program, there is an increased of their fitness levels.

Several studies have shown significant that the 6-minute test (6 MWT) is a submaximal exercise test that resembles everyday activities and it was well tolerated with heart failure. Beside that running capacity is an important factor in assessing the quality of life for the patients. 6 minute walking test provides an objective indication of functional capacity and exercise tolerance because of the distance ambulation is shown in conjunction with a maximum of symptoms that arise due to limited oxygen consumption. And a walking test of 6 minutes also show the results of clinical improvement of the patients who had heart surgery. After participating in a cardiac rehabilitation program on a regular basis, there will be measurement of doses of exercise, this test is a easier way to do, better tolerated and more describe the activity everyday life.

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After post PTCA, elderly patients do the path 6 minutes of exercise in cardiac rehabilitation, the state organs including metabolism in the body to function optimally, if at any time required. For example, when the body needs to move quickly to in anticipation of a situation, or perhaps the body needs to move along taxes your muscles and joints more severe, the heart has to pump faster, lung have to sift in maximum level through more air to produce oxygen more, then a fit body will be able to perform these tasks well and still have the energy reserves to enjoy time spare and still no power savings for unexpected needs.

Therefore the post PTCA in elderly patients are required to take a training of 6 minutes walking in a cardiac rehabilitation to improve their fitness as well as their quality of life. According to research I studied, post PTCA patients have better fitness level after following 6-minute walking exercise.

3. Effect of 6 Minutes Walking On The Level In Cardiac Rehabilitation Centre PTCA in Patients Post Cardiac Rehab Lounge Top Husada Hospital Surabaya

Effect of 6 Minutes walking in Cardiac Rehabilitation On The Level Fitness Patients Post PTCA in the cardiac rehabilitation hospital Husada Utama Surabaya can be analyzed using the Wilcoxon test with 32 respondents resulted that the influence of the 6 minutes walking in a cardiac rehabilitation to fitness levels and the probability value (r) 0,000 (r < 0.05), which means that there is the Effect of 6 Minutes walking in cardiac rehabilitation patient on the Level Fitness Post PTCA in cardiac rehabilitation hospital room Husada Utama Surabaya. Cardiac rehabilitation is a program that is expected to better health of patients optimally and promoting lifestyle changes in patients with CHD (Deaner, 2011). Rehabilitation in patients with PTCA is a necessary factor in helping of curing the patient in order to return quickly to the normal life or at least approaching the condition as previously (Rokhaeni, et al, 2011). The goal of cardiac rehabilitation is to reduce stress, improve quality of life, reduced mortality and morbidity, reducing the risk of re-infarction by modifying risk factors, and reduce the need for invasive procedures (Deaner, 2009). According Rokhaeni, et al (2011) on CHD cardiac rehabilitation to improve the physical, mental, social as well as improve the fitness of the patient as optimally as possible so that it can carry out activities. Currently cardiac rehabilitation not only contains the concept for recovering patients but it also included secondary prevention efforts, so that rehabilitation is able to suppress the rate of morbidity and mortality. Cardiac rehabilitation program is a series of crucial conducted in patients with various forms of heart disorders such as heart attack/myocardial infarction, coronary bypass surgery, chronic heart disease, post-coronary angioplasty, peripheral artery disease, congestive heart failure. The program is a multifactorial activities include physical exercise, education and counseling on a variety of efforts, including interventions that are integrated and comprehensive activity.

At the 6-minute exercise in cardiac rehabilitation has been shown to be effective in the elderly to improve their fitness by following a 6-minute walking exercise at the main hospital husada Surabaya. 6-minute walking exercise conducted in the elderly is very safe and well to assess the level of fitness. That starts with a warm-up exercise by physiotherapists and trained the movement of walking correctly in order to post PTCA in elderly patients understand how walking is good and right that are not easily tired, so the achievement of good results and maximum in 6-minute walk. After a 6-minute walk post PTCA in elderly patients trained for cooling so that the relaxation process of breathing and movement for flexing.

From the results of the evaluation and research in cardiac rehabilitation hospital room husada shows that the main 6 minutes of exercise is beneficial effect in doing breathing and movement, especially in walking. For example, more confident in walking as previously were walking slowly and it can improving performance of daily activities. It shows the influence of the 6 minutes walking in a cardiac rehabilitation to fitness level in elderly patients post PTCA.

From the above evidence it can be concluded that there is significant influence of the way 6 minutes walking for cardiac rehabilitation to fitness level post PTCA in elderly patients in cardiac rehabilitation hospital room main husada Surabaya. So it is advisable for patients post PTCA to improve his fitness and back in a healthy condition than before the illness.

Conclussion

Based on the meeting results of research and test results on the discussions held, it can be concluded as follows:

- 1. Before doing the path 6 minutes program in a cardiac rehabilitation 32 respondents were having less fitness level.
- 2. After doing 6 minutes walking in a cardiac rehabilitation, 32 respondent have increasing level of fitness.
- There is the influence of the 6 minutes walking in a cardiac rehabilitation to fitness level in elderly patients post PTCA in the room is cardiac rehabilitation Husada Utama Hospital Surabaya

Suggestion

Based on the research findings, some suggestions submitted to the related parties are as follows:

1. For the patients.

After heart surgery, the patient should immediately follow the cardiac rehabilitation program to learn a good sport and a safe for your heart after cardiac surgery. Because cardiac rehabilitation can improve fitness and restore the quality of life of patients with better than before the illness.

2. for the Family

The family has a very important role in supporting and assisting their families who suffer a heart in order to run a program provided by a team of good health.

3. For instance (Hospital)

Nursing care should focusing on preventive measures and rehabilitation, especially for sports safe in patients post PTCA to be implemented properly, and cardiac rehabilitation program that is already in the hospital should be more activated and developed for better services

4. For further research

Future studies are expected to conduct research on "The Effect of Cardiac Rehabilitation Patient Anxiety Levels Against Post CABG".

REFERENCES

- Allen K, Armstrong LE, Balady MJ. (2009). Exercise Prescription for Patients with Cardiac Disease. USA: Lippincott, Williams & Wilkins
- Aziz, Alimul. (2013). *Methodology of Nursing Research: A Practical Approach* Edition 3. Jakarta: Salemba Medika
- Benzer W. (2011). Stable Coronary Artery Disease: Exercise Based Cardiac Rehabilitation Reduces the Risk of Recurrent angina after PCI in the Case of Arterial Hypertension. London: J. Springer Niebauer
- Boden hop DT. (2007). Exercise as a Therapeutic Intervention for Hypertension. In: Cardiac Rehabilitation. Totowa: WE Kraus, Keteyian SJ
- Bjarnason wehrens B. (1999). *Cardiac Rehabilitationin Congenital Heart Disease*. In: Cardiovascular Prevention and Rehabilitation. London: Perk J, P Mathes
- Cooper. (1999). Clinical Cardiac Rehabilitation. A Cardiologist's Guide. 2ndEd. USA: Pine JW, William & Wilkins, Baltimore
- Corra Ugo. (2007). *Cardiac Rehabilitation in Chronic Heart Failure*. In: Cardiovascular Prevention and Rehabilitation. London: Perk J. P Mathes
- Danardono. (2006). Konsep kebugaran dan tingkat kebugaran fisik dan jasmani. Jakarta: Salemba
- Dendale P. (2011). Rehabilitation of Patiens After CABG / Sternotomy.In: Cardiac Rehabilitation Manual. London: J. Springer Niebauer
- Djoko scream. (2000). Tingkat Kebugaran dan kategori kebugaran. Jakarta: Salemba
- Gordon NF. (1999). *Hypertension.In: Clinical Cardiac Rehabilitation. A Cardiologist's Guide.* 2ndEd. USA: Pine JW, William & Wilkins
- Hamilton. (2010), Masalah-masalah yang menyertai Lansia, Jakarta: PT.Rajafindo
- Munandar. (1999). Masalah-masalah yang menyertai Lansia. Jakarta: PT.Refika Aditama
- Ranamurti and Reybrouck. (2007). *Rehabilitation in Peripheral Vascular Disease*. In: Cardiovascular Prevention and Rehabilitation. London: Perk J, P Mathes

- Rodkey SM, Young JB. (1999). Rehabilitation of Patients with Heart Failure.In: Clinical Cardiac Rehabilitation. A Cardiologist's Guide. 2nd Ed. USA: Pine JW, William & Wilkins
- Rokhaeni, et al. (2011). Patient with Peripheral Artery Disease. In: Cardiac Rehabilitation Manual. London: Niebauer J
- Piepoli MF. (1999). Congestive Heart Failure: Chronic Stable Heart Failure Patients. In: Cardiac Rehabilitation Manual. London: J. Springer Niebauer
- Sadoso Sumosardjono. (1987). *Uji Latih Beban Jantung*. Jakarta: Salemba
- RA Schweikert, Pashkow FJ, Wilkoff BL. (1999). Rehabilitation of Patients with Arrhythmias, pacemakers, and defibrillators. In: Clinical Cardiac Rehabilitation. A Cardiologist's Guide. 2ndEd. USA: Pine JW, William & Wilkins
- Vanhees L, Amandels S, Berger JEA. (2011). Cardiac Rehabilitation in Patients with Implantable cardioverter defibrillators. London: Cardiac Rehabilitation Manual
- Womack CJ. (2007). Exercise Rehabilitation for Patients with Peripheral Arterial Disease. In: Cardiac Rehabilitation. Totowa: WE Kraus, Keteyian SJ.