



The 2nd Asian Congress in Nursing Education

Innovative Nursing Education for Universal Health Care

January 26-29, 2016

National Cheng Kung University, Tainan, Taiwan

Program Book



CONTENTS

Welcome Message	02
Organization	03
Congress Information	06
Floor Plan	09
Invited Speakers	12
Program-at-a-Glance	16
Scientific Program	19
Tuesday, January 26	21
Wednesday, January 27	22
Thursday, January 28	31
Poster Session	35
Acknowledgement	53

Abstracts Download



Account: 2016acine
Password: tainantaiwan

Wednesday, January 27

13:00-15:00 Room 204

C04 Psychiatric and Mental Health

Moderators: Pei-Shan Tsai (Taiwan), Melyza Perdana (Indonesia)

- C04.1 Lived Experiences of Women Who Had Induced Abortion
Geraldine Rowena Galang (Philippines)
- C04.2 Health Promotion Program in Improving Health on Undergraduate Students at High-Risk Status of Mental Illness
Wei-Fen Ma (Taiwan)
- C04.3 Cancer Patients' Family Responses to People with Cancer Who Use Complementary and Alternative Medicine
Shou-Yu (Cindy) Wang (Taiwan)
- C04.4 Effect of Public Health Educator's Nurse Role towards Family's in Independency Caring Psychiatric Patient
Ariyanti Saleh (Indonesia)
- C04.5 Factors Associated with Symptoms Experienced in HIV-Infected Adult in Indonesia
Linlin Lindayani (Indonesia)
- C04.6 Effects of Trisikkha Principle Therapy Program on Spiritual Well-Being in Persons with Terminal Cancer
Janya Chimluang (Thailand)
- C04.7 Predicting Factors of Parents toward Eating Behavior and Physical Activity of Adolescents
Apawan Nookong (Thailand)

13:00-15:00 Room 205

C05 Maternal-Child Health Care

Moderators: Jen-Jiuan Liaw (Taiwan), Jui-Ying Feng (Taiwan)

- C05.1 Effectiveness of Thermostrepy Combining Exercise on Muscle Strength, Pain and Depression in Ischemic Stroke Patient
Yovita Dwi Setiyowati (Indonesia)
- C05.2 Touch My Heart ~The Empathy Experience of Mothers Who Lost Their Child
Chien-Wei Liu (Taiwan)
- C05.3 Factors Associated with Postpartum Depression among Women in Indonesia
Devita Elsanti (Indonesia)
- C05.4 Predictors of Cancer-Related Fatigue in Women Newly Diagnosed with Breast Cancer Undergoing Chemotherapy
Yawen Chuang (Taiwan)
- C05.5 Restoring Harmony in the Life of Families Caring for Adolescents with Cancer in Taiwan
Li-Chyun Yeh (Taiwan)
- C05.6 A Qualitative Study on the Unaided Smoking Cessation among Chinese Canadian Immigrants
Aimei Mao (Macau)
- C05.7 Knowledge and Useof Nonpharmacological Methods: Management of Labor Pain by Nurses/Midwives Working in Delivery Room
Gulten Koc (Turkey)

Symposium

15:30-17:30 1st Lecture Hall

S04 Nursing Education of "From Personhood to Benevolence"

Moderator: Iat Kio Van (Macau SAR)

- S04.1 An Experience of Nursing Programme Reform and Review
Wai I Ng (Macau SAR)
- S04.2 Can Simulation Foster the Benevolence?
Mio Leng Au (Macau SAR)
- S04.3 Teaching Strategy for Ensuring Clinical Nursing Care Quality: A Staff Training Programme in Hospital
Sio-Wa Lao (Macau SAR)

15:30-17:30 2nd Lecture Hall

S05 A Masterclass: Addressing the Gap between Clinical Practice and Education Environments

Moderator: Matylda Howard (Australia)

- S05.1 Developing A Curriculum Conceptual Framework to Address the Gap between Clinical Practice and Education Environments (Part 1)
Matylda Howard (Australia)
- S05.2 Developing A Curriculum Conceptual Framework to Address the Gap between Clinical Practice and Education Environments (Part 2)
Laurie Grealish (Australia)

15:30-17:30 3rd Lecture Hall

S06 Seamless Connection between Classroom Teaching and Clinical Practice

Moderator: Jing-Jy Wang (Taiwan)

- S06.1 Curriculum Reform to Prepare Students to be Registered Nurses
Ching-Lan Lin (Taiwan)
- S06.2 Creating and Evaluating A Nursing Curriculum Triage Program
Hsiu-Ju Chang (Taiwan)
- S06.3 One Stop Strategies and Policies of Nursing Education in Taiwan
Hsiu-Fang Hsieh (Taiwan)

山姆 聽診教學模擬人系列

完整的聲音課程

可變呼吸音

顫動脈脈搏

可在大教室/會議廳使用

使用一般聽診器

輕巧便攜



更多產品
資訊

Cardionics
The Heart Of Auscultation



高階醫護模擬人系列

• 產婦模擬人 • 護理模擬人 •

針對醫療與護理所需而設計的無線模擬人

操作簡易，容易上手

四肢關節可拆卸，不同情境皆適用

可搭配不同情境教案使用，具擴充性

適用於護理學，急救、重症監護醫學，
內外科學，婦產科學，軍事和災難醫學等

CAE Healthcare

全套照護教育組合



模擬真實懷孕體驗



預防懷孕
藥物濫用



增進幼兒
照護技能



預防搖晃
嬰兒傷害

Realityworks
Live & Learn It

Letter of Abstract Acceptance

Dear Dr. Ariyanti SALEH,

Thank you for your support and submission to the upcoming the 2nd Asian Congress in Nursing Education (2016 ACiNE). We would like to inform you that your submitted abstract with title of *"Effect of Public Health Educator's Nurse Role Towards Family's in Independency Caring Psychiatric Patient"* has been accepted as Oral Presentation.

The presentation time will be further announced in the January. Kindly note the presenter is required to register to the Congress and pay the fee through: <http://2016acine.aonetek.com/index.php> before 31st December, otherwise the paper will be withdrawn.

Again, thank you for your contribution to the conference. We look forward to welcoming you in Tainan on upcoming January.

Sincerely yours,



Miaofen Yen

Miaofen Yen, PhD, RN, FAAN
Congress Chair of 2016 ACiNE
Fellow of the American Academy of Nursing, FAAN
Head, Department of Nursing, College of Medicine,
National Cheng Kung University, Tainan, Taiwan

Mei-Chih Huang

Mei-Chih Huang, RN, PhD
Congress Chair of 2016 ACiNE
President, Taiwan Association of Nursing Education
Professor, Department of Nursing & Institute of Allied Health
Sciences, National Cheng Kung University Tainan City, Taiwan

THE EFFECT OF COMMUNITY HEALTH NURSE EDUCATOR (CMHNE) ROLE TOWARDS THE FAMILY'S INDEPENDENCY IN CARING PSYCHIATRIC PATIENT

AriyantiSaleh¹ and Hertiana²

¹ Magister Nursing Program of Medical Faculty Of Hasanuddin University, Makassar

² Puskesmas Pontap Kota Palopo

Abstract

The role of the community health nurse educator is expected to increase the independency of the family. The aim of public health nurse educator is giving health education with a modeling approach to family regarding knowledge, attitude, and family independency. The research used quasi experiment pre-post control group design. The intervention given was health education with the modeling approach about the treatment of psychiatric clients. The research was conducted in the working area of PKM Pontap, North Wara, and South Wara of Palopo City. The samples were 42 peoples consisted of 21 people of the intervention group and control group respectively. Based on the Wilcoxon test indicate that there is a significant difference between intervention group and control group regarding knowledge ($p=0.000$, $p=0.739$), attitude ($p=0.000$, $p=0.107$), Independence ($p=0.000$, $p=0.157$). Mann Whitney test of the two groups indicates knowledge ($p=0.000$), attitude ($p=0.000$), and Independency ($p=0.000$). Health education with the modeling approach performed by community health nurses is effective to improve knowledge, attitude, and independency of family by giving treatment to family members suffering from mental disorder.

Keywords: community health nurse, health education, family, independence.

INTRODUCTION

The role of the community health nurse educator (CMHNE) is expected to increase the independency of the family. One of role of CMHNE is to improve the self-capability in health problems solvers in order to optimize their health status. Nurse's role as an educator is able to assess the client's needs, to teach how to prevent and develop health education, to give information the health status and the treatment (MOH, 2006). One the Health Center integrated program with activities Community Health Nursing (CHN) is a Community Mental Health Nursing (CMHN). One effort of CMHN is to help people solve problems of mental health in hopes of helping the community mental health services towards Indonesia healthier life (Keliat&Akemat, 2007).

One approach which used in the learning theory is social learning theory. The basic concept of social learning theory is modeling, which ultimately is the ability to self-focus a through improving attention, retention, reproduction and motivation during the learning process take place (Saleh, 2012). Through a health education with the modeling approach is expected to improve the knowledge, attitudes and independence of families in caring for clients with mental disorders.

In Indonesia the number of people with mental health disorders is quite high and tends to increase every year. The results of research in RisetKesehatanDasar (Risikesdas) conducted by the Agency for Health Research and Development of MOH in 2013, indicate a national prevalence of severe mental disorders at age > 15 years was 1.7%, emotional mental disorder at age > 15 years was 6, 0%. Most people with severe mental disorders in the community who require optimal mental health services (MOH, 2013).

Empowering communities, especially families in caring for clients with mental disorders is needed, so the family remains passionate in providing care to clients with mental disorders. The family is the significant support system that gives direct care to the client's health problem. Family empowerment not only improves a client's condition, but to develop and enhance the ability of families to cope with the health problems of the family.

Independence of the family in solving health problems greatly influenced by the role CHN. The CHN purpose with emphasis on enhancing knowledge and skills, guidance and educating individuals, families, groups, communities to inculcate the habit of healthy living behavior so as to maintain and improve their health status. Therefore, the necessary efforts to improve the knowledge, skills of the community, especially families in maintaining and increasing the degree of optimal health (MOH, 2006). This study aimed to identify the effectiveness of the role of the nurse educator through the health education with a modeling approach to optimize knowledge, attitudes and independence of families in caring for family members with mental illness.

MATERIALS AND METHODS

Research Setting

This study was conducted in three among eleven health centers in the Palopo City in Pontap Health Center, North Wara (Waru) and South Wara (Warse) Palopo. These health centers have been selected since it has a high number of people with mental health disorders. Beside of that, all of CHN nurses in each health center have been trained by CMHN The research was conducted from May¹¹ until June¹⁵, 2015.

Population and Sample

The population in this study was all families who have mental Sampling technique by a consecutive sampling as many as 42 people, consisting of 21 people in the intervention group and 21 control groups. Criteria for inclusion in this study were: (1) live with clients with mental disorders, (2) family that is close to the client, (3) the family is willing to follow the research.

Data collection

Data were collected using a questionnaire developed by researchers which have been tested for validity and reliability previously. Regard to the knowledge there were fifteen questions, fifteen statements for attitude and fifteen-point declarations to the observation level of independence carried out by the family health status. Health education conducted by CHN who has the skills in the care of psychiatric patients

Data analysis

Data were analyzed using univariate analysis to determine the frequency distribution of the respondents. Bivariate analysis to determine differences in knowledge, attitudes and independence of the respondents before and after health education between groups using the Wilcoxon test. Differences in knowledge, attitudes and independence of respondents between the two groups after health education will be analyzed using the Mann Whitney test.

RESEARCH RESULT

In Table 1 shows the characteristics of the age of majority respondents in the intervention group were at the beginning of elderly age 9 (42.9%), while the control group of elderly most at the end of the 13 (61.9%). Gender two groups of 29 people the majority of women (64.4%), education in the intervention group with the highest level of secondary education (57.1%), while the low education level of the control group (85.7%). Most work from both groups was housewives (IRT) as many as 25 families (59.5%).

The analysis showed that health education with modeling approach can improve the knowledge, attitudes and independence of families in caring for clients with mental disorders, seen in Table 2 indicate that the intervention group experienced a positive ranking (increase order) with a median of knowledge before the rank family is 6.0 and after rank 11.0, and the difference change of 4.0. Wilcoxon test results obtained $p = 0.000$, meaning that there are differences in knowledge of families in the intervention group after health education. In the control group the mean values before and after health education 3.0 mean value of 3.52 and the difference changes of 0.66. The test results Wilcoxon p value = 0.739 this means nonexistent differences in knowledge before and after health education. Mann Whitney test results, obtained $p = 0.000$, meaning different knowledge between the intervention group and the group with the control after health education with modeling approach.

Research results in Table 3 show that the intervention group, the median value before 28.0, after health education median value of 36.00 and the difference change of 6.00, based on the Wilcoxon test p value = 0.000. This means that there are differences in family attitudes before and after health education with a modelling approach to the intervention group. In the control group the median value before 28.00, after health education median value of 28.00 and the difference change of 0.00, with a test using the Wilcoxon test p value = 0.107, this means there is no difference in attitude in the control group. Based on the Mann Whitney test, the result was significant ($p = 0.000$), meaning that there are differences in attitudes between the intervention and control groups after being given health education with modelling approach.

Research results in Table 4 show that the intervention group, the median value before health education 8.00, after health education median value of 12.00 and the difference change of 5.00, based on the Wilcoxon test p value = 0.000. This means that there are differences in independence of the family before and after health education with a modelling approach to the intervention group. In the control group the median value before health education 3.00, after health education median value of 3.00 and the difference change of 0.00, with a test using the Wilcoxon test p value = 0.157, this means there is no difference in family independence in the control group. Based on the Mann Whitney test, obtained a significant result ($p = 0.000$), meaning that there is no difference between the independence of the intervention and control groups after being given health education with modeling approach.

DISCUSSION

The results of this study indicate that there is a difference between knowledge of family intervention and control groups after health education with modeling approach. One of the factors that can affect the level of knowledge is education. Higher education levels affect the perception of a person to make decisions and act (Notoatmodjo, 2010). Education has an important role in determining the quality of human life, the human education acquires knowledge and information. The higher the education level the more qualified person of his life (Hurlock, 2007). Knowledge is very closely related to education, where it is expected that the higher education, then that person will be more knowledgeable. It must be emphasized, does not mean a less educated, lower the absolute knowledge, such as the results of the study despite the highest educational level of the control group is the low level of education, it does not mean that knowledge is not increased. But instead that knowledge of the control group also were increased by 4 families (19.1%) even without a given health education. The results are consistent with the results Elita&Wahyuni (2012), whose study states that the provision of health education can improve family knowledge about mental health.

Efforts to improve the family attention when providing health education and efforts to sustain attention during health education takes place, then used educational tools in the form of leaflets, Flipchart with color images. The intended use of educational tools is to increase attention, improve memory (retention) of an information and to clarify the facts, procedures and actions (Saleh 2012 &Notoatmodjo, 2011).

The use of educational tools such as leaflets, Flipchart and modules in implementing health education in this study, can improve attention and retention of families about health education materials as evidenced by increasing knowledge of the family after the intervention. This is in accordance with Notoatmodjo (2011), which says that the use of learning media in health education to further facilitate the reception of health messages to the public. The results

showed that health education and conventional use of audiovisual media to enhance the knowledge of students (Wirawan et al., 2014).

Aiken cited in Henry & Goddess (2011), attitude is a predisposition learned to respond consistently, either positive or negative, on something the object, based on Mann-Whitney test in both groups after health education obtained significant results ($p = 0.000$), meaning that there is a difference between the attitude of the family intervention group and the control group after health education with modeling approach. A change in attitude in the intervention group may occur because of the attitude of the family who respond to health education provided. But do not rule out the possibility that the family attitude may change due to the influence of another person, or a family experience. Different family attitudes in the control group, in which health education carried out after the post-test, so the family is not a lot of information about the client's nursing care. According Agustina et al (2010), states that health education affect the attitude of the family in preventing dengue fever.

The next phase of the modeling is the reproductive phase. In this phase occurs reactivation of the things that have previously received through health education and practice skills that have been given back. These results indicate that increased after the independence of the family can be given health education with the modeling approach in the intervention group ($p = 0.000$). Increased self-reliance in the intervention group because the family has to understand how to care for family members with mental illness through health education. Health education can help improve the knowledge and attitude of the family in carrying out family health ranging from families able to recognize health problems, take the right decisions, take proper care for ill family members, maintaining a healthy environment and health facilities (Achjar, 2011), The results of observations of a control group that had only been on the independence of 1 and 2 due to low education and value (value), which is owned by the family so that the family was not able to take decisions appropriate health measures and less utilize this health facilities. The Research service facilities according to research by Sjattar et al (2011), shows that the family as a model or as a family for families (KUK) is proven to increase the independence of the family in caring for family members who suffer from pulmonary tuberculosis.

CONCLUSIONS AND RECOMMENDATIONS

There is the influence of the modelling approach to education with the knowledge of the family. There is the influence of education by modelling approach to education influence the family attitude. The modelling approach to family self-sufficiency. The provision of health education with modelling approach to the improvement of knowledge, attitude and independence of the family. CHN nurses need to improve their knowledge through training on the care of souls to be able to give health education well with modelling approach.

THE EFFECT OF COMMUNITY HEALTH NURSE EDUCATOR (CMHNE) ROLE TOWARDS THE FAMILY'S INDEPENDENCY IN CARING PSYCHIATRIC PATIENT

AriyantiSaleh¹ and Hertiana²

¹ Magister Nursing Program of Medical Faculty Of Hasanuddin University, Makassar

² Puskesmas Pontap Kota Palopo

Abstract

The role of the community health nurse educator is expected to increase the independency of the family. The aim of public health nurse educator is giving health education with a modeling approach to family regarding knowledge, attitude, and family independency. The research used quasi experiment pre-post control group design. The intervention given was health education with the modeling approach about the treatment of psychiatric clients. The research was conducted in the working area of PKM Pontap, North Wara, and South Wara of Palopo City. The samples were 42 peoples consisted of 21 people of the intervention group and control group respectively. Based on the Wilcoxon test indicate that there is a significant difference between intervention group and control group regarding knowledge ($p=0.000$, $p=0.739$), attitude ($p=0.000$, $p=0.107$), Independence ($p=0.000$, $p=0.157$). Mann Whitney test of the two groups indicates knowledge ($p=0.000$), attitude ($p=0.000$), and Independency ($p=0.000$). Health education with the modeling approach performed by community health nurses is effective to improve knowledge, attitude, and independency of family by giving treatment to family members suffering from mental disorder.

Keywords: community health nurse, health education, family, independence.

INTRODUCTION

The role of the community health nurse educator (CMHNE) is expected to increase the independency of the family. One of role of CMHNE is to improve the self-capability in health problems solvers in order to optimize their health status. Nurse's role as an educator is able to assess the client's needs, to teach how to prevent and develop health education, to give information the health status and the treatment (MOH, 2006). One the Health Center integrated program with activities Community Health Nursing (CHN) is a Community Mental Health Nursing (CMHN). One effort of CMHN is to help people solve problems of mental health in hopes of helping the community mental health services towards Indonesia healthier life (Keliat&Akemat, 2007).

One approach which used in the learning theory is social learning theory. The basic concept of social learning theory is modeling, which ultimately is the ability to self-focus a through improving attention, retention, reproduction and motivation during the learning process take place (Saleh, 2012). Through a health education with the modeling approach is expected to improve the knowledge, attitudes and independence of families in caring for clients with mental disorders.

In Indonesia the number of people with mental health disorders is quite high and tends to increase every year. The results of research in RisetKesehatanDasar (Riseskedas) conducted by the Agency for Health Research and Development of MOH in 2013, indicate a national prevalence of severe mental disorders at age > 15 years was 1.7%, emotional mental disorder at age > 15 years was 6, 0%. Most people with severe mental disorders in the community who require optimal mental health services (MOH, 2013).

Empowering communities, especially families in caring for clients with mental disorders is needed, so the family remains passionate in providing care to clients with mental disorders. The family is the significant support system that gives direct care to the client's health problem. Family empowerment not only improves a client's condition, but to develop and enhance the ability of families to cope with the health problems of the family.

Independence of the family in solving health problems greatly influenced by the role CHN. The CHN purpose with emphasis on enhancing knowledge and skills, guidance and educating individuals, families, groups, communities to inculcate the habit of healthy living behavior so as to maintain and improve their health status. Therefore, the necessary efforts to improve the knowledge, skills of the community, especially families in maintaining and increasing the degree of optimal health (MOH, 2006). This study aimed to identify the effectiveness of the role of the nurse educator through the health education with a modeling approach to optimize knowledge, attitudes and independence of families in caring for family members with mental illness.

MATERIALS AND METHODS

Research Setting

This study was conducted in three among eleven health centers in the Palopo City in Pontap Health Center, North Wara (Waru) and South Wara (Warsel) Palopo. These health centers have been selected since it has a high number of people with mental health disorders. Beside of that, all of CHN nurses in each health center have been trained by CMHN The research was conducted from May¹¹ until June¹⁵, 2015.

Population and Sample

The population in this study was all families who have mental Sampling technique by a consecutive sampling as many as 42 people, consisting of 21 people in the intervention group and 21 control groups. Criteria for inclusion in this study were: (1) live with clients with mental disorders, (2) family that is close to the client, (3) the family is willing to follow the research.

Data collection

Data were collected using a questionnaire developed by researchers which have been tested for validity and reliability previously. Regard to the knowledge there were fifteen questions, fifteen statements for attitude and fifteen-point declarations to the observation level of independence carried out by the family health status. Health education conducted by CHN who has the skills in the care of psychiatric patients

Data analysis

Data were analyzed using univariate analysis to determine the frequency distribution of the respondents. Bivariate analysis to determine differences in knowledge, attitudes and independence of the respondents before and after health education between groups using the Wilcoxon test. Differences in knowledge, attitudes and independence of respondents between the two groups after health education will be analyzed using the Mann Whitney test.

RESEARCH RESULT

In Table 1 shows the characteristics of the age of majority respondents in the intervention group were at the beginning of elderly age 9 (42.9%), while the control group of elderly most at the end of the 13 (61.9%). Gender two groups of 29 people the majority of women (64.4%), education in the intervention group with the highest level of secondary education (57.1%), while the low education level of the control group (85.7%). Most work from both groups was housewives (IRT) as many as 25 families (59.5%).

The analysis showed that health education with modeling approach can improve the knowledge, attitudes and independence of families in caring for clients with mental disorders, seen in Table 2 indicate that the intervention group experienced a positive ranking (increase order) with a median of knowledge before the rank family is 6.0 and after rank 11.0, and the difference change of 4.0. Wilcoxon test results obtained $p = 0.000$, meaning that there are differences in knowledge of families in the intervention group after health education. In the control group the mean values before and after health education 3.0 mean value of 3.52 and the difference changes of 0.66. The test results Wilcoxon p value = 0.739 this means nonexistent differences in knowledge before and after health education. Mann Whitney test results, obtained $p = 0.000$, meaning different knowledge between the intervention group and the group with the control after health education with modeling approach.

Research results in Table 3 show that the intervention group, the median value before 28.0, after health education median value of 36.00 and the difference change of 6.00, based on the Wilcoxon test p value = 0.000. This means that there are differences in family attitudes before and after health education with a modelling approach to the intervention group. In the control group the median value before 28.00, after health education median value of 28.00 and the difference change of 0.00, with a test using the Wilcoxon test p value = 0.107, this means there is no difference in attitude in the control group. Based on the Mann Whitney test, the result was significant ($p = 0.000$), meaning that there are differences in attitudes between the intervention and control groups after being given health education with modelling approach.

Research results in Table 4 show that the intervention group, the median value before health education 8.00, after health education median value of 12.00 and the difference change of 5.00, based on the Wilcoxon test p value = 0.000. This means that there are differences in independence of the family before and after health education with a modelling approach to the intervention group. In the control group the median value before health education 3.00, after health education median value of 3.00 and the difference change of 0.00, with a test using the Wilcoxon test p value = 0.157, this means there is no difference in family independence in the control group. Based on the Mann Whitney test, obtained a significant result ($p = 0.000$), meaning that there is no difference between the independence of the intervention and control groups after being given health education with modeling approach.

DISCUSSION

The results of this study indicate that there is a difference between knowledge of family intervention and control groups after health education with modeling approach. One of the factors that can affect the level of knowledge is education. Higher education levels affect the perception of a person to make decisions and act (Notoatmodjo, 2010). Education has an important role in determining the quality of human life, the human education acquires knowledge and information. The higher the education level the more qualified person of his life (Hurlock, 2007). Knowledge is very closely related to education, where it is expected that the higher education, then that person will be more knowledgeable. It must be emphasized, does not mean a less educated, lower the absolute knowledge, such as the results of the study despite the highest educational level of the control group is the low level of education, it does not mean that knowledge is not increased. But instead that knowledge of the control group also were increased by 4 families (19.1%) even without a given health education. The results are consistent with the results Elita&Wahyuni (2012), whose study states that the provision of health education can improve family knowledge about mental health.

Efforts to improve the family attention when providing health education and efforts to sustain attention during health education takes place, then used educational tools in the form of leaflets, Flipchart with color images. The intended use of educational tools is to increase attention, improve memory (retention) of an information and to clarify the facts, procedures and actions (Saleh 2012 &Notoatmodjo, 2011).

The use of educational tools such as leaflets, Flipchart and modules in implementing health education in this study, can improve attention and retention of families about health education materials as evidenced by increasing knowledge of the family after the intervention. This is in accordance with Notoatmodjo (2011), which says that the use of learning media in health education to further facilitate the reception of health messages to the public. The results

showed that health education and conventional use of audiovisual media to enhance the knowledge of students (Wirawan et al., 2014).

Aiken cited in Henry & Goddess (2011), attitude is a predisposition learned to respond consistently, either positive or negative, on something the object, based on Mann-Whitney test in both groups after health education obtained significant results ($p = 0.000$), meaning that there is a difference between the attitude of the family intervention group and the control group after health education with modeling approach. A change in attitude in the intervention group may occur because of the attitude of the family who respond to health education provided. But do not rule out the possibility that the family attitude may change due to the influence of another person, or a family experience. Different family attitudes in the control group, in which health education carried out after the post-test, so the family is not a lot of information about the client's nursing care. According Agustina et al (2010), states that health education affect the attitude of the family in preventing dengue fever.

The next phase of the modeling is the reproductive phase. In this phase occurs reactivation of the things that have previously received through health education and practice skills that have been given back. These results indicate that increased after the independence of the family can be given health education with the modeling approach in the intervention group ($p = 0.000$). Increased self-reliance in the intervention group because the family has to understand how to care for family members with mental illness through health education. Health education can help improve the knowledge and attitude of the family in carrying out family health ranging from families able to recognize health problems, take the right decisions, take proper care for ill family members, maintaining a healthy environment and health facilities (Achjar, 2011), The results of observations of a control group that had only been on the independence of 1 and 2 due to low education and value (value), which is owned by the family so that the family was not able to take decisions appropriate health measures and less utilize this health facilities. The Research service facilities according to research by Sjattar et al (2011), shows that the family as a model or as a family for families (KUK) is proven to increase the independence of the family in caring for family members who suffer from pulmonary tuberculosis.

CONCLUSIONS AND RECOMMENDATIONS

There is the influence of the modelling approach to education with the knowledge of the family. There is the influence of education by modelling approach to education influence the family attitude. The modelling approach to family self-sufficiency. The provision of health education with modelling approach to the improvement of knowledge, attitude and independence of the family. CHN nurses need to improve their knowledge through training on the care of souls to be able to give health education well with modelling approach.

Lampiran Tabel

Tabel 1. Distribusi Frekuensi Karakteristik pada kelompok intervensi dan kontrol

Karakteristik Responden	Kelompok Intervensi		Kelompok Kontrol		p*
	n (21)	%	n (21)	%	
Umur (Tahun)					
a. Dewasamuda (26-35)	4	19,0	1	4,8	0,511
b. Dewasaakhir (36-45)	7	33,3	2	9,5	
c. Lansiaawal (46-55)	9	42,9	5	23,8	
d. Lansiaakhir (56-65)	1	4,8	13	61,9	
Jenis Kelamin					
a. Laki-laki	7	33,3	6	28,6	0,519
b. Perempuan	14	66,7	15	71,4	
Pendidikan					
a. Rendah (SD-SMP)	4	19,0	18	85,7	0,013
b. Menengah (SMA/SMK)	12	57,1	3	14,3	
c. Tinggi (D3/S1)	5	23,8	0	0	
Pekerjaan					
a. IRT	10	47,6	15	71,4	0,779
b. PNS/Polri	6	28,6	0	0	
c. Swasta	5	23,8	3	14,3	
d. Buruh	0	0	3	14,3	

keterangan : * Test of Homogeneity

Table 2. Perbedaan pengetahuan keluarga sebelum dan sesudah penkes antar kelompok intervensi dan kelompok kontrol

Kelompok	Pengetahuan Keluarga			p*
	Sebelum Mean ± SD	Sesudah Mean ± SD	Perubahan Mean ± SD	
Intervensi (n=21)	6,38 ± 1,68	11,00 ± 1,70	4,62 ± 1,59	0,000
Kontrol (n=21)	3,48 ± 1,20	3,52 ± 1,07	0,05 ± 0,66	0,739
p**	0,000	0,000	0,000	

Keterangan: * Wilcoxon **Mann-whitney $\alpha = 0,05$

Table 3. Perbedaan sikap keluarga sebelum dan sesudah penkes antar kelompok intervensi dan kontrol

Kelompok	Sikap Keluarga			p*
	Sebelum Mean ± SD	Sesudah Mean ± SD	Perubahan Mean ± SD	
Intervensi (n=21)	30,71 ± 6,26	36,67 ± 5,96	5,95 ± 4,10	0,000
Kontrol (n=21)	26,19 ± 4,04	26,62 ± 3,64	0,43 ± 1,16	0,107
p**	0,120	0,000	0,000	

Keterangan: * Wilcoxon ** Mann-whitney $\alpha=0,05$

Table 4. Perbedaan kemandirian keluarga sebelum dan sesudah penkes antar kelompok intervensi dan kontrol

Kelompok	Kemandirian Keluarga			p*
	Sebelum Mean ± SD	Sesudah Mean ± SD	Perubahan Mean ± SD	
Intervensi (n=21)	8,24 ± 2,38	12,86 ± 1,74	4,33 ± 2,10	0,000
Kontrol (n=21)	2,86 ± 0,57	2,95 ± 0,59	0,10 ± 0,30	0,157
p**	0,000	0,000	0,000	

Keterangan: * Wilcoxon ** Mann-whitney $\alpha=0,05$

DAFTAR PUSTAKA

- Achjar. (2011). *Asuhan keperawatan komunitas: teori & praktik*. Jakarta: EGC.
- Agustina, Suryono, & Bagus. (2010). Pengaruh pendidikan kesehatan tentang 3m terhadap sikapkeluarga dalam pencegahan demam berdarah(studyanalitik di lingkungan bence rt 24 rw 05 Kelurahanpakunden kota kediri. *Jurnal AKP no 1*. Diakses dari halaman website <http://lppm.akperpamenang.ac.id/wp-content/uploads/2015/05/0106.pdf>
- Depkes. (2006). *Pedoman penyelenggaraan upaya keperawatan kesehatan masyarakat di puskesmas*. Jakarta: Depkes RI.
- Depkes. (2013). *Riset kesehatan dasar (riskesdas) tahun 2013*. Jakarta: Depkes RI. Diakses dari website http://www.litbang.depkes.go.id/sites/download/materi_pertemuan/launch_riskesdas/Riskesdas%20Launching.pdf
- Elita & Wahyuni. (2012). Pengaruh pemberian pendidikan kesehatan terhadap peningkatan pengetahuan keluarga tentang kesehatan jiwa. Diakses dari halaman website http://eprints.ums.ac.id/28796/16/NASKAH_PUBLIKASI.pdf.
- Hurlock. (2007). *Promosi kesehatan bayi dan balita*. Jakarta: Salemba Medika.
- Keliat & Akemat. (2007). *Model praktik keperawatan profesional jiwa*. Jakarta: EGC
- Notoatmodjo. (2010). *Promosi kesehatan: teori & aplikasi*. Jakarta: Rineka Cipta.
- Notoatmodjo. (2011). *Kesehatan masyarakat: Ilmu dan seni*. Jakarta: Rineka Cipta.
- Saleh. (2012). *Penerapan maternal role attainment untuk tumbuh kembang bayi*. Yogyakarta: Pustaka Timur.
- Sjattar, Nurrahmah, Bahar, & Wahyuni. (2011). Pengaruh penerapan model keluarga untuk keluarga terhadap kemandirian keluarga merawat penderita tb paru peserta dots di Makassar. *JST Kesehatan, 1, 1-9*. Diakses dari halaman website <http://repositori.unhas.ac.id/bitstream/handle/123456789/8212/Abstrak.PDF>
- Wawan&Dewi. (2011). *Teori dan praktek pengetahuan, sikap dan perilaku manusia*. Yogyakarta: Nuha Medika.
- Wirawan, Abdi, & Sulendri. (2014). Penyuluhan dengan media audio visual dan konvensional terhadap pengetahuan ibu anak balita. *Jurnal Kesehatan Masyarakat 10 (1)*. Diakses dari website <http://journal.unnes.ac.id/nju/index.php/kemas>.