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|  | USULAN PENELITIAN 2024  HIBAH LPPM-UMJ, Universitas Muhammadiyah Jakarta  Tahun Usulan 2024, Tahun Pelaksanaan 2024 |

1. Judul *\*)*

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| **EXPLORING DISEASE BURDEN, COPING STRATEGY, AND SELF-MANAGEMENT PRACTICES AMONG PATIENTS WITH CHRONIC DISEASES** |

1. Topik *\*)*

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| **Pendidikan, Kesehatan, Sosial, dan Ekonomi; Pendidikan Keluarga dan Masyarakat** |

1. Bidang Ilmu *\*)*

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| **-Ilmu Keperawatan;** |

1. Identitas Tim Peneliti *\*)*

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| **Peran** | **Nama** | **Sinta ID / NIM** | **Fakultas** | **Bidang Studi** |
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| **Peran** | **Nama** | **NIDN** | **Universitas** |
| Anggota Dosen Luar UMJ 1 | DIAN FITRIA | 0318108803 | STIKES RS HUSADA |
| Anggota Dosen Luar UMJ 2 | - | - | - |

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| **Peran** | **Nama** | **NIM** |
| Anggota Mahasiswa 1 | HURI WARDAH | 20200910100152 |
| Anggota Mahasiswa 2 | APRIANTO GUNTUR | 23090400003 |

1. Pengesahan Usulan *\*)*

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| **Tanggal Pengajuan** | **Tanggal Persetujuan** | **Nama Pimpinan Pemberi Persetujuan** | **Jabatan** | **Nama Lembaga/Fakultas** |
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| **Tanggal Pengajuan** | **Tanggal Persetujuan** | **Nama Pimpinan Pemberi Persetujuan** | **Jabatan** | **Nama Lembaga/Fakultas** |
| ${tanggal\_pengajuan\_prop2} | ${tanggal\_prop\_disetujui2} | ${nama\_dekan} | ${jbt\_dekan} | ${nama\_fakultas} |

1. Riwayat Penelitian Ketua Pengusul *\*)*

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| **Hibah Penelitian Internal Tahun Pelaksanaan 2022 Penyelenggara LPPM Universitas Muhammadiyah Jakarta Judul Proposal "EXPLORING FRAILTY THROUGH COMPREHENSIVE ASSESSMENT AMONG PATIENT WITH CHRONIC KIDNEY DISEASE"  Hibah Penelitian Internal Tahun Pelaksanaan 2023 Penyelenggara LPPM Universitas Muhammadiyah Jakarta Judul Proposal "PREVALENCE AND RELATED PSYCHOLOGICAL ASPECTS OF FRAILTY IN HEMODIALYSIS PATIENTS."** |

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| **Judul,** *tuliskan judul usulan penelitian* |

JUDUL USULAN

Exploring Disease Burden, Coping Strategy, and Self-Management Practices among Patients with Chronic Diseases

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| **Internalisasi AL ISLAM dan KEMUHAMMADIYAHAN dalam Penelitian** *maksimal 500 kata* |

AL ISLAM dan KEMUHAMMADIYAHAN

Chronic disease is a multifaceted condition that deeply influences the existential, physical, and psychological aspects of an individual's life. These conditions, enduring for 12 months or more, demand continuous medical attention and often restrict daily activities. Throughout the journey of chronic disease patients, initial encounters with grief and loss may transform into lasting changes and existential growth. This journey frequently acts as a catalyst for jihad annafs (struggle of the soul), nurturing the development of character and virtues centered around existential fulfillment and enlightened wisdom.

"…He does not break His believing servant except to mend him" – Ibn Al Qayyim

Chronic disease is widely recognized as a significant source of suffering. Individuals grappling with chronic conditions often face heightened associations with mental health disorders and a diminished quality of life, underscoring the urgent need for comprehensive and timely management.

The Quranic verse "لَا يُكَلِّفُ اللَّهُ نَفْسًا إِلَّا وُسْعَهَا" (Allah does not burden a soul beyond that it can bear) (Qur’an 2:286) emphasizes divine mercy and the promise of relief after hardship. This principle underscores the inherent resilience within individuals, rooted in a fundamental need for alignment with God and objective truth.

Similarly, QS Al-Insyirah, ayat 5, states "فَاِنَّ مَعَ الْعُسْرِ يُسْرًاۙ" (So verily, with every difficulty, there is relief). This verse highlights that with hardship comes ease, serving as a reminder of divine assistance during challenging times.

For Muslims, aligning with fitrah (natural disposition) is paramount for attaining contentment and realizing human potential. This alignment fosters effective coping mechanisms and resilient behaviors, facilitating optimal self-care practices that ultimately contribute to overall well-being.

In exploring disease burden, coping mechanisms, and self-management practices among patients with chronic diseases, comprehending the profound impact of chronic illness on individuals' existential, physical, and psychological well-being is crucial. By delving into patients' experiences, coping strategies, and self-management approaches, this research aims to identify effective interventions as the long-term goal, recognizing that the first step is to develop a comprehensive understanding of the challenges faced by patients. Through this initial step, healthcare providers can tailor interventions to better support patients in managing their chronic conditions and achieving optimal well-being.

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| **Ringkasan** *penelitian tidak lebih dari 500 kata yang berisi latar belakang penelitian, tujuan dan tahapan metode penelitian, luaran yang ditargetkan*. |

RINGKASAN

Background:

Chronic diseases pose a global burden, with healthcare costs borne by nations due to their long-term management requirements. Individuals affected by chronic conditions are tasked with navigating ongoing management, which significantly impacts various aspects of their lives. Patients often experience symptom burden, encompassing the multitude of symptoms associated with chronic diseases. Besides, most patients with chronic conditions experience anxiety when first diagnosed with the disease, along with uncertainty and fear about the condition worsening. Additionally, chronic diseases can exert psychological and lifestyle impacts on individuals, leading to stress, depression, social isolation, and disruptions in daily routines and activities.

Effective coping mechanisms are essential for patients to live well with chronic conditions. In addition to coping with the emotional and psychological aspects of their illness, patients must also adopt self-management behaviors to effectively manage their condition on a day-to-day basis. These self-management behaviors may include adhering to medication regimens, monitoring symptoms, maintaining a healthy lifestyle, seeking social support, and engaging in regular healthcare appointments. By employing effective coping strategies and self-management behaviors, patients can better manage their diseases consistently and improve their overall quality of life.

However, current management practices for chronic diseases remain inadequate due to various factors such as limited access to healthcare services, insufficient patient education, and barriers to medication adherence and lifestyle changes. This underscores the need for comprehensive research to better understand the challenges faced by patients with chronic diseases and develop targeted interventions to address their needs.

Aims:

This study aims to identify the dynamic relationship of disease burden, coping mechanisms, and self-management practices among individuals with chronic diseases.

Methods:

Using descriptive correlational methods, it aims to identify the burden of disease and treatment, elucidate the challenges faced by patients, and understand the coping mechanisms and self-management strategies they employ. G-power analysis software will be utilized to estimate the sample size, with a total of 150 participants included in this study. Data will be collected through self-report questionnaires and analyzed using techniques such as Pearson correlation and Structured Equation Modeling.

Expected Result:

The findings of this study will contribute to a deeper understanding of the complexities surrounding chronic disease management, informing the development of tailored interventions aimed at improving patients' quality of life and health outcomes. The study's outcomes will include one manuscript, serving as preliminary data for the further development of strategic interventions. These efforts align with the project's aim to achieve TKT 2 and fulfill the mandatory research output requirement, which includes publication in a national journal with a SINTA 1 or 2 ranking or an international journal with a Q4 ranking.

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| **Kata kunci** *maksimal 5 kata* |

KATA KUNCI

Chronic diseases, Disease burden, Coping mechanisms, Self-Management Practices, Disease Management.

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| **Latar belakang** *penelitian tidak lebih dari 500 kata yang berisi latar belakang dan permasalahan yang akan diteliti, tujuan khusus, dan urgensi penelitian.* |

LATAR BELAKANG

Background:

Indonesia, among other Southeast Asian nations, is confronting a rapid escalation in the prevalence of chronic non-communicable diseases (NCDs). Recent data from the 2014 Indonesian Sample Registration System revealed the top 10 most common diseases, including stroke, heart disease, diabetes mellitus, and others, with a noticeable uptrend [1][2]. Moreover, the Indonesia Basic Health Research in 2018 indicated a concerning rise in NCDs such as cancer, stroke, kidney disease, and diabetes compared to previous years [3]. This surge poses significant challenges to Indonesia's healthcare systems, straining resources and compromising the overall health and well-being of the population.

Chronic diseases like cardiovascular diseases, diabetes, cancer, kidney and respiratory disorders exert profound and lasting effects on individuals, families, and communities. Initially subtle, these conditions gradually escalate, leading to persistent symptoms, functional limitations, and a diminished quality of life for those affected [4][5][6]. The psychological burden of managing chronic illnesses often accompanies physical symptoms, contributing to heightened levels of anxiety, depression, and social isolation among patients and their support networks [7].

Urgency:

In response to the growing prevalence of chronic diseases, there is increasing recognition of the importance of patient-centered care and patient self-management in chronic disease management [8]. Frameworks of chronic care emphasize the need to empower patients and promote self-reliance in managing their health. This paradigm shift from a traditional passive patient role to proactive patient engagement underscores the significance of supporting individuals in effectively coping with their chronic conditions [9].

However, while patient-centered care and self-management hold promise for improving health outcomes, coping mechanisms also play a crucial role in navigating the challenges posed by chronic diseases. Patients who lack effective coping strategies may struggle to adhere to treatment regimens, experience difficulties in managing symptoms, and exhibit reduced motivation to engage in self-care activities [10]. Consequently, poor coping can lead to suboptimal disease management, decreased resilience, and worsened health outcomes for individuals living with chronic conditions.

Given the urgency of addressing the rising burden of chronic diseases in Indonesia, research focusing on understanding patients' experiences and coping mechanisms is imperative. By gaining insights into how patients cope with the challenges of their illnesses, healthcare providers can develop tailored interventions to support patients in effectively managing their conditions, enhancing their resilience, and ultimately improving their quality of life.

Aims:

This research aims to explore the complexities of chronic disease management and inform strategies for optimizing patient care amidst this growing public health crisis. Specifically, it seeks to: (1) Assess the prevalence and impact of chronic diseases on patients' daily live; (2) Investigate the coping strategies used by patients to manage their chronic conditions, differentiating between adaptive and maladaptive approaches; (3) Analyze the effectiveness of various self-management practices and their role in improving health outcomes and treatment adherence; (4) Examine the relationships between disease burden, coping strategies, and self-management practices to better understand how these factors interact and influence each other. By achieving these aims, the research will provide a comprehensive understanding of chronic disease management and support the development of effective, patient-centered care strategies.

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| **Tinjauan Pustaka** *tidak lebih dari 1000 kata dengan mengemukakan state of the art. Wajib Menampilkan peta jalan (road map) dalam bidang yang diteliti (ketua peneliti). Bagan dan road map dibuat dalam bentuk JPG/PNG yang kemudian disisipkan dalam isian ini. Sumber pustaka/referensi primer yang relevan dan dengan mengutamakan hasil penelitian pada jurnal ilmiah dan/atau paten yang terkini. Disarankan penggunaan sumber pustaka 10 tahun terakhir.* |

TINJAUAN PUSTAKA

The Increasing Prevalence and Burden of Chronic Disease

Chronic diseases, including diabetes, heart disease, chronic respiratory diseases, and cancer, have become the leading causes of death and disability worldwide [11]. The prevalence of these conditions is rising at an alarming rate due to factors such as aging populations, sedentary lifestyles, poor dietary habits, and increased exposure to risk factors like tobacco and alcohol. According to the World Health Organization (WHO), chronic diseases account for approximately 71% of all deaths globally, highlighting the critical nature of this public health challenge [12].

The burden of chronic diseases extends far beyond the individuals affected. On a personal level, these conditions often lead to long-term health complications, reduced quality of life, and significant financial strain due to ongoing medical expenses and lost productivity [6][7]. Chronic diseases typically require continuous medical attention and long-term management strategies, which can be both physically and emotionally taxing for patients and their families.

Public health policies and healthcare practices must adapt to address the rising prevalence and burden of chronic diseases [12]. This involves implementing preventive measures to reduce risk factors, promoting healthy lifestyles, and ensuring that healthcare systems are equipped to provide comprehensive, long-term care [13]. By focusing on prevention, early detection, and effective management of chronic diseases, we can mitigate their impact and improve health outcomes on a global scale.

Shifting the Focus of Health Professionals Toward Improving Patient Active Participation

Recognizing the complexities of chronic disease management and the importance of patient empowerment, there has been a significant paradigm shift towards fostering active patient participation [14]. This shift involves healthcare professionals actively engaging patients in decision-making processes regarding their health and treatment options. Rather than simply prescribing treatments, providers collaborate with patients to develop personalized care plans that align with their goals, preferences, and values. This approach acknowledges the unique experiences and perspectives of each patient, empowering them to take ownership of their health journey.

Enhancing patient active participation goes beyond mere involvement in treatment decisions; it encompasses a holistic approach to care that emphasizes education, self-management skills, and ongoing support [9]. Healthcare professionals strive to equip patients with the knowledge and tools they need to manage their conditions effectively, empowering them to make informed decisions and take proactive steps to maintain their health. Moreover, fostering active participation fosters a sense of partnership and trust between patients and healthcare providers, leading to improved communication, adherence to treatment plans, and ultimately, better health outcomes [15]. Patients who feel empowered and involved in their care are more likely to adhere to treatment recommendations, adopt healthy behaviors, and engage in preventive measures.

Addressing Challenges Faced by Patients with Chronic Diseases and the Potential Role of Effective Coping Strategies for Enhanced Disease Management

One of the primary challenges among patients with chronic disease is the complexity of treatment regimens and self-management tasks associated with chronic diseases. Patients may struggle to adhere to medication schedules, dietary restrictions, exercise routines, and other lifestyle modifications required for optimal disease management [16]. Additionally, navigating the healthcare system, coordinating appointments, and accessing necessary resources can be overwhelming, particularly for patients with multiple comorbidities or limited health literacy.

Emotionally, the psychological impact of living with a chronic illness can be profound. Patients may experience feelings of anxiety, depression, grief, or frustration as they cope with the physical limitations, uncertainty about the future, and disruptions to their daily lives caused by their conditions [4] [10]. Socially, chronic diseases can affect relationships with family, friends, and colleagues, leading to feelings of isolation, stigma, or misunderstanding.

In addressing these challenges, healthcare providers play a crucial role in providing comprehensive support and resources to help patients navigate the complexities of chronic illness. This may include teaching patients to develop personalized coping plans that identify their unique stressors, triggers, and coping mechanisms. By promoting effective coping strategies, healthcare providers can empower patients to navigate the complexities of chronic illness and achieve optimal disease management and quality of life.

Self-Management as Potential to Living Well with Chronic Disease

Self-management refers to the daily actions' individuals must take to manage and mitigate the effects of a disease on their physical health [17]. It also involves having the necessary knowledge for self-care, making treatment decisions, monitoring symptoms, setting goals, and building effective partnerships with healthcare providers. Self-management practices vary based on the patient's illness and life circumstances, highlighting the importance of holistic care models that emphasize personalized and disease-specific approaches.

Unlike many acute conditions, chronic physical conditions often require ongoing management that cannot be handled solely by a physician. This necessitates patients taking an active role in managing their conditions. For example, a person with diabetes must self-administer insulin and regulate their sugar intake. Thus, self-management aligns with the paradigm shift in chronic disease management, emphasizing the crucial role of patients in their own healthcare.

The Potential Association Between Coping Strategies and Self-Management Outcomes

Effective coping strategies, such as seeking social support, problem-solving, and positive reframing, are associated with better self-management outcomes for patients with chronic conditions. These strategies enhance patients' ability to manage their conditions, adhere to treatment regimens, and improve quality of life by mitigating emotional and psychological stressors.

In contrast, maladaptive strategies like denial and avoidance can hinder self-management and worsen health outcomes. Healthcare providers can help by guiding patients toward more effective coping mechanisms, integrating these into self-management education and support programs to enhance resilience and disease management.

Alignment with the University of Muhammadiyah Jakarta and Faculty of Nursing Research Roadmaps

This research aligns with the University of Muhammadiyah Jakarta's (UMJ) and its Faculty of Nursing's strategic roadmaps. UMJ’s Research Master Plan (2021-2025) focuses on family and community health, aiming to create an advanced and noble society. The Faculty of Nursing's roadmap (2022-2026) focuses on enhancing health and well-being, guiding families toward civility in line with nursing science.

As part of a long-term plan, this study aims to empower chronic disease management through effective coping and self-management strategies. The goal is to develop evidence-based interventions that support patients, improving health outcomes and quality of life.

Text, timeline

Description automatically generated

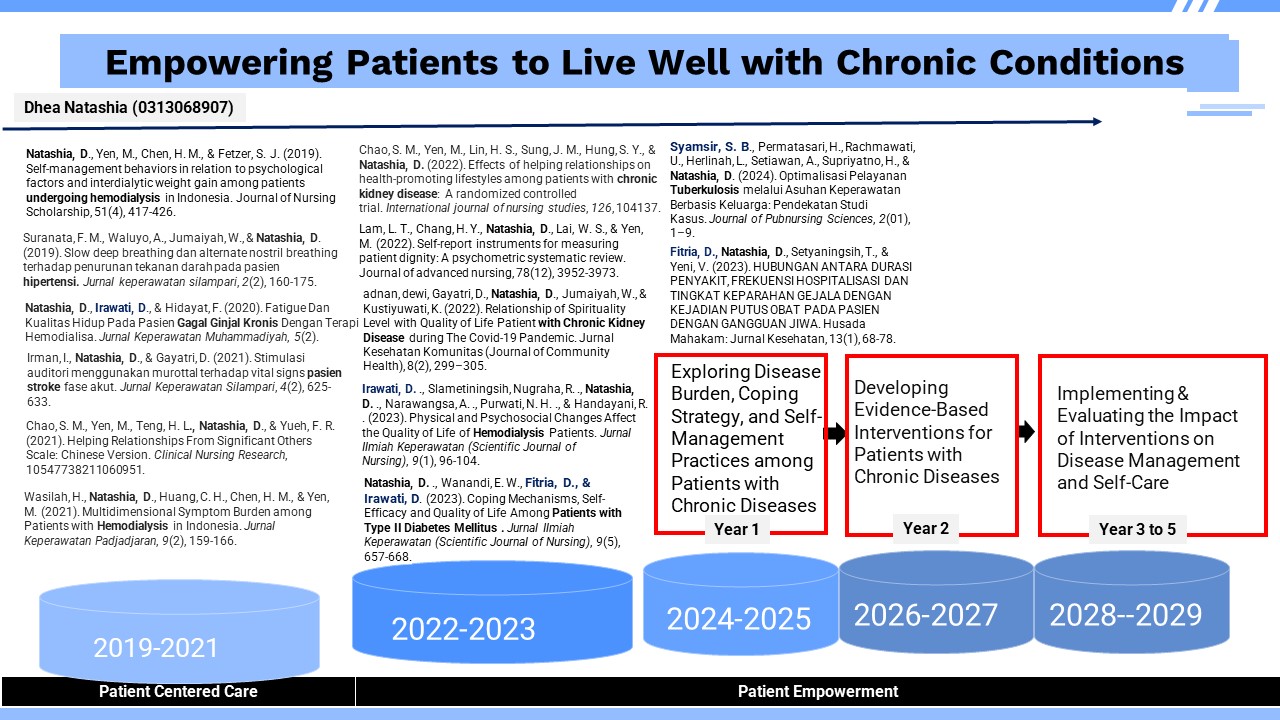


Figure 1 Research RoadMap

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| **Metode** *atau cara untuk mencapai tujuan yang telah ditetapkan ditulis tidak melebihi 600 kata. Bagian ini dilengkapi dengan diagram alir penelitian yang menggambarkan apa yang sudah dilaksanakan dan yang akan dikerjakan selama waktu yang diusulkan. Format diagram alir dapat berupa file JPG/PNG. Bagan penelitian harus dibuat secara utuh dengan penahapan yang jelas, mulai dari awal bagaimana proses dan luarannya, dan indikator capaian yang ditargetkan. Di bagian ini harus juga mengisi tugas masing-masing anggota pengusul sesuai tahapan penelitian yang diusulkan.* |

METODE

This project is a one-year study that aims to explore the relationship between disease burden, coping mechanisms, and self-management practices.

Design: A cross-sectional study conducted at Primary Health Centers in Central Jakarta. Inclusion criteria include adult patients aged over 20 years diagnosed with a chronic illness by a physician for at least one year and able to communicate verbally. Patients with mental disorders will be excluded. The minimum sample size is estimated to be 150 patients, with an additional 20% to account for potential missing data.

Instruments

Researchers will administer a study questionnaire during patients' visits to the Primary Health Centers. The questionnaire comprises four parts: demographic information, the Self-Management Behavior Indices, the Multimorbidity Treatment Burden Questionnaire (MTBQ), and the Toulouse Scale for Coping (TSC).

The MTBQ, developed by Duncan et al. (2017), is a 10-item measure of treatment burden for patients with multimorbidity. It has demonstrated good face validity and reliability, with a Cronbach’s alpha of 0.83 [18].

The TSC, developed by Puri et al. (2024), assesses coping strategies and includes six distinct strategies categorized into positive and negative coping styles. It has shown high reliability with a Cronbach’s alpha of 0.944 [19].

The Self-Management Behavior Indices, developed by Curtin et al. (2008), consist of 37 items divided into five subscales. This instrument measures self-management behaviors among chronic kidney disease patients and is expected to have good face validity and reliability, with Cronbach’s alpha coefficients ranging from 0.70 to 0.84 [20][15].

Data Collection Procedure:

Step 1 Participant Recruitment:

Patients meeting the inclusion criteria will be identified through medical records at the Primary Health Centers in Central Jakarta. Healthcare providers will inform eligible patients about the study and invite them to participate during their clinic visits. Written informed consent will be obtained from all participants before proceeding with data collection.

Step 2 Questionnaire Administration:

Trained researchers will administer the study questionnaire to participants during their clinic visits.

Participants will be provided with a quiet and comfortable space to complete the questionnaire.

Researchers will be available to clarify any questions or concerns raised by participants while completing the questionnaire.

Step 3 Data Entry and Management:

Data from the completed questionnaires will be entered into a secure electronic database.

Data entry will be conducted by trained research assistants to minimize errors. The database will be regularly backed up to prevent data loss.

Data Analysis

For the demographic data, MTBQ, and TLC-9 Self-Management, univariate descriptive statistics will be employed to summarize and describe the main features of the dataset. Following this, a test of normality will be conducted to assess the distribution of the data and ensure the appropriateness of subsequent statistical analyses.

To explore the relationships among disease burden, coping strategy, and self-management, Pearson correlation will be applied to examine the linear associations between these variables. Additionally, Structural Equation Modeling (SEM) will be employed to provide a comprehensive analysis of these relationships. SEM will allow the researcher to test complex causal models by incorporating multiple dependent and independent variables, measurement errors, and latent variables simultaneously.

Job Description

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| Researchers | Time Allocation | Job Description |
| Primary Investigator (Ketua)  Dhea Natashia | 10 Jam/week | Person in Charge of Research Project, Conduct Supervision of  Data collection, data analysis, research results  Consultation of Discussion, research results and writing report. |
| Co-Investigator (1)  Diana Irawati, S. Kep., M. Kep., Sp.KMB | 8 jam/week | Pilot study, Training Research Assistant, Data collection, data analysis, research results  Discussion, research report |
| Co-Investigtor (2)  Syamikar Baridwan S.Kep., Ns., M.Kep. Sp. Kep. Kom | 8 jam/week | Data collection, data analysis, research results  Discussion, research report and results |
| Co-Investigator (3)  Dian Fitria, S.Kep., M.Kep, Sp.Kep.J | 6 jam/week | Proposal writing, data analysis, manuscript editing |

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| **Tindak Lanjut**,*uraikan tindak lanjut dari pelaksanaan penelitian dalam Pengabdian kepada Masyarakat dan Pengajaran. Narasikan maksimal dalam 500 kata* |

TINDAK LANJUT

Through this research, we aim to utilize the findings as a foundational dataset for evidence-based teaching. The outcomes of this study will serve as a cornerstone for educational practices grounded in evidence-based principles. Furthermore, the research outcomes will inform the development of community engagement activities, such as the creation of a "Health Diary" handbook tailored for patients with chronic illnesses. This handbook will encompass a comprehensive record of patients' physical and psychological health histories. Divided into three sections, the handbook will document the progression of symptoms, scheduled health check-ups, medication regimens, and assessments of disease burden, coping mechanisms, and self-management strategies. Additionally, it will feature stress management techniques tailored and scheduled for patient practice. The diary will be introduced as a pilot project at Primary Health Centers as part of community engagement efforts, aligning with governmental initiatives aimed at reducing the prevalence of chronic diseases [21]. This research endeavor represents a significant advancement in our understanding of disease burden, coping strategies, and self-management practices among individuals with chronic diseases. By thoroughly examining these complex dynamics, we aim to provide valuable insights into how patients navigate the challenges posed by chronic illnesses on both psychological and behavioral fronts. This exploration holds immense potential to inform the development of clinical interventions, preventive measures, and policy initiatives aimed at enhancing the well-being and outcomes of individuals living with chronic conditions. Through rigorous investigation and interdisciplinary collaboration, we aspire to uncover actionable insights that will empower healthcare providers, policymakers, and communities to better support individuals grappling with the burdens associated with chronic diseases.

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| **Jadwal** **Penelitian** *disusun dengan mengisi membuatnya dalam bentuk tabel dengan memperbolehkan penambahan baris sesuai banyaknya kegiatan.* |

JADWAL PENELITIAN

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | Nama Kegiatan | Bulan | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 1 | Proposal Writing |  |  |  | x | x |  |  |  |  |  |  |  |
| 2 | Instrument Preparation |  |  |  |  | x |  |  |  |  |  |  |  |
| 3 | IRB submission & Hospital administration Procedure for Research Permit |  |  |  |  | x |  |  |  |  |  |  |  |
| 4 | Research Assistant Training |  |  |  |  |  | x |  |  |  |  |  |  |
| 5 | Data Collection |  |  |  |  |  | x | x |  |  |  |  |  |
| 6 | Data Analysis |  |  |  |  |  |  |  | x |  |  |  |  |
| 7 | Result Writing |  |  |  |  |  |  |  | x | x |  |  |  |
| 8 | Manuscript Writing & Submission |  |  |  |  |  |  |  |  |  | x |  |  |
| 9 | Research Report |  |  |  |  |  |  |  |  |  |  | x |  |
| 10 | Dissemination |  |  |  |  |  |  |  |  |  |  | x |  |

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| **Rencana Anggaran Belanja** *disusun dengan format tabel dengan memperbolehkan penambahan baris sesuai kebutuhan.* |

RENCANA ANGGARAN BELANJA

| No | **Jenis Pembelanjaan** | **Komponen** | **Item** | **Satuan** | **Volume** | **Biaya Satuan** | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| I | **Alat & Bahan** | ATK | Kertas HVS 70 mg | Rim | 3 | 47.500 | 142.500 |
|  |  | ATK | Pulpen | Lusin | 6 | 26.250 | 157.500 |
|  |  | Bahan Penelitian Habis Pakai | Photocopy dan Penjilidan | Paket | 1 | 250.000 | 250.000 |
| II | **Pengumpulan Data** | HR Pembantu Peneliti | Research Assistant (1 orang x 2 bulan x 10 hari/bulanx3 jam/hari) | OJ | 60 | 10.000 | 600.000 |
|  |  | Souvenir | Reward untuk participant penelitian | OR | 150 | 20.000 | 3.000.000 |
|  |  | Izin Penelitian | 1x Puskesmas Wilayah Kerja Jakarta Pusat | OP | 1 | 750.000 | 750.000 |
| III | Analisis Data | HR Pembantu Peneliti | Research Assistant (1 orang x 2 bulan x 10 hari/bulan x 3 jam/hari) | OJ | 60 | 10.000 | 600.000 |
|  |  | HR Pengolah Data | Konsul Pakar statistik | OP | 1 | 500.000 | 500.000 |
| IV | Pelaporan, Luaran Penelitian | Publikasi | Biaya Publikasi di Journal | OP | 1 | 1.500.000 | 1.500.000 |
| V | Inkind |  |  |  |  |  |  |
|  | Fasilitas UMJ | Fasilitas Inkind | 1 | Paket | 1 | 2.500.000 | 2.500.000 |
|  | \*Total dana Penelitian sesuai dengan pagu anggaran pada setiap usulan simlitabmas | | | | | | 10.000.000 |

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| **Daftar Pustaka** *disusun dan ditulis berdasarkan sistem nomor sesuai dengan urutan pengutipan. Hanya pustaka yang disitasi pada usulan penelitian yang dicantumkan dalam Daftar Pustaka.* |

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Lampiran Surat Kesediaan Melaksanakan Penelitian

