



ISSN: 2987-3029



5th International Agronursing Conferences
In Conjunction with 1st International Post Graduate Nursing Student Conference (IPGNSC)

PROCEEDING

**Chronic Care Management : Bridging Theory
& Practice In Healthcare Services**



May, 11th - 12th
2023

Faculty of Nursing
Universitas Jember **UNEJ**



**5th International AgroNursing Conference in Conjunction
with 1st International Post Graduate Nursing Student
Conference (1st IPGNSC) 2023
“Chronic Care Management: Bridging Theory and Practice”**

Jember, May 11th – 12th, 2023

PROCEEDING

**FACULTY OF NURSING
UNIVERSITY OF JEMBER**

REMARK

Bismillahirrohmanirrohim
Assalamualaikum Wr Wb
Good morning and greetings

The Honorable, Rector of University of Jember
The Honorable, All Speakers of the fifth international nursing conference In Conjunction with first International Post Graduate Nursing Student Conference
The Honorable, Guests, all dean of the faculties in University of Jember, Director of hospitals, primary health center, and other guests.
The Honorable, Conference Committee
Dear All oral presenters, poster presenter and Participants of the conference

Alhamdulillahirobbil'alamin, we praise the presence of Allah SWT; because of the blessing, we all can be present here in this auditorium to attend the fifth international nursing conference In Conjunction with first International Post Graduate Nursing Student Conference, Faculty of Nursing. Salawat may always be delegated to the Great Prophet Muhammad SAW.

Ladies and Gentlemen,

As the beginning of this speech, I would like to welcome all of you to the fifth international nursing conference In Conjunction with first International Post Graduate Nursing Student Conference, with the theme " Chronic Care Management: Bridging Theory and Practice". It is an honor to facilitate health professionals from around the world to enhance health sciences.

As a nurse, we can provide holistic care that addresses not just the physical needs of our patients but also their emotional, social, and spiritual needs. By taking the time to listen and understand our patients' unique situations, we can take care to meet their needs best and help them achieve their health goals.

In addition to caring for our patients, it is also important to care for yourself. Nursing can be a demanding and emotionally taxing profession, and it is crucial that we can take steps to prioritize our well-being. This can include things like practicing self-care, seeking support from colleagues or a mental health professional when needed, and taking time off to rest and recharge.

To answer that question, on May eleventh and twelfth of may, twenty twenty-three, we will discuss and enhance this topic with speakers from four countries: Australia, the United Kingdom, Thailand, Taiwan, and Indonesia. Not only that, in the series of international conferences, this time, there will be a guest lecturer in collaboration with community service from Western Sydney University (WSU) Australia. Thanks to Associate Professor Caleb Ferguson and the team who have attended and shared with us. This collaboration can continue and improve the knowledge of the profession we love. We also call the researchers to join not only the conference but also to share their research through oral presentation or poster presentation.



Ladies and Gentlemen

This conference is attended by undergraduate and postgraduate students, lecturer and health care professional from Asia Pacific and Australia. We have more than thousand registrants with two hundred participants able to attend on this room.

This event can be held because of the support and efforts of all parties. Therefore, I would like to thank the Rector of University of Jember, Indonesian National Nurses Association (INNA) and all the committees who have worked hard to carry out this activity.

I sincerely hope that this conference will deliberate and discuss all different facets of this exciting topic and come up with recommendations that will lead to a better and healthier new world.

I wish this conference great success. Aamiinn.

Wassalamualaikum Wr. Wb.

Dean Faculty of Nursing
Ns. Lantin Sulistyorini, M. Kes

GREETING MESSAGE

Bismillahirrohmanirrohim
Assalamualaikum Wr Wb
Good morning and best wishes

The Honorable, Rector of University of Jember
The Honorable, Dean School of Nursing, University of Jember
The Honorable, All Speaker of the International Nursing Conference
The Honorable, Guests
The Honorable, Conference Committee
Dear All, All Participants of the conference

Thank God we praise the presence of Allah SWT, because of the blessing and grace, we all can be present in this place, in order to attend the International AgroNursing Conference. In Conjunction with first International Post Graduate Nursing Student Conference, Solawat and greetings may still be delegated to the Great Prophet Muhammad SAW.

Ladies and Gentlemen,

As the beginning of this speech, I would like to say welcome to the fifth international nursing conference In Conjunction with first International Post Graduate Nursing Student Conference, with the theme " Chronic Care Management: Bridging Theory and Practice".

Chronic care refers to the ongoing, long-term medical care and support provided to individuals with chronic or long-lasting health conditions such as diabetes, heart disease, arthritis, and asthma, among others. Chronic conditions often require ongoing management and treatment to control symptoms, prevent complications, and improve quality of life.

Chronic care may involve a team of healthcare professionals, including primary care physicians, nurses, specialists, physical therapists, and other healthcare providers, who work together to develop and implement a comprehensive care plan tailored to the individual's needs.

The goal of chronic care is to improve the health and well-being of individuals with chronic conditions by providing ongoing, patient-centered care and support that helps them manage their symptoms, maintain their independence, and prevent complications. What is the latest application of chronic care management, bridging theory and practice?

To answer that question, then for the next two days starting from today on 11-12 May 2023 at Auditorium of Universitas Jember, we will discuss the Chronic Care Management: Bridging Theory and Practice with speakers from 5 countries namely:

1. Assoc. Prof. Caleb Ferguson (Australia).
2. Assoc. Prof. Wasana Ruaisungnoen (Thailand)
3. Dr. Asri Maharani, MMRS, Ph.D (United Kingdom)
4. Assoc. Prof. Chi-Yin Kao (Taiwan)
5. Ns. Muhamad Zulfatul A'la, M.Kep, Ph.D (Indonesia)

Ladies and Gentlemen

This conference is attended by students, health department delegates, academics, hospital and community clinic practitioners with a total of 350 participants.

This event can be held because of the support and efforts of all parties. Therefore, I would like to thank the Rector of University of Jember, Head of School of Nursing- University of Jember, Indonesian National Nurses Association (INNA) or PPNI, Auditorium of Universitas Jember and all the committees who have worked hard to carry out this activity. I also thank to the sponsors who have worked with us so that this event run as expected. Amen.

We as the committee, apologize if there is any inconvenience during this event. Our hope that this activity can increase our knowledge that benefits all of us. Amen.

Before I end my speech, I want to say "when we interpret that today is an ordinary day, then we will come out of this room as an ordinary people, but when we interpret that today is a very extraordinary day, then we will come out of this room as a very wonderful person".

Finally, please enjoy this conference, May Allah SWT always gives blessings to all of us. Amen

Wassalamualaikum Wr. Wb.

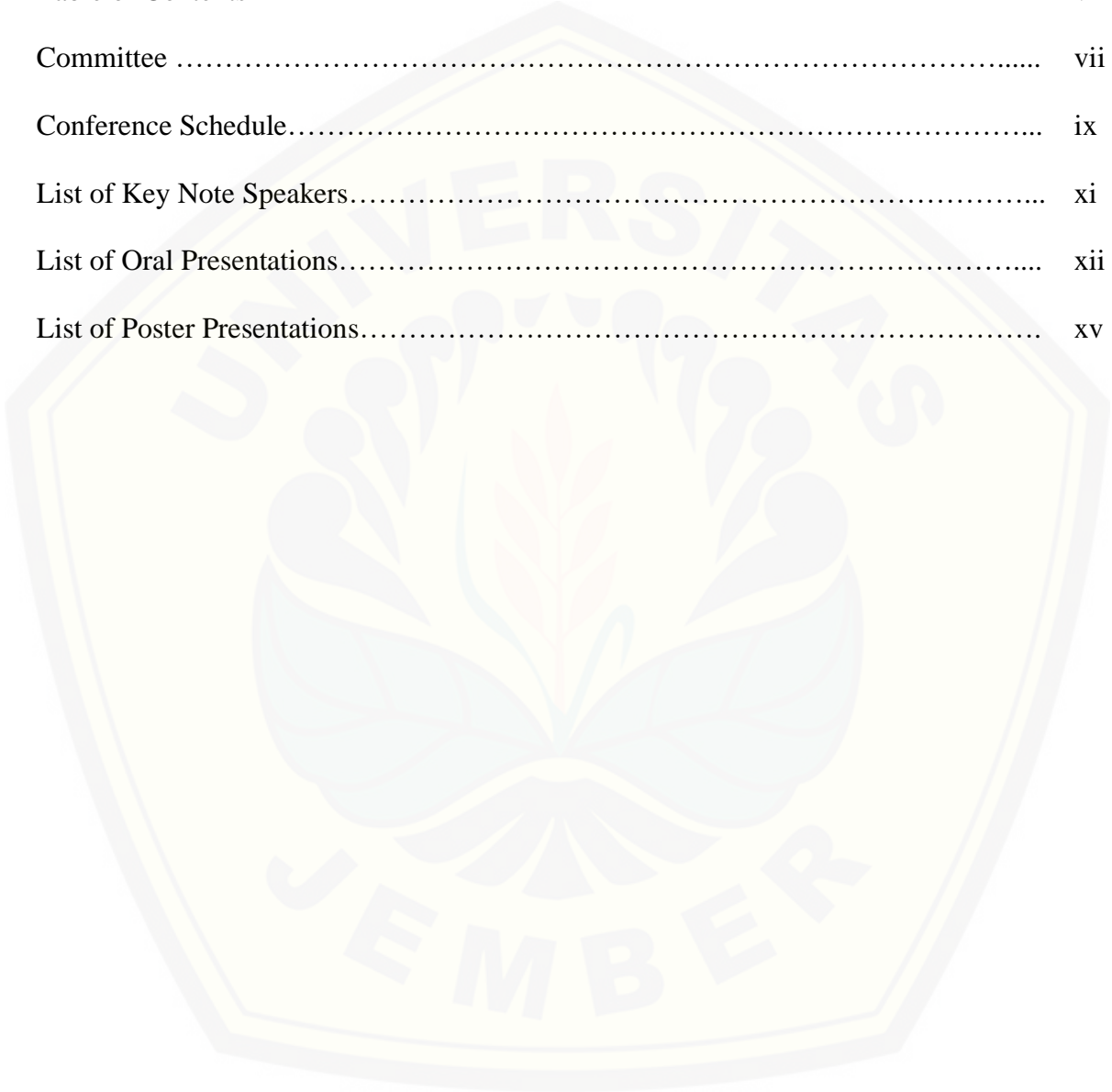
Chairperson

Dr. Ns. Rondhianto, M.Kep.



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Ns. Zaiful Rahman, S.Kep.

Key Note Speakers

Associate Professor Caleb Ferguson RN PhD.
Wasana Ruaisungnoen, PhD RN
dr. Asri Maharani, MMRS, Ph.D
Ns. Muhamad Zulfatul A'la, S.Kep., M.Kep., Ph.D



Conference Schedule
5th International Agronursing Conference (5th IANC) in conjunction with
1st International Post Graduate Nursing Student Conference (1st IPGNCS)
“Chronic Care Management: Bridging Theory and Practice
in Healthcare Services”
Jember, May 11-12th, 2023

FIRST DAY (07.00 – 16.00)

Time (WIB) GMT + 7	AGENDA
REGISTRATION	
07.00 – 08.00	Registration – Log in Zoom Meeting
OPENING CEREMONY	
08.00 – 09.00	Opening Ceremony Report Speech Dr. Ns. Rondhianto, M.Kep. (The Chairman Committee) Welcome Speech: 1. Ns. Lantin Sulistyorini, S.Kep., M.Kes. (Dean Faculty of Nursing, Universitas Jember, Indonesia) 2. Dr. Ir. Iwan Taruna, M.Eng., IPU (Rector Universitas Jember, Indonesia)
09.00 – 09.15	Coffee Break
PLENARY SESSION I	
09.15 – 10.15 (ICT)	PLENARY I (Offline) -- (45 + 15 mins Q&A) SPEAKER I Assoc. Prof. Caleb Ferguson (Western Sydney University, Australia)
PLENARY SESSION II	
10.15 – 11.15 (AEDT)	PLENARY I (Online) -- (45 + 15 mins Q&A) SPEAKER II Assoc. Prof. Dr. Wasana Ruaisungnoen (Khon Kaen University, Thailand)
11.15 – 12.30	Lunch & Pray



PLENARY SESSION III	
12.30 – 13.30 (BST)	PLENARY III (Online) -- (45 + 15 mins Q&A) SPEAKER IV Dr. Asri Maharani, MMRS., Ph.D. (The University of Manchester, United Kingdom)
14.00 – 14.30	Coffee Break & Break out Room
ORAL PRESENTATION AND POSTER EXHIBITIONS DAY-1	
14.30 – 16.00 (15 mins/ presenters)	ORAL PRESENTATION <i>6 presenters/room (48 presenters/8 rooms)</i>

SECOND DAY (07.00 – 13.00)

Time (WIB) GMT + 7	Agenda
REGISTRATION	
07.00 – 08.00	Registration – Log in Zoom Meeting
PLENARY SESSION IV	
08.00 – 09.00 (JST)	PLENARY IV (Online) -- (45 + 15 mins Q&A) SPEAKER IV Assoc. Prof. Chi-Yin Kao (National Cheng Kung University, Taiwan)
PLENARY SESSION V	
09.00 – 10.00 (WIB)	PLENARY IV (Offline) -- (45 + 15 mins Q&A) SPEAKER V Ns. Muhamad Zulfatul 'Ala, M.Kep., Ph.D. Faculty of Nursing, Universitas Jember, Indonesia
10.00 – 10.15	Coffee Break & Break out Room
ORAL PRESENTATION AND POSTER EXHIBITIONS DAY-2	
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CLOSING	
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RECALIBRATING CHRONIC DISEASE MANAGEMENT FOR THE DIGITAL REVOLUTION

Associate Professor Caleb Ferguson RN PhD.

Associate Professor Chronic & Complex Care,
University of Wollongong & Western Sydney, Australia

We live in an era of increasing chronic disease and multimorbidity. Stroke, atrial fibrillation (AF), heart failure and dementia are increasingly common and burdensome chronic diseases, all associated with increased death and disability, and reduced quality of life. Informal caregivers play a fundamental role in providing ongoing care at home and in the community for these patients. Home based care and virtual care capabilities, including consumer ready wearables, are increasing in their availability and sophistication. It is critical to consider how these impact nursing assessment and care delivery, in the context of increasing chronic disease. There is the potential to revolutionise how vital signs are measured and used in clinical practice, for example. Further, there is potential to disrupt 'nursing work'. Dr Ferguson will provide deep insight into the digital revolution in the context of chronic disease management.



COMPLEMENTARY APPROACH IN CHRONIC CARE MANAGEMENT

Wasana Ruaisungnoen, PhD RN

Faculty of Nursing, Khon Kaen University, Thailand

Complementary and alternative approach (CAA) is commonly used by those suffering from chronic illnesses. Patients with chronic conditions often experience long-term intricate symptoms, either physical or psychological, that only standard therapy may not be able to fully manage. Complementary and alternative medicine (CAM) refers to a wide range of healthcare approaches that are not mainstream treatment and have not been fully integrated into the dominant healthcare system [1]. The complementary method is used in conjunction with standard medical treatment, whereas the alternative approach is employed in place of it. The term integrative treatment is frequently used in the literature, defining a medical approach that combines standard treatment with CAM methods proven to be safe and effective [2]. Both CAM and integrative methods often emphasize the importance of body-mind interaction and holistic aspect of healthcare.

The roles of CAA in managing chronic illnesses can include symptom control, cognitive and behavioral therapy, and mood and emotional problem management [3]. A substantial amount of evidence supports the effectiveness of a complementary strategy in chronic illness care. People with various chronic conditions including hypertension, heart disease, cancer, diabetes mellitus, chronic respiratory disease, and osteoarthritis have been found to benefit from CAA. Chronic pain, dyspnea, fatigue, dyslipidemia, anxiety, depression, and insomnia are some of the frequent problems that CAA has been used to treat. Lifestyle modification, herbal and dietary supplements, meditation, yoga, Tai Chi, acupuncture, massage therapy, reflexology, and biofeedback are common strategies found in the literature pertaining to CAA in chronic illness [2-3]. Although evidence supports the CAA's effectiveness with the fact that majority of the approaches is safe, patients' misconduct may have negative impacts on their health and well-being.

The presentation will cover the nature of chronic condition in relation to the roles of CAA. Subsequently, the definitions of CAM and integrative therapy in comparison to conventional treatment in chronic care will be revealed. In addition, the categories and types of CAA, the major outcomes, and patients' perception and utilization will be presented. Lastly, CAA with its effectiveness in hypertension and diabetes mellitus, two of the most common chronic illnesses, will be discussed.

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3. Edwards E. The Role of Complementary, Alternative, and Integrative Medicine in Personalized Health Care. *Neuropsychopharmacol* 37, 293–295 (2012). <https://doi.org/10.1038/npp.2011.92>



APPLICATION OF SMARTHEALTH, A MULTIFACETED MOBILE TECHNOLOGY- ENABLED PRIMARY CARE INTERVENTION, TO ENHANCE CARDIOVASCULAR DISEASE RISK MANAGEMENT IN RURAL INDONESIA

dr. Asri Maharani, MMRS, Ph.D.

Manchester Metropolitan University, United Kindom

Cardiovascular diseases (CVD) are the leading cause of death in Indonesia. However, less than one-third of Indonesians with moderate to high cardiovascular risk were not receiving appropriate treatment. This study aimed to evaluate the impact of SMARThealth (Systematic Medical Appraisal Referral and Treatment), a mobile technology–supported, multifaceted primary healthcare intervention on CVD care provision in Indonesia. This study was a quasi-experimental study involving 6579 high-risk individuals aged 40 years and older in four intervention and four control villages in Malang district, Indonesia, conducted between 2016 and 2018. We found that 30% (3494 of 11647) and 28% (3085 of 10988) of respondents in the intervention and control villages, respectively, had high CVD risk. After the intervention, the proportion of individuals with high CVD risk taking the BP lowering therapy was higher in the intervention villages (56.8%) than in the control villages (15.7%). The mean systolic blood pressure reduction from baseline was 17.2 (0.4) mmHg among high-risk participants in the intervention villages and 9.2 (0.4) mmHg among those in the control villages (adjusted mean difference, –8.3 mm Hg; 95%CI, –10.1 to –6.6mmHg). We further found that despite the higher primary care and pharmaceutical costs among individuals who received the intervention, they were projected to experience fewer major CVD events and incur lower hospitalization expenditures. In conclusion, multifaceted mobile technology–supported primary healthcare intervention was associated with greater use of preventive CVD medication and lower BP levels among high-risk individuals in this rural Indonesian population. Relative to usual care, the intervention was a cost-effective means to improve the management of CVD in the population.



HEALTH SYSTEM STRENGTHENING THROUGH COMMUNITY VOLUNTEERING SYSTEM QUALITY ENHANCEMENT

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Health system strengthening (HSS) is one of the essential strategies for improving health outcomes. Improving the quality of health financing, developing human resources, health information, service delivery and leadership can increase a country's cost-effectiveness in providing health services to the public. Strengthening the health system can be done from several approaches or one of the components of the health system from the WHO framework. WHO formulates six building blocks in a health system framework that can be used in various country conditions. The building blocks are service delivery; health workforce; information; medical products, vaccines, and technologies; financing; and leadership and governance (stewardship). Several interventions have been carried out to strengthen health systems worldwide: health insurance, service integration, decentralization, contracting, hospital autonomy and routine health information systems. This intervention still needs other developments and innovations so that the cost-effectiveness of health services can be more optimal.

In supporting HSS, we conduct literature reviews and empirical research regarding community volunteering systems. The community volunteering system could be one of the strategies in HSS. In that case, service delivery can be optimized, budgeting for health can be optimized, information systems can run optimally, and leadership will also be optimal. Volunteering and volunteers are part of the health system. Volunteering in the health context is defined as an activity given free of charge, which benefits from prolonged processes through formal organizations.

Cancer is the condition we chose in an empirical study related to the community volunteering system because cancer is a complex condition with a high mortality rate. Moreover, a phenomenon in our research setting is the urgent need to help people with cancer in the community by optimizing the volunteering system, which needs to be explored more deeply. This research was conducted in Jember, Indonesia, from June 2022 to May 2023. This research approach uses a qualitative approach and ethnographic methods. Researchers believed that the phenomenon of the community volunteering system is complex and requires a multi-perspective lens to see the problem. This study involved 63 informants using observation methods, in-depth interviews and focus group discussions. This study concluded that there are six subsystems in the community volunteering system. There are PwC conditions, health budgeting, healthcare service delivery, volunteer organization management, community systems, and healthcare innovation. In a further study, researchers recommend seeing the effect of optimizing six subsystems of the community volunteering system in improving the quality of health services and cost-effectiveness for cancer patients and other conditions.

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PUBLISHED: 2023-06-18

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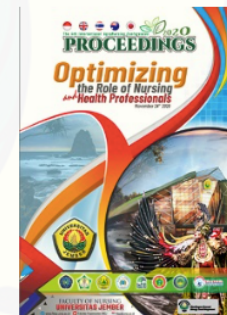


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COLLABORATION OF NURSES AND DENTISTS TO IMPROVING THE ORAL HEALTH OF THE ELDERLY

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ABSTRACT

Background: The population aged 60 years and over will increase from year to year. Aging does not have to be followed by various diseases if assistance or treatment is done properly and correctly. Currently, dental and oral health has been established as an important risk factor that can cause disease in all body. **Aims:** The purpose of this article is analyzing the collaboration between dentists and nurses in the elderly community to prevent the emergence of increasingly widespread disease in the elderly. **Methods:** The search strategy for English and Indonesian studies relevant to the topic was carried out using the ScienceDirect, PubMed, Google Scholar, and Garuda databases limited from 2015 to 2020. The keywords used were “collaboration”, “dentist”, “elderly”, “nurse”. Full text articles were reviewed to select studies that fit the criteria. Inclusion criteria include: many factors could be collaborated in an integrated manner between dentists and nurses for the elderly in order to the elderly could maintain their health. **Results:** The search results obtained 21 articles. The main principles of collaboration between dentists and nurses that must be fulfilled to maintain the health of the elderly, by a holistic approach accompanied by guidelines, work procedures and management in an integrated manner, such as psychological factors, being friendly, communicating well, suggesting dental care for the elderly according to the indications (advice on the correct way of brushing teeth twice a day and periodical control, cleaning plaque-food residue, wearing dentures, removing calculus) so as not to cause more serious disturbances, digestive disorders, as well as early recognition of abnormalities that may occur in the oral cavity. **Conclusions:** Collaboration of nurses and dentists in the elderly community can expect to increase the knowledge of the elderly about dental and oral health, which is important to maintain their all health forever.

Keywords: Collaboration, Dentist, Elderly, Nurse

INTRODUCTION

The number of people aged 60 years and older in 2020, outnumbered children younger than 5 years. Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%. By 2030, 1 in 6 people in the world will be aged 60 years or over. The population aged 60 years and over will

increase from 1 billion in 2020 to 1.4 billion. By 2050, the world's population of people aged 60 years and older will double (2.1 billion). The number of persons aged 80 years or older is expected to triple between 2020 and 2050 to reach 426 million (WHO, 2022). The Indonesian Central Bureau of Statistics released data on the number of elderly people based on



the results of the 2016 Inter-Census Population Survey, it is estimated that the number of elderly (age 60 years and over) in Indonesia is 22,630,882 people, and will increase to 31,320,066 people in 2022 (BPS, 2022).

Older age has characterized by the emergence of several complex health states commonly called geriatric syndromes. They are often the consequence of multiple underlying factors and include frailty, urinary incontinence, falls, delirium and pressure ulcers, and also cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, dementia, and hearing loss, as people age, they are more likely to experience several conditions at the same time (Kaufman et al., 2016; Gasparro, R., 2022).

Oral health is closely related to general health. Hence, collaboration of medical professions (doctors, dentists, nurses, pharmacists, nutritionists, and psychologists) is needed to overcome the elderly health. If good and consistent teamwork is not carried out, then patient care becomes very complex and has the potential for fragmented care, overlapping services, interprofessional conflicts, and delays in examinations and actions that will affect the quality of care. Based on data from WHO, 70-80% of errors in elderly health services are often caused by poor communication and understanding within the work team. Good teamwork can really help reduce and minimize elderly health problems in the community. For these reasons, appropriate health collaboration practices important to be created. This condition cannot be achieved suddenly, but needs to grow through a well-prepared learning process. Thus, it is necessary to prepare educators and curricula that lead there (WHO, 2022; Kohli et al., 2021).

Oral screenings for elderly people are essential because can help prevent severity of oral diseases and their complications, and also early detection of oral

manifestations to systemic diseases. There are several comorbidities associated with poor health in elderly, including coronary heart disease, type 1 and type 2 diabetes mellitus, pneumonia, renal disease, stroke, and osteoporosis (Kanzigg and Hunt, 2016; Chan, et al., 2021) Besides, seniors may also have difficulties in motor and cognitive function, leading to difficulties in oral self-health care and a need for assistance, making them more susceptible to oral diseases (Kohli et al., 2017). Unfortunately, many elderly people and their family think that dental health is not an important factor to pay attention to. This is due to the fact that their average education is still low, lack of transportation to dental care facilities, and lack of dental care coverage under medical care. The numbers of decayed, missing, and filled teeth in elderly were statistically significantly greater in seniors aged 60 years or older, which demonstrates that seniors have considerable issues in their oral health care needs, dental utilization, and quality of life (Michaud et al., 2017; Khanagar, et al., 2020).

What is really needed in the improvement of elderly oral health is the improvement of oral health conditions including dental education of oral health, oral hygiene, treatment of remaining teeth, saliva, gums, periodontal tissue, mucosa and maintenance of dentures. Interprofessional collaboration in the community is very important for the promotion and prevention of diseases, both general and oral, because oral health proves an effect on the emergence of various diseases in the whole body (Michaud et al., 2017; Oishi et al., 2019; Mizuma et al., 2020).

For the reasons above, optimizing professional resources is a very effective and efficient approach to solving this problem. Cooperation between health professionals as an important element in achieving health development goals needs to be built to accelerate public health, especially for the elderly. To deal with this



problem, qualified health personnel are needed, including knowledge, skills, management skills and mastery of technology, mental attitude, and a high work ethic, so that prime health services for the elderly can be realized.

The purpose of this article is analyzing and suggesting the collaboration between dentists and nurses in the elderly community to prevent the emergence of increasingly widespread disease in the elderly.

METHODS

A search strategy for English and Indonesian studies relevant to the topic was carried out using the ScienceDirect, PubMed, Google Scholar, and Garuda databases limited from 2015 to 2022. The keywords used were “collaboration”, “dentist”, “elderly”, “nurse”. Full text articles were reviewed to select studies that fit the criteria. The inclusion criteria in this review are: many factors could be collaborated in an integrated manner between dentists and nurses for the elderly in order to the elderly could maintain their health. Search using the keywords above with the ScienceDirect, PubMed, Google Scholar, and Garuda databases that match the inclusion criteria are only 21 articles. Articles used as samples are then identified and presented in table 2.

RESULTS

The research reviewed in the article is related to the issue of collaboration in elderly care. Found 54 articles and re-selected according to the inclusion criteria, 21 articles were found. The results of the research were found using various methods, namely 4 literature reviews, 1 article RCT, 3 qualitative studies, 9 article report studies, 3 survey articles, 1 article cross-sectional study. All studies using non-random techniques.

Collaboration is an initiative or activity that aims to strengthen relations between professional workers who have

different professions, but still work together in partnerships that are characterized by the existence of goals to be achieved together, recognition and respect for each other's strengths and differences, combining common thoughts fairly and effectively in decision-making, so that clear and regular communication is established. In the world of health, collaborative practice is considered very important. Complex patient problems, especially for the elderly, which cannot be handled alone by one medical profession can be solved together. Collaborative practices are not only needed for patient safety, but also to increase satisfaction and create a better quality of health services, while still holding on to the authority that is still permitted (Mizuma et al., 2020). Collaboration between health professionals can accelerate the achievement of targets to achieve healthy and prosperous elderly. Interprofessional collaboration is urgently needed to solve increasingly complex elderly health issues in society (Gougeon et al., 2017).

Data from the Ministry of Health processed by the Central Statistics Agency (BPS, 2022) shows that there will be 1.4 million health workers in Indonesia with various expertise in 2022 (from Aceh to Papua). Base of these data's, the most were nurses with a total of 563,739 people, followed by midwives with a total of 336,984 people, while medical personnel (doctors, dentists, specialists and dental specialists; both at home and abroad) occupy the third position, with a total of 176,110 people (BPS, 2022).

The number of dentists in 2022 will still be 3285 people. Many puskesmas carry out services without dentists (31.6%), most of these puskesmas are in the eastern part of Indonesia. This amount is still insufficient to meet the needs for dental health care for 270 million Indonesians or 31,320,066 elderly people. This means that the ratio of dentists to patients is 1: 3000 or 1:783 elderly people with complex health problems. Therefore, the most effective



way to treat elderly health is to collaborate with the largest number of health workers (Depkes, 2022).

Table 1. Number of nurses, dentists and ratio to population and elderly

Types of Professionals	Population in Indonesia	Ratio professionals to population	Ratio professionals to elderly
Population	270.000.000		
Number of Elderly	31.320.066		
Nurs	563.739	1 : 480	1 : 56
Dentists & Specialist	3.285	1 : 3.000	1 : 783
Nurs & dentist-Specialist	567.025	1 : 476	1 : 55

Source : BPS, 2022

Based on table 1 above, it shows that the ratio of the number of nurses and dentists separately shows a very large burden ratio, but if the service is carried out collaboratively it can reduce the ratio to the number of residents or the ratio to the number of elderly. Thus, Health services can be carried out more effectively and efficiently. Apart from that, it can also be seen that there are less harmonious working conditions between health professionals, especially nurses (dental nurses) and dentists, so that elderly dental and oral health care workers cannot run optimally, but fractionation often occurs which can cause new problems.

The shift in health service efforts carried out by the government and/or the community which were originally focused on curative efforts for sufferers, has gradually developed towards integration between promotive, preventive, curative and rehabilitative. Therefore, collaboration between professionals is unavoidable. However, this collaboration must still pay attention to health services in accordance with medical professional standards, service standards and in accordance with their authority, if health workers carry out work that is not in accordance with their authority then the health worker will be subject to sanctions for violating one of the health worker professional standards, because in Professional standards are the authority of each health worker (<https://sehatnegeriku.kemkes.go.id/baca/ri>

[lis-media/20221208/4141963/penuhi-kebutuhan-dokter-gigi-kemenkes-ajak-fkg-ui-sebar-lulusannya-ke-3285-puskesmas/](https://sehatnegeriku.kemkes.go.id/baca/ri)).

Based on the results of an analysis of several journal sources, an increase in shared understanding in improving services cannot be obtained immediately, but training and joint preparation of guidelines for good collaboration are needed (WHO, 2022). Nurses and dentists who previously had different views and perceptions, can be united through nurse-doctor communication with equal respect so that collaboration can run smoothly, better mutual understanding arises, so that the goals of effective and efficient collaboration can be achieved. Good collaboration will affect the quality of health services, which has an impact on raising the image of each profession.

Although, each health worker has different knowledge, skills, abilities, expertise, and experience. However, in collaboration with the health team, all professionals must have the same goal, namely patient safety. All health workers are required to have good qualifications in their respective fields so as to reduce the factor of human error in providing health services. The form of cooperation that can be carried out effectively for the elderly is a holistic approach. A holistic approach that covers all parts of the body, mind and spirit, in an integrated manner (into a single unit) whose parts cannot be separated. All of these are dynamic interactions within the

elderly themselves, between fellow human beings, and their environment (Huljev and Pandak, 2016).

DISCUSSION

The different professional backgrounds of the team may initially cause problems, but if managed properly they can bring new perspectives and ideas. The more perspectives, the easier it is to make work-related decisions regarding collaborative teamwork. Each team member is expected to clearly understand their respective duties and responsibilities, so as not to create doubts in carrying out tasks, which has the potential to cause conflict with other members. Even though it is difficult to build and maintain health team collaboration, it is very necessary that patient health services can run optimally (Kohli et. Al., 2017).

Communication is the key to cooperative relations that must be intensified. Strong communication will help increase team members' trust in one another. Communication by providing opportunities for team members to make decisions, based on professional knowledge is an effective way of carrying out collaboration. Communication in regular meetings in the form of brainstorming, active participation in sharing ideas is something that needs to be continuously developed in teamwork. If team members have difficulty coping with their responsibilities and duties, it can be proposed to get an opportunity to learn (training/workshop) (Kohli et. al., 2021).

Building the trust of a professional team in elderly health services is the key to successful inter-professional elderly services. Each team member should be able to respect the decisions of other team members without conflict. Collective joint decision-making is an indispensable way to share and enrich ideas and thoughts. Inter-professional support for each other needs to be developed to reduce errors in the team while carrying out tasks. Bearing in mind,

the health problems of the elderly being handled are very complex.

Patience in carrying out tasks so that they can complete tasks together can be an opportunity to learn about the life of the elderly. At this time, each team member can appreciate each other, discuss future work to be carried out, exchange ideas and ideas can make a positive contribution to the team. Each member can compliment one another's skills and professional knowledge on one another. Thus, togetherness is created in carrying out the task.

Improvement of collaborative teams in the field of dental-oral health for the elderly, including treating caries (a buildup of food scraps and plaque which allows germs to multiply), decreased production of salivary flow (dry mouth/xerostomia due to decreased function of the salivary glands due to consumption of drugs (such as antihypertensives, antidepressants and antipsychotics), bad breath, changes in eating patterns due to decreased appetite, and decreased speed of mastication are factors causing decreased nutritional intake and disease. In addition, decreased gums can cause tooth roots to open so that they are at risk of increasing the risk of root caries. periodontal disease (inflammation of the gums and tooth supporting tissue) which results in loose teeth and loss of teeth, and injury to the mucosal tissue (sprue). Knowledge that needs to be conveyed to the elderly, including choosing a toothbrush, toothpaste, how to brush your teeth, and the right time to use it cleaning the oral cavity and when should the elderly need or replace their dentures (Kohli et. Al., 2021; Kim, 2021).

The collaboration of health professionals should be able to help the elderly to get the rest of their lives well. Provision of education for the elderly is very necessary so that the elderly are able to adapt to changes in the physical and social environment, so that the elderly can do what is important for them, even though they have lost their physical and cognitive

capacity. In fact, the elderly can still contribute a lot to the family and community. However, these opportunities and opportunities depend heavily on the health factors they have. Maintaining healthy behavior throughout life, especially eating an adequate and balanced diet, engaging in regular physical activity, and refraining from bad habits (smoking), all contribute to reducing the risk of non-communicable diseases, increasing physical and mental capacity, and delaying dependence on treatment. All of this can be overcome through collaboration between professionals (Kohli et al., 2020).

Every professional involved in the elderly dental and oral health team must be able to recognize the differences in perceptions, attitudes and performance among various health workers; thus, errors that may arise can be corrected, so that the interprofessional collaboration team for oral health care for the elderly can survive and running well.

CONCLUSION

The main principle of collaboration between dentists and nurses that must be met to maintain the health of the elderly, namely through a holistic approach accompanied by guidelines for work procedures and good management in an integrated manner, taking into account psychological factors, friendly attitudes, good and polite ways of communicating, Advise elderly dental care according to indications (advise on proper tooth brushing behavior, cleaning plaque and food residue, removal of calculus, regular periodic control, use of dentures) so as not to cause more serious disturbances, and cause wider health problems, as well as being able to recognize early abnormalities that may occur due to diseases of the teeth and oral cavity.

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Oishi, M.M., Joan, I. Gluch, J.I., Collins, R.J., Bunin, G.J., Sidorov, I., Dimitrova, B., & Cacchione P.Z. (2019). An oral health baseline of need at a predominantly African American Program of All-Inclusive Care for the Elderly (PACE): Opportunities for dental-nursing collaboration. *Geriatric Nursing* 40 (2019) 353-359.

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Table 2. Artikel for sampel

No	Author, Year, Title	Sampel	Metode	Random	Result
1	Mizuma, K., Amitani, M., Mizuma, M., Kawazu, S., Sloan, R.A., Ibusuki, R., Takezaki, T., & Owaki, T. 2020. Clarifying differences in viewpoints between multiple healthcare professionals during discharge planning assessments when discharging patients from a long-term care hospital to home	136	Review	No	In the world of health, collaborative practice is considered very important. Complex patient problems, especially for the elderly, which cannot be handled alone by one medical profession can be solved together. Collaborative practices are not only needed for patient safety, but also to increase satisfaction and create a better quality of health services, while still holding on to the authority that is still permitted. Findings could be contributed as a base of knowledge to foster a better understanding of different healthcare professionals' assessment viewpoints. The further development of comprehensive discharge planning assessment tools, service programs, and research on discharge planning methods that could contribute to effective interprofessional discharge planning is needed.
2	Gougeon, L., Johnson, J., & Morse, H. 2017. Interprofessional collaboration in health care teams for the maintenance of community-dwelling seniors' health and well-being in Canada: A systematic review of trials	6	Review	No	Collaboration between health professionals can accelerate the achievement of targets to achieve healthy and prosperous elderly. Interprofessional collaboration is urgently needed to solve increasingly complex elderly health issues in society.
3	Badan Pusat Statistik. 2022. Statistik Penduduk Lanjut Usia.	-	Report Study	No	There will be 1.4 million health workers in Indonesia with various expertise in 2022 (from Aceh to Papua). Base of these data's, the most were nurses with a total of 563,739 people, followed by midwives with a total of 336,984 people, while medical personnel (doctors, dentists, specialists and dental specialists; both at home and abroad) occupy the third position, with a total of 176,110 people.
4	Departemen Kesehatan Republik Indonesia, 2022.	-	Report Study	No	The number of dentists in 2022 will still be 3285 people. Many puskesmas carry out services without dentists (31.6%), most of these puskesmas are in the eastern part of Indonesia. This amount is still insufficient to meet the needs for dental health care for 270 million Indonesians or 31,320,066 elderly people. This means that the ratio of dentists to patients is 1: 3000 or 1:783 elderly people with complex health problems. Therefore, the most effective way to treat elderly health is to collaborate with the largest number of health workers.
5	Kementerian Kesehatan Republik Indonesia, 2022.	-	Report Study	No	The shift in health service efforts carried out by the government and/or the community which were originally focused on curative efforts for sufferers, has gradually developed towards integration between promotive, preventive, curative and rehabilitative. Therefore, collaboration between professionals is unavoidable. However, this collaboration must still pay attention to health services in accordance with medical professional standards, service standards and in accordance with their authority, if health workers carry out work that is not in accordance with their authority then the health worker will be subject to sanctions for violating one of the health worker professional standards, because in Professional standards are the authority of each health worker.
6	WHO, 2022. Ageing and Health	-	Report Study	No	An increase in shared understanding in improving services cannot be obtained immediately, but training and joint preparation of guidelines for good collaboration are needed. Nurses and dentists who

No	Author, Year, Title	Sampel	Metode	Random	Result
					previously had different views and perceptions, can be united through nurse-doctor communication with equal respect so that collaboration can run smoothly, better mutual understanding arises, so that the goals of effective and efficient collaboration can be achieved. Good collaboration will affect the quality of health services, which has an impact on raising the image of each profession.
7	Huljev, D & Pandak, T. 2016. Holistic and team approach in health care.	-	Survey	No	Although, each health worker has different knowledge, skills, abilities, expertise, and experience. However, in collaboration with the health team, all professionals must have the same goal, namely patient safety. All health workers are required to have good qualifications in their respective fields so as to reduce the factor of human error in providing health services. The form of cooperation that can be carried out effectively for the elderly is a holistic approach. A holistic approach that covers all parts of the body, mind and spirit, in an integrated manner (into a single unit) whose parts cannot be separated.
8	Haresaku, S., Aoki, H., Kubota, K., Monji, M., Miyoshi, M., Machishima, K., Nakashima, F., & Naito, T. 2020. Comparison of perceptions, attitudes and performance regarding collaborative oral health care among health-care workers	679	Survey	No	A total of 119 DTs, 91 DHs, 229 HNs, 119 STs and 121 CCWs participated in this study. The total response rate was 20.6%. There were significant differences in perceptions of what should be performed as part of oral health care among HCWs. Only 20%–60% of HCWs performed collaborative oral health care, while more than 75% were willing to perform such care. Levels of collaborative oral health care with other types of professionals and positive willingness to perform such care were lower among HNs than among the other HCWs. It is suggested that oral health professionals should recognise the presence of differences in the perceptions, attitudes and performance among other types of HCW and try to improve these to promote interprofessional collaboration of oral health care in hospitals.
9	Gasparro, R. 2022. Age-Related Oral and Systemic Disorders.	-	Report Study	No	it appears evident that geriatric dentistry should accurately focus on oral age-related conditions and diseases, adapting dental practice and home care instructions to the elderly's oral and systemic specific needs and providing multidisciplinary solutions and treatment.
10	Kaufman, L.B., Henshaw, M.M., Brown, B.P., & Calabrese, J.M. 2016. Oral Health and Interprofessional Collaborative Practice Examples of the Team Approach to Geriatric Care	-	Report Study	No	The challenges for health care teams addressing oral health in patients undergoing treatment for OSCC and OPSCC are similar to those in treating geriatric patients. Creating a culture of collaboration between separate health care providers and the patient's social support systems will help ensure better patient-centered care with consistent outcomes for all patients. Oral health care providers need to forge relationships with other professions to expand their knowledge and skills to meet the needs of geriatric patients.
11	Kohli, R., Arora, G., Blanc, A.F., Pham, E., & Gubrud-Howe, P. 2021. Oral health clinical training and dental referral program for nurses: An interprofessional collaborative project	89	Survey	No	Pre- and post-training surveys demonstrated significant increases in nurses' knowledge, confidence in discussing dental problems, performing dental screenings, and referring patients to dentists ($p < 0.05$). Patient satisfaction surveys denoted satisfaction with oral screenings and willingness for nurses to perform them. Nurses participating in oral health and clinical screening training programs supervised by dentists significantly increased their confidence in providing dental referrals. Longitudinal studies are needed to determine the impact of such training programs on patient health.

No	Author, Year, Title	Sampel	Metode	Random	Result
12	Oishi, M.M., Gluch, J.I., Collins, R.J., Bunin, G.R., Sidorov, I., Dimitrova, B., & Cacchione, P.Z. 2019. An oral health baseline of need at a predominantly African American Program of All-Inclusive Care for the Elderly (PACE): Opportunities for dental-nursing collaboration.	184	RCT	Yes	The need for nurses to address enrollees' oral health and relay information back to the PACE interdisciplinary team (IDT) to initiate referrals to the dentist as needed.
13	Chan, A.K.Y., Tamrakar, M., Jiang, C.M., 2021. Common Medical and Dental Problems of Older Adults: A Narrative Review	-	Review	No	With the increasing need of elderly dental care, dentists and other dental personnel should understand interlaced oral and general health in order to provide a successful dental care plan for older adults. The aim of this study is to give an overview of the common medical conditions and dental problems and their impacts on older adults.
14	Wakabayashi, H. 2019. Medical-dental collaboration in general and family medicine.	-	Report Study	No	Interprofessional collaboration between general and family physicians and dental hygienists may promote medical-dental collaboration in general and family medicine. Some dental hygienists participate in multiprofessional conference and ward rounds such as oral health management team, swallowing team, nutrition support team, and rehabilitation nutrition team. In my experience, physicians can learn a lot about oral hygiene from oral health management ward round with dental hygienists. Interprofessional collaboration between general practitioners and dentists is clearly important, however often limited. Interprofessional collaboration between dental hygienists and other health professionals may improve access to comprehensive healthcare services.
15	Khanagar, S.B., Al-Ehaideb, A., Shivanna, M.M., et al. 2020. Age-related Oral Changes and Their Impact on Oral Health-related Quality of Life among Frail Elderly Population: A Review	-	Review	No	It is important for health professionals, especially those dealing with these frail elderly populations, to have a better understanding of their dental needs and also understand the physiologic changes undergone by them. The health professionals should understand and comprehend the oral health challenges these vulnerable people face.
16	Glassman, P., Harrington, M., Namakian, M., & Subar, P. 2016. Interprofessional Collaboration in Improving Oral Health for Special Populations.	-	Report Study	No	New systems of care are evolving that better serve the needs of these groups by using interprofessional teams to reach these individuals and integrate oral health services into social, educational, and general health systems.
17	Farmer-Dixon, C., Thompson, M.F., Young, D., McClure, S., & Halpern, R.L. 2016. Interprofessional Collaborative Practice: An Oral Health Paradigm for Women	-	Report Study	No	Providing interprofessional collaborative models involving both oral and overall health care professionals enable patient-centered care with patients becoming more empowered in decision making.
18	Kohli, R., Harjit, S., Sehgal., Nelson, S., & Scharz, E. 2017. Oral health needs, dental care utilization, and quality of life perceptions among Oregonian seniors.	177	Cross-sectiona 1	No	Clackamas county senior population has considerable oral health needs, dental utilization, and quality of life issues. Better dental insurance plans, health literacy opportunities and culturally competent dental providers may help to improve the oral health situation and reduce barriers.
19	Grant, J.C., & Kanji, Z. 2017. Exploring Interprofessional Relationships Between Dental Hygienists and Health Professionals in Rural Canadian Communities.	-	Qualitati ve study	No	The development of interprofessional relationships between health care professionals is complex and dynamic. Interprofessional collaboration should first be implemented at the educational level to help develop trust and understanding of each profession's role in health care. Alternative models of health care delivery, such as interprofessional collaborative practice, have the potential to reduce overall health

No	Author, Year, Title	Sampel	Metode	Random	Result
					care costs and improve access of comprehensive health care services to Canadians residing in rural communities.
20	Cardenas, K., Welinau, T., Aguilar, C., et al., 2023. Partnering for Integrated Care: A Learning Collaborative for Primary Care and Oral Health Teams.	17	Qualitative study	No	Teams made progress in screening and referral workflows, improved communication between medical and dental partners, and furthered understanding of the connection between primary care and oral care among staff and patients.
21	Balkaran, R., Esnard, T., Pery, M., & Virtanen, J.I. 2022. Challenges experienced in the dental care of persons with special needs: a qualitative study among health professionals and caregivers	-	Qualitative study	No	Caregivers and allied health care professions experience multiple barriers when treating patients with special needs. Study participants indicated a need change in the provision and access of dental services for people with special needs. Education of healthcare professionals, improved social policies and health promotion is warranted.