DAFTAR PUSTAKA

Abbasi, A., Najafi Ghezeljeh, T., Ashghali Farahani, M., & Naderi, N. (2018). Effects of the self-management education program using the multi-method approach and multimedia on the quality of life of patients with chronic heart failure: A non-randomized controlled clinical trial. *Contemporary Nurse*, *54*(4–5), 409–420. https://doi.org/10.1080/10376178.2018.1538705

Advent Health Univerity. (2017). *6 Benefits of Telenursing*. https://online.ahu.edu/6-benefits-telenursing/

Alligood, M. R. (2014). Nursing Theorists and Their Work (8th edition). In *Contemporary Nurse*. https://doi.org/10.5172/conu.2007.24.1.106a

Alsubaie, M., Abbott, R., Dunn, B., Dickens, C., Keil, T., Henley, W., & Kuyken, W. (2017). Mechanisms of action in mindfulness-based cognitive therapy (MBCT) and mindfulness-based stress reduction (MBSR) in people with physical and/or psychological conditions: A systematic review. *Clinical Psychology Review*. https://doi.org/10.1016/j.cpr.2017.04.008

Ambrosy, P. A., Fonarow, C. G., Butler, J., Chioneal, O., Greene, S., Vaduganathan, M., Nodari, S., Lam, C., Sato, N., Shah, A., & Gheorghiade, M. (2014). The Global Health and Economic Burden of Hospitalizations for Heart Failure Lessons Learned From Hospitalized Heart Failure Registries. *Journal of the American College of Cardiology*, *63*(12), 1123–1133. https://doi.org/10.1016/j.jacc.2013.11.053

American Heart Association. (2020). *Heart Failure Guidelines*. Heart.Org. https://www.heart.org/en/health-topics/heart-failure/heart-failure-tools-resources/heart-failure-guidelines-toolkit

Ateev, M., Michael, C., David, L., Hilary, H., & Cutler, D. (2020). *The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges*. The Commonwealth Fund. https://doi.org/https://doi.org/10.26099/ds9e-jm36

Avery, G., Cook, D., & Talens, S. (2016). The Impact of a Telephone-Based Chronic Disease Management Program on Medical Expenditures. *Population Health Management*, *19*(3), 156–162. https://doi.org/10.1089/pop.2015.0049

Awoke, M. S., Baptiste, D. L., Davidson, P., Roberts, A., & Dennison-Himmelfarb, C. (2019). A quasi-experimental study examining a nurse-led education program to improve knowledge, self-care, and reduce readmission for individuals with heart failure. *Contemporary Nurse*, *0*(0), 1–26. https://doi.org/10.1080/10376178.2019.1568198

Bader, F., Atallah, B., Sadik, Z. G., Tbishat, L., Gabra, G., Soliman, M., Bakr, K., Ferrer, R., Stapleton, J., & Khalil, M. (2018). Patients in Developing Countries. *British Journal of Nursing*, *27*(12), 690–696. https://doi.org/10.12968/bjon.2018.27.12.690

Baethge, C., Assall, O. P., & Baldessarini, R. J. (2013). Systematic Review of Blinding Assessment in Randomized Controlled Trials in Schizophrenia and Affective Disorders 2000 – 2010. *Psychotherapy and Psychosomatics*, 152–160. https://doi.org/10.1159/000346144

Barnason, S., Zimmerman, L., Atwood, J., Nieveen, J., & Schmaderer, M. (2002). Development of a Self-Efficacy Instrumen for Coronary Artery Bypass Graft Patient. *Jounal of Nursing Measurement*, *10*(2), 123–133.

Betihavas, V., Davidson, P., Newton, J. P., Frost, A. S., Macdonald, S. P., & Stewart, S. (2012). What are the factors in risk prediction models for rehospitalisation for adults with chronic heart failure ? *Australian Critical Care*, *25*(1), 31–40. https://doi.org/10.1016/j.aucc.2011.07.004

Biddle, M. J., Moser, D. K., Pelter, M. M., Robinson, S., & Dracup, K. (2019). Predictors of Adherence to Self-Care in Rural Patients With Heart Failure. *Journal of Rural Health*, *36*(1), 120–129. https://doi.org/10.1111/jrh.12405

Black, J. M., & Hawks, J. H. (2014). *Keperawatan Medikal Bedah : Manajemen klinis untuk hasil yang diharapkan* (A. Suslia, F. Ganiajri, P. P. Lestari, & R. W. A. Sari (eds.); 8th ed.). Elsevier Pte Ltd.

Boyde, M, Peters, R., New, N., Hwang, R., Ha, T., & Korczyk, D. (2017). Self-care educational intervention to reduce hospitalisations in heart failure : A randomised controlled trial. *European Journal of Cardiovascular Nursing*. https://doi.org/10.1177/1474515117727740

Boyde, Mary, & Peters, R. (2014). Education material for heart failure patients: What works and what does not? *Current Heart Failure Reports*, *11*(3), 314–320. https://doi.org/10.1007/s11897-014-0200-1

Boyne, J. J. J., Vrijhoef, H. J. M., Spreeuwenberg, M., De Weerd, G., Kragten, J., & Gorgels, A. P. M. (2014). Effects of tailored telemonitoring on heart failure patients' knowledge, self-care, self-efficacy and adherence: a randomized controlled trial. *European Journal of Cardiovascular Nursing : Journal of the Working Group on Cardiovascular Nursing of the European Society of Cardiology*, *13*(3), 243–252. https://doi.org/10.1177/1474515113487464

Boyne, J. J. J., Vrijhoef, H. J. M., Weerd, G. De, & Kragten, J. (2014). Effects of tailored telemonitoring on heart failure patients ' knowledge , self-care , self-efficacy and adherence : A randomized controlled trial. *European Journal of Cardiovascular Nursing*. https://doi.org/10.1177/1474515113487464

Cameron, J., Worrall-Carter, L., Driscoll, A., & Stewart, S. (2009). Measuring Self-care in Chronic Heart Failure:A Review of the Psychometric Properties of Clinical Instruments. *Journal of Cardiovascular Nursing*, *24*(6), E10–E22. https://doi.org/10.1097/JCN.0b013e3181b5660f

Caraballo, C., Desai, N. R., Mulder, H., Alhanti, B., Wilson, F. P., Fiuzat, M., Felker, G. M., Piña, I. L., O'Connor, C. M., Lindenfeld, J., Januzzi, J. L., Cohen, L. S., & Ahmad, T. (2019). Clinical Implications of the New York Heart Association Classification. *Journal of the American Heart Association*, *8*(23), e014240. https://doi.org/10.1161/JAHA.119.014240

Center for Disease Control and Prevention. (2020). *People with Certain Medical Conditions - Corona Virus Disease 2019*. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html

Chambers, D., Cantrell, A., & Booth, A. (2020). Implementation of interventions to reduce preventable hospital admissions for cardiovascular or respiratory conditions: an evidence map and realist synthesis. *Health Service and Delivery Research*, *8*(2). https://doi.org/10.3310/hsdr08020

Chaudhry, S. I., Phillips, C. O., Stewart, S. S., Riegel, B., Mattera, J. A., Jerant, A. F., & Krumholz, H. M. (2007). Telemonitoring for Patients With Chronic Heart Failure: A Systematic Review. *Journal of Cardiac Failure*, *13*(1), 56–62. https://doi.org/10.1016/j.cardfail.2006.09.001

Ciere Y, Cartwright M, & Newman S. (2015). A systematic review of the mediating role of knowledge, self-efficacy and self-care behaviour in telehealth patients with heart failure. Journal of Telemedicine and Telecare [revista en Internet] 2012 [acceso 25 de junio de 2019]; 37(1): 384-391. *Journal of Telemedicine and Telecare*, 384–391. https://doi.org/10.1258/jtt.2012.111009

Clarke, J. (2011). What is a systematic review. *Evidence-Based Nursing*, *14*(3), 64. https://doi.org/10.1136/ebn.2011.0049

College of Registered Nurses of Nova Scotia. (2008). *Telenursing Practice Guidelines*. http://ebox.nbu.bg/medteach/ne11/Paper37.pdf

Crawford, D., Texter, T., Hurt, K., Vanaelst, R., Glaza, L., & Vander Laan, K. J. (2012). Traditional nurse instruction versus 2 session nurse instruction plus DVD for teaching ostomy care: A multisite randomized controlled trial. *Journal of Wound, Ostomy and Continence Nursing*, *39*(5), 529–537. https://doi.org/10.1097/WON.0b013e3182659ca3

Culha, I., Kosgeroglu, N., & Bolluk, O. (2016). Effectiveness of Self-care Education on Patients with Stomas. *IOSR Jorunal of Nursing and Health Science*, *1*(2), 3–6. https://doi.org/10.24218/jpci.2017.07

Currie, K., Strachan, P. H., Spaling, M., Harkness, K., Barber, D., Clark, A. M., Barber, D., & Clark, A. M. (2014). The importance of interactions between patients and healthcare professionals for heart failure self-care: A systematic review of qualitative research into patient perspectives. *European Journal of Cardiovascular Nursing*. https://doi.org/10.1177/1474515114547648

Curtin University. (2020). *Systematic Reviews in the Health Sciences*. https://libguides.library.curtin.edu.au/systematic-reviews

Dearholt, S., Dang, D., & International, S. T. T. (2012). *Johns Hopkins Nursing Evidence-Based Practice Appendix C : Evidence Level and Quality Guide Johns Hopkins Nursing Evidence-Based Practice Appendix C : Evidence Level and Quality Guide Evidence Levels*. https://www.hopkinsmedicine.org/evidence-based-practice/_docs/appendix_c_evidence_level_quality_guide.pdf

Demircelik, M. B., Cakmak, M., Nazli, Y., Şentepe, E., Yigit, D., Keklik, M., Arslan, M., Cetin, M., & Eryonucu, B. (2016). Effects of multimedia nursing education on disease-related depression and anxiety in patients staying in a coronary intensive care unit. *Applied Nursing Research*, *29*, 5–8. https://doi.org/10.1016/j.apnr.2015.03.014

Dokainish, H., Teo, K., Zhu, J., Roy, A., Alhabib, K. F., Elsayed, A., Palileo-villaneuva, L., Lopez-jaramillo, P., Karaye, K., Yusoff, K., Orlandini, A., Sliwa, K., Mondo, C., Lanas, F., Prabhakaran, D., Badr, A., Elmaghawry, M.,

Damasceno, A., Tibazarwa, K., … Yusuf, S. (2016). Heart Failure in Africa , Asia , the Middle East and South America : The INTER-CHF study. *International Journal of Cardiology*, *204*, 133–141. https://doi.org/10.1016/j.ijcard.2015.11.183

Dorn, S. D., Palsson, O. S., Woldeghebriel, M., Fowler, B., Mccoy, R., Weinberger, M., & Drossman, D. A. (2015). Development and pilot testing of an integrated, web-based self-management program for irritable bowel syndrome (IBS). *Neurogastroenterology and Motility*, *27*(1), 128–134. https://doi.org/10.1111/nmo.12487

Evangelista, L. S., Lee, J.-A., Moore, A. A., Motie, M., Ghasemzadeh, H., Sarrafzadeh, M., & Mangione, C. M. (2015a). Examining the effects of remote monitoring systems on activation, self-care, and quality of life in older patients with chronic heart failure. *The Journal of Cardiovascular Nursing*, *30*(1), 51–57. https://doi.org/10.1097/JCN.0000000000000110

Evangelista, L. S., Lee, J., Moore, A. A., Motie, M., Ghasemzadeh, H., Sarrafzadeh, M., & Mangione, C. M. (2015b). Examining the Effects of Remote Monitoring Systems on Activation , Self-care , and Quality of Life in Older Patients With Chronic Heart Failure. *Jounal of Cardiovascular Nursing*, *30*(1), 51–57. https://doi.org/10.1097/JCN.0000000000000110

Gazquez, M. de los A. R., Arredondo-holguín, E., & Herrera-cortés, R. (2012). Effectiveness of an educational program in nursing in the self-care of patients with heart failure : randomized controlled trial. *Revista Latino-Americana de Enfermagem*, *20*(2), 296–306.

González, B., Lupón, J., Domingo, M. D. M., Cano, L., Cabanes, R., De Antonio, M., Arenas, M., Crespo, E., Rodríguez, M., & Bayes-Genis, A. (2014). Educational level and self-care behaviour in patients with heart failure before and after nurse educational intervention. *European Journal of Cardiovascular Nursing*, *13*(5), 459–465. https://doi.org/10.1177/1474515113510810

Gopalakrisnan, P., & Ganeshkumar, P. (2013). Systematic Reviews and Meta-analysis: Understanding the Best Evidence in Primary Healthcare. *Journal of Family Medicine and Primary Care*, *2*(1), 9–14. https://doi.org/10.4103/2249-4863.109934

Green, C. P., Porter, C. B., Bresnahan, D. R., & Spertus, J. A. (2000). Development and Evaluation of the Kansas City Cardiomyopathy Questionnaire : A New Health Status Measure for Heart Failure. *Journal of the American College of Cardiology*, *35*(5). https://doi.org/10.1016/s0735-1097(00)00531-3

Grustam, A. S., Severens, J. L., De Massari, D., Buyukkaramikli, N., Koymans, R., & Vrijhoef, H. J. M. (2018). Cost-Effectiveness Analysis in Telehealth: A Comparison between Home Telemonitoring, Nurse Telephone Support, and Usual Care in Chronic Heart Failure Management. *Value in Health*, *21*(7), 772–782. https://doi.org/10.1016/j.jval.2017.11.011

Hanlon, P., Daines, L., Campbell, C., Mckinstry, B., Weller, D., & Pinnock, H. (2017). Telehealth interventions to support self-management of long-term conditions: A systematic metareview of diabetes, heart failure, asthma, chronic obstructive pulmonary disease, and cancer. *Journal of Medical Internet*

Research, *19*(5). https://doi.org/10.2196/jmir.6688

Harkness, K., Spaling, M. A., Currie, K., Strachan, P. H., & Clark, A. M. (2015). A Systematic Review of Patient Heart Failure Self-care Strategies. *Jounal of Cardiovascular Nursing*, *30*(2), 121–135. https://doi.org/10.1097/JCN.0000000000000118

Henke, R. M., Karaca, Z., Jackson, P., Marder, W. D., & Wong, H. S. (2017). Discharge Planning and Hospital Readmissions. *Medical Care Research and Review : MCRR*, *74*(3), 345–368. https://doi.org/10.1177/1077558716647652

Heo, S., Moser, D. K., Lennie, T. A., Riegel, B., & Chung, M. L. (2008). Gender differences in and factors related to self-care behaviors: A cross-sectional, correlational study of patients with heart failure. *International Journal of Nursing Studies*, *45*(12), 1807–1815. https://doi.org/10.1016/j.ijnurstu.2008.05.008

Higgins, P. J., & Green, S. (2011). Cochrane handbook for Systematic Reviews of Interventions. In *IEEE International Symposium on Information Theory - Proceedings*. https://doi.org/10.1109/ISIT.2017.8006970

Houston, T. K., Fix, G. M., Shimada, S. L., Long, J. A., Gordon, H. S., Pope, C., Volkman, J., Allison, J. J., DeLaughter, K., Orner, M., & Bokhour, B. G. (2017). African American Veterans Storytelling: A Multisite Randomized Trial to Improve Hypertension. *Medical Care*, *55*(9), 50–58. https://doi.org/10.1097/MLR.0000000000000766

Hwang, B., Pelter, M., Moser, D., & Dracup, K. (2019). Effects of an Educational Intervention on Heart Failure Knowledge, Self-Care Behaviors, and Health-Related Quality of Life of Patients with Heart Failure: Exploring the Role of Depression. *Patient Education and Counseling*, 107402. https://doi.org/10.1016/j.pharmthera.2019.107402

Inamdar, A. A., & Inamdar, C. A. (2016). Heart Failure: Diagnosis, Management and Utilization. *Journal of Clinical Medicine*, *5*(7), 62. https://doi.org/10.3390/jcm5070062

Inglis, S. C., Clark, R. A., Dierckx, R., Prieto-Merino, D., & Cleland, J. G. F. (2015). Structured telephone support or non-invasive telemonitoring for patients with heart failure. *Cochrane Database of Systematic Reviews*, *2015*(10). https://doi.org/10.1002/14651858.CD007228.pub3

Institute for Health Metrics and Evaluation. (2020). *Global Health Data Exchange (GHDx)*. Institute for Health Metrics and Evaluation (IHME). http://ghdx.healthdata.org/

Jaarsma, T., Arestedt, K. F., Martensson, J., Dracup, K., & Stromberg, A. (2009). The European Heart Failure Self-care Behaviour scale revised into a nine-item scale (EHFScB-9): a reliable and valid international instrument. *European Journal of Heart Failure*, *11*, 99–105. https://doi.org/10.1093/eurjhf/hfn007

Jaarsma, T., Larsen, T., & Strömberg, A. (2013). Practical guide on home health in heart failure patients. *International Journal of Integrated Care*, *13*(OCT/DEC), 1–7. https://doi.org/10.5334/ijic.992

Jayaram, N. M., Khariton, Y., Krumholz, H. M., Chaudhry, S. I., Mattera, J., Tang, F., Herrin, J., Hodshon, B., & Spertus, J. A. (2017). Impact of Telemonitoring

on Health Status. *American Heart Association Journal*, 1–8. https://doi.org/10.1161/CIRCOUTCOMES.117.004148

Jiang, Y., Shorey, S., Nguyen, H. D., Wu, V. X., Lee, C. Y., Yang, L. F., Wei, K., Koh, L., & Wang, W. (2019). The development and pilot study of a nurse-led HOMe-based HEart failure self-Management Programme (the HOM-HEMP) for patients with chronic heart failure , following Medical Research Council guidelines. *European Journal of Cardiovascular Nursing*. https://doi.org/10.1177/1474515119872853

Joana Brings Institute. (2017). *JBI_Quasi-Experimental_Appraisal_Tool2017*. http://joannabriggs-webdev.org/assets/docs/critical-appraisal-tools/JBI_Quasi-Experimental_Appraisal_Tool2017.pdf

Karavidas, A., Lazaros, G., Tsiachris, D., & Pyrgakis, V. (2009). *Aging and the Cardiovascular System*. Hellenic Journal of Cardiology. https://www.researchgate.net/publication/46578240_Aging_and_the_Cardiovascular_System

Kementerian Kesehatan Republik Indonesia. (2018). *Laporan Nasional RISKESDAS 2018*. http://www.yankes.kemkes.go.id/assets/downloads/PMK No. 57 Tahun 2013 tentang PTRM.pdf

Kementerian Kesehatan RI. (2013). Riset Kesehatan Dasar (RISKESDAS) 2013. *Laporan Nasional 2013*, 1–384. https://doi.org/1 Desember 2013

Klabunde, E. R. (2012). Cardiovascular Physiology Concepts. In *Journal of Chemical Information and Modeling* (2nd ed., Vol. 53, Issue 9). Wolkers kluwer, Lippincott & Wilkins. https://doi.org/10.1017/CBO9781107415324.004

Kotsani, K., Antonopoulou, V., Kountouri, A., Grammatiki, M., Rapti, E., Karras, S., Trakatelli, C., Tsaklis, P., Kazakos, K., & Kotsa, K. (2018). The role of telenursing in the management of Diabetes Type 1: A randomized controlled trial. *International Journal of Nursing Studies*, *80*(January), 29–35. https://doi.org/10.1016/j.ijnurstu.2018.01.003

Kranz, C., Spencer, D., Polancich, S., Curry, C., & Miltner, R. S. (2019). The Heart Failure Journey Board to Discharge. *Journal of Nursing Care Quality*, *0*(0), 1–5. https://doi.org/10.1097/NCQ.0000000000000440

Kumar, S., & Snooks, H. (2011). Telenursing. In S. Kumar & H. Snooks (Eds.), *Evidence-Based Practice in Nursing Informatics*. Springer London. https://doi.org/10.1007/978-0-85729-529-3

Lilly, L. S. (2016). *Pathophysiology of heart disease: A collaborative project of medical students and faculty: Fifth edition*. Wolkers kluwer, Lippincott & Wilkins.

Martich, D. (2017). *Telehealth nursing : Tools and Strategies for Optimal Patient Care* (E. Nieginski (ed.)). SPRINGER PUBLISHING COMPANY.

Massouh, A., Skouri, H., Cook, P., Huijer, H. A. S., Khoury, M., & Meek, P. (2019). Self-care confidence mediates self-care maintenance and management in patients with heart failure-massouh2019.pdf. *Heart and Lung*, 1–6. https://doi.org/https://doi.org/10.1016/j.hrtlng.2019.07.008

Melin, M., Hagglund, E., Ullman, B., Persson, H., & Hagerman, I. (2018). Effects of a Tablet Computer on Self-care , Quality of Life , and Knowledge A

Randomized Clinical Trial. *Jounal of Cardiovascular Nursing*, *00*(0), 1–8. https://doi.org/10.1097/JCN.0000000000000462

Mizukawa, M., Moriyama, M., Yamamoto, H., Rahman, M., Naka, M., Kitagawa, T., Kobayashi, S., Oda, N., Yasunobu, Y., Tomiyama, M., Morishima, N., Matsuda, K., & Kihara, Y. (2019). Nurse-led collaborative management using telemonitoring improves quality of life and prevention of rehospitalization in patients with heart failure a pilot study. *International Heart Journal*, *60*(6), 1293–1302. https://doi.org/10.1536/ihj.19-313

Moayeri, F., Dunt, D., Hsueh, Y. S. (Arthur), & Doyle, C. (2019). Cost-utility analysis of telephone-based cognitive behavior therapy in chronic obstructive pulmonary disease (COPD) patients with anxiety and depression comorbidities: an application for willingness to accept concept. *Expert Review of Pharmacoeconomics and Outcomes Research*, *19*(3), 331–340. https://doi.org/10.1080/14737167.2019.1536550

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Checklist from: Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *Annals of Internal Medicine*. https://doi.org/10.1371/journal.pmed1000097

Moher, D., Shamseer, L., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Paul, S., Stewart, A. L., & Group, P.-P. (2012). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews*, *207*(January), 1–9. https://doi.org/10.1186/2046-4053-4-1

Moon, M. K., Yim, J. E., & Jeon, M. Y. (2018). The Effect of a Telephone-Based Self-management Program Led by Nurses on Self-care Behavior, Biological Index for Cardiac Function, and Depression in Ambulatory Heart Failure Patients. *Asian Nursing Research*, *12*(4), 251–257. https://doi.org/10.1016/j.anr.2018.10.001

Moser, D. K., & Watkins, J. F. (2008). Conceptualizing Self-care in Heart Failure:A Life Course Model of Patient Characteristics. *Journal of Cardiovascular Nursing*, *23*(3), 205–218. https://doi.org/10.1097/01.JCN.0000305097.09710.a5

Moustgaard, H., Clayton, G. L., Jones, H. E., Boutron, I., Jørgensen, L., Laursen, D. L. T., Olsen, M. F., Paludan-Müller, A., Ravaud, P., Savović, J., Sterne, J. A. C., Higgins, J. P. T., & Hróbjartsson, A. (2020). Impact of blinding on estimated treatment effects in randomised clinical trials: Meta-epidemiological study. *The BMJ*, *368*, 1–4. https://doi.org/10.1136/bmj.l6802

National Council of State Board of Nursing. (1997). *Definition of Telenursing*. https://www.ncsbn.org/1997_Part5.pdf

Negarandeh, R., Zolfaghari, M., Bashi, N., & Kiarsi, M. (2019). Evaluating the Effect of Monitoring through Telephone (Tele-Monitoring) on Self-Care Behaviors and Readmission of Patients with Heart Failure after Discharge. *Applied Clinical Informatics*, *10*(2), 261–268. https://doi.org/10.1055/s-0039-1685167

Nordfonn, O. K., Morken, I. M., Bru, L. E., Marie, A., & Husebø, L. (2019). Patients ' experience with heart failure treatment and self - care — A qualitative study exploring the burden of treatment. *Journal of Clinical Nursing*, *4*, 1782–1793. https://doi.org/10.1111/jocn.14799

Norton, C., Georgiopoulou, V. V, Kalogeropoulos, A. P., & Butler, J. (2011). Epidemiology and Cost of Advanced Heart Failure. *Progress in Cardiovascular Diseases*, *54*(2), 78–85. https://doi.org/10.1016/j.pcad.2011.04.002

Notoatmodjo, S. (2005). *Metodologi Penelitian Kesehatan (Edisi Revisi)*. Rineka Cipta.

Nova Scotia College of Nursing. (2019). *Telenursing Practice Guidelines for Nurses*. https://www.nscn.ca/professional-practice/practice-support/practice-support-tools/telenursing/telenursing

PERKI. (2015). *Pedoman Tatalaksana Gagal Jantung* (Patent No. 1). http://www.inaheart.org/upload/image/Pedoman_TataLaksana_Gagal_Jantung_2015.pdf

PERKI. (2019). *Hari Jantung Sedunia (World Heart Day): Your Heart is Our Heart Too*. http://www.inaheart.org/news_and_events/news/2019/9/26/press_release_world_heart_day_perki_2019

Pibernat, A., Duran, X., Garin, O., Enjuanes, C., Dalf, A., Capdevila, C., Molina, E. C., & Comin-colet, J. (2019). Nursing knowledge of the principles of self-care of heart failure in primary care : a multicentre study. *Scanadian Journal of Caring Science*, *4*. https://doi.org/10.1111/scs.12775

Polit, F. D., & Beck, T. C. (2003). *Nursing Research Principles and Methods* (7th ed.). Lippincot Williams & Wilkins. http://gen.lib.rus.ec/book/index.php?md5=256066E4872C46F4113086A52625A6C8

Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion*, *12*(1), 38–48. https://doi.org/10.4278/0890-1171-12.1.38

Purcell, R., McInnes, S., & Halcomb, E. J. (2014). Telemonitoring can assist in managing cardiovascular disease in primary care: A systematic review of systematic reviews. *BMC Family Practice*, *15*(1). https://doi.org/10.1186/1471-2296-15-43

Rampengan, S. H. (2014). *Buku praktis kardiologi* (C. T. Tjahyono (ed.)). Badan Penerbit FK-UI.

Rector, T. S., & Cohn, J. N. (1992). Assessment of patient outcome with the Minnesota Living with Heart Failure questionnaire: Reliability and validity during a randomized, double-blind, placebo-controlled trial of pimobendan. *American Heart Journal*, *124*(4), 1017–1025. https://doi.org/10.1016/0002-8703(92)90986-6

Rice, H., Say, R., & Betihavas, V. (2017). The effect of nurse-led education on hospitalisation , readmission , quality of life and cost in adults with heart failure . A systematic review. *Patient Education and Counseling*, 12. https://doi.org/10.1016/j.pec.2017.10.002

Riegel, B., Carlson, B., & Glaser, D. (2000). Development and testing of a clinical tool measuring self-management of heart failure. *Heart and Lung: Journal of Acute and Critical Care*, *29*(1), 4–15. https://doi.org/10.1016/S0147-9563(00)90033-5

Riegel, B., Carlson, B., Moser, D. K., Sebern, M., Hicks, F. D., & Roland, V. (2004). Psychometric testing of the self-care of heart failure index. *Journal of Cardiac Failure*, *10*(4), 350–360. https://doi.org/10.1016/j.cardfail.2003.12.001

Riegel, B., & Dickson, V. V. (2008). A Situation-Specific Theory of Heart Failure Self-care. *Journal of Cardiovascular Nursing*, *23*(3), 190–196.

Riegel, B., Driscoll, A., Suwanno, J., Moser, D. K., Lennie, T. A., Chung, M. L., Wu, J. R., Dickson, V. V., Carlson, B., & Cameron, J. (2009). Heart Failure Self-care in Developed and Developing Countries. *Journal of Cardiac Failure*, *15*(6), 508–516. https://doi.org/10.1016/j.cardfail.2009.01.009

Riegel, B., Lee, C. S., Dickson, V. V., & Carlson, B. (2009). An Update on the Self-care of Heart Failure Index. *Journal of Cardiovascular Nursing*, *24*(6), 485–497. https://doi.org/10.1097/JCN.0b013e3181b4baa0

Riwidikdo, H. (2008). *Statistik Kesehatan : Belajar mudah teknik analisa data dalam penelitian kesehatan* (A. Setiawan (ed.); 5th ed.). Mitra Cendikia.

Schlachta-fairchild, L., Elfrink, V., & Deickman, A. (2011). Patient Safety , Telenursing , and Telehealth. In R. Hughes (Ed.), *Patient Safety and Quality :An Evidence-Based Handbook for Nurses* (Issue 1). Agency for Healthcare Research and Quality (US). https://www.ncbi.nlm.nih.gov/books/NBK2651/

Schlachta-Fairchild, L., Varghese, S. B., Deickman, A., & Castelli, D. (2010). Telehealth and Telenursing Are Live: APN Policy and Practice Implications. *Journal for Nurse Practitioners*, *6*(2), 98–106. https://doi.org/10.1016/j.nurpra.2009.10.019

Shahrokhi, A., Azimian, J., Amouzegar, A., & Oveisi, S. (2018). The Effect of Telenursing on Referral Rates of Patients with Head Trauma and Their Family's Satisfaction after Discharge. *Journal of Trauma Nursing*, *25*(4), 248–253. https://doi.org/10.1097/JTN.0000000000000382

Shearer, N. B. C., Cisar, N., & Greenberg, E. A. (2010). ISSUES IN CARDIOVASCULAR NURSING A telephone-delivered empowerment intervention with patients diagnosed with heart failure. *Heart and Lung*, *36*(3), 159–169. https://doi.org/10.1016/j.hrtlng.2006.08.006

Smeltzer, S. C., Hinkle, J. L., Bare, B. G., & Cheever, K. H. (2010). *BRUNNER & SUDDATH'S Textbook of Medical-Surgical Nursing* (Twelfth Ed). Wolters Kluwer Health/Lippincott Williams & Wilkins.

Smeulders, E., Haastregt, J., Ambergen, T., Stoffers, H., Janssen-Boyne, J., Uszko-Lencer, N., Gorgels, A., Lodewijks-Van der Bolt, C., Van Eijk, J., & Kempen, G. (2010). Heart failure patients with a lower educational level and better cognitive status benefit most from a self-management group programme. *Patient Education and Counseling*, *81*(2), 214–221. https://doi.org/10.1016/j.pec.2010.01.003

Son, Y. J., Lee, Y. M., & Kim, E. Y. (2019). How do patients develop self-care behaviors to live well with heart failure?: A focus group interview study. *Collegian*, *26*(4), 448–456. https://doi.org/10.1016/j.colegn.2018.12.004

Stromberg, A., Ahlen, H., Fridlund, B., & Dahlstrom, U. (2002). Interactive education on CD-ROM - a new tool in the education of heart failure patients. *Patient Education and Counseling*, *46*, 75–81. https://doi.org/10.1016/S0738-

3991(01)00151-3

Toback, M., & Clark, N. (2017). Strategies to improve self-management in heart failure patients. *Contemporary Nurse*, *53*(1), 105–120. https://doi.org/10.1080/10376178.2017.1290537

Van Der Wal, M. H. L., Jaarsma, T., Moser, D. K., & Van Veldhuisen, D. J. (2005). Development and testing of the Dutch Heart Failure Knowledge Scale. *European Journal of Cardiovascular Nursing*, *4*(4), 273–277. https://doi.org/10.1016/j.ejcnurse.2005.07.003

Virani, S. S., Alonso, A., Benjamin, E. J., Bittencourt, M. S., Callaway, C. W., Carson, A. P., Chamberlain, A. M., Chang, A. R., Cheng, S., Delling, F. N., Djousse, L., Elkind, M. S. V., Ferguson, J. F., Fornage, M., Khan, S. S., Kissela, B. M., Knutson, K. L., Kwan, T. W., Lackland, D. T., … Heard, D. G. (2020). Heart disease and stroke statistics—2020 update: A report from the American Heart Association. In *Circulation AHA Journal*. https://doi.org/10.1161/CIR.0000000000000757

WHO. (2020). *Cardiovascular diseases*. World Health Organization. https://www.who.int/health-topics/cardiovascular-diseases/#tab=tab_1

Wonggom, P., Nolan, P., Clark, R. A., Barry, T., Burdeniuk, C., Nesbit, K., O'toole, K., & Du, H. (2019). *Effectiveness of an avatar educational application for improving heart failure patients' knowledge and self-care behaviors: A pragmatic randomized controlled trial*. https://doi.org/10.1111/jan.14414

Yancy, C. W., Jessup, M., Bozkurt, B., Butler, J., Casey, D. E., Drazner, M. H., Fonarow, G. C., Geraci, S. A., Horwich, T., Januzzi, J. L., Johnson, M. R., Kasper, E. K., Levy, W. C., Masoudi, F. A., McBride, P. E., McMurray, J. J. V., Mitchell, J. E., Peterson, P. N., Riegel, B., … Wilkoff, B. L. (2013). 2013 ACCF/AHA guideline for the management of heart failure: A report of the american college of cardiology foundation/american heart association task force on practice guidelines. *Circulation AHA Journal*, *128*(16), 240–327. https://doi.org/10.1161/CIR.0b013e31829e8776

Yang, S., Jiang, Q., & Li, H. (2019). The role of telenursing in the management of diabetes : A systematic review and meta-analysis. In *Public Health Nursing* (Vol. 36, Issue 4, pp. 575–586). https://doi.org/10.1111/phn.12603

Yun, J. E., Park, J. E., Park, H. Y., Lee, H. Y., & Park, D. A. (2018). Comparative Effectiveness of Telemonitoring Versus Usual Care for Heart Failure: A Systematic Review and Meta-analysis. In *Journal of Cardiac Failure* (Vol. 24, Issue 1). Elsevier Inc. https://doi.org/10.1016/j.cardfail.2017.09.006

LAMPIRAN 1

PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Halaman Awal
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	x
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	1-5
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	5
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	40
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	30
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	31
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	32-36
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	36
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	36
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	30
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	37-38
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	53-54
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	

PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	37-38
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	41-42
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	55-57
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	59
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	43-54
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	58
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	67-72
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	72-73
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	74
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	75

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

LAMPIRAN 2

Critical Appraisal Skills Programme

www.casp-uk.net
info@casp-uk.net
Summertown Pavilion, Middle Way Oxford OX2 7LG

CASP Checklist: 11 questions to help you make sense of a Randomised Controlled Trial

How to use this appraisal tool: Three broad issues need to be considered when appraising a trial:

- Are the results of the study valid? (Section
- A) What are the results? (Section
- B) Will the results help locally? (Section C)

The 11 questions on the following pages are designed to help you think about these issues systematically. The first three questions are screening questions and can be answered

quickly. If the answer to both is “yes”, it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a “yes”, “no” or “can’t tell” to most of the questions. A number of italicised prompts are given after

each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users’ guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Randomised Controlled Trial) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

CASP
Critical Appraisal Skills Programme

Paper for appraisal and reference:

Section A: Are the results of the trial valid?

1. Did the trial address a clearly focused issue?

Yes ☐
Can't Tell ☐
No ☐

HINT: An issue can be 'focused' In terms of
- the population studied
- the intervention given
- the comparator given
- the outcomes considered

Comments:

2. Was the assignment of patients to treatments randomised?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- how this was carried out
- was the allocation sequence concealed from researchers and patients

Comments:

Yes

3. Were all of the patients who entered the trial properly accounted for at its conclusion?

Can't Tell ☐
No ☐

HINT: Consider
- was the trial stopped early
- were patients analysed in the groups to which they were randomised

Comments:

Is it worth continuing?

4. Were patients, health workers and study personnel 'blind' to treatment?

Yes ☐
Can't Tell ☐
No ☐

Comments:

5. Were the groups similar at the start of the trial

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- other factors that might affect the outcome, such as; age, sex, social class

Comments:

6. Aside from the experimental intervention, were the groups treated equally?

Yes ☐
Can't Tell ☐
No ☐

Comments:

Section B: What are the results?

7. How large was the treatment effect?

HINT: Consider
- what outcomes were measured
- Is the primary outcome clearly specified
- what results were found for each outcome

Comments:

8. How precise was the estimate of the treatment effect?

HINT: Consider
- what are the confidence limits

Comments:

Section C: Will the results help locally?

9. Can the results be applied to the local population, or in your context?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider whether
- the patients covered by the trial are similar enough to the patients to whom you will apply this
- how they differ

Comments:

10. Were all clinically important outcomes considered?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider whether
- there is other information you would like to have seen
- if not, does this affect the decision

Comments:

11. Are the benefits worth the harms and costs?

Yes ☐

Can't Tell ☐

No ☐

HINT: Consider

- even if this is not addressed by the trial, what do you think?

Comments:

LAMPIRAN 3

JBI Critical Appraisal Checklist for Quasi-Experimental Studies (non-randomized experimental studies)

Reviewer_____Date_____.

Author _____Year_____Record Number_____.

		Yes	No	Unclear	Not applicable
1.	Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?	☐	☐	☐	☐
2.	Were the participants included in any comparisons similar?	☐	☐	☐	☐
3.	Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	☐	☐	☐	☐
4.	Was there a control group?	☐	☐	☐	☐
5.	Were there multiple measurements of the outcome both pre and post the intervention/exposure?	☐	☐	☐	☐
6.	Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	☐	☐	☐	☐
7.	Were the outcomes of participants included in any comparisons measured in the same way?	☐	☐	☐	☐
8.	Were outcomes measured in a reliable way?	☐	☐	☐	☐
9.	Was appropriate statistical analysis used?	☐	☐	☐	☐

Overall appraisal: Include ☐ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

_____

_____

_____

LAMPIRAN 4

Table 8.5.a The Cochrane Collaboration's tool for assessing risk of bias

Domain	Description	Review authors' judgement
Sequence generation.	Describe the method used to generate the allocation sequence in sufficient detail to allow an assessment of whether it should produce comparable groups.	Was the allocation sequence adequately generated?
Allocation concealment.	Describe the method used to conceal the allocation sequence in sufficient detail to determine whether intervention allocations could have been foreseen in advance of, or during, enrolment.	Was allocation adequately concealed?
Blinding of participants, personnel and outcome assessors *Assessments should be made for each main outcome (or class of outcomes).*	Describe all measures used, if any, to blind study participants and personnel from knowledge of which intervention a participant received. Provide any information relating to whether the intended blinding was effective.	Was knowledge of the allocated intervention adequately prevented during the study?
Incomplete outcome data *Assessments should be made for each main outcome (or class of outcomes).*	Describe the completeness of outcome data for each main outcome, including attrition and exclusions from the analysis. State whether attrition and exclusions were reported, the numbers in each intervention group (compared with total randomized participants), reasons for attrition/exclusions where reported, and any re-inclusions in analyses performed by the review authors.	Were incomplete outcome data adequately addressed?
Selective outcome reporting.	State how the possibility of selective outcome reporting was examined by the review authors, and what was found.	Are reports of the study free of suggestion of selective outcome reporting?
Other sources of bias.	State any important concerns about bias not addressed in the other domains in the tool. If particular questions/entries were pre-specified in the review's protocol, responses should be provided for each question/entry.	Was the study apparently free of other problems that could put it at a high risk of bias?

LAMPIRAN 5

Johns Hopkins Nursing Evidence-Based Practice

Appendix C: Evidence Level and Quality Guide

Evidence Levels	Quality Guides
Level I Experimental study, randomized controlled trial (RCT) Systematic review of RCTs, with or without meta-analysis	**A <u>High quality:</u>** Consistent, generalizable results; sufficient sample size for the study design; adequate control; definitive conclusions; consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence **B <u>Good quality:</u>** Reasonably consistent results; sufficient sample size for the study design; some control, fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence **C <u>Low quality or major flaws</u>:** Little evidence with inconsistent results; insufficient sample size for the study design; conclusions cannot be drawn
Level II Quasi-experimental study Systematic review of a combination of RCTs and quasi-experimental, or quasi-experimental studies only, with or without meta-analysis	
Level III Non-experimental study Systematic review of a combination of RCTs, quasi-experimental and non-experimental studies, or non-experimental studies only, with or without meta-analysis Qualitative study or systematic review with or without a meta- synthesis	

Johns Hopkins Nursing Evidence-Based Practice

Appendix C: Evidence Level and Quality Guide

Evidence Levels	Quality Guides
Level IV Opinion of respected authorities and/or nationally recognized expert committees/consensus panels based on scientific evidence Includes: • Clinical practice guidelines • Consensus panels	**A <u>High quality:</u>** Material officially sponsored by a professional, public, private organization, or government agency; documentation of a systematic literature search strategy; consistent results with sufficient numbers of well-designed studies; criteria-based evaluation of overall scientific strength and quality of included studies and definitive conclusions; national expertise is clearly evident; developed or revised within the last 5 years **B <u>Good quality:</u>** Material officially sponsored by a professional, public, private organization, or government agency; reasonably thorough and appropriate systematic literature search strategy; reasonably consistent results, sufficient numbers of well-designed studies; evaluation of strengths and limitations of included studies with fairly definitive conclusions; national expertise is clearly evident; developed or revised within the last 5 years **C <u>Low quality or major flaws:</u>** Material not sponsored by an official organization or agency; undefined, poorly defined, or limited literature search strategy; no evaluation of strengths and limitations of included studies, insufficient evidence with inconsistent results, conclusions cannot be drawn; not revised within the last 5 years

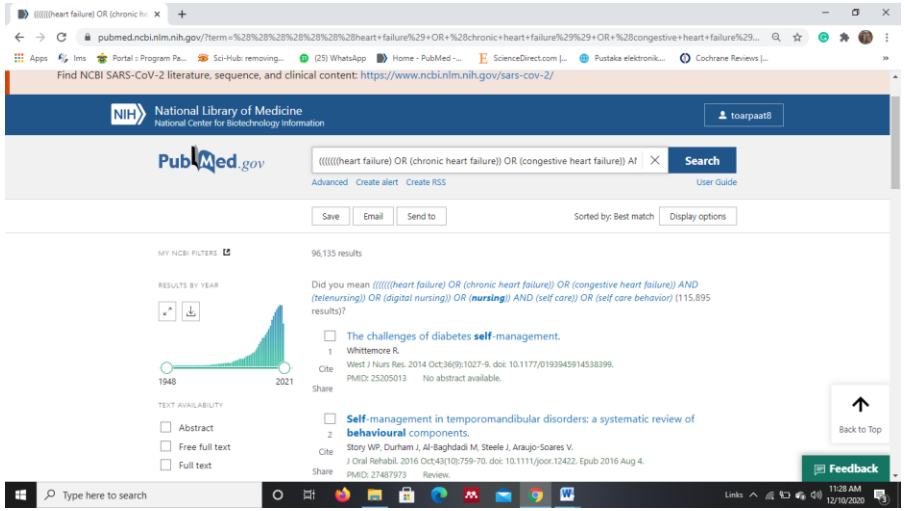
Johns Hopkins Nursing Evidence-Based Practice

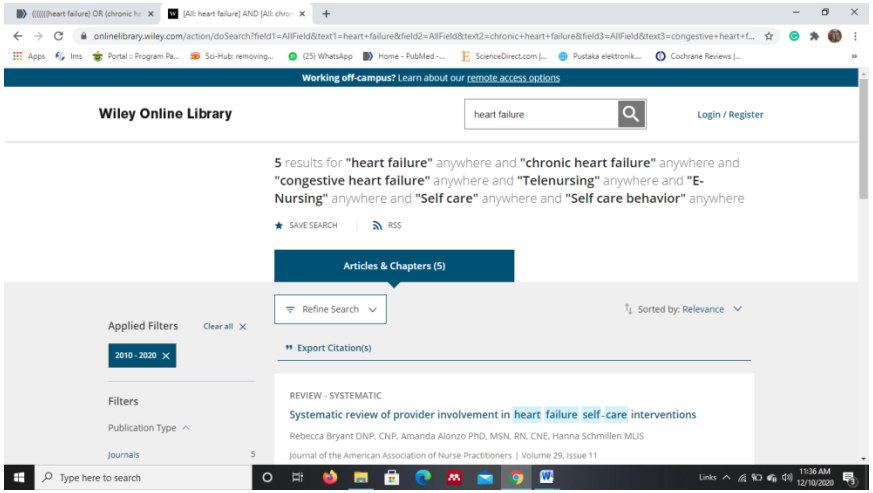
Appendix C: Evidence Level and Quality Guide

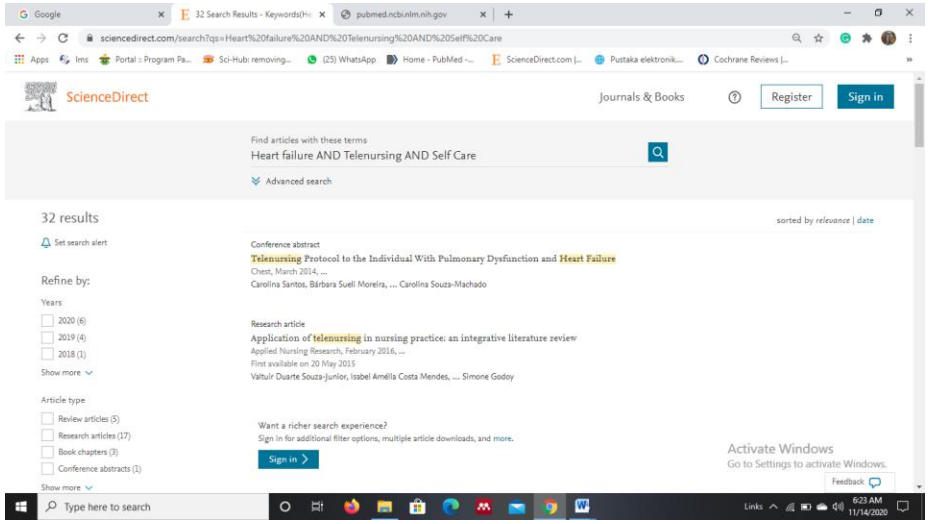
Level V Based on experiential and non-research evidence Includes: • Literature reviews • Quality improvement, program or financial evaluation • Case reports • Opinion of nationally recognized experts(s) based on experiential evidence	**Organizational Experience:** **A <u>High quality:</u>** Clear aims and objectives; consistent results across multiple settings; formal quality improvement, financial or program evaluation methods used; definitive conclusions; consistent recommendations with thorough reference to scientific evidence **B <u>Good quality:</u>** Clear aims and objectives; consistent results in a single setting; formal quality improvement or financial or program evaluation methods used; reasonably consistent recommendations with some reference to scientific evidence **C <u>Low quality or major flaws:</u>** Unclear or missing aims and objectives; inconsistent results; poorly defined quality improvement, financial or program evaluation methods; recommendations cannot be made **Literature Review, Expert Opinion, Case Report, Community Standard, Clinician Experience, Consumer Preference:** **A <u>High quality:</u>** Expertise is clearly evident; draws definitive conclusions; provides scientific rationale; thought leader(s) in the field **B <u>Good quality:</u>** Expertise appears to be credible; draws fairly definitive conclusions; provides logical argument for opinions **C <u>Low quality or major flaws:</u>** Expertise is not discernable or is dubious; conclusions cannot be drawn

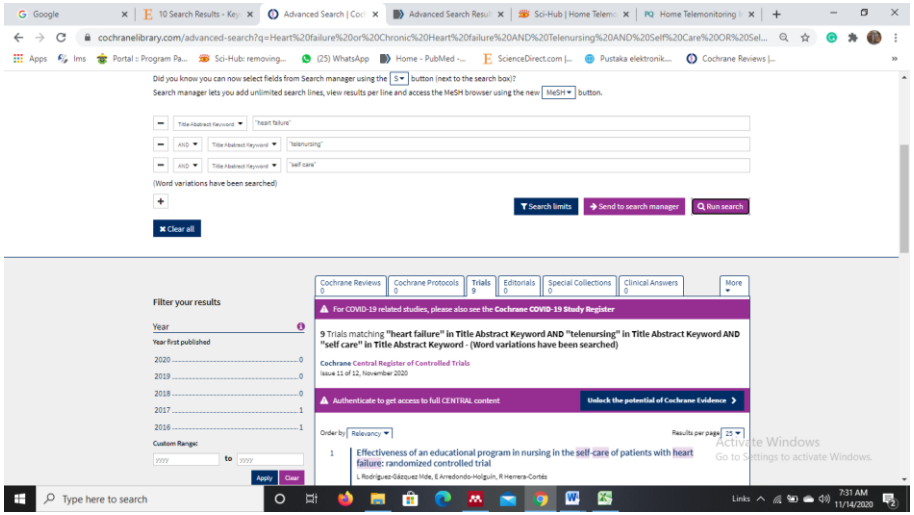
LAMPIRAN 6

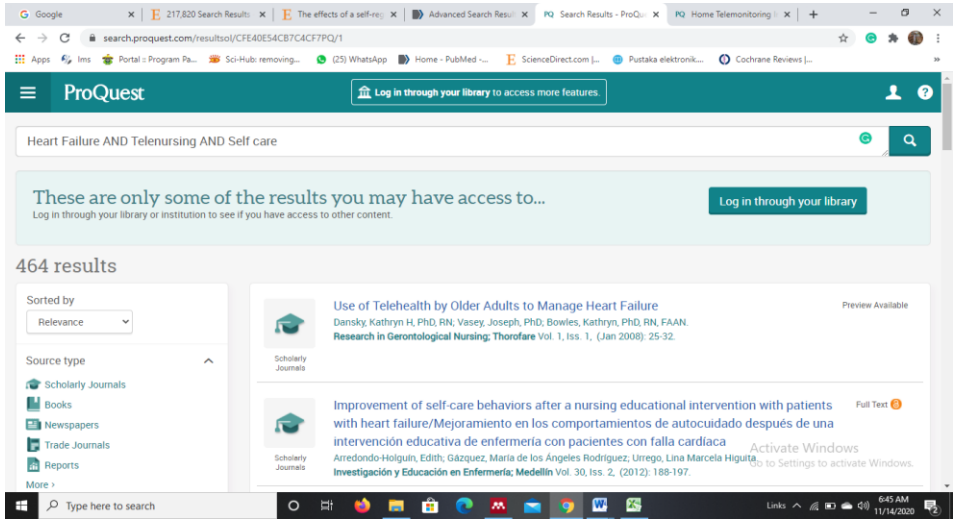
Srceen Capture pencarian Database

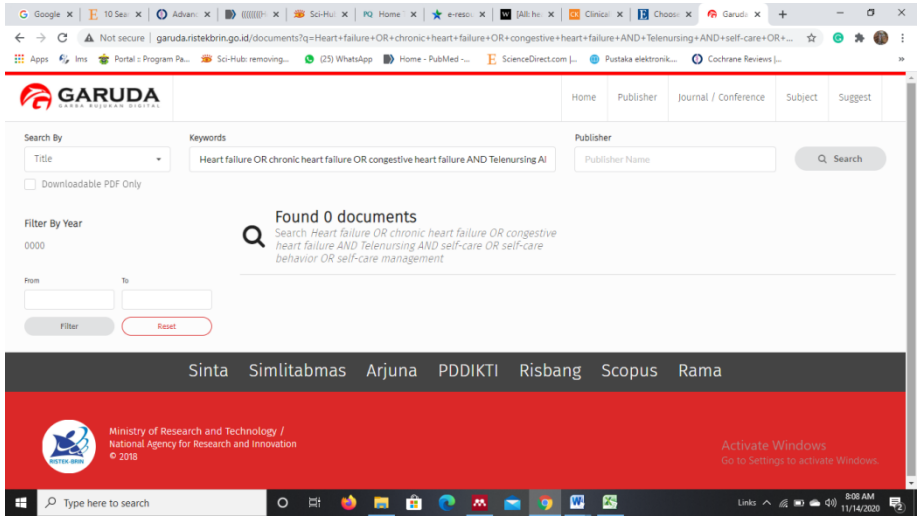


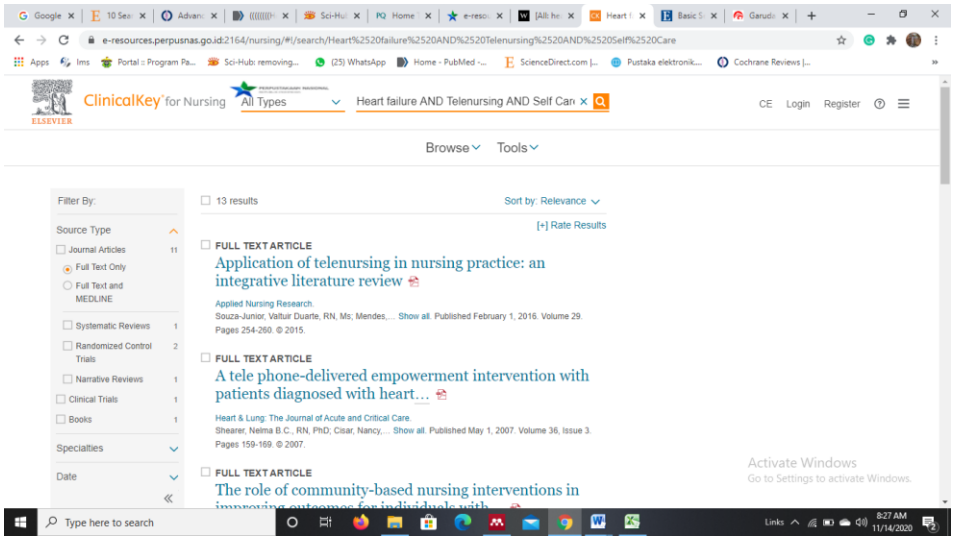


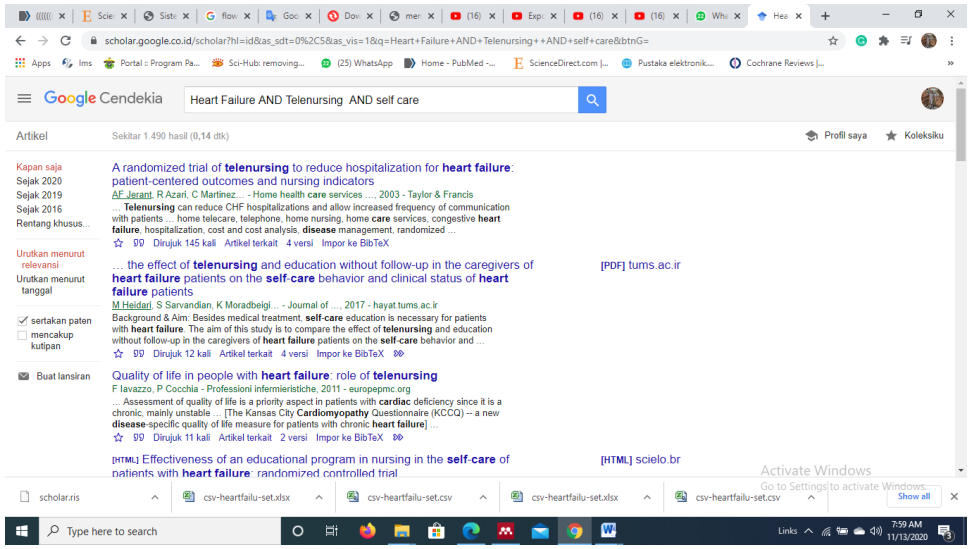





ProQuest
Log in through your library to access more features.
Heart Failure AND Telenursing AND Self care
These are only some of the results you may have access to...
Log in through your library or institution to see if you have access to other content.
Log in through your library
464 results
Sorted by
Relevance
Source type
Scholarly Journals
Books
Newspapers
Trade Journals
Reports
More
Use of Telehealth by Older Adults to Manage Heart Failure
Dansky, Kathryn H, PhD, RN; Vasey, Joseph, PhD; Bowles, Kathryn, PhD, RN, FAAN.
Research in Gerontological Nursing; Thorofare Vol. 1, Iss. 1, (Jan 2008): 25-32.
Preview Available
Improvement of self-care behaviors after a nursing educational intervention with patients with heart failure/Mejoramiento en los comportamientos de autocuidado después de una intervención educativa de enfermería con pacientes con falla cardíaca
Arredondo-Holguín, Edith; Gázquez, María de los Ángeles Rodríguez; Urrego, Lina Marcela Higuita
Investigación y Educación en Enfermería; Medellín Vol. 30, Iss. 2, (2012): 188-197.
Full Text
Activate Windows
Go to Settings to activate Windows.


GARUDA
Home
Publisher
Journal / Conference
Subject
Suggest
Search By
Title
Keywords
Heart failure OR chronic heart failure OR congestive heart failure AND Telenursing AI
Publisher
Publisher Name
Search
Downloadable PDF Only
Filter By Year
0000
From
To
Filter
Reset
Found 0 documents
Search Heart failure OR chronic heart failure OR congestive heart failure AND Telenursing AND self-care OR self-care behavior OR self-care management
Sinta
Simlitabmas
Arjuna
PDDIKTI
Risbang
Scopus
Rama
Ministry of Research and Technology / National Agency for Research and Innovation
© 2018
Activate Windows
Go to Settings to activate Windows.


ClinicalKey for Nursing
All Types
Heart failure AND Telenursing AND Self Care
CE
Login
Register
Browse
Tools
Filter By:
Source Type
Journal Articles
Full Text Only
Full Text and MEDLINE
Systematic Reviews
Randomized Control Trials
Narrative Reviews
Clinical Trials
Books
Specialties
Date
13 results
Sort by: Relevance
[+] Rate Results
FULL TEXT ARTICLE
Application of telenursing in nursing practice: an integrative literature review
Applied Nursing Research.
Souza-Junior, Valtuir Duarte, RN, Ms; Mendes,... Show all. Published February 1, 2016. Volume 29. Pages 254-260. © 2015.
FULL TEXT ARTICLE
A tele phone-delivered empowerment intervention with patients diagnosed with heart...
Heart & Lung: The Journal of Acute and Critical Care.
Shearer, Nelma B.C., RN, PhD; Cisar, Nancy,... Show all. Published May 1, 2007. Volume 36, Issue 3. Pages 159-169. © 2007.
FULL TEXT ARTICLE
The role of community-based nursing interventions in
Activate Windows
Go to Settings to activate Windows.


Google Cendekia
Heart Failure AND Telenursing AND self care
Artikel
Sekitar 1.490 hasil (0,14 dtk)
Profil saya
Koleksiku
Kapan saja
Sejak 2020
Sejak 2019
Sejak 2016
Rentang khusus...
Urutkan menurut relevansi
Urutkan menurut tanggal
sertakan paten
mencakup kutipan
Buat lansiran
A randomized trial of telenursing to reduce hospitalization for heart failure: patient-centered outcomes and nursing indicators
AF Jerant, R Azari, C Martinez... - Home health care services ..., 2003 - Taylor & Francis
... Telenursing can reduce CHF hospitalizations and allow increased frequency of communication with patients ... home telecare, telephone, home nursing, home care services, congestive heart failure, hospitalization, cost and cost analysis, disease management, randomized ...
Dirujuk 145 kali Artikel terkait 4 versi Impor ke BibTeX
[PDF] tums.ac.ir
... the effect of telenursing and education without follow-up in the caregivers of heart failure patients on the self-care behavior and clinical status of heart failure patients
M Heidari, S Sarvandian, K Moradbeigi... - Journal of ..., 2017 - hayat.tums.ac.ir
Background & Aim: Besides medical treatment, self-care education is necessary for patients with heart failure. The aim of this study is to compare the effect of telenursing and education without follow-up in the caregivers of heart failure patients on the self-care behavior and ...
Dirujuk 12 kali Artikel terkait 4 versi Impor ke BibTeX
Quality of life in people with heart failure: role of telenursing
F Iavazzo, P Cocchia - Professioni infermieristiche, 2011 - europepmc.org
... Assessment of quality of life is a priority aspect in patients with cardiac deficiency since it is a chronic, mainly unstable ... [The Kansas City Cardiomyopathy Questionnaire (KCCQ) -- a new disease-specific quality of life measure for patients with chronic heart failure] ...
Dirujuk 11 kali Artikel terkait 2 versi Impor ke BibTeX
[HTML] Effectiveness of an educational program in nursing in the self-care of patients with heart failure: randomized controlled trial
[HTML] scielo.br
Activate Windows
Go to Settings to activate Windows.
scholar.ris
csv-heartfailu-set.xlsx
csv-heartfailu-set.csv
csv-heartfailu-set.xlsx
csv-heartfailu-set.csv
Show all

KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN
UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
KOMITE ETIK PENELITIAN KESEHATAN
RSPTN UNIVERSITAS HASANUDDIN
RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR
Sekretariat : Lantai 2 Gedung Laboratorium Terpadu
JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10 MAKASSAR 90245.
Contact Person: dr. Agussalim Bukhari.,MMed,PhD, SpGK TELP. 081241850858, 0411 5780103, Fax : 0411-581431

REKOMENDASI PERSETUJUAN ETIK

Nomor : 713/UN4.6.4.5.31/ PP36/ 2020

Tanggal: 6 Nopember 2020

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan Dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No Protokol	UH20100609	No Sponsor Protokol	
Peneliti Utama	**Toar Calvin Christo Paat, S.Kep,Ns**	Sponsor	
Judul Peneliti	EFEKTIVITAS TELENURSING DALAM MENINGKATKAN SELF-CARE PADA PASIEN GAGAL JANTUNG : A SYSTEMATIC REVIEW		
No Versi Protokol	**1**	Tanggal Versi	26 Oktober 2020
No Versi PSP		Tanggal Versi	
Tempat Penelitian	**Fakultas Keperawatan Universitas Hasanuddin Makassar**		
Jenis Review	[x] Exempted [ ] Expedited [ ] Fullboard Tanggal	Masa Berlaku **6 Nopember 2020** sampai **6 Nopember 2021**	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian Kesehatan FKUH	Nama **Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)**	Tanda tangan	
Sekretaris Komisi Etik Penelitian Kesehatan FKUH	Nama **dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)**	Tanda tangan	

Kewajiban Peneliti Utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Lapor SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
- Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
- Menyerahkan laporan akhir setelah Penelitian berakhir
- Melaporkan penyimpangan dari prokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan