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Kearifan Kesehatan Lokal: indigenous medical knowledge and practice for integrated nursing of the elderly with cardiovascular disease in Sumedang, West Java: towards transcultural nursing in Indonesia
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CHAPTER IX CONCLUSION AND RECOMMENDATIONS

9.1 Conclusions

This last Chapter presents the conclusions and implications of the study of *Kearifan Kesehatan Lokal*, Indigenous Medical Knowledge Systems in nursing of the elderly with CVD, especially on behavioural patterns of utilisation of Plural Nursing Systems in the four villages in Sumedang, West-Java Indonesia. This Chapter includes a description and explanation of the determinants of community behaviour, shown through significant factors which influence respondents in utilising various nursing services in the community, *i.e.* traditional nursing institutions, transitional nursing organisations and modern nursing organisations, which form the configuration of the plural nursing system in the Sumedang research area, specifically in the management of CVD. In addition, the implications of the results of this study include theoretical and practical implications as well as to provide support for the development of an empirical model of an integrated plural nursing system towards the development of transcultural nursing in Indonesia. To arrive at the conclusion of the realization of the general objectives of this study, a summary of the conclusions is presented as a number of specific objectives which have been achieved, and can be listed as follows:

First, the introduction in Chapter I, regarding community nursing development in Indonesia includes an explanation of the development of public and community nursing, and community empowerment, as well as trends in the development of nursing in Indonesia, including an increase among the elderly population, changes in disease patterns; changes from infectious diseases to degenerative diseases, including the increased incidence and prevalence of CVD among the elderly; industrial development and rapid changes in social conditions accompanied by various changes in attitudes, values, lifestyles, environmental conditions, new community groups, individual problems, family or between individuals; increasing public knowledge as recipients of nursing and health services, and increasing public expectations of the quality of nursing and health services, as well as changes in the concept of health, where a person's condition is not only free from disease, but has the ability to live healthy and have high productivity power; increasing scientific, biomedical, and medical technology which bring improved methods to deal with diseases; the development of the health team and the increasing specialisation of new health personnel; the new pattern of health services, which continues to change along with the change of leaders and policy makers; lack of medical personnel leading to delegation of responsibilities or authority to nurses or other health workers so that malpractice cases often occur; the community as an active partner in public health services; the use of local resources and local knowledge of the community in independent health efforts, which is the focus of this study, namely the use of a diverse system of nursing services in the community: traditional nursing institutions, and transitional and modern nursing organisations; and finally, the rapid pace of social media technology as a source of health information which sometimes provides inaccurate information.

Those are some of the trends faced in public health nursing in Indonesia which inevitably have to be considered in providing and improving better nursing services, in order to achieve an increase in the quality of sustainable public health care development. Research on *kearifan kesehatan lokal* needs to be explored in order to re-reveal the values, which have been buried in order to be tested and utilized for improving nursing efforts by paying attention to *kearifan kesehatan lokal* itself. For this reason, it is important to conduct research on *kearifan kesehatan lokal* in various ethnicities in Indonesia as an alternative to uncovering various facts of social life related to health, because it needs to be realised that cultural diversity in Indonesia requires careful understanding and deepening in each region with ethnicity in the region. By exploring local health knowledge, it will eventually be used as an intervention strategy in health efforts. Each ethnic group has a way of perceiving a healthy condition of the illness. This is very influenced by the culture of the community. When an individual experiences a health disorder, as a member of the community, he

or she will perceive the symptoms of their illness based on what they feel and will determine their attitude in an effort to overcome the health disorder or the disease until they can recover as usual. Efforts to seek treatment by individuals in overcoming health problems in the community or ethnic groups can be through self-medication or through others. The search for treatment through other people can be done through traditional healers or health workers in health service facilities such as health centers, clinics, and hospitals. The effort is a reference behaviour that is characteristic of people's lives and has become a hereditary tradition which affects health, both positive and negative.

Knowledge factors, beliefs, perceptions and cultural concepts related to illness or health will affect the actions of a person or group of people in health efforts. That can be a health problem in certain community groups or ethnic life in an area in Indonesia. This research also studies the traditional health behaviour patterns in the Sundanese ethnic elderly community in the Sumedang Regency, West-Java, Indonesia. Furthermore, the discussion on challenges in nursing in cultural diversity is related to the diversity of ethnic groups in Indonesia, so it is necessary to explore the importance of transcultural nursing. In addition, an explanation is provided of the existence of an epidemiological transition in Indonesia and the conceptualisation of the plural nursing system, and the concept of utilisation of the plural nursing system, the concept of *kearifan kesehatan lokal*, as an expression of sustainable community health promotion, described in Chapter I.

Next, in Chapter II, the concepts covered include medical pluralism, ethnoscience and Indigenous Knowledge Systems, the importance of Indigenous Knowledge Systems in Nursing, also concepts and theories regarding Transcultural Nursing, cultural competence in nursing, and transcultural perspectives in the nursing of the elderly from various literatures. After that, the complex process of utilising existing traditional, transitional, and modern nursing organisations are presented as a subject from a specific ethnographic perspective on indigenous medical knowledge systems.

Second, the research methodology uses the '*Leiden Ethnosystems Approach*' to gain a better understanding and explanation of the perceptions, practices, beliefs, values and philosophies of indigenous peoples related to cardiovascular nursing among elderly respondents in the four villages in the study area in Sumedang as presented in Chapter III. The '*Leiden Ethnosystems Approach*' consisting of three methodological principles from this approach, developed by Slikkerveer (1989; 1990), namely 'Participant's View' (PV), which is related to the anthropological concept of an emic culture's inner view which contrasts with an ethical view from the outside; the Field of Ethnology Study (FES), which has its roots in the Leiden Tradition of Structural Anthropology which refers to the concept of 'culture areas' introduced in Indonesia, regardless of their sub-cultural diversity as a culture area; and the Historical Perspective (HP), which is used to facilitate (pre-)historical analysis of complex contemporary patterns, including in religion, agriculture, resource conservation as well as in medicine and nursing in the Sumedang research area, specifically in the four villages of the research area. Appropriate conceptual models are built based on the Transcultural Nursing Utilisation Model, developed by Slikkerveer (1990; 1995, 2012) which allows the assessment of the cognitive and behavioural components of certain groups or communities as 'systems' in a somewhat process-oriented fashion. This study uses a multidimensional approach to ethno-nursing and ethno-medicine about health and CVD based on significant evidence on which individual behaviour is influenced, by a number of factors, namely socio-demographic, economic, psycho-social, perceived morbidity, environment, institutional and intervening variables.

The '*Leiden Ethnosystems Approach*' and conceptual model have also been successfully applied by researchers in various disciplines with special reference in this study. Furthermore, to complete the qualitative data, in-depth interviews with key informants and participatory and non-participatory observations and literature studies obtained a general picture of the behaviour of the elderly who have CVD in the use of diverse nursing services, including the traditional nursing institutions, and the transitional and modern nursing organisations in the four research villages. The collected data are then analysed through the stepwise Bivariate, Mutual Relations,

Multivariate and Multiple Regression Analyses and presented in such a way that the utilisation behaviour of the respondents from the four village samples can be comprehensively explained in the overall picture, which can contribute to the work of scholars and professionals, as well as the policymakers involved in appropriate nursing for the elderly with CVD, and as such in the promotion of sustainable health.

Third, a brief description of Indonesia as the country of great cultural diversity is presented; Indonesia has more than 300 ethnic groups, including Sundanese as the second most dominant group in the country. In addition, the description of West-Java as the Land of Priangan and the Tatar Sunda and Sundanese cultural life is also explained, with a discussion about Sumedang as one of the regencies in the Tatar Sunda Region and the center of West-Java cultural heritage. This is discussed based on geographical, historical and sociodemographic backgrounds presented in Chapter IV. The Sundanese community grew throughout its historical journey from the past until now in the framework of its *lemah cai* (homeland) which is now known as West-Java. In the course of their history, it experienced contact with the old culture, which also seemed to be used in Sundanese people's cultural life including in terms of treatment and maintaining nursing.

Fourth, Chapter V presents the description of daily life in four research communities in Sumedang. It briefly presents an overview of the characteristics of population and samples related to geographic, sociodemographic and socio-economic data. In addition, the results of the general data collection related to the availability of the plural community nursing institutional systems will be presented, differentiated into the three components of the plural nursing system: the traditional nursing institutions, and the transitional and modern nursing organisations, by respondents in the four research villages, particularly by the elderly who have CVD in Sumedang. This chapter describes the results of both qualitative and quantitative research in the four sample villages, namely Jayamekar, Cipasang, Situ, and Jatimulya. A brief description of the profiles of the four villages and the plural public nursing system available in the region results in the conclusion that local communities have great potential to maintain their own local culture because they have lived in a rich cultural and natural heritage with promising human resources. This can provide an excellent opportunity to achieve sustainable community development by recognising and revitalising traditional institutions by integrating local people's knowledge, beliefs, practices, and institutions. An emic perspective is provided in the lives of participants in four villages in the Sumedang Regency of West-Java, located in both rural and urban areas in the study area. Complementary qualitative and quantitative surveys in the study area provide relevant information about the study population and sample surveys from the four selected villages, representing the highlands and lowlands.

Fifth, a description of CVD and nursing systems in Indonesia is presented in Chapter VI, with a focus on CVD among the elderly, associated with changes in the structure and function of blood vessels with age and various types of CVD among the elderly, with a brief description of the concomitant control of CVD in the nursing system in Indonesia. Furthermore, a discussion ensues about the Plural Nursing System, including the regulation of nursing services and traditional treatment policies in the National Health System System and integrating *kearifan kesehatan lokal* into the transcultural nursing in Indonesia.

Sixth, the description of the traditional nursing system in the Sundanese community includes the relationship between the Sundanese belief system and its outlook on life affecting health behaviour, with a description of the belief system of the Sundanese people through a description of the cosmology of the Sundanese people and their way of life. Next, the Sundanese culture of health and healing was discussed, followed by the Sundanese people's view of health and illness along with the traditional nursing institution of the Sundanese people in CVD prevention and health promotion, including through the use of *ubar kampung* by Sundanese people in the

Sumedang Regency. Chapter VII describes the concept of the health of the Sundanese people, referring to physical and spiritual health. Physical things are always expressed in connection with the spiritual, and vice versa. Health problems are not only related to health and illness, but are more oriented to the human approach in their interactions with various environments which include social systems, cultural systems, and ecology. Thinking about health behaviour in certain areas, including in the Tatar Sunda Region, is governed by customs, beliefs, religious teachings, norms and legal systems, so that health problems are imbued with the orientation of cultural values and Sundanese life outlooks, including the philosophy of human life as a person: Life Philosophy of Humans with Society, The Philosophy of Human Life with Nature, The Philosophy of Human Life with God, and The Philosophy of Human Life in Pursuing Outward and Inner Satisfaction. Healthy and sick culture in traditional Sundanese society involves three main things, namely: 1) disease problems, prevention, and health maintenance; 2) a person who works as a cure for a disease, called a 'shaman'; and 3) medicinal matter. The Sundanese people consider health as an inseparable part of the human life cycle, from the womb to death.

According to the Sundanese people, the heart is the center of life. If someone suffers from '*Kasawat Jajantung*' or '*Panyawat Jajantung*' (heart disease or CVD), then it is equated with one foot resting on a grave. This shows how severe the disease is perceived by Sundanese people. There are the traditional ways of nursing for CVD in Sundanese based on interviews with several informants in the Sumedang research area, such as massage techniques by pressing using the thumb or fingers (acupressure) or '*dileules*' (massage technique with spice oil) accompanied by mantras, *jampes*, and prayers, and *ubar kampung*. Inventorying finds 45 species of MAC plants which are used in village plots for CVD. As regards the components of *ubar kampung* ('indigenous herbal medicines') this usually refers to spiritual and herbal medicine, easily available and inexpensive. The services often provided by traditional healers are holistic and don't have a service charge. People tend to use traditional nursing institution services because they feel comfortable and satisfied with them. In this case, the traditional nursing institutions in the Sumedang Regency, *ubar kampung* is also accompanied by massage skills from traditional healers. Traditional nursing institution services are provided as the primary form of prevention of disease, for people who have not been exposed to the disease, through early detection and health promotion. The definition of early detection here is different from the diagnosis of modern medicine; usually traditional healers will only mention disorders of the body with simple language, which is easy to understand. At this stage traditional nursing is aimed at protecting the body from disease and thus increasing health status; secondary prevention of diseases applies to people who have been diagnosed with the disease. Here the action is taken as a treatment intended for healing. Tertiary prevention of disease is a traditional treatment action which applies to sufferers to improve healing and prevent disability. As regards the actions, they are still the same, given through massage techniques, recited prayers, spells and *jampes*, and the mixture of *ubar kampung*.

Seventh, Chapter VII presents quantitative analysis of data collected during the household surveys conducted in the research area of four villages in Sumedang. These household surveys have been carried out as an extension to the research findings with a view to measuring and analysing the spread of findings over the entire community. A description is presented of the way the sample is presented and the utilisation of the behaviour of the plural nursing system, sub-divided by the traditional, transitional and modern nursing organisations, for the improvement of their health related to CVD. In order to understand the quantitative outcome of the data, different categories of variables are analysed which can potentially be identified as significant determinants of reported utilisation patterns of the respondents in Sumedang. In this way, the conceptual model which has predisposing, enabling, and intervening variables is analysed for possible significant variables, *i.e.* determinants of dependent variables in the utilisation of the plural nursing system. The quantitative analysis uses data which has been collected in 232 households through information provided by the household head selected in Sumedang for the sample surveys, which is subsequently entered into the electronic database for the final analysis in SPSS.

It is shown that the data are subject to variable analysis, in which the independent and intervening variables are distributed over the dependent variables through the method of cross-tabulation. As the results show, the percentage of distribution of the three categories of utilities include: the traditional nursing institution (59.9%), the transitional nursing institution (33.8%) and the modern nursing institution (6.3%), with a view to adequately representing the reported utilisation of the plural nursing system. The significant variables which have been identified as influencing the traditional, transitional and modern nursing organisations are described as being distributed in various models of influence in the model of Mutual Relations Analysis, and subsequently, as the influence of all independent and intervening variables on the interaction between all variables. In this way, the results are presented of the multivariate analysis using OVERALS to identify the relative influence of the variables, *i.e.* the specific determinants of the utilisation behaviour of the respondents of the Plural Nursing System. The results also show the level of significance of the correlation between the independent variables and interventions to the dependent variable.

A summary of these results is provided as follows:

Independent Variables

Block 1: Socio-Demographic Variables:

Household relationships: 'most strongly significant'

Gender: 'most strongly significant'

Age: 'most strongly significant'

Marital status: 'most strongly significant'

Profession: 'most strongly significant'

Vaccination history: 'very strongly significant'

Length of CVD : 'most strongly significant'

Block 2: Psycho-Social Variables

Knowledge of CVD : 'most strongly significant'

Knowledge of traditional nursing institution: 'strongly significant'

Knowledge of transitional nursing organisations: 'strongly significant'

Knowledge of transitional nursing organisations for CVD: 'strongly significant'

Belief in transitional nursing organisations for CVD prevention: 'most strongly significant'

Block 3: Perceived Morbidity Variables

Perceived general health status: 'very strongly significant'

Block 4: Enabling Variables

Household head's income: 'strongly significant'

Cost of transitional nursing organisations: 'very strongly significant'

Transportation cost to modern nursing organisations: 'very strongly significant'

Health insurance ownership: 'strongly significant'

Block 5: Institutional Variables

Geographical distance of modern nursing organisations: 'most strongly significant'

Block 6: Environmental Variables

Traditional nursing institution: environmentally-friendly: 'most strongly significant'

Zonation location of the traditional nursing institution: 'most strongly significant'

Intervening Variables

Block 6: Intervening Variables

Influence of government/public regulation on the utilisation of modern nursing organisations: 'strongly significant'

Influence of government/public promotion on the utilisation of home remedies for CVD: 'very strongly significant'

Influence of government/public promotion on the utilisation of modern nursing organisations: 'strongly significant'

Influence of government/public promotion on the utilisation of modern nursing organisations for CVD prevention: 'strongly significant'

Influence of government/public promotion on the utilisation of modern nursing organisations for CVD treatment: 'strongly significant'

Based on the results of mutual relations analysis, it seems clear that the influence of the dominant variable block on the dependent variable can be sorted as follows: socio-demographic variables (7), followed by two variables with the same number per block, namely psycho-social variables (5) and intervening variables (5), then enabling factors (4), followed by environmental variables (2), and followed by the institutional variable (1) and the perceived morbidity variable (1). The results of the Canonical Non-Linear Correlation Analysis (OVERALS) revealed that socio-demographic variables contributed the most to the dependent variables because it was clear that the sample of this study included the elderly group suffering from CVD and the length of time suffering from CVD very significantly influence the utilisation of the plural nursing system. In addition, there is a very strong correlation between the gender of the respondent and the behaviour of the community in the use of traditional nursing institutions.

However, it was also concluded that the 'profession/occupation of the respondents' greatly influenced the behaviour of the utilisation of nursing and organisations. Likewise, psycho-social variables contribute greatly to the dependent variables 'Knowledge of CVD' and 'Belief in transitional nursing organisations for CVD prevention' which greatly contribute in determining behavioural patterns of utilisation of the plural nursing system to respondents in the study area of Sumedang. Furthermore, institutional variables, especially the aspect of distance to the modern nursing organisations, particularly hospitals, correlate with the most strongly significant 'effect on utilisation, where the distance from Jayameka and Cipasang, approximately 60 kilometres away requires a travel time of approximately 2 hours. While the distance from Situ and Jatimulya is very easy to reach, it is more or less 1-2 km. This is also in line with environmental variables where zonation locations of the plural nursing system and environmentally-friendly nursing institutions have a 'most strongly significant' correlation. This is evident from the location of traditional nursing institutions in the mountains and the plains or in the city. The friendliness of nursing workers also determines the behaviour of the utilisation of the plural nursing system in the communities of the four research villages in the Sumedang areas.

Moreover, multiple regression analysis which applies the OVERALS technique is used to assess not only the correlation between variables, but also the correlation between different blocks of variables identified in the model, namely the interaction between blocks of independent variables, interventions and dependent variables. This calculated correlation shows the relative value of the interaction between the blocks and thus highlights the validity of the multivariate model. In this context, it is appropriate to measure the coherence between all categories or the ten blocks of variables, which leads to the conclusions for this study. The initial conceptual model of this research has been successfully developed into a behavioural model of multivariate utilisation behaviour of nursing institutions and organisations in Sumedang.

In addition, the multiple regression analysis mentioned above allows for the determination of the relative importance of each of the six blocks of independent variables and one block of intervention variables, in relation to the dependent block of the behaviour of utilisation of the plural nursing system through the calculation of the related multiple regression coefficients.

Eighth, and finally, the theoretical and practical conclusions and implications of this study are presented in Chapter IX, and completed with the development of a strategic model of the Plural Nursing System as a planning tool based on the emic view approach in order to contribute to the improvement of transcultural nursing services based on the integration of *kearifan kesehatan lokal* which is also expected to provide a strong means of promoting sustainable health for the Sumedang Regency in particular, and for Indonesia in general.

9.2 Implications of the Research

9.2.1 Theoretical Implications

After drawing conclusions from the research conducted in the four villages in Sumedang, the main theoretical, methodological and practical implications are presented below. However this research contributes to the body of knowledge in the plural nursing system, particularly in terms of the traditional nursing institutions and the timely development of an advanced approach of transcultural nursing from the emic perspective of ethno-medicine and ethno-nursing from the local participants in the four sample villages of Sumedang.

The results of research conducted in the four villages have theoretical implications which support previous theories suggested by Slikkerveer & Dechering (1995), Slikkerveer (1999) and Slikkerveer, Baourakis & Saefullah (2019), in the context of sustainable development, through a combination of the emic view and incorporate culture into development, in this case health promotion. In addition, the results of this study also support other scholars, namely the Transcultural Nursing Utilisation Model originally developed by Slikkerveer (1995; 1999) and various studies in applied ethnoscience such as Agung (2005); Ibui (2007); Leurs (2010); Djen Amar (2010); Ambaretnani (2012); Chirangi (2013); Aiglsperger (2014); Erwina (2019); Saefullah (2019); De Bekker (2020) and Febriyanti (2021).

In this model, Slikkerveer (1995; 1999) identifies the determinants which influence health behaviour in the form of predisposing factors, namely the factors contained in a person such as sociodemographic and psychosocial enabling factors in the form of socioeconomic perceived needs or perceived morbidity, institutional factors and environmental factors. In addition there are also external factors in the form of intervention factors which help determine a person's behaviour. Likewise with the theory of 'ethnoscience' as explained by Slikkerveer (2006) in Saefullah (2019) which developed from the discipline of cognitive anthropology in the 1950s as a complement to science, it was introduced on the basis of ideas, perceptions, practices, experiences, and the wisdom of indigenous peoples themselves; the continuation of the emic view, the use of the language of the local people, the original classification of plants, animals, religion and life, as well as their native cosmology and philosophy about nature and the environment are the subjects of ethnoscience research.

Likewise this study supports that the theory of Indigenous Knowledge Systems (IKS) in the context of overall nursing is rooted in ethnobotany and indigenous medical knowledge systems, both of which are specific examples of IKS. In general, IKS manifests itself in the form of traditional nursing *ubar kampung*. Traditional health and healing practices which have been recorded as part of the initial ethnographic record on IKS underwent a revitalization during the second half of the 20th century in the new field of ethnomedicine, in the ethnics sub-field (Foster & Anderson 1978:5; Hughes 1968; Slikkerveer 1990, Balick 1994; Alcorn 1995; Balick & Cox 1996; Cotton 1996; Skoula 2003; Slikkerveer 2006).

Similarly, the results of this study support the theory of transcultural nursing, cultural care theories, concepts of care, the diversity and universality of the model of cultural care and the Sunrise model by Leininger (1980; 1984; 1988; 1988; 1989; 1991) which aims to understand and help various cultural groups and group members meet their nursing needs, particularly the Sundanese ethnic group in this study. This research contributes to supporting the theories of transcultural nursing mentioned above; by knowing indigenous knowledge systems and behavioural patterns of utilisation of Plural Nursing Systems, a holistic assessment of aspects of culture, beliefs, and lifestyle or client behaviour is needed to reduce the possibility of stress and conflict due to cultural misunderstandings in nursing provision. In addition, this study also supports several scholars which developed theories related to other aspects in the context of culturally sensitive nursing, including: Purnell (1995) who developed the Model for Cultural Competence, Andrews/Boyle (1999) who created the Transcultural Nursing Assessment Guide for Individuals and Families, Giger and Davidhizar (2002) who developed the Transcultural Assessment Model, Campinha-Bacote (2003) who introduced the Process of Cultural Competence in the Delivery of Nursing Services and Biblically Based Models of Cultural Competence, and Spector (2004) who developed the Health Traditions Model.

9.2.2 Methodological Implications

Based on methodological implications, this research was carried out using the '*Leiden Ethnosystems Approach*' introduced by Slikkerveer (1990; 1999), providing strong empirical evidence about the importance of using a combined methodological approach in conducting applied ethoscience research within the context of development. This study has shown that combined research methods, both qualitative and quantitative, involving the 'Participant's View' (PV), 'Field of Ethnology Study' (FES) and 'Historical Dimension' (HD)', have provided support to explain the utilisation of the plural nursing system in Sumedang among the elderly with CVD. In addition, this study links up with the results of previous studies from Agung (2005), Leurs (2010), Djen Amar (2010), Ambaretnani (2012), Chirangi (2013), Aiglsperger (2014), Erwina (2019), Saefullah (2019); De Bekker (2020) and Febriaynti (2021), who have successfully implemented the '*Leiden Ethnosystems Approach*' in their applied ethoscience research. This approach also combines qualitative and quantitative research through household surveys.

In addition, this study also partially supports the ethnonursing methodology by Leininger (2006): when collecting data, the strategies of the foreign-friend enabler and the observation-participation-reflection enabler are used. When researchers move from strangers (ethics) to friends during the ethnonursing process, it is more likely that accurate and meaningful data will be collected, so that by fostering mutual trust with informants first, it will get a complete emic view. Thus, the results of this study show the importance of using a mixed methodology in research, combining subjective conclusions through in-depth study in the field, with objective generalizations through household surveys in the study area (*cf.* Saefullah 2019).

9.2.3 Practical Implications

The results of the study revealed the percentage of utilisation of traditional nursing institutions (59.9%), transitional nursing organisations (33.8%), and modern nursing organisations (6.3%). Thus the practical implications of the results of this study indicate that Sundanese people, especially in Sumedang, prefer to utilize traditional nursing institutions both by themselves and through traditional healers. This is evident from the knowledge, beliefs and nursing practices to overcome CVDs through massage techniques and the use of *ubar kampung*, which have identified as many as 45 species of MAC plants which can be obtained from the environment around the house with special preparation and administration, in addition to the belief in reciting *mantras*, *jampe* or prayers which are offered to ask for healing. This can be practically disseminated, demonstrated, and applied to other people in need, in the same way through counseling strategies at *Posyandu*, *Posbindu* or community gatherings, for example in regular social gatherings, recitals, or other social events. Thus, it is expected to help

in the promotion of sustainable health, especially for sufferers of CVD in the Tatar Sunda Region, and generally in Indonesia. Likewise the practical implications of the use of transitional nursing organisations which are usually the use of over-the-counter medicine demands increased information about the principles of drug use so that they do not cause side effects or other impacts, for example the incidence of polypharmacy, intoxication, drug allergies, and others which threaten consumer safety. This needs collaboration between health practitioners, be it nurses, pharmacists, medical doctors, or traditional healers themselves. Dissemination of information through various online and offline media is also very possible to do.

The use of modern nursing organisations is generally focused on invasive or surgical actions, which cannot be done through traditional nursing institutions or transitional nursing organisations. However, modern nursing organisations certainly do provide early detection services, medical treatment, and surgery to rehabilitation. In this case, it has practical implications for collaboration between nursing institutions and organisations in conducting a referral process in which the care of the elderly can be executed more effectively and efficiently in order to contribute to patient-oriented nursing of the elderly in the communities.

9.3 Recommendations

9.3.1 A Model of an Integrated Nursing System

As the end of this Chapter, based on the conclusions and various research implications, there are some evidence-based recommendations of this study which this research has shown; despite the rapid advances in technology and the global information flow, in fact, *kearifan kesehatan lokal* still dominates the local peoples' medical knowledge, belief and practices in the Sundanese society. This is also evident from the behavioural patterns of the use of Plural Nursing Systems influenced by *kearifan kesehatan lokal*, as well as the visible and invisible determinant variables. Socio-demographic variables, especially one's position in the family or household relationship, age, gender (gender), profession and marital status, greatly influence the utilisation of the Plural Nursing System. Likewise, psycho-social variables prove that the knowledge and beliefs possessed by Sundanese indigenous people greatly influence the behaviour of the use of the Plural Nursing System.

The concept of health in Sundanese refers to physical and spiritual health. Physical things are always stated in connection with the spirit. Sundanese people realise that they are actors with an important role in the process of their physical and social lives, which they live with a full balance between microcosm and macrocosm. The Sundanese philosophy of life that supports health needs to be maintained and improved, and traditional nursing practices need to be disseminated, passed down from generation to generation both orally and in writing through community-based activities. This is also important as an effort to preserve culture and biodiversity in the Tatar Sunda Region.

For this reason, nurses must have special competencies which are culturally sensitive; in this case nurses must be able to master the *kearifan kesehatan lokal* in Sundanese society so that nurses can act as care providers, as mediators between existing nursing institutions and organisations for collaborative action, as health educators, as well as advocating for clients who need it in terms of primary, secondary and tertiary nursing care services, in all settings. This combination is used in the model which is proposed as an Integrated Nursing System Model (*cf.* Figure 9.1).

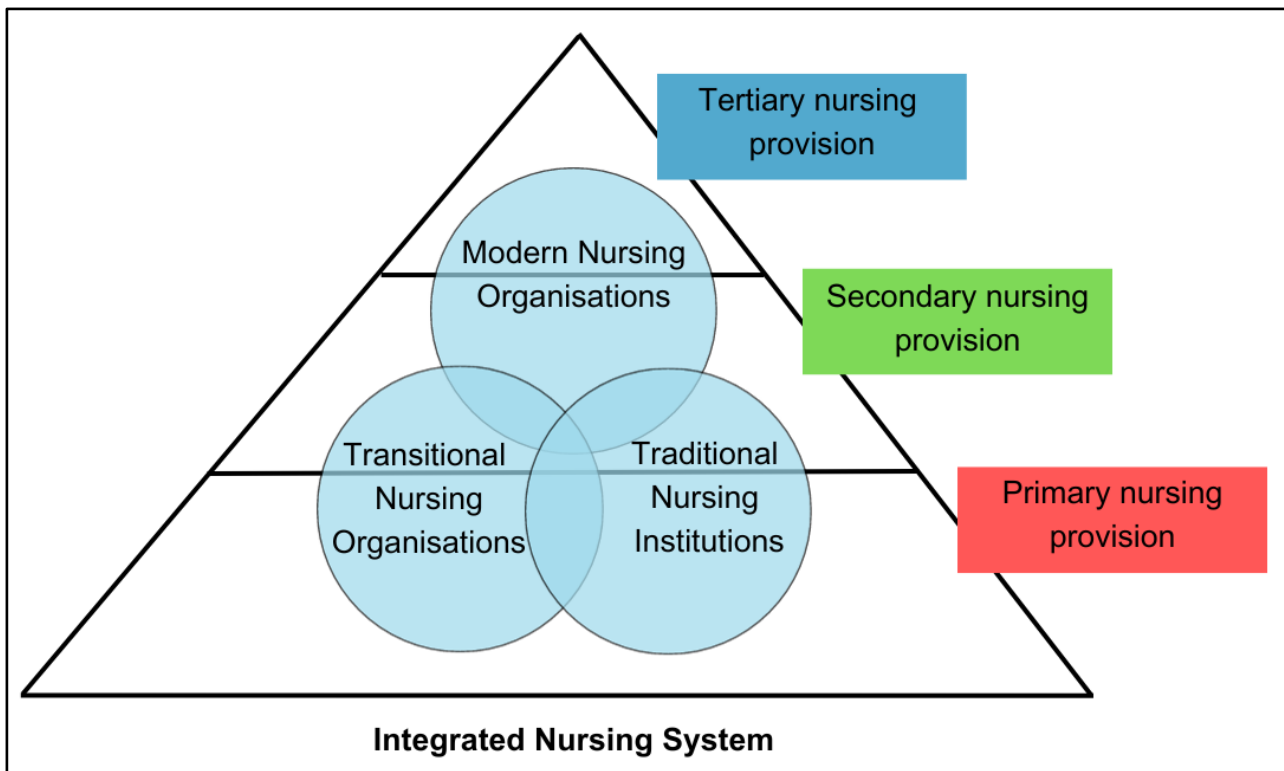


Figure 9.1 A Schematic representation of the proposed Model of the Integrated Nursing System
 Source: Designed & Adapted from: -Transcultural Nursing Model by Leininger (1981);
 -Transcultural Nursing Utilisation by Slikkerveer (1995);
 - Framework of Nursing Services by the Ministry of Health R.I. (2015).

Thus, client satisfaction can be achieved, improving healing and optimizing client's health functions by minimizing misunderstandings due to cultural clashes between clients and health workers and between health practitioners. For this reason, cultural competence has to exist in the nurse education curriculum so that nursing students are able to demonstrate and apply a variety of traditional nursing institution practices in accordance with the client's cultural background. This is also recommended as a prerequisite for passing the Indonesian nurses' competency exam.

9.3.2 Towards the Development of Transcultural Nursing in Indonesia

This study shows the important role of *kearifan kesehatan lokal* among the Sundanese people, especially in their pattern of utilisation behaviour of the plural nursing system by the elderly with CVD in Sumedang. These results support the development of transcultural nursing in Indonesia, a concept initiated by Leininger (1985), and followed by scholars (*cf.* Andrews & Boyle 2002; Leininger & McFarland 2002; Douglas *et al.* 2011; Carr & Knutson 2015) who state how important it is to understand culture, values and client confidence so that the nursing services provided can be in accordance with the client's needs. In this case, nursing as a profession has to meet the needs of clients to achieve holistic care in accordance with the peoples' Sundanese cultural background. Thus, the results of this study can support the achievement of the cultural competence of nurses so that they are able to understand the views and worlds of patients and avoid stereotypes and misuse of scientific knowledge. This study of the Sundanese traditional medical knowledge, beliefs and practices in Indonesia can be the basis for nurses in providing care to clients based on their culture and beliefs so that nursing goals are achieved accompanied by an optimal level of client satisfaction.

The competency of nurses is needed to provide care services in accordance with the cultural background of the client. Nurses have to acquire culturally sensitive nursing competencies as a strategy to address health inequalities and to improve nursing outcomes for clients (*cf.* Sharon 2008).

As Prosen (2015) reveals, nurses must be able to recognize the culture that comes from the patient so that the treatment given is culturally appropriate to their needs. Nurses' skills in assessing culture that are integrated with critical thinking will increase nurses' knowledge and abilities as a basis for providing transcultural nursing services, in this case the Sundanese culture as the second largest ethnic group in Indonesia (*cf.* Andrews & Boyle 2002; Leininger & McFarland, 2002). According to Jeffreys (2006), patients are entitled to culturally competent nursing services as the concept was first introduced by Leininger in 1954 up to 1993, as the initiator of the Transcultural Nursing Theory. Leininger stated that nurses must be able to provide culturally sensitive nursing services to patients in order to achieve patient satisfaction (*cf.* Reynolds & Leininger 1993).

Any attempt to improve cultural competence among nursing practitioners working with clients who are fully diverse from 714 ethnic cultures in Indonesia is a challenging endeavor. The results of this study can at least contribute to understanding Sundanese culture as the dominant cultural group, the second largest in Indonesia after the Javanese (*cf.* Ambaretnani 2012). This research has gained an understanding of the social behavior and health of the Sundanese people on how to use tradition and culture as local health wisdom, in dealing with disease. As such, this research underlies the development of a comprehensive understanding of how the health practices of the Sundanese people fit into their culture. This is in line with recent studies revealing that the use of the Indigenous Knowledge System can be the basis for the cross-cultural nursing utilisation model introduced by Slikkerveer in his study in Horn, Africa (1990), further developed and adapted, among others by Agung (2005) in Bali; Leurs (2010) in Bali; Djen Amar (2010) and Ambaretnani (2012) in Sunda; Chiranggi (2013) in Tanzania; and Aiglsperger (2014) in Crete. This model significantly places it as a system for developing sustainable cultural awareness among local communities (*cf.* Slikkerveer & Dechering 1995). This idea is in line with Presidential Regulation Number 72 of 2012 which regulates the National Health Administration System in Indonesia stating that the National Health Administration System in an area has to prioritize local/potential resources to obtain positive results that can be measured quantitatively and increase community participation in maintaining physical and mental health. Thus, each regional policy has to comply with this decision, although it is arguably more flexible to be adapted to local needs and resources.

9.3.3 Policy Recommendations for Integrated Nursing Systems

CVD as a non-communicable disease is one of the priorities in health care development in Indonesia. Riskesdas (2018) revealed an increase in non-communicable diseases which required special handling and control strategies. Based on the results of the Burden of Disease (BoD), which is indicated by years of life lost due to early death and disability due to illness (DALY Lost), in the period 1990-2017, it has shifted significantly from communicable diseases to non-communicable diseases. Even in 2017, the national burden of non-communicable diseases reached the proportion of 70%.

According to the Ministry of Health (2019), health research and development is one of the important components which has to be carried out in the national development programme, as mandated in Presidential Regulation No. 72 of 2012 concerning the National Health Care System. In traditional nursing services, according to the Decree of the Minister of Health Number 1076/MENKES/SK/VII/2003 regarding the Implementation of Traditional Medicine, which is then regulated in Government Regulation no. 103 of 2014 concerning Traditional Nursing Services, traditional medicine is interpreted as an effort towards treatment, with other methods outside of medical science and/or nursing, which are widely used by the community in overcoming health problems.

The application of traditional medicine in health services is expected to explore the potential of traditional health services which include local health wisdom and indigenous knowledge systems in each region, so that traditional health services can be realised which are safe, useful, and scientific. Traditional Health Services include three types of traditional nursing services, namely: Empirical Traditional Nursing Services, Complementary Traditional Nursing Services, and Integrated

Traditional Nursing Services. The Minister of Health Decree Numbers 997/MENKES/SK/ 2007 and 984/MENKES/SK/VII/2007 established the basis for providing medical instruments for non-surgical intervention services (balloon and stent medical devices) to the entire community, especially the poor, through CVD health services in several hospitals throughout Indonesia.

However, those efforts made by the government are still limited to modern nursing service facilities, not paying attention to the service systems of traditional and transitional care institutions and organisations. So, it is obvious that the culturally appropriate way in which the traditional nursing institutions in the Sundanese region are handling the elderly with CVD has to be taken into consideration for effective inclusion in future policies of non-surgical CVD control and as one of the crucial guidelines for preventing and managing risk factors for CVDs as a reference for all parties concerned in reducing suffering, morbidity, and disability of the elderly with CVD in Indonesia. Such a policy of transcultural nursing is in line with the Decree of the Minister No.854/MENKES /SK/IX/2009 concerning the Guidelines for Controlling CVD, as an effort to be made in order to reduce risk and support the healing process of cardiovascular disease; thus, it can contribute rather independently to the community, including in primary prevention in the form of early detection of CVD in individuals who have risk factors for CVD or have not experienced cardiovascular events, while secondary prevention is carried out on individuals who have experienced cardiovascular events.

It is hoped that the integration of *kearifan kesehatan lokal* into a Community-based National Transcultural Nursing System will be realised in joint efforts together with the local communities, in order to promote sustainable nursing of the elderly with CVD in Sumedang and throughout Indonesia in the future.