Nuansa Fajar Cemerlang · optimal

SERTIFIKAT

361/WSRO/PTNFC/XI/2024

DIBERIKAN KEPADA:

Marius Agung Sasmita Jati, S.Si, M.Sc.

Sebagai peserta Workshop dengan tema Langkah-langkah Menyusun Systematic Review untuk Publikasi di Jurnal Internasional Bereputasi, yang diselenggarakan oleh Optimal, PT Nuansa Fajar Cemerlang, pada tanggal 15 November 2024. Terima kasih atas partisipasi aktif Anda dalam acara ini. Semoga ilmu yang diperoleh dapat mendukung kesuksesan Anda dalam publikasi jurnal internasional yang berkualitas.

Jakarta, 18 November 2024

Nuansa Fajar Cemerlang

RIZKY AL GIBRAN

DIREKTUR

NO	MATERI	JP
1	PLANNING (PERENCANAAN REVIEW)	2
2	CONDUCTING (PELAKSANAAN PROSES REVIEW)	3
3	REPORTING (PENULISAN ARTIKEL)	3
4	PUBLIKASI HASIL REVIEW	2
	TOTAL	10 JAM

LANGKAH-LANGKAH MENULIS SYTEMATIC REVIEW
Untuk Di Publikasikan Pada Jurnal Internasional Bereputasi

Dr. Idyatul Hasanah, S.Kep., Ns., M.Kep

Contents

Pendahuluan

A typology of reviews associated methodologies : SALSA Framework

Label	Description
Critical review	Aims to demonstrate writer has extensively researched literature and critically evaluated its quality. Goes beyond mere description to include degree of analysis and conceptual innovation. Typically results in hypothesis or model
Literature review	Generic term: published materials that provide examination of recent or current literature. Can cover wide range of subjects at various levels of completeness and comprehensiveness. May include research findings
Mapping review/ systematic map	Map out and categorize existing literature from which to commission further reviews and/or primary research by identifying gaps in research literature
Meta-analysis	Technique that statistically combines the results of quantitative studies to provide a more precise effect of the results
Mixed studies review/mixed methods review	Refers to any combination of methods where one significant component is a literature review (usually systematic). Within a review context it refers to a combination of review approaches for example combining quantitative with qualitative research or outcome with process studies
Overview	Generic term: summary of the [medical] literature that attempts to survey the literature and describe its characteristics
Qualitative systematic review/qualitative evidence synthesis	Method for integrating or comparing the findings from qualitative studies. It looks for 'themes' or 'constructs' that lie in or across individual qualitative studies

Label	Description
Rapid review	Assessment of what is already known about a policy or practice issue, by using systematic review methods to search and critically appraise existing research
Scoping review	Preliminary assessment of potential size and scope of available research literature. Aims to identify nature and extent of research evidence (usually including ongoing research)
State-of-the-art review	Tend to address more current matters in contrast to other combined retrospective and current approaches. May offer new perspectives on issue or point out area for further research
Systematic review	Seeks to systematically search for, appraise and synthesis research evidence, often adhering to guidelines on the conduct of a review
Systematic search and review	Combines strengths of critical review with a comprehensive search process. Typically addresses broad questions to produce 'best evidence synthesis'
Systematized review	Attempt to include elements of systematic review process while stopping short of systematic review. Typically conducted as postgraduate student assignment
Umbrella review	Specifically refers to review compiling evidence from multiple reviews into one accessible and usable document. Focuses on broad condition or problem for which there are competing interventions and highlights reviews that address these interventions and their results

Pyramid of Evidence

Highest EVIDENCE

Meta Analysis Systematic Review

Random Controlled Trial

Cohort Study

Case Control Study

Cross Sectional Study

Case Reports and Series

Animal Research

In Vitro Research

Opinion of Experts

Lowest EVIDENCE

Differences between a systematic review and traditional review

	Systematic review	Traditional review
Review question	Focused, well-defined clinical question formulated with PICO framework	Question is usually broad and not well defined
Protocol	A-priori protocol is developed and published	No protocol
Methods	Usually very well-defined and explicitly stated with study inclusion and exclusion criteria	Usually not well-defined
Literature search	A good systematic review includes a well-defined comprehensive search, without language or other restrictions	Search strategy is usually not stated and the review is confined to well-known articles often supporting the authors' views
Critical appraisal	Internal validity of the individual studies included in a systematic review is vetted by various tools such as Cochrane risk of bias assessment tool	Critical appraisal is usually not performed
Synthesis	Qualitative (sometimes quantitative with meta-analysis): may answer a clinical question which may not be answerable by individual studies	Usually qualitative summary
Findings/conclusion	Findings are reproducible	Findings are not reproducible. Author's personal belief may influence the overall conclusion of a traditional review

Pertimbangan sebelum memulai SR

a **Systematic Review** will be more appropriate to do

YES

Do I have a clearly defined **research question** with established inclusion and exclusion criteria?

Do I have a **team** of at least three people assembled?

Do I have **time** to go through as many search results as we might find?

Do I have the **statistical resources** to analyze and pool data?

NO

a **traditional Literature Review** will be more appropriate to do

NO

a **meta-analysis will not be** an appropriate methodology

DEFINISI SR

As the name suggests, systematic review (SR) is a systematic way of collecting, critically evaluating, integrating, and presenting findings from across multiple research studies on a research question or topic of interest. It is "systematic" since it adopts a consistent, widely accepted, methodology. The methodology should address concerns regarding quality issues, such as bias, replicability, credibility, et cetera. (Pati and Larusso, 2018)

Systematic Review Flow chart
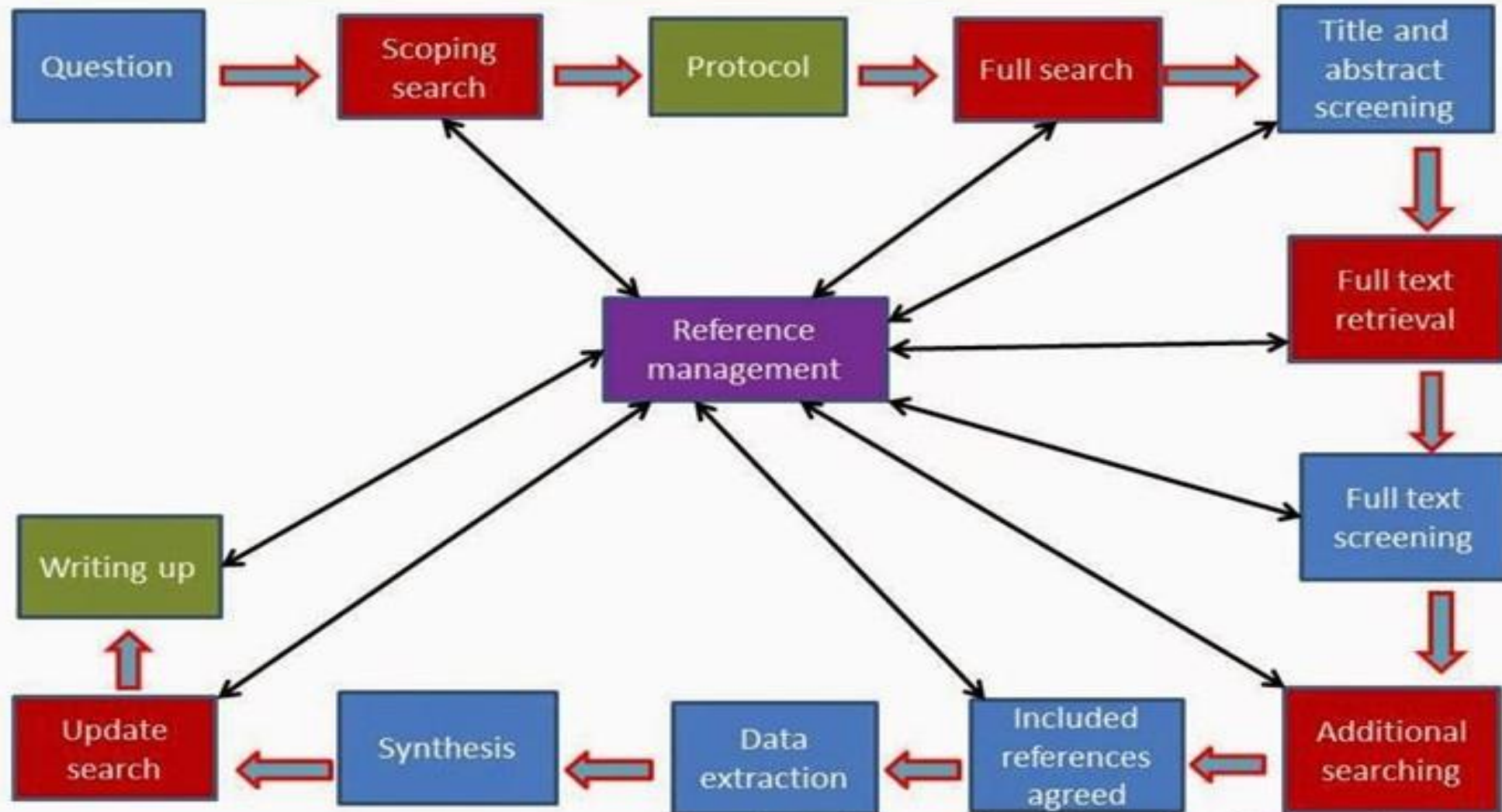
Adapted, with permission, from Searching and beyond by the PenTAG/PenCLAHRC group.

SECARA **UMUM** TAHAPAN **MELAKUKAN** REVIEW
TERDIRI DARI 3 BAGIAN BESAR

1. Formulate the Review's Research Question
2. Develop the Review's Protocol

2.1 PLANNING

Registry your protocol

1. Identify the Relevant Literature
2. Perform Selection of Primary Studies
3. Perform Data Extraction
4. Assess Studies' Quality
5. Conduct Synthesis of Evidence

2.2 CONDUCTING

1. Write Up the SLR Paper
2. Choose the Right Journal

2.3 REPORTING

01

PLANNING
Perencanaan Systematic Review

Mengembangkan protokol

Format protokol SR ➔ PRISMA-P

Dokumen yang menyajikan rencana eksplisit untuk tinjauan sistematis yang direncanakan.

Check list berisi 17 pernyataan

Author harus menyiapkan protokol sebelum mendaftarkannya ke PROSPERO

RESEARCH — Open Access

# Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement

David Moher[1*], Larissa Shamseer[1], Mike Clarke[2], Davina Ghersi[3], Alessandro Liberati^, Mark Petticrew[4], Paul Shekelle[5], Lesley A Stewart[6] and PRISMA-P Group
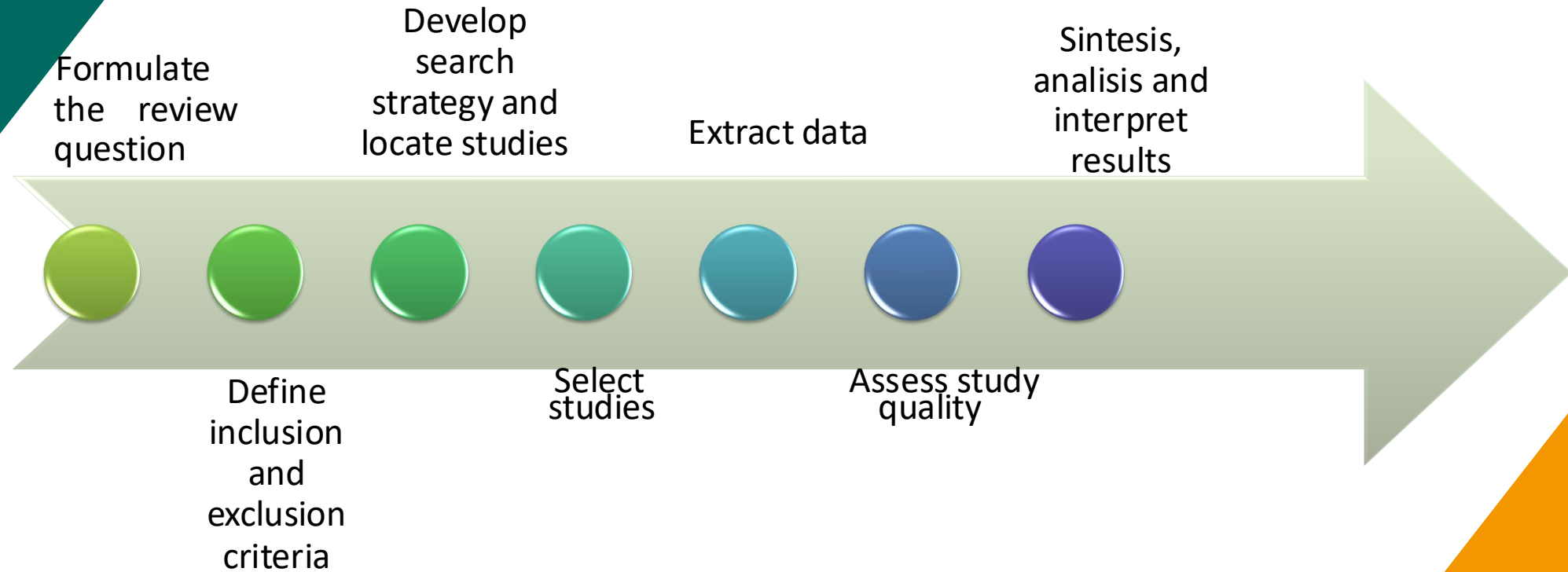
Registration your protocol

Tujuannya adalah membantu peneliti menghindari duplikasi dan meningkatkan transparansi dalam proses penelitian
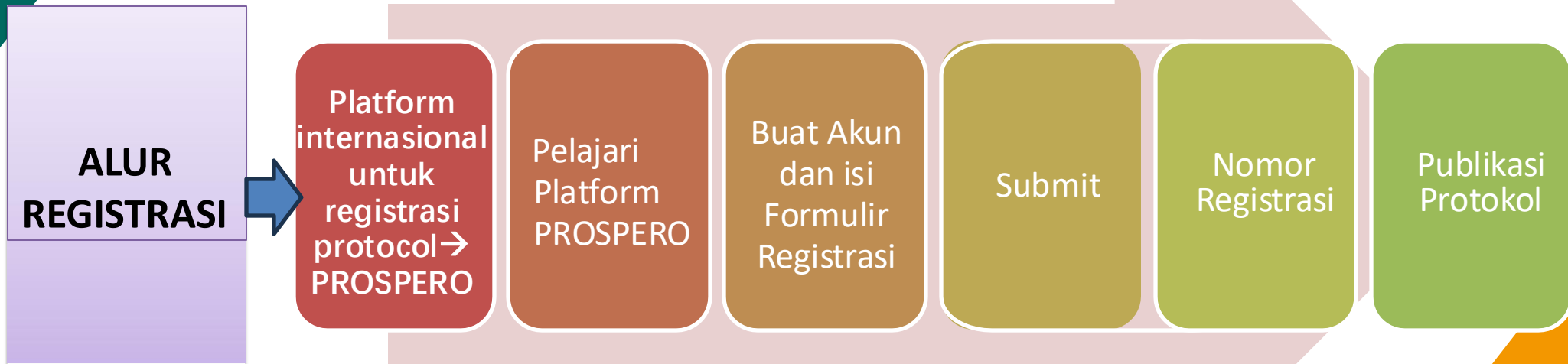
ALUR REGISTRASI

Platform internasional untuk registrasi protocol→ PROSPERO

Pelajari Platform PROSPERO

Buat Akun dan isi Formulir Registrasi

Submit

Nomor Registrasi

Publikasi Protokol

PROSPERO

Sebuah portal online yang digunakan untuk mendaftarkan rencana untuk melakukan Sistematik review

Tujuannya adalah untuk meningkatkan transparansi dan memastikan bahwa tidak ada review sebelumnya yang sama dengan yang akan dilakukan

Ada total 40 pertanyaan dengan 22 bidang wajib (dan 18 opsional) dalam pendaftaran PROSPERO termasuk:

1. **Judul & Pertanyaan Penelitian**

2. **Tanggal mulai dan perkiraan penyelesaian**

3. **Kontak informasi**

4. **Istilah pencarian dan database yang diantisipasi**

5. **Detail PICO dan kriteria inklusi/eksklusi**

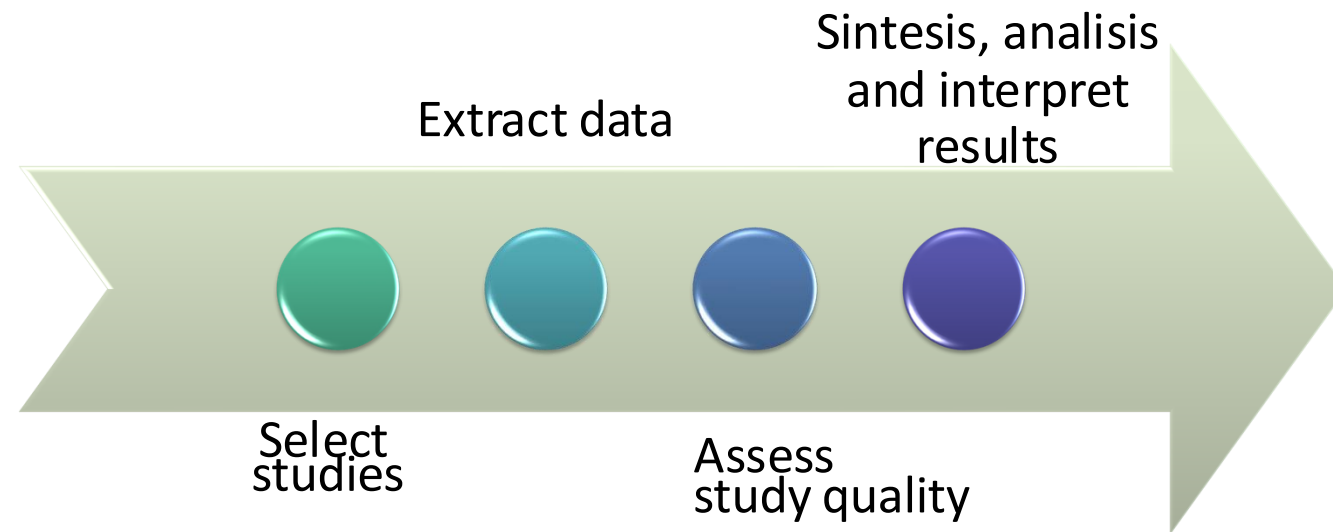6. **Rencana Penilaian dan Analisis/Sintesis Risiko**

PROSPERO
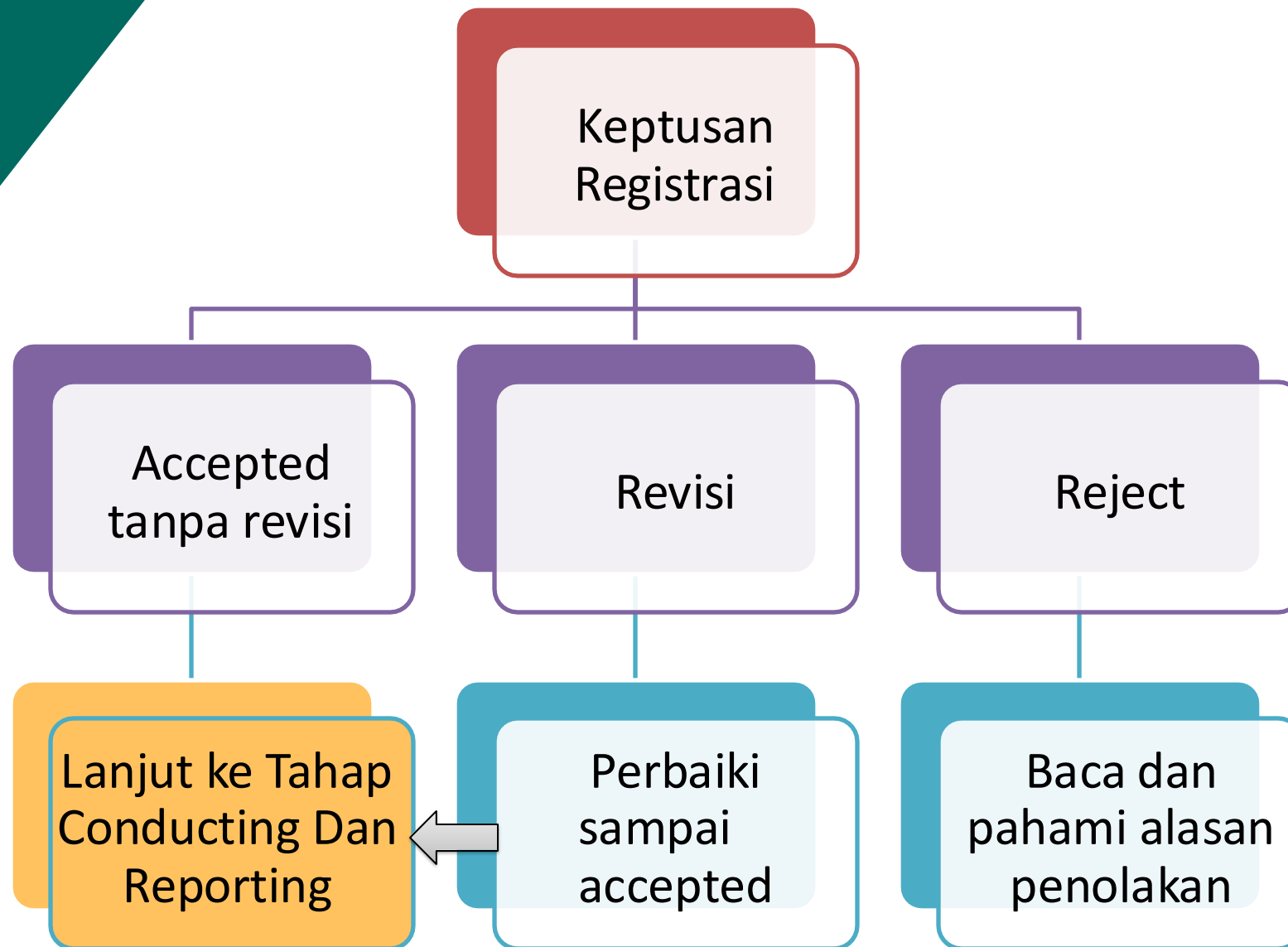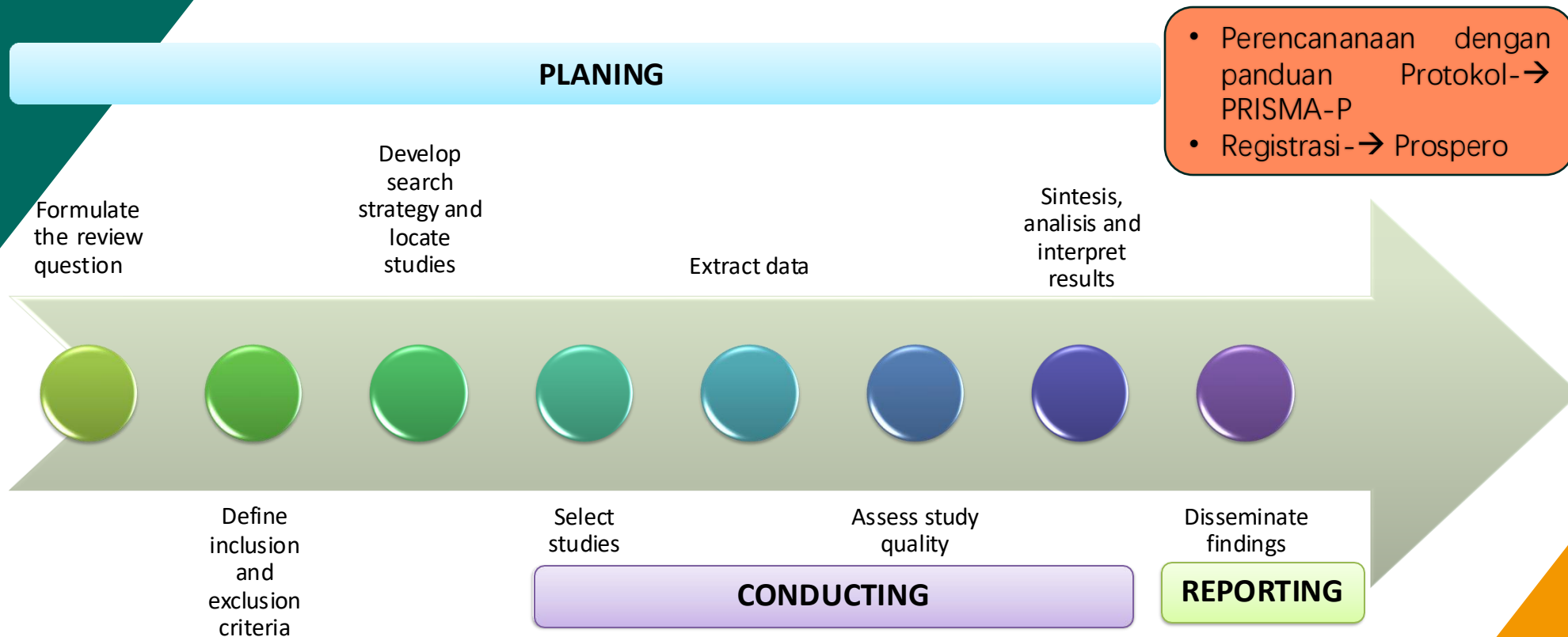
Secara rinci Langkah-Langkah melakukan SR

1. Formulate the review/study question

Specific "narrow scope"

- clear and unambiguous

Identify the concepts to be included in your search

- **P**opulation
- **I**ntervention
- **C**omparison
- **O**utcome

Supported by clear eligibility criteria

2. Define inclusion and exclusion criteria

PICO

Terms in the inclusion/exclusion criteria must also be defined

Define the limits you will use for your systematic search

- Limits may include: specific date ranges, publication type, language, etc.

Decide whether or not you will include gray literature

- non-peerreviewed publications, dissertations, thesis, conference proceedings, etc

Select databases relevant to your topical area to conduct your search

- MEDLINE
- Cochrane Library
- CINAHL
- PsycINFO
- EMBASE
- SCOPUS

Formulate Search Term

1. Bolean operator "AND", "OR", "NOT"

2. Use MeSH (Kata/istilah standar yang digunakan dalam literatur ilmiah medis)

3. Trunction (Memastikan bahwa semua variasi kata yang relevan tersaring dalam pencarian)

4. Select studies

Use reference manager tools/apps

- Mendeley, EndNote, RefWorks, Rayyan, Zotero, Covidence, JBI Sumari, DistillerSR, SR ToolBox, RevMan, etc.
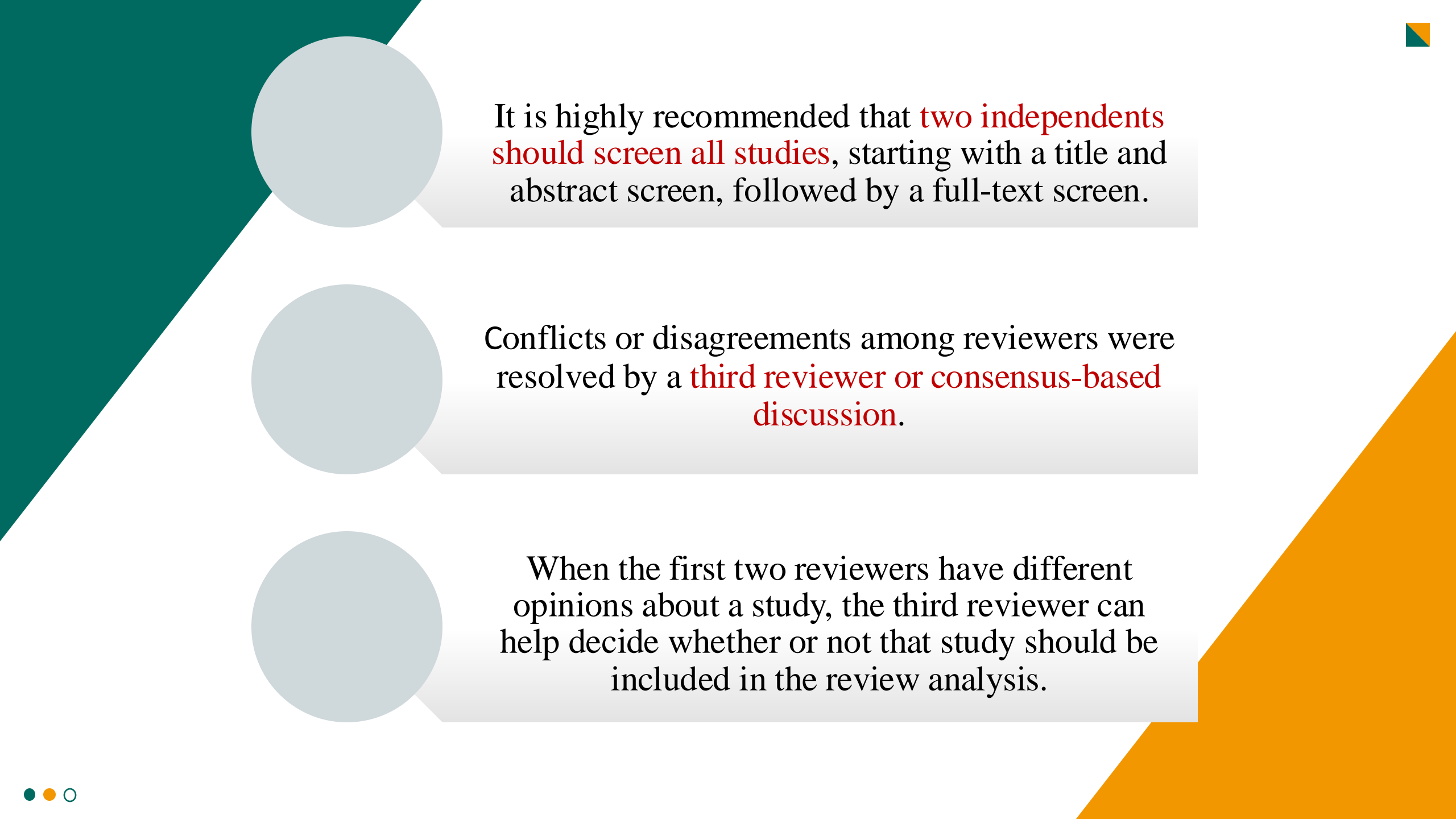
1. Remove duplication

2. Two stage of screening

- Screening titles and Screening abstract
- Screening full text

3. Reported as PRISMA flow chart

It is highly recommended that two independents should screen all studies, starting with a title and abstract screen, followed by a full-text screen.

Conflicts or disagreements among reviewers were resolved by a third reviewer or consensus-based discussion.

When the first two reviewers have different opinions about a study, the third reviewer can help decide whether or not that study should be included in the review analysis.

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FASTER
SYSTEMATIC
REVIEWS

Rayyan is trusted by more than 200,000 researchers to

organize, manage and accelerate their collaborative

systematic literature reviews. Start your review now.

GET STARTED

My Reviews (1) | **Collaboration Reviews (0)** | **Translation Only Reviews (0)** | **Other Reviews (5)**

▸ **2023-02-09: Psychoneuroimmunological responses of Psychological intervention in childhood cancer: A systematic review (898 articles)**

▾ **New review...**

Title *

Research field *

Review type *

Review domain *

Description

Create

Currently showing 1 out of 1 **active** reviews.

Show archived reviews

? Help

Idyatul ▲

Gmail   Google Terjemahan   Google Cendekia   BibTeX.com   Kompres PDF - Ko...   EpiYudin – Aplikas...   Akses bab 5 dan b...   ChatGPT   Find Samsung   »   All Bookmarks

The all new Rayyan is here with major enhancements and new features! **click** to Switch Now.

My Reviews (1)	Collaboration Reviews (0)	Translation Only Reviews (0)	Other Reviews (5)

▼ **2024-06-29: Psychoneuroimmunological responses of Psychological intervention in childhood cancer: A systematic review**

health

| Show | Invite | Archive | Delete |

Owner:

me

Invite to review...   ✕

Type: [_____ ▾]

Emails: [email1, email2, ...]

Reason/Message:
[   ]

* Contact support if you want to make your review public to the Internet.
Please specify your email and review title in the request.

▶ New review...

Currently showing 1 out of 1 **active** reviews.

Show archived reviews

[Invite]   [Cancel]

Idyatul ▲

New search for Review: The Effectiveness of Mobile and web-based apps on pediatric chronic disease management: An Update scoping review from 2003 until 2023

List all reviews

Upload References   **Import from Mendeley**

Select files...   Cancel

Continue

Migration Guides

▾ **Supported formats**

Upload references in one of these text formats:

- EndNote Export (download example.enw)
- Refman/RIS (download example.ris)
- BibTeX (download example.bib)
- CSV (download example.csv)
- PubMed XML (download example.xml)
- New PubMed Format (download example.nbib)
- Web of Science/CIW (download example.ciw)

Additionally, you can embed any of the above text files into:

- Text (download example.txt)
- Microsoft Word (download example.docx)
- GZ compressed file (download example.ris.gz or evidencelive15.ris.gz)

Finally, you can group any number of the above files in a single ZIP archive (download example.zip)

▸ **EndNote Desktop guide**

▸ **Mendeley Desktop guide**

▸ **Papers Desktop guide**

▸ **Microsoft Excel guide**

▸ **PubMed guide**

▸ **ScienceDirect guide**

Help

Idyatul

2023-02-09: Psychoneuroimmunological responses of Psychological intervention in childhood cancer: A systematic review **Blind OFF**

Detect duplicates   Compute ratings   Export   Copy   New search   All reviews

Search: [id or title or abstract or author]

Showing 1 to 7 of 898 unique entries

Date	Title	Authors	Rating
2022-01-01	📝 **Wawan Febri Ramdani** **Idyatul** **Irrelevan topics** "We need a little help": a qualitative study...	Lim, P.S.; Olen, A.; Carballid...	
2022-01-01	**Wawan Febri Ramdani** **Idyatul** **Irrelevan topics** The Mediating Role of Selfitis in the Associ...	Oppong, D.; Adjaottor, E.S.;...	
2022-01-01	**Wawan Febri Ramdani** **Idyatul** **Irrelevan topics** Device-measured physical activity and sed...	Collings, P.J.; Backes, A.; Ag...	
2022-01-01	**Wawan Febri Ramdani** **Idyatul** **Irrelevan topics** Why People Forgo Healthcare in France: A ...	Daabek, N.; Bailly, S.; Foote...	
2022-01-01	**Wawan Febri Ramdani** **Idyatul** **Irrelevan topics** External Locus-of-Hope and Collectivist Co...	Bernardo, A.B.I.; Yabut, H.J....	
2022-01-01	**Wawan Febri Ramdani** **Idyatul** **Irrelevan topics** Efficacy and Feasibility of the Minimal The...	Luangapichart, P.; Saisavoey...

👍 Include   ❓ Maybe   👎 Exclude   [Reason]   [Label]   📝 Add Note   ✔ Highlights ON   📕 Upload PDF full-texts

Add

+ background article
+ foreign language
+ wrong drug
+ wrong outcome
+ wrong population
+ wrong publication type
+ wrong study design
+ wrong study duration

"We need a little help": a qualitative study ~~istress~~ and coping among pediatric medical interpreters

Background: Pediatric medical interpret... ...on among patients, families, and clinicians across linguistic and cultural barriers in high acuity, distressing medical encounters. ...ss among trauma interpreters, and even less research exists on distress and supports for coping among pediatric medical interpre... ...important given the likely risk of secondary traumatic stress and burnout in this population, especially among interpreters working i... ...ings. This study explores distress among pediatric medical interpreters, available supports and resources for coping with distress, ...ort, and further resource needs. Methods: Thirteen Spanish-English interpreters at a midwestern pediatric hospital completed... ...and one-on-one virtual semi-structured interviews. Participants were asked about contributors to distress, experiences accessing resou... ...ss, coping strategies they employed, and suggestions about resources needed to help manage distress. Interviews were qualit... ...ive thematic analysis. Results: Interpreters described that encounter type, setting, presence of emotional content, interpreter role, fe... ...ared, consecutive consults, and consults related to their own life contribute to distress. Resources used for coping with distress were organizational (e.g., training programs), interpersonal (e.g., manager support), and intrapersonal (e.g., focus on interpreting). Interpreters shared challenges to accessing supports (e.g., employment status, exclusion from medical team debriefings). Interpreters suggested resources such as support groups, team debriefs, and training to facilitate coping with distress. Conclusions: Pediatric medical interpreters experience many diverse contributors to distress. Given their unique positions, interpreters are at an increased risk of negative psychological sequelae. Healthcare supervisors, clinicians, and institutions can promote interpreter coping and distress management by viewing interpreters as part of the medical team (e.g., including interpreters in team debriefings), providing coping trainings that are co-created with interpreters, and tailoring supports to interpreters' specific positi... ...language and culture brokers. As this study represented the experiences of Spanish-English interpreters from a single pediatric hospital... ...further resea...

REVIEW CHAT

❓ Help

Keywords for include [Add new] —

trial	220 🗑
randomized	184 🗑
controlled trial	129 🗑
randomized controlled trial	92 🗑
compared with	46 🗑
randomised	43 🗑
randomised controlled trial	29 🗑
randomly	26 🗑
RCT	16 🗑
assigned to	15 🗑

More >>

Keywords for exclude [Add new] —

survey	96 🗑
cross-sectional	79 🗑
longitudinal	47 🗑
cohort	43 🗑
trials	42 🗑
prevalence	33 🗑
regression analyses	23 🗑
observational	21 🗑
regression analysis	19 🗑
systematic review	17 🗑

More >>

Labels —

Irrelevan topics	835
Relevant topics	53

Exclusion reasons —

wrong outcome	11
wrong study design	10
wrong population	8
wrong drug	2

Topics ↻ —

Detect duplicates | Compute ratings | Export | Copy | New search | All reviews

Search: [id or title or abstract or author]

Showing 0 to 0 of 0 entries (filtered from 898 total unique entries)

Date ⇕	Title	Authors ⇕	Rating ⇕
	No matching articles found. It may take several seconds before your actions reflect.		

No articles selected, use your mouse or keyboard to select articles from the above table.

REVIEW CHAT

Idyatul ▲

? Help

Inclusion decisions [Clear] —

Undecided	0
Maybe	0
Included	13
Excluded	854
Conflict	31

Decision by —

Mr. Wawan Febri Ramdani Ramdani
Idyatul
safina

Minimum collaborator decisions —

At least 1	898
At least 2	898
At least 3	0

Maximum collaborator decisions —

At most 0	0
At most 1	0
At most 2	898

Search methods [Add new] ↻ —

Uploaded References [scop...	603 🗑
Uploaded References [csv-...	246 🗑
Uploaded References [ProQ...	41 🗑
Uploaded References [Scie...	8 🗑

Keywords for include [Add new] —

Detect duplicates   Compute ratings   Export   Copy   New search   All reviews

Search: id or title or abstract or author

Showing 1 to 7 of 13 unique entries (filtered from 898 total unique entries)

Date	Title	Authors	Rating
2020-01-01	**Wawan Febri Ramdani** **Idyatul** **Relevant topics** Massage therapy for symptom reduction a...	Genik, L.M.; McMurtry, C.M.;...	
	Wawan Febri Ramdani **Idyatul** **Relevant topics** The effect of virtual reality on pain, fear, a...	Gerçeker GÖ, Bektaş M, Ayd...	
	Wawan Febri Ramdani **Idyatul** **Relevant topics** Measuring the Effects of an Animal-Assist...	McCullough A, Ruehrdanz A,...	
	Wawan Febri Ramdani **Idyatul** **Relevant topics** The effectiveness of mandala drawing in re...	Gürcan M, Atay Turan S.	
	Wawan Febri Ramdani **Idyatul** **Relevant topics** Adventure-based training to promote physi...	Li WHC, Ho KY, Lam KKW, La...	
	Wawan Febri Ramdani **Idyatul** **Relevant topics** Pilot Study of Massage to Improve Sleep a...	Jacobs S, Mowbray C, Cates...

No articles selected, use your mouse or keyboard to select articles from the above table.

REVIEW CHAT

? Help

Idyatul ▲

PRISMA Flow diagram -➔ menggambarkan informasi tentang berbagai tahapan tinjauan sistematis. Diagram flow ini memperlihatkan jumlah catatan yang diidentifikasi, dimasukkan dan dikecualikan, dan alasan pengecualian.
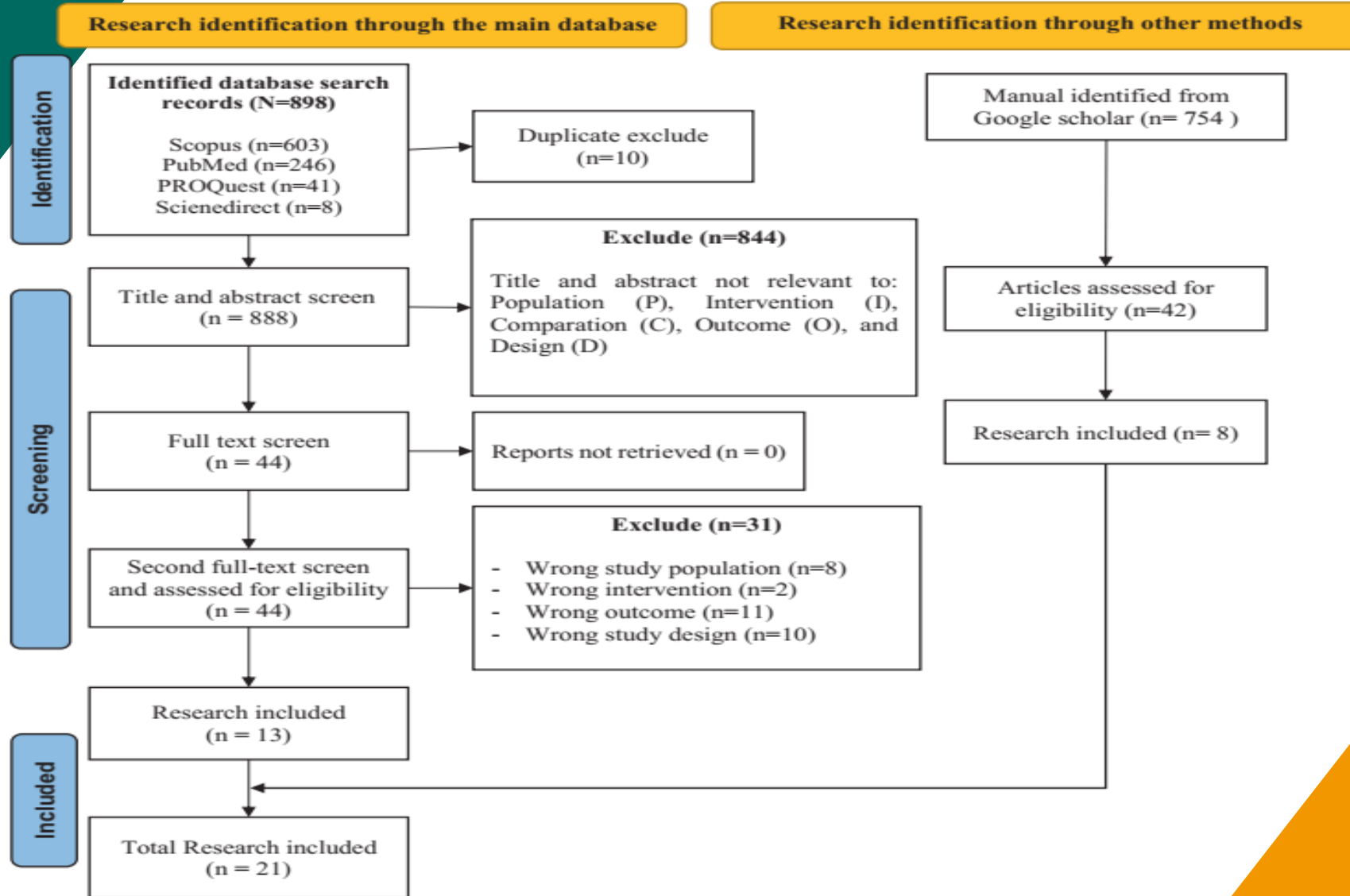

Research identification through the main database

Research identification through other methods

Identification

Identified database search records (N=898)

Scopus (n=603)
PubMed (n=246)
PROQuest (n=41)
Scienedirect (n=8)

Duplicate exclude (n=10)

Manual identified from Google scholar (n= 754)

Screening

Title and abstract screen (n = 888)

Exclude (n=844)

Title and abstract not relevant to: Population (P), Intervention (I), Comparation (C), Outcome (O), and Design (D)

Articles assessed for eligibility (n=42)

Full text screen (n = 44)

Reports not retrieved (n = 0)

Research included (n= 8)

Second full-text screen and assessed for eligibility (n = 44)

Exclude (n=31)

- Wrong study population (n=8)
- Wrong intervention (n=2)
- Wrong outcome (n=11)
- Wrong study design (n=10)

Included

Research included (n = 13)

Total Research included (n = 21)

Figure 1. Flowchart Used in Selecting Studies Using PRISMA (Preferred Reporting Items for Systematic Review and Meta-Analyses) [32].

5. Data Extraction

Data extraction by at least two reviewers is important again for establishing inter-rater reliability and avoiding data entry errors **(Tawfik, et al 2019; Uman, 2011)**

☐ Software for data extraction

- ☐ RevMan (Cochrane – can use free of charge for academic purposes)
- ☐ EPPI-Reviewer (one month free trial)
- ☐ JBI Sumari (subscription based)
- ☐ NVivo (UofC site license)
- ☐ Abstraktr
- ☐ Excel

Checklist of items - data extraction

Items without parentheses should normally be collected in all reviews; items in square brackets may be relevant to some reviews and not others.

- **Source**
- Study ID (created by review author).
- Report ID (created by review author).
- Review author ID (created by review author).
- Citation and contact details.
- **Eligibility**
- Confirm eligibility for review.
- Reason for exclusion.
- **Methods**
- Study design.
- Total study duration.
- Sequence generation*.
- Allocation sequence concealment*.
- Blinding*.
- Other concerns about bias*.

- **Participants**
- Total number.
- Setting.
- Diagnostic criteria.
- Age.and Sex.
- Country.
- [Co-morbidity], [Socio-demographics], [Ethnicity].
- [Date of study].
- **Interventions**
- Total number of intervention groups.
- *For each intervention and comparison group of interest*:
- Specific intervention.
- Intervention details (sufficient for replication, if feasible).
- [Integrity of intervention].

- **Outcomes**
- Outcomes and time points (i) collected; (ii) reported*.
- *For each outcome of interest*:
- Outcome definition (with diagnostic criteria if relevant).
- Unit of measurement (if relevant).
- For scales: upper and lower limits, and whether high or low score is good.
- **Results**
- Number of participants allocated to each intervention group.
- *For each outcome of interest*:
- Sample size.
- Missing participants*.
- Summary data for each intervention group (e.g. 2×2 table for dichotomous data; means and SDs for continuous data).
- [Estimate of effect with confidence interval; P value].
- [Subgroup analyses].

- **Miscellaneous**
- Funding source.
- Key conclusions of the study authors.
- Miscellaneous comments from the study authors.
- References to other relevant studies.
- Correspondence required.
- Miscellaneous comments by the review authors.
-

A1 — Author and Year

Author and Year	Study Design	Quality Rating	Study Location	Final N	Sex	Race/Ethnicity	Age Group	Type of Juice	Factors Controlled (or Adjusted) For	Diet Intake Measured Using:	National Sample?	Diet Intake Measured By:	BMI Outcomes	Ponderal Index Outcomes	BMI Z-score Outcomes	Fat Mass Outcomes
Alexy 1999; PMID: 10468003	Prospective Cohort Study	Neutral	Dortmund, Germany	205	Both	White	Three to five years	NR	None	Three day diet record	No	Food weight or measurement	*BMI:* NS			
Berkey 2004; PMID: 15166298	Prospective Cohort Study	Positive	United States	4,620	Both	White, Black, Hispanic, Asian	Nine to 14 years	Apple	Sex, race/ethnicity, total EI, PA/sedentary behavior, Tanner stage and previous year intake	FFQ	Yes	Self-report	*BMI:* NS			
Danyliw 2012; PMID: 22694268	Cross-Sectional Study	Positive	Canada	10,038	Both	NR	Two to 18 years	NR	Sex, age, race/ethnicity, SES, total EI, PA/sedentary behavior	24-hour Food Recall	Yes	Self-report	*BMI:* NS			
1997; PMID: 8989331	Cross-Sectional Study	Neutral	Upstate New York (rural)	149	NR	White, Other	Two- and five-year-olds	NR	Sex, Age	hour Dietary Recalls; One Seven-Day	No	Self-report	*percentile:* NS, BMI 90th percentile	Index (two years, five years)		
Dennison 1999; PMID: 12038478	Cross-Sectional Study	Neutral	Schoharie County, rural upstate New York	163	Both	White	Two- and five-year-olds	Apple, grape and "other" 100% fruit juice	Sex, total EI, maternal height	Seven 24-hour Dietary Recalls; One Seven-Day Diet Record	No	Self-report, researcher interview (researcher directed)	BMI (apple juice)	Ponderal Index (apple juice)		
Field 2003; PMID: 12821968	Prospective Cohort Study	Neutral	United States	NR per group	Both	Not reported	Elementary school age (six to 12 years), middle school (12 to 14 years)	NR	Sex, age, total EI, PA/sedentary behavior	FFQ	No	Self-report			BMI Z-score: (Girls)***(Boys: NS)	
Fiorito 2009; PMID: 19692492	Prospective Cohort Study	Neutral	State College, PA	160	Female	Not reported	Preschool (two to five years)	NR	None	24-hour Food Recall	No	Researcher interview (researcher directed)				Fat Mass: NS
LaRowe 2007; PMID: 17604741	Cross-Sectional Study	Positive	USA	73	Both	White, Black, Hispanic, Other	Preschool (two to five years)	NR	Sex, race/ethnicity, SES, total EI, PA/sedentary behavior	24-hour Food Recall	Yes	Researcher interview (researcher directed)	*BMI:* NS			
Libuda 2008; PMID: 18034911	Prospective Cohort Study	Positive	Dortmund, Germany	116	Both	NR	Middle School (12-14 yrs)	NR	Age, time, age x age, age x age x age, residual energy at baseline, residual energy x time	Three-day diet record	No	Food weight or measurement			BMI Z-score (Girls), (Boys: NS)	Fat Mass: NS
Makkes 2011; PMID: 21902808	Cross-Sectional Study	Neutral	Quetzaltenango, Guatemala	356	Both	NR	Elementary school age (six to 12 years)	NR	Sex, SES	24-hour Food Recall	No	Self-report	*BMI:* (Obese)			
Nelson 2006; PMID: 16539790	Cross-Sectional Study	Neutral	NYC, NY	526	Both	White, Black, Hispanic, Asian	Preschool (two to five years)	NR	None	NR	No	Self-report	*BMI:* NS			

Sheet1

6. Assess study Quality

Assess the study quality using critical appraisal tools

- **AMSTAR** – to examine the effectiveness of interventions.
- **CASP** – to appraise randomized control trials, systematic reviews, cohort studies, case-control studies, qualitative research, economic evaluations, diagnostic tests, and clinical prediction rules.
- **Cochrane Risk of Bias Tool** – to assess the risk of bias of randomized control trials (RCTs).
- **GRADE** – to grade the quality of evidence in healthcare research and policy.
- **JBI Critical Tools** – to assess trustworthiness, relevance, and results of published papers.
- **NOS** – to assess the quality of non-randomized studies in meta- analyses.
- **ROBIS** – to assess the risk of bias in interventions, diagnosis, prognosis, and etiology.
- **STROBE** – to address cohort, case-control, and conduct cross-sectional studies.

REPORTING
Pelaporan hasil Systematic Review

REPORTING

Panduan laporan hasil SR--➜ PRISMA

PRISMA tersusun atas checklist yang berisikan panduan item apa saja yang harus ada dan dijelaskan secara cermat pada sebuah systematic review dan meta analysis.

Berisi 27 item pertanyaan

RESEARCH METHODS & REPORTING

Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement

David Moher,[1][2] Alessandro Liberati,[3][4] Jennifer Tetzlaff,[1] Douglas G Altman,[5] for the PRISMA Group

David Moher and colleagues introduce PRISMA, an update of the QUOROM guidelines for reporting systematic reviews and meta-analyses

PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	

PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	
Study characteristics	17	Cite each included study and present its characteristics.	
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	
	23b	Discuss any limitations of the evidence included in the review.	
	23c	Discuss any limitations of the review processes used.	
	23d	Discuss implications of the results for practice, policy, and future research.	
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	
Competing interests	26	Declare any competing interests of review authors.	
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	

LANGKAH-LANGKAH MENULIS MANUSKRIP SR UNTUK DI PUBLIKASIKAN PADA JURNAL INTERNASIONAL BEREPUTASI

Title

Pastikan judul dilengkapi dengan pernyataan tegas, apakah ini sebuah systematic review dan atau sebuah meta analysis.

Abstract

Abstrak dibuat secara terstruktur, yakni ada objective, methods, results dan Conclusion → Sesuaikan dengan AG jurnal

→ Cek PRISMA checklist 2020 for Abstract

Introduction

1. Uraikan **urgensi** systematic reviews
2. Uraikan **sistematik review sebelumnya seperti apa**? **Persamaannya apa**? **perbedaannya dimana**? Sehingga hal ini akan memperlihatkan Gap dan Novelty dari sistematik review yang kita lakukan
3. Nyatakan dengan jelas **tujuan** dari systematic reviews yang dilakukan.

Methods

Uraikan secara detail dan sistematis

1. Kriteria Inklusi dan eksklusi

2. Search strategy

3. Selection of study

4. Data extraction

5. Risk of bias for study quality assesment

6. Analysis dan sintesis

Methods

The guideline used to conduct this systematic review is The Preferred Reporting Items for Systematic Review and Meta-analysis (PRISMA) [29]. This systematic review has been registered with PROSPERO with registration number CRD42023392169.

| The inclusion and exclusion criteria | 1. PICOS

2. Language

3. Year of publication

4. Type of Publication |

The inclusion criteria encompass:
The P (Population): should consist of individuals between the ages of 0 and 18 who are afflicted with a chronic disease.
The I (Intervention): the utilisation of diverse forms of musical intervention, encompassing activities such as music listening or music video viewing.
The C (Comparison): group refers to the control group or comparison group that does not receive a music therapy intervention.
The O (outcome): the research must encompass an examination of at least one psychoneuroimmunological marker, specifically focusing on
The S (Study design): the study design encompasses all forms of quantitative
research (observational and experimental study).

The articles under consideration are limited to those published in the **English language**.

Furthermore, the selected articles must have been published within the past decade, specifically between the **years 2014 to 2023**.

The exclusion criteria encompass several types of studies, including protocol studies, conference presentations, editorials, review articles, case reports, case series, qualitative research, and studies employing applied or development designs.

Search Strategy

1. Database mana saja yang digunakan
2. Scanned artikelnya mulai dan berakhir sampai dengan tanggal, bulan dan tahun berapa?
3. Search term yang telah disusun?
4. Lengkapi dengan supplementary appendix

Reviewers scanned academic databases from the study commencement date from March 31, 2014 to April 1, 2023. Searches were performed on five databases (Scopus, PubMed, Web of Science, EBSCOhost, and ProQuest). We added articles with manual search strategies and hand searches from Google Scholar. The main search term was "music therapy", combined using the Boolean "AND/OR" with terms related to "psychoneuroimmunological markers" and "children with chronic disease". We used a mixture of generic terms, ie, "chronic disease," and also search-specific terms, informed by the most common chronic disease in childhood. The authors determined synonyms with keywords as following: ("pediatrics" OR "child" OR "children" OR "teen" OR "teenagers" OR "adolescents") AND ("chronic disease" OR "chronic disease" OR "chronic sickness" OR "chronic health" OR "chronic disorder" OR "Long-Term Care" OR "chronic condition" OR "Congenital Heart Disease" OR "cancer" OR "sickle cell disease" OR "Leukaemia" OR "Thalassemia" OR "asthma" OR "cystic fibrosis" OR "diabetes mellitus" OR "epilepsy" OR "ADHD" OR "cerebral palsy" OR "autism spectrum disorders" OR "mental disorder" OR "mood disorder" OR "psychological disorder" OR "depression" OR "depressive") AND ("music therapy" OR "music intervention" OR "musical therapy" OR "therapeutic music" OR "music listening") AND ("psychobiological responses" OR "psychological effects" OR "psychological well-being" OR "psychological impact" OR "biological responses" OR "biological markers" OR "biomarkers" OR "cortisol" OR "leukocyte" OR "cytokines" OR "lymphocytes" OR "immunoglobulins" OR "interleukins" OR "anxiety" OR "distress" OR "stress" OR "pain" OR "fatigue" OR "fear" OR "vital sign" OR "Heart rate" OR "blood pressure" OR "respiratory rate" OR "body temperature" OR "blood oxygen"). Full search strategies for all resources can be seen in supplementary Appendix 1.

1. Search strategy for PubMed (update: Aug 21, 2021)

Search terms	Query	Actions	Items found
#1 AND #2 AND #3 AND #4	(("Nurses" [Mesh] OR "Licensed Practical Nurses"[Mesh] OR "Nursing"[Mesh] OR "Nursing Care"[Mesh] OR "Nursing" [Subheading] OR "Nursing Staff"[Mesh] OR "Students, Nursing"[Mesh] OR "Nurse Clinicians"[Mesh] OR "Nurse Specialists "[Mesh] OR "Nurses" OR "Licensed Practical Nurses" OR "Nursing Care" OR "Nursing" OR "Nursing Staff" OR "Nursing Students" OR "Nurse Specialists") AND ("mobile phone" OR "mobile application" OR "mobile" OR "smart" OR "cell*" OR "smartphone*" OR "cellphone*" OR "iPhone*" OR "ipad*" OR "portabl*" OR "android" OR "digital*" OR "portable"OR "phone*" OR "telephon*" OR "app*" OR "apps" OR "application*" OR "software*" OR "device*" OR "tablet*".)) AND ("Practice Patterns, Nurses'"[Mesh] OR "Infection Control+" OR "Handwashing+" OR "infection prevention*" OR "infection control*" OR "cross-infection prevention*" OR "cross-infection control*" OR "icln" OR "ipc" OR "handwash*" OR"hand wash*" OR "hand hygien*" OR "handhygien*" OR "disinfecti*" OR "co wash*".)	Filters: Full text, Journal Article, in the last 5 years, English	834
#4	(("Nurses" [Mesh] OR "Licensed Practical Nurses"[Mesh] OR "Nursing"[Mesh] OR "Nursing Care"[Mesh] OR "Nursing" [Subheading] OR "Nursing Staff"[Mesh] OR "Students, Nursing"[Mesh] OR "Nurse Clinicians"[Mesh] OR "Nurse Specialists "[Mesh] OR "Nurses" OR "Licensed Practical Nurses" OR "Nursing Care" OR "Nursing" OR "Nursing Staff" OR "Nursing Students" OR "Nurse Specialists".) AND ("mobile phone" OR "mobile application" OR "mobile" OR "smart" OR "cell*" OR "smartphone*" OR "cellphone*" OR "iPhone*" OR "ipad*" OR "portabl*" OR "android" OR "digital*" OR "portable"OR "phone*" OR "telephon*" OR "app*" OR "apps"	Filters: Full text, Journal Article, in the last 5 years, English	2,036
#3	"Practice Patterns, Nurses'"[Mesh] OR "Infection Control+" OR "Handwashing+" OR "infection prevention*" OR "infection control*" OR "cross-infection prevention*" OR "cross-infection control*" OR "icln" OR "ipc" OR "handwash*" OR"hand wash*" OR "hand hygien*" OR "handhygien*" OR "disinfecti*" OR "co wash*".	Filters: Full text, Journal Article, in the last 5 years, English	132,573
#2	"mobile phone" OR "mobile application" OR "mobile" OR "smart" OR "cell*" OR "smartphone*" OR "cellphone*" OR "iPhone*" OR "ipad*" OR "portabl*" OR "android" OR "digital*" OR "portable"OR "phone*" OR "telephon*" OR "app*" OR "apps" OR "application*" OR "software*" OR "device*" OR "tablet*".	Filters: Full text, Journal Article, in the last 5 years, English	8,440,570
#1	"Nurses" [Mesh] OR "Licensed Practical Nurses"[Mesh] OR "Nursing"[Mesh] OR "Nursing Care"[Mesh] OR "Nursing" [Subheading] OR "Nursing Staff"[Mesh] OR "Students, Nursing"[Mesh] OR "Nurse Clinicians"[Mesh] OR "Nurse Specialists "[Mesh] OR "Nurses" OR "Licensed Practical Nurses" OR "Nursing Care" OR "Nursing" OR "Nursing Staff" OR "Nursing Students" OR "Nurse Specialists".	Filters: Full text, Journal Article, in the last 5 years, English	857,352

Selection of study

1. Jumlah reviewer yang mencari artikel pada semua databased? Sebutkan siapa saja

2. Tools atau Metode apa yang digunakan untuk seleksi?

3. Jumlah reviewer yang melakukan seleksi? sebutkan siapa saja

4. Apakah mereka bekerja secara independent? Jelaskan independent reviewer!

5. Jelaskan peran "consensus", dan "third independent reviewer" jika kedua reviewer mempunyai pendapat yang berbeda?

Four reviewers (YSA, NQ, ZH, and TR) scanned academic databases. Then, two reviewers conduct the process of selecting papers (IH and IK). The papers were selected using Rayyan - AI-Powered Tool for Systematic Literature Review. Rayyan is a web and mobile app for systematic reviews. In the process of conducting a systematic review, the utilization of Rayyan has demonstrated effectiveness and holds considerable potential in alleviating the workload of reviewers (27).

In this review, two independent reviewers screened all studies, starting with the title screen and abstract, followed by the full text screen. It is highly recommended that two independents should screen all studies, starting with a title and abstract screen, followed by a full-text screen. Independent reviewers are authors who have the responsibility of conducting screening to eliminate studies that do not meet the inclusion criteria. In the screening process all voting must be blinded, meaning my colleagues cannot see my vote until they have cast their own, and vice versa (28).

Subsequently, conflicts or disagreements among reviewers were resolved by a third reviewer or consensus-based discussion.

Risk of bias and study quality	Tools apa yang di gunakan?
	Jumlah reviewer yang melakukan critical appraisal?
	Apakah mereka bekerja independen?
	Bagaimana cara melakukan skoring?

The authors identified the quality of the studies by considering the risk of bias. This assessment aimed to assess a study's methodological quality and determine the extent to which a study has overcome the possible biases in its design, implementation, and analysis. We identified the quality of the studies with critical appraisal tools for use in *Joanna Briggs Institute* (JBI) Systematic Reviews, 2020 version (32). Critical appraisal was conducted by all reviewers (IH, NN, IK, YSA, NQ, TR, and ZH) working independently from each other and conferring where necessary to reach a decision regarding study quality and eligibility based on quality. The scoring outcomes were determined based on percentages, specifically categorising 75% as Good, 50-75% as Fair, and less than 50% as Poor (33).

Data extraction

Tools apa yang di gunakan untuk ekstraksi data?

Siapa saja yang melakukan ekstraksi?

The inclusion criteria specified in each paper were extracted using Microsoft Excel spreadsheets. Data extraction was carried out independently by three independent reviewers, namely IH, NN and IK. The execution of the extraction process should be carried out by a panel of 2-3 impartial reviewers **(Tawfik, et al 2019; Uman, 2011)**

Data Analysis dan synthesis

Membandingkan dan meringkas temuan dari studi yang berbeda secara naratif.

Menggunakan tabel dan grafik untuk menyajikan hasil studi individu secara visual.

Menyoroti kekuatan dan kelemahan dari studi yang dianalisis.

Result

Study selection → PRISMA diagram flow

Study characteristics → Menampilkan karakteristik temuan tiap studi dalam bentuk table persentase atau grafik

Risk of bias in studies --→ Menguraikan hasil analisis bias pada studi yang di includekan.

Jawaban atas pertanyaan penelitian---→ Lihat pertanyaan dan tujuan penelitian···Jika ingin melihat dampak maka dibuat pengelompokan terkait dampak menjadi beberapa tema (sesuai dengan temuan)

Results of individual studies-→ Uraikan mengenai inkonsistensi atau perbedaan temuan penelitian satu dengan penelitian lainnya misalnya:

- Desain studi
- Ukuran sampel
- Karakteristik populasi
- Jenis, frekuensi dan durasi intervensi
- Hasil yang signifikan dan tidak atau faktor lain yang relevan.
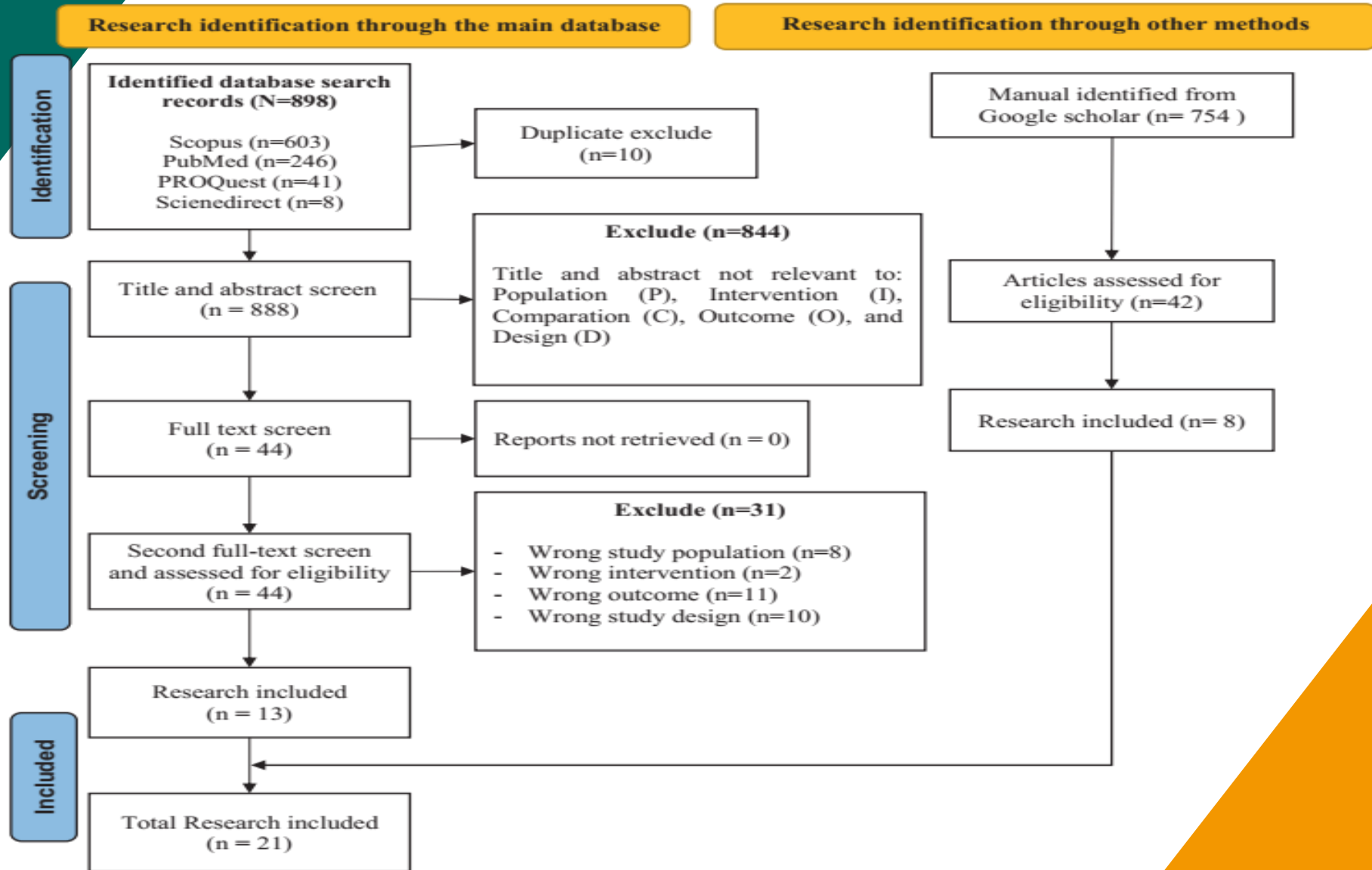
Study selection ➜ PRISMA Flowchart

Figure 1. Flowchart Used in Selecting Studies Using PRISMA (Preferred Reporting Items for Systematic Review and Meta-Analyses) [32].

Study characteristics

Table 1 *Description of Study Characteristics (n = 21).*

Component	Characteristic	(n = 21)	Percentage (%)
Study design	Randomized controlled trial	12	57.1
	Nonrandomized controlled trial	9	42.9
Intervention type	Psychosocial intervention	1	4.8
	Mediport cognitive-behavioural arm	1	4.8
	Animal-assisted interventions	2	9.5
	Virtual reality	1	4.8
	Music therapy	1	4.8
	Massage therapy	3	14.2
	Clown intervention	1	4.8
	Make a wish intervention	1	4.8
	Mandala drawing	1	4.8
	The home-based multimodal symptom-management program	1	4.8
	Integrated experiential training program with coaching	1	4.8
	Adventure-based training	1	4.8
	Cognitive behavioral therapy	1	4.8
	Psychological intervention base psychoneuroimmunology	1	4.8
	Therapeutic play	1	4.8
	Mindfulness-based stress reduction	1	4.8
	Art therapy (drawing, painting and ceramic art)	1	4.8
	Drawing and writing technique	1	4.8
Outcome	Psychological responses	8	38.0
	Neuroimmunological markers	1	4.8
	Psychological and physiological responses	9	42.9
	Psychological responses and neuroimmunological markers	1	4.8
	Physiological responses and neuroimmunological markers	1	4.8
	Psycho-physio-neuroimmunological marker	1	4.8

Quality Assesment

a. Randomised controlled trials

Study	D1	D2	D3	D4	D5	Overall
Jaensson et al. (2017)	+	+	-	+	+	-
Schulz et al. (2020)	+	-	+	+	+	-

Domains:
D1: Risk of bias arising from the randomization process
D2: Risk of bias due to deviations from the intended interventions
D3: Risk of bias due to missing outcome data
D4: Risk of bias in measurement of the outcome
D5: Risk of bias in selection of the reported result

Judgement
- Some concerns
+ Low

b. Non-randomised trials

Study	D1	D2	D3	D4	D5	D6	D7	Overall
Orwoll et al. (2018)	-	+	+	-	-	X	-	X
Kerbaj et al. (2017)	-	+	+	+	+	-	+	-
Rea et. al. (2018)	+	-	+	-	+	+	+	-
Saffari et al. (2019)	+	+	+	+	+	+	+	+
Aldaz et al. (2015)	X	-	+	+	+	-	+	X

Domains:
D1: Bias due to confounding
D2: Bias due to selection of participants
D3: Bias in classification of interventions
D4: Bias due to deviations from intended interventions
D5: Bias due to missing data
D6: Bias in measurement of outcomes
D7: Bias in selection of the reported result

Judgement
X Serious
- Moderate
+ Low

c. Observational Cohort and Cross-Sectional Studies

Study	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	Overall
Pathak et al. (2015)	Y	Y	Y	CD	N	Y	Y	N	Y	NA	Y	N	N	N	x
Scheper et al. (2019)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	CN	N	Y	N	-
Castillo et al. (2017)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	N	-
Olaoye et al. (2020)	Y	Y	Y	N	N	N	N	N	Y	NA	Y	N	N	NA	x

Noted: Y, present,; NA, not applicable; N, not present; CD, cannot determine;

Criteria:
C1: Research question
C2: Study population
C3: participation rate
C4: Groups recruited from the same population
C5: Sample size justification
C6: Exposure assessed prior to outcome measurement
C7: Sufficient timeframe to see an effect
C8: Different levels of the exposure of interest
C9: Exposure measures and assessment
C10: Repeated exposure assessment
C11: Outcome measures
C12: Blinding of outcome assessors
C13: Follow up rate
C14: Statistical analyses

Judgement:
x Poor
- Fair
+ Good

Figure 2. Quality Assessment of a. Randomized controlled trials using RoB 2.0, b. Non-randomized trials using ROBIN from the Cochrane Risk of Bias Assessment Tool, and c. Observational Cohort and Cross-Sectional Studies using National Heart, Lung, and Blood Institute (NHLBI).

Jawaban tujuan penelitian

Review Article

Psychoneuroimmunological Markers of Psychological Intervention in Pediatric Cancer: A Systematic Review and New Integrative Model

Idyatul Hasanah,[1, 2] Nursalam Nursalam,[1, *] Ilya Krisnana,[1] Wawan F. Ramdani,[3] Zikrul Haikal,[4] Tita Rohita[5]

[1] Faculty of Nursing, Airlangga University, Surabaya, 60115, Indonesia
[2] Nursing Department, STIKES Yarsi Mataram, 83115, Indonesia
[3] Center for Woman, Family, and Disaster Studies, Universitas Aisyiyah Yogyakarta, Indonesia
[4] Surgery Department, Faculty of Medicine, Universitas Mataram, 83125, Indonesia
[5] Nursing Department, Faculty of Health Sciences, Galuh University, Ciamis, 46251, Indonesia

1. Impact of Psychological intervention on Psychological responses
2. Impact of Psychological intervention on physiological markers
3. Impact of Psychological intervention on neuroendocrinological markers
4. Impact of Psychological intervention on immunological markers

Discussion

- Bahas sesuai dengan tujuan penelitian...Jika tujuannya melihat dampak, maka yang dibahas adalah dampak
- Berikan pembahasan terkait inkonsistensi dari tiap penelitian.
- Jelaskan keterbatasan yang dijumpai mulai dari proses seleksi studi hingga keterbatasan dalam proses penilaian bias dari tiap studi.
- Jelaskan implikasi dari review yang dilakukan

04

Publikasi Systematic Review
Pada jurnal internasional bereputasi

LANGKAH-LANGKAH DALAM MELAKUKAN PUBLIKASI
DI JURNAL INTERNASIONAL BEREPUTASI
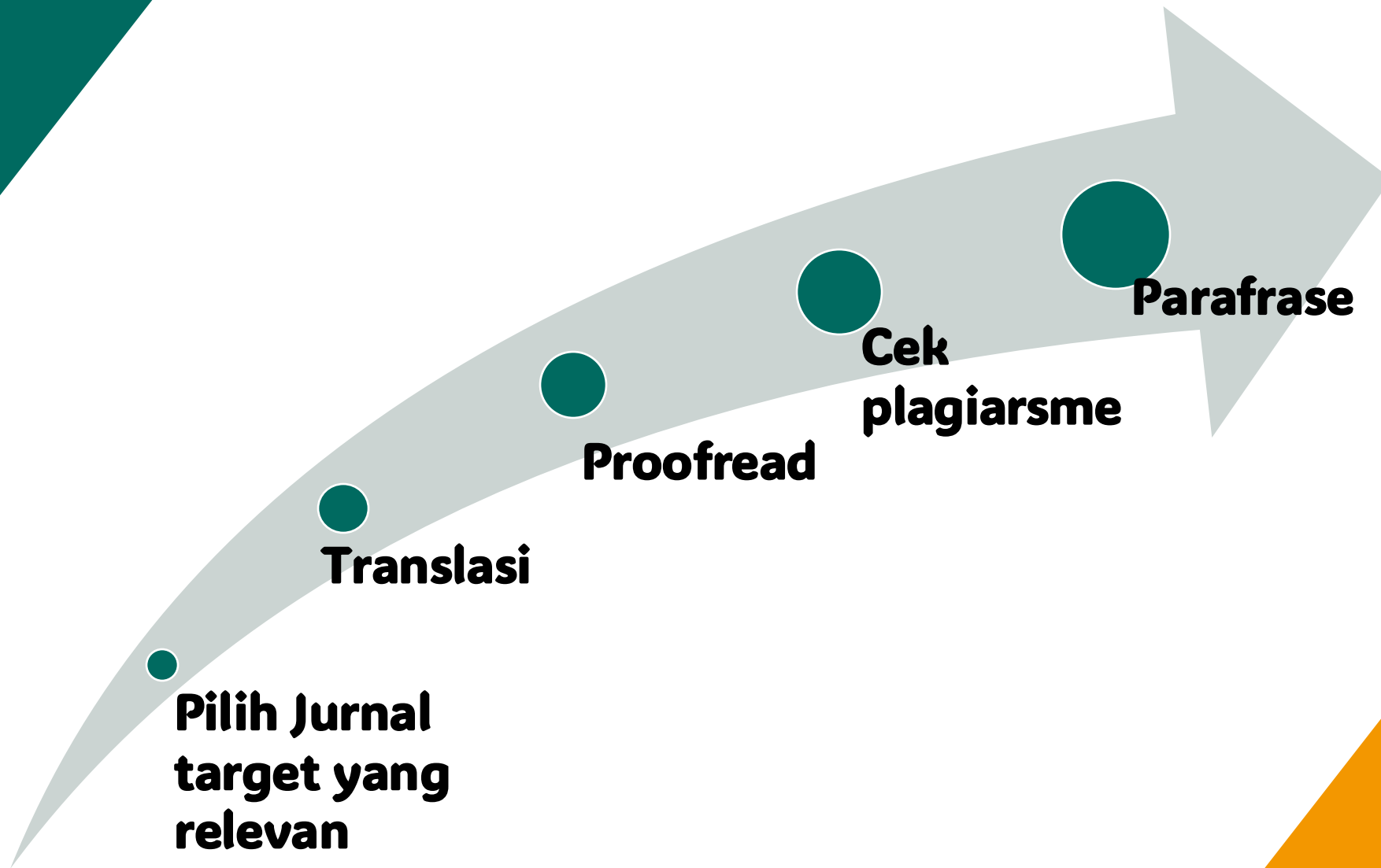
Author revises manuscript

Manuscript sent to peer-reviewers

Journal editor assesess manuscript

Submit

1. Cover letter
2. Title Page
3. Conflict of interest
4. Author contribution
5. Supplementary
6. APC Agreement
7. Figure
8. Table

Lengkapi dokumen kelengkapan yang diminta oleh jurnal

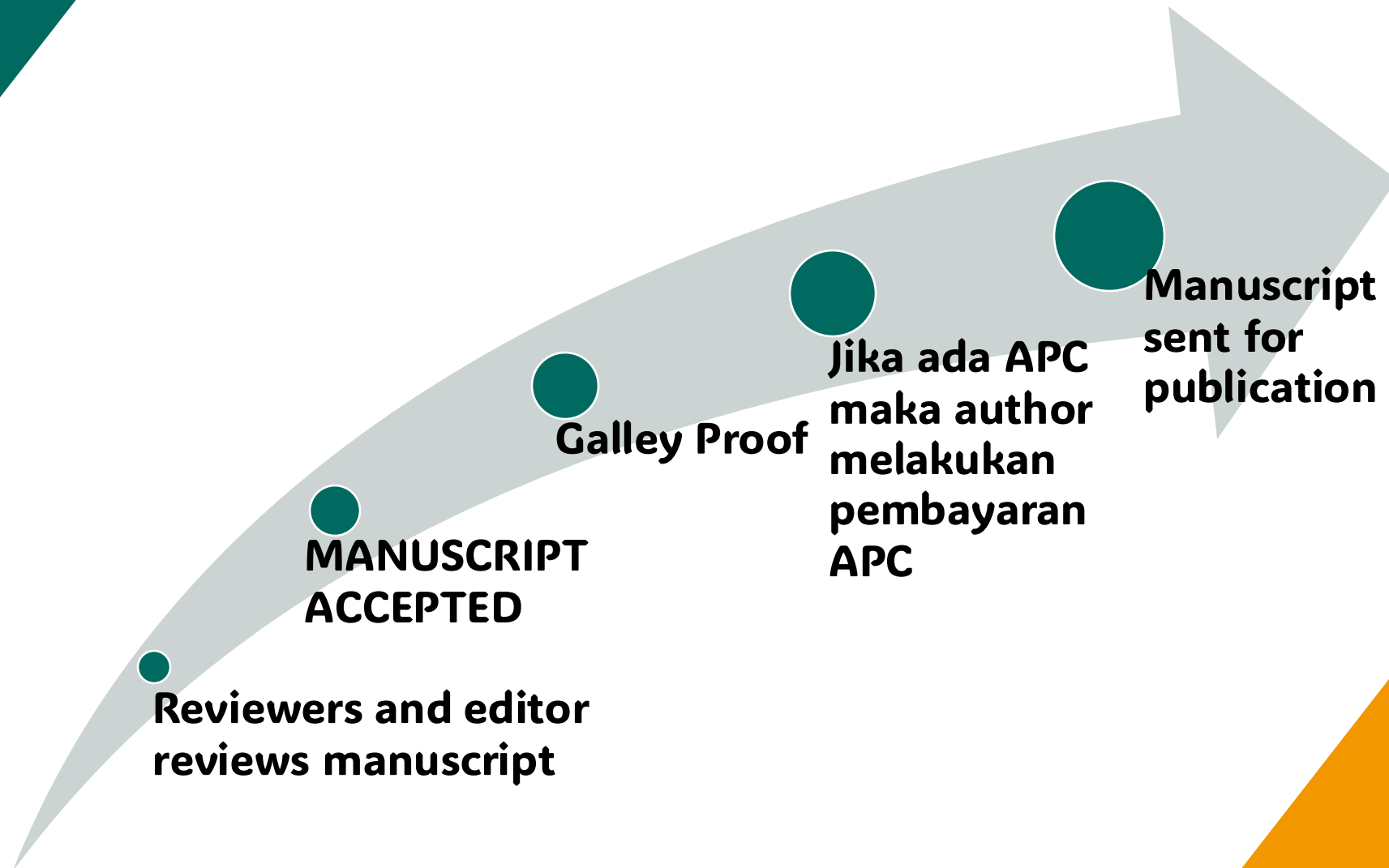LANGKAH-LANGKAH DALAM MELAKUKAN PUBLIKASI DI JURNAL INTERNASIONAL BEREPUTASI

Manuscript sent for publication

Jika ada APC maka author melakukan pembayaran APC

Galley Proof

MANUSCRIPT ACCEPTED

Reviewers and editor reviews manuscript

CONTOH PUBLIKASI SYSTEMATIC REVIEW DI JURNAL INTERNATIONAL BEREPUTASI (Q1 DAN Q3)

Review Article

Psychoneuroimmunological Markers of Psychological Intervention in Pediatric Cancer: A Systematic Review and New Integrative Model

Idyatul Hasanah,[1, 2] Nursalam Nursalam,[1, *] Ilya Krisnana,[1] Wawan F. Ramdani,[3] Zikrul Haikal,[4] Tita Rohita[5]

[1] Faculty of Nursing, Airlangga University, Surabaya, 60115, Indonesia
[2] Nursing Department, STIKES Yarsi Mataram, 83115, Indonesia
[3] Center for Woman, Family, and Disaster Studies, Universitas Aisyiyah Yogyakarta, Indonesia
[4] Surgery Department, Faculty of Medicine, Universitas Mataram, 83125, Indonesia
[5] Nursing Department, Faculty of Health Sciences, Galuh University, Ciamis, 46251, Indonesia

ARTICLE INFO

SUMMARY

Purpose: Pediatric cancer is a serious problem and still becomes a global challenge today. Various complex stressors due to diagnosis, disease symptoms, and various side-effects from the treatment that children with cancer undergo will cause problems in the child's psychoneuroimmunological aspects. Psychological interventions designed to modulate the stress response include psychoneuroimmunological markers. Unfortunately, there is little evidence to support the effect of psychological interventions on psychoneuroimmunological markers. This systematic review aims to assess the effectiveness of psychological interventions on psychoneuroimmunological markers in children with cancer and to provide a new integrative model for further research.
Methods: This systematic review uses four main databases (Scopus, PubMed, ScienceDirect, and Pro-Quest). The guideline used Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA). Selecting articles used the Rayyan application. The quality study was conducted using Joanna Briggs Institute (JBI)'s critical appraisal tools. The data were analyzed using the population, intervention, comparison, outcome, and study design (PICO) Synthesis based on similarities and differences in study characteristics to interpret the results.
Results: The search results in this systematic review found 1653 articles, 21 of which matched the predetermined inclusion and exclusion criteria. Most of the designs used were randomized controlled trials (57.1%). Massage therapy was the most common type of psychological intervention (14.2%). Almost half of the studies measured psychological responses (38.0%), and psycho-physiological responses (42.9%), and only a small proportion assessed the effectiveness of psychological interventions on neuroimmunological markers in pediatric cancer.
Conclusions: We recommend the use of psychological interventions as an additional intervention in managing psychoneuroimmunological markers of pediatric cancer. This study offers a new integrative model demonstrating the interaction between stress and psychological intervention involving neuroendocrine and immune mechanisms. However, future researchers need to test all domains of these new integrative models. This will reveal the complex interactions among these components and understand their relevance to health outcomes.

Idyatul Hasanah: https://orcid.org/0000-0002-3277-9392; Nursalam Nursalam: https://orcid.org/0000-0002-9052-6983; Ilya Krisnana: https://orcid.org/0000-0001-8076-9036; Wawan F. Ramdani: https://orcid.org/0000-0002-4499-5519; Zikrul Haikal: https://orcid.org/0000-0002-5720-9230; Tita Rohita: https://orcid.org/0000-0003-3715-7960
* Correspondence to: Faculty of Nursing, Airlangga University, Surabaya, 60115, Indonesia.
E-mail address: nursalam@fkp.unair.ac.id

Introduction

Cancer ranks as the second most prevalent cause of mortality among children aged 1 to 14 years, following accidents. According to available data, it is projected that around 1040 children below the age of 15 in the United States will experience mortality due to cancer in the year 2023 [1]. Multiple empirical studies have

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Article

Impact of Mobile and Web Health Apps on Pediatric Chronic Disease Management and Quality of Life: An Update Systematic Review

Idyatul Hasanah
https://orcid.org/0000-0002-3277-9392
Airlangga University, Surabaya, Indonesia;
idyatulhasanah@gmail.com

Nursalam Nursalam
https://orcid.org/0000-0002-9052-6983
Airlangga University, Surabaya, Indonesia
nursalam@fkp.unair.ac.id

Ilya Krisnana
https://orcid.org/0000-0001-8076-9036
Airlangga University, Surabaya, Indonesia
ilya-k@fkp.unair.ac.id

Zikrul Haikal
https://orcid.org/0000-0002-5720-9230
Universitas Mataram, Mataram, Indonesia
zikrulhaikal@gmail.com

Apriani Susmita Sari
https://orcid.org/0000-0002-1069-5892
Institute of Health Sciences Hamzar, East Lombok, Indonesia
aprianisusmita442@gmail.com

Bq Safinatunnaja
https://orcid.org/0009-0003-3207-8072
Universitas Nahdlatul Wathan, Mataram, Indonesia
bqsafinatunnaja@gmail.com

Hikmah Lia Basuni
https://orcid.org/0000-0001-5058-9843
Institute of Health Sciences Hamzar, East Lombok, Indonesia
hikmahliabasuni@gmail.com

Wawan Febri Ramdani
https://orcid.org/0000-0002-4499-5519
Universitas Aisyiyah, Yogyakarta, Indonesia
Wawanramdan073@gmail.com

Abstract

Mobile and web health applications have gained widespread usage worldwide for pediatric patients with chronic diseases, yet comprehensive research evaluating their impact remains limited. This research aims to determine the comprehensive impact of mobile and web health apps on pediatric chronic disease management and quality of life. Searches were performed on seven

CONTOH PUBLIKASI ORIGINAL REASEARCH FREE APC DI JURNAL INTERNATIONAL BEREPUTASI (Q1 DAN Q2)

Left article

Original Research

Non–Pharmacological Pain and Stress Management (N-PPSM) in Pediatric Wards: A Nurses' Perspective

Idyatul Hasanah, PhD [*,1], Nursalam Nursalam, PhD [†], Ilya Krisnana, PhD [†], Yuni Sufyanti Arief, PhD [†], Nuzul Qur'aniati, PhD [†], Zikrul Haikal, MD [‡], Ririn Afrian Sulistyawati, MKep [§], Tita Rohita, PhD [#]

[a] Nursing Department, STIKES Yarsi Mataram, Mataram, Indonesia
[†] Faculty of Nursing, Airlangga University, Surabaya, Indonesia
[‡] Faculty of Medicine, Universitas Mataram, Mataram, Indonesia
[§] Nursing Department, Faculty of Medicine, Universitas Tanjungpura, Pontianak, Indonesia
[#] Nursing Department, Faculty of Health Sciences, Galuh University, Ciamis, Indonesia

ABSTRACT

Purpose: To describe the nurses' use of non-pharmacological pain and stress management (N-PPSM) in pediatric wards and their perceptions of the benefits and perceived barriers that encourage and limited their use of these methods.
Methods: This was a descriptive cross-sectional study involving 125 nurses working in the pediatric ward of an Indonesian hospital. Data collection utilized modified non-pharmacological method questionnaires, and data analysis involved t-tests and ANOVA.
Results: The most widely used N-PPSM by nurses are cognitive methods such as providing education (48%), physical methods by positioning (40%), emotional support (36%), environmental support (45%), and family support (60%). Nurses stated that N-PPSM had few side effects (50.4%), were inexpensive (49.6%), could be performed independently (51.2%), and were easy to use (52.8%). However, during its implementation, there were several obstacles including lack of experience (42.4%), lack of training (48%), lack of equipment (45.6%), nurse belief (36.8%), lack of time (44%), patient unwilling (47.2%), and patient belief (41.6%). Work experience influences the overall utilization of N-PPSM (p-value = .043).
Conclusion: The findings from this research emphasize the significance of enhanced training for nurses working in the utilization of N-PPSM in pediatric wards.
Clinical Implications: Findings from this study can enhance nurses' knowledge and competence in using N-PPSM in pediatric wards, thus improving patient care. Hospitals may consider implementing new policies, education, training, and infrastructure to support N-PPSM. Educational institutions can also incorporate these methods into nursing curricula, increasing nurses' awareness and skills in using N-PPSM in pediatric patients.
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Hospitalization can cause discomfort and stress in children. Hospitalization requires children to leave their usual routines and undergo uncomfortable medical treatments, which can cause pain and stress (Burns-Nader & Hernandez-Reif, 2016; Carnevale & Gaudreault, 2013; Koukourikos et al., 2015). Pain and stress during hospitalization can affect a child's physical and mental health (Li et al., 2016; Linder et al., 2018; Linder & Christian, 2013; Stickland et al., 2016). Pediatric hospitalization often causes pain or stress, although most recover spontaneously. However, 25%-30% of children develop chronic pain or stress that is difficult to recover from after discharge (Forgey & Bursch, 2013; Golberstein et al., 2020; Liu et al., 2020). It affects physical recovery and the whole body function (Le Brocque et al., 2020). Therefore, it harms children's physical growth, emotional development, personality, and well-being over time (Williams et al., 2021).

The impact caused by hospitalization and various painful procedures during the hospitalization process is a challenge for nurses as the front line of services at the hospital. Nurses play a key role in implementing effective N-PPSM (Bayoumi et al., 2021), particularly in pediatric wards. A nurse must use a specific strat-

[1] Address correspondence to Idyatul Hasanah, PhD, Nursing Department, STIKES Yarsi Mataram, Mataram, Indonesia.
E-mail address: idyatulhasanah@gmail.com (I. Hasanah).

Right article

Original Article

Effect of music therapy on cortisol as a stress biomarker in children undergoing IV-line insertion

Idyatul Hasanah, MN [a,*], Sri Mulatsih, Ph.D [b], Fitri Haryanti, Ph.D [c] and Zikrul Haikal, MD [d]

[a] Department of Nursing, Mataram Institute of Health Science, Mataram, Indonesia
[b] Department of Hematology and Oncology Paediatrics, Paediatric Department, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada/Dr. Sardjito Hospital, Yogyakarta, Indonesia
[c] Department of Paediatric Nursing, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada/Dr. Sardjito Hospital, Yogyakarta, Indonesia
[d] Faculty of Medicine, Universitas Mataram, Mataram, Indonesia

الملخص

أهداف البحث: غالبا ما يؤدي غرز الخط الوريدي إلى إحداث ضغط عصبي يمكن أن يؤدي إلى ارتفاع في مستويات الكورتيزول. هناك حاجة إلى العلاج التكميلي مثل العلاج بالموسيقى للتغلب على ارتفاع مستويات الكورتيزول. أجرينا هذه الدراسة لتحديد تأثير العلاج بالموسيقى على مستويات الكورتيزول في اللعاب لدى الأطفال المصابين بسرطان الدم الخاضعين لغرز الخط الوريدي.

طرق البحث: هذه دراسة تجريبية مع تصميم اختبار قبلي وبعدي. تم تحليل مستويات الكورتيزول في اللعاب عند ٣٠ طفلا مصابين بسرطان الدم خاضعين لغرز الخط الوريدي من يناير إلى فبراير ٢٠١٨. تم تشغيل الموسيقى باستخدام سماعات الأذن بعد إكمال إجراء غرز الخط الوريدي. كما تم تحليل مستويات الكورتيزول في اللعاب باستخدام اختبار إليسا. وتم اعتبار التغيرات في مستويات الكورتيزول مهمة سريريا إذا كان الفرق ≤ ٠.٠٥ نانوجرام/مل. وتم استخدام اختبار ويلكوكسون لفحص تأثير العلاج بالموسيقى على مستويات الكورتيزول.

النتائج: كان مستويات الكورتيزول قبل وبعد العلاج بالموسيقى متوسط (الأدنى —الأقصى) ٤.١٤ (٩.٨٩-٠.٢٥) و٣.٤٧ (١٥.٣١-٠.١٦)، على التوالي. وكان الاختلاف المتوسط لمستويات الكورتيزول ٠.٦٧ نانوجرام/مل، يشير هذا التغيير ≤ ٠.٠٥ نانوجرام/مل إلى التأثير السريري للعلاج بالموسيقى على مستويات الكورتيزول. بالرغم أن العلاج بالموسيقى لم يكن له تأثير كبير على مستويات

الكورتيزول في اللعاب، ولكن أظهرت هذه الدراسة التأثير السريري للعلاج بالموسيقى في خفض مستويات الكورتيزول.

الاستنتاجات: لم تظهر هذه الدراسة تأثيرا ذا دلالة إحصائية للعلاج بالموسيقى على مستويات الكورتيزول عند الأطفال المصابين بسرطان الدم أثناء غرز الخط الوريدي. ولكن، نتائج الدراسة تعكس التأثير السريري للعلاج بالموسيقى في خفض مستويات الكورتيزول.

الكلمات المفتاحية: العلاج بالموسيقى؛ الكورتيزول؛ الضغط العصبي؛ سرطان الدم

Abstract

Objective: An IV-line insertion can often provoke stress that can lead to an increase in cortisol levels. Complementary medication such as music therapy is needed to overcome the increase in cortisol levels. We conducted this study to determine the effect of music therapy on salivary cortisol levels in children with leukaemia undergoing IV-line insertion.

Method: This was a pre-experimental study with a pre- and post-test design. We analysed the salivary cortisol levels in 30 children with leukaemia undergoing IV-Line insertion from January until February 2018. Music was played using earphones after the completion of the IV-line insertion procedure. The salivary cortisol levels were analysed by an enzyme-linked immunosorbent assay (ELISA) test. Changes in cortisol levels were considered clinically significant if the differences were ≥0.05 ng/ml. The Wilcoxon test was used to test the effect of music

* Corresponding author. Department of Nursing, Mataram Institute of Health Science, Jl. Swakarsa 3 No.18, Kekalik Jaya, Sekarbela, Nusa Tenggara Barat, Mataram, Indonesia.
E-mail: idyatulhasanah@gmail.com (I. Hasanah)
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CONTOH PUBLIKASI ORIGINAL REASEARCH FREE APC
DI JURNAL INTERNATIONAL BEREPUTASI (Q1 DAN Q2)

Hypnotherapy influence on maternal psychological, breastfeeding, mRNA-OXTR expression, and OXTR protein

Lalu Hamzi Fikri [a,b], Suryani As'ad[a], Mochammad Hatta [a], Saidah Syamsuddin[a], Hanung Prasetya [c], Martira Maddeppungeng[a], Aminuddin Aminuddin [a], Andi Alfian Zainuddin [a], and Idyatul Hasanah [d]

[a]Hasanuddin University, Makassar, Indonesia; [b]Provincial Health office, Mataram, West Nusa Tenggara, Indonesia; [c]Poltekkes Kemenkes Surakarta, Surakarta, Indonesia; [d]Stikes Yarsi Mataram, Mataram, Indonesia

ABSTRACT

Hypnotherapy has emerged as a potential alternative to improve exclusive breastfeeding rates, particularly in countries like Indonesia where they are below optimal levels. This study aims to evaluate the impact of audio hypnotherapy on the psychological, exclusive breast-feeding behavior, the OXTR protein and mRNA expression gene OXTR in mothers of infants aged 0–6 months. This study employed a Pragmatic Randomized Controlled Trial design, conducted from November 2022 to May 2023 in 11 primary health centers. The study population included breastfeeding mothers with infants aged 0–6 months, with a total sample size of 70 respondents who were ran-domly divided into intervention (received audio hypnotherapy) and control groups (received standard care). The psychological condition was measured using the Depression Anxiety Stress Scale. Exclusive breastfeeding behavior was assessed based on both quality and quan-tity. Genetic factors were evaluated through mRNA OXTR expression using real-time PCR and protein OXTR levels using ELISA. Analyzing data using linear and logistic regression models. Both bivariate and multivariate analyses revealed significant differences in psychological condition $(p < .0001)$. There were big differences in the exclusive breastfeeding behavior $(p < .0001)$, as well as in the amounts of protein OXTR and mRNA expression of the OXTR gene $(p < .0001)$. We recom-mend the implementation of audio hypnotherapy as an effective complementary therapeutic approach to manage the psychological well-being, exclusive breastfeeding behavior, the mRNA expression of the OXTR gene and levels of OXTR protein in mothers of infants aged 0–6 months.

KEYWORDS

Audio hypnotherapy; exclusive breastfeeding behavior; hypnobreastfeeding; mRNA OXTR expression; protein OXTR

Introduction

Exclusive breastfeeding (EBF) has vital of important benefits, not only for the infant but also for the mother (Abbass-Dick et al., 2015; Ogbo et al., 2019). The EBF is associated with positive physical and emotional health for mothers during the postpartum period, the EBF period, and throughout their future lives (Del Ciampo & Del Ciampo, 2018). The EBF is also associated with a reduced risk of breast and ovarian cancer and risk of osteoporosis (Turck et al., 2013). In addition, it lowers the frequencies of respiratory diseases,

cardiovascular diseases, gastrointestinal diseases, and symptoms related to emotional pro-blems (Gertosio et al., 2016; Turck et al., 2013). Authorities in the field of healthcare widely advocate that infants should be exclusively breastfed during the first six months of their lives (Abbass-Dick et al., 2015). Nevertheless, the prevalence of breastfeeding in certain nations, such as Indonesia, falls short of attaining the desired standards (Kemenkes, 2021). The occurrence of this phenomenon may be attributed to a combination of many elements, including but not limited to psychosocial, cognitive, interpersonal, and structural aspects (Martinez-Brockman et al., 2017). According to prior research, several factors have been identified as influential in the EBF. These factors include the mother's employment status, level of knowledge regarding breastfeeding, method of delivery, number of previous preg-nancies, perception of inadequate breast milk supply, the mother's attitude toward breast-feeding, self-efficacy, and the mother's intention to exclusively breastfeed (Wu et al., 2022). Additional studies have elucidated that mother psychological variables have a significant role in forecasting the length of breastfeeding and the level of exclusive breastfeeding (de Jager et al., 2014, 2015; Loke & Chan, 2013).

Mothers' psychological conditions are characterized by their inherent dynamism and propensity for constant fluctuations. Interventions or alternative therapies may be admi-nistered to address this problem, thereby mitigating its impact on the ability to engage in exclusive breastfeeding. One potential therapeutic intervention that may be used is hypno-sis. Hypnotherapy during breastfeeding is an approach that uses hypnosis or affirmative suggestions to provide a heightened sense of comfort and relaxation for women throughout the breastfeeding process. This intervention has the potential to mitigate anxiety or stress experienced by lactating mums, thereby influencing the overall quality and comfort of the nursing experience (Virgian, 2022). Previous research studies have shown the efficacy of hypnotherapy in modifying levels of maternal anxiety (Nyoman et al., 2022; Sari et al., 2017; Septianingrum et al., 2022). Multiple prior studies have shown that hypnotherapy adminis-tered to postpartum mums has the potential to augment breast milk production or volume (Aprilyadi et al., 2022; Rangkuti et al., 2022; Virgian, 2022), mostly by enhancing the release of oxytocin during nursing (Fikri et al., 2023). Furthermore, it has been seen that elevated levels of oxytocin may lead to heightened empathy, decreased stress, and reduced cortisol levels, which are often associated with the bonding experience that instills mothers with a sense of confidence (Fikri et al., 2023; Septianingrum et al., 2022).

The emotional condition and behavior of breastfeeding mothers are influenced by genetic factors, especially the oxytocin gene in the brain and the mRNA expression of the OXTR gene (Santrock, 2012). The availability of receptor genes in the brain is regulated by the oxytocin receptor (OXTR) gene (King et al., 2019). The oxytocin gene in the brain is linked to empathy, which refers to the ability to understand and share another person's internal state or response. The oxytocin gene, known as OXT, plays a role in regulating the production of the hormone oxytocin. This gene encodes oxytocin, which is then released by the brain in various situations, including during breastfeeding [29]. The availability of oxytocin in an individual's body has an impact on mental calm and changes in individual behavior, which can be seen through the gene encoding the OXTR gene mRNA expression. The oxytocin signaling system interacts with dopaminergic and muscarinic acetylcholine signaling to modulate the cognitive state of processes involved in complex human behavior (Quintana et al., 2019). Previous research proved that OXTR protein levels and OXTR mRNA expression were correlated with better individual behavior in children (Isnaeni et al.,

CONTOH PUBLIKASI ORIGINAL REASEARCH DAN REVIEW DENGAN APC DI JURNAL INTERNATIONAL BEREPUTASI (Q1)

Article 1

Factors related ART adherence and quality of life in PLHIV: Mediating role of positive self-care management and brain gym

Nursalam [1*] , Tintin Sukartini [1] , Khatijah Lim Abdullah [2] , Misutarno [1,3] , Idyatul Hasanah [4]

[1] Faculty of Nursing, Airlangga University, Surabaya, INDONESIA
[2] Faculty of Medicine, University of Malaya, Kuala Lumpur, MALAYSIA
[3] Faculty of Nursing and Midwifery, Universitas Nahdlatul Ulama Surabaya, Surabaya, INDONESIA
[4] STIKES Yarsi Mataram, Mataram, INDONESIA
*Corresponding Author: nursalam@fkp.unair.ac.id

ABSTRACT

Objectives: To investigate the factors affecting adherence to antiretroviral therapy (ART) and the quality of life in people living with human immunodeficiency virus (HIV), with a focus on evaluating the mediating roles of positive self-care management (PSCM) and brain gym.

Methods: This is a descriptive study with a cross-sectional design. The data collected from June to August 2023. There are 262 respondents selected through convenience sampling. We used various research instruments, including questionnaires, which have undergone validity and reliability testing. The data were analyzed using the SEM-PLS analysis method.

Results: Our data analysis shows that condition factors, physical and social environmental factors, and individual and family factors affect HIV individuals' PSCM and brain gym combination, ART adherence, and quality of life. Findings show that condition-specific factors indirectly affect antiretroviral drug adherence. This impact is mediated by PSCM and brain gym.

Conclusions: Specific condition variables, namely complexity of the disease, barriers, and stability of conditions indirectly influence ART adherence, mediated through the combined influence of PSCM and brain gym. This finding suggests that to enhance adherence and the quality of life among PLHIV, it is important to adopt an approach that encompasses a range of internal and external individual factors.

Keywords: ART adherence, brain gym, self-care management, quality of life, PLHIV

INTRODUCTION

Human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) gives rise to multiple interconnected crises, including a significant health crisis, a crisis in national development, an economic and a humanitarian crisis. People with HIV persistently exhibit a substantial prevalence of cases, and the level of adherence with adherence to antiretroviral therapy (ART) has yet to reach full saturation [1-3]. The lack of consistent ART adherence might result in a rise in viral population within the patient's body [4-7]. Consequently, the viral load will exhibit an elevated count, while CD4 count will continue to diminish, causing a gradual deterioration in the individual's immune system [8-10]. The decline in immune function can contribute to the exacerbation of the disease [11-13]. In addition, the impaired immune system resulting from inconsistent ART adherence heightens the susceptibility of patients living with HIV to a range of opportunistic infections (OIs) [14-16]. Consequently, individuals afflicted with HIV frequently encounter a deterioration in their daily state, which hampers their capacity to partake in typical activities and influences their general state of health [3, 17].

The global HIV prevalence is on the rise, and Indonesia is among the countries with a significant number of HIV/AIDS cases [18, 19]. Despite the availability of ART, only 65.00% of the global HIV population has access to it. The main issue in Indonesia is the low adherence to ART [20], with a lost follow-up rate of 21.87%. For instance, in the province of East Java, which has the highest HIV incidence in Indonesia, many eligible individuals do not receive ART. Low ART adherence increases the risk of opportunistic infections and negatively impacts the quality of life for people living with HIV (PLHIV) in Indonesia [21].

Prior research has investigated many aspects that could potentially impact the adherence to treatment. In a study conducted in India in 2011, it was elucidated that treatment adherence in PLHIV might be considerably influenced by many social, individual, and family environmental factors [22]. Studies conducted in Ghana also indicated that treatment adherence is influenced by both individual and environmental factors [23]. The findings of previous studies have identified several clinical variables that have an impact on ART adherence

Article 2

Review Article

Psychoneuroimmunological Markers of Psychological Intervention in Pediatric Cancer: A Systematic Review and New Integrative Model

Idyatul Hasanah,[1, 2] Nursalam Nursalam,[1, *] Ilya Krisnana,[1] Wawan F. Ramdani,[3] Zikrul Haikal,[4] Tita Rohita[5]

[1] Faculty of Nursing, Airlangga University, Surabaya, 60115, Indonesia
[2] Nursing Department, STIKES Yarsi Mataram, 83115, Indonesia
[3] Center for Woman, Family, and Disaster Studies, Universitas Aisyiyah Yogyakarta, Indonesia
[4] Surgery Department, Faculty of Medicine, Universitas Mataram, 83125, Indonesia
[5] Nursing Department, Faculty of Health Sciences, Galuh University, Ciamis, 46251, Indonesia

SUMMARY

Purpose: Pediatric cancer is a serious problem and still becomes a global challenge today. Various complex stressors due to diagnosis, disease symptoms, and various side-effects from the treatment that children with cancer undergo will cause problems in the child's psychoneuroimmunological aspects. Psychological interventions designed to modulate the stress response include psychoneuroimmunological markers. Unfortunately, there is little evidence to support the effect of psychological interventions on psychoneuroimmunological markers. This systematic review aims to assess the effectiveness of psychological interventions on psychoneuroimmunological markers in children with cancer and to provide a new integrative model for further research.

Methods: This systematic review uses four main databases (Scopus, PubMed, ScienceDirect, and Pro-Quest). The guideline used Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA). Selecting articles used the Rayyan application. The quality study was conducted using Joanna Briggs Institute (JBI)'s critical appraisal tools. The data were analyzed using the population, intervention, comparison, outcome, and study design (PICO) Synthesis based on similarities and differences in study characteristics to interpret the results.

Results: The search results in this systematic review found 1653 articles, 21 of which matched the predetermined inclusion and exclusion criteria. Most of the designs used were randomized controlled trials (57.1%). Massage therapy was the most common type of psychological intervention (14.2%). Almost half of the studies measured psychological responses (38.0%), and psycho-physiological responses (42.9%), and only a small proportion assessed the effectiveness of psychological interventions on neuroimmunological markers in pediatric cancer.

Conclusions: We recommend the use of psychological interventions as an additional intervention in managing psychoneuroimmunological markers of pediatric cancer. This study offers a new integrative model demonstrating the interaction between stress and psychological intervention involving neuro-endocrine and immune mechanisms. However, future researchers need to test all domains of these new integrative models. This will reveal the complex interactions among these components and understand their relevance to health outcomes.

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Idyatul Hasanah: https://orcid.org/0000-0002-3277-9392; Nursalam Nursalam: https://orcid.org/0000-0002-9052-6983; Ilya Krisnana: https://orcid.org/0000-0001-8076-9036; Wawan F. Ramdani: https://orcid.org/0000-0002-4499-5519; Zikrul Haikal: https://orcid.org/0000-0002-5720-9230; Tita Rohita: https://orcid.org/0000-0003-3715-7960
* Correspondence to: Faculty of Nursing, Airlangga University, Surabaya, 60115, Indonesia.
E-mail address: nursalam@fkp.unair.ac.id

Introduction

Cancer ranks as the second most prevalent cause of mortality among children aged 1 to 14 years, following accidents. According to available data, it is projected that around 1040 children below the age of 15 in the United States will experience mortality due to cancer in the year 2023 [1]. Multiple empirical studies have

TERIMAKASIH