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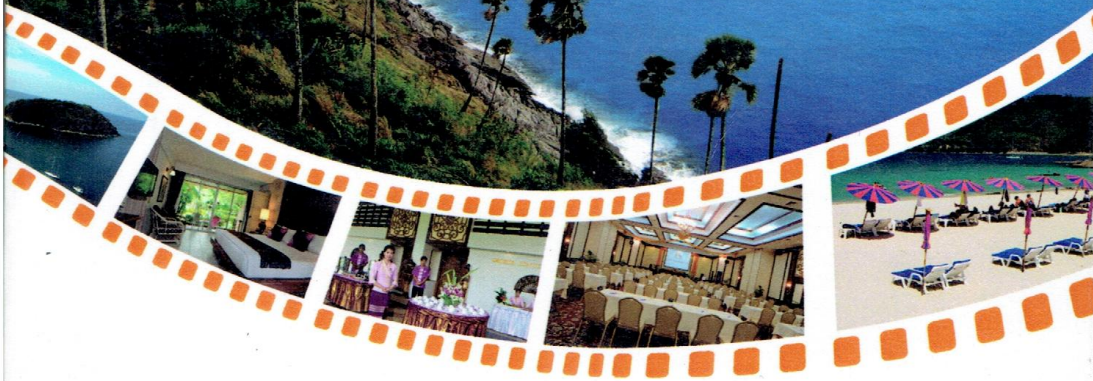
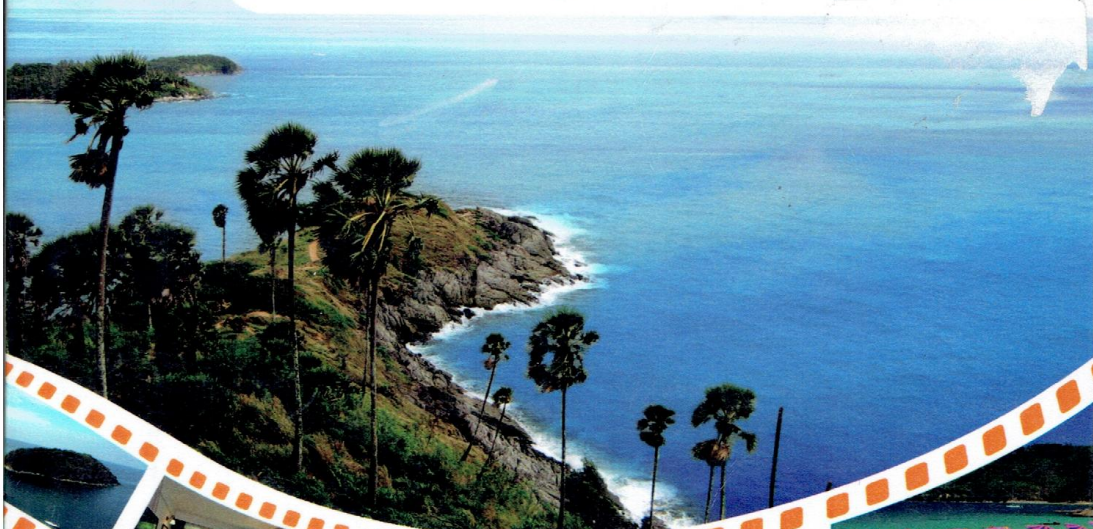
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The 2013 International Nursing Conference on Health, Healing, & Harmony: Nursing Values

Faculty of Nursing, Prince of Songkla University



May 1-3, 2013
Phuket Orchid Resort and Spa
Phuket, Thailand

The 2013 International Nursing Conference:
“Health, Healing, & Harmony: Nursing Values”

May 1-3, 2013

Phuket Orchid Resort & Spa, Karon, Phuket, Thailand

CONTENTS

	PAGE
Preface	1
<i>Aranya Chaowalit</i>	
Welcoming Address	3
<i>Chusak Limsakul</i>	
Opening Address	5
<i>Maitree Inthusud</i>	
Conference Program	7
Symposium	
Nurses' Roles in Strengthening Health and Well-being Across the Life Span	9
<i>Cynthia Teel</i>	
Visibility of Nurses in Health Care System	17
<i>Wipada Kunawikatikul</i>	
Visibility of Nurses in Health Care System	19
<i>Thep Himathongkam</i>	
Enhancing Harmony Through Healing and Holistic Approaches Based on Eastern and Western Philosophies	21
<i>Urai Hatthakit</i>	
Enhancing Harmony Through Healing and Holistic Approaches Based on Eastern and Western Philosophies	25
<i>Ping Fen Tang</i>	
Abstracts for Oral Presentation	29
Abstracts for Poster Presentation	123
Acknowledgements	201

PREFACE

**Associate Professor Dr. Aranya Chaowalit
Dean, Faculty of Nursing, Prince of Songkla University**

Distinguished Guests, Ladies and Gentlemen

On behalf of the Faculty of Nursing and the organizing committee, it is a great honor and privilege for us to host this 2013 International Nursing Conference on Health, Healing, & Harmony: Nursing Values which is in collaboration with the eight other educational nursing institutions and one nursing service department, including Deakin University, Kansas University, University of Padjadjaran, University of Sumatera Utara, University of Miyazaki, Kunming Medical University, Chiang Mai University, Mahidol University, and the Department of Nursing, Faculty of Medicine, PSU.

As we know, nursing practice nowadays is dynamic. Nursing values facilitate the healing process, how to reach harmony between body, mind, and spirit of individuals across their life span. Nursing values also emphasize enhancing family and community health reflected by updated knowledge and issues surrounding health and healing practices among diverse cultures. In addition to providing quality care, nurses need ethical and moral knowledge as well as an understanding and awareness of customs, rituals, and social diversity of clients under their care. Hence the 2013 International Nursing Conference on Health, Healing, & Harmony: Nursing Values launch international perspectives with the aim to:

1. Raise awareness of the nursing profession to recognize the importance of nursing values related to health, healing and harmony.
2. Explore continuous improvement opportunities in nurses' healing and harmonious practices to enhance health and the well-being of individuals, family, and the community.
3. Share best practices in healing approaches to achieve harmony and holistic health of people among diverse cultures.
4. Provide participants with significant professional development and networking opportunities.

We will organize a three-day conference with six main lectures including those of keynote speech sessions, panelist discussions, oral presentations and poster presentations which provide ample opportunities for communication and information sharing among distinguished

delegates and nurse scholars. We are proud to have 330 participants from 8 countries. There are participants from: the United States of America, Australia, United Kingdom, Japan, Republic of China, Indonesia, Philippines, and Thailand. In addition, there are 150 abstracts which will be presented at this conference.

Hopefully, this conference will provide valuable information and knowledge, and offer sharing opportunities, noteworthy networking and excellent companionship that all participants could use to cultivate and improve the quality of nursing care as well as to uphold the significance of nursing profession worldwide.

Finally, I would like to thank Phuket Governor and our President for joining us today. My gratitude also goes to our co-organizers, distinguished speakers and delegates, and all participants. And, my special thanks go to all faculty members for their hard-work and dedication in preparing and organizing this special three-day event.

Thank you.

Welcome Address

Associate Professor Dr. Chusak Limsakul
President, Prince of Songkla University

Distinguished delegates, ladies and gentlemen:

I am honored to be part of the opening of this remarkable 2013 International Nursing Conference on Health, Healing, & Harmony: Nursing Values. First of all, on behalf of all members of the Prince of Songkla University, I am delighted to express our great pleasure in welcoming all of you to Thailand and to this International Conference.

Prince of Songkla University consists of five campuses. This university is the oldest university in the South of Thailand. It is one of the top universities in Thailand that places a high value on higher education and research. For more than forty five years of existence, all faculties have been working towards being recognized as a leading research based university, a place in the first rank of major regional universities, and, eventually become a true leader of promoting international standards.

Over the past forty years, the Faculty of Nursing has witnessed the noteworthy development of nursing education and profession, focusing on preparing the next generation of nurses who will play an increasingly crucial role in providing care across the life span of all people in Thailand and beyond. Nursing has been a profession with high standards and a strong sense of public service since nurses take care of their patients with the sense of compassion, essential knowledge and competent skills in order to offer the best care for patients. Furthermore, guided by the university's vision, the Faculty of Nursing has an excellent record in research, academic services, and taking an active role in providing health education and services to communities.

I am expecting that at the conclusion of the conference, all participants will be able to recognize the importance of nursing values related to health, healing and harmony, practices to enhance health and well-being of individuals, family, and community, share best practices in healing approaches to achieve harmony and holistic health of people among diverse cultures, and develop networking opportunities.

In closing, I would like to express my sincere wishes for the success of the conference and for all participants to discover new opportunities in the growing area of nursing education and research. I wish you all the very best and an enjoyable stay during the conference. We hope you will spend sometimes exploring this beautiful Island of Phuket, the pearl of the Andaman Sea.

Thank you.

Opening Address

Mr. Maitree Inthusud
Phuket Governor

Distinguished delegates, ladies and gentlemen

It gives me great pleasure and honor to be with all of you at the opening ceremony of this 2013 International Nursing Conference on Health, Healing, & Harmony: Nursing Values. On behalf of all Phuket residents, I would like to express our great pleasure in welcoming you all to Phuket. We are honored for being selected to be the place of choice for this brilliant conference.

Phuket, known as the pearl of the Andaman Sea, is the biggest island in Thailand, which is approximately the size of Singapore. The name Phuket is derived from the word “Bukit” in Malay which means hill, as this is how the island appears from a distance. Apart from hills, our island has many fascinating attractions. Its beautiful beaches and sea, wonderful nightlife and nice weather have made Phuket one of the top tourist attractions in Thailand and worldwide.

Here our population is Thai Buddhist and Thai Muslims who are mainly descendants of the island’s original sea-dwelling people. Among Muslims, some are of Malay descent. Furthermore, we have a large proportion of people of Chinese ancestry. This quality of the population results in the diversity and dynamic local culture, way of life and cuisine. We all live together in harmony. I hope that you all will experience a pleasant and enjoyable stay in Phuket, a beautiful seaside province by the Andaman Sea.

In our Phuket hospitals and other health care services, nurse graduates from the Faculty of Nursing, Prince of Songkla University are highly coveted because of their recognized competencies. It is fascinating to see the significant development in nursing and health care. I am certain that the fast growing health professions will be of great benefit to all human beings, and to the world as a whole.

I hope that this conference will be very worthwhile for your future work and nursing profession. Providing effective care and support will be enhance the health, healing,

harmony, and well-being for human beings around the globe. I would like to close my speech by expressing my sincere wishes for the success of the conference. It is my pleasure to declare open the 2013 International Nursing Conference on Health, Healing, & Harmony: Nursing Values.

Thank you.

The 2013 International Nursing Conference, Phuket Thailand, May 1-3, 2013
Conference Program

May 1, 2013		May 2, 2013		May 3, 2013	
08.00-08.30	Registration	08.00-09.00	Exhibition	08.30-09.00	Yoga-leela
08.30-09.30	Opening Ceremony				
09.30-10.00	Poster Presentation Coffee Break	09.00-10.00	Keynote Speech 2 "Health System and Health Policy: How Can Health Professionals Influence?" - Assoc. Prof. Dr. Tassana Boontong	09.00-10.00	Keynote Speech 3 "Improving Health through Technology and Innovations: Ethical and Esthetical Issues" - Assoc. Prof. Dr. Aranya Chaowalit
10.00-11.00	Keynote Speech 1 "Health, Healing, and Harmony as Essential Values of the Nursing Profession in the Multicultural World" -Ven. Mae Chee Sansanee Sthirasuta	10.00-10.30	Poster Presentation 2 Coffee Break	10.00-10.30	Poster Presentation 3 Coffee Break
11.00-12.30	Panel Discussion 1 "Nurses' Roles in Strengthening Health and Well-being across the Life Span" - Asst. Prof. Dr. Jariya Wittayasoporn - Prof. Dr. Cynthia Teel	10.30-12.30	Panel Discussion 2 "Visibility of Nurses in Health Care System" - Prof. Dr. Wipada Kunawitakul - Prof. Dr. Maxine Duke - Prof. Dr. Thep Himathongkam, MD.	10.30-12.30	Panel Discussion 3 "Enhancing Harmony through Healing and Holistic Approaches based on Eastern and Western Philosophies" - Asst. Prof. Dr. Urai Hathakrit - Prof. Ping Fen Tang - Prof. Dr. Ramon Z. Shaban
12.30-13.30	Luncheon	12.30-13.30	Luncheon	12.30-13.00	Closing Ceremony
13.30-15.00	Concurrent Session 1	13.30-15.00	Concurrent Session 3	13.00-14.30	Luncheon
15.00-15.30	Coffee Break	15.00-15.30	Coffee Break		
15.30-16.30	Concurrent Session 2	15.30-17.00	Concurrent Session 4		
16.30-20.30	Reception Party	17.00-19.00	Writing for Publication Workshop - Prof. Dr. Ramon Z. Shaban & team Sight Seeing		

QUALITY OF LIFE OF COLOSTOMY PATIENTS IN BANDUNG, INDONESIA*

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*Manuscript was Presented in The 2013 International Nursing Conference on Health, Healing, & Harmony: Nursing Values, May1-3, 2013, Phuket, Thailand

ABSTRACT

Colostomy imposed a multiple impacts to the patients' life including physical, psychological, social, and spiritual. This study aims to identify the level of quality of life as well as to examine the differences of quality of life among colostomy patients with regard to certain demographic characteristics.

Seventy-one colostomy patients were recruited purposively to participate in the study. Data were collected by using the WHO Quality of Life –BREF instrument. *“One-way ANOVA”* and *Independent t-test”* were employed to examine the differences of quality of life with regard to certain demographic characteristics.

The study found that the majority of subjects perceived their level of quality of life ranged between *“very low”* to *“moderate”* (77,4%). Satisfaction with support from friends was rated as the highest item of quality of life, whereas satisfaction with sexual relationship was rated as the lowest item of quality of life. There was no significant difference of patients' quality of life with regard to age groups, educational background, length of being ostomate, sex, and other health problems.

The study implied that nurses need to realize and pay much attention to multiple aspects of stoma patients' quality of life. An ongoing assessments and evaluations of patients' quality of life were extremely needed to design appropriate nursing care to improve patients' quality of life. Nursing care should not merely focus on stoma care but also holistically considering on meeting the sexual needs, as well as psychological, social, and spiritual needs of the patients.

Key words: Quality of life, colostomy patients, Bandung Indonesia

INTRODUCTION

Colorectal cancers are remaining as a serious public health problem in Indonesia. The number of people living with colorectal cancer continues to increase by the year to year. Data on 2008 showed that colorectal cancer was listed as the third most prevalent cancer after lung cancer, and prostate cancer on male (Sudoyo, 2012). In Europe and United States, the number of people living with colorectal cancer was more than in Asia. In 2001, there was approximately 135,400 cases reported and 56,700 of them died because of the disease (Williams & Hopper, 2003).

One of the common treatments for the colorectal cancer is surgery by removing the section of affected colon, followed by making a hole (stoma) on the abdominal wall to eliminate the feces. This procedure is known as colostomy. There are two type of colostomy according to the duration of this treatment is required; temporary and permanent. Those who undergoing colostomy permanently mean they have live with colostomy for the rest of their life. Such condition would impact to multi facet of patients' life including physical, psychological, social, and spiritual well being. In the other word, this may also impact to the life satisfaction, well- being, and quality of life of the patients.

Quality of life has become a major concern among health care professionals since it can be an outcome of health care interventions. Moreover, the quality of life data also can be as data base to determine the appropriate interventions for the patients. Several studies have been done to investigate health-related quality of life among colostomy patients (Barreire, Oliveira, Kazama, Kimura, & Santos, 2003; Cheung, Molassiotis, & Chang, 2003; Karadag, Menten, Uner, Irkorucu, Ayaz, & Ozkan, 2003; Gooszen, Geelkerken, Hermans, Lagaay, & Gooszen, 2000). However, there is no known study on quality of life of colostomy patients in Indonesia, and more specifically in Bandung, West Java.

According to a member of the Indonesian Enterostomal Therapist Nurse Association Bandung Chapter, there was approximately 100 patients currently undergoing colostomy permanently in Bandung, and their quality of life have not been evaluated. Therefore, the study aims to describe the level of quality of life of colostomy patients, as well as to test the difference quality of life of colostomy patients with regards to certain demographics characteristics.

METHODS

The study used “cross sectional” and “descriptive analytical” approach. Seventy-one respondents were recruited purposively. The inclusion criteria of recruited respondents were adult, able to write and read in Indonesia, having no serious health problems, and voluntarily willing to participate in the study. Data were collected using the WHO-BREF Quality of Life instrument which already translated into Indonesian language. Then, the data were analyzed for both descriptively and inferentially. “One-way ANOVA” and “Independent t-test” were used to test the difference quality of life based on certain characteristics.

RESULTS

Characteristics of the respondents

The demographic and health characteristics of the respondents as presented in the table 1 and table 2.

Table 1 Demographic characteristics of the respondents (N = 71)

Characteristics	Frequency (F)	Percentage (%)
1. Age (year)		
- < 20		
- 21 - 30	6	8,5
- 31 - 40		
- 41 - 50	6	8,5
- 51 - 60		
- >60	11	15,5
M = 46,59 SD = 15,31 R = 17 – 78	17	23,9
2. Sex		
- Male	17	23,9
- Female		
3. Religion	14	19,7
- Islam		
- Christian		
4. Education		
- Primary School		
- Junior High School	49	69
- Senior High School		
- University/College	22	31
	61	85,9
	10	14,1
	18	25,4
	16	22,5
	20	28,2
	17	23,9

Table 1 *continued*

Characteristics	Frequency	Percentage
	(F)	(%)
5. Occupation		
- Unemployed		
- Farmer	15	21,1
- Civil servant		
- Employee	7	9,9
- Self-employee		
- Retirement	6	8,5
- Housewives		
- Labor	7	9,9
6. Monthly Income (Indonesia Rupiah)		
- No income	11	15,5
- < 500,000		
- 500,000 – 1,000,000	12	16,9
- 1,000,001 – 2,000,000		
- > 2,000,000	11	15,5
7. Ethnicity	2	2,8
- Sundanese		
- Javanese		
- Malay		
- Bataknese	27	38
- Chinese		
	9	12,7
	13	18,3
	18	25,4
	4	5,6
	43	60,6
	16	22,5
	7	9,9
	4	5,6
	1	1,4

Table 2 Health characteristics of the respondents (N = 71)

Characteristic	Frequency (F)	Percentage (%)
1. Other health problems		
- None		
- Hypertension	58	81,7
- Infection		
- Genitourinary	8	11,3
- Diabetes Mellitus		
2. Social activity	11	1,4
- No		
- Yes	2	2,8
3. Length of time of being ostomate		
- < 12 month	2	2,8
- 13 – 24 month		
- 25 – 36 month		
- 37 – 48 month		
M = 7,62 SD = 7,9 R = 1 – 48	50	70,4
4. Cost of stoma care/month (Thousand Rupiah)	21	29,6
M = 995 SD = 784,5 R = 20 – 4000		
	60	84,5
	8	11,3
	2	2,8
	1	1,4

Table 2 Continued

Characteristics	Frequency (F)	Percentage (%)
5. Perception toward self health status		
- Good		
- Moderate	16	22,5
- Poor		
6. Family relationship	39	54,9
- Good		
- Moderate	16	22,5
	69	97,2
	2	2,8

Quality of life

Majority of patients (77, 4%) perceived their level of quality of life ranging from “very poor” to “moderate”, and most of them (83,1%) reported “very unsatisfied” to “moderate satisfaction” to their current health status, as presented in the table 3. Table 4 showing the core of each dimension of quality of life, standard deviation, and range. It seems that ‘enviromental dimension’ as the highest mean score choosen by the respondents, and followed by ‘physical health, psychological, and social’.

Table 3 Perceived quality of life and general health (N = 71)

	Frequency	Percentage
	(F)	(%)
Perceived quality of life:		
Very poor	5	7
Poor	15	21,1
Moderate	35	49,3
Good	16	22,5
Very good	0	0
Perceived general health:		
Very unsatisfied	1	1,4
Unsatisfied	18	25,4
Moderate satisfied	40	56,3
satisfied	12	16,9
very satisfied	0	0

Table 4 Mean score, standard deviation, and range for each dimension of quality of life

	Patients		
	Mean	SD	Range
Physical health	19,24	2,73	15 – 27
Psychological health	17,68	2,37	12 – 25
Social relationship	8,32	2,13	5 – 14
Environmental dimension	23,45	3,39	14 – 31
Total score	68,69	8,77	52 – 91

Table 5 presents the ranking of five top items of quality of life that selected by the respondents as the high satisfactory items of their quality of life. ‘Satisfaction with support from friends’ was selected as the highest item of their quality of life, followed by satisfaction with living place, health assistances, meaning of life, and enjoying life. Oppositely, table 6 presents the ranking of five low items of quality of life that selected by the respondents as the lower satisfactory items of their quality of life. It seems that ‘satisfaction with sexual relationship’ was selected by most respondents as the lowest satisfactory item of their quality of life, followed by ability to walk and going around, ability to work, ability to do activity daily living, and ability to meet the needs.

Table 5 Mean score and standard deviation of the five top items quality of life

Quality of life items	Range	Mean	SD
Satisfied with support from friends	1 - 5	3,39	0,75
Satisfied with the living place	1 - 5	3,38	0,66
Satisfied with health assistances	1 - 5	3,25	0,95
Meaning of life	1 - 5	3,15	0,75
Enjoying life	1 - 5	3,13	0,67

Note: the range of each item is from 1 to 5, the higher of mean score for each item indicated the higher level of quality of life

Table 6 Mean score and standard deviation of the five top items quality of life

Quality of life items	Range	Mean	SD
Financial sufficiency	1 - 4	2,63	0,76
Ability to do activity daily living	1 - 5	2,62	0,82
Ability to work	1 - 4	2,45	0,81
Ability to walk or going around	1 - 4	2,34	0,91
Satisfaction with sexual relationship	1 - 5	2,01	1,08

Note: the range of each item is from 1 to 5, the lower of mean score for each item indicated the lower level of quality of life

The differences quality of life based on certain demographic characteristics (age, sex, education, length of time undergoing stoma, and health problems)

Results from statistical test by using ANNOVA and independent t-test found that there were no significant differences of total quality of life score with regard to age group, education, occupation, length of time of being ostomate, sex, and other health problems, as presented in the table 7 and table 8 below.

Table 7 The differences of total mean score of quality of life based on age group, education, occupation, and length of time of being ostomate

Variable	N	Mean	SD	95% CI	P value
Age (year)					
- < 20	6	69.67	6.976	62,35 – 76,99	0,49
- 21 – 30					
- 31 – 40	6	64.50	8.666	55,41 – 73,59	
- 41 – 50					
- 51 – 60	11	68.64	10.053	61,88 – 75,39	
- > 60	17	70.59	7.001	66,99– 74,19	
	17	70.41	10.168	65,18 – 75,64	
	14	65.71	8.651	60,72 – 70,71	
Education					
- Primary school	18	68.61	9.172	64.05 – 73.17	0,96
- Junior High School					
- Senior High School	16	69.69	10.084	64.31 – 75.06	
- University/College	20	68.15	7.372	64.70 – 71.60	
	17	68.47	9.274	63.70 – 73.24	

Table 7 Continued

Variable	N	Mean	SD	95% CI	P value
<hr/>					
Occupation					
- Unemployed	15	66.80	8.521	62.08 – 71.52	0,96
- Farmer					
- Civil servant	7	75.00	4.243	71.08 – 78.92	
- Employee					
- Self-employee	6	73.50	11.675	61.25 – 85.75	
- Retirement					
- Housewives	7	67.29	8.381	59.53 – 75.04	
- Labor	11	70.09	8.893	64.12 – 76.07	
<hr/>					
Length of time of being ostomate	12	65.83	6.780	61.53 – 70.14	
	11	65.45	7.992	60.09 – 70.82	
- < 12 month	2	78.50	17.678	-80.33 – 237.33	
- 13 – 24 month					
- 25 – 36 month					
- 37 – 48 month					
	60	69.13	-	-	
	8	66.75	1.155	66.82 – 71.44	
	2	63.00	3.075	59.48 – 74.02	
	1	69.00	4.000	12.18 – 113.82	
<hr/>					

Table 8 The differences of total mean score of quality of life based on sex and other health problems

Variable	N	Mean	SD	SE	P value
Sex					
• Male	49	69,61	9,14	1,3	0,19
• Female	22	66,64	7,68	1,64	
Other health problems					
• Yes	13	68,85	5,9	1,22	0,93
• No	58	68,66	9,34	1,64	

DISCUSSION

Results of the study show that majority of the respondents (77.4%) perceived their level quality of life ranged from “very poor” to “moderate”. None of them perceived their level of quality of life at “very good”. It is understandable since the present of stoma on the part their body may interference their daily activities as well as their body image which influence the interaction with others. Thus, presentation of stoma would influence their perception toward themselves which determined the life satisfaction. Karadag, et al (2002) pointed out that colostomy application might have negative impact on the patients’ quality of life. Zhan (1992) argued that meaning of quality of life was constructed from a transactional process between an individual with environment that was influenced by personal background, health, social situation, culture, and level of age.

Majority of the respondents (83,1%) rated their general health at level “very unsatisfied” to “moderate satisfied”. Results from identification of other health problems (Table 2) indicated that few respondents reported other health problems such as hypertension, infection, genitourinary, and diabetes mellitus. In addition, 16 Of 71 respondents (22.5%) reported their perception toward self-health status as poor, and more than half of them perceived it as moderate and good. It explained that other health problems being faced by the respondents had influenced their perception toward general

health. General health condition of colostomy patients were usually good as long as there were no associated complications which might impact their general health.

'Satisfaction with support from friends' was selected by the respondents as the most satisfactory item of quality of life ($M=3.39$ $SD=0.75$), followed by satisfaction with living place, health assistances, meaning of life, and enjoying life. This result reflected the culture of collectivity that commonly embedded in the Eastern Society, including Sundanese which constituted to majority of the respondents. The Sundanese philosophy of *saling asah, saling asih, dan saling asuh* (reciprocity in caring and empowerment) has been underlying moral values to provide care, assistances, help, and support among family members, relatives, neighbors, and community at larger scope. It was common phenomenon in Sundanese society that when a community members being sick, he/she would receive a lot attention from the relatives, neighbors, and community surrounded which emphasize on providing support, comfort, and prayers for the sick. It is supported by the data that almost all respondents (97.2%) acknowledged the support from their family. "Satisfaction with living place" indicated that most respondents felt comfort with their home condition. It can be a base data to develop home-based care for colostomy patients. In term of health assistances received, most respondents felt satisfy with the health service given by the health care provider. Although the respondents have to undergo stoma on their abdomen, they are still able to enjoy their life and experience the meaning of their life..

Satisfaction with sexual relationship was chosen as the lowest item quality of life by the most respondents. This possibly because lack of knowledge about various position that could be considered in sexual relationship between respondents and their spouses. This condition resulted low self-confidence of the respondents to perform sexual activities. The majority of respondents' age ranged from 21 to 60 years old, and married. In the range of age, they were considered as sexually active, particularly males. The presentation of stoma hole on the abdomen was often resulting negative self-perception toward body image, and less sexually attractive to the spouses. As consequence, the sexual desire might decrease. Nurses needed to be concern about this issue and discuss with patients and their spouses to find solutions. In the Eastern culture, it was commonly believed that sexuality viewed as a personal matter and taboo to tell others. Building trust relationship between nurses and patients with empathy and caring would be a key of patients' success to harmonize their sexual relationships.

Most respondents reported that they spent approximately between IDR 20,000 to 4,000,000 (USD 3-400) monthly for stoma care. This depended on the type of stoma and materials they used to replace

the old stoma bag. The data implied nurses need to assess the patients' economic ability to select which materials appropriate and affordable for the patients.

The results of bivariate analysis revealed that there were no significant differences between quality of life score with regards to age groups, education background, occupation, length of being ostomate, sex, and other health problems experienced. This possibly due to the respondents' variation regarding their characteristics was not much different, which led them to select the same items of quality of life. There was difficulty to draw a heterogeneous subject in this study.

CONCLUSION AND RECOMENDATIONS

Quality of life become a major issue among patients post colostomy surgery. The study found majority of patients perceived their level of quality of life ranging from "very poor" to "moderate", and their current health status were ranged from "very unsatisfied" to "moderate satisfaction". There were no significant differences of total quality of life score with regard to age group, education, occupation, length of time of being ostomate, sex, and other health problems. This study highlighted the common phenomenon of impact colostomy on the quality of life and several characteristics factors that may influence to quality of life. It implied that nurses need to take into consideration to evaluate the quality of life of colostomy patients following colostomy surgery as integrated part of comprehensive nursing care.

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