

Interprofessional work in enhancing family roles in palliative care: Lesson learned from several countries

PROCEEDING

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Tuesday, 4th March 2014

Ismangoen Building School of Nursing, Faculty of Medicine Universitas Gadjah Mada Yogyakarta, Indonesia

SUPPORTED BY:





























AGENDA OF INTERNATIONAL PALLIATIVE CARE SEMINAR SCHOOL OF NURSING FACULTY OF MEDICINE UNIVERSITAS GADJAH MADA

As A Part of Annual Scientific Meeting Faculty of Medicine UGM

Date :	Tuesday, 4th March 2014
Place :	Auditorium School of Nursing FOM UGM, Yogyakarta
08.00 - 08.30:	
08.30 - 09.00:	Opening Ceremony
€0	Sing "INDONESIA RAYA"
	Opening Speech:
	1. Chairman
	Director School of Nursing UGM
	Dean Faculty of Medicine UGM
09.00 - 09.30:	Keynote Speech
	Family Empowerment: The Latest Policy in Netherlands
	Prof. Myrra Vernooij-Dassen, Ph.D.Radboud University Nijmegen, Netherlands
09.30 - 09.40:	Opening Dance "Saman Dance"
	by Student Union School of Nursing UGM
09.40 10.00;	Coffee Break*
10.00 - 12.15:	Panel Session 1
	Moderator: Christantie Effendy, S. Kp., M. Kes.
	PhD Candidate Radboud University, Netherlands
10.00 - 10.30:	Programs to Enhance Family Involvement in Palliative Care in Taiwan
	Prof. Wen Yu Hu, Ph D.
	National Taiwan University, Taiwan
10.30 - 11.00:	Family Involvement in Palliative Care: The Implementation in Indonesia
	Dra. Sunarsih Soetaryo, Apt. SU.
	Indonesian Cancer Foundation, Indonesia
11.00 - 11.30:	Thai Policy to Support The Family Involvement in Palliative Care
Appropriate properties	Prof. Dr. Wipada Kunaviktikul, DSN, RN
	Chiang Mai University, Thailand •
11.30 - 12.15:	Discussion
12.15 - 13.00:	Lunch Break and Prayer*
13.00 - 14.30:	Panel Session 2
	Moderator: Ariani Arista Putri Pertiwi, S. Kep., Ns., MAN.
8	Lecturer School of Nursing UGM
13.00 - 13.30:	Ethical Concern in Palliative Care
	Nur Azid Mahardinata, MD
	Centre of Bioethics and Medical Humanities UGM, Indonesia
13.30 - 14.00:	Family Involvement in Palliative Care: The Views from Malaysia
	Dr. Fahisham Taib
i	Universiti Sains Malaysia, Malaysia

14.00 - 14.30 : Discussion

14.30 - 16.30: Oral Presentation

- 1. Auditorium SON (Group A)
- 2. Tutor room 8 (Group B)
- 3. Meeting Room 2nd FI (Group C)
- 4. Tutor room 9 (Group D)
- 5. Microteaching 1st F1 (Group E)

NOTE: (*) There will be poster presentation on coffee break and lunch time, each participant will be given 3 minutes for presenting their own poster.

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L	Sri Padma Sari, Elis Hartati ners. 45@yahoo.com	Spirituality In Palliative Patients: A Literature Review	14.30-14.45
61	Ratna Sari Hardiani¹ ratna_sh@yahoo.com	The Application Of Chronic Sorrow Model To Improve Psychological Support And Coping Mechanism In Nursing Care For Woman With Cervical Cancer	14.47-15.02
22.7	Gerry Wina Sartika Butar-Butar, Juniaria Sinaga; Sandra Sembel	Cancer To The Use Of Drawing As A Communication Media To Express A Child's Thoughts And Feelings: A Case Study	15.04-15.19
200	Anastasia Anna, Herri S. Sastramihardja, Armaya Ariyoga, Sari Fatimah	The Effect of Coconut Oil and Cajuput Oil on pressure Uteer Prevention (a Study on Immobilized Patients at General Hospital Bandung)	15.21-15.36
10	Ayu Ningrum ayuningrum24@gmail.com	Comparation Of The Locally Vascular Acces Complication between 2 Hours Immobilization and 4 Hours Immobilization after Cardiac Catheterization In DR. Hasan Sadikin Hospital	15.38-15.53
	Renata Komalasari, Riama Martyn marlyn5271@gmail.com	Defferences amongst six areas of mini mental state examination	15.55-16.10

SPIRITUALITY IN PALLIATIVE PATIENTS: A LITERATURE REVIEW

Sri Padma San Elis Hartati

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ABSTRACT

Introduction: Spirituality is important for palliative patients. Studies on spirituality in palliative patients were found differently in terms of the importance and the assessment.

The purpose of the study: To describe the importance of spirituality and identify the most appropriate tool for spirituality assessment used in palliative patients.

Method: Searching were conducted from PubMed and ProQuest during 2005-2014. A total 15 studies were analyzed for this review.

Results: Spirituality was important for palliative patients in reducing distress, anxiety, depression and also improving quality of life. There were numerous measurements have been used to measure spirituality in palliative patients which showed good psychometric properties and can be used in multicultural palliative patients population such as MQOL, QUAL-E and POS.

Conclusion: Spirituality was reported having a pivotal role for palliative patients. The 8-items of GES as a new measurement seems have a feasible and valid in measuring spirituality for palliative patients. However, the measurement still requires further testing.

Keywords: spirituality, palliative patients, assessment tool