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POOR APPEARANCE AS A NEVER ENDING STIGMATIZATION FOR PEOPLE WITH SEVERE MENTAL HEALTH PROBLEMS

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As a social creature, human will always try to have connection with the others. Unconsciously, in the middle process of the interaction, human is forced to behave like others’ expectation. This situation is very common in adolescence, but it can be exist following the life cycle of human. The term of expectation has two different impacts, which is not only motivating human to become a better person or successfully survive and adapt with the expectation, but also separating human from a better one or failed to fulfill the expectation. In this term, stigma may derive from the second impact of the expectation, when a person is being insulted or humiliated by the others for having different situation and condition, that alienates them from their environment. One of conditions that may put person in stigmatization is a severe mental health problem. People with schizophrenia, severe depressive disorder and bipolar disorder are easily to get stigmatized by other people. One of reasons is because they tend to have poor appearances. People with those conditions are unable to take care of themselves, they refuse to take bath and change clothes. They let their hair, mustache and beard grow too long and unaware to smooth them. These typical appearances become common in community and are often described as people with severe mental health problems. In addition, the media worsen the situation by introducing young generations with the concept of stigmatization in the terms of “crazy”,
“mad” and “losing your mind” with all characteristics of poor appearances. At this point, recurrent misconception about mental health problem will result to misleading belief, and if it starts from the children, they will treat it as true information.

This situation is not beneficial for those people with mental health problems, because they are not only struggling with the illness, but also fighting with stigma from the community and themselves. The community may stereotype them as dangerous, incompetence and weakness people or tend to prejudice them as people who cannot control their anger and fear and discriminate them by avoidance, withhold employment and housing opportunities and withhold help. They will be rejected by the community, and this situation may lead them to another situation, self-stigma. People with mental health problems have a tendency to stigmatize themselves, they will also stereotype themselves as incompetence and weakness people, exhibit low self-esteem and low self-efficacy and fail to pursue work and housing opportunity. In the end, they will believe what the community believes and one of the consequences is that may delay their adaptation process toward their illness. They keep exhibiting poor appearances and the community keeps stigmatizing them, like a never-ending process. But, if we can cut the link, we may solve the haunted problem. In another word, we may try to minimize stigmatization by giving them an acceptable appearance.

Thus, in order to provide them with a good appearance, psychiatric nurses should put personal hygiene as one of important interventions. Start with asking and helping them to take regular bath, at least twice a day and brushing their teeth after dinner. They need to teach them how to choose the right clothes and make them like other people in their community. Nurses also may focus on how to make a good haircut, better than only making them bald and keep the nails clean. A good and clean appearance will let them feel healthy and fresh because this feeling will help us to create therapeutic environment, in order to ease other mental-related problems. Soon, after their appearances literally change and they can control all of the symptoms, nurses need to reintroduce them to their community, by asking them to get involved and following the social activities that they ever did in the community. As professional psychiatric nurses, it will be better to put themselves more on how to make patients feel more acceptable by having a good appearance. In the end, it is expected that, “normal look” of people with severe mental health problems may minimize the never ending stigmatization and bring new hope to speed the progress of their illness. So, let the psychiatrist works with the injections and psychiatric nurse works with hair scissors and nail clipper.

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LETTERS TO EDITOR

UNDERSTANDING ETHICAL PRINCIPLES IN NURSING RESEARCH

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Madam,

Researchers have to concern with ethical issues if their studies involve human beings or animals. It is to ensure that their rights are protected. However, it might be challenging for some researchers due to the requirements for the approval, such as the impact of the study, how to collect the study, and etc. Sometimes the researchers need to revise the proposal of study many times to fulfill all the requirements.

Actually, there are many important reasons why we need to ethical concerns in conducting research, namely: To protect the rights of participants and reduce the potential of physical and psychological discomfort, harm and/or danger from research methods; To protect the rights of researcher to carry out any legal investigation as well as the reputation of the University for research conducted and/or sponsored by it; To reduce the possibility of declares of negligence against individual researchers, the University and any collaborating persons or organizations; and To catch research funding and refereed journals, particularly international publication increasingly require a statement of ethical practices in applications for research funds and/or as a condition for publication.

All these reasons however fit on the ethical principles, consisting of non-maleficence and beneficence, respect for human dignity, justice, and risk or benefit assessment.

The principles on non-maleficence and beneficence are the right to protection from harm and discomfort, and the right to
protection from exploitation; while Respect for human dignity is the second ethical principle in the Belmont report. This principle includes participants’ right to self-determination and the right to full disclosure. The third is justice, which includes participants’ right to fair treatment and their right to privacy.² On the other hand, one strategy that researchers can use to protect participants is to conduct a risk-benefit assessment before submitting the research proposal to Institutional review Board (IRB). In Canada it is called as a Research Ethics Board (REB) designed to examine whether the benefits of participating in a study are in line with the costs, financial, physical, emotional, or social – that is, whether the risk/benefit ratio is acceptable. At this point, the major potential benefits and risks to participants can be seen during conducting the study.²

The benefits assessments to participants include 1) To access a potentially beneficial intervention that might otherwise be unavailable to them, 2) Comfort in being able to discuss situation or problem with friendly, objective person, 3) Increasing knowledge about themselves or their conditions, either through opportunity for introspection and self-reflection or through direct interaction with researchers, 4) Escaping from normal routine, excited of being part of a study. 5) Satisfied with the information provided that may help others with similar problems or conditions, 6) Directing monetary or material gains through stipends or other incentives. It cannot be refund the money or payment reward. The researcher can give something like food or money for transportation, but in minimum price about 10 – 20 USD, and 7) Telling participants that the researcher will take care them during and after the study.³

The potential risks of assessment include physical harm (e.g. unanticipated side effects), physical discomfort, fatigue or boredom, psychological or emotional distress resulting from self-disclosure, introspection, fear of the unknown, discomfort with strangers, fear of eventual repercussions, anger or embarrassment at the type of questions being asking. Social risks are such as the risk of stigma, adverse effects on personal relationship, loss of status, and monetary costs (e.g., for transportation, child care, time lost from work).³

Beside, some nurse researchers use animals rather than human beings as their subjects, typically focusing on bio physiologic phenomena. Despite some opposition to such research by animal rights activists, researchers in health fields likely will continue to use animals to explore physiologic mechanisms and to test interventions that could pose risks to humans. In this regard, ethical considerations are clearly different for animals and humans; for instance, the concept of informed consent is not relevant for animal subjects. Guidelines have been developed governing treatment of animals in research. The principles for the proper treatment of animals are used in biomedical and behavioral research. Those principles cover such issues as the transport of research animals, alternatives to using animals, pain and distress in animal subjects, researcher qualifications, the use of appropriate anesthesia, and euthanizing animals under certain conditions.² Given the explanation above, therefore, in order to provide safe study both for human and animal, understanding the ethical principles is needed for all researchers.

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NURSE: AM I A QUALITATIVE, QUANTITATIVE, OR MIXED METHOD RESEARCHER?

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Just because we are very critical in particular claim or practice within the qualitative or quantitative approach, it does not mean we can claim ourselves as qualitative or quantitative researchers. Although some researchers that are educated in quantitative reasoning and statistical operations may find it difficult to learn about qualitative methods; or a qualitative researcher may feel intimidated by the mathematical knowledge required for the quantitative analysis,¹ we basically cannot separate the world of qualitative and quantitative, for instance, quantitative researchers rely on language to interpret the results of their statistical tests, while qualitative researchers, sometimes unconsciously, will suggest an amount, frequency, or magnitude now and then in their prosaic write-ups.¹

However, to combine all of these two worlds in research might be challenging, particularly about the philosophy underpinning. Those who embrace positivism, numbers exemplify a realistic perspective. Positivism is referred to as scientific method or science research, is based on the rationalistic and reflects a deterministic philosophy in which causes probably determine effects or outcomes.² Positivism is most commonly aligned with quantitative methods of data collection and analysis. Meanwhile, those embracing interpretivism/constructivism tend to rely upon the participants views of the studied being studied and recognizes the impact on the research of their own background and experiences. The constructivist/interpretivist researcher is most likely to rely on qualitative data collection methods and analysis and mixed method.²

These different paradigmatics and assumptions, however, result on paradigmatic
issues raised by mixed methods research that remain unresolved. Indeed, one can’t prove paradigms, and paradigmatic debates can never be resolved. Therefore, we might not be appropriate to brand ourselves as qualitative, quantitative, or mixed method researcher since there is no necessary congruence between those different dimensions, assumptions, and paradigms. It does not matter in what methods used in our study, the only thing we need to focus on is how to answer research questions, solve research problems, and reach the objective of the study. The last is how our research is useful for better humankind.

REFERENCES

HEALTH TOURISM IN BELITUNG INDONESIA: A SWOT ANALYSIS

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ABSTRACT
This article aims to provide the development strategy to see the possibility of providing health tourism in Belitung Indonesia. The Strength, Weakness, Opportunity, and Threat are provided as basic information for the action plans that consist of human resource, products, and governance.

Key words: health tourism, Belitung, medical tourism, wellness tourism

INTRODUCTION
Health tourism means people are going to visit other countries for an affordable and convenient health care that cannot be found in their country. Generally, health tourism is divided to be two parts, namely medical tourism and wellness tourism.¹ The difference between the two is that medical tourism focuses on clinical medication, while wellness tourism focuses on non-medical treatment.

Health tourism is very common in ASEAN Countries, such as Thailand, Singapore, and Malaysia.² There have been so many tourists come to their countries to enjoy both medical and wellness tourism. Meanwhile Indonesia has not been ready yet to compete those countries. Whereas, if looking at the nature of Indonesia, including Belitung island, the possibility to provide health tourism is big, especially for wellness tourism that does not need many expensive medical equipment. The main point of wellness tourism is to balance mind, body, and spiritual. The products that are provided
are such as Yoga, spa, massage therapy, meditation, aromatherapy, acupressure, acupuncture, hijama or bekam in Indonesian term, and herbs medicine. Sport tourism is also provided such as cycling, which is called as green therapy if cycling in the middle of forest, or blue therapy if cycling on the edge on the beach or sea. The other product is like providing a package for long-term care for elder people, for instance in Thailand that many aging people from Japan visiting Thailand to have long term stay in the attractive areas in Thailand. In this case, Thai health provider collaborates with the immigration for long stay permit.

In line with that, Belitung have a selling power to attract the eyes of people to visit this country. Belitung Island is located in Bangka Belitung Province, off the eastern coast of Sumatra, flanked by the Gaspar and Karimata Straits, blessed with some of the best beaches of the country. The sand is soft and as white as palm sugar. Belitung is also surrounded by more than 100 small islands with white sands and granite rocks. However, despite having the natural features, health tourism could be strategy to complete the tourism package in the country. While enjoying the beauty of Belitung Island, people also increase their healthiness by health tourism. Therefore, this article aims to provide the development strategy for health tourism in Belitung Indonesia.

THE DEVELOPMENT STRATEGY

To create a development strategy is important to know the region in its multiples aspects, SWOT Analysis is presented (Table 1). At this point, the goal is to make Belitung as a health tourism destination. The analysis is described as following:

Strength

Strength can be viewed as a resource, a unique approach, or capacity that allows an entity to achieve its defined goals. Belitung has a good reputation for tourism in Indonesia, and it has been a destination for Sail Indonesia, which is called as Sail Belitung that attracts many domestic and international tourists come to visit this island. In addition, Belitung still has many beautiful natural places, such as Tanjung Pendam Beach, Tanjung Tinggi Beach, Pasir Island, Lengkuas Island, Tanjung Kelayang Beach, Gurok Beraye, Batu Mentas, Kolong Keramik, Kolong Murat, etc. On the other hand, Belitung has supported air transportation, which is about 8-9 flights to Belitung per day from the capital city of Jakarta Indonesia. The time duration is approximately 45-60 minutes. In line with this, there have been so many travel agents nowadays, followed by great number of hotels per year with affordable price.

Weakness

A limitation, fault, or defect in the entity that impedes progress toward defined goals. Belitung in this regard has a limit number of medical doctors and nurses. All hospitals in Belitung are type C. The quality of health services has not been measured yet. On the other hand, the alternative medicine has not been addressed much, and there is only one health school in Belitung, Nursing Academy of Belitung. Another weakness is that the English proficiency of the society, including health professions remains low.

Opportunity

An opportunity pertains to internal or external forces in the entity’s operating environment, such as a trend that increases demand for what the entity can provide or allows the entity to provide it more effective. Belitung has a good internet marketing from both government and the travel agents that never stop promoting Belitung. At this point, Belitung has a
great government that supports all positive contribution for societies. 

Threat

A threat can be any unfavorable situation in the entity’s environment that impedes its strategy by presenting a barrier or constraint that limits achievement of goals. Today is the era of ASEAN Economic Community. There is a possibility that health providers from other countries provide health care in Belitung.

Table 1. SWOT Analysis

<table>
<thead>
<tr>
<th>Strength</th>
<th>Weakness</th>
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<tbody>
<tr>
<td>Good reputation for tourism</td>
<td>Limited number of medical doctors and nurses</td>
</tr>
<tr>
<td>Sail Belitung is running every year</td>
<td>Only having Hospitals Type C</td>
</tr>
<tr>
<td>Having many beautiful natural places</td>
<td>Only having one health school, Academy of Nursing of Belitung</td>
</tr>
<tr>
<td>Having supported air transportation</td>
<td>Lack of English proficiency</td>
</tr>
<tr>
<td>Short duration of time to visit Belitung – 45-60 minutes from Jakarta, the capital city</td>
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<tr>
<td>Having many Tour and Travel agents</td>
<td></td>
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<tr>
<td>A great numbers of hotels</td>
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<td>Affordable price to visit</td>
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<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Threat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good internet marketing</td>
<td>MEA: many health providers from other countries are ready to visit Indonesia, including Belitung</td>
</tr>
<tr>
<td>Supported government</td>
<td></td>
</tr>
</tbody>
</table>

ACTION PLAN

Given the analysis above, there has been an opportunity to make and develop health tourism in Belitung. However, there are some points need to consider as action plans:

Human Resource

There is a need to solve all weaknesses and increase health service, both in medical services and nursing services. Accreditation from National and International can be a reference for the best services. The number of medical doctors and nurses should be added. In education part, Nursing Academy Belitung might need to develop curriculum or training for alternative medicine collaborating with other health profession and hospitals in Belitung. On the other hand, the ability to communicate in English needs to be increased, especially for health professions by collaborating with English courses in this island.

Product

Alternative medicine should be introduced and developed gradually, such as meditation, Yoga, Thai chi, spa massage, aromatherapy, acupressure, acupuncture, herbs medicine, cycling therapy, etc that can be provided by health professions, and trained ones under supervision of health associations.

Governance

In what concerns to governance, it needs to increase the involvement of the regional partners and monitories the touristic activities, and involvement of scientific community between health and tourism

CONCLUSION

It can be concluded that Belitung has a great opportunity to be health tourism destination, particularly wellness tourism to attract national and international tourists. The four aspects in SWOT
analysis provide the information regarding the strength, weakness, opportunity, and threat. However, to make it happens is not easy actually. Therefore, all parties like government, health professions, immigration, tour and travel agents, Health and English institutions, and Belitung Society need to support each other.

This article has provided the insight of knowledge about tourism in Belitung Indonesia. With SWOT analysis, it is hoped will provide the basic data to enhance the intention of government, health care providers, and Belitung societies to develop health tourism in this Island.

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