

**International Academic Multidisciplinary Research Conference 2017**

**Conference Proceedings**

**INTERNATIONAL BUSINESS ECONOMIC TOURISM SCIENCES TECHNOLOGY  
HUMANITIES SOCIAL SCIENCES AND EDUCATION RESEARCH CONFERENCE**

*London, United Kingdom  
5 – 7 April, 2017*

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*The International Education Social Sciences and Humanities Research Conference*

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# Conference Proceedings

INTERNATIONAL BUSINESS ECONOMIC TOURISM SCIENCES TECHNOLOGY  
HUMANITIES SOCIAL SCIENCES AND EDUCATION RESEARCH CONFERENCE

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## THE 2017 ICBTS

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## INTRODUCTION

We would like to welcome our colleagues to the International Business Tourism Transport Technology Social Sciences Humanities Education Research Conference. It is the seven series in 2016 of Conference on Business Tourism and Apply Sciences was held in Amsterdam. As always many members of the ICBTS 2016 community look forward to meeting, sharing and exchanging their research ideas and results in both a formal and informal setting which the conference provides. Likewise, the concept of alternating the international conference every one month on April to November between Europe and the rest of the world is now well established. This year's event in London (UK) Paris (France) Munich (Germany) Amsterdam (Netherlands) Boston (USA) Toronto (Canada) London (United Kingdom) Zurich (Switzerland) Berlin (Germany) Tokyo (Japan) and another continues with the cultural following the very successful and productive event held in London-Zurich in August 2016 in the field of various types for international academic research conference on Business Economics Social Sciences Humanities Education and Apply Sciences. As usual The ICBTS 2016 brings together leading academics, researchers and practitioners to exchange ideas, views and the latest research in the field of Business Tourism and Apply Sciences.

The theme of this event The 2016 ICBTS International Business Tourism Social Sciences Humanities and Education Research Conference is "Opportunities and Development of Global Business Economics Social Sciences Humanities and Education" It is also represents an emerging and highly challenging area of research and practice for both academics and practitioners a like, The current industrial context is characterized by increasing global competition, decreasing product life cycles, Global Business, Tourism Development, Social Sciences Humanities Education Apply Sciences and Technology collaborative networked organizations, higher levels of uncertainties and, above all, and customers. In our view holding this event in Tokyo represents a timely opportunity for academics and researchers to explore pertinent issues surrounding Business Economics Tourism Social Sciences Humanities Education Sciences and Technology.

Potential authors were invited to submit an abstract to the International Conference Session Chairs. All abstracts were reviewed by two experts from the International review committee and final papers were further reviewed by this volume with 30 contributing authors coming from 18 countries. This book of proceedings has been organized according to following categories:

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# SATISFACTION OF URINATION PROMOTION IN BENIGN PROSTATIC HYPERPLASIA

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## ABSTRACT

To study the satisfaction of using clinical practice guideline for promoting urination in the elderly priests with Benign Prostatic Hyperplasia, by adopted the clinical practice guideline for promoting urination in the elderly with Benign Prostatic Hyperplasia, at Urology Surgical ward, Priest Hospital. Sample were 20 priests, who aged 60 years old or over and suffer from Benign Prostatic Hyperplasia. Questionnaire was used to collect data. Statistic to be used in this study was percentage, average, and standard deviation. This study was divided into two parts: first part, investigate the satisfaction of priests, who received care from the health care team, according to clinical practice guidelines for promoting urination (CPGs). Results showed that the priests were satisfied in the knowledge about the disease, diagnosis, and treatment other complications up to 90 percent; second part, investigate the satisfaction of CPGs users. Results showed that the overall satisfaction level from clinical practice guidelines was high (87.5 percent), suitable for adoption up to 87.5 percent, easy and comfort to use, and possibly continuous clinical practice guideline.

Suggestion

1. When using clinical practice guideline for promoting urination in the elderly with Benign Prostatic Hyperplasia, the Urology Surgical OPD should assigned the health care team to participate in this clinical practice guideline for more effectiveness of care.
2. Future study should investigate the effectiveness of current clinical practice guideline for promoting urination in the elderly with Benign Prostatic Hyperplasia, and compare the effectiveness of current clinical practice guidelines for the better one and also improves the performance of the health care team

**Keywords--**Benign Prostatic Hyperplasia, Clinical Practice Guideline of Urination Promotion, Satisfaction, Priests

## INTRODUCTION

BPH is the men's health issues which stems from changing the sex hormones. [1] [2]. The incidence was found about 40 percent in men between 50-60 years old, possibly increasing to 70 percent between 61-70 years old, and could reached to 90 percent between 80-90 years old. Recently, the research found that two out of five Thai men suffer from BPH [3]. In Thailand, during 2550 to 2552 B.E., this incidence rate per 100,000 population was 116.38, 130.80, and 141.95, in respectively. Record from Urology Surgical ward, Priest Hospital, revealed that there was 52 percent with Benign Prostatic Hyperplasia. All of them were priest, age over 60 years old (Medical Records, Priest hospital, 2557). Signs and symptoms that occur because of the prostate which surrounds the urethra grow in size and to squeeze the urethra cause of narrow of urethra include difficulty starting a urine stream (hesitancy and straining), decreased strength of the urine stream (weak flow) dribbling after urination feeling that the bladder is not completely empty, an urge to urinate again soon after urinating, and pain during urination. In addition to the symptoms mentioned above, the irritation that affects the

response of the bladder from the prostate to grow, which include frequent urination, having to get up to urinate at night, causing sleep disturbance, fatigue, anorexia, resulting in deteriorated health condition .[4] In some case, the patients may unable to urinate by themselves and have to retained catheter for life .[5].The impact from BPH could identified into 3 categorizes; first impact was physical impact, which effect on the lifestyle and quality of life; second impact was social impact such as fail in interaction, embarrassing, and loss of self-confidence [6] ; and third impact was economy impact that often occurs after the behavioral modification. If the symptoms was not improved, the doctor need to treat by medication. However, if they still no fully improved, the doctor will determine the treatment method for prostate surgery. All impacts affecting the quality of life of patients. Therefore, the patients should and to reduce the impact of such patients with an enlarged prostate should be encouraged to urinate, urinary excretion better.

Factors effected the severity of urinary stress disorder in BPH include 1) fluid intake 2) obesity, especially abdominal obesity that increased abdomen pressure. As a result, increases the function of the autonomic nervous system. Patients will have frequent urination and urinary incontinence 3) people who ignore to exercise could lead to have poorly elasticity of the muscle or sphincter [7-8] 4) eating a high-energy, carbohydrates, fat and protein, a major risk factor causing obesity [9-10] 5) beverages containing caffeine 6) smoking and 7) constipation.

The promotion of urination from Benign Prostatic Hyperplasia was the process for promoting urination in elderly in order to have better urinate, prevent disease symptoms intensified[11-14], and reducing the cost of care. In addition, the patients should have adequate knowledge and skills to manage their urinary disorders which were as follows: 1) to educate the patients for more understanding which leads to confidence and cooperation of care (Education and reassurance); 2) to modify the lifestyle; 3) to intervene the behavior; 4) cauterization care for the patients who cannot urinate or urinary retention and need to retained catheter. This study investigates the satisfaction of using clinical practice guideline of the Australia National Health and Medical Research Council [NHMRC] for promoting urination in the elderly priests with Benign Prostatic Hyperplasia at Urology Surgical ward, Priest Hospital.

## METHODOLOGY

### 1. Research Questions

How preference for using of clinical practice guideline for promoting urination in the elderly priests with Benign Prostatic Hyperplasia is ?

### 2. Objective of the research

To study the satisfaction of using clinical practice guideline for promoting urination in the elderly priests with Benign Prostatic Hyperplasia at Urology Surgical ward, Priest Hospital

### 3. Population and sample

Population in this study was the priests, aged 60 years and over, with Benign Prostatic Hyperplasia at Urology Surgical ward, Priest Hospital. Sample was 20 priests .The inclusion criteria was the priests, aged 60 years old and over, with Benign Prostatic Hyperplasia, who neither planned nor prostate surgery and urinary problems caused by the enlarged prostate

### 4. Instrument

1. Questionnaire: the overview of the CPGs users including gender, age, education, job tenure, and already trained on using the clinical practice guideline for promoting urination in the patients with Benign Prostatic Hyperplasia.

2. Questionnaire: the possibility to use of clinical practice guideline for promoting urination in the elderly priests, aged 60 years old or over, with Benign Prostatic Hyperplasia.

## RESEARCH RESULTS

Part 1: The demographic of elderly priests with Benign Prostatic Hyperplasia.

**Table 1**  
**Number and percentage of elderly priests with Benign Prostatic Hyperplasia at Urology Surgical ward, Priest Hospital. Classified by age, education, primary caregivers, and preferential treatment.**

Demographic	Frequency (n=20)	Percent
<b>Age (year)</b>		
60-69	8	40
70-79	8	40
80-89	3	15
90-100	1	5
<b>Education</b>		
Primary school	17	85
Secondary school	2	10
Diploma	1	5
<b>Primary Caregiver</b>		
Child	10	50
Wife	3	15
Other priest from same Temple	7	35
<b>Preferential Treatment</b>		
Welfare scheme	19	95
Government officer	1	5
<b>Total</b>	20	100

Sample in this study was the elderly priests with Benign Prostatic Hyperplasia at Urology Surgical ward, Priest Hospital. The demographic was as follows; all participants were male, age between 63-93 years old, 73.3 years old in average. Most of the sample were finished in primary school (85 percent), followed by secondary school (10 percent), and diploma (5 percent). The patients' care givers were their child, wife, and other priest from the same temple, which are 50 percent, 15 percent and 35 percent, in respectively. Preferential treatment was welfare scheme (95 percent) and government officer (5 percent).

Part 2: The satisfaction of elderly priests with Benign Prostatic Hyperplasia on clinical practice guidelines for promoting urination.

**Table 2**  
**Number and percentage of elderly priests with Benign Prostatic Hyperplasia, classified by level of satisfaction on clinical practice guidelines for promoting urination (n = 20).**

Satisfaction of Care	Level of Attitude					
	High		Moderate		Low	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
1. geriatric diagnosis and assessment before promoting urination	11	55	9	45	0	0
2. health education investigation and treatment other complication	18	90	2	10	0	0
3. promoting urination	13	65	7	35	0	0
4. follow up and give the instruction for self-management	17	85	3	15	0	0
5. medium for promoting urination	11	55	9	45	0	0

Satisfaction of Care	Level of Attitude					
	High	Moderate	Low	Very Low	Very High	Very Low
6. overall satisfaction on promoting urination	17	85	3	15	0	0

Table 2 showed the satisfaction of the health care team on elderly priests with Benign Prostatic Hyperplasia on clinical practice guidelines for promoting urination. The research found that most of the priests satisfied on geriatric diagnosis and assessment before promoting urination at high level (11 priests, or 55 percent), and moderate level (9 priests, or 45 percent). They were satisfied on health education investigation and treatment other complication at high level (18 priests, or 90 percent), and moderate level (2 priests, or 10 percent). Next, satisfaction on promoting urination was at high level (13 priests, or 65 percent), and moderate level (7 priests, or 35 percent). The satisfaction on follow up and give the instruction for self-management at high level (17 priests, or 85 percent), and moderate level (3 priests, or 15 percent). Table 2 also revealed that the satisfaction on medium for promoting urination was at high level (11 priests, or 55 percent), and moderate level (9 priests, or 45 percent). Finally, the overall satisfaction on promoting urination at high level (17 priests, or 85 percent), and moderate level (3 priests, or 15 percent).

Part 3: The satisfaction of users on clinical practice guidelines for promoting urination in elderly priests with Benign Prostatic Hyperplasia

**Table 3**  
The satisfaction of users on clinical practice guidelines for promoting urination in elderly priests with Benign Prostatic Hyperplasia

Satisfaction of Care	Level of Attitude					
	High		Moderate		Low	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
1. ease and comfort to use	6	75	2	25	0	0
2. suitable for Urology ward	7	87.5	1	12.5	0	0
3. benefit for clinical practice guideline	8	100	0	0	0	0
4. possibly continuous clinical practice guideline	6	75	2	25	0	0
5. overall satisfaction on clinical practice guideline	7	87.5	1	12.5	0	0

Table 3 showed the satisfaction on clinical practice guidelines for promoting urination in elderly priests with Benign Prostatic Hyperplasia. Results showed that majority of the users satisfy with ease and comfort to use at high level (6 priests, or 75 percent), and moderate level (2 priests, or 25 percent). They was satisfied on suitable for Urology ward at high level (7 priests, or 87.5 percent), and moderate level (1 priest, or 12.5percent). The satisfaction on benefit for clinical practice guideline at high level (8 priests, or 100 percent). Next, they were satisfied on possibly continuous clinical practice guideline at high level (6 priests, or 75 percent), and moderate level 2 priests, or 25 percent). Finally, the overall satisfaction on clinical practice guideline at high level (7 priests, or 87.5 percent), and moderate level (1 priests, or 12.5 percent).

## DISCUSSIONS

The study of using clinical practice guideline for promoting urination in the elderly priests with Benign Prostatic Hyperplasia. The research found that the majority were satisfied on health education investigation and treatment other complication at high level (90 percent), follow up and give the instruction for self-management (85 percent), and overall satisfaction on promoting urination (85 percent). The research resulted consistent with

the study of Pen Pengpuengkaew (2554) [15] which showed that the elderly with Benign Prostatic Hyperplasia satisfy on the clinical practice guideline for promoting urination at high level (100 percent).

All CPG users were registered nurses at the urology surgical ward, Priest Hospital. They satisfied on benefit for clinical practice guideline, suitable for Urology ward (87.5 percent), ease and comfort to use (75 percent), possibly continuous clinical practice guideline (75 percent), and the overall satisfaction on clinical practice guideline (87.5 percent). The research resulted consistent with the study of Pen Pengpuengkaew (2554) which showed that CPG users at the urology surgical ward, Ratchaburi Hospital, were satisfied on ease and comfort to use, suitable for Urology ward, benefit for clinical practice guideline, possibly continuous clinical practice guideline, and the overall satisfaction on clinical practice guideline at high level (87.5 percent).

### CONCLUSIONS

This study was divided into two parts: first part, investigate the satisfaction of priests, who received care from the health care team, according to clinical practice guidelines for promoting urination (CPGs). Results showed that the priests were satisfied in the knowledge about the disease, diagnosis, and treatment other complications up to 90 percent; second part, investigate the satisfaction of CPGs users. Results showed that the overall satisfaction level from clinical practice guidelines was high (87.5 percent), suitable for adoption up to 87.5 percent, easy and comfort to use, and possibly continuous clinical practice guideline.

### SUGGESTIONS

1. When using clinical practice guideline for promoting urination in the elderly with Benign Prostatic Hyperplasia, the Urology Surgical OPD should assigned the health care team to participate in this clinical practice guideline for more effectiveness of care.

2. Future study should investigate the effectiveness of current clinical practice guideline for promoting urination in the elderly with Benign Prostatic Hyperplasia [16-17], and compare the effectiveness of current clinical practice guidelines for the better one and also improves the performance of the health care team.

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