



Training and health assistance for the elderly at the Griya Asih Home Care-Lawang, Malang

Sri Sunaringsih Ika Wardojo ^{a,1,}, Rakhmad Rosadi ^{a,2,*}

^aDepartment of Physiotherapy, Faculty of Health Science, Universitas Muhammadiyah Malang, Jl. Bendungan Sutami no. 188 A Malang, East Java, Indonesia

^bDepartment of Physiotherapy Profession, Faculty of Health Science, Universitas Muhammadiyah Malang, Jl. Bendungan Sutami no. 188 A Malang, East Java, Indonesia

¹sri_suryaningsih@umm.ac.id, ²rakhmad@umm.ac.id*

* Corresponding author

ARTICLE INFO	ABSTRACT
<p>Article history Received: 2021-05-09 Revised: 2021-06-09 Accepted: 2021-08-11 Published: 2021-08-12</p> <p>Keywords Community service Elderly home care Health assistance Nurse</p>	<p><i>The arrangement of systems and facilities of the home care according to the needs of the elderly is still one of the obstacles at the Griya Asih home care Lawang-Malang, so that the management of the home care needs assistance activities. This activity aimed to increase the active participation of the target community (caregivers at elderly home care) in overcoming health problems that arise in elderly home care. The implementation methods were: (1) Training and mentoring on the rehabilitation of the elderly and (2) Training programs and health assistance for the elderly. Service activities have been carried out well according to the target, which is indicated by an increase in knowledge of 75%. In addition, the management of the elderly home care also provides positive support which is indicated by their involvement in the implementation of activities.</i></p>
<p>Kata kunci Panti lansia Pendampingan kesehatan Pengabdian masyarakat Perawat</p> <div data-bbox="255 1388 391 1523"></div> <div data-bbox="167 1534 470 1601"></div>	<p>Pelatihan dan pendampingan kesehatan lansia di Panti Asuhan Griya Asih-Lawang, Malang. <i>Pengaturan sistem dan fasilitas panti yang sesuai kebutuhan lansia masih menjadi salah satu kendala di Panti Griya Asih Lawang-Malang, sehingga para pengelola panti membutuhkan kegiatan pendampingan. Kegiatan ini bertujuan meningkatkan peran serta aktif masyarakat sasaran (perawat panti lansia) dalam mengatasi gangguan kesehatan yang timbul yang di panti lansia. Metode pelaksanaan berupa: (1) Pelatihan dan pendampingan tentang rehabilitasi lansia dan (2) Program pelatihan dan pendampingan kesehatan lansia. Kegiatan pengabdian telah dilaksanakan dengan baik sesuai target, yang ditunjukkan dengan adanya peningkatan pengetahuan sebanyak 75%. Selain itu, pihak pengelola panti lansia juga memberikan dukungan positif yang ditunjukkan dengan keterlibatan mereka dalam pelaksanaan kegiatan</i></p> <p>Copyright © 2021, Wardojo & Rosadi This is an open access article under the CC-BY-SA license</p> <div data-bbox="1133 1523 1316 1590"></div>

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INTRODUCTION

The Griya Asih Lawang elderly home care is located in Lawang District Malang Regency, East Java with a cool demographic. Far from the crowded places, thus, it is possible to make the elderly feel more comfortable during their stay. The transport to get there is relatively easy to find. Lawang Regency has only one elderly home care, it is Griya Asih Lawang that is located at Jl. Pramuka Ngamarto Village Lawang (Yuliatin, 2008).

All the elderly who are in the Griya Asih Lawang are mostly coming from outside the region and they are the upper middle class. There are around 16 officers with 1 head of the hostel, 8 medical social workers, 3 cooks, 3 security guards,

and 1 gardener. On average, the residents who live in the home care are parents of childrens who feel taking care of their parents are demanding. In addition, there are also some elderly who do not have any relatives left with them. Meanwhile, for their physical being, some of the elderly are independent to do their daily activities, but some others are not, they need others' assistance. According to data on the number of elderlies resided in Griya Asih Lawang in 2010, there were recorded as many as 50 people that consists of partial care for 5 people (10%), total care for 30 people (60%), and the rest can do their own activities for 20 people (30%), however a strict supervision from medical social workers is still provided. Deriving from the data above, it shows that about 10 elderly (40%) need assistance in carrying out their daily activities. Meanwhile, there are only 16 officers who can assist their activities, 6 social workers, 2 janitors, 2 security guards, and 3 cooks, and the remaining 3 are management.

Without good biomechanics and kinesiology techniques in helping the elderly carrying out their daily activities, the medical social workers will suffer from health problems as a result of the wrong techniques applied, such as low back pain, frozen shoulder, tendinitis of tendon muscles, muscle cram, and so on (Wardojo & Rosadi, 2017; Wulan et al., 2012). The social workers working at various home cares also admit that health problems often arise so that the services for the elderly home care are disturbed (Boehm & Staples, 2002; Wheeler & McClain, 2016).

The elderly needs a clean place because their immune system is weak. Air circulation, ergonomic and safe chairs and tables are still the main issue in Griya Asih elderly home care Lawang. Some elderly are suffered with decubitus and wound on their bodies, thus, they need treatment from a nurse as an expert in the field, but the staff in this place is not yet available. (Alhammadi & Ogale, 2020; Isma, 2013).

In term of psychological condition, the average of the elderly is recorded good during their stay at the home care because the personal approach taken professionally by the staffs. The health issues of the elderly are diverse, thus it takes a doctor to monitor their health on a regular basis to improve the health quality (Pramono & Fanumbi, 2012; Zulfina, 2014).

Some problems found in the partner home care are the lack of knowledge of safe and good handling methods in assisting the elderly carrying out their daily activities, health consultation, and less good treatment. This is resulted from the awareness that elderly independence in carrying out their physical activities is crucial to maintain a quality level of health and age (Langhammer et al., 2018; McPhee et al., 2016; Yen & Lin, 2018). Therefore, training and service are required to improve their independence (Hanson et al., 2013).

The concern for the elderly is in line with the commitment to achieving the Sustainable Development Goals (SDGs). As reported in Voluntary National Review of 2016, 2017 and 2018 published in 2018, Indonesia is among the countries that highlight the elderly group in SDGs context as number one through efforts in improving social services and expanding social protection systems that is targeted for the elderly welfare (Djamhari et al., 2020).

Therefore, based on the results of discussion between the caregivers in the elderly home care and the project team, an agreement is reached that the priority and urgent problem to find a solution is the lack of physical rehabilitation services for the elderly. This affects the inhibition of the independence of the elderly in carrying out their physical activities which is highly dependent on the help of the caregivers. Thus, it has an impact on the decrease of quality of life and the health of the elderly. It is concluded that the main goal of elderly home care is not yet achieved. This activity aims to improve active participation from the target community (caregivers of elderly home care) in overcoming health problems that arise in elderly home care. Other than being useful in helping to solve partner's problem, this project is expected to be an inspiration for other service activities carried out by university lecturers.

METHOD

Problem solving framework

The problem-solving framework that can be done is to improve active participation of the target community (caregivers of elderly home care) in overcoming health problems that occurs in the elderly home care, the activities conducted were: (1) training and mentoring on rehabilitation of the elderly to help them carrying out activities, (2) training and mentoring program on elderly health that includes health education and consultation, health training for the elderly.

Problem solving realization

The realization of problem solving as agreed with the management (Figure 1) was in the form of training and mentoring on elderly health issue at Griya Asih elderly home care Lawang, located at Jl. Pramuka, Krajan, Lawang, Lawang District, Malang, East Java 65216. The map is presented in Figure 2. This community service was done for 3 months.



Figure 1. A picture with the head of management after an agreement of activities has been reached

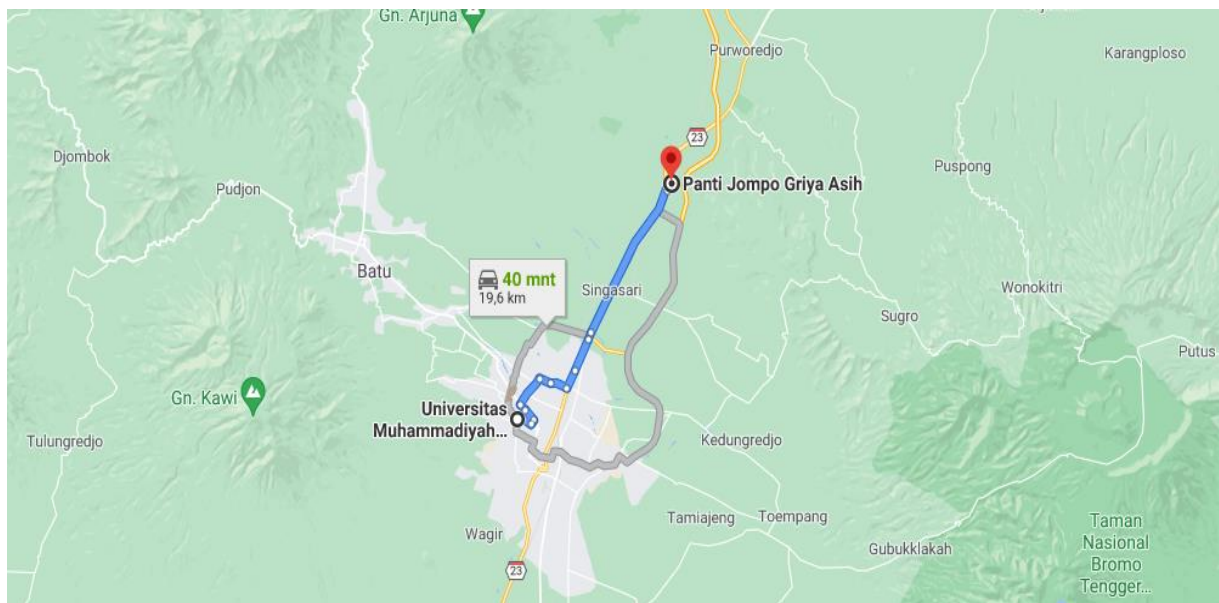


Figure 2. A map of Griya Asih Lawang-Malang elderly home care

Target audience

The target audience of this project was the caregivers in Griya Asih elderly home care Lawang-Malang. The involvement of the elderly home care residents is an important part of this training and mentoring.

Methods implemented

The method implemented in the training and mentoring of elderly health in Griya Asih elderly home care Lawang-Malang were: (a) an evaluation through pretest and posttest, (b) lecture and Q & A session about elderly rehabilitation and health education to help overcoming health issues who experienced in their extremity system, so that they can still do their daily activities, and (c) direct practice on the rehabilitation of the elderly.

RESULTS AND DISCUSSION

Prior to the activity, coordination with Griya Asih elderly home care Lawang was conducted. This was done as a form of pre-planning step to set the target, method, activity systematic, and location. It was decided that there were 16 active

caregivers as participants. In addition, the activity systematic were opening, speeches from the elderly home care and from the project team, afterwards was a pretest. After the pretest, materials were delivered in two parts. First, training and mentoring on the elderly rehabilitation aiming at assisting them to carry out daily activities. Second, training and mentoring on the elderly health that covered health education and consultation, and health training for the elderly.

The materials delivered was continued by discussion and Q &A session. When the materials were well delivered, a training on basic rehabilitation technique was given. In the end of the session, posttest was given to measure caregivers' understanding on the material.

The implementation of this project had gained positive support from elderly home care management and it was considered as a pilot project in the place. This activity was a collaborative work between Faculty of Health University of Muhammadiyah Malang and Griya Asih elderly home care Lawang. This training and mentoring were a form of anticipatory guidance by provisioning knowledge and skill for the caregivers in order to easy assist the resident of the elderly home care to carry out their daily activity optimally.

The demography of 10 participants is described in Table 1.

Tabel 1. Demography of caregivers' education in Griya Asih Lawang-Malang

Level of education	Frequency	Percentage (%)
High School	7	43.75
Diploma	8	50
Bachelor	1	6.25
Total	16	100

It is recorded from table 1 that High School graduates are in a big portion for 7 participants (43.75%), others are Diploma for 50%, and the rest are Bachelor for 6.25%.

Pretest and posttest

The pretest and posttest were conducted before and after the activity with 10 questions needed to be answered by the participants. The yes-no question covered the knowledge about elderly health, or geriatric care, as well as some techniques applied to overcome health problem which commonly occurred in the elderly resided in the home care.

The pretest and posttest results of the 16 participants are presented in Figure 3.

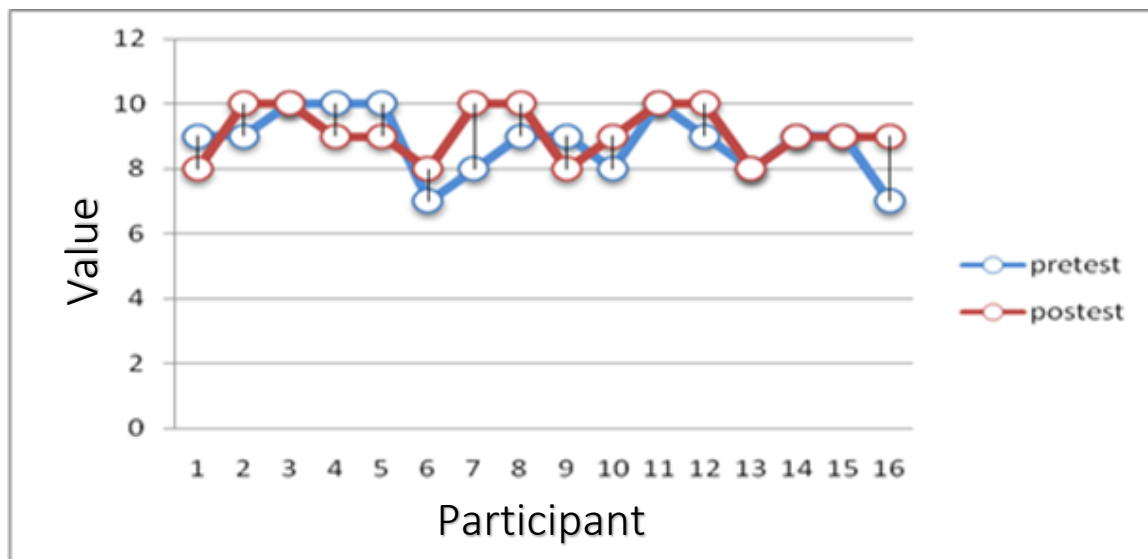


Figure 3. Pretest and posttest result

It is observed from Figure 3 that the caregivers who received higher or level-off score after joining the training and mentoring were 12 caregivers (75%), meanwhile, the ones who received lower score were 4 caregivers (25%). It can be derived that this activity had improved the caregivers' knowledge on elderly rehabilitation and health education.

Health education is communication activity that aims to improve, change, and prevent illness by influencing the knowledge, beliefs, attitudes, and behavior of the community. Health education (such as children in school education) is a communication activity with individuals or groups that aims at changing knowledge, beliefs, attitudes, and behavior directly and conducive to improve health (Hou, 2014; Kumar & Preetha, 2012; Sharma & Romas, 2012). Health education is an important component in promoting health (Golinowska et al., 2016; Hahn & Truman, 2015; Mallmann et al., 2015).

According to Pender et al. (2011), some objectives of health education are: (1) Increasing public awareness about the main threats to health so that prevention is undertaken, (2) Changing the understanding on the definition of health that is not only from disease but reaching a higher degree of health for individuals, families, and communities, (3) Creating conditions and empowering existing resources in the community to make efforts to change social and environmental factors related to the achievement of increasing health status, and (4) Assisting the community in developing the knowledge and skills needed to implement health protection and health promotion behavior.

The improvement on caregivers' knowledge is a result of some contributing factors, such as: 1) the materials delivered is new using simple language with a combination of pictures, 2) the material presented is designed in the form of tips or ways to deal with emergency issues, and 3) the material is delivered using module and LCD. Meanwhile, for the stagnant or even lower score on knowledge test is mainly caused by limitations and obstacles when implementing emergency health education.

Material presentation activity

The activity on material delivery was divided into 2 steps. The first one, it was about elderly rehabilitation and health education (Figure 4), while the second one was about the practice on simple elderly rehabilitation to overcome health problem (Figure 5). The media used were laptop, LCD, whiteboard. Some obstacles found were the crowd outside the room that cause to distracting participants' focus.



Figure 4. The first material delivery: elderly rehabilitation and health education

Social rehabilitation is a process of refunctionalization and development to enable a person to be able to carry out his social functions properly in community life. Elderly rehabilitation is an effort aimed at assisting the elderly in recovering and developing their social functions (Abdi et al., 2019; Cowley et al., 2021; World Health Organization, 2015). The implementation of this activity is a form of concern so that psychologically the elderly do not feel excluded and are still potential as they have more experiences that are useful for families and communities to learn from (World Health Organization, 2015).



Figure 5. The second material delivery: practice on basic elderly rehabilitation

The practice on elderly rehabilitation is much needed as an effort to optimize the service to the elderly who are in need. The activity of direct practice is an opportunity for the caregivers to know more about the dynamic and reality of their working units. In addition, they can develop and improve the knowledge received as well as trying to find an innovation thus their role is maximum (Anggraeni, 2016).

CONCLUSION

This community service has been done well in achieving its target, it is seen from the improvement of cognitive aspect for 75%. Furthermore, the management of elderly home care give their positive support as shown by their involvement in the activity. In the future, the activity must be continued with various activities, thus, a positive impact can be maximally reached by the target community, in this case is the elderly and the elderly home care management.

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