



The experience of older people living in nursing home (Panti Wredha) in DKI Jakarta, Indonesia

Etty Rekawati^a, Junaiti Sahar^a, Widyatuti^a, Ibnu Abas^b and Chaidir^c

^a Faculty of Nursing, Universitas Indonesia

^b Sasana Tresna Wredha Ria Pembangunan Nursing Home, Cibubur

^c Department of Social of DKI Jakarta, Ministry of Social, Indonesia

KEYWORDS

Older people;
Health status;
Partner;
Satisfaction and
quality of life

Abstract

Inability to fulfil daily needs and natural aging process will affect both health and life satisfaction among older people. Services to older people in nursing home may be affected when cooperation between nurse, caregiver and older people are not optimal. Hence, the cooperation between them must be optimized to enhance services and maintain quality of life among the older people. The aim of this study was to develop a partner model between nurse, caregiver and older people in nursing home, Panti Wredha in Jakarta, to improve caring behavior, health status, satisfaction and quality of life of older people. This study's operational method consisted of three phases: (I) exploration phase, (II) model development phase, and (III) model trial phase to assess the model effectiveness. The first year was phase I and II. The second year was phase III model trial to assess the model effectiveness. This article will report the phase I findings. Qualitative design with a descriptive phenomenology approach was used. The population was older people living in Nursing Home (Panti Wredha) in Jakarta. The sample for phase I was selected according to some criteria until data saturation was achieved: eight older people. Data were collected using face-to-face interview to older people. Data were analyzed using Collaizi method. The result of 11 themes (older people). This result will be used further for development of model and module, and will test by readability and expert test.

© 2018 Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

Indonesia is among countries that the population was dominated by old structures, because the population of older people more than 7% of the amount of total population. The results of National Socioeconomic Survey (Susenas) 2013, the population of the older people occupied 8.05% from

amount of citizen, predicted to increased to 13.2% in the end of 2025 (BPS Indonesia, 2013; Kemkes, 2013). Indonesia was a country with increasing number of senior citizens were quite fast in the world and is ranked fourth after China, India and the United States (Suyono, 2006). The increase in the older people population is very rapid that brings consequences to the problems arise and impacts on various as-

*Corresponding author.

Email: rekawati@ui.ac.id (E. Rekawati)

pects of social, economic and health. Because of the increasing of age, the organ function will decrease either due to natural factors, or the risk factors that accompany. Boonyakawee (2006) found that 87% disability of older people were due to diseases that affected the older people to increased dependency to their family. Older people with incompetence often had a poor perception of the level of health and into dependency in life (Inoue and Matsumoto, 2001 in Zeleznik, 2007). Such conditions can affect the older people in living life satisfaction.

Limited facilities and economical inadequacy in most older people living in urban areas, in addition to environmental stressors is high enough and disability experienced by poor families could impact on physical and psychological conditions, in which the older people tend to be aloof and harbored stress can affect their health and most of the older people are looking for daily needs by begging on a footbridge and begging on the street. Jakarta's policy does not allow beggars and homeless cause these older people raids by *kamtibmas* and put in nursing home Panti Wredha. However, not all older people have luck in his life because of economic factors and lower or inexistence of family support that cause most neglected older people and put in Panti Wredha. The life of the older people in nursing home is seen partly as a last resort of powerlessness, but there are some of them feel alienated and powerless due to less valued and empowered. Based on observations in the field, most of older people were sitting alone with an empty view and sorrowful feeling by the officers' attitude. This condition described that the existing services were not optimal. The existence of a nurse at the nursing home to provide care to the older people were not empowered optimally, as well as caregiver not optimized they role and conducted the supervisory only.

On the other side, Panti Wredha focused more on social services that emphasize physical services to meet the needs of clothing, food and residence. Rather, the attention to the psychological aspects of the older people were not optimized, so that a comprehensive service by professional nurse couldn't not be realized. Whether this service is appropriate with the needs of the older people has not been answer until this study conducted, because of similar studies has not been extensively studied yet.

This condition can result in lower life satisfaction of older people due to less optimal support of the environment and the aging process that can not be avoided shown by the loss of independence, and the limited participation in activities (Figueira et al, 2008). Life satisfaction is a multidimensional issue that is influenced by objective and subjective characteristics include cognitive function, emotional status, social support, physical condition, self-reliance and sociodemographic variables (Onishi et al, 2010). These conditions can affect the quality of life of the older people. Quality of life can be maintained if the control of risk factors can be minimized and psychological status of the older people can be maintained in good condition through promotive and preventive efforts optimally. The Partnership is a joint effort made to help each other in achieving the goals set together (Stanhope and Lancaster, 2010). The existence of caregiver can provide quality services for the older people, if empowered through collaboration with nurses, so that the health status and life satisfaction can be achieved. As a result, the

quality of life of the older people can be maintained optimally. Nurse-Family Partnership model was implemented on the mother-child area, given assistance start from pregnancy until the child is 2 years old. This model has been proven to successfully provide services to families with lower socioeconomic and makes the mother can undergo childbirth and child care better (Frieden, 2007).

Caregiver at nursing home is the closest to the older people as a substitute for the family; if it can be partnered, it can provide guidance on the older people optimally. Based on these reasons researchers were interested in developing a partnership model nurses, caregiver and older people to improve health status, satisfaction and quality of life of the older people.

Research problem

Jakarta is experiencing the problems associated with the increase in the older people population from year to year rapidly. The older people population in 2010 was amounted to 9.61% of total population. The result of the study conducted by Wati and Riasmini (2011) in Jakarta (East and South Jakarta) was found that 43% of families experienced a moderate burden of caring for the older people. While Rekawati (2010) found about 42% of older people neglect either causes by internal, or external of older people. Internal causes can be lack of self-care, poor health status due to lack of health care, while external causes for lack of family attentions in older people care (Ramlah, 2014). The condition showed that the older people are a group at risk of developing various health-related issues and neglect, so that most of them are abandoned on the streets and get caught by *kamtibmas* and sent to the government-owned nursing homes.

In nursing home Panti Wredha the older people needs for eat, drink and clothing can be met, but some of them just sitting around daydreaming and rarely do routine physical activity such as ROM (range of movement) which is very beneficial for them. Psychological approach and a high concern of caregiver were also a complaint and self-care needs even less attention. This condition caused people's view of nursing home as a place of neglected older people by their families. Whereas, if the service of nursing home can be optimized, there would be an alternative solution for the older people who have no or very busy family. This phenomenon can be formulated based on the study question: whether the partnership model of nurse, caregiver and older people effect to enhance the role of facilitator, health status, satisfaction and quality of life of the older people.

Study purposes

The general purpose was to determine the effect of the partnership model of nurse, caregiver and older people to increased care behaviors, health status, satisfaction and quality of life of the older people in the nursing home Panti Sasana Tresna Wreda (PSTW), Jakarta.

The specific purpose was the experience of older people live in nursing home, by identifying: 1) older people response to treatment; 2) older people activities conducted; 3) health problems experienced; 4) difficulties experienced during live in, and 5) older people's hopes related to services in PSTW.

Method

The study was carried out by qualitative research. Inclusion criteria for the respondents were older people who met the following criteria, such as: 1) stay at home for more than 6 months; 2) live in nursing home because of the raids by kamtibmas (poor families); 3) not in conditions of bed rest, and 4) do not have dementia and willing to be interviewed. The total sample was eight older people, has reached saturation that occurs repetition of older people informant response and the purposes have been achieved.

The process of data collecting was chose the sample of informants with appropriate criteria with the help of the head of nursing home and nurses, after that conduct in-depth interviews with older people in a convenient place using interview guideline. The result of focus grup discussion (FGD) and in-depth interview was recorded with 2 recording device to keep it safety and have got the informants consent before. Recording results were clear and could be heard by the informant again.

Ethical considerations

Data collection was done after the proposal pass the ethical test of the Research Ethics Committee of FIK UI. Researchers applied three basic ethical principles that respect the dignity of participants: attention to the benefit and avoid danger, because the was no treatment in the first phase of research, then the risk of injury is minimal as physical fatigue during the interview, if the participant could not participate, they was allowed to withdraw without penalty; paid attention to fairness in choosing the place and the interview process would be the same, that preference was given to the informants. During the study process both FGD with the nurse and caregiver, as well as interviews with the older people could be implemented properly, without obstacles that may affect the results of the research. The informants has been briefed on the study process and have signed an informed consent, according to the format attached (Appendix 1) before the data collection process done.

Data analysis

Data was analyzed using Collaizi method (Stubert and Carpenter, 2003) with the following stages: 1) created a transcript data to identify meaningful statements from participants; 2) read the transcript as a whole and repeatedly to comprehend statement of participants; 3) made the categorization of keywords of the statement of informants; 4) assigned these categories into meaningful sub themes and interconnected; 5) grouped sub-themes to be the theme; 6) returned it to the participants to confirm and verify the participant's statements that made into themes (verification done by playing the tape to the informant and asked to comment on inappropriate things), and 7) made writing about overview of participants experience as final description.

Research places

Research conducted in nursing home Panti Sosial Tresna Wredha, Government asset in Jakarta by selecting the ap-

propriate inclusion criteria. The choosing reasons are because of it mostly populated by older people from disadvantaged families (poor). The existence of this model is useful in improving the existing service, which has not been optimal. Jakarta has the second largest older people population after Jogjakarta.

Results

The study began with the ethical clearance and licensing territories arrangements. Ethical clearance was obtained from the Ethics Committee of the Faculty of Nursing, University of Indonesia. DKI Jakarta Health Agency allowed for the implementation of this study.

Results of the analysis obtained in the following results:

1. Older people response to treatment in PSTW:
 - Theme 1. Health services nursing home, identified by two sub-themes; good and less; with the following statement:
 - “[...] there are two doctors. This [...] (pointing something) doctor on duty every Wednesday [...]” (I: 1, 4, 8).
 - “[...] Yes, quite. The service officer was nice [...]” (I: 3, 7).
 - “[...] Yeah nurse, that officer. If I supposed to go to hospital she does it. Ever time I was nauseous at 8 a.m., she helps me [...]” (I: 2, 5).
 - Theme 2. The behavior of officers in serving the older people, identified by three sub-themes; friendly, not friendly and humorous; with the following statement:
 - “[...] for here, officers also friendly and can be guided with the entire grandpa here [...]” (I: 1, 7, 8).
 - “[...] so, yeah friendly, the officers give attention, every Monday and Thursday is visited [...]” (I: 5, 7, 8).
 - “[...] well same, ordinary, intimate enough [...]” (I: 6).
 - “[...] Ohh yes, well yeah (laughs) yeah she is friendly, not vicious [...]” (I: 5).
 - Theme 3. Nursing interventions performed by the nurse, identified by two sub puzzles are independent and collaborative intervention. Independent intervention sub-theme identified into two categories: vital signs examination and minimal education, while the collaborative interventions sub-theme identified to one category, treatment, with the following statement:
 - “[...] blood pressure, just like that. Yes. Then I [...] eeh [...] why it can be 180, I am asked [...]” (I: 3, 4, 7).
 - “[...] Grandma, be careful yah, afraid if you fall because of high blood pressure, afraid to faint [...]” (I: 4, 5, 6).
 - “[...] yeah must be and must be relaxed. How to teach me relaxed [...]” (I: 5).

"[...] told to sit down, then nurse asks to try to learn the walk [...]" (I: 6.7).

"[...] there are activity therapies [...]" (I: 8).

- Theme 4. Identified adequate nursing home facilities (available clean clothes, bedding, sports facilities, TV) with the informant following statement:

"[...] Clothes just stay put on, there are washed clean one [...]" (I: 1.8)

"[...] Yes, indeed the situation like that, so I am just stay asleep. There are clean mattresses, blankets, and others, as well as clothes and sweatpants too. There's clothes [...]" (I: 5).

"[...] Ohh facilities already sufficient [...]" (I: 3.4).

"[...] because well there are two plasma TV [...]" (I: 2, 7, 8).

- Theme 5. Group therapy at nursing home was identified through two sub-themes, group activities therapy and mentoring. Activities therapy has one category, *Panggung Gembira* (happy staged), with the following statement:

"[...] if given spirit. Come on Grandma we go to *panggung gembira*, let us help Grandma [...]" (I: 2, 4, 5, 6).

While the sub-theme of mentoring has three categories: invites older people to activities, assist and lead the older people participating in activities.

2. Older people activities in PSTW:

- Theme 6. Routines of older people activities were identified through six sub-themes; physical exercise, praying, rest, followed skills development activities, kitchen activities and entertainment.

Physical exercise sub-themes identified two categories; sports and exercise frequency, with the following statement:

"[...] because there is also a gymnastic exercise every Friday and Tuesday [...]" (I: 1, 2, 4, 7, 8).

"[...] so, what sport [...]? I most like to exercise [...]" (I: 3, 5)

Praying sub-themes identified three categories; Quran lessons, church, prayer; the following statement:

"[...] Al-Quran lessons by Monday and Wednesday. Before *Qasidah-an*, Al-Quran lessons first [...]" (I: 1, 3, 4, 5).

"[...] is guided to perform daily prayers. Any time [...] so do praying 5 times a day. Also available mosque at the behind [...]" (I: 6, 7, 8).

Rest sub-themes identified one category; sleep. Followed skills development activities sub themes identified one category: hand skills. The following statement:

"[...] well made Sulam-embroideries, lead by an expert [...]" (I: 1, 2, 3, 4, 5, 6, 7, 8).

Kitchen activities sub-theme identified one category. Entertainments sub-theme identified 4 categories: playing guitar, playing angklung, singing and sewing.

3. Health problems of older people in PSTW:

- Theme 7. Health problems experienced of older people have two sub-themes; degenerative and infectious diseases. Sub themes degenerative diseases have six categories; hypertension, stroke, diabetes mellitus and cancer; with the following statements:

"[...] eh, it's like high blood pressure, but not. Like aches on here, on the back [...]" (I: 1, 3, 7).

"[...] blood pressure, just like that. Yes. Then I [...] eeh [...] why it can be 180, I am asked [...]" (I: 5).

"[...] there is a doctor, I have high blood pressure, yeah 180; I was given medicine from the doctor [...]" (I: 4.8).

"[...] Diabetes. There used to be, how the level is yaaa [...] 304 if I'm not wrong [...]" (I: 6).

While the sub-theme of infectious diseases have five categories; skin, allergies, stomatitis, osteoporosis, and osteoarthritis.

- Theme 8: Hygiene house *Wisma* and environment are identified through two sub-themes; room and environment cleanliness.

Sub-theme of the room cleanliness, with the following informant statement:

"[...] clean the bed, yah mine is always clean [...]" (I: 1, 3, 5).

While the theme of environmental hygiene, with the following informant statements:

"[...] Bu Ummi who clean up. Sweeping, mopping [...]" (I: 1, 2, 3, 5, 7).

"[...] Well, there are two housekeeper and laundress...ohh do sweeping, cutting the grass, florist [...]" (I: 3, 5, 6, 8).

- Theme 9. Meeting the older people needs are identified through two sub-themes; personal and food needs. Personal and food needs expressed by informants with fairly and well, with the following statement:

"[...] What, all of our needs are always satisfied [...]" (I: 1, 4, 7, 8).

"[...] Alhamdulillah [...], toothbrush and toothpaste serve. Live according to the commands at nursing home, stay disciplined [...]" (I: 3.5).

"[...] if lunch vegetable or chicken and fruits. If afternoon, yah sometimes *rempahan jagung* and *sayur asem*, which is vitamins but well, spinach, *kangkung* [...]" (I: 6, 7, 8).

"[...] If eating, I think is enough [...]" (I: 5, 6, 7, 8).

4. Difficulties experienced during live in PSTW:

— Theme 10. Resident characteristics identified through five sub-theme; difficult to work together, abide the rules, sociable, not easily express feelings to others, and relations between the occupants.

5. Older people's hopes related to services in PSTW:

— Theme 11. Older people's hope during stay in a nursing home has three themes; expectations of workers, expectations of visitors and expectations of well-being. Sub-themes expectations of workers have four categories; the better service, the officer did not get bored, feel like family between workers and older people and the addition of staff, with the following statements:

"[...] Yes we only expect that the gentlemen officer's kind to help [...] onwards [...] Do not let today would but next day wouldn't [...]" (I: 3, 5, 7).

"[...] if not happy, grandma's hope to forthright do not expect the sullen face. For example if does not like grandma grandmother, just tell that frankly [...]" (I: 6).

"[...] asked for counseling, blood sugar and uric acid test [...]" (I: 1, 2, 5, 6).

"[...] . yeah rolling. So that he could be responsible [...]" (I: 7.8).

"[...] .Expectations for the gentlement officer is so hopefully doesn't get bored. Not sick of us. Not always [...] yes sick to serve us here. It is important [...]" (I: 1, 2, 4).

"[...] Yes, chatting, love, etc., or increase means like a brother sisters. Family bonding" (I: 3, 4, 5).

"[...] .nah if doing activities, not the same person anymore, he or she again and again becomes participant. Because it make others envy [...]" (I: 6.7).

Sub themes expectations of visitors have 1 category: more sensitive visitors. Sub themes expectations of welfare have 2 categories: health promotion and food additives.

Discussion

People living in a nursing home considered their self determination as at risk because they felt dependent on the daily

nursing care process. Moving into a nursing home was a critical life experience, but on the other hand, older people manage to cope with this move and can create an identity for their future. The study participants were aged between 72 and 98 years old, total of 8 interviews (4 women, 4 men) from four nursing homes in DKI Jakarta, Indonesia.

The informant's responses to the health services provided at nursing home most of older people stated that officers have been good in the service of health in the older people. The officers' behavior towards the older people, as a major informant stated friendly and humorous. Friendliness of health officers in dealing with the older people was a positive factor in service at nursing home (Slettebø, 2008).

Nursing interventions are found in nursing homes divided into independent and collaborative interventions. Independent intervention is nursing activities performed by a nurse without the authority of another health professional. Independent interventions in nursing homes consist of health assessment to evaluation (The official US Government for Medicare, 2015). Collaborative nursing intervention is an activity that requires the involvement of other health professionals. Collaborative nursing interventions are actions that require action shared by individuals from another discipline, such as the dietician, the occupational therapist, the anesthetist, or doctors (Gardner, 2003).

Facilities for older people in nursing home is adequate; the older people get clean clothes, beds, and health food. Nursing homes are facilities for older people who need care, the primary goal of an institution for older people should be to maintain interest in life, not just maintaining life (Kimondo, 2012).

One of the group therapy conducted in the nursing home is a group activity therapy. Activities undertaken by older people are arts activities, sports, development skills activity and praying. Activities represent a positive approach, in that they emphasize functional abilities and can be used not only in function but also restoration maintenance life of older people (Foster, 2013).

Older people health problems are found in nursing home are degenerative and infectious diseases. According to the wear-and-tear theory, the body can be like the machine tah is expected to function well during the period but eventually it is no longer function because of extensive accumulation of wear and tear. It leads to degenerative problems in older people (Miller, 2012). The most common degenerative disease was hypertension (45%), diabetes (3.6%) (Sudiono, 2008).

Hygiene conditions of nursing home assessed fairly by older people. The environment hygiene in the nursing home clearly affects residents' health and associated with the degree to roomates residents satisfied with reviews their nursing home (Chuang et al, 2015). Some informants stated that personal and food needs are met while staying at home. The purpose of nursing home is to meet the older people needs such as physical, emotional, and social. Older people needs for life like food and house is also important things to fulfil (Kimondo, 2012).

Some expressions of the older people with regard to the hope during stay in nursing home are expectations of workers regarding the improvement of services, expectations of visitors to be more sensitive to the older people, and expectations of welfare to be more enhanced. Several residents

expected that living in the nursing home would be the last journey of reviews their life, so they were willing to discuss reviews their deaths, such as symptom management, emotional, psychological, and spiritual support, and counseling services, especially with reviews their significant others (Chuang et al, 2015). On the other hand, many residents told that they felt they were cared for, but that at the same time the standard of reviews their care would have been even better if there had been more nursing personnel (Slettebø, 2008). Kimondo (2012) research shows that residents in nursing homes can establish a feeling of being at home with support from staff and relatives. Another research said that some residents wanted more support and opportunity for religion to be part of reviews their lives and need to engage in meaningful interpersonal reviews their social interactions with families and friends or with other residents in nursing home (Chuang et al, 2015).

Conclusions

The results of the research showed:

1. Health care at nursing home needs to be improved.
2. The behavior of officers should be increased through various training
3. Nursing Interventions should be developed to interdisciplinary health, cross-sector and cross-program
4. Nursing facilities need to provide the basic needs of the older people sustainably
5. Groups therapies were conducted by officers should be more varied
6. Expectations of the older people are an input for service improvement and welfare of the older people.

References

- Chang SJ. (Lived experiences of nursing home residents in korea. *Asian Nurs Res (Korean Soc Nurs Sci)*. 2013;7:83-90.
- Chuang YH, Abbey JA, Yeh YC, Tseng IJ, Liu MF. As they see it: A qualitative study of how older residents in nursing homes perceive their care needs. *Collegian*. 2015;22:43-51.
- Foster MP. *Therapeutic activities with the impaired older people*. USA: Routledge; 2013.
- Gardner P. *Nursing process in action*. USA: Thomson Delmar Learning; 2003.
- Kimondo JW. *Benefits and challenges encountered by older people living in nursing homes [Degree Thesis]*. Helsinki: Arcada; 2012.
- Miller CA. *Nursing for wellness in older adults: theory and practice*. 6th ed. Philadelphia: Lippincott William & Wilkins; 2012.
- Riedl M, Mantovan F, Them C. Being a Nursing Home Resident: A Challenge to One's Identity. *Nurs Res Pract*. 2013;2013:932381.
- Slettebø Å. Safe, but lonely: living in a nursing home. *Nord J Nurs Res*. 2008;28:22-5.
- Sudiono J. The features of degenerative diseases and their association with the loss of teeth in the older people of East Jakarta (Indonesia). *Southeast Asian J Trop Med Public Health*. 2008;39:184-9.
- The Official US Government Site of Medicare. What's a care plan in a nursing home? 2015. Available at: <https://www.medicare.gov/what-medicare-covers/part-a/care-plan-in-nursing-home.html>.