

Article

Implementation of the Family Care Model for Elderly Healthy

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Abstract: The elderly population throughout the world continues to increase every year. This makes the aging process an important social and welfare challenge for the health of older people. The health and welfare of older people cannot be separated from the support system provided by the family. The family is very important in caring for elderly people living at home. The objective of this article is to determine the effect of implementing the family care model on the health of older people. This research used a pre-experimental with one group pretest-posttest design using a purposive sampling technique with a total sample of 158 elderly people living with families, both nuclear families and extended families. The measuring instruments used in this research were a sphygmomanometer to measure the physical health of older people and the Mini-Mental State Exam (MMSE) for the mental health of the elderly, which was then analyzed using the paired t-test. The results of the study showed that the physical health of older people, the mean (SD) value for pre-post systolic blood pressure was 158.1 (14,461) - 144.56 (11,816), and for pre-post diastolic blood pressure was 86.77 (4,824) - 77.41 (5,884), while mental health elderly people obtained pre-post results of 20.08 (1.963) - 24.24 (1.982), with different test results obtained a p-value of 0.0001. The family care model's implementation for older people influences the health of the elderly, both physically and mentally.

Keywords: Elderly, Family Care Model, Healthy

1. Introduction

The elderly population throughout the world continues to increase. According to the World Health Organization (WHO), in 2020, the number of elderly people worldwide reached 703 million and is expected to grow to 1.5 billion in 2050. According to data from the Central Bureau of Statistics (BPS), in 2020, the elderly population in Indonesia reached 28.6 million people, or around 10.5% of the total population. The increasing number of elderly populations impacts their health and well-being. Elderly people have a higher risk of developing chronic diseases such as diabetes, hypertension, heart disease, and so on. Apart from that, they are also at risk of experiencing social isolation, anxiety, and depression. Studies show that about two-thirds of the world's elderly population lives in developing countries, and it is argued that shortly, aging will become one of the most important social and welfare challenges in developing countries [1]. Therefore, the health and well-being of older people have become a major focus of attention in health policies worldwide [2], [3]. Fulfilling the health and well-being of older people cannot be separated from the support system provided by the family. The family is very important in caring for elderly people living at home. This is in line with research that states that the family plays an important role in providing health care, and the family is responsible for maintaining health [4]. The role of the family greatly influences the health status of older people; if the role of the family is good, then it is hoped that the health status of

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older people will also be good, and conversely, if the role of the family is lacking, then the health status of older people will also be bad [5].

A preliminary study conducted at the Summersari Community Health Center, Jember Regency, showed that the number of visits with the number of families receiving health services was 436, and the number of high-risk treatments was 247. In addition, at the Summersari Community Health Center, Jember Regency, the number of 10 diseases most frequently visited by the elderly at the Community Health Center was obtained in 2022 with diseases: Hypertension 5,899, diabetes mellitus 4,321, gastritis 1,564, nephrotic disorders 1,713, allergic skin diseases 1,150, ischemic heart disease 458. The high morbidity rate for older people and the life expectancy of the elderly will increase dependency on meeting the needs of older people. Fulfilling the needs of older people with the model of care provided to older people will then determine the quality of life of the elderly. Elderly care is usually carried out to achieve several goals, namely helping the elderly to meet their needs, providing comfort, and maintaining the safety of the elderly so that they do not experience problems such as illness [6]. Therefore, the role of the family care model and community nurses is very important in improving the health status of older people [3].

Family care has been recognized as an effective model of care for older people in society [[7]. The family care model provides emotional, social, and physical support to older adults and can help them to maintain independence and healthy lives. Family care also helps reduce the cost of medical care and improves the quality of life for older adults. However, the family care model implementation still needs to be solved in society. Many families do not understand the needs and challenges faced by elderly people. Apart from that, the role of family nurses is often ignored and needs to be recognized more by medical authorities and society. Therefore, it is necessary to research to identify the implementation of family care models and to evaluate the effectiveness of these models in improving the health and well-being of elderly people in society [2].

2. Materials and Methods

This research method uses a pre-experimental one-group pre-post-test design [8], [9] The population in this study was 218 elderly people. The sampling technique used was purposive sampling, using predetermined inclusion criteria so that the number of samples obtained was 158 elderly families [9]. The inclusion criteria in this study were elderly people aged 60-70 years who lived with their families, either nuclear families or extended families. This research was conducted in January - March 2024 in Summersari District using a sphygmomanometer for measuring blood pressure and a Mini-Mental State Exam (MMSE) assessment instrument. The intervention method is providing education to families by providing positive perceptions and counseling regarding implementing the family model that will be applied to older people.

3. Results

3.1 Participants Characteristics

There were 158 older people involved in this research, with the majority being in the 60-74 year range, namely 91.9%, with the largest gender distribution being male (70.3%), married (67.1%), and educational history being high school (58.2%). The history of disease that elderly people have suffered from is hypertension (53.8%). The results of data tabulation regarding respondent characteristics can be seen in Table 1.

Table 1. Participants characteristic (N = 158)

Characteristic	Frequency	Percent
Age		
60-74	144	91,1
75-90	14	8,9
Gender		

Male	111	70,3
Female	47	29,7
Marital status		
Married	106	67,1
Widowed, divorce, single	52	32,9
Educational background		
Primary school	16	10,1
High school	92	58,2
College or above	50	31,6
Comorbid diseases		
Hipertensi	85	53,8
Diabetes Mellitus	22	13,9
Stroke	23	14,6
CHF	18	11,4
Stress/Depression	10	6,3

3.2 Participant Outcomes

Implementing the family care model to older people has shown significant results. This implementation was carried out within 3 months, namely January-April. Care for older people that is carried out on a family basis, namely by involving the family in all decision-making and regular examinations of older people, has proven to play an effective role in the health of older people in terms of physical and mental health. The majority of elderly respondents during the initial examination found that the systolic blood pressure of older people was in the range of 130-180 mmHg with details of 130 mmHg (7.6%), 140 mmHg (15.2%), 150 (8.9%), 160 mmHg (40.5%), 170 mmHg (12.7%), and 180 mmHg (15.2%). Meanwhile, the mental health of older people before the implementation of the familial care model was in the range of severe cognitive impairment (7%) and mild cognitive impairment (93%).

Table 2. Result of Paired t test

Variable	Pre	Post	P value
Physic Healthy, mean (SD)			
Sistole	158.1 (14.461)	144.56 (11.816)	0.0001
Diastole	86.77 (4.824)	77.41 (5.884)	0.0001
Mental Healthy, mean (SD)			
	20.08 (1.963)	24.24 (1.982)	0.0001

The interviews with elderly families showed that previously, the family had never participated in all the decisions made by older people, so older people more often made their own decisions and ignored their health. After implementing the family care model, the family has a fairly large role in the health of older people; this is supported by the results of the difference test between the two variables, showing a p-value of 0.0001.

4. Discussion

Family-centered care is a holistic approach to planning, delivering, and evaluating care based on a mutually beneficial relationship between the family and health workers. This approach fully involves the family, while health workers act as counselors and advisors [10]. The Family Care Model is a concept that is used as a holistic approach to supporting families in getting involved in elderly care. Family arrangements fundamentally impact patient management behavior, and family coordination is critical for the successful management of hypertension, especially for elderly men who depend on their wives for daily management (e.g., preparing meals) and become forgetful as they age [4].

Family nursing has always understood the inherent and transformative value of family-focused care. When asked, families and patients consistently stated that outcomes in quality of life and well-being were the most meaningful and beneficial during their illness, in which nursing and family nursing excelled. Holistic, family-focused approaches to health and healthcare have gained more attention and credibility over the past decade or so [11], with many studies demonstrating the benefits of patient-centered, family-focused, and family-focused approaches. And integrated care [12]. Currently, new approaches to family-focused elderly care cannot be discussed without recognizing the impact of technology on health and supporting family care for older people [13].

A holistic approach to elderly health that considers physical, mental, emotional, and spiritual aspects. Holistic health often includes thinking about nutrition, physical activity, and chronic disease management. Usually, complementary health-enhancing approaches are incorporated into daily routines to maximize well-being. But frequently, only the physical is noticed as we age. Ignoring other aspects of health significantly negatively impacts the physical health of older people [1], [7].

The role of the family in the lives of older people, as well as how this term is defined among the elderly population, continues to undergo refinement. The values and resources that older adults have and how their families influence them are core elements of how older adults age and how care is provided to encompass both the individual and the family system. It is, therefore, important to know how family functioning influences aging. By doing this, family experts and practitioners can optimize interventions and care plans for older adults to help them age well. This includes recognition of diverse family structures. The impact of intersectional identities on the health of older adults is receiving more attention as researchers seek to understand what causes us to experience health disparities that occur based on racial, ethnic, and sexual/gender minorities [11], [14].

The implementation of the family care model has a significant impact on the physical and mental health of older people. This is based on the research results showing that both p-values are 0.0001. This indicates that the family is important in determining older people's welfare and security status. As a natural source of social support, the family can provide various forms of support for older people. In general, the closest relatives offer services or support for older people. Parents need psychological needs, including emotional support, where parents need an environment that understands and understands them. Parents need friends to talk to, visit often, and say hello. The presence of family is required by older people to help them meet their daily needs, especially when older people are sick [15], [16]. The important role of the family for older people informally is to act as educators, motivators, and facilitators, especially for their daily activities. The family must be able to provide information regarding the health status of older people being cared for and provide motivation and enthusiasm so that older people can live the rest of their lives with quality. The family is also expected to be able to meet the daily living needs of older people and help them with their limited activities. A family function that is no less important is providing optimal care for elderly people who are sick or dependent on their daily activities. This can result in stressors for the family, especially the caregiver [17].

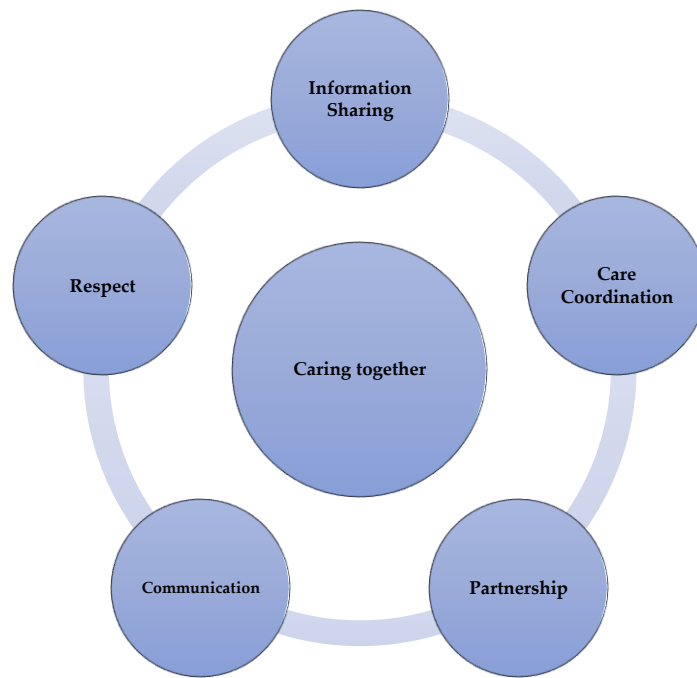


Figure 1. Family Care Model in Elderly [18], [19]

Family involvement fundamentally impacts patient management behavior, and family coordination is essential for the successful management of hypertension, especially for elderly men who depend on their wives for daily management (e.g., preparing meals) and become forgetful as they age [19]. Coaching and guidance efforts for families greatly influence the achievement of family independence in overcoming various health problems. This is because family nursing care is a series of activities to transfer knowledge and the family's ability to overcome existing health problems by using various strategies to improve behavior. The techniques or methods used include health education using verbal, psychomotor (practice), and affective to see the extent of family compliance in carrying out activities to overcome health problems in the family [7], [8].

Finally, another aspect of family-focused care that is receiving attention is integrated geriatric care strategies, which include programs and interventions that cover many aspects of care for older adults [20]. Integrated geriatric care strategy models and transitional care models have become popular. This includes a family-focused approach to palliative care and end-of-life care for older adults that is culturally competent and meets the needs of older adults and their families.

5. Conclusion

Family involvement in elderly care has an important role in the health of older people. This influences the behavior of older people in maintaining their health. The family has a role as a provider of information and as a partner in communicating and coordinating elderly care. The attention given by the family will play an important role in the physical and mental health of older people in their old age, somewhat able to achieve successful aging.

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