RELATIONSHIP BETWEEN HEALTH OFFICER SUPPORT AND INDEPENDENCE ABILITY IN DAILY CLEAN AND HEALTHY LIFE ACTIVITIES FOR ELDERLY PATIENTS IN PUSKESMAS BRINGIN REGION

D P Sari^{1*}, M Firdaufan², A R Saputra³

1,2,3Universitas Duta Bangsa *corresponding author: devi_sari@udb.ac.id

Abstract

Elderly patients are patients who go through the final stages of human life span. The support of health workers is very instrumental in encouraging the interest of elderly patients to have the ability to be independent in their daily activities in a clean and healthy life. Based on the preliminary survey, it is known that elderly patients In Puskesmas Bringin Region live far from close families, so they need support from health workers to improve their independence in their daily activities in clean and healthy life. The purpose of the study was the relationship of support of health workers with the ability to be independent in the daily activities of clean and healthy life of elderly patients In Puskesmas Bringin Region. This study is analytical using a quantitative method with a cross sectional study approach. The population in the study was 130 respondents with a sample of 98 respondents. The research sample was taken by purposive sampling technique. The independent variable of this study is the support of health workers and the dependent variable of the ability of independence in daily activities of clean and healthy life. The research instrument used a questionnaire. Data were analyzed using the chi-square statistical test. The results showed that the majority of health staff support In Puskesmas Bringin Region was in the good category of 55 people (56.12%) and most of the independence ability in the daily activities of clean and healthy living In Puskesmas Bringin Region was independent as many as 66 people (67.35%). The results of this study of 98 respondents based on the results of Chi-Square test significance between the variables of health worker support and the ability of independence in daily activities of clean and healthy life is known that the value of ρ is 0.003 $<\alpha$ (0.05), then Ho is rejected and declared there is a relationship between the support of health workers with the ability to be independent in the daily activities of clean and healthy living In Puskesmas Bringin Region. The conclusion obtained by this study is that there is a relationship between the support of health workers with the ability to be independent in the daily activities of clean and healthy living In Puskesmas Bringin Region.

Keywords: Support from Health Officers, Independence Ability for Daily Activities Clean and Healthy Life, Elderly Patients

1. INTRODUCTION

Advanced age is part of the process of growth and development. Elderly is a natural process determined by God Almighty. Everyone will experience the process of getting old and old age is the last human life period [1]. Elderly or commonly abbreviated as Elderly are Indonesian citizens aged ≥ 60 years [2]. According to WHO the elderly are divided into several age limits, namely the middle age between the ages of 45 to 59 years, elderly (elderly) aged between 60 and 74 years, elderly aged 75 to 90 years, and very old over 90 years. Elderly to have the ability to be independent in daily activities in clean and healthy activities gets the attention of the Puskesmas [3]. The Community Health Center (Puskesmas) is one of the functional functioning units as a health development center, a center for fostering community participation in the health sector as well as a first-rate health service center that organizes activities in a holistic, integrated and

sustainable manner in a community residing in a certain area. The Puskesmas is a District / City Health Office Technical Implementation Unit that is responsible for health development in its working area. Health centers have the role of organizing health efforts to increase awareness, willingness and ability to live healthy for each community in order to obtain optimal health degrees [4]. Puskesmas provide support for the ability of independence in the daily activities of clean and healthy life carried out by health workers.

Health care support is a form of interpersonal relations provided by health workers to patients in the form of attention (feelings of love, love and empathy), instrumental assistance (goods and services), information and assessment (information related to self-evaluation). Health workers can be a very influential factor in determining beliefs and values and can also determine about treatment programs that are acceptable to them [5]. Health workers can also provide support and make decisions regarding the care of elderly patients. The support of health workers is very instrumental in encouraging the interest of elderly patients to have the ability to be independent in their daily activities in a clean and healthy life.

The daily activities of clean and healthy life are the main activities for self-care in a clean and healthy life. The daily activities of clean and healthy life include among others to the toilet, eat, dress (dress up), bathe, seek treatment and move places [6]. Various physical setbacks lead to a decline in functional motion both mobility and self-care abilities. The deterioration of the function of mobility includes a decrease in the ability of mobility in bed, movement, road / ambulation, and mobility with adaptation tools. Setbacks in the ability of self-care include decreased ability to eat, bathe, dress, defecate and urinate, treat hair, teeth, and mustache and nails and seek treatment. This functional ability must be maintained as independently as possible [7]. Remaining capacity must be considered in the physical aspects of carrying out daily activities, so it is necessary to study functional abilities to see the ability of the elderly to carry out their own self-care which starts from daily life activities.

Based on preliminary studies conducted by researchers, it is known that the problems experienced by elderly patients in Puskesmas Bringin Region mostly live far from close families so they need support from health workers to increase the dependency ratio. Elderly people will experience an aging process that turns healthy adults into weakness due to a reduction in most physiological reserves and increased disease susceptibility resulting in physical changes, mental changes, or psychosocial effects that affect the decline in independence in daily activities of clean and healthy living. From this description the author is interested in conducting a study on "Relationship between Health Care Supporters with Independence Ability in Daily Activities for Clean and Healthy Life in Puskesmas Bringin Region".

2. METHODS

This research was conducted analytically using a quantitative method with a cross sectional study design [8]. The study population was 130 respondents with a sample of 98 respondents of elderly patients in Puskesmas Bringin Region. The sample technique used in this study is purposive sampling technique [9]. The variables measured in this study for the independent variables are the support of health workers and the dependent variable of the ability of independence in daily activities of clean and healthy life [10]. Analysis of the data used is univariate analysis to describe the characteristics of respondents and bivariate analysis to test the relationship with chi-square correlation statistical tests [11].

3. RESULTS AND DISCUSSION

3.1 Univariate Analysis

In Table 1, it is known that most of the support of health workers in Puskesmas Bringin Region are in the good category, namely 55 people (56.12%) and a small proportion of health workers support in Puskesmas Bringin Region with less categories of 15 people (15,31%). In Table 2, it is known that most of the independence capabilities in daily activities are clean and healthy living in Puskesmas Bringin Region with an independent category of 66 people (67.35%) and a small portion of independence in daily living activities and healthy in Puskesmas Bringin Region with less categories as many as 32 people (32.65%).

Table 1. Support of Health Officers in Puskesmas Bringin Region

No	Support of Health Officers	Frequency	Percentage (%)
1	Well	55	56,12
2	Enough	28	28,57
3	Less	15	15,31
	Total	98	100

Table 2. Independence Ability in Daily Activities for Clean and Healthy Life in Puskesmas Bringin

 No
 Independence Ability
 Frequency
 Percentage (%)

 1
 Independence
 66
 67,35

 2
 Dependency
 32
 32,65

 Total
 98
 100

3.2 Bivariate Analysis

Relationship between Health Officer Support and Independence Ability in Daily Activities for Clean and Healthy Life in Puskesmas Bringin Region

In Table 3, it can be seen that the majority of respondents received support from good and independent officers in the daily activities of clean and healthy living in Puskesmas Bringin Region as many as 40 respondents. The results of this study from 98 respondents based on the Chi-Square test results significance p between the variables of health worker support with the ability to independence in daily activities clean and healthy life in the Bringin Health Center Work Area of $0.003 < \alpha \ (0.05)$ then Ho is rejected and declared there is a relationship between the support of health workers with the ability to be independent in the daily activities of clean and healthy living in Puskesmas Bringin Region.

Table 3. Relationship between Health Officer Support and Independence Ability in Daily Activities for Clean and Healthy Life in Puskesmas Bringin Region

No	Variable	Independence Ability		Total	P Value
		Independence	Dependency		
1.	Support of				
	Health Officers				
	a.Well	40	15	55	0,003
	b. Enough	21	8	29	
	c.Less	10	4	14	
	Total	71	27	98	

In this study, most of the support of health workers in Puskesmas Bringin Region was in good category, namely as many as 55 people (56.12%). Theoretically, the support of health workers is a form of behavior to provide services carried out by health workers in health centers both in the form of emotional support, information, instrumental, and assessment support [12]. Gallo, Reichel, and Andersen explain that supporting resources for the elderly consist of three components, namely sources of informal support, sources of formal support, and sources of semiformal support [13]. According to Jafar et al formally consistent support from health care providers is needed because of the uncertain mind of the elderly between various forms of dependence or self-sufficiency [14]. The quality and quantity of social support greatly influences the feelings of the elderly from loneliness so that health workers need to provide information by training good communication. Information that can be given is in accordance with what is considered good by the elderly. Elderly people get positive feelings while getting care and very strong relationships with care givers. The meaning of life for the elderly, among others, requires social support as something that can make him happy by fulfilling his life needs. Elderly means fulfilling the necessities of life does not have to be by giving material. There is still a lot of support that can make the elderly become happy besides material such as attention, advice, empathy, and sympathy. Consistent support from health workers in providing care is needed by the elderly because of the uncertain thoughts of the elderly between various forms of dependence or self-sufficiency.

In this study, most of the independence in the daily activities of clean and healthy living in Puskesmas Bringin Region was independent, with 66 people (67.35%). This research is supported by Sampelan et al which states that 65.1% of elderly people have high levels of independence in their daily activities [15]. The desire of the elderly to be independent is supported by the research of Suriadi where the elderly who are no longer working still try to be independent [16]. Theoretically the function of independence in the elderly implies that is the ability possessed by the elderly not to depend on others in carrying out their activities, everything is done alone with their own decisions in order to meet their needs [6]. Independence means without supervision, appreciation or an active person. According to Maryam et al, an elderly person who refuses to perform a function is considered as not performing a function, even though he is considered capable [1]. This decline in the ability of daily activities of the elderly group occurs due to a decline in function, so that it will cause the elderly to decline in carrying out daily activities such as eating, going to the bathroom, dressing, etc. in Activities Daily Living [7]

In this study, the majority of respondents received support from good and independent officers in the daily activities of clean and healthy living in Puskesmas Bringin Region as many as 40 respondents. The results of the statistical test of this study found that the p value is $0.03 < \alpha$ (0.05). It can be concluded that there is a relationship between the support of health workers with the ability to independence in the daily activities of clean and healthy living in Puskesmas Bringin Region. The existence of a relationship between the support of health workers and the independence of the elderly with assistance and assistance to health workers will be easy to carry out their independence in their daily lives. Support of health workers makes the elderly feel cared for so that good independence is achieved [15]. The independence of the elderly in their daily activities is reduced due to lack of assistance from health workers [17]. Elderly people feel more like children, in dependence on fulfilling their basic needs; this is what causes the elderly to need the support of health workers [7].

4. CONCLUSION

The conclusion of this study is that there is a relationship between the support of health workers with the ability to be independent in the daily activities of clean and healthy living in Puskesmas Bringin Region.

REFERENCES

- [1] Maryam, et al. 2008. Menganal Usia Lanjut dan Perawatannya. Jakarta : Salemba Medika.
- [2] Parasari, et al. 2015. Hubungan Dukungan Sosial Keluarga Dengan Tingkat Depresi Pada Lansia Di Kelurahan Sading. *Jurnal Psikologi Udayana*. *Vol.2 No.1*
- [3] Bandiyah, S. 2009). Lanjut Usia dan Keperawatan Gerontik. Yogyakarta: Nuha Medika
- [4] Azwar, A. 2008. Pengantar Administrasi Kesehatan Edisi 3. Jakarta : Karisma
- [5] Gestinarwati, et al. 2016. Hubungan Dukungan Keluarga Dengan Kunjungan Lansia Ke Posyandu. *Jurnal Keperawatan. Volume.12 No.2*
- [6] Nauli, et al. 2014. Hubungan Tingkat Depresi Dengan Tingkat Kemandirian Dalam Aktivitas Sehari-Hari Pada Lansia Di Wilayah Kerja Puskesmas Tembilahan Hulu. *Jurnal Keperawatan Soedirman. Vol.9 No.2*
- [7] Rohaedi, et al. 2016. Tingkat Kemandirian Lansia Dalam Activities Daily Living Di Panti Sosial Tresna Werdha Senja Rawi. *Jurnal Pendidikan Keperawatan Indonesia*. *Vol.2 No.1*
- [8] Arikunto, S. 2010. Prosedur Penelitian. Jakarta: Rineka Cipta.
- [9] Notoatmodjo, S. 2010. Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta.
- [10] Budiarto. 2001. Biostatistika Untuk Kedokteran dan Kesehatan Masyarakat. Jakarta: EGC
- [11] Santoso. 2000. Statistik Untuk Penelitian. Bandung: Alfa Beta
- [12] House. 2004. Aplikasi Praktis Asuhan Keperawatan Keluarga Bagi Mahasiswa Keperawatan dan Praktisi Kesehatan. EGC. Jakarta
- [13] Gallo, J.J., Reichel, W., & Andersen, L.M. (1998). Buku Saku Gerontologi. Jakarta: EGC
- [14] Jafar, et al. 2011. Pengalaman Lanjut Usia Mendapatkan Dukungan Keluarga. *Jurnal Keperawatan Indonesia. Vol.14 No.3*
- [15] Sampelan, et al. 2015. Hubungan Dukungan Keluarga Dengan Kemandirian Lansia Dalam Pemenuhan Aktivitas Sehari-Hari Di Desa Batu Kecamatan Likupang Selatan Kabupaten Minahasa Utara. *Jurnal Keperawatan (e-Journal). Vol.3 No.2*.
- [16] Suriadi, A. (1999). Preferensi Tempat Tinggal Pada Masa Lanjut Usia Studi Pola Pelayanan Dan Perawatan Pada Masa Lanjut Usia Di Kotamadya Medan.(Thesis). Depok: Universitas Indonesia
- [17] Falaha, et al. 2016. Health Care Seeking Behaviour of Elderly People in Rural Part of Wolaita Zone, Southern Ethiopia. Health Science Journal. Vol.10 No.4