

Improving Health Volunteers and Primary Caregivers Ability in Caring for Elderly With Frailty Syndrome

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Abstract— Elderly with frailty need help to do they daily activities. Training for health volunteers and primary caregiver was expected to increase their ability in providing care to the elderly with frailty. So the elderly's quality of life can be maintained, or even improved. The training was conducted at health volunteers and primary caregiver of elderly with frailty at Puskesmas Mulyorejo, Surabaya. Thirty people were involved. The training methods were lectures, discussions, and demonstrations. Evaluation was conducted to participant's knowledge by using questionnaire. The results were then presented in a frequency distribution and percentage. The result had show that most participants has enough knowledge (23;76.67%), while the rest were less at pretest. After training 20 (66.67%) have good knowledge, and the rest have enough. Most participants had a pre-post difference in score of 30 points, i.e. 8 (26.67%) people. The highest pre-post score difference was 50 points. There were 3 (10%) participants who have no pre-post score difference. Training can improve health volunteers and primary caregivers knowledge. By increasing knowledge, their ability were expected to increase. Training should be followed by guidance and supervision from the nurses continuously to ensure the care provided was appropriate.

Keyword: training, frailty, health volunteers, caregiver, elderly

I. INTRODUCTION

Frailty syndrome can decrease the functional performance of elderly. Elderly with frailty syndrome was at risk to falls, disable, depression, weight loss, prolonged hospitalization, and death [1]. Elderly with frailty syndrome often dependent and need support from their family and others [2]. Family as primary caregivers while caring elderly with frailty has involved all aspect: physical, psychological, emotional, social, and financial. Many impacts can arise in response to the interaction of families with elderly [3]. The family should provide appropriate care for of elderly with frailty syndrome.

Training about Frailty syndrome never been conducted at Puskesmas Mulyorejo, Kota Surabaya. In fact, [4] noted that there was 7 elderly with frailty syndrome who were treated at home by their family, in the working area of Puskesmas Mulyorejo. The results of these research explain that care given by their families includes feeding, self-care (bathing and clothing), provision of medicines, as well as bowel and bladder needs. There were no treatments that aim to maintain or even improved the quality of life of elderly with frailty syndrome from their family or health volunteers. Such as providing care that enhances the independence of elderly.

The research conducted by [5], noted that primary caregivers who care for the elderly with frailty syndrome at home (usually a daughter) said that by taking care the elder's independently, they could understand the meaning of life and togetherness remaining along with the elderly. Indonesian views commonly also believe that caring the elder's was an inter-generational and moral responsibility undertaken by the nuclear family and the families who have emotional closeness [6]. So that, training was conducted to improve primary caregivers' ability in caring elderly with frailty syndrome at home. Training also involved health volunteers as health promotion agent at community in promoting appropriate care for elderly with frailty syndrome at home.

II. METHODS

This study was used preexperiment research design. Population were health volunteers and primary caregiver of elderly with frailty at Puskesmas Mulyorejo, Surabaya. Samples were thirty people based on convenience sampling technique. The independent variable was training by using lectures, discussions, and demonstrations as methods. While the dependent variable was respondent's knowledge about caring elderly with frailty syndrome. Evaluation was conducted to participant's knowledge by using questionnaire. The results were then presented in a frequency distribution and percentage.

III. RESULTS

Table 1 described the distribution of the respondents in treatment group and control group. In both groups the distribution was equal. The majority of respondents were aged >40->60 years old, experienced hemodialysis >1-<3 times a year, had senior high school education, level of education, self-employee, and had salary >3-<5 million Indonesian Rupiah.

TABLE 1. TABULATION OF PARTICIPANT'S SCORE BEFORE AND AFTER TRAINING

Score	Knowledge						Total	
	Good		Enough		Less			
	n	%	n	%	n	%	n	%
Pre	0	0	23	76.67	7	23.33	30	100
Post	20	66.67	10	33.33	0	0	30	100

TABLE 2. THE IDWG LEVEL OF RESPONDENTS

Score differences	n	%
50	2	6.67
40	4	13.33
30	8	26.67
20	7	23.33
10	6	20
0	3	10
Total	30	100

Table 1 showed that most participants had enough knowledge (23;76.67%), while the rest were less before training. There were none who had good knowledge. But, after training 20 (66.67%) participants had good knowledge, and the rest had enough.

Table 2 showed that most participants had a pre-post difference in score of 30 points, i.e. 8 (26.67%) people. The highest pre-post score difference was 50 points. There were 3 (10%) participants who had no pre-post score difference.

IV. DISCUSSION

Most participants had enough knowledge, while the rest were less before training. There were no participants who had good knowledge. It shows that health volunteers' and primary caregivers' understanding of frailty and how to care for elderly with frailty at home was still low. Based on the analysis of question items, known that most of participants fail in answering questions number 4 and 5, about the sign and symptom of frailty in elderly.

Health education or training about frailty syndrome has never been conducted at Puskesmas Mulyorejo, Kota Surabaya. [4] through her research noted that there were 7 elderly with frailty syndrome who were treated at home by their family. This allows health volunteers and primary caregivers of elderly to be less familiar with the term Frailty. According to

[7], frailty was a new term in health, as well as still controversial in the definition. Frailty can overlap with disability (functional limitations) and comorbid (comorbidities), many of the characteristics of frailty also apply to the aging process, making it difficult to distinguish clearly between aging and frailty.

After training, most of participants had good knowledge, and the rest had enough. There were no participants with less score. It had shown that after training, health volunteers' and primary caregivers' understanding were increased. Especially about aging process, frailty, and caring for elderly with frailty at home.

Health education is a participatory educational approach, which is intended to prevent disease, promote health, and integrate the physical, mental, and social activities into learning needs. In nursing, health education is a form of independent nursing interventions to help clients both individuals, groups and communities in addressing health problems through learning activities, which includes nurses acting as nurse educators [8].

Training is one form of health education. Health education is a process of learning from individuals, groups, communities of those who do not know the values of health become aware, of not being able to overcome health problems become capable. Knowledge happens after people perform sensing to a particular object. Sensing occurs through the human senses: sight, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears. Cognitive domain knowledge is very important in shaping a person's action [9].

Most participants had pre-posttest score differences of 30 points. The highest score difference was 50 points, which was the participant number 27 and 28. There were many factors that affect these changes, such as: 1) the participants' factors, focus during training and active during the discussion; 2) presenters' factors, when delivering the materials and conducting demonstrations clearly, communicative, and facilitating a good discussion; and 3) environmental factors, where the environment has been set such a way to make it conducive and facilitate learning. A comfortable room, interactive audio-visual equipment, the use of varied methods complementary with suitable media, good preparation of the materials can minimize the distraction and optimize the sensing function to reach an understanding.

There were three participants with the same pre and post (80), the participant number 10, 23, and 25. This was due to the possibility of unavoidable obstacles such as lack of focus in receiving the material and leaving the room when the training is done with a specific purpose, so that the process becomes less than optimal sensing.

Frailty syndrome can decrease the functional performance of elderly. Elderly with frailty syndrome was at risk for falls, disability, depression, weight loss, prolonged hospitalization, and death [1]. Elderly with frailty syndrome often dependent and need support from their family and others [2]. Family as primary caregivers while caring for elderly with frailty was involved in all aspects: physical, psychological,

emotional, social, and financial. Many impacts can arise in response to the interaction of families with elderly [3]. The family should provide appropriate care for of elderly with frailty syndrome.

Health volunteers were volunteers elected by and from the community in charge of developing the community becomes healthier [10]. Puskesmas Mulyorejo, already have health volunteers active in running Posyandu. The role of volunteers in improving health of elderly in their areas needs to be improved. Therefore, new things in health term such as frailty syndrome need to be disseminated to the community. Health volunteers were expected to provide the correct information about the fragility (Frailty) and how to treat them at home.

In this training, health volunteers and primary caregivers also can see demonstration about treatments that can be performed on elderly with frailty at home, that was range of motion technique (ROM) to minimize disability in the elderly.

V. CONCLUSION AND RECOMMENDATION

Training can improve health volunteers and primary caregivers' knowledge. By increasing knowledge, their ability were expected to increase. Training should be followed by guidance and supervision from the nurses continuously to ensure the care provided was appropriate. Besides that, it is better to provide tools for health volunteers to promote about frailty and care elderly with frailty.

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