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Model of Guidance: Effective Communication with the Elderly for Empowering Elderly Caregivers in Nursing Homes in Indonesia

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ABSTRACT Activities related to increasing the caregiver's ability to care for the elderly who experience daily problems related to psychological approaches and the like have never been carried out. Caregiver communication does not support effective communication and is still social communication. Supported by the results of research conducted at the Nursing Home for the Elderly, it showed that there was a difference between pre and post-test in the group that received guidance or counseling treatment on the happiness of the elderly with a significant value. The purpose of this training is to empower elderly caregivers at Nursing Home at St. Yosef, Surabaya, and identify the effectiveness of the guidance model (Guidance) by caregivers. The number of participants is 50 people. The method used is cadre training through discussions, demonstrations, competence training and competence assessment. The result of training for caregivers is an increase in knowledge based on pre-test and post-test scores. There was an increase in skills seen in four skills, namely communication in the elderly, active movement, passive movement, mobilization, and daily activity training. The advantage of this cadre training is that it can effectively improve communication with the elderly people who are cared for in the orphanage. The implication of this activity is to increase the knowledge and skills of caregivers in providing care for the elderly through effective communication with the elderly in nursing homes as an effort to improve the health of the elderly.

INDEX TERMS model of guidance, caregiver, empowerment

I. INTRODUCTION

Old age or often called senescence is a period of life span marked by changes or declines in body functions, usually starting at different ages for different individuals. Entering old age is usually preceded by chronic illness, possible abandonment of a partner, cessation of activity or work, and challenges to shifting energy and abilities to new roles in the family, work, and intimate relationships[1][2][3]. Sustained spiritual distress will affect the overall health of the elderly where physical symptoms occur in the form of decreased appetite, sleep disturbances, and increased blood pressure[2][4][5][6]. This happens because in old age individuals will experience several changes related to the decline in several functions, including decreased physical function, cognitive function, decreased sexual function, and potential as well as changes in psychosocial and spiritual aspects[2][7][8]. Activities are related to increasing the

caregiver's ability to care for the elderly who experience daily problems related to psychological approaches and the like have never been carried out[9][10][11][12]. The communication used in the orphanage did not allow for effective and social communication. Supported by the results of research conducted at the Nursing home, it showed that there were pre and post-differences in the group receiving guidance or counseling treatment on the happiness of the elderly with a significant value, $p = 0.000$ (Minarti & Kastubi, 2018) to investigate the influence of mental wellbeing counseling methods on the happiness of older people in care homes. Effective communication among caregivers in nursing homes has never been done, so it is necessary to empower caregivers as companions for older people in nursing homes. This situation allows it to be implemented in the form of a guidance model at a Nursing home which has caregivers who have never been empowered

in the form of guidance training[13][14][15]. The guidance model is a psychological aid that can be called a problem-solving activity with a special object, namely people who have problems with solutions that are in accordance with their problems and abilities. Implementation of coaching programs given to the elderly so that they still feel valuable and happy to carry out developmental tasks in the degenerative phase in physical, psychological, and social conditions[2][10][7][12][16]. This will affect the human lifespan longer. The guidance program at Nursing Home for the elderly has not been the main intervention at Nursing Home, although various incidents related to psychological problems in the elderly often occur, such as feeling lonely, and bored[17][4][12]. The role of the caregiver who has been accompanying the elderly on a daily basis needs to be given training or empowerment so that the caregiver can identify psychological problems that occur in the elderly so that caregivers can help in alleviating or overcoming problems that occur in the elderly[7][9][11][18]. In general, the elderly, people experience a decline in cognitive and psychomotor functions[3][17]. According to research, social support can help individuals[6]. Therefore, the right solution to improve the welfare of the elderly who are in Nursing Home through training on effective communication guidance for the elderly to empower caregivers to be able to overcome or find solutions that are appropriate for the various problems that occur in the elderly[19][14][8]. The purpose of this community service is to apply a guidance model for empowering elderly caregivers at the Nursing Home of St. Yosef in Surabaya and to identify the effectiveness of the model of guidance by caregivers[9][10][20]. The results obtained from this community service activity are an increase in caregiver knowledge and skills in carrying out care for the elderly (caregiver empowerment)[13][10][20][21]. To solve the problem effectively. Social support can also improve the physical and mental health in the elderly[10][5]. Social support is related to the reduction of symptoms of illness and the ability to meet their own needs for health care. The social support provided can be in the form of a model of guidance carried out by the caregiver[11][20][18][22]. The implication of this activity is to increase the knowledge and skills of caregivers in providing care to the elderly through effective communication for the elderly in nursing homes[19][13][8][23].

II. METHOD AND IMPLEMENTATION

A. METHOD

The methods used in this community service are training of caregivers through lectures, discussions, demonstrations, repeat demonstrations. The design of the implementation applies the guidance model through empowerment to caregivers[22]. The media used during the activity are LCD, and PPT in the form of material images, Modules. Resource person: Lecturer and instructor of the D III Nursing Study

Program, Sutopo Surabaya. The activity begins with the preparation of a proposal. Furthermore, the signing of a community service contract between the chairman and the Director of Poltekkes Kemenkes Surabaya. The next step is obtaining a permit to the Santo Yosef Nursing Home foundation in Sambikerep Surabaya. Prior to the training activities, a training module for elderly caregivers was prepared. The activity was carried out in 3 stages, namely: providing material, independent training, and evaluation. The module prepared is Effective Communication in the Elderly, containing learning materials about:

- Approach to Elderly Care in the Context of Communication
- Communication Techniques for the Elderly
- Barriers to communicating with the elderly[23]
- Elderly Care Techniques for Rejection Reaction

The target audience who is strategic and has the will and ability to apply the guidance model in the context of empowering caregivers is at the Elderly Home of St. Yosef, totaling 50 people (37 caregivers, 3 nurses),

Apply the expertise of a servant who is a lecturer who has competence in the field of nursing in general and in particular nursing for the elderly, both in terms of the scientific fields of Medical Surgery, Psychiatry, and Gerontics and has a minimum education of S2 with a working period of more than 15 years. Every caregiver who has been given training is evaluated on their skill abilities by direct practice to the elderly[10][12][17][21]. The number of caregivers is 50 people, divided into 2 large groups, namely a group of 1:25 people, and a group of 2: 25 people. Each group is divided into small groups consisting of 5 people.



Figure 1. Pictures of Community Service Participants and Nursing Home Managers in front of the Nursing Home Building.

B. IMPLEMENTATION

Community service activities are carried out on a scheduled basis, starting with the preparation of proposals to the preparation of reports. Prior to the training activities, training modules for elderly caregivers are prepared. The activity was carried out in 3 stages, namely: providing material, independent training, and evaluation.

Community service activities were carried out 2 times in meetings and 1 time for independent activities. The material provided included theory and practicals. Evaluation is carried out 3 days after the implementation of empowerment.

1. Opening

The activity began with the opening at the Santo Yosef Nursing Home in Sambikerep Surabaya, which was attended by all participants from the Health Polytechnic of the Ministry of Health Surabaya and all the administrators of the Nursing Home.



FIGURE 2. Community Service Participants and Nursing Home Managers after the Opening Ceremony.



FIGURE 3. Welcoming Speech from the nursing home for the elderly

2. PROVIDING LEARNING MATERIALS.

Community service activities were carried out 2 times in meetings and 1 time for independent activities. The material provided included skill stations, which were carried out on a rotational basis, and were divided into 5 groups, each group having 10 caregivers. Each rotating group will carry out 4 skills, namely communication with the elderly, active movement exercises, passive movement exercises, and carrying out daily activities. Before the material is given, a pre-test is held to identify the caregiver's understanding of guidance to the elderly. The theme of the material given is Effective Communication in the elderly[23]. The resource persons for the material presented are Lecturers, Instructors,

and students who are involved in this Community Service activity.



FIGURE 4. Providing Communication Materials



Figure 5. Student participation in Community Service activities at the Nursing Home.



FIGURE 6. Demonstration of how to communicate effectively with the elderly



FIGURE 7. Re-demonstration of how to communicate effectively with the elderly



Figure 8. Evaluation of skills in effective communication with the elderly



Figure 8. Closing activity

IV. RESULT

Characteristics of caregivers based on gender can be seen in the diagram that almost all 44 people (88%) are female, it can be seen in the following diagram:

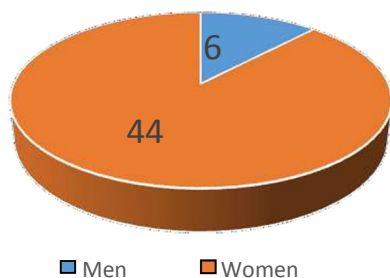


FIGURE 9. Characteristics of Caregivers by Gender

The characteristics of caregivers based on age are mostly in the range of 20-30 years, it can be seen in the following diagram.

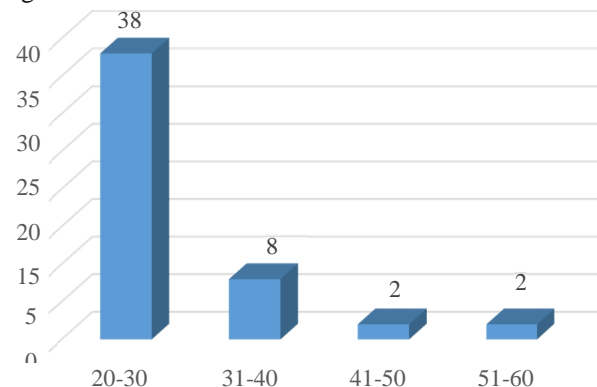


FIGURE 10. Characteristics of Caregivers by Age (years old)

Characteristics of caregivers based on education level The education level of caregivers is almost all high school

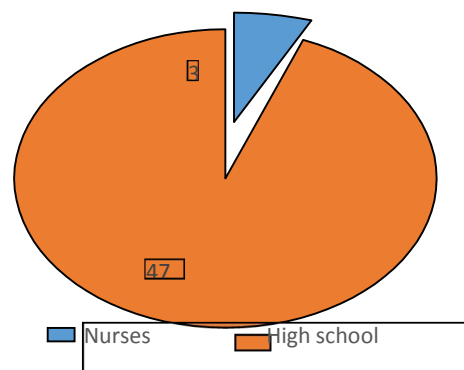


FIGURE 11. Characteristics of Caregivers Based on Education

Results of caregiver evaluation before and after training. The results of the pre-test before training can be seen in the following diagram.

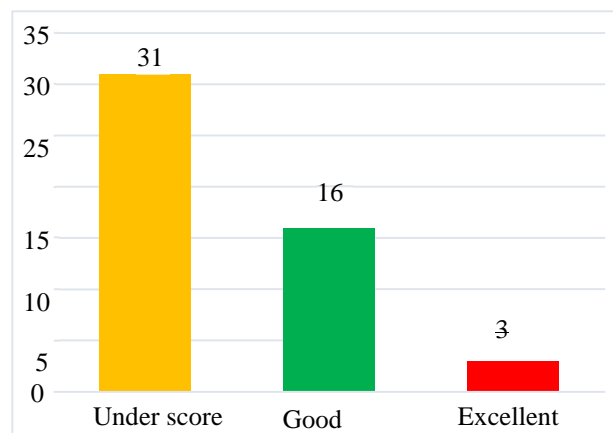


FIGURE 12. Pre-Test Results Before guidance

The post-test results show that there is a change for the better, an increase in knowledge

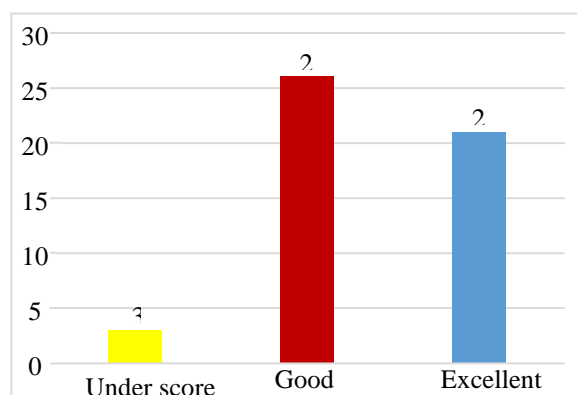


FIGURE 13. Post Test Results After Guidance

V. DISCUSSION

Results from the guidance of effective communication in the elderly for empowering elderly caregivers at the Nursing Home is an increase in the post-test results of the participants. The results of the Guidance are divided into 4 aspects, namely, academic skills, personal skills, social skills, and vocational skills. This Community Service Program aims to increase understanding of Effective Communication in the Elderly. Based on the performance indicators of academic skills in a logical framework, the participants' academic skills are good and appropriate. After following the guidance of the training participants, they can increase their knowledge of Effective Communication in the Elderly[24]. This is very possible because the resource persons already understand the concept of Effective Communication in the Elderly, understand the technicalities in the implementation of Effective Communication in the Elderly, and understand the actions related to the implementation of Effective Communication in the Elderly[19]. This knowledge is very useful in communicating effectively with the elderly as the customers they serve. The results of the pretest showed that 31 caregivers scored poorly and only a few, 3 people, had very good understanding. The success in this Community Service activity is also due to personal skills including self-knowledge skills and rational thinking skills. Based on the characteristics of the caregivers, they are adults and they have senior high school education and some of them are nurses who have passed nursing education. Self-awareness skills are self-awareness as God's creatures and as members of society, while rational thinking skills include the skills to explore and find information, skills to process information and make decisions. The personal skills possessed by the guidance participants are good and appropriate[25]. Based on the module, the ethical values of elderly companions in social assistance include: being patient, listening and not dominating, respecting and humble, willing to learn, being equal, being friendly and fused, not being patronizing, authoritative, impartial, judging and criticizing, and be open and positive. Meanwhile, the attitude

of the elderly caregiver in the field is now patient, and always motivates the elderly. This attitude is in accordance with Caregiver ethics, although not all of them have been fulfilled [26].

The social skills conveyed in Community Service activities for elderly Caregivers include communication skills with empathy and collaboration skills. Social skills become important when we are dealing with the elderly. Based on observations, it can be said that the social skills possessed by elderly caregivers are good and appropriate. During the provision of Guidance effective communication to the elderly for empowering caregivers, an evaluation of the process of activities carried out in achieving goals, actions, or performance is carried out so that inputs are used to produce specific results. Process evaluation relates to the efficiency of program implementation which includes close relationships between implementers and students, communication media, logistics, resources, activity schedules, and potential causes of program failure[24]. The evaluation of the process of this activity was very good because the participation of the resource persons and participants was very good and smooth. This can be seen from the post-test results of all participants[24]. The posttest results showed a significant increase, 26 people, very good 21 people and only slightly less, 3 people. The occurrence of this difference indicates that the caregivers need information and training in communication skills for the elderly so that they can take better care of the elderly. The increasing knowledge of the cadres can be seen from the age of the cadres who are still in the age range of 20-30 years where the cadres can absorb information well and the desire to learn can still grow and develop. Some of the factors that can support the success of this activity are the material was delivered by the academic of Sutopo D3 Nursing Study Program, Health Polytechnic of the Ministry of Health Surabaya with reference to the modules that had been prepared. The material presented is appropriate and good enough, the guidance participants can accept and understand it well. This is because the learning method used is already supportive and in accordance with the guidelines.

The facilities and infrastructure used in the learning process guidance: effective communication in the elderly have supported the achievement of goals, only need to add a few microphones[19]. Furthermore, this activity is carried out according to a predetermined schedule with reference to the established guidelines.

The learning process guidance of effective communication in the elderly can be ideal because it has met the standards, namely by applying 50% practice and 50% theory. The Community Service activities run well, effectively, and efficiently. During the learning process, there are no unexpected things, all components in the learning process support the achievement of goals and have the capacity or requirements to achieve the expected results[26]. Based on the above discussion, evaluation of results, and evaluation of the process, it can be recommended to revise this Caregiver

companion program although overall this program has been running well, but there are several weaknesses in the training process that need to be improved. Examples such as the need to add several microphones and more demonstration examples in communicating, especially communication techniques for Elderly Care in Rejection Reactions. The time provided is divided into shifts, as it is not possible for the caregiver to leave all the elderly in the room, so it takes a long time.

VI. CONCLUSION

The purpose of this community service is to apply a guidance model for empowering elderly caregivers at the St. Yosef Nursing Home for the Elderly in Surabaya and to identify the effectiveness of the model of guidance (Guidance) by caregivers. The results obtained from this community service activity are the model of guiding caregivers through empowerment can be implemented through effective communication to care for older people with love and empathy. This guidance model can be effective so that it happens an increase in caregiver knowledge and skills in carrying out care for the elderly communication skills empathy and collaboration skills. For further Community Service activities, more demonstration practices can be carried out in communicating, with the elderly in response to rejection.

REFERENCES

- [1] D. Kim and I. Lee, "An integrative review of home care service for pregnant women, mothers, infants, and toddlers in vulnerable group," *J. Korean Acad. Nurs.*, vol. 47, no. 5, pp. 577–588, 2017, doi: 10.4040/jkan.2017.47.5.577.
- [2] L. García-Fernández, V. Romero-Ferreiro, P. D. López-Roldán, S. Padilla, and R. Rodríguez-Jimenez, "Mental Health in Elderly Spanish People in Times of COVID-19 Outbreak," *Am. J. Geriatr. Psychiatry*, vol. 28, no. 10, pp. 1040–1045, 2020, doi: 10.1016/j.jagp.2020.06.027.
- [3] F. Orfila, M. Coma-Solé, M. Cabanas, F. Cegri-Lombardo, A. Molas-Serra, and E. Pujol-Ribera, "Family caregiver mistreatment of the elderly: Prevalence of risk and associated factors," *BMC Public Health*, vol. 18, no. 1, pp. 1–14, 2018, doi: 10.1186/s12889-018-5067-8.
- [4] H. M. Chen, M. F. Huang, Y. C. Yeh, W. H. Huang, and C. S. Chen, "Effectiveness of coping strategies intervention on caregiver burden among caregivers of elderly patients with dementia," *Psychogeriatrics*, vol. 15, no. 1, pp. 20–25, 2015, doi: 10.1111/psyg.12071.
- [5] S. Rote, J. L. Angel, and K. Markides, "Health of Elderly Mexican American Adults and Family Caregiver Distress," *Res. Aging*, vol. 37, no. 3, pp. 306–331, 2015, doi: 10.1177/0164027514531028.
- [6] B. M. Parrinha Rocha and J. E. Palma Pacheco, "Elderly persons in a situation of dependence: informal caregiver stress and coping," *Acta Paul. Enferm.*, vol. 26, no. 1, pp. 50–56, 2013, [Online]. Available: https://auth.lib.unc.edu/ezproxy_auth.php?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=104186009&site=ehost-live&scope=site.
- [7] N. S. Akimbekov and M. S. Razzaque, "Laughter therapy: A humor-induced hormonal intervention to reduce stress and anxiety," *Curr. Res. Physiol.*, vol. 4, no. April, pp. 135–138, 2021, doi: 10.1016/j.crphys.2021.04.002.
- [8] S. Zimmerman, V. Shier, and D. Saliba, "Transforming nursing home culture: Evidence for practice and policy," *Gerontologist*, vol. 54, no. SUPPL 1, 2014, doi: 10.1093/geront/gnt161.
- [9] B. E. McGarry, M. L. Barnett, D. C. Grabowski, and A. D. Gandhi, "Nursing Home Staff Vaccination and Covid-19 Outcomes," *N. Engl. J. Med.*, vol. 386, no. 4, pp. 397–398, 2022, doi: 10.1056/nejmc2115674.
- [10] Y. Murayama *et al.*, "The effect of intergenerational programs on the mental health of elderly adults," *Aging Ment. Heal.*, vol. 19, no. 4, pp. 306–314, 2015, doi: 10.1080/13607863.2014.933309.
- [11] M. A. Hossain and D. T. Ahmed, "Virtual caregiver: An ambient-aware elderly monitoring system," *IEEE Trans. Inf. Technol. Biomed.*, vol. 16, no. 6, pp. 1024–1031, 2012, doi: 10.1109/TITB.2012.2203313.
- [12] S. S. Huang, M. C. Lee, Y. C. Liao, W. F. Wang, and T. J. Lai, "Caregiver burden associated with behavioral and psychological symptoms of dementia (BPSD) in Taiwanese elderly," *Arch. Gerontol. Geriatr.*, vol. 55, no. 1, pp. 55–59, 2012, doi: 10.1016/j.archger.2011.04.009.
- [13] A. M. Sanford *et al.*, "An International Definition for 'Nursing Home,'" *J. Am. Med. Dir. Assoc.*, vol. 16, no. 3, pp. 181–184, 2015, doi: 10.1016/j.jamda.2014.12.013.
- [14] O. R. Burack, A. S. Weiner, J. P. Reinhardt, and R. A. Annunziato, "What matters most to nursing home elders: Quality of life in the nursing home," *J. Am. Med. Dir. Assoc.*, vol. 13, no. 1, pp. 48–53, 2012, doi: 10.1016/j.jamda.2010.08.002.
- [15] M. L. Barnett, A. Mehrotra, and D. C. Grabowski, "Postacute Care — The Piggy Bank for Savings in Alternative Payment Models?," *N. Engl. J. Med.*, vol. 381, no. 4, pp. 302–303, 2019, doi: 10.1056/nejmp1901896.
- [16] D. Tamdee, P. Tamdee, C. Greiner, W. Boonchiang, N. Okamoto, and T. Isowa, "Conditions of caring for the elderly and family caregiver stress in Chiang Mai, Thailand," *J. Heal. Res.*, vol. 33, no. 2, pp. 138–150, 2019, doi: 10.1108/JHR-07-2018-0053.
- [17] J. M. Alpert and F. E. Womble, "Coping as a Caregiver for an Elderly Family Member," *Health Commun.*, vol. 30, no. 7, pp. 714–721, 2015, doi: 10.1080/10410236.2013.879560.
- [18] C. Tana *et al.*, "Impact of nutritional status on caregiver burden of elderly outpatients. A cross-sectional study," *Nutrients*, vol. 11, no. 2, pp. 1–10, 2019, doi: 10.3390/nu11020281.
- [19] B. Daniluk and A. R. Borkowska, "Pragmatic aspects of verbal communication in elderly people: A study of Polish seniors," *Int. J. Lang. Commun. Disord.*, vol. 55, no. 4, pp. 493–505, 2020, doi: 10.1111/1460-6984.12532.
- [20] L. Ge and S. Z. Mordiffi, "Factors Associated with Higher Caregiver Burden among Family Caregivers of Elderly Cancer Patients: A Systematic Review," *Cancer Nurs.*, vol. 40, no. 6, pp. 471–478, 2017, doi: 10.1097/NCC.0000000000000445.
- [21] D. B. Valer, M. Aires, F. L. Fengler, and L. M. G. Paskulin, "Adaptation and validation of the caregiver burden inventory for use with caregivers of elderly individuals," *Rev. Lat. Am. Enfermagem*, vol. 23, no. 1, pp. 130–138, 2015, doi: 10.1590/0104-1169.3357.2534.
- [22] B. Mahdavi, M. Fallahi-Khosknab, F. Mohammadi, M. A. Hosseini, and M. Haghi, "Effects of Spiritual Group Therapy on Caregiver Strain in Home Caregivers of the Elderly with Alzheimer's Disease," *Arch. Psychiatr. Nurs.*, vol. 31, no. 3, pp. 269–273, 2017, doi: 10.1016/j.apnu.2016.12.003.
- [23] E. Mordoch, A. Osterreicher, L. Guse, K. Roger, and G. Thompson, "Use of social commitment robots in the care of elderly people with dementia: A literature review," *Maturitas*, vol. 74, no. 1, pp. 14–20, 2013, doi: 10.1016/j.maturitas.2012.10.015.
- [24] A. L. Silva, H. J. Teixeira, M. J. C. Teixeira, and S. Freitas, "The needs of informal caregivers of elderly people living at home: An integrative review," *Scand. J. Caring Sci.*, vol. 27, no. 4, pp. 792–803, 2013, doi: 10.1111/scs.12019.
- [25] R. Hidayati and D. Setyorini, "Multi Level Education Katoga Improve The Competence of Health Cadres, Public Figure, and Family in Preventing, Early Detection and Handling Pregnancy Emergency," *Indones. Nurs. J. Educ. Clin.*, vol. 4, no. 2, p. 118, 2020, doi: 10.24990/injec.v4i2.242.
- [26] S. Kodish, N. Aburto, M. N. Hambayi, C. Kennedy, and J. Gittelsohn, "Identifying the sociocultural barriers and facilitating factors to nutrition-related behavior change: Formative research for a stunting prevention program in Ntchisi, Malawi," *Food Nutr. Bull.*, vol. 36, no. 2, pp. 138–153, 2015, doi: 10.1177/0379572115586784.