



APPLICATION OF HEALTH EDUCATION TO IMPROVE CARE GIVER KNOWLEDGE

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ABSTRACT

Elderly is the final period of the human life cycle, the aging process is marked by a decrease in body functions and behavior. One of the physical changes that occur is the emergence of degenerative and palliative diseases. Palliative is a chronic and terminal disease. Palliative cases were also found at the hopeful nursing home for mothers in Semarang. This study is a descriptive study about the description of the provision of health education about palliative elderly care at the hopeful nursing home for mothers in Semarang. The results showed that the average increase in knowledge after Health Education activities was 6.8. The results of the study describe that Health Education about palliative elderly care can increase the knowledge of the elderly.

Keywords: care giver; health education; knowledge

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INTRODUCTION

Elderly is the final age period of the human life cycle, namely the age above 60 years which is characterized by decreased physical ability to adapt, physical and mental decline starting at the age of 60 years. Aging is a process that must be experienced by humans, which is characterized by physical and behavioral changes, and is experienced by everyone when they reach a certain chronological stage of development. This process is a complex and multidimensional phenomenon which at the cellular level to the whole system can be observed (Sriati, 2021).

Palliative care is an approach given to improve the quality of life of patients in dealing with life-threatening illnesses through prevention, assessment, and management of pain and other physical, psychological, and spiritual problems. Palliative care is carried out by an interdisciplinary team for patients/elderly who suffer from chronic diseases with the aim of improving the patient's quality of life. Palliative care is provided based on the patient's needs which consists of a thorough assessment, assessing the patient's condition regularly, addressing complaints, providing psychosocial, cultural and spiritual support, as well as support in dealing with grief and grieving. (Purbaningsih & Syaripudin, 2021). Palliative care is a philosophy of care that supports and modifies nursing therapy and compassionate therapy aimed at minimizing pain and other symptoms while addressing emotional, social, cultural problems, and meeting the spiritual needs of patients/elderly who experience life-threatening progressive disease. (Muruh & et al, 2020).

Patients can receive palliative care immediately after receiving a diagnosis that the disease is serious and impossible to cure. Patients do not need to wait until the disease has reached an advanced stage or in the last moments of life. The sooner palliative care is started, the better the results. When run in conjunction with curative treatment, palliative care can help reduce anxiety, depression, and pain that occurs early in the illness (Wiria, 2022). Conditions of patients that require palliative care include: Suffering from chronic pain or serious illness such as cancer, dementia, and motor neurone disease Experiencing acute conditions due to traumatic events, such as accidents or strokes, Elderly who are fragile and have serious illnesses that generally only require treatment. can last less than one year, Have a disease that is at risk of causing a sudden decline in condition and triggering death, Do not have family or are far from family, and the family feels unable to care for the patient completely(Wiria, 2022).

Care givers have an important role in caring for and assisting the elderly in orphanages in their daily lives. The problem faced is that the care giver is less than the effort of Health Education based on the lack of background in health science and nursing science in assisting the elderly. It is very important to increase caregiver knowledge and skills through basic care training and emergency care for the elderly in nursing homes. These activities are prepared based on field surveys, coordinating and communicating, compiling modules, and continuing the implementation of activities. The implementation of the training activities is divided into two stages, namely the stage of material presentation and the stage of practice.(Ose, Handayani, & Pujianto, 2021).

Panti Wrehda Wrehda Hrapan Mother shelters and cares for the elderly / elderly in West Semarang, Banyan. From a preliminary study of the elderly who are in nursing homes for the elderly, as many as some elderly with an age range of 60-70 years with a range of independence levels, most of them need help from others because some cannot walk/only lie down, have chronic pain. Care givers have an important role in caring for and assisting the elderly on a daily basis, especially for the elderly who have decreased productivity and have health problems. After holding learning activities on palliative care, it is hoped that elderly caregivers at the Panti will be able to demonstrate competence through the implementation of effective, high-quality care and the ability to determine nursing plans for severe patients and at the emergency level.

Palliative care can improve the quality of life for the elderly, elderly people with serious life-threatening illnesses will have a long end-of-life phase, requiring a comprehensive approach to maintaining a person's quality of life and avoiding suffering at the end of his life. The palliative care includes nutritional management, pain relief and reducing the severity of symptoms of the disease, side effects of therapy or other complaints. In addition, palliative care can also improve the psychological, social, and spiritual aspects of the elderly. As a result of this activity, it is hoped that the quality of life in the elderly will increase after palliative care is carried out. The explanation above explains that there needs to be activities to increase knowledge of care givers in caring for the palliative elderly. Health education regarding palliative care is one of the efforts to increase care giver knowledge. The purpose of this activity is to describe the level of knowledge before and after the Health Education Action is carried out.

METHOD

This research method uses a descriptive method to see the description of knowledge before and after health education actions. The activity was carried out on all the care givers in the

nursing home, Mrs. Ngaliyan, with a total of 10 respondents. The questionnaire used was a knowledge questionnaire about palliative elderly care. The data were analyzed using descriptive analysis by assessing the average value of the correct questions before and after the activity.

RESULTS

Table 1.
Description of Respondent Characteristics

Responden	f	%
Age		
Adult	6	60
Elderly	4	40
Education		
Junior	1	10
High School	6	60
S1/D3	3	30
Gender		
Female	8	80
Male	2	20

Table 1 describes the characteristics of respondents where most of the respondents' ages are adults, with a high school education level and are female.

Table 2.
Knowledge Description Before and After Getting Health Education

Respondent	Before	After	enhancement
1	13	25	12
2	12	19	7
3	8	26	18
4	20	27	7
5	19	26	7
6	15	24	9
7	15	21	6
8	15	18	3
9	16	22	6
10	18	25	7
Average	12.6	19.4	6.8

Table 2 illustrates the average correct answer is 12.6 and after the Action becomes 19.4, with an average increase in correct answers is 6.8.

DISCUSSION

Elderly people are often susceptible to various problems caused by the aging process and increasing age, causing physical and cognitive decline. Physical changes that occur in the elderly are often seen in wrinkled skin, myopic eyes, porous bones, a stooped and senile body, while cognitive changes are disturbed thinking power such as attention, place, memory, difficulty doing activities, communication barriers, decreased ability to analyze, and self-care skills. This will last a long time so that it affects the elderly's self-defense from health information and is at high risk of exposure to disease(Irwadi, Elfira, Andriyan, Novera, & Rahmaddian, 2022).

Due to the decline in cognitive function and diseases experienced by the elderly, the ability of the elderly to carry out normal activities decreases. Elderly people are susceptible to incurable and life-threatening diseases which are often referred to as palliative diseases.(Hamidah & Siagian, 2021). Diseases that can be experienced by an elderly person are quite complex along with the changes experienced biologically or psychosocially. Illness can be a disturbance in the biological, emotional, spiritual, and social aspects. However, some health problems that commonly arise include stroke, diabetes mellitus, cancer/Ca, COPD, gout, dementia, heart/blood vessel disease, and kidney failure.(Twilight & Prasetyo, 2021).

Health education is a branch of public health science that has roots in three fields of science, namely behavioral science, education, and public health. Health education is a form of intervention on behavior. The educational approach is based on assumptions about the relationship between knowledge and behavior. Increased knowledge will change a person's attitude to encourage behavior change. However, health care, environment, and heredity factors also require educational intervention(Sinaga, Sianturi, & Amir, 2021). Health education is a planned and dynamic learning. The purpose of this learning process is to modify behavior through increasing skills, knowledge and attitude changes related to improving lifestyles towards a healthier direction. The expected changes in health education can be applied on an individual to community scale, as well as in the implementation of health programs(Sinaga, Sianturi, & Amir, 2021).

Health education is part of overall health efforts (promotive, preventive, curative, and rehabilitative) which focuses on efforts to improve healthy living behaviors. Conceptually, health education is an effort to influence or invite other people (individuals, groups, and communities) to behave in a healthy life. Operationally, health education is all activities to provide or improve the knowledge, attitudes and practices of the community in maintaining and improving their health(Sinaga, Sianturi, & Amir, 2021). Health education has a broad objective, not only to increase knowledge about personal health but also to develop skills in the political and organizational feasibility of various actions to address social, economic and environmental determinants of health. Health education does not only involve health problems, but also other sciences sourced from biology, environment, psychology, physical and medical sciences to improve health levels, and prevent disease, disability and premature death through conscious behavioral changes.(Abdussamad & et al, 2021).

The purpose of health education is to achieve a change in the behavior of individuals, families, groups, and communities in fostering and maintaining healthy living behaviors as well as playing an active role in realizing optimal health degrees. Health education also aims to change behavior (behavior change). Health education has 3 dimensions, namely: a. Changing negative behavior (unhealthy) into positive behavior (according to health values) b. Develop positive behavior, and c. Maintaining positive behavior(Sinaga, Sianturi, & Amir, 2021).

Benefits of Health Education include: a. The achievement of changes in the behavior of individuals, families and communities, in fostering and maintaining healthy behavior and a healthy environment. and play an active role in efforts to achieve optimal health status, b. The formation of healthy behavior in individuals, families and communities in accordance with the concept of healthy living both physically, mentally and socially so as to reduce morbidity and mortality, c. So that people are able to apply their own problems and needs, and are able to understand what they can do about the problem, with the resources available to them

coupled with external support, and be able to decide on appropriate activities to improve the health and well-being of the community.(Sinaga, Sianturi, & Amir, 2021).

The results of the activity obtained after the Care giver Health Education Action showed an average increase of 6.8 correct answers, the data illustrates that Health Education can increase carrier knowledge marked by an increase in correct answers. Knowledge is a cognitive ability that is obtained from receiving information and has an influence on the behavior that will be generated. Behavior that arises and is based on knowledge, awareness and positive attitudes will be long lasting behavior (Amri and Renidayati, 2019).(Irianto & Lestary, 2021).

Maintaining the quality of life of the elderly is very important, in this case the care of the elderly, especially those living in nursing homes, is the focus of attention, considering that the elderly who live in nursing homes are more exposed to health problems than the elderly in the family. The role of care givers as companions for the elderly in nursing homes has a large enough contribution to care for the elderly and maintain their quality of life, but most care givers in nursing homes only have a secondary education background and do not have a health education background. Based on these conditions, it is necessary to hold special training for care givers how to care for the elderly from the aspect of the age approach in accordance with the task of developing the elderly(Irwadi, Elfira, Andriyan, Novera, & Rahmaddian, 2022)

Care givers have an important role in caring for and assisting the elderly and protecting them on a daily basis, especially for the elderly who have decreased productivity and have health problems. The problem of educational background from care give that is not from the health sector is a problem that must be overcome(Ose, Handayani, & Pujianto, 2021). One of the factors that contribute to one's knowledge is previous education. For this reason, providing education is very important to increase the knowledge of care givers in caring for the elderly(Irianto & Lestary, 2021).

The palliative care team can provide support to the patient's caregiver/family in several ways, including: a. Explain about the patient's illness, treatment and treatment obtained b. Provide health education to them on how to manage care problems using creativity, optimism, and planning c. Promote and improve self-care practices, including healthy eating, exercise, and relaxation d. Helping caregivers to develop effective parenting partnerships with patients e. Provide support networks and develop ways to f. Teach decision making and provide decision support g. Linking caregivers to competent counseling and care h. Offer practical and financial assistance (if any) i.(Manalu & et al, 2022)

This education for care givers is the first step to improve the ability of care givers in caring for the elderly in orphanages. Providing information or education to care givers in caring for the elderly will have a positive impact on the implementation of elderly care that they do. The activity of improving the quality of caregivers through Health Education for the elderly in Panti Wreda is a step to assist in solving these problems. This got a positive response from the caregiver who enthusiastically participated in the activity from beginning to end(Ose, Handayani, & Pujianto, 2021).

CONCLUSION

Health Education about palliative elderly care can increase the knowledge of the elderly.

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