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Sustainable services for the elderly in Malang city: A qualitative study

Servicios sostenibles para personas mayores en la ciudad de Malang: Un estudio cualitativo

Cici Indah Setiowati[1a*], Yati Sri Hayati[2a], Nurul Muslihah[3b]

SUMMARY

Introduction: *The continuity of various health services, such as hospitals and health centers, is needed to maintain the quality of care for the elderly. This study aimed to explore service providers' role in sustainable services for the elderly.*
Methods: *This study used a qualitative method to explore sustainable services for the elderly. The research participants totalled 16 people, namely primary and secondary informants. The researcher uses Focus Group Discussion (FGD) guidelines to become his own research instrument. The analysis in this study used Thematic Analysis.*
Results: *The results were obtained from 6 themes. The themes consist of: (1) Obstacles in the screening of elderly health, (2) The elderly polite health center services have not been implemented in the Coronavirus disease (COVID-19) pandemic, (3) Feeling that they do not have a role in geriatric services in hospitals, (4) Hope that the network runs optimally as a pentahelix pilar, namely the government, academics, communities, business actors and the media, (5) Follow up interventions have not been optimal in health services for the elderly, (6) There is no integrated geriatric service.*
Conclusion: *Participants felt that the facilities and infrastructure were limited in elderly services. Overcoming these problems is needed among those in charge of the elderly and the head of the primary health center's leadership in regulating human resources in supporting elderly services.*

Keywords: *Advanced health facilities, elderly, primary health facility, service, sustainable*

RESUMEN

Introducción: *La continuidad de diversos servicios de salud, como hospitales y centros de salud, es necesaria para mantener la calidad de la atención a las personas mayores. Este estudio tuvo como objetivo explorar el papel de los proveedores de servicios en los servicios sostenibles para las personas mayores.*
Métodos: *Este estudio utilizó un método cualitativo para explorar los servicios sostenibles para las personas mayores. Los participantes de la investigación sumaron 16 personas, entre informantes primarios y secundarios. El investigador utiliza las pautas de discusión de grupo focal (FGD) para convertirse en su propio instrumento de investigación. El análisis en este estudio utilizó el Análisis Temático.*
Resultados: *Los resultados se obtuvieron a partir de 6 temas. Los temas consisten en: (1) Obstáculos en la evaluación de la salud de los ancianos, (2) Los*

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ORCID ID: 0000-0003-2781-4736[1]
ORCID ID: 0000-0001-6131-7739[2]
ORCID ID: 0000-0003-4747-7239[3]

[a]Master Program in Nursing, Faculty of Health Sciences, Universitas Brawijaya, Malang, Indonesia
[b]Nutrition Science Study Program, Faculty of Health Sciences, Universitas Brawijaya, Malang, Indonesia

*Corresponding Author: Cici Indah Setiowati
E-mail: ciciindah85@gmail.com

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servicios de los centros de salud para ancianos no se han implementado en la pandemia de COVID-19, (3) Sentir que no tienen un papel en los servicios geriátricos en hospitales, (4) Esperanza de que la red funcione de manera óptima como un pilar de pentahélice, a saber, el gobierno, académicos, comunidades, actores empresariales y los medios de comunicación, (5) Las intervenciones de seguimiento no han sido óptimas en los servicios de salud para adultos mayores, (6) No existe un servicio geriátrico integrado.

Conclusión: *Los participantes sintieron que las instalaciones y la infraestructura eran limitadas en los servicios para ancianos. Es necesario superar estos problemas entre los encargados de las personas mayores y el liderazgo del jefe del centro de salud primario en la regulación de los recursos humanos en el apoyo a los servicios para personas mayores.*

Palabras clave: *Establecimientos avanzados de salud, adulto mayor, establecimiento primario de salud, servicio, sustentable.*

INTRODUCTION

One of the government plans based on implementing the Sustainable Development Goals (SDGs) in the health sector is to reduce the mortality rate from non-communicable diseases by prioritizing preventive and promotive efforts by taking a family approach (1,2). Optimizing continuous care (continuum of care) is a follow-up strategy to efforts to implement sustainable care. Continuous care is a form of care that is carried out from upstream to downstream, starting from the hospital to returning home. Continuous care is essential for patient safety, increasing staff and patient satisfaction, and reducing costs (3). Unsustainable maintenance impacts treatment quality, cost, and outcome (4). Many chronic diseases require long-term medical care because elderly patients generally suffer from various morbidities (5-7). High morbidity is also associated with treating the elderly in long-term care, which a nurse must understand in pharmacology (8,9). Health care centers as based on geriatric services, namely elderly health services organized by local health centers (10-13).

The continuity of various health services, such as hospitals and health centers, is needed to maintain the quality of care. One form of continuous care service currently running is for confirmed COVID-19 patients. A preliminary study conducted by researchers at one of the public health centers in Malang City found that the service flow for confirmed COVID-19 patients was clear and well-implemented. The service process starts from referral to the hospital until the patient is returned to the public health center and community, all carried out on an ongoing basis. The health center receives complete data on patients who have completed treatment at the hospital, both in terms of the patient's general condition and the treatment and therapy provided at the hospital. The comprehensive management plan established during the COVID-19 pandemic became the basis for sustainable services for the elderly (14).

Implementation of sustainable care is a challenge for all lines involved to provide accurate, time-efficient health services for the elderly with the realization of an elderly-friendly city (13,15). Therefore, it is essential to develop network support systems such as hospitals in implementing discharge planning services (8). In addition, providing information and knowledge support for primary care in sustainable care supports the efficiency and quality of nursing care (16). However, with the increasing need for community-based services, there are insufficient resources, including community health personnel, so the scheduling of nursing staff is not optimal, and service capacity cannot be fully utilized (17).

Health problems in Indonesia in the elderly are mostly hypertension (69.5 %), diabetes mellitus (8.9 %), stroke (60.2 %), and mental disorders (15.8 %) (National Risk Report, 2018). Although, until now, the level of independence of the elderly is still high, the dependence of the elderly in East Java continues to increase, causing high rates of long-term care. The level of independence of the elderly based on National Risk Report, in the community in East Java is 22 % light dependence. Malang City is one of the cities in East Java Province with several elderlies in 2021, as many as 145 917 with the elderly numbering 106 513 (72.9 %) and elderly at high risk 39 404 (27.1 %). Elderly with the most visits, namely 5 160 in 2020, with hypertension, diabetes mellitus, heart disease, and stroke. Based on the results of observations made by researchers, it was found a phenomenon in the community that the elderly group still did not use the services of the Public Health Center and

did not trust the officers when making further visits. Most of the elderly do not access health services because there is no medicine given. In addition, most areas of Malang City are urban areas where the main livelihood is as a retiree with a high level of education. This affects the level of dependence of the elderly on the hospital. This condition causes an increase in the number of older people undergoing rehospitalization, followed by an increase in elderly care.

Long-term geriatric care management in continuous care is grouped with health monitoring, health assessment, treatment planning, implementation, and evaluation activities (16,18). This requires integrated health services starting from the patient entering the hospital until leaving the hospital and returning to the home or community (14). In overcoming the health problems of the elderly, it is necessary to develop the elderly group through the public health center, which includes promotive, preventive, and rehabilitative activities (19). Post-discharge care for inpatients indicates that patients have post-discharge care recommended in an outpatient setting. Community health care system, i.e. primary care, including post-hospital visits, health surveillance, and drug monitoring (20). Continuous elderly care is still not implemented even though policies governing services are in place. Based on this description, the researcher wants to explore how the development of the concept of sustainable services for the elderly is currently running in the city of Malang.

METHODS

Research Design

This study used a qualitative grounded theory method to explore sustainable services for the elderly in Malang City, East Java Province, Indonesia. The research participants totaled 16 people, including primary informants and secondary informants. The main informants are representatives of various parties involved in elderly health services, about 11 participants, namely service providers in elderly health and health centers and hospitals. In addition, there are five secondary informants or service recipients, consisting of Non-Government organizations and health care volunteers. Inclusion criteria are as follows: 1) Engage in elderly health services; 2) Minimum 1-year experience in elderly health services; 3) Healthy psychologically and physically; 4) Have good communication skills and be willing to be a participant; 5) 18 years and over. In addition, the exclusion criteria in this study were informants who came out to implement the FGD before the implementation was completed.

Data Collection

The researcher becomes his research instrument using Focus Group Discussion guidelines in this qualitative research. This research was conducted in February-March 2022. After the verbatim transcript was carried out, the researcher analyzed the data by familiarising with the data in each participant's statement and coding it after getting the initial code, then grouped and organized it into themes and reviewed themes. Next, define and name the theme. This follows a series of processes carried out thoroughly and continuously on data, asking analytical questions, and writing short notes throughout the research.

Data Analysis

Thematic analysis was used for data analysis in this study. First, the researcher reread the results of the FGD recordings that had been done with the participants listening to the audio recording of the interview while reading the transcript to get as close as possible to the data and try to understand each sentence expressed by the participants. Then the researcher reread the results of the FGD recordings that had been carried out with the participants and listened to the audio recording of the interview while reading the transcript to get as close as possible to the data and try to understand each sentence expressed by the participants.

Ethical Approval

The research ethics was obtained from the Faculty of Medicine Ethics Committee from Universitas Brawijaya (No.51/EC/KEPK-S2/03/2022).

RESULTS

Table 1 describes the characteristics of the 16 participants, including age, gender, education, occupation, and the field they are engaged. Participants have an age range of 24 to 57 years. Thirteen participants were female, and three participants were male. Eight participants worked as Associate Degree in Nursing or ASN in the health sector, 2 participants worked as entrepreneurs, and four other participants worked as nurses in hospitals. Participants underwent various fields, namely person in charge of Elderly Health Service, Head of the Public Health Center, regional doctor, village head as well as elderly families and health cadres. The results obtained six themes below:

Table 1

Characteristics of Participants

Code	Age	Gender	Education	Occupation
P1	45	Female	Bachelor's degree	Public Employment
P2	24	Female	Bachelor's degree	Non-Public Employment
P3	39	Female	Master's degree	Public Employment
P4	48	Female	Bachelor's degree	Public Employment
P5	55	Male	Bachelor's degree	Public Employment
P6	27	Female	Bachelor's degree	Public Employment
P7	29	Female	Bachelor's degree	Public Employment
P8	39	Male	Master's degree	Public Employment
P9	54	Male	Bachelor's degree	Public Employment
P10	47	Female	Diploma degree	Non-Public Employment
P11	48	Female	Senior High School	Non-Public Employment
P12	45	Female	Senior High School	Housewife
P13	34	Female	Diploma degree	Nurse
P14	57	Female	Diploma degree	Nurse
P15	35	Female	Bachelor's degree	Nurse
P16	41	Female	Bachelor's degree	Nurse

Theme 1: Obstacles in the screening of elderly health

This statement is illustrated in the following quote:

"*The data collection is also real, and all get services... optimally following minimum service standards, so it's like that with the hope that its automatic achievements Malang city can be good, life expectancy also increases*" (P2).

"The indicators are a lot of weight, height and then blood pressure, blood sugar like that still has cholesterol, maybe the elderly person has his health checked, but it turns out that there is one of these indicators that is not fulfilled in the end, and it can't be entered" (P1).

"So at least the elderly are screened once a year, but indeed there are elderly who routinely check their health, such as going to clinics, hospitals or health centers that are recorded at the health office, which is once a year at least" (P2).

Theme 2: The elderly polite health center services have not been implemented in the COVID-19 pandemic

This statement is illustrated in the following quote:

"That's a polite elderly health center that we have evaluated yearly. There are several health centers that he started in 2020 when before COVID-19, he was still there prioritizing the

elderly; for example, there is an elderly poly, and there are still older people who are prioritized in the queue, but after COVID-19, some of the health centers This elderly poly has turned into a COVID-19 poly. Finally, there is no separate elderly poly. Maybe it can change the health services for the elderly during the COVID-19 period, and then the queue is like no, it doesn't take precedence like before there was COVID-19, anyway" (P2).

"Experiencing fear later, when you come to the public health centers, you will usually catch COVID-19" (P3).

Theme 3: Feeling that they do not have a role in geriatric services in hospitals

This statement is illustrated in the following quote:

"Hospitals that provide geriatric services are only available in the city of Malang, out of many hospitals, so there are only a few that can be counted with ten fingers, they can still be counted" (P2).

"Ever made coordination to be a hospital, the hospital has a geriatric poly, what is the initiative from the hospital itself, not because when we go down" (P1).

"because of this limitation, there is also limited manpower especially" (P2).

"The geriatric polyclinic seems to be more complex, not only providing a separate poly for the elderly but ... what are medical doctors and paramedics called" (P2).

Theme 4: Hope that the network runs optimally as a pentahelix pilar, namely the government, academics, communities, business actors, and the media

This statement is illustrated in the following quote:

"In terms of access to health services, in the end, there tends to be a decrease in visits" (P1).

"It has never been conveyed, so we hope that things like that can be networked, right?" (P1).

"We first built the network when, for example, we had a strong network, whether it was cross-sectoral with other cross-programs, whether it was with other OPD (Regional Apparatus Organizations) or maybe the role of government hospitals and private hospitals" (P1).

"To fulfill the SPM, we still need to procure strips and continue to fulfill height, blood pressure, and weight measuring devices at the Integrated Healthcare Center for the elderly. There are also elderly kits from the province from the Ministry of Health, but from outside the CSR (Corporate Social Responsibility) is still not available" (P1).

Theme 5: Follow-up interventions have not been optimal in health services for the elderly

This statement is illustrated in the following quote:

"It's only for strip books that we have a bit of trouble because these strips are only used once, and the number of new elderly people increases yearly" (P2).

"optimally following minimum service standards, so it is as expected" (P1).

"Screening is more of early detection. So what is the result of this screening? It turns out that this person is like this, who initially didn't realize that he had diabetes, he didn't realize that he had hypertension, so when he was screened earlier, it was found that he got health services earlier" (P3).

"Hopefully, the budget will follow, yes, the budget for the priority for the elderly can also get attention, maybe that's it" (P1).

Theme 6: There is no integrated geriatric service

This statement is illustrated in the following quote:

"The problem with geriatrics, what often is the risk of falling, is the risk of falling" (P13).

"Elderly people often forget, even though in education later, what was conveyed about the risk of falling has been educated, the family has

been reassured, the patient sometimes still falls, so that's why we convey it to the family" (P14).

"The markers on the bed and then in the bathroom also have handled" (P13).

DISCUSSION

The theme of requiring accuracy in recording and reporting affects the follow-up intervention that will be given. Inaccurate recording and reporting and data duplication from cadres and officers can use web recording and report (21). Manual recording and reporting are deficiencies with the patient's name, ID number, age, treatment, and daily activities and cannot be accessed by parties who need it (22). The service for the elderly polite health center during the COVID-19 pandemic has not run optimally. This is due to the limitation of direct and face-to-face contact. Participants felt that the public health centers were a place to transmit COVID-19 and feared they would be infected with COVID-19. This reduces visits to public health centers and causes uncontrolled health of the elderly.

Based on the results of previous studies, the lack of recording and completeness of reporting causes delays in reporting the elderly and can be accessed by all parties (21). This shows that recording and reporting are not well organized (21). Using a web information system makes it easier for officers to collect patient data and record examination results to minimize errors in recording and reporting and delays in data collection (22). Feeling that the service has not yet reached plenary in this study is a health service obtained by the elderly. Plenary service starts from simple laboratory examinations and a complete assessment of geriatric patients. The plenary assessment of geriatric patients consists of the level of independence, activities of daily living, risk of falling, geriatric depression scale, mini clog, and clock drawing test, mini-mental state examination, abbreviated mental test, and mini nutritional assessment. Elderly with a high level of independence, namely the level of dependence and risk of falls experienced by the elderly (23).

The factor of the elderly also determines the achievement of health screening. Not all older people who access health services go to integrated healthcare centers. This is because the elderly do not complain and feel that there are no perceived health problems (24). The service for the elderly polite health center has not yet been implemented in the COVID-19 pandemic. Participants' experiences during the COVID-19 pandemic, the elderly poly changed its function to the COVID-19 clinic. This also impacts the queue of elderly who follow the queue of general patients and decreases visits. Older people choose to access specialist health services or private practice doctors who put the elderly first, including in the queue. Following technical instructions, the elderly polite health center has a separate room and is easily accessible to the elderly (25).

The limited facilities and infrastructure in elderly services, namely from separate service places, doctors, and nurses. Limited human resources result in officers having concurrent duties or jobs, so the work done is not optimal. The limitations of tools and materials such as examination strips are not balanced, with the number of elderlies increasing yearly. This causes not all elderly to be screened. Refocusing the budget in 2021 due to the impact of the COVID-19 pandemic, where financing for the elderly program is diverted to overcoming COVID-19 (26).

Not all hospitals provide geriatric services. Participants felt that a small number of hospitals provide geriatric services. There are three elements of geriatric services, namely human resources, service flow, and infrastructure. The element of human resources is needed by officers who understand how to care for the recovery or maintenance of the elderly. The burden of the staff to care for can be two to three times caring for the elderly (27).

Cross-program and cross-sector linkages with advanced health facilities in tiered referrals have not been maximized. Referrals running, namely the elderly at risk in the integrated health centers, are referred to the health care center. Older people at risk need health education and information through health promotion personnel. Intensive counseling from health promotion opens further insight into being healthy, productive, and not a burden on the family. Health services with

comprehensive care in question are providing services by improving health (promotive), such as health education and preventive measures (preventive) (28).

Hope the network runs optimally as a pillar of the pentahelix. Participants felt that the network that had been established was not strong, both cross-sectoral and cross-program, and with related agencies. Participants find it difficult to doubt cooperation with other agencies or devices, not yet appropriately coordinated, only limited to Zakat House, a non-governmental organization (NGO), in chronic disease management. The middle and upper economic groups have more links to specialist doctors and independent practicing doctors or hospitals (29).

Follow-up interventions have not run optimally in health services for the elderly. Participants felt that they were still focused on the elderly screening, not yet on the follow-up of the results of the screening that had been obtained. Elderly health screening is the early detection of health. The elderly are unaware of their health conditions and do not feel any symptoms, such as hypertension or diabetes mellitus. The addition of the number of elderlies every year increases as well as the difficulty of the strip of examination, which is not balanced with the amount of elderly. On the other hand, services provided are more coordinated (30). Health services with comprehensive care in question are providing services by increasing body resistance and screening for disease risk, breaking the chain of disease transmission, and stopping the disease process as early as possible (28).

Some participants felt that the physiological changes in the elderly were a vulnerable group with physical limitations and comorbidities suffered by the elderly. Health services close to the elderly, such as integrated health centers in the nearest area. The monthly services impact the psychology of the elderly, namely being happy and feeling cared for by health workers. Participants felt the importance of accompanying after the patient came home from the hospital. However, participants found it difficult to control the control schedule for follow-up examinations. The non-home companion becomes an obstacle in monitoring the health of the elderly. Support from neighbors is needed in monitoring the health of the unaccompanied elderly. Monitoring related to drugs consumed by the elderly, control schedules to the hospital, referrals from the first health facilities and queue numbers at the hospital, as well as first aid in the event of an emergency before going to the hospital (31). The use of drugs requires a clear explanation and education, especially in the use of tablet drugs such as Symbicort and the use of insulin (32).

CONCLUSION

Participants felt that they had not yet received excellent service. Experienced difficulties in screening elderly health. This is because the service for the elderly polite health center was not implemented during the COVID-19 pandemic. Participants felt that the facilities and infrastructure were limited in elderly services, plus there were not enough hospitals that provided geriatric services. Overcoming these problems is needed among those in charge of the elderly, as well as the ability of the head of the public health centers as a leader in regulating human resources in supporting elderly services and support from networks that run optimally as the pillars of the pentahelix.

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