

Model of fulfilling basic needs for the elderly at home based on Balinese culture

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Abstract:

The problems that exist in society related to the elderly are mainly in meeting basic needs, and there is a tendency to get depression. Decreased body function in the elderly can affect physical, mental, and psychosocial changes. This study aims to identify patterns of improvement in the basic needs of the elderly and identify models of basic needs services for the elderly. This research uses a qualitative design where researchers conduct FGDs with in-depth interviews. The sample was taken by purposive random sampling with a sample of 35 people who were divided into six groups. The results of the study showed a discussion rate of 29% for the topic of life support, psychological counseling at 26%, services provided by the family at 18%, care and daily life at 17%, and attitudes of the elderly at 3%. The elderly's life support for walking or toilets is 44%. Tools for asking for help is 31%. The most discussed psychological problem is the exceptional attention level of 77%. The desired service is for families to pay attention to the elderly, which is 38%. Most eating and drinking services are daily care related to defecation assistance (24%), and the attitude of the elderly when they need help is to convey it to trusted people (23%). The importance of integrating comprehensive care models that prioritize the physical, emotional, and social needs of the elderly. By fostering collaboration among families, caregivers, and healthcare professionals, it is possible to create a supportive ecosystem that empowers elderly individuals to lead fulfilling lives.

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INTRODUCTION

Indonesia is experiencing a significant demographic shift as the population ages, with elderly individuals increasing annually (Kudrna & Piggott, 2022). This phenomenon presents unique challenges for families caring for their elderly members. Many families find it difficult to provide adequate care due to various constraints, leading them to place their elderly relatives in nursing homes (Chee, 2020). While this solution alleviates some of the caregiving burdens, it often results in changes in residence that profoundly affect the lives of the elderly. These transitions can influence their physical, emotional, and social well-being, ultimately determining their overall quality of life (Gardiner et al., 2020). One indicator of public health progress is the increase in life expectancy, contributing to the growing elderly population. However, this also highlights the urgent need for effective strategies to address the multifaceted needs of this vulnerable group (Buxbaum et al., 2020).

The challenges faced by society in caring for the elderly are primarily centered around fulfilling their basic needs and addressing mental health issues such as depression (Kabadayi et al., 2020). As individuals age, their bodily functions decline, leading to physical, mental, and psychosocial changes that impact their ability to perform daily activities (Eckstrom et al., 2020). Factors influencing

their well-being include age, education level, marital status, reasons for residing in nursing homes, physical condition, cognitive function, services provided in nursing homes, social relationships, and their mental health status, particularly depression and loneliness (Khodabakhsh, 2022). These findings emphasize the importance of addressing physical needs and emotional and social dimensions to enhance the quality of life for the elderly (Fulmer et al., 2021).

The elderly represent an age group whose ability to fulfill basic needs diminishes due to age-related factors (Varianou-Mikellidou et al., 2020). Physically, they require special attention from their families to assist and motivate them in meeting their daily needs (Farajzadegan et al., 2023). This group is also more prone to illnesses due to a weakened immune system, making access to proper nutrition and healthcare critical for their well-being (Dewi, 2021). The elderly nutritional status is associated with factors such as recent acute illness, mobility problems, mental health issues, and personal perceptions about health and nutrition (De Oliveira et al., 2020). Despite these insights, there remains limited research on the complexities of caring for the elderly at home, highlighting a gap in understanding how best to support this population in domestic settings.

Another pressing issue in elderly care is the prevalence of elder abuse, particularly in nursing home settings (Van Royen et al., 2020). Research by Fauziah et al. (2020) indicates that elder abuse has become a significant yet under-discussed problem among healthcare workers in nursing homes. The lack of awareness and attention to this issue underscores the need for more excellent advocacy, training, and policy development to ensure the safety and dignity of elderly residents (Dev & Eljo, 2024). Preliminary studies conducted at UPT. Abiansema Health Center 3 reveals that 70% of elderly individuals feel supported in meeting their basic needs, although delays in family assistance remain a common concern. Additionally, many elderly individuals report feeling bored and confined, often restricted to their rooms or homes without opportunities for meaningful activities. These findings highlight the importance of creating supportive environments that promote engagement and independence for the elderly (Zhong et al., 2020).

This study aims to identify patterns in cultivating the basic needs of the elderly and develop models for meeting these needs effectively. By exploring the lived experiences of elderly individuals and their caregivers, the study seeks to uncover practical strategies that can be implemented at home and in institutional settings. Understanding the specific needs of the elderly, including their physical, emotional, and social requirements, is essential for designing interventions that enhance their quality of life (Bar-Tur, 2021). The study also emphasizes the importance of involving families, healthcare providers, and community stakeholders in creating a holistic support system that prioritizes the well-being of the elderly (Wang et al., 2022).

The findings of this research have significant implications for clinical practice and policy development. Healthcare providers must adopt a patient-centered approach that considers the unique needs of elderly individuals, ensuring that care is tailored to their physical, emotional, and social circumstances. Families play a vital role in this process, as their attentiveness and involvement can significantly influence the elderly's sense of security and dignity (Dong et al., 2021). By fostering open communication and actively engaging with elderly individuals, caregivers can better understand their preferences and challenges, enabling them to provide more effective support (Fisher et al., 2020). Institutionalizing these practices within nursing homes and other care settings is crucial for enhancing the quality of care and promoting the well-being of elderly residents (Anderson et al., 2020).

Addressing the needs of the elderly requires a comprehensive and collaborative approach that integrates families, healthcare providers, and policymakers (Campbell et al., 2021). As Indonesia continues to navigate the challenges of an aging population, it is imperative to prioritize the development of care models that enhance the quality of life for elderly individuals. By focusing on physical health, emotional well-being, social relationships, and elder abuse prevention, stakeholders can create supportive environments that empower the elderly to lead fulfilling lives (Sixsmith et al., 2023). The insights gained from this study contribute to a deeper understanding of elderly care and pave the way for improved policies and practices that uphold the dignity and rights of this vulnerable population.

METHOD

This study employs a qualitative research design to explore the experiences of elderly patients facing limitations in meeting their basic needs. The primary objective is to gather materials that will inform the preparation of a model to address these challenges. To achieve this, researchers conducted Focus Group Discussions (FGDs) with elderly individuals aged 60-87 years from extended families served by the Abiansema Health Center in Bali. These participants were selected through purposive random sampling, resulting in a sample size of 35 individuals divided into six groups, each comprising 5-6 members. Before commencing data collection, ethical clearance was obtained from the Health Research Ethics Committee Polytechnic of Health Denpasar, with approval number LB.02.03/EA/KEPK/0541/2022 dated June 6, 2022, ensuring adherence to ethical standards throughout the study.

The FGDs were conducted in Balai Banjar/Dusun, lasting between 40-50 minutes per session, and involved in-depth interviews and behavioral observations as primary data sources. These discussions aimed to uncover themes related to techniques used by the elderly to meet their basic needs, particularly when they were unwell. The collected data were meticulously transcribed into narratives and analyzed using thematic analysis. This process involved classifying and categorizing the data based on the research focus, facilitated by the Nvivo v.12 statistical software package. The software enabled efficient management and interpretation of the qualitative data, allowing researchers to identify recurring patterns and insights relevant to the study's objectives.

The materials gathered during the FGDs were consulted with experts, including psychologists and community nurses, to ensure the validity and applicability of the findings. Their input provided valuable perspectives on the practicality and effectiveness of the proposed model for addressing the basic needs of elderly individuals. Data visualization techniques, such as chart hierarchies, were also employed to present the findings clearly and structured. These visual tools helped highlight the relationships between different themes and categories, offering a comprehensive overview of the challenges faced by the elderly and potential strategies to address them. The collaboration with experts and the use of advanced data processing methods underscored the rigor and reliability of the study.

The study's findings revealed critical insights into the lived experiences of elderly individuals in Bali, shedding light on the barriers they encounter in fulfilling their basic needs. By focusing on their narratives and observed behaviors, the research identified specific techniques and coping mechanisms employed by the elderly to navigate these challenges. These insights contribute to the academic understanding of aging and healthcare needs and provide actionable recommendations for policymakers and healthcare providers. Ultimately, the study aims to enhance the quality of life for elderly populations by proposing a model that addresses their unique needs, fostering greater inclusivity and support within the community.

RESULT

Characteristics of respondents

The focus group discussion was conducted in six Banjar / Hamlets of the Abiansema Health Centers 1, 2, and 3 at Abiansema Districts, Badung Regency, Bali, from July 17 to August 14, 2022. The characteristics of the respondents are as follows.

Table 1. Characteristics of Respondents by Gender, Place of Residence, and Age (n=35)

Characteristics	Frequency	Percentage
Gender		
Man	7	20
Woman	28	80
Hamlet		
Mambal Kajan	6	17.14
Gumasih	6	17.14
Batanbuah	6	17.14
Pande	5	14.13
Taman	6	17.14
Menesa	6	17.14
Age		
Mean	72.65	
Median	72.0	
Minimum	67	
Maximum	87	

Overall Discussion Level Comparison

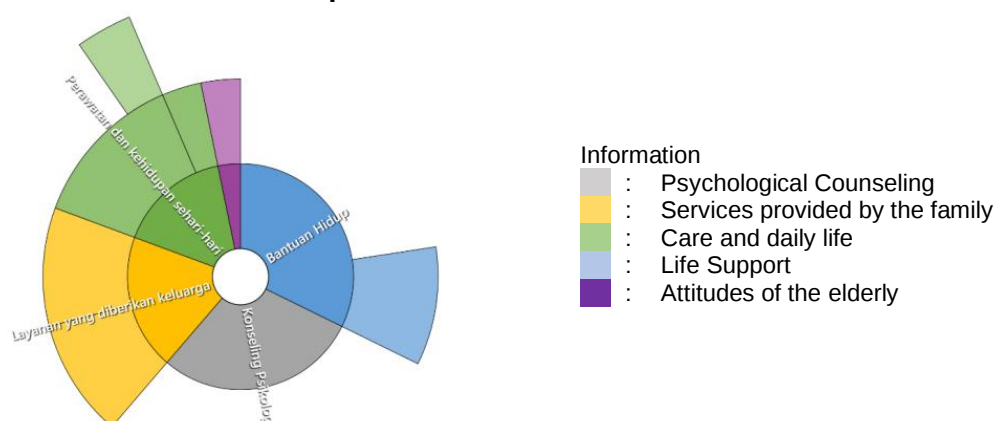


Figure 1. Overall Discussion Level Comparison

Based on the analysis of discussion topics in six elderly discussion groups, eight main topics of discussion were obtained, namely about life support, elderly expectations, psychological concepts, services provided by families, care and daily life, perceptions of the elderly, attitudes of the elderly, and elderly advice. The chart above shows a discussion rate of 29% for the topic of life support; psychological counseling has a value of 26%; services provided by the family have a value of 18%; care and daily life have a value of 17%; and the attitude of the elderly by 3%.

Life Support

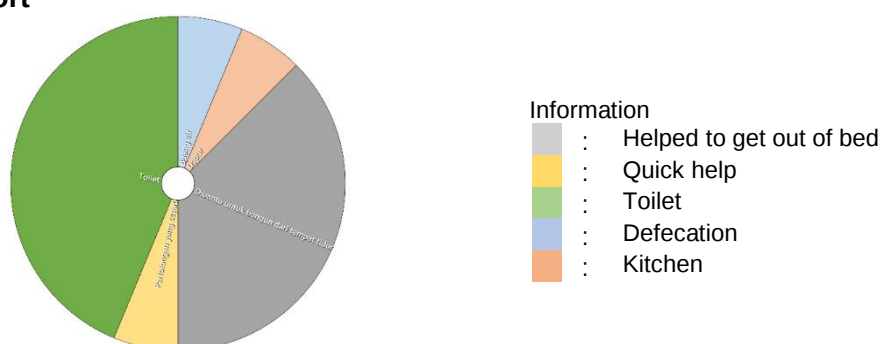


Figure 2. Life Support

The picture above explains the discussion with the theme of life support. Assistance for walking or guarding the toilet for the elderly reached 44%. In addition, the second largest value is that the help to get out of bed reaches 33%. Furthermore, it is followed by assistance in activities in the kitchen and requires quick help reaching 6% and assistance for defecation by 11%. The analysis showed that the elderly need a lot of help getting to the toilet and out of bed.

Elderly Hope

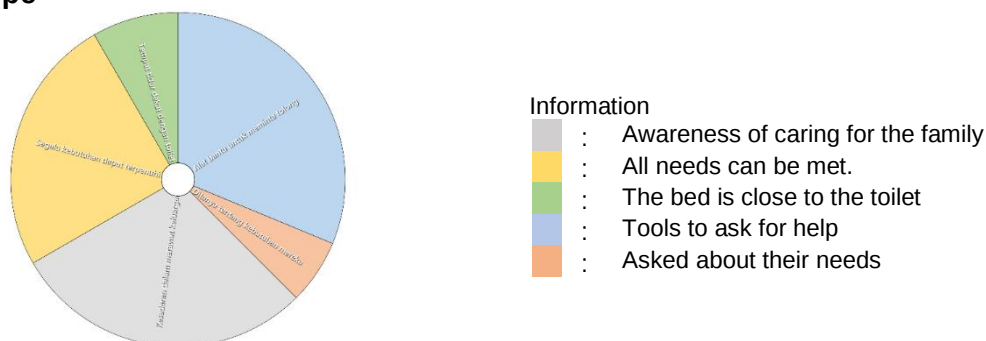


Figure 3. Elderly Hope

Seniors' expectations of services provided include tools to ask for help, asking them about their needs, awareness in caring for their families, all needs can be met, and beds close to toilets. The tool for asking for help has a high rate of 31%. Any need that can be met has a rate of 25%, and the awareness of caring for a family is 29%. On the other hand, the beds are close to the toilets, and the need for them to be asked about their needs has rates of 8% and 6%.

Concept of Psychology

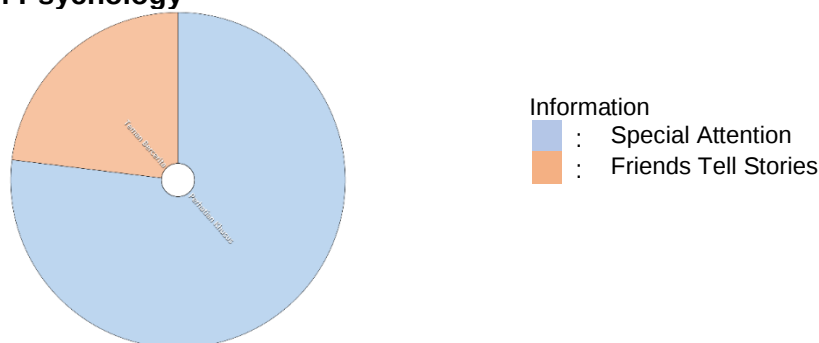


Figure 4. Concept of Psychology

The analysis shows that the elderly must meet two psychological needs: storytelling friends and special attention. This is indicated by an exceptional level of attention of 77% and a storytelling friend of 23%. Therefore, special attention is important in providing services to the elderly.

Services provided by the family

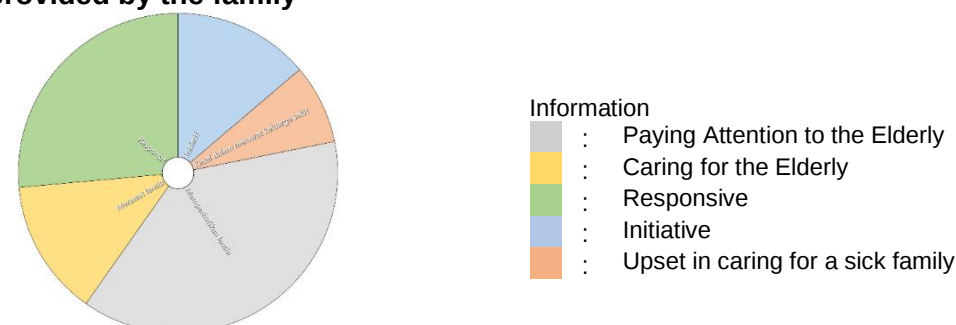


Figure 5. Services provided by the family

The picture above explains the services that the family has provided. The services provided are initiative, caring for the elderly, caring for the elderly, and being responsive. In addition, there is a family annoyance when caring for the family. Families are very concerned about the elderly, who have the highest discussion rate of 38%, and responsive families have a discussion rate of 26%. Families that take initiative and care have a discussion rate of 14%, and those upset with the elderly have a value of 8%. These results indicate that the elderly are eager to be noticed and provided with responsive services.

Care and daily life

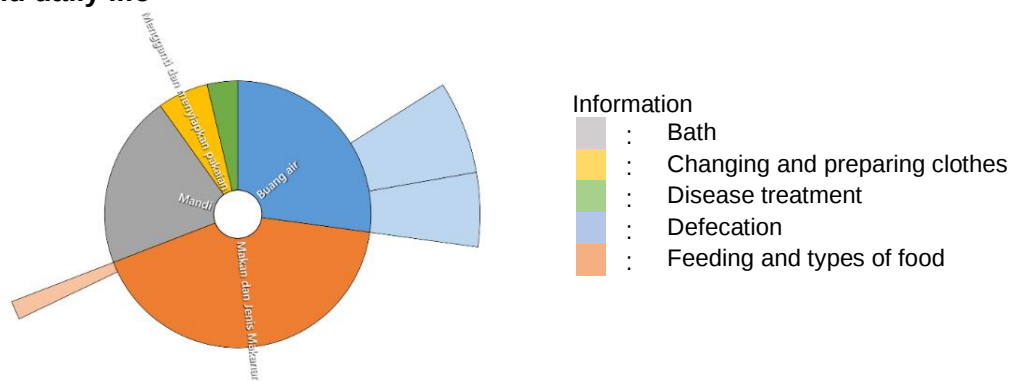


Figure 6. Care and daily life

The analysis results indicate several discussion topics with the theme of care and daily life, namely the need to relieve yourself, eat and eat types of food, take a bath, change and prepare clothes, and treat diseases. Defecation broadly has a discussion rate of 24% and a discussion rate about eating and food types of 37%. Bathing, changing, preparing clothes, and disease treatment have 19%, 12%, 5%, and 3%. This indicates that care for eating and types of food have an important role in caring for the elderly and the need to defecate.

Attitudes of the Elderly

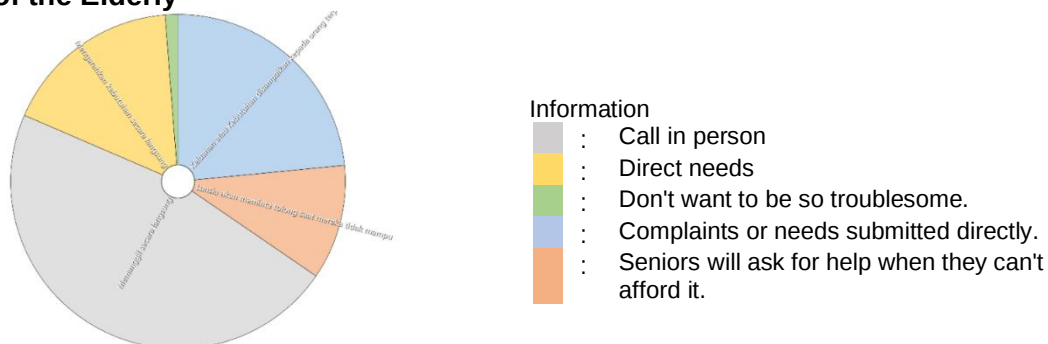


Figure 7. Attitudes of the elderly

The results of the FGD analysis show that the elderly have a confident attitude towards the services they provide. Complaints or needs submitted to trusted people have a discussion rate of 23%; seniors will ask for help when they are incapable of having a rate of 11%; calling directly has a rate of 47%; directing needs directly 17%, and do not want to be troublesome by 1%.

DISCUSSION

The results of this study show that there are eight main topics about the elderly and their relation to aged care services. This study aims to determine the model of meeting basic needs in preventing the loss of physical condition and depression in the elderly in UPT. Abiansema Health Center. The basic needs of the elderly include life support, psychological counseling, care, and daily

life. In addition, there is also the attitude of the elderly towards the services that have been provided, advice from the elderly for more services in the future, perceptions of the elderly, and expectations of the elderly for services that can help the elderly. The FGD results revealed what the family has provided as a service for the elderly. Here's a more complete explanation of the findings.

First, the basic needs that public health care must have been life support, psychological counseling, care, and daily life. Basic needs must be met because the elderly experience reduced motor reflexes, adaptability to darkness, and experience reduced absorbing power. It provides recommendations for public health centers in the development of models for meeting the needs of the elderly, such as paying more attention to assistance for defecation, eating and types of food, bathing assistance, and changing and preparing clothes for the elderly. In addition, service providers need to pay attention to the psychological condition of the elderly to be able to give special time to meet with the elderly to listen to stories from the elderly.

The elderly generally have a relatively good quality of life, with the highest percentage in the environmental domain and the lowest in the social domain. Depression affects the quality of life of the elderly in the social domain. Improvements in social relationships can lower depression and improve the quality of life of the elderly (Ribeiro et al., 2019).

Cognitive function has a significant relationship with the level of independence of elderly women with values (OR = 5.402; P value = 0.013; CI = 95% 1.430 - 20.426). Elderly women with impaired cognitive function (MMSE score > 23) are at risk of experiencing a dependency level of 4.5 times in fulfilling daily activities compared to elderly women whose cognitive function is normal. The decline in cognitive function in the elderly is the most significant cause of the inability to carry out normal daily activities and the most common reason for being dependent on others to care for themselves (Muhammad & Meher, 2021). Services at the nursing home, especially caregivers, can improve the quality of services for the elderly by increasing overall attention by providing a holistic, comprehensive diagnostic effort by paying attention to the role of the elderly so that the quality of life of the elderly can be improved (Dewi, 2021).

Second, the results of the FGD found that the elderly provided attitudes, advice, and services that the family had provided. Support from families in the form of attention and assistance services can make the elderly more enthusiastic about living life (Du et al., 2022). This aligns with the findings in the FGD discussions of various groups explaining that families have provided services that are initiative, responsive, caring, and caring for the elderly. The ministry produces attitudes such as only trusting the closest people, asking for help when in need, and calling in person. These attitudes are based on the perception of the elderly being reluctant to ask for help; sometimes, help comes slowly, and the family is the fulcrum of the elderly's life. The relationship of some of these things produces ideal conditions in the minds of the elderly about the services provided, such as not being reactive when providing assistance and verbally conveying concern. This aligns with Heydari's research about challenges and barriers to providing care to older adult patients in the Intensive Care Unit; they find three main categories related to nurses: attitude in elderly care (Heydari et al., 2019). to improve their quality of life; the elderly often face various problems that can affect their quality of life. These problems can be physical problems, psychological, social, and economic. As a result, support from various parties, both family and others, including medical interventions, social and environmental (Sayin & Karaman, 2021). Fulfillment in basic needs depends on family conditions, lonely (marital status), age, education, and economic condition (Lataster et al., 2022).

Three main categories were factors related to nurses' attitudes in elderly care, factors related to the system of care, and factors related to patient care delivery models. These categories came under the central theme of an "Inappropriate and unfair system for elderly care."

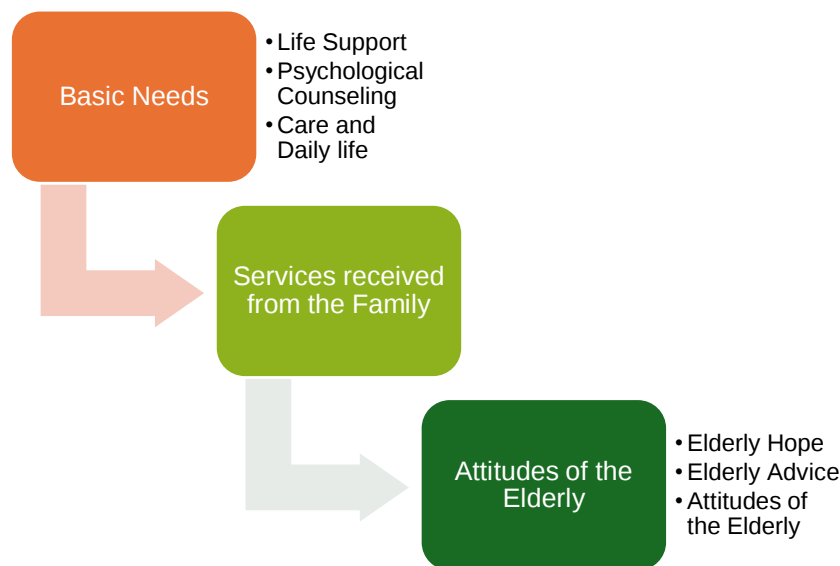


Figure 8. Relationship between themes

The elderly have basic needs that will be met through the services provided by the family. The service will generate reciprocity in the form of expectations, suggestions, and attitudes of the elderly. These three things are a significant concern in developing models for meeting the basic needs of the elderly (Zelalem et al., 2020).

The elderly who live with their family have better health and independence than those who live in nursing homes. For this reason, efforts are needed to improve the health status and independence of the elderly at nursing homes by holding regular health checks and practicing activities that can stimulate the independence of the elderly (Setyowati et al., 2023). The factors associated with successful aging are age, gender, absence of depression, marital status, positive spirit, religious activity, and high perceived meaningfulness (Susanti et al., 2020). Family and social support should be respected by the elderly hope, decreasing attitudes and staying attentive to elderly advice (Sen et al., 2022). findings based on a sense of coherence (SOC) and person-centered care (PCC) theories illustrate the importance of maintaining a connection with family and friends. To that point, having access to familiar objects from their earlier life seemingly provides meaning to the residents by bridging the past and the present. Ideally adapted to each person's needs and ability, recreational activities positively impact by providing structure and meaning that help overcome feelings of loneliness. Building a new network with fellow residents and staff imparts a sense of meaningful community belonging and projects dignity and self-worth (Naik & Ueland, 2020). The limitation of this study is that the FGD process carried out has not been balanced in the opportunity to express opinions because the respondents' experiences are different, and the conditions of the elderly served are also different.

CONCLUSION

The study highlights the multifaceted needs of elderly individuals, emphasizing the critical role of family and community in supporting their overall well-being. Life support systems, psychological counseling, and daily care services emerged as key areas requiring attention to address the challenges faced by the elderly. The findings underscore the importance of providing tools and mechanisms that enable the elderly to seek help effectively, particularly in maintaining mobility and managing daily activities. Furthermore, the emotional and psychological dimensions of care, such as offering special attention and fostering meaningful communication, were identified as vital components in enhancing the quality of life for this population.

The research emphasizes that services provided to the elderly should focus on physical assistance and prioritize emotional and psychological support. Family members play a pivotal role in meeting these needs, as their attentiveness and responsiveness significantly influence the

elderly's sense of security and dignity. By fostering open communication and actively engaging with elderly individuals, caregivers can better understand their unique requirements and preferences. This reciprocal relationship between service providers and the elderly fosters trust and ensures that care is tailored to individual needs, ultimately improving their overall quality of life.

In clinical practice, the findings call for a holistic approach to elderly care, encouraging service providers to adopt empathetic and proactive strategies. Understanding the lived experiences of elderly individuals in residential care settings offers valuable insights into designing appropriate care programs and policies. Institutionalizing these practices within residential care homes is essential to creating supportive environments that promote independence, dignity, and well-being. By addressing both the physical and emotional dimensions of care, healthcare providers can enhance the quality of life for elderly populations.

Overall, the study underscores the importance of integrating comprehensive care models that prioritize the physical, emotional, and social needs of the elderly. By fostering collaboration among families, caregivers, and healthcare professionals, it is possible to create a supportive ecosystem that empowers elderly individuals to lead fulfilling lives. These insights pave the way for improved care practices and policies, ensuring that the elderly receive the attention and respect they deserve while promoting their overall well-being and quality of life.

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