

## DEVELOPING HOLISTIC CARE MODEL: THE PHYSICAL WELLBEING OF ELDERLY BASED ON SOCIAL SUPPORT AND CHARACTERISTIC

Pipit Festi Wiliyanarti<sup>1\*</sup>, Asri<sup>1</sup>, Kusuma Wijaya Ridi Putra<sup>2</sup>

<sup>1</sup>Department of Community Health Nursing, Faculty of Health Science, Muhammadiyah University of Surabaya, Indonesia

<sup>2</sup>Department of Community Health Nursing, Kerta Cendekia Nursing Academy of Sidoarjo, Indonesia

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\*Correspondence:

Dr. Pipit Festi Wiliyanarti, S.K.M., M.Kes

Department of Community Health Nursing, Faculty of Health Science  
Muhammadiyah University of Surabaya, Indonesia

Email: [pipitfesti@fik.um-surabaya.ac.id](mailto:pipitfesti@fik.um-surabaya.ac.id)

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### ABSTRACT

**Background:** Elderly experiences with degenerative process in their life span and physical condition as well as their ability to adopt with their environment. Those conditions will influence the achievement of elderly wellbeing.

**Purpose:** This study aims to examine physical wellbeing in elderly based on social support and elderly characteristic.

**Method:** This study employed cross-sectional survey design. The population was elderly who lived in east Surabaya. One hundred and ten of elderly were recruited. Their age was more than sixty years old, living with their family and under Medokan Ayu Public Health Center supervision. Multi stage random sampling was performed. The research instrument was physical wellbeing including elderly autonomy, cognitive, complaining about physical and disease as well. Structural Equation Modeling with Partial Least Square (SMART PLS) was used to analyze the data.

**Results:** The research results showed that majority of emotional support in social support variable was good (98%). The majority of instrumental support was good (88.18%). Social wellbeing has significant relationship with the elderly physical wellbeing ( $p$  0.312,  $t$ -statistic: 4.420,  $t$ -table: 1.65), elderly characteristic of holistic care (0.178,  $t$ -statistics 2.422,  $t$ -table: 1.65), and elderly characteristic of physical health (0.140,  $t$ -statistic 1.790,  $t$  table.1.65).

**Conclusion:** Social support influences the physical wellbeing of elderly.

**Keywords:** physical wellbeing, social support, and characteristics of elderly

## INTRODUCTION

In line with the increasing life expectancy, there will be changes in age structure of the population by affecting all aspects of life and health problems in the elderly ([Indonesian Ministry of Health, 2013](#)). The reality of elderly people experiencing aging process certainly has an impact on various aspects of life, both social, economic, and especially health, because the more age, the organ function will decrease due to both natural factors and disease ([Indriana, Desiningrum, & Kristiana, 2011](#)). Various problems that faced by the elderly include physical, mental and

social changes. Elderly vulnerable to social problems can affect the achievement of the wellbeing of the elderly ([Kuncoro, 2002](#)). Some elderly people become increasingly deteriorated in terms of psychological and physical as well as social interactions.

One of the factors that trigger the emergence of problems in elderly such as depression in elderly among them due to changes in physical condition, social status, psychosocial changes, and other biological changes resulting from aging. The elderly is depressed and not getting

a right way intervention, it can have an impact on the more advanced conditions such as physical pain, drug abuse, alcohol and nicotine, and even worse impact on the health of the elderly ([Fiske, Wetherell, & Gatz, 2009](#)). The impact on the increasing health problems, especially the incidence of chronic and degenerative diseases, so the need for long-term and sustainable health services is increasing ([Robert, 2014](#)). The results of Basic Health Research in 2013, shows that the pattern of disease in the elderly were hypertension 57.6%, arthritis 51.9% and stroke 46.1% followed by dental and mouth health problems 19.2%. While the most common cause of death in the elderly from the 2011 National Board of Health Research and Development Reports in 15 districts/ cities was 24.6% Stroke and 12% ischemic heart disease ([Indonesian Ministry of Health, 2013](#)). The high incidence of disease in the elderly shows the low level of physical wellbeing of the elderly.

Currently the government has implemented various programs to improve the physical wellbeing of the elderly, among others promotive efforts are through supplementary feeding for the elderly, established *Posyandu* for elderly, preventive efforts that can be done is monitoring elderly health, performing early checks, and monitoring health periodic ([Erfandi, 2014](#); [Stanhope & Lancaster, 2004](#)). Curative efforts are elderly health services in hospitals, rehabilitative efforts rehabilitative programs in elderly infectious diseases and non-communicable diseases. However, this still cannot be maximized to fulfill the hope that physical wellbeing of elderly fulfilled. So, it is necessary to do the study deeper of other factors that can support the physical wellbeing of the elderly. One of factor is social support of the elderly ([Adib, 2008](#); [Kozier, 2008](#)).

## METHODS

### *Study design*

This study was cross-sectional survey design. This research is part of a big research in developing holistic care model. This research

is for discovering of elderly physical wellbeing based on elderly's characteristic and social support. The characteristic of elderly are age, gender, occupation, education, and marriage status.

### *Selection and description of participants*

The population was elderly who live in east Surabaya. They are elderly with 60 years old is the minimum age, elderly who live with their family around the area of Medokan Ayu Public Health Center, Rungkut Sub-district, Surabaya District, Indonesia. There were 110 samples selected using simple random sampling.

### *Instrument*

The research instrument was physical wellbeing including elderly autonomy, cognitive, complaining about physical and disease as well instrument which related to physical wellbeing using closed instruments which the total are 6 items measured 1) Cognitive ability, 2) Independency, 3) Complaints perceived. The results of the scores is 1-4, with the higher score indicates the physical health of the disorder. Cognitive instruments are using MMSE with criteria Cognitive function, none, low, medium, severe. Independence Criteria categorized Independence low, medium, independent. Complaints are derived by the elderly with criteria: none, moderate, severe. Instruments for social support using closed-ended instruments of instruments support include the availability of support facilities that received by the elderly, information support is an associated instrument of health information obtained, obtained from available health services such as basic or so-called health services with Primary Health Care, the intensity of providing health information, as well as matters relating to information on the health condition of the elderly, and emotional support is an instrument related to emotional support provided by the patient's family, as well as the distressed person in the elderly life, as for the total number questionnaire is a number of 15 positive questions, with Likert scale assessment of choice answers: 1. None 2. sometimes 3. Often.

### Statistical method

Further, the collected processed by using the help of statistical programs. The alpha that being used is valued 0.05. The value of loading factor is 0.3, descriptive statistic that being used is using frequency distribution to explain the characteristics of the sample and research variables. Furthermore, the results that fulfill the criteria are analyzed by using Structural Equation Modeling with Partial Least Square (SMART PLS). To find out the components that build Holistic care. On this occasion, the researcher uses the processed data to know the effect of social support in Holistic Care Model categorized based on the elderly characteristic in Medokan Ayu Public Health Center, Rungkut Sub-district, Surabaya District, Indonesia.

## RESULTS

This study aimed to examine the physical wellbeing in elderly based on social support and elderly characteristics in Medokan Ayu Public Health Center, Rungkut Sub-district, Surabaya District, Indonesia. The results of this study were presented as the followings:

### Elderly Characteristic

The total number of elderly persons are 110 people according to the existing criteria of elderly residing in Rungkut sub-district and belonging to Medokan Ayu Primary Health Care in Rungkut Sub-district, Surabaya District, East Java.

**Table 1** Demographic Characteristics of Elderly (n=110)

Characteristics	N	%
<b>Age</b>		
60-64	31	28
65-69	47	42
70-74	31	28
75-79	7	6
80-84	3	2
85-89	2	2
<b>Gender</b>		
Male	69	63
Female	41	37
<b>Maritas status</b>		
Single	5	4.54
Married	94	85.4
Divorced	11	10
<b>Education</b>		
Not finished primary school	5	4.54
Primary school	25	22.72
Secondary school	16	14.54
High school	25	22.7
Undergraduate/graduated	39	35.5
<b>Occupation</b>		
Not work	73	66.36
Work	37	33.64
<b>Level of Spending</b>		
0-40%	50	45.45
40-60	46	41.81
60%	14	12.72

The **Table 1** shows that some of the elderly are between the age of 65-69 years old as in 42%, and 69 (63 %) are female, 94 persons (85.4%) are married, mostly graduated from the highest education as in 39 persons (35.5%), unemployed 66.36%. Majority of elderly spend their 0-40% of their income (50%%). While **Table 2** shows that the physical wellbeing of elderly is consist of elderly independency

which is mostly have ability to have daily activity as many as 45 persons (40.9 %), minor physical complaints of 42 people (38%), cognitive function with mild disturbance as much 42 people (38%), whereas diseases include chronic diseases, among others, diabetes mellitus, nerve function disturbance number 60 people (54%).

## Description of Physical Wellbeing

**Table 2** Description of Physical Wellbeing (n=110)

Variabel	Level	N	%
Independency	Low	18	16.3
	Average	37	33.6
	Independent	45	40.9
physical complaints	None	20	18.1
	Low	42	38
	Average	0	0
	Severe	38	34
cognitive function	None	20	18
	Low	42	38
	Average	0	0
	Severe	38	34
Illness	None	35	32
	Acute Illness	15	14
	Chronic Illness	60	54

## Description of Social Support

The **Table 3** shows that the elderly in achieving physical well-being has good

emotional support of 98 people (89.18%), good instrument support 87 people (79.9%) and information support for 98 people (89.18%).

**Table 3** Social support description (n=110)

Variabel	Level	N	%
Instrumental Support	Low	2	1.81
	Average	11	10
	Good	97	88.18
Information Support	Low	-	-
	Average	3	1.82
	Good	107	98.18
Emotional support	Low	-	-
	Average	3	1.82
	Good	107	98.18

## Validity and Reliability

**Table 4** Factors, Average Varians Extracted and Composite Reliability from Final Measurement Model

Factor	Indicator	Convergent test of validity		AVE	Composite reliability
		The Loading Factor	Test results		
Elderly Characteristic	Expense Rate	1.000	Valid	1.000	1.000
Social support	Emotional support	0.739	Valid	0.505	0.671
	Instrumental support	0.589	Valid		
	Information support	0.575	Valid		
Physical health	Physical complaints	0.882	Valid	0.779	0.875
	Illness	0.883	Valid		

## Relationship of Social Support with Physical Well-Being in Holistic Care Model

**Tabel 5** shows that social support has an influence coefficient of 0.312; t statistics 4.420 and Characteristics of the elderly have a

coefficient of influence 0.178, t statistics 1.65 states that the two factors contribute to the model of holistic care of the elderly.

**Tabel 5** Significant value of variables Social support, characteristic of the elderly against holistic care

The influence of exogenous factors to endogenous factors	The coefficient of influence	t-statistics	t-table	Test results
Social Support to Physical Health	0.312	4.420	1.65	Significant
Elderly Characteristics of Holistic Care	0.178	2.422	1.65	Significant
Elderly Characteristics of Physical Health	0.140	1.790	1.65	Significant

## DISCUSSION

### Elderly Characteristic

Based on table 1. From the number of elderly people, 110 people in line with existing criteria which are elderly residing in Rungkut Sub-district and included in the area of Medokan Ayu Public Health Center, Rungkut Sub-district, Surabaya District, East Java, Indonesia obtained data as follows, some elderly aged 65-69 as the blueprint is 42%, the number of female sex 69 people (63%), married status 94 people (85.4%), most college education 39 people (35.5%), not working 66.36% Majority of elderly spend their 0-40% of their income (50 %).

Age elderly 65-69 is group of elderly early, at this age elderly in general still active and can conduct everyday activities. Married elderly status allows elderly to get support from spouses to keep running their lives. High education provides its own assessment of the elderly, so that the elderly can provide life experiences in the younger generation. In the study obtained elderly data in daily economic expenditure able to save 0-40% of its finances. In this case it appears that the elderly can manage their daily expenses. The source of living expenses based on interview data as the elderly gets from 35% pension, part of the giving of children and relatives of 15% and the rest of the elderly conduct their own business by selling food or other business.

The presence of income in old age gives confidence to the elderly, because the elderly can still be meaningful to the surroundings. Elderly does not rely on their children or relatives ([Ottenbacher, 2008](#); [Papalia, Olds, & Feldman, 2007](#)). In some studies, in the United States, 6 found financial support in the elderly is part of social security. Since 2007 data in the USA has undergone some improvements that the elderly began to work to meet their social security. So, it can be said that to make the elderly is safe need a good financial planning. Such finance is indeed necessary to meet the needs of elderly life. In the Era of the future, the elderly should conduct a plan of activities related to finance ([Cavanaugh & Blanchard-Fields, 2018](#)).

### The Physical Wellbeing

The physical state of the elderly includes physical strength, sensory, potential and intellectual capacity begins to decline at some stage. The aged must adapt again with his helplessness. Physical degeneration is characterized by several diseases such as disorders of the blood circulation, joints, respiratory system, neurologic, metabolic, neoplasm and mental ([Pelzang, 2010](#); [Santrock, 2004](#)). The physical ability of the elderly is related to carrying out the fulfillment of daily needs (Activity Day Living) ([Potter & Perry, 2009](#)). This will have an impact on biological well-being, expected by the decline of the elderly physically still able to move and be independent. Based on the results of research as many as 110 elderlies assessed the

physical health of the Elderly, the majority of the Elderly have a good degree of independence of 40.9%. Most of the elderly have mild physical complaints of 38%. Most of the elderly have no mild cognitive impairment of 38%. And most of them suffer from chronic illnesses of 45%.

Decreased motor ability in the elderly is caused among other physical causes that affect various changes in motor ability include decreased strength and energy, which usually accompanies physical changes that occur due to age, decreased muscle hardness, strength and joints, trembling in the hands, head, and lower jaw ([Papalia et al., 2007](#)). The psychological causes that affect change in motor skills come from awareness of degeneration and inferiority compared to a younger person in terms of strength, speed, and skill ([Heaney & Israel, 2008](#)). Emotional pressures derived from psychological causes can accelerate changes in motor skills or decrease motivation to try to do something that can still be done ([Adib, 2008](#); [Cavanaugh & Blanchard-Fields, 2018](#)). The changes in motor physical condition can mean as a functional limitation of the body. Functional limitations are a result of sick or illness ([Fiske et al., 2009](#); [Potter & Perry, 2009](#)). The physical condition of elderly that free from physical complaints, chronic diseases and psychological elderly will be influential in everyday activities. It will be improved the wellbeing of elderly. Seniors who have good health status can improve social welfare so that the elderly are independent.

Independence in the ADL (Activity Daily Living) itself is an activity doing daily routine work. ADL can be disrupted by several things such as decreasing ADL in the elderly ([Fiske et al., 2009](#); [Ottenbacher, 2008](#); [Santrock, 2004](#)). Factors affecting ADL reduction are physical conditions such as chronic disease, eye and ear disorders, mental capacity, mental status such as sadness and depression, acceptance of limb function, and support of family members. According to Orem in the theory of nursing, self-care is an activity and initiative of the individual itself to meet and maintain their life,

health and well-being ([Kozier, 2008](#)). While the Self Care Needs is an action that aimed at the provision and self-care that is universal and related to the process of human life as well as in the effort to maintain body functions. Universal Self Care is a daily activity (ADL) by grouping in basic human needs ([Fiske et al., 2009](#); [Kozier, 2008](#); [Ottenbacher, 2008](#); [Pelzang, 2010](#); [Santrock, 2004](#)).

### **Social Support**

Social support is a function of the satisfaction of an interaction (i.e. social network) ([Heaney & Israel, 2008](#); [Papalia et al., 2007](#); [Potter & Perry, 2009](#); [Stanhope & Lancaster, 2004](#)). Individuals or groups can be someone's support in dealing with health problems. According to Heaney and Israel, social support consists of (1) Emotional support includes empathy, love, trust, and caring; (2) Instrumental support includes perceived help and immediate service to help meet one's needs; (3) Information support includes advice, suggestions, and useful information to solve the problem of identity; and (4) Aperia support includes information useful for self-evaluation purposes ([Heaney & Israel, 2008](#); [Kirkwood & Cooper, 2014](#)). Information support can be known how the process of thinking and behavior of the recipient after obtaining advice and advice. In the elderly who face various problems of life both from internal factors and external factors require social support. Based on the results of the study, the 110 elderlies have known about the assessment of social support to the elderly that is, most of the elderly get good emotional support amounting to 89.18%. Most of the elderly get good instrumental support of 79.9%. And most of elderly get good informational support also some 89.18%. Based on the results above can be expressed through social (networks and social support will have a positive effect on physical, mental, and social health. This opinion is in accordance with the statement ([Heaney & Israel, 2008](#); [Ma'rifatul, 2011](#); [Ottenbacher, 2008](#)), which stated that the physical condition of the elderly has increased physical well-being higher than the elderly group who do not get social support. The influence of social support has a

big impact on the interaction of individuals and social interactions, which are related to the events that affect the support is a conflict, a low relationship in society. Those conditions disrupted the process of functioning of social life ([Heaney & Israel, 2008](#)).

### **Relationship of Social support with Physical well-being in Holistic care model.**

Based on the results of research indicates that social support has a coefficient of influence of 0.312; t statistics 4.420 and Characteristics of the elderly have a coefficient of influence 0.178, t statistics 1.65 states that the two factors that contribute to the model of holistic care of the elderly. the elderly who have good physical wellbeing are elderly who have a good degree of independence those are 44, 5%, have a mild combat disease 41.8% and even states do not have 20% disease, and have no interference with 94% cognitive function. Based on the results of research about 80-89% of elderly states that physical health is maintained because of the efforts to maintain physical health, while physical health efforts obtained in the neighborhood around the community is an integrated service post elderly and elderly groups that provide facilities elderly gymnastics and physical examination.

The elderly health services available in the elderly environment have the positive impact in the fulfillment of physical health of the elderly ([Keyes, 1998](#)). In Indonesia, the physical wellbeing is problem that occurs in old age some people want to avoid the problem because of the discomfort felt at this age ([Erfandi, 2014](#); [Santrock, 2004](#)). The elderly with all the fiscal deficits requires the attention of the family and its surroundings. Physical well-being in the elderly is not only the responsibility of the elderly but also the responsibility of the community and of course the government with the various policies.

The available social support provides support and positive impact on the physical well-being of the elderly. Emotional Support, it is appropriate that families provide the best in the elderly. In addition to maintaining warm relationships, maintaining contact,

communication in daily activities, involving elderly in all family activities, not alienating elderly from the environment is positive support in the welfare of the elderly. The elderly requires socialization, sharing of feelings, experiences with peers. Based on the results of this study some elderly states that the family and the environment he needed in his old age.

Instrumental support has positive impact on the physical well-being of the elderly. Facilities related to the achievement of the elderly's physical well-being include the fulfillment of the daily physiological needs of the elderly (food, beverages, clothing and shelter) is the main thing in achieving this wellbeing. The need for healthy nutrition that contains a healthy diet as a preventive measure in order to avoid chronic disease requires special attention. Elderly not only need nutritional needs but also should meet the criteria of nutritional adequacy. The physical comfort of clothing and shelter is closely related to this achievement ([Ma'rifatul, 2011](#)).

Information support, In Indonesia there is a basic health service called Public Health Centers, in the implementation of elderly health fulfillment in groups is formed Integrated Service Post Elderly ([Heaney & Israel, 2008](#); [Setiahardja, 2005](#)). The presence of integrated service post for elderly in addition to providing basic services also become a place for the elderly to communicate and interact with peers. In an integrated service interaction, the elderly allows an exchange of experience between older elderly and younger elderly.

The experience is certainly positive and provides learning for younger elderly can be more promotive and preventive functions. The elderly integrated service post can be an information support in this case. The exchange of knowledge and experience of the elderly occurred in this activity. In addition, in the integrated service post, the elderly receives information from the local health officials about their health condition and prevention so that there is no worsening condition.

## CONCLUSION

In the holistic care model, the social support component is closely related to the achievement of Elderly physical well-being. Most of the elderly have good degree of independence. Most elderly people have mild physical complaints. Most elderly people do not have mild cognitive impairment. And they suffer from chronic illness. The social support includes, information Support, instrumental support and emotional support. In this study, it is explained that most elderly people at age 65-69, some elderly have high education, and most importantly some elderly have income with expenditure 0-40% of income so that can be stated elderly have ability in management of daily requirement. Physical wellbeing of the elderly is inseparable from the fulfillment of financial needs to fulfill it. So, to make a prosperous elderly period requires good financial planning. The hope nowadays the elderly should do the planning of activities related to financial.

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