

DEVELOPING HOLISTIC CARE MODEL THE PHYSICAL WELLBEING

by Pipit Festi

Submission date: 25-Mar-2021 10:18PM (UTC+0700)

Submission ID: 1542100856

File name: 8._DEVELOPING_HOLISTIC_CARE_MODEL_THE_PHYSICAL_WELLBEING.pdf (200.43K)

Word count: 4310

Character count: 23648

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

Pipit Festi Wiliyanarti^{1*}, Asri¹, Kusuma Wijaya Ridi Putra²¹Department of Community Health Nursing, Faculty of Health Science, Muhammadiyah University of Surabaya, Indonesia²Department of Community Health Nursing, Kerta Cendekia Nursing Academy of Sidoarjo, Indonesia

Received: 12 December 2017 | Revised: 5 February 2018 | Accepted: 9 June 2018

*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

Copyright: © the author(s), YCAB publisher and Public Health of Indonesia. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Elderly experiences with degenerative process in their life span and physical condition as well as their ability to adapt 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, explaining 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 service 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 8.6% 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).

10 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 | % |
|-------------------|-----------------------------|-------|
| Age | 60-64 | 28 |
| | 65-69 | 42 |
| | 70-74 | 28 |
| | 75-79 | 6 |
| | 80-84 | 2 |
| | 85-89 | 2 |
| Gender | Male | 63 |
| | Female | 37 |
| Marital status | Single | 4.54 |
| | Married | 85.4 |
| | Divorced | 10 |
| Education | Not finished primary school | 4.54 |
| | Primary school | 22.72 |
| | Secondary school | 14.54 |
| | High school | 22.7 |
| | Undergraduate/graduated | 35.5 |
| Occupation | Not work | 66.36 |
| | Work | 33.64 |
| Level of Spending | 0-40% | 45.45 |
| | 40-60 | 41.81 |
| | 60% | 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 elderly 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.

REFERENCES

- Adib, M. (2008). Urban Elderly Research: Living with Family is More Comfortable. Retrieved from <http://madib.blog.unair.ac.id/files/2008/11/pene-litian-Lansia-diperkotaan.pdf>
- Cavanaugh, J. C., & Blanchard-Fields, F. (2018). *Adult development and aging*: Cengage Learning.
- Erfandi. (2014). *Integrated Service Post of the Elderly*. Jakarta EGC.
- Fiske, A., Wetherell, J. L., & Gatz, M. (2009). Depression in older adults. *Annual review of clinical psychology*, 5, 363-389.
- Heaney, C. A., & Israel, B. A. (2008). *Health Elderly*. Windsor: NFER-Nelson.
- Indonesian Ministry of Health. (2013). Guidelines for Care of the Elderly at Home. Jakarta: Indonesian Ministry of Health.
- Indriana, Y., Desiningrum, D. R., & Kristiana, I. F. (2011). Religiosity, Existence of Couples and Social Well-Being in the Elderly of PMI Branch of Semarang. *Psychology Journal*, 10(2), 184-193.
- Keyes, C. L. M. (1998). Social well-being. *Social psychology quarterly*, 121-140.
- Kirkwood, T. B., & Cooper, C. L. (2014). *Wellbeing: A Complete Reference Guide, Wellbeing in Later Life* (Vol. 4): John Wiley & Sons.
- Kozier, B. (2008). *Fundamentals of nursing: concepts, process and practice*: Pearson Education.
- Kuncoro, Z. S. (2002). Social Support in the Elderly. Retrieved from <http://creasoft.wordpress.com>
- Ma'rifatul, A. L. (2011). *Gerontological Nursing*. Yogyakarta: Graha Ilmu.
- Ottensbacher, M. E. (2008). *Relationship of psychological well-being and activities of daily living in older adults following hospitalization: A secondary analysis*. UTMB Health.
- Papalia, D. E., Olds, S. W., & Feldman, R. D. (2007). *Human development*: McGraw-Hill.
- Pelzang, R. (2010). Time to learn: understanding patient-centred care. *British journal of nursing*, 19(14), 912-917.
- Potter, P. A., & Perry, A. G. (2009). *Fundamental of nursing: Concepts, process, and practice*. (7th ed.). St. Louis: Mosby-Year Book.
- Robert, C. (2014). *Developing Countries*: Cambridge University Press.
- Santrock, J. W. (2004). *Life-span development*: McGraw-Hill Higher Education Belmont, CA.
- Setiahardja, A. S. (2005). *Balance Assessment of Life Daily Activities in the Elderly at Panti Werdha Pelkris Elim Semarang by Using Berg Balance Scale And Barthel Index*. Diponegoro University. Semarang.
- Stanhope, M., & Lancaster, J. (2004). *Community & public health nursing*: Mosby St. Louis.

Cite this article as: Wiliyanarti, P.F., Asri., Putra, K. W. R. (2018). Developing holistic care model: the physical wellbeing of elderly based on social support and characteristic. *Public Health of Indonesia*, 4(3): 108-115.

DEVELOPING HOLISTIC CARE MODEL THE PHYSICAL WELLBEING

ORIGINALITY REPORT

11%

SIMILARITY INDEX

7%

INTERNET SOURCES

5%

PUBLICATIONS

6%

STUDENT PAPERS

PRIMARY SOURCES

1

Submitted to Universitas Muhammadiyah
Ponorogo

Student Paper

3%

2

pdfs.semanticscholar.org

Internet Source

2%

3

stikbar.org

Internet Source

1%

4

Nindawi Nindawi. "The Analysis Factor Influence
Quality of Life Erderly People in Lemper
Pamekasan City", JOURNAL FOR QUALITY IN
PUBLIC HEALTH, 2019

Publication

1%

5

Submitted to Stockport College

Student Paper

1%

6

Submitted to STIE Perbanas Surabaya

Student Paper

<1%

7

media.neliti.com

Internet Source

<1%

| | | |
|----|--|------|
| 8 | "Biomaterials and Medical Devices", Springer Science and Business Media LLC, 2016 Publication | <1 % |
| 9 | www.mdpi.com Internet Source | <1 % |
| 10 | bmchealthservres.biomedcentral.com Internet Source | <1 % |
| 11 | sinta3.ristekdikti.go.id Internet Source | <1 % |
| 12 | Greanious Alfred Mavondo, Francis Farai Chikuse, Khangelani Shoko, Benard Mambende. "A Qualitative Analysis of Social Support Trajectories and Interventional Dimensions for the Elderly in Cheshanga, Mberengwa District, Zimbabwe", SAGE Publications, 2020 Publication | <1 % |
| 13 | Yun-Fang Tsai, Li-Ling Liu, Hsiu-Hsin Tsai, Shih-Chi Chung. "Self-care management and risk factors for depressive symptoms among elderly outpatients in Taiwan", International Psychogeriatrics, 2011 Publication | <1 % |
| 14 | eprints.utas.edu.au Internet Source | <1 % |

15

ijmmu.com

Internet Source

<1 %

16

journals.sagepub.com

Internet Source

<1 %

17

eprints.undip.ac.id

Internet Source

<1 %

18

Yufi Aris Lestari, Yulianto Yulianto, Aris Hartono, Indrawati Indrawati, Ratna Yunita.

"MOTIVATION OF THE ELDERLY AND ELDERLY VISITS TO THE ELDERLY INTEGRATED SERVICE POST (POSYANDU LANSIA) IN KLAMPISAN HAMLET, KEDUNGGEDE VILLAGE, DLANGGU SUB-DISTRICT, MOJOKERTO DISTRICT", Nurse and Health: Jurnal Keperawatan, 2018

Publication

<1 %

19

www.scielo.br

Internet Source

<1 %

Exclude quotes On

Exclude matches Off

Exclude bibliography On