

# Social Support Approach: Development of Nursing Holistic Care Model in Surabaya

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Life expectancy is one indicator of the success of Health Development in Indonesia. As the age of increasing the life expectancy, the number of elderly group will increase, it is followed by all impacts on their aspects of life and health. Disorders resulting from the aging process in the elderly require continuous health services in a long-term. Therefore, this study aims to obtain a model of nursing service in the elderly group in primary health care services. Action research was used. A hundred and ten elderly in four areas of primary health care service in Surabaya were selected by random sampling technique. Questionnaires and interviews were used as data collection. Exogenous variables were Characteristic of elderly, social support and social environment. Endogenous variables were physical wellbeing, psychological well-being, holistic health service. Structural Equation Modeling method with Partial Least Square (SEM-PLS) approach and statistic frequency distribution were performed to analyses the data. The result shows that the majority of elderly who have attended counseling only need simple service (57%). Cumulatively, the elderly who have and do not have health insurance require almost the same service pattern. As many as 78% of elderly who have health insurance were require medic and complex services. Meanwhile, 77% of elderly people who do not have health insurance also require medication and complex services. The largest social support was information support (98%). Statistical analysis model showed that social environment influence to holistic care equal to 0,426, influence of social support to physical health equal to 0,312, influence of holistic care to psychological health equal to 0,308. *R*-Square = 0,426, AVE social support = 0,511 Composite Reliability: 0,67, AVE Holistic Care 0,543 Composite Reliability 0,778, AVE Elderly Income = 1,000, Composite Reliability = 0,876; AVE Physical health = 0,779 Composite Reliability = 0,810; AVE health Psychological = 0,519; Composite Reliability, AVE social environment = 1,000 (AVE > 0.5) Composite Reliability = 1,000 (>0.6). Nursing Holistic Care Model with social support approach in elderly patients is needed in order to achieve elderly wellbeing. Thus, it can reduce morbidity rate in elderly.

**Keywords:** Holistic Care, Elderly, Well-Being, Nursing.

## 1. INTRODUCTION

The reality that the elderly are in the aging process certainly has an impact on various aspects of life including social, economic, and health. As increasingly of the age, the function of organs will decrease due to natural factors and degenerative disease. There are various problems on the elderly conditions include physical, mental and social changes. Some of the changes in life that have to be nurtured by elderly individuals in particular become a source of stress in life because the stigma of being old is something that is associated with weakness, helplessness and various diseases.<sup>11</sup> This swift also affects the health of chronic disease problems, so the need for long-term and sustainable health services cannot be delayed.<sup>2</sup> The result of Basic Health Research in 2013 showed that the diseases in elderly were hypertension 57.6%, arthritis 51.9% and stroke 46.1% follow the problem of

oral and dental health 19.2%.<sup>4</sup> Meanwhile, the causes of death in the elderly from the 2011 Health Research and Development Agency report in 15 districts were 24.6% Stroke and 12% ischemic heart.<sup>3</sup> Based on the data above, elderly health services have less impact on the health status of elderly. Obstacles found that public health services less reach the target service, this is due to insufficient availability of existing services less comparable with the number of elderly, low health behavior, curative health services. Health of the elderly should be viewed with a holistic approach in terms of comprehensive services both bio-psycho-social-spiritual, in addition should use the approach of social support.<sup>22</sup> Thus, the wellbeing of the elderly could be achieved. Currently the level of wellbeing of elderly people still cannot be declared increased. It seems that in Indonesian still far to achieve the prosperity.

Based on data at East Java Health Agency 2013–2014 in work area of Health Center of East Java in East Java is known that

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at least 39.40% elderly can receive health service.<sup>3</sup> Health services elderly in health centers integrated in elderly integrated service post, whereas in the area of primary health care service not all regions implement the integration of the service. While until now there has been no model used as a guide on the service. The holistic health service model aims to improve the health status of elderly to stay healthy, active, independent and efficient for themselves, family and society. Healthy and active in old age means that we must improve the health of the elderly so that they have the opportunity to participate in the life of the community and the nation, to share experiences and thoughts aimed at improving the quality of life of the elderly.<sup>3,8</sup> So the aspects that can be developed is prevention efforts to the aging process can be lived in a state remain healthy, on the contrary, the old age that experienced health problems need to be restored (rehabilitative) in order to still be able to do daily life independently.<sup>1,6</sup>

In addition, the social environment can be supported by social networks and social support.<sup>7</sup> The impact of social relations or interactions on health status, health behavior, and health decisions supports effective planning patterns for preventing the occurrence of a disease. Social aspect is one aspect that experienced significant changes in the elderly. Social changes experienced by elderly individuals can be a source of stress if not addressed positively. So if it is caused elderly are not optimal in the social field and have not achieved social wellbeing. The change of social values of society, namely the tendency of the emergence of social values that can lead to decreased appreciation and respect for the elderly also plays a role in the emergence.<sup>9,20</sup> In connection with the above problem, it is needed a health care model that focuses on the elderly by involving the social environment as support.

## 2. EXPERIMENTAL DETAILS

The research method was a participative approach in obtaining qualitative and quantitative data to provide a more complete explanation of the scope of the problem under review. There were 2 stages that have been done in this research, which were (1) participative approach (qualitative) and quantitative which is directed to deepening of case as supporting holistic health service model (2) Action Research method.

The qualitative method was performed to obtain the component model of Holistic Care Service. The quantitative method was performed to identify the component which was the most influence the holistic care service model and analysis whether the model applicable to implemented in community. This study involved elderly with family, primary health care service officers, and health care volunteer. Sample determination was done by random sampling technique. The sample was taken a hundred and ten elderly in Mulyorejo, Sidotopo Wetan, Bulakbanteng, Medoan and Krembangan districts under supervise of primary health care service in those areas. After obtaining written consent, the instruments were verbally administered by a trained research assistant. Each face-to-face administration required approximately 30 minutes. Data were collected over a 3-month period in 2016.

The physical health instrument, using a physical observation sheet consisting of 5 items that examine the physical complaints felt by the elderly, and data on the diagnosis status of the disease obtained from the primary health care service, the answer option (1) there is a complaint (2) no answer choice; Bartels Index for

elderly independence, score 0–10; Likert scale of Family Support Instrument Consists of 15 items available, also for Health Service Instruments 10 items with answer choices (1) often, (2) sometimes, (3) Rarely and (4) never. Psychological Keywords use psychological health tools with a total of 42 items. Multivariate test data analysis was used to test the model and to determine the model compact using.

## 3. RESULTS AND DISCUSSION

The result showed that the elderly characteristic from 110 elderly were the age between 60–82 years, (mean = 75.6 SD = 6.5), majority of elderly had expenditure level 0–40% from income as much 49%, the majority of elderly employment status were not working with the amount of 72.7%, the majority of elderly marriage status were married as much as 68.2%, and the majority of education background were diploma/bachelor graduate of 31.8%.

Cumulatively, elderly people who never follow counseling need more complex services than the elderly who have attended counseling. In total, there were as many as 92% of elderly people who never attend counseling require medication and complex services. Meanwhile, the majority (57%) of elderly who have attended counseling only need a simple service.

Cumulatively, the elderly who have and do not have health insurance require similar service patterns. A total of 78% of elderly people who have health insurance require medication and complex services. Meanwhile, 77% of elderly people who do not have health insurance also required medication and complex services.

A hundred and ten of elderly who were taken as research samples are known to the social environment of the Elderly, the majority of elderly always used social network with the amount of 48.2%. Majority of Elderly always did interaction with family and society around with amount 53.6%.

This study was retrieval that the social support of the elderly was in the good degree. The majority of elderly had a good degree of emotional support (98.2%). The majority of Elderly had a good degree of instrumental support (87.3%). And the majority of them had a good degree of informational support (98.2%) (Fig. 3).

Based on a total sample of a hundred and ten of elderly known assessment of holistic services to the elderly that is, the majority of the elderly assessed to had a good degree of health care (76.4%). The majority of the elderly had a good degree to assess the counseling (71.8%). And the majority of them rate had a good degree of health insurance (71.8%) (Fig. 4).

Based on a total sample of a hundred and ten of elderly, it is known that physical health assessment from elderly, that the

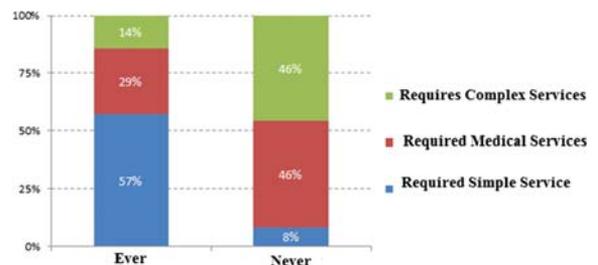


Fig. 1. Health services elderly in the availability of counseling.

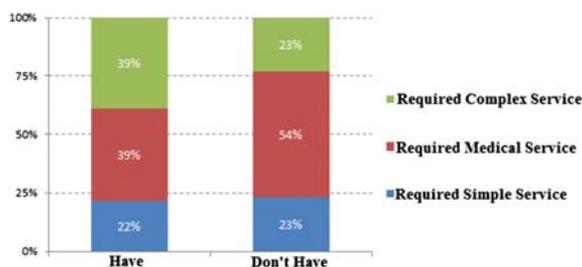


Fig. 2. Elderly healthcare versus health insurance.

majority of elderly had a good degree of independence (44.5%). The majority of the elderly have mild physical complaints of 41.8%. The majority of the elderly have no cognitive dysfunction of 94.5%. And the majority of them suffer from neurological disease of 43.6% (Fig. 5).

This study found that the majority of the Elderly had a good self-acceptance rate (52.3%). The majority of the Elderly had a fairly clear life goal (57.3%). The majority of the elderly had sufficient environmental mastery (69.1%). The majority of elderly had enough personal development ability (71.8%). The majority of elderly had a good positive relationship level (52.7%). And the majority of them had enough autonomy ability (56.4%) (Fig. 6).

Based on the results of the measurement test (outer model) and structural testing (inner model), then obtained the final SEM model, more in the following picture.

Based on the Figure 7 can be seen that the final SEM model results above, it can be stated that explanation of Measurement Model:

- (1) Elderly characteristic factors, based on the measurement model test results (construct validity) expressed a valid expenditure indicator level describes the characteristics factor of the Elderly
- (2) Social environmental factors, based on the results of the measurement model test (construct validity) stated the interaction indicator with family and society that explains the social environmental factors

(3) Social support factors, based on measurement model test results (construct validity) stated emotional support indicators, instrument support, informational support, all validly explain social support factors

(4) Holistic service factor, based on the measurement model test results (construct validity) stated indicator Health services, Counseling and health insurance, all validly explain the factor of holistic services

(5) Physical health factors, based on the measurement model test results (construct validity) stated indicator of physical complaints and illness suffered, which validly explains the physical health factors

(6) Psychological health factors, based on test model measurement results (construct validity) stated Indicator Self-acceptance, Life purpose, Positive relationship, and valid Autonomy explain psychological health factors.

Based on Windell and Bennett (2011), this study was drove to develop ecological model with holistic service model, while social component was used as approach in elderly health service.<sup>19</sup> The Component model of Holistic Care on the elderly consists of Social community. Social community consists of Social services and Social support, Counseling services, Physical health services.

Based on the Table III, the value of *R* Square Model is 0.426 and the value of AVE in the construct variable is more than 0.5, while the value of Composite Reliability is more than 0.6 so that the above model can be declared a decent model.

This research uses Structural Equation Modeling method with Partial Least Square (SEM-PLS) approach to identify the right model for holistic service in elderly with social community approach. The results of the study suggested that the development towards gero-transcendence of institutionalized older people is associated with social and factors (social support), Bio-and psychological factors (physical ability), the development towards gero-transcendence in this group of subjects. Based on the measurement model test results (construct validity) expressed a valid expenditure indicator level explains the characteristics

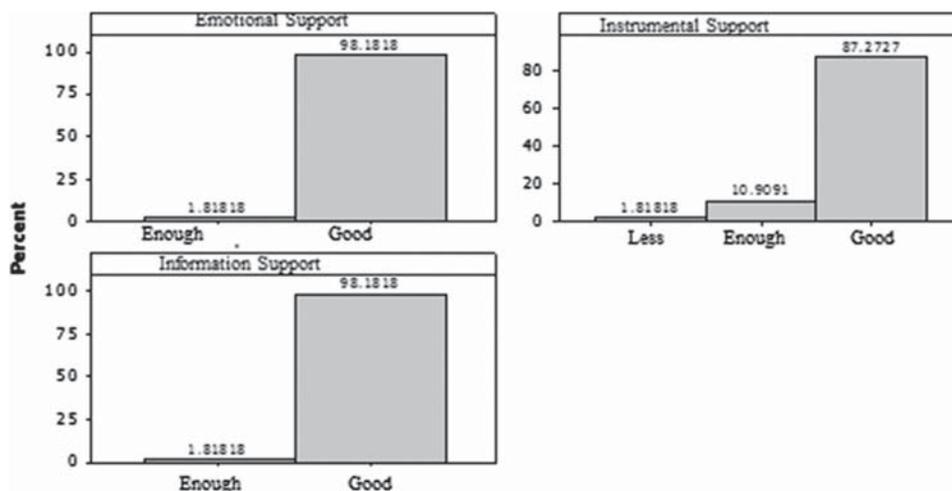


Fig. 3. The histogram of emotional support, information support, and instrumental support.

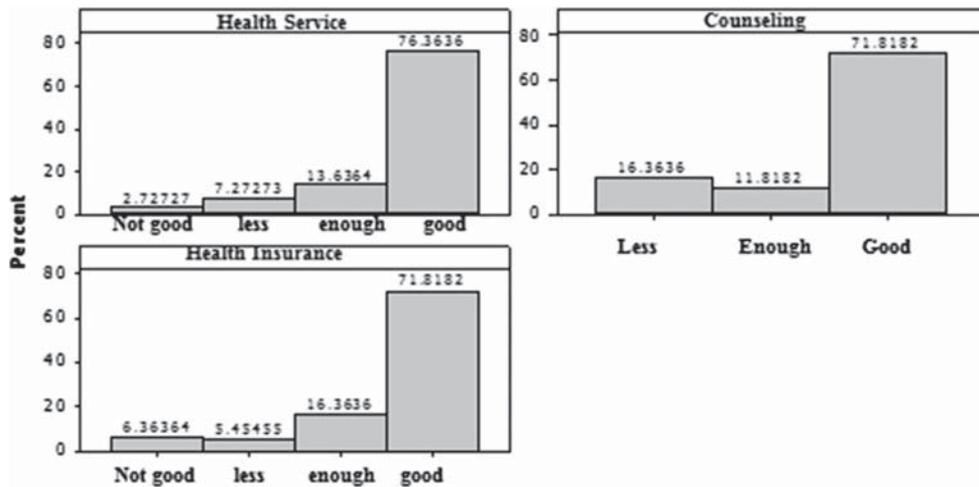


Fig. 4. The histogram of health service, counseling, and health insurance.

factor Elderly. Elderly adoption also supports in the success of elderly health. Provision of adequate income associated with elderly readiness in the fulfillment of health. The existence of elderly with available health insurance owned to achieve health and happiness of elderly.<sup>13</sup> Social environment factors, valid interaction indicators with family and community explain social environmental factors. Social support factors, emotional support, instrument support, informational support, all validly explain social support factors.<sup>10,13</sup> These results in line with the previous study, those studies stated that the physical condition of the environment supports the health of the elderly including a form of environment in an area that allows the elderly to conduct activities safely.<sup>5,13</sup> The social environment that supports the elderly includes the environment, social support that allows the elderly to have optimal health.

Physical health factors, indicators of physical complaints and illness suffered, which validly explains physical health factors.

Older people tend to comprehend the meaning and value of life, and reach out beyond one-self and make sense of experience through broadened perspectives. Therefore, it is natural to become more concerned with spiritual values when one grows old. The lack of contributions of physical abilities and depression to gero-transcendence has been discussed in the literature. In early study, found that older people with higher self-transcendence perceived themselves as integrative and were often beyond physical limitation. However, in a group of breast cancer women, no strong association between self-transcendence and women’s functional status was identified.<sup>21</sup> Physical activity performed by the elderly is closely related to the level of wellbeing, normally the activity is done individually without help, although it is different in every age while the elderly have physical decline.<sup>8,18</sup>

In the aspect of physical health of elderly, there are many factors that contribute in physical health of elderly and history of

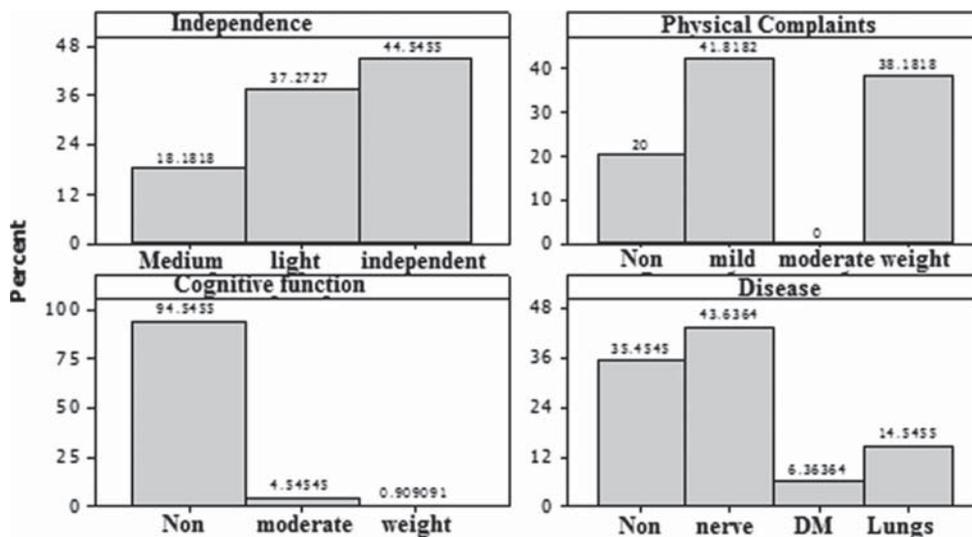


Fig. 5. The histogram of independence, physical complaints, cognitive function, and disease.

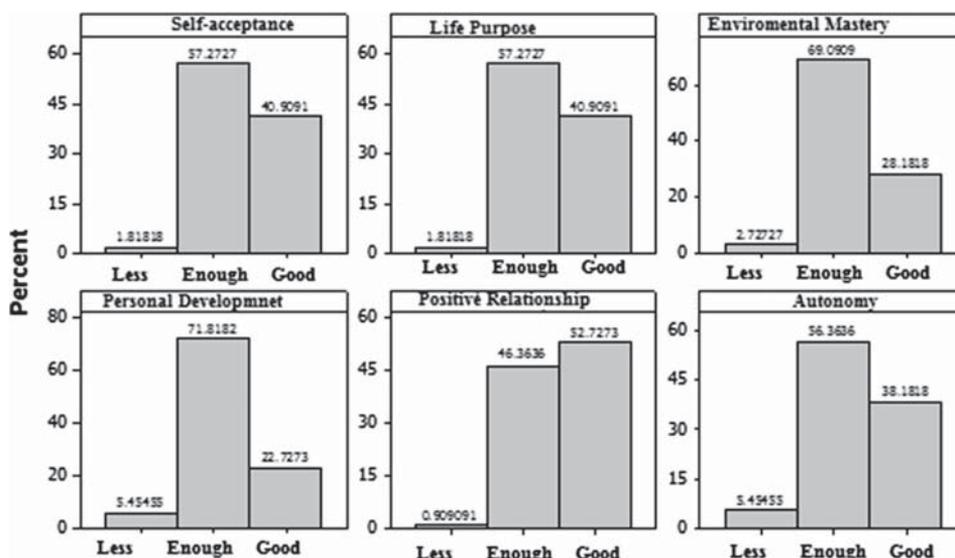


Fig. 6. The histogram of self-acceptance, life purpose, environmental mastery, personal development, positive relationships, and autonomy.

physical health in previous period is of those factors. The history of elderly health has a positive effect on elderly well-being.<sup>18</sup> The elderly without any comorbidities is very different from the elderly who have the disease even though it is an acute illness. The data show that the elderly are not only diagnosed with one disease but more than one disease. In addition, the elderly with chronic disease followed by the existence of psychological problems also affect the physical condition of the elderly. The physical health of the elderly affects the ability of the activity. Previous research states that the elderly who have good physical condition then the ability in the activities of the average shows almost no problem.<sup>8</sup> Increased physical function and motor ability to make elderly to always functioning the body organs so that the muscle ability of the body trained.

Psychological health factors, self-acceptance indicators, life goals, positive relationships, and valid Autonomy explain the psychological health factors. Ryff stated that a positive attitude component of the wellbeing of psychology is to recognize and

accept various aspects of himself, both positive and negative, and have positive feelings about the life of his past.<sup>14</sup> Self-acceptance means that the elderly have been able to reflect on the existing shortcomings in the elderly, the weakness of the physical condition when aging is not a thing that reduces happiness.<sup>15</sup> Yet it becomes a sense of acceptance in the form of gratitude. Psychological aspects based on theoretical studies showed that the elderly in daily life cannot be separated from various problems. Health and family issues become one of the causes that the elderly become physically degenerate. The award given by the family and the nearest person gives a sense of pride, as well as trust so that the elderly can finish his problem with various solutions. In this case the role of nurse companion is very influential in achieving the well-being. The nurse duties that can be implemented in assisting patients on holistic care model, among others, apply the provision of information, communication, and education. Provides a sense of comfort to the elderly and still

Table I. Results of component test development of holistic nursing service model in elderly in Surabaya Indonesia.

Factors	Indicators	Loading factors	Results
Elderly income	Spending rate	0,938	Valid
Social environment	Interaction with family and community	0,982	Valid
Family support	Emotional support	0,761	Valid
	Instrumental support	0,570	Valid
	Informational support	0,545	Valid
Health care service	Health care service	0,838	Valid
	Counseling	0,647	Valid
	Health insurance	0,711	Valid
Physical health	Physical complaints	0,873	Valid
	Illness	0,869	Valid
Psychological health	Self-acceptance	0,817	Valid
	Goal of life	0,684	Valid
	Positive correlation	0,749	Valid
	Autonomy	0,594	Valid

Table II. The final structural model: The results of the structural model test as follows.

The influence of exogenous factors to endogenous factors	The coefficient of influence	t-statistics	t-table	Results
Social support to physical health	0,312	4,420	1,65	Significant
Holistic care to psychological health	0,308	3,228	1,65	Significant
Elderly characteristics to holistic care	0,178	2,422	1,65	Significant
Elderly characteristics to physical health	0,140	1,790	1,65	Significant
Elderly characteristics to psychological health	-0,163	1,875	1,65	Significant
Social environment to holistic care	0,419	5,167	1,65	Significant
Social environment to psychological health	0,158	1,882	1,65	Significant

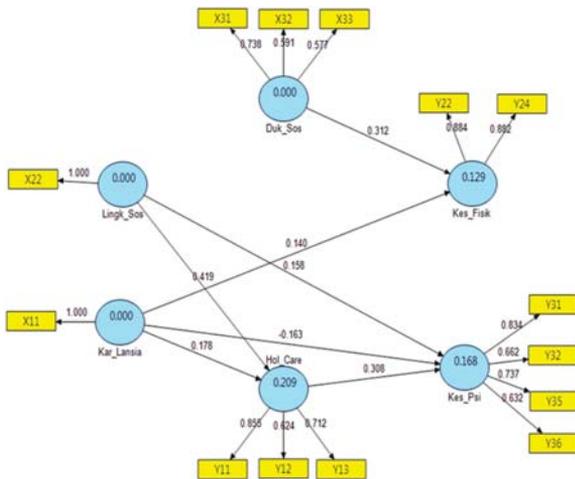


Fig. 7. Holistic care models in health service elderly Surabaya Indonesia.

involves the family and the surrounding community in the provision of support.

The fulfillment of holistic care services is an effort to achieve physical and mental health. Holistic care services comprehensively can have a positive impact on the health of the elderly so that the elderly become productive and healthy.<sup>16</sup> In the provision of this service can be said cannot be only one aspect that is met but in all aspects that support the health of the elderly. Basically the existing health services should be as effective as possible and include the community including the elderly is by strengthening the network and social support.<sup>17</sup> The presence of strong social support makes it easier for the elderly to gain access to health and identify new information so as to prevent any health problems encountered. If the support provided helps to reduce uncertainty that is unpredictable or differs from expectations the elderly may exercise personal control and consult with the nearest medical staff. So that the effort to achieve elderly health is also a personal effort in the preventive effort. This effort shows more results than just relying on external factors.

Holistic Care Service model with social support in elderly patients in achieving elderly wellbeing contribute to elderly health, so it can reduce morbidity rate in elderly.<sup>12</sup> According to the meaning of holistic care service is a special practice using the knowledge of health care management along with nursing, overall, expertise and conscience as the nurse’s guidance to be the best therapeutic care. Holistic service factors, health services, counseling and health insurance, all validly explain the factor of holistic service.<sup>12</sup> This model has the advantage that there is a synergic cooperation between health workers, health institutions, families and the community in creating a proper health service so that the right effect on improving the health status of the elderly.<sup>16,17</sup> The impact of improving health care and care for the elderly will build positive behavior to always detect early physical and psychological health for the elderly, thereby contributing to lower incidence of disease in the elderly. In addition, holistic nursing services also involve teams and other individuals to strengthen individual responses to achieve a thorough healing process. The main hope with the implementation of holistic care

Table III. Goodness of fit model.

Construct/ variables	R square	AVE	Composite reliability
Social support		0.511	0.672
Holistic care	0.209	0.543	0.778
Elderly characteristics		1.000	1.000
Physical health	0.128	0.779	0.876
Psychological health	0.168	0.519	0.810
Social environment		1.000	1.000

with the provision of social support is the elderly get a good servant in good health and illness.

#### 4. CONCLUSIONS

The Holistic Care Model component consists of social services, social support, counseling services and health services. The Holistic Care Service model with social support in elderly patients greatly supports the achievement of wellbeing and contributes to the health of the elderly. Appropriate health care is appropriate so that the impact on improving the health status of the elderly. Elderly health is in need of environment and positive support as effort support in improving health of elderly.

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#### References and Notes

- Adib. Elderly and health services, *Psychological Journal Universitas Airlangga* (2008).
- R. Cuming, *Developing Countries*, Cambridge University Press (2014).
- Ministry of Health Republic Indonesia, *News Bulletin Data and Health Information*, Jakarta (2013).
- Ministry of Health Republic Indonesia, *Home Care Treatment Guidelines*, Jakarta (2013).
- S. Elo, R. Saarnio, and A. Isola, *International Journal of Circumpolar Health* 70 (2011).
- F. Efendi, *Community Health Nursing: Theory and Practice in Nursing*, Salemba Medika, Jakarta (2009).
- C. A. Heaney and B. A. Israel, *Health Elderly*, Windsor: NFER-Nelson (2008).
- A. L. Hyde, Mather, and S. Elavsky, *International Journal of Wellbeing* 3, 98 (2008).
- Bornstein, et al., *Social Support*, Institutional Press (2003).
- Z. S. Kuncoro, *Social Support*, Word Press, Indonesia, [Update Mei 12th 2008], Available from <http://creasoft.wordpress.com> (2002).
- Y. Indriana, *Psychological Journal University of Diponegoro* 10 (2011).
- R. Pelzang, *British Journal of Nursing* 19, 912 (2008).
- P. Festi, Universitas Airlangga; *Development of Indicators and Index of Well-being of the Elderly*, Surabaya (2017).
- C. D. Ryff, *Psychology and Aging Journal* 4, 195 (1989a).
- C. D. Ryff, *Journal Personality and Social Psychology* 57, 1069 (1989b).
- J. Y. Sappington, *Journal of Holistic Nursing* 21, 8 (2003).
- M. Stanhope and J. A. Lancaster, *Community and Public Health Nursing*, St. Louis, Mosby, Missouri (2004).
- B. T. Triswandari, Universitas Brawijaya; *Relationship of family support with the independence of elderly in the fulfillment of the needs of daily activities in the working area of Wojolangu Puskesmas Malang*, [Update December 2015], Available from <http://www.repository.unbraw.ac.id>, Malang (2004).
- T. Kirkwood, *Wellbeing in Later life*, Chennai, India (2014).
- N. Wahyudi, *Gerontology Nursing*, EGC, Jakarta (2012).
- J. J. Wang, *Journal Advance Nursing* 67, 2628 (2011).
- C. L. M. Keyes and J. L. Magyar-Moe, *The measurement and utility of adult subjective well-being*, *Positive Psychological Assessment: A Handbook of Models and Measures*, edited by S. J. Lopez and C. R. Snyder, American Psychological Association, Washington DC (2003), pp. 411–425.

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