Group-Based Restorative Care Model For Improving Social Interaction Among Elderly In Nursing Home

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Abstract

An increasing proportion of the elderly population should be aware, because the main manifestation of the aging process experienced by the elderly can reduce ability to work, and the ability to perform the activity and social interaction with their environment. To overcome this problem, a group-based restorative care model is needed to increase the social interaction among elderly. This study aimed to obtain an overview of the effectiveness of the group-based restorative care model on the social interactions among elderly in nursing homes. The research design used a quasi-experimental with control group design with a sample size of 66 elderly who have been living in nursing home in the DKI Jakarta area. Data analysis used t-test and Mancova test. The results of the study found that there were differences in social interaction before and after the intervention in the intervention group, while in the control group there were no differences; there were differences in social interaction after the intervention between the intervention group and the control group; there was an effect of social support on social interaction. The recommendation is the group-based restorative care model can be used as a model for empowering the elderly in carrying out various activities in various health care settings in the community

Keywords: Restorative Care;Social Support;Social Interaction;Elderly

INTRODUCTION

Data from the United Nations (UN) on World Population Aging, it is estimated that in 2015 there were 901 million elderly in the world. That number is projected to continue to increase up to 2 (two) billion people by 2050 (United Nations, 2015). Indonesia is also experiencing aging of the population, which in 2019, the number of elderly is projected to rise to 27.5 million (10.3%), and 57.0 million people (17.9%) in the year 2045 (Badan Perencanaan Pembangan Nasional (Bappenas), United Nations Population Funds (UNFPA), 2018). The elderly are one of the vulnerable population groups who have the same rights as other groups in life and in obtaining health services or other services, therefore public awareness

and government efforts are needed to meet these needs (Cicih, 2019).

The increasing proportion of the elderly population need to be watched out for, because the main manifestation of the aging process experienced by the elderly is the reduced ability to work, as well as the ability to perform the activity and social interaction with the environment. Increasing age makes the elderly suffered a setback in their interaction, the elderly gradually began to break away from social life or withdrawn vicinity, resulting in decreased quality of life. Psychological changes experienced by older people can also result in the elderly is slowly withdrawing from the relationship with the surrounding community so that it can affect

social interaction. Reduced social interaction in the elderly can cause feelings of isolation, therefore the elderly choose to be alone and feel isolated and ultimately depression, thus affecting the quality of life of the elderly. The results of research by (Andesty, D. & Syahrul, 2017) found that there was a correlation between social interaction and the quality of life among elderly, where the worse of social interaction among elderly, the lower the quality of life.

The social interaction of the elderly needs to be maintained through relation within the group so that the elderly can share experiences and opinions and improve communication and interaction skills between group members. Restorative care is one of the main strategies in implementing nursing to optimize and maintain the functional abilities among elderly and their ablities of social relation (Resnick, Galik, & Boltz, 2013, dalam (Kristine, 2015). Although restorative care can be carried out in various areas of nursing, most of the research on restorative care interventions is still focused on individuals, not using a therapeutic group approach. Therefore, the development of a group-based restorative care model in the context of community nursing is a challenge.

Group-based restorative care is one model of nursing intervention by empowering the elderly in groups which are expected to increase their participation in group activities, so that their social activities also increase. Group-Based Restorative Care Model among elderly is a form of nursing practice based on community (Stanhope, M., and Lancaster, 2016). The focus of restorative care interventions in community settings is an effort to improve the management of health problems among elderly who are at risk of experiencing health problems. The intervention is expected to increase the physical and mental functional capacity among elderly so they have independence, to improve social relations skills and life productivity more optimal. This was in accordance with the results of research by (Pambudi, W.E., Dewi, E.I., & Sulistyorini, 2017) described the influence of Group Activity therapy (TAKS) on the social interaction ability of the elderly, where 94.7% of the elderly have good social interaction skills.

Therapeutic groups such as self-help groups are useful for providing positive social support for each member in the group. The results of the study by (Sahar, J., Riasmini, N.M.,& Nurviyandari, 2017) found that there was a significant increase in social support before and after participating in a self help group. The elderly felt that their daily activities with friends and family had changed and felt that their physical and psychological health was better. Social support not only affects the utilization of health services, but also affects the healthy behavior and health status among elderly. The results of research by (Unsar, S., Erol, O., & Sut, 2016) found that there was a significant relationship between social support and the health and quality of life of the elderly. Therapeutic groups can provide positive social support for the restorative care process, because communication and togetherness among elderly can help overcome emotional stress associated with decreased physical functional capacity, as well as improve social adjustment in the elderly. Social support can improve a person's health, positive experience, active social role and improve problem solving ability. Restorative care can be carried out in various areas of nursing, but most of the research on the effectiveness of restorative care interventions is still focused on individuals and has not been found to be group-based.. Research conducted by Wang, et.al. (2019), found that there was an increase in ADL, IADL, decrease in anxiety and increase in social support, especially emotional and information support for the elderly after restorative care in long term care. During the pandemic, restorative care was more focused on self-supporting care by increasing the

independence of the elderly in fulfill ADL needs and promoting spiritual satisfaction. The purpose of the study was to get an idea of the effectiveness of the group-based restorative care model on the social interactions among elderly in nursing homes.

METHOD

Prior to conducting the research, the researcher obtained permission to conduct research from the Provincial Government of the Special Capital Region of Jakarta and ethical clearance from the Ethics Committee of the Health Polytechnic, Ministry of Health Jakarta III No. KEPK-PKKJ3/142/IV/2018. This research was conducted in Sasana Tresna Werdha Karya Bhakti Ria Pembangunan and Tresna Wherda Budi Mulya Ciracas nursing homes in the Jakarta city areas. The research was conducted in April-September 2018. This study used a quasi-experimental pre-post test design with control group design. The application of the model was implemented by dividing the intervention group into 3 groups guided by trained nurses. Group activities such as ADL exercises, IADL, progressive muscle relaxation exercises, range of motion exercises as well as sharing feelings and experiences were carried out for 8 meetings (4 weeks) and 8 meetings (4 weeks) independently using a monitoring book. The population were all the elderly in DKI Jakarta, while the research sample was the elderly who have been living in nursing homes with inclusion criteria: 1) Aged 60 years and over; 2) Still able to do activities or not bed rest; 3) Not experiencing visual and auditory impairments; 4) Not experiencing senility and 5) Willing to be a respondent. Sampling strategy used random sampling. The sample size was 66 people (33 intervention groups and 33 control groups). The instrument was a questionnaire used to measure social interaction was developed by the researcher consisting of 15 items with a Likert scale of 0-3. Social support was measured using a modified questionnaire from the MOS social support survey to measure emotional support, reward, informational and instrumental that had been modified, consisting of 15 items with a 0-3 Likert scale. Both instruments have been tested for validity and reliability with the results of social interaction (Cronbach's Alpha = 0.919) and social support (Cronbach's Alpha = 0.896). Data analysis used univariate, bivariate and multivariate analysis. Statistical test used dependent t-test, independent t-test; and multiple logistic regression test. All respondents have received an explanation of the research and have given their consent to become respondents by signing the informed consent.

Group-Based Restorative Care Model among elderly is a form of nursing practice based on community. The focus of restorative care interventions in community settings is an effort to improve the management of health problems among elderly as one of the segments of the age group at risk of experiencing health problems. The development of this model is carried out with the following activities: 1) Trained for nurses in nursing home about group-based restorative care (training is carried out in 1 day); 2) Trained the elderly to participate in the program 2 times a week for 8 weeks where the implementation of social interaction in groups was carried out 8 times with guidance and 8 times independently using a monitoring book; 3) Evaluated the social interaction among elderly before and after the intervention.

RESULT AND DISCUSSION

A. The Characteristics of Respondents

Table 1. Scores of respondent characteristics based on age, length of stay in nursing home and social support in the DKI Jakarta area (n=66)

Variables	Group	N	Mean	Median	SD	Min-Maks
Age	Intervention	33	76,70	77,00	7,00	60-93
	Control	33	74,30	75,00	9,09	60-91
Length of stay in the nursing home	Intervention	33	54,24	40,00	45,42	4-176
	Control	33	41,91	24,00	46,02	4-180
Social support	Intervention	33	22,94	24,00	6,85	10-30
	Control	33	20,12	22,00	6,78	6-31

The results of the respondents characteristics showed that the average age among elderly in the two groups was almost the same, namely around 75 years, the youngest age was 60 years and the oldest was 93 years. The length of stay in the nursing home in the intervention group was about 54 months (4.5 years) and the control group was about 42 months (3.5 years), the lowest was 4 months and the highest was 180 months (15 years). The average value of social support is higher in the intervention group, which was 22.91 compared to the control group, which was 20.12

Tabel 2. Distribution of Characteristics Respondents Based on Gender, Marital Status, Ethnicity and Education in nursing home in the DKI Jakarta area (n=66)

Variables	Intervention group N	Intervention group %	Control group N	Control group %	Total N	Total %
Gender						
1. Male	13	39,4	5	15,2	18	27,3
2. Female	20	60,6	28	84,8	48	72,7
Marital Status						
1. Married	0	0	15	45,5	15	22,7
2. Widow/Widower	24	72,7	14	42,4	38	57,6
3. Not married	9	27,3	4	12,1	13	19,7
Ethnicity						
1.Javanese	12	36,4	18	54,5	30	45,4
2.Not Javanese	21	63,6	15	45,5	36	54,6
Education						
1. < Senior High School	5	15,2	30	90,9	35	53,0
2. ≥ Senior High School	28	84,8	3	9,1	31	47,0

The result of the respondents characteristic showed that the majority were female in both groups; the majority of widows/widowers in the intervention group, while in the control group, the status of marriage with widows/widowers was almost the same; the majority ethnic group was not Javanese in the intervention group while in the control group almost half were Javanese; the level of education in the majority intervention group was senior high school , while in the control group the majority was <senior high school.

The results showed that the average age in the intervention and control groups was almost the same namely the average age was 75 years, the minimum age was 60 years and the maximum age was 93 years, the majority were female, marital status: widow/widower, lived in an nursing home the longest approx 180 months (15 years), majority education <senior high school. The increasing age among elderly illustrated an increasing health status and welfare of the population in Indonesia. The higher the health and welfare of the population, the higher the Life Expectancy in Indonesia. Life expectancy in Indonesia had increased where in 2017 it was around 70.9 years, and 2018 was around 71.39 years (Ministry of Health, 2016). The elderly population in DKI Jakarta with an age group of 70 years and over was around 29%, with a life expectancy of 72.67 years (Badan Pusat Statistik, 2019). Increasing age also affects their health, where the elderly were at risk of experiencing physical and psychological problems. This had an impact on their ability to carry out social interactions (Pambudi, et.al., 2017). It was found that the majority of the elderly were female. This illustrated that the Life Expectancy (UHH) of women was higher than that of men (Kementrian Kesehatan Republik Indonesia, 2018) The results of research conducted by (Prima, D.L., 2019) found that 75% of the elderly were female. Elderly women were associated with

experienced musculoskeletal problems that limit their ability to mobilize so that it affects their communication and social interaction skills (Pambudi, et.al., 2017). The majority of the marital status in the elderly were widows/widowers. This data was also in accordance with data obtained by Susenas (2015) that in 2015 more than half of the elderly population (59.78%) were divorced and under 5% of the elderly population were divorced and not married. Elderly with widow or widower status tend to experience loneliness. The results of research by Nuraini, Kusuma and Rahayu (2018) found that most of the elderly who experienced loneliness affect social interactions with their environment. The education level of the majority of the elderly was low, namely high school and below. As much as 51.3% did not/have never attended school and did not finish elementary school. This showed that there were still many elderly who have classified as uneducated or low educated (BPS, 2018). Supported by the results of research by (Indrayani & Ronoatmodjo, 2018) it was found that the elderly with low education amounted to 92.6%. Low education affects the ability of the elderly to adapt and solve problems. Meanwhile, one of the activities in group-based restorative care was the ability to share feelings and experiences. Therefore, social support from friends and family was needed so that the elderly were motivated in carrying out activities (Sahar, Riasmini & Nurviyandari, 2017). The average length of stay in the nursing home was 3.5-4.5 years and the longest was up to 15 years. This was in accordance with the results of research by (Ngadiran, 2019), it was found that 50% of the elderly lived in nursing home for 5-10 years and 16.5% more than 10 years. The length of stay in the orphanage affected the ability of the elderly to adapt to their environment, in addition, the elderly also experienced loneliness thereby increasing the occurrence of depression. This was in accordance with the results of research by Herawati and Deharnita

(2019) that there was a relationship between length of stay in the orphanage and the incidence of depression in the elderly.

The variety of ethnic groups, both Javanese and non-Javanese (Padang, Sundanese and Betawi) involved in restorative care activities, especially in sharing feelings and experiences, provides color in how to express feelings. The results of Missah's research (2014) found that the elderly have the same language in communicating with each other. Through signaling in the form of symbols, in this case the language symbol of the elderly in his self has the essence of culture, interacting in the social community. Several studies have shown that the demographic characteristics were almost the same. This illustrated that the elderly in Indonesia had almost the same characteristics in terms of age, gender, marital status, and education, both living in the community and in nursing homes

B. **The Differences in Elderly Social Interaction before and after the intervention Group-Based Restorative Care Model in the intervention and control groups**

Table 3. Analysis of Elderly Social Interaction before and after the intervention Group-Based Restorative Care Model in the intervention and control groups in the DKI Jakarta area (n=66)

Variables	Group	Mean	SD	95% CI	t	P value*
Social Interaction	Intervention Group					
	Before	27,24	3,99	(-6,71)-	-10,31	**0,001**
	After	32,85	4,18	(-4,99)		
	Difference	5,61				
	Control Group					
	Before	24,30	8,48	- 2,47-	-1,76	0,087
	After	25,45	7,06	0,17		
	Difference	1,15				

***dependent t test*

The results of the analysis showed that there was a significant difference in the social interaction of the elderly in the intervention group before and after the group-based restorative care model intervention (p

value = 0.001), with an average difference of 5.61. While in the control group there was no significant difference in the social interaction of the elderly (p value = 0.087)

C. Differences in the Social Interaction among Elderly after the Intervention Group-Based Restorative Care Model between the Intervention and Control Group

Table 4. Analysis of Social Interaction of Elderly After Intervention of Group-Based Restorative Care Model between Intervention and Control Group in DKI Jakarta area (n=66)

Variables	Group	N	Mean	SD	95% CI	t	P value*
Social interactions	Intervention	33	31,94	4,98	4,28-	4,02	**0,001**
	Control	33	23,42	11,08	12,74		

*Independent t test

The results of the analysis showed that there was a significant difference in the social interaction among elderly between the intervention group and the control group after the group-based restorative care model intervention (p value = 0.001).

The results showed that there were differences in the interaction among elderly before and after the intervention of the Group-Based Restorative Care model in the intervention group with an average difference of 5.61 points and there were differences in the interaction of the elderly between the intervention group and the control group. The results of research by (Jamil, 2012) found that some of the elderly (55%) who have been living in nursing home have an introverted personality type where they were more likely to be alone and enjoy their own world, lack self-confidence so they were less daring to act or express opinions. Apart from the type of personality, it was possible that the lack of activities carried out in the orphanage also affects the interactions carried out. Although initially the social interaction of the elderly was still lacking, after the application of the group-based restorative care model, the social interaction

among elderly increased. This was probably because routinely (2 times a week for 8 weeks) group meetings were held where there was interaction between group members through sharing and skills that were trained together in groups. Through sharing experiences, providing opportunities to meet regularly, support each other and exchange coping skills with one another. Group members did not feel alone and felt they have friends who were willing to discuss the positive and negative aspects of the situation they were experiencing. The elderly feel welcome because they can share freely about their experiences and trust each other and feel close like family. This was in accordance with the results of research by (Pambudi, W.E., Dewi, E.I., & Sulistyorini, 2017) described the effect of Group Activity Therapy on the social interaction ability among elderly, where 94.7% of the elderly had good social interaction skills.

Elderly activities carried out in groups during restorative care are a positive social network for the elderly where they can communicate and interact with one another. The results of interviews with the elderly after conducting group activities were very positive where the elderly express feelings of pleasure being able to gather together, laugh and communicate between fellow elderly, tell stories to each other and did physical activities together so as to increase togetherness and reduced loneliness. In line with the results of qualitative research by (Thania, S., Huriani, D., & Sumarsih, 2017) described that the elderly's efforts to establish communication with friends were found by four informants who said that the communication that occurred between the elderly included frequent stories, jokes, and was used as a person to tell stories by others in nursing home. Therefore, it was necessary to develop an exercise program in groups that could increase the participation of the elderly in carrying out activities and was a form

of empowering for the elderly to develop their potential.

The results of research by (Nuraini., Farida, F.H.D., & Rahayu, 2018) found a correlation between social interaction and loneliness. The elderly who were active in communicating cause social interaction to be good because with social involvement, it caused the elderly to have the spirit of life because they had social support that was indispensable in their lives. Therefore, this group-based restorative care model is very appropriate to provide opportunities among elderly to interact with fellow elderly in their environment.

D. The Effect of Elderly Characteristics on Social Interaction

Table 5. Final Model: Effect of Elderly Characteristics on Social Interaction in DKI Jakarta area (n=66)

Variable	B	SE	Wald	p-value*	Exp (B)	95% CI
Social interactions						
Model	-2.613	0.825	10.040	0.002	0.08	0.02-0.37
Social Support	3.075	0.820	14.064	**0.001**	**21.65**	4.34-107.99
Constant	-0.368	1.200	0.094	0.759		

* Multivariate Logistic Regression Test

The final result of the multivariate logistic regression modeling process illustrated that social support affects the social interaction among elderly with p value = 0.001 and OR = 21.65. This meant that the elderly who have adequate social support have the opportunity to have better social interaction by 21,65 times compared to the elderly who have inadequate social support.

The results of multivariate analysis found that there was an effect of social support on the social interaction of the elderly. The average value of social support was higher in the intervention group than the control group. This illustrates that the increasing

social support, the client becomes more ready to apply the behaviors and things he just learned. The elderly feel that their daily activities with friends and family have changed and feel that their physical and psychological health is better. Support from the environment around the elderly can accelerate the achievement of nursing intervention goals, where group members give and receive positive feedback and support in undergoing the care process. Social support among this group can improve communication and interaction of the elderly. Social support not only affects the utilization of health services, but also affects the healthy behavior and health status among elderly. The results of research by (Unsar, S., Erol, O., & Sut, 2016) found that there was a significant relation between social support with the health and quality of life among elderly. Group members helped each other perform restorative care exercises, especially from group members who have better functional capacity to those who were weaker.

It was also supported by the results of qualitative research by (Thania, S., Huriani, D., & Sumarsih, 2017) that with the support of friends at the nursing home it could improve communication between the elderly and their friends, namely often telling stories, joking, and being used as a person to tell stories in the nursing home. Telling about a friend who liked gossip, lazy, arrogant, and stories about his youth. When experiencing problems the elderly prefer to tell a close friend who could be trusted, then only to the caregiver. This showed that social support from the environment could improve communication and interaction of the elderly.

Social support was an important aspect of intergenerational relationships. Research results by (Riasmini, N.M., 2013) described the elderly receiving informal support from their children, in-laws, grandchildren, siblings, in-laws, neighbors, friends and the community. The form of support obtained was

in the form of emotional support (attention from children by asking the condition of the elderly, visiting, and caring for the elderly), appreciation support (children respect and understand the needs of parents) and instrumental support (in the form of money, food, and clothing). The results of (Sahar, J., Riasmini, N.M.,& Nurviyandari, 2017) found that there was a significant increase in social support before and after participating in self help groups. The elderly felt better to interact with friends and family and felt their physical and psychological health was better. Social support significantly affects the results achieved. Restorative treatments have a positive effect on physical function and help maintain mental function. Support and communication among the elderly, families and health facility staff was pending in achieving optimal results (Wang, J., 2019).

CONCLUSION

The group-based restorative care model has been proven effective in increasing the social interaction among elderly. Therefore, it is hoped that this model can be one of the models for empowering the elderly in carrying out various activities, it can be integrated with the routine schedule of activities for the elderly in the nursing home with the guidance of nurses. Regular group meetings are needed for the elderly in the nursing home to improve communication and interaction between the elderly and it is necessary to replicate the model in other areas, both in nursing home and in community settings.

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