Analysis of Elderly Group Community Nursing Practices with Education Innovation Interventions of LSM (Lansia Sehat Merata) among Elderly with Hypertension

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ABSTRACT

Elderly is a natural process accompanied by a decrease in physical, psychological and social conditions that interact with each other. The attachment of conditions that influence each other causes the elderly to be included in a vulnerable group that needs more monitoring than other age groups. High blood pressure is considered a major risk factor for developing heart disease and various vascular diseases in older people. Through health education efforts, people behave or adopt health behaviors by way of persuasion, appeals, solicitations, and so on. The purpose of this paper is to analyze community nursing care for elderly groups with educational innovation interventions (NGOs) for hypertensive elderly people on the level of knowledge in Sodong Hamlet, Tambaksari Village, Tambaksari Health Center Working Area in 2022. The population used is all hypertensive elderly in Sodong Hamlet, Tambaksari Village, as many as 155 people. The sampling method for nursing care is non-probability sampling. While the technique used is accidental sampling. The results of the nursing analysis found that there was an effect of health education on the level of knowledge in elderly hypertensives after educational interventions were carried out Lansia Sehat Merata.

Keywords: community, education, elderly

Introduction

According to Nugroho (2008) Elderly is a natural process accompanied by a decrease in physical, psychological and social conditions that interact with each other (Sudawam and Livana, 2017). The attachment of conditions that influence each other causes the elderly to be included...
in a vulnerable group that needs more monitoring than other age groups. According to Permenkes Number 67 of 2015, one of the problems faced by the elderly is health problems due to the aging process, the decline in the function of the body's cells (degenerative), and the decreased function of the body's immune system resulting in degenerative diseases, nutritional disorders (malnutrition), infectious diseases, dental and oral health problems and others. Several diseases in the elderly that are often encountered include pneumonia, chronic obstructive pulmonary disease (COPD), congestive heart failure, osteoarthritis, urinary tract infections (UTI), diabetes mellitus, and hypertension.

High blood pressure is considered a major risk factor for developing heart disease and various vascular diseases in people who are elderly, this is due to higher tension in the arteries, causing hypertension. The elderly are often affected by hypertension caused by stiffness in the arteries so that blood pressure tends to increase (Fecilya, 2014). World Health Organization (WHO) data for 2018 shows that around 1.13 billion people in the world have hypertension, meaning that 1 out of 3 people in the world is diagnosed with hypertension. In Indonesia, the highest incidence of hypertension is in the South Kalimantan Region, which is 44.13 percent, while West Java is in second place with a percentage of 39.60 percent.

The phenomenon of hypertension can be described as an iceberg event where there are more cases that go undetected resulting in many people experiencing untreated hypertension. According to Cadre Data for 2021, there are 938 elderly people in Tambaksari Village, which includes 6 hamlets and 6 posyandu, with the majority of them suffering from hypertension. Based on the results of interviews with health workers at the Tambaksari Health Center, most of the elderly residents in the Tambaksari Village area do not have sufficient knowledge and willingness about hypertension and its treatment.

Through health education efforts, people behave or adopt health behaviors by way of persuasion, appeals, solicitations, and so on. According to Soekidjo (2014) the impact arising from this method on changes in people's behavior will take a long time compared to the coercion method. However, if the behavior is successfully adopted by the community, it will last, even as long as it is carried out. Nurses in puskesmas as health workers, at least can play a role as health service providers through nursing care, health educators or extension workers, case finders, liaisons and coordinators, executors of nursing counseling and role models. The two roles of community health nurses, namely as educators and health educators as well as implementing nursing counseling for individuals, families, groups and communities, are part of the scope of health promotion (Efendi and Makhfudi in Widyawati 2020).

**Objective**

This research aims to analyze community nursing care for the elderly group with educational innovation interventions (LSM) for hypertensive elderly towards the level of knowledge in Sodong Hamlet, Tambaksari Village, Tambaksari Health Center Work Area in 2022.

**Method**

The assessment of the process of community nursing care was carried out by students directly and indirectly so that objective and subjective data were obtained. The population in this nursing care is the elderly (elderly) in Sodong Hamlet, Tambaksari Village, Tambaksari District, Ciamis Regency, totally 155 people. The sampling method for nursing care is non-probability sampling. While the technique used is accidental sampling, namely taking respondents as a
sample based on coincidence. The samples taken were the elderly who took part in Pusbila (Center for Elderly Guidance) activities in Sodong Hamlet, Tambaksari Village, totaling 15 people.

Results

Based on the results of an assessment conducted by students on July 22, 2022 in Sodong Hamlet, Tambaksari Village, the following data was obtained:

Table 1. Frequency Distribution of Elderly Hypertension Based on Vital Statistics Data in Sodong Hamlet, Tambaksari Village in 2022 (n = 15)

<table>
<thead>
<tr>
<th>Variable</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blood Pressure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Pre-hypertension</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Hypertension grade 1</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>Hypertension grade 2</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td><strong>Knowledge</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>Lack</td>
<td>10</td>
<td>66.7</td>
</tr>
<tr>
<td><strong>Skill</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Lack</td>
<td>9</td>
<td>60.0</td>
</tr>
</tbody>
</table>

Discussion

Assessment

Based on Table 1, it was found that 33.3% of the elderly in Sodong Hamlet had grade 1 hypertension, 26.7% of the elderly had grade 2 hypertension, 20.0% of the elderly had pre-hypertension, and 20.0% of the elderly have normal blood pressure. Based on Table 1, it was found that 66.7% of the elderly had poor knowledge about hypertension and 33.3% of the elderly had good knowledge about hypertension. In addition, the percentage of elderly skills in preventing and treating hypertension in the unfavorable category is 60%, while the good category is 40%.

Based on the results of a study conducted by co-ners on the perception of the elderly towards the environment, the elderly assessed and admitted that they had not been able to optimally participate in the health check-up activities provided by the puskesmas. In addition, most of the elderly think that hypertension can be cured and do not always have to do an examination. This statement is in line with the perceptions of health workers who work in the Tambaksari Health Center Work Area who state that there is a lack of knowledge of the elderly about the importance of health checks. The nurse said that the health status of the elderly in Tambaksari Village was out of control due to the fact that only a few hamlets had the elderly actively participating in the elderly Posyandu program. So it is feared that many elderly people will not be able to detect their health status, especially blood pressure.

Nursing Diagnosis

The diagnosis that the co-ners took was a knowledge deficit about hypertension (D.0111). This diagnosis was previously not included in the many diagnoses that appear in community
nursing. However, there are strong data so that co-ners enforce the diagnosis. The subjective data are: Health workers say the elderly lack knowledge about the importance of health checks, according to cadres there is no promotional media related to hypertension. Objective data in diagnosing knowledge deficits about hypertension: Most of the elderly's knowledge about hypertension is still not good (66.7%), and the skills of the elderly about hypertension are mostly still not good (60.0%).

**Intervention**

The nursing plan for community nursing care in this hypertensive elderly group takes reference based on the PPNI (Indonesian National Nurses Association) source book, namely the Indonesian Nursing Intervention Standards (SIKI) in accordance with the diagnoses taken. In the process of compiling interventions adapted to existing problems so that problem solving can be more precisely resolved. Co-ners in preparing nursing interventions develop existing interventions with plans that can be independently and innovatively co-ners do. Based on the literature study conducted, co-ners took health education interventions about hypertension.

The theme that the co-ners created in the implementation of the intervention was "Healthy Elderly Equally" with an approach from health education, namely the preparation of a "Healthy Elderly Book" which contains information about hypertension, signs and symptoms, causative factors, classification of hypertension, foods to avoid, and DASH Diet. The Healthy Elderly Book (BLS) also contains records of complaints and notes on the development of the elderly’s health status consisting of blood pressure, BMI, and mental status of the elderly. This form of intervention is the development of an intervention that refers to the book Indonesian Nursing Intervention Standards (SIKI) in the form of Health Education (I.12383).

**Implementation**

The implementation was carried out for elderly people with hypertension who came during PUSBILA in Sodong Hamlet, Tambaksari Village. The elderly are given health education about hypertension including exposure and simulation of how to treat it. Overall the implementation taken has no gaps because it is used based on Evidence Base Practice (EBP). The distribution of the Healthy Elderly Book (BLS) was carried out well. The elderly who came during the implementation already had a Healthy Elderly Book (BLS).

The results that the co-ners got from the implementation of community nursing care for the elderly group with health education innovation interventions; Equally Healthy Elderly (NGO) with health education in the form of the Healthy Elderly Book (BLS) has the effect of health education on the level of knowledge in elderly hypertension. This result is characterized by a change in the knowledge of the elderly about hypertension, namely 85% of the elderly have good knowledge about hypertension. The percentage change increased by 51% after being given health education where the elderly who had good knowledge about hypertension were only at a percentage of 33% before being given health education.

The skill level of the elderly regarding hypertension also increased to 80% after being given health education, the change occurred by 40% where before being given health education it was only at a percentage of 40%. Most of the elderly can explain about hypertension and treatments that can be done independently. In addition to the results based on objective data, there are also subjective data results where the elderly say they feel facilitated by the existence
of the Healthy Elderly Book (BLS) because information about hypertension is already available, complemented by records of the development of blood pressure and BMI in the elderly.

**Evaluation**

During the process of implementing nursing care several problems were found, namely the interest of the elderly in seeking information was relatively low, the elderly openly stated that they did not try to find information about blood pressure related to not having access, especially the internet. Another problem was found that there were no health promotion media regarding hypertension that the elderly could read during the PUSBILA process. This becomes related to the causes of low elderly behavior in the prevention and treatment of blood pressure. Through the implementation carried out by co-ners, the results obtained were health promotion media regarding hypertension including: distribution of the Healthy Elderly Book (BLS) which was given to the elderly who took part in PUSBILA activities. The elderly can also explain about hypertension and its treatment.

**Conclusion**

Based on the results of the nursing analysis carried out by co-ners with the title "Analysis of Community Nursing Elderly Groups with Educational Innovation Interventions: NGOs in Elderly Hypertension Against Knowledge Levels in Sodong Hamlet, Tambaksari Village, Tambaksari Health Center Working Area in 2022" the following conclusions are obtained:

There is an effect of health education on the level of knowledge in elderly hypertensives. It is marked by changes in the knowledge of the elderly about hypertension, namely 85% of the elderly have good knowledge about hypertension. The percentage change increased by 51% after being given health education where the elderly who had good knowledge about hypertension were only at a percentage of 33% before being given health education. The skill level of the elderly regarding hypertension also increased to 80% after being given health education, the change occurred by 40% where before being given health education it was only at a percentage of 40%.

The results of subjective data, the elderly said they felt facilitated by the existence of the Healthy Elderly Book (BLS) because information about hypertension was already available along with notes on information about hypertension supplemented with records on the development of blood pressure and BMI in the elderly. This is in line with the goals and benefits of health education or promotion, namely so that people have a better understanding of the existence and changes in the system of health services and how to use them efficiently & effectively.

**References**

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