ABSTRAK

MODEL KEPERAWATAN SANTUN LANSIA DENGAN PENDEKATAN KELUARGA DI PUSKESMAS KOTA SURABAYA
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Kata kunci: Santun Lansia, Lansia, Pendekatan keluarga
ABSTRACT

NURSING MODEL OF THE ELDERLY AGED FRIENDLY WITH A FAMILY APPROACH IN SURABAYA CITY COMMUNITY HEALTH CENTER

By: Miranti Dea Dora

Introduction: Elderly are people who have been over 60 years of age who experience various declines in the aspects of anatomy, physiology, social, and economics, this causes several elderly aren’t to be independent in the fulfillment of life needs. The government has provided enough regulations regarding the age friendly Community Health Center, but the implementation of this program hasn’t been implemented at all of Community Health Center in Surabaya City. The efforts are being conducted to improve the quality of elderly services by implementing aged friendly with a family approach. The purpose of this study designed a nursing model of age friendly with a family approach in Surabaya City. Method: the type of researcher was explanatory sequential with a two-phase mixed method. The elderly population were in the Balong Sari Community Health Center Working Area and Tandesya Community Health Center Working Area as many as 179 respondents. The independent variables in this study consisted of cardiovascular, integumentary, temperature, cognitive impairment, anxiety, depression, dissocial, isolation, PP syndrome, integrity, meaning, culture, education, status, occupation, trauma, steroid, antibiotic, analgesic, antacid, ruboranci, city environment. The dependent variables were physiology, psychosocial, spiritual, characteristics, pathology, medicine, environment. Data collection through interview that used questionnaires and qualitative. Data analysis used SEM PLS. Results: Discussion and conclusions: The nursing model of aged friendly with a family approach in Surabaya City Community Health Center was created by age-related change factors on the elderly consisted of physiological (cardiovascular, integumentary, temperature), psychological (cognitive disorders, anxiety, depression), spiritual (integrity, meaning). Risk factors were obtained on the elderly (additional risk factors) consisted of characteristics (culture, education, status, occupation), pathological (physical trauma), treatment (steroids, antibiotics, analgesics, antacids, ruboranci, environment (city environment). The elderly friendliness factors on the elderly consisted of National Health Insurance theme (NHI participants, easy access to health services), smoking (awareness, stopping smoking), hypertension (routine medication taking, control to the Community Health Center). The elderly friendliness factors on nurses consisted of quality (service provided that prioritized the elderly, supporting facilities, human resources on duty), the elderly friendliness factors on the family consisted of structural (family composition, the relationship of children with the elderly), development (relationship of children with the elderly), functional (the role of the family and problem solving).

Keywords: Aged Friendly, Eldery, Family Approach