

ABSTRAK

**MODEL KEPERAWATAN SANTUN LANSIA DENGAN PENDEKATAN
KELUARGA DI PUSKESMAS KOTA SURABAYA**

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Pendahuluan: Lansia mengalami berbagai penurunan dalam berbagai aspek, hal ini menyebabkan sebagian lansia tidak mampu mandiri dalam pemenuhan kebutuhan hidup. Pemerintah telah memberikan cukup regulasi tentang Puskesmas santun lansia, namun pelaksanaan program tersebut belum dilaksanakan pada semua Puskesmas di Kota Surabaya. Tujuan penelitian ini adalah mendesain model keperawatan santun lansia dengan pendekatan keluarga di Kota Surabaya. **Metode:** Jenis penelitian *explanatory sequential mixed method*. Tahap pertama menggunakan pendekatan kuantitatif dengan populasi lansia yang tinggal bersama keluarga, sampel penelitian sebanyak 179 responden di Wilayah Kerja Puskesmas Balong Sari dan Wilayah Kerja Puskesmas Tandes. analisis data menggunakan SEM PLS Tahap kedua menggunakan pendekatan kualitatif, sampel penelitian sebanyak 16 partisipan. **Hasil:** Faktor fisiologis, spritual berpengaruh secara signifikan terhadap faktor perubahan berkaitan dengan usia pada lansia, faktor karakteristik, patologis, pengobatan, lingkungan berpengaruh secara signifikan terhadap faktor resiko yang didapat pada lansia, faktor JKN, merokok, hipertensi, kualitas, paripurna, terpadu, perkembangan, fungsional berpengaruh secara signifikan terhadap faktor kesantunan lansia sehingga terbentuknya model keperawatan santun lansia dengan pendekatan keluarga. **Diskusi dan kesimpulan:** Model keperawatan santun lansia dengan pendekatan keluarga merupakan representatif dari konsep dan teori sehingga dapat membentuk pola yang yang diimplementasikan dalam asuhan keperawatan keluarga dengan lansia yang lebih optimal dengan memperhatikan faktor fisiologis, psikologis spritual, karakteristik, patologis, pengobatan, lingkungan, JKN, merokok, hipertensi, perkembangan dan fungsional keluarga dalam melakukan asuhan keperawatan

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 fulfilment 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, integument, 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