Phenomenology Study: Family Experience in Elderly Care in Depok Jawa Barat

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Abstract The family has an important role in elderly care at home, where the majority of assistance and long-term care for the elderly is provided by the family. The nurse is responsible for assisting the family in caring for the elderly, so that in the end the family is able to provide elderly care independently at home. This study aims to explore family experiences in caring for the elderly at home. Researchers used qualitative research methods with a phenomenological approach. Data obtained through semi-structured interviews with 6 (six) participants. The research produced 5 themes: care for the elderly is a form of devotion to parents, care for the elderly requires physical and mental readiness, care for the elderly requires knowledge related to the elderly and how to care for the elderly, care for the elderly requires support from extended families, and feel the importance of supporting cadres and health workers. For conclusion, elderly families have a responsibility to meet the needs of the elderly, so that efforts are needed to improve the knowledge and skills of the family in order to properly care for and meet the needs of the elderly.

Introduction

Increasing the number of elderly (elderly) currently has an impact on increasing the number of families with the elderly, because until now many elderly people live with families in one house. The family as a companion has an important role in the care of the elderly, given the majority of assistance or long-term care for the elderly provided by the family (Czekanski, 2007; Dewi et al., 2010; Miener & Lueckenotte, 2006; Starkweather, 2011). This phenomenon illustrates the need for efforts to improve family abilities in performing elderly care. Community nurses are responsible for identifying family needs, planning, implementing, and evaluating all activities undertaken in providing family nursing care.

The independence of the family in caring for the elderly is one part of the family empowerment effort. Activities undertaken by families in caring for the elderly include assistance in meeting their daily needs and other needs, such as financial arrangements, socializing, and communication (Aumann et al., 2008; Messecar, 2012). In connection with the many tasks and responsibilities of the family, families often experience physical or mental stress, especially if they have to accompany the elderly with ill conditions (Czekanski, 2007). Family conditions can affect the elderly who live in it. For this reason, it is necessary to create a family that is able to provide independent elderly care through the implementation of family health tasks, so that the family will feel various benefits, such as meeting physical, psychosocial and economic needs (Aumann et al., 2008; Räsänen et al., 2007).

Elderly care at home should be given as optimal as possible by empowering families and surrounding communities. But until now there are still many elderly people without proper care, and even tend to experience neglect. One
of several causes is the lack of family knowledge and skills in caring for the elderly at home, where some people still consider that the decline in physical and mental function that occurs in the elderly is a normal thing to happen.

The elderly experience physical changes as a result of the aging process. These physical changes include the entire body system, including nerve, hearing, vision, cardiovascular, and other systems. The elderly also experience psychosocial changes related to several things including retirement, awareness of death, changes in the way of life, changes in economic conditions due to termination or retirement from work, the presence of chronic illnesses, as well as other factors that indirectly affect the psychosocial state of the elderly. The physical and mental changes experienced by the elderly cause several health problems, including falling easily, fatigue, chest pain, acute mental disorder, shortness of breath when doing physical work, joint pain, uri incontinence, insomnia, sleep disturbance, and headache.

Problems that arise in the elderly result in the dependence of the elderly on others, especially families. The elderly as humans still have to live a decent life, including in health care. Holm & Severinsson (2013) conducted a study using qualitative systematic review methods for the elderly related to elderly perceptions about health, health-sick concepts, and health care needs in the elderly community. Two themes have emerged from a systematic review, that the elderly have a desire to remain capable of meaningful efforts in health care and social environment and the desire to be able to live independently even with the help of caregivers.

Nurses are tasked with assisting and assisting families in efforts to provide elderly care at home. For this reason, information and data regarding nursing care that is in line with the conditions of the elderly and family at home are needed, including regarding the perceptions and responses of families in caring for the elderly at home, the obstacles experienced by families during the care of the elderly at home, and the expectations of the family towards health workers in supporting the elderly care at home.

**Materials and Methods**

The design of this study is a qualitative research with a phenomenological approach. The phenomenological method is a very deep, critical and systematic investigation of phenomena (Streubert & Carpenter, 2003). The family experience of caring for the elderly is a picture of a unique family life pattern and cannot be assessed objectively, but can be interpreted using data in the form of words or statements given by the family as participants. The study was conducted in Depok City with a research period of two months. The first step to take is to look at the data available at the Integrated Service Post (posyandu) for the elderly. The selected family is a family that lives with the elderly, plays the role of an elderly family caregiver, is able to speak Indonesian, and is 21 years old or older. The number of respondents in this study were 6 (six) families who acted as family caregiver for the elderly. Next, a time contract is determined, followed by an interview. Interviews carried out for 30-45 minutes. Data analysis was performed using the Colaizzi (1978) approach in Streubert and Carpenter (2003).

The phenomenological study approach can explore deeper about family experiences in caring for the elderly at home. Therefore, researchers are interested in examining more about the experiences of families living with the elderly related to perceptions, responses, obstacles, and expectations as well as other factors that influence family independence in caring for the elderly who live at home.
Results and Discussion

Thematic analysis begins with rereading the transcript and finding meaningful sentences for participants, then giving meaning to the sentence. Furthermore, the meanings are then arranged in categories, then in sub themes, until finally a theme is formed. This process is carried out for the six participants until a unity of meaning is formed that fully represents the essence of the experience of all participants. The study produced 5 themes arranged according to the specific purpose of the study.

The first goal of family perceptions in caring for the elderly at home produces two themes, that caring for the elderly is a form of devotion to parents and physical and mental readiness is required in caring for the elderly. The second objective, related to factors that influence the independence of the family in caring for the elderly, includes 2 themes, that required knowledge related to the elderly and how to care for the elderly and the need for extended family support. The third goal related to family expectations in providing care to the elderly at home produces 1 theme, that the support of rural and professional health workers is deemed as important to have.

Theme 1: Caring for the elderly in the form of devotion to parents. This theme is formed from 3 sub themes: families are aware of changes in the elderly, families are aware of the obligations and blessings of caring for the elderly, and families realize the importance of caring for the elderly with the family. This is based on an excerpt from the interview:
P1: "... Alhamdulillah Just do it sincerely. In the past, my mother went everywhere, my father took her. Now it's hard if my mother wants to travel, my father is not strong enough to walk, his eyes are also farsighted ... he wants to go to the bathroom, but he is not strong enough to walk alone ... Alright... said Mother, my father just lay in bed, everything was done by my mother ... so it was like that. Instead I was afraid if something happened to my father ... so my mother would be taking care of him ... "
P5: "... I am afraid to sin if I do not take care of my mother ... in religion it is said to be a duty as a child ... if it is an obligation, there must be a reward from God, Insha Allah, our household will be blessed"
P6: "... caring for my father is important to me ... The point is, do not let the illness get worse, I feel sorry to see him because he is usually healthy and strong, ... I also still need my father, he has a child who has not been married ... so if there are complaints, I immediately took it to the doctor so that it would be quickly resolved ... "
P4: "... my father is the leader of the family ... must be respected ... even though he is old now ... he is not as strong as before ... but if there is anything, my children and I always ask him, asking for his approval ... so that our family will be blessed"

The decline in the physical condition of the elderly makes the elderly very dependent on others, in this case, their wives or spouses or children. Family understanding of the changes that occur in the elderly underlies the attitude of the family to the elderly. Often families do not understand these changes so they are not able to provide proper care and even tend to neglect the elderly.

Based on the statement expressed by the participants, it can be concluded that the elderly as elders in the family must be respected and cared for as well as possible, so that they will receive God's blessing. Most Indonesian people still adhere to the culture of extended families, thus allowing the elderly to live with families (children, son-in-law, grandchildren or other family members). In addition, the view that family support in the form of providing assistance from children to parents still plays a large role (Riasmini, 2013), so it can be concluded that the family has a large role in caring for the elderly.
Based on the results of the study obtained a theme that caring for the elderly is a form of devotion to children to parents. Indonesian culture still maintains the notion that caring for the elderly at home is better than leaving the elderly in nursing homes, because the family as a companion has an important role in providing care assistance for the elderly, because the majority of long-term assistance and care for the elderly is provided by the family (Meiner & Lueckenotte, 2006). In addition, the family is also a major source of support for the elderly in the community which can affect the quality of life of the elderly.

Family perceptions in caring for the elderly are expressed in several family expressions while living with the elderly. Overall the family feels grateful that they still have the opportunity to care for the elderly. This condition is in accordance with Indonesian culture which holds that caring for the elderly is a form of devotion to parents, so that families do not feel burdened by the existence of the elderly at home in any condition.

Theme 2: Requires physical and mental readiness in caring for the elderly. This theme is formed from 1 sub-theme, that families feel burdened caring for the elderly. This sub-theme illustrates the burden of caring for the elderly perceived by the family, thereby displaying negative family behavior. This is based on an excerpt from the interview, as follows:
P4: "... yes, like that, ma’am, I often get upset with my grandmother ... often get angry with unclear causes. Even though I have prepared everything ... the house has been taken care of, the cooking has also been completed, but yes, there are still something lacking. Grandma often gets emotional quickly. I am tired of taking care of the house, children, plus my grandmother too ...

P6: "... there it is, communication is difficult for parents, often misunderstanding ... but maybe it’s because I’m also impatient ... hehehe ...

Families with the elderly have considerable responsibilities in carrying out their duties and functions, including in caring for the elderly. Caring for the elderly in a family environment can increase emotional ties among family members, but on the other hand families often experience tension and burden due to long-term care and chronic illness experienced by the elderly, the level of functional dependence of the elderly, and chronic illnesses of caregivers (Riasmini, 2013). So, the main ability that must be possessed before caring for the elderly at home is the physical and mental readiness of the family caregiver.

The condition of the family can affect the condition of the elderly who live together in one house, so that if there is a problem in the family, then not only the care or assistance of the elderly becomes disrupted, but also the condition of the family as a whole will be affected. Conversely, if the family has a fairly good ability in caring for the elderly, in the sense of being an independent family, then the elderly’s needs will be met and the family will feel many benefits, such as meeting physical, psychosocial and economic needs (Garlo et al., 2010; Räsänen et al., 2007). In addition, families will feel satisfaction and avoid the burden of problems or stress due to the conditions they experience (Diwan et al., 2004; Makizako et al., 2009). Furthermore, if the family is able to treat the elderly well, then the needs of the elderly are met and will lead to an improvement in the health status of the elderly.

Theme 3: The need for knowledge related to the elderly and how to care for the elderly. This theme is formed from 1 sub-theme, namely the need for additional knowledge about the changes that occur in the elderly. This is based on an interview excerpt from the respondent, as follows:
P1: "... I am already an elderly person like Daddy hehehe ... so yeah we should just study together"
P3: "... if you want to be independent, you have to study hard ... need a lot of knowledge so you know the right way to take care of your parents ..."
P4: "... To be independent, we must know the knowledge ... to have knowledge about health, how to care for parents. To make no mistakes, we must have knowledge ...

P6: "... the main thing is to be able to independently manage the parents ... you must be sincere and ask lots of experts ... if there is a posyandu, there are a lot of midwives or nurses ... just ask everything we don't know ... so there is no mistake ...

Based on participant expressions, it was found that caring for the elderly requires sufficient knowledge and skills so that the family must always increase their knowledge through learning, including knowledge about the changes that occur in the elderly. The number of question sentences shows that the process of adding knowledge must be done in two directions or discussion so that the need for knowledge about the elderly could be met.

Participants stated that care for the elderly requires sufficient knowledge and skills so that families can independently provide care for the elderly. Family independence in this case includes making decisions related to the condition of the elderly, regarding when the elderly's needs can be met through care at home and when the elderly must be immediately taken to a health facility to receive further care. Family awareness of the need for information about care for the elderly illustrates the readiness of the family to be empowered in caring for the elderly so that the role of health workers can be reduced along with the increased ability of the family.

The knowledge needed is not only about caring for the elderly but also about the changes that occur in the elderly, so the family will better understand the condition of the elderly. The decline in the physical and psychological condition of the elderly greatly affects the health status of the elderly, and indirectly affects the family in caring for the elderly. Health workers in the community or in this case are nurses, have a role in providing family nursing care, i.e. in addition to providing direct care to the family also plays a role as educators, researchers, counselors, case managers, collaborators, advocates (Hitchcock et al., 1999; Kaakinen et al., 2010). The role of nurses as educators for families is to provide health education in accordance with the conditions and problems that exist in the family, focus on promoting or improving health, preventing disease, and reducing the impact of disease (Kaakinen et al., 2010). Health education provided to families can be done at every stage in the nursing care process.

The knowledge factor is very influential on family skills in caring for the elderly. One's knowledge can be obtained from one's own or other people's experiences or it can also be through a learning process. In addition to knowledge, hereditary trust can also affect families in caring for the elderly (Notoatmodjo, 2003). Another factor that influences the ability of families to care for the elderly is the family's attitude towards the elderly, but a positive attitude is not necessarily followed by positive behavior as well. So we need reinforcement or motivation from other parties to support a positive attitude, so as to create positive behavior.

The hope of the family to have sufficient knowledge about care of the elderly is in line with the principles of family nursing care of the elderly. By providing family nursing care for the elderly it is expected that families living with the elderly have sufficient knowledge about the condition of the elderly, for example, recognizing signs and symptoms that arise, as well as changes that occur in the elderly, and so on. Better knowledge leads to more consistent attitudes and behaviors (Fabrigar et al., 2006).
The depth and breadth of one's knowledge will affect self confidence in behaving and taking action. For this reason, families with sufficient knowledge are expected to be able to behave and have good skills in caring for the elderly at home.

The nurse's duty is to provide nursing care to families with the elderly to be able to have sufficient knowledge in recognizing elderly health problems.

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Theme 4: Need for extended family support. This theme is formed from two sub-themes felt by the family, including the need for families to take turns helping in caring for the elderly and the need for community support. This is based on participant expressions, as below:

P1: "...yes, I want to be able to take care of my father, but we also don't know what tomorrow will be like ... if the children can help take care of him, thank God ... sometimes it's also fun when there is a father's younger sibling coming to help, so I can take care of other matters ... yes hopefully we'll be provided sustenance so that we can give the best ... and we can stay healthy ... Amen ..."

P2: "...I often feel sorry for my grandmother's condition ... She is already worn out like this, but I still want to take care of my grandmother at home so I can still be close to my family, also with my neighbors here ... who are like my own siblings ... Thank God neighbors often help to look after grandma, when I am taking care of children's school..."
the family can request for help by contacting or visiting a health service.

Theme 5: feel the importance of the support of village health workers and health professionals. This theme was formed from 1 sub-theme, which was felt that needed additional information and knowledge about caring for the elderly at home and assistance in the form of routine checks. This is based on participant expressions, namely:

P1: "... if there is a posyandu ... there is a midwife who checks often ... that's good ... so dad can also know what his blood pressure is now ...

P2: "... just honestly ma'am, I need a lot ... hmmm ... what is it, help so I am more patient with my grandmother ... what should I do, hehehe .... so what to do if Grandma is sick ... what should I do, I don't understand ...

P4: "... need a lot of information about how to treat ... what sport is suitable ... then if there is an emergency situation ... what to do ... where to go ... and many others"

P5: "... for me knowledge is important ... the knowledge must be appropriate ... the source is correct, don't just listen to what people say ... nurses or doctors also need to be more friendly when we go to the hospital ... give a lot of explanation about how the father's condition is now ... then how do I take care of dad ... well maybe that's the important thing"

Families with the elderly have considerable responsibilities in carrying out their duties and functions, including in caring for the elderly. Caring for the elderly in a family environment can increase emotional ties between family members.

However, on the other hand families often experience tension and burden due to long-term care and chronic illness experienced by the elderly, the level of functional dependency of the elderly, and chronic illnesses of caregivers (Riasmini, 2013). So, it takes the role of health workers or nurses in providing additional knowledge about changing the elderly and care for the elderly so that the family has sufficient ability to care for the elderly at home.

Families are expected to be able to care for the elderly at home independently. The purpose of caring in this context is to provide assistance ranging from simple things according to the ability of the family. If the family feels unable, the family can contact or go to a health service to ask for help. Community nurses have the task of assisting families in providing elderly care at home. This assistance or assistance is carried out routinely and then evaluated to see changes in the ability of families to care for the elderly.

Conclusions and Suggestion

The study produced 8 themes that illustrate family experiences in caring for the elderly. Participants understand the obligation to care for the elderly at home as a form of devotion to parents or husbands who have been living together, so that all participants give a positive response. Participants' understanding of changes in the elderly and care for the elderly gives the consequence that the family must be independent in caring for the elderly. Participants stated that the main factor influencing family independence in elderly care is family knowledge, be it health knowledge or others, such as religious knowledge.

Participants believe in caring for the elderly at home brings blessing and happiness to all family members, so the family hopes to care for the elderly at home as long as they can. Health workers are needed to assist and support families in caring for the elderly at home in accordance with family capabilities. Participants hope to have sufficient ability to care for the elderly so that the elderly are in optimal condition.

The results of this study provide an overview of family experiences in elderly care at home, so it can become the basis in policy making process related to care for the elderly by
the family, or in inventing a family nursing intervention program that is more focused on efforts to separate families and the elderly.

The results of the study can also be the basis for further research on the model of nursing care for the elderly in the family, which is in accordance with the characteristics of Indonesian culture, through multidisciplinary collaboration with various professionals, both in educational institutions and health services.

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