

SUPPORTIVE THERAPY IN IMPROVING THE INDEPENDENCE OF THE ELDERLY BASED ON OREM'S NURSING THEORY

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ABSTRACT

Introduction: The elderly independence is an attitude without supervision, direction or personal assistance which is still active. This study aims to determine the effect of supportive therapy to the elderly independence. The design of the study was Quasy Experiment Design with Pre-test and post-test design, the population was 16 elderly people in Bhakti Luhur Orphanage Trosobo, Sidoarjo. The sample which was 16 respondents was taken by total sampling. The independent variable of this research was supportive therapy and the dependent variable was self-reliance on elderly. Instrument used Barthel index ADL. Data were analyzed by using the *Wilcoxon signed rank test* with $\alpha = 0.05$. The results showed that after being given supportive therapy in the treatment group of the 8 respondents almost half of them (37.5%) have the independence in the independent category, while the control group of 8 respondents almost half of them (37.5%) have the independence in the category of medium dependence. Data were analyzed by Wilcoxon signed rank test in the treatment group was obtained $P = 0.0014 < \alpha = 0.05$, so H_0 was rejected. In the control group obtained $P = 1.000 > \alpha = 0,05$ so H_0 was accepted, it meant that there was an influence to the respondent groups independence. Supportive therapy affects to the independence of the elderly. Therefore, it is expected for the nursing service should do supportive treatment to enhance the elderly independence.

Key words: supportive therapy, independence, elderly

INTRODUCTION

Aging or becoming old is a condition that occurs in a human life and experience with the physical changes. Probably, the most major characteristic of the aging process is the increasing loss of independence or dependency (Aspiani, Yuli.R, 2014). Nowadays, someone will change little by little, so he/she is not able to perform daily activities independently anymore. The decrease of physical condition as a result of the aging process can influence on the body's resistance to interference or the infection attack from outside. It could encourage the elderly to be able to perform their daily activities independently with support from friends and people nearby. Nursing home is one of the elderly shelters. Elderly, who has long been in the nursing home, has already understood and adapted to daily activities such as having lunch should be gathered in advance and pray before having meals together a week. Elderly, who has newly occupied homes, still does not understand the routine activities. There is also a lazy elderly to do the activity. The ability of elderly to do daily activities or often called by ADL

(Activity of Daily Living) to look the independence of the elderly. It has been identified that the elderly generally suffers various symptoms due to decrease of biological, psychological, social, and economic function (S.Tember & Noorkasiani, 2009). Elderly people independence is the ability of elderly people in performing daily life activities related to functional status of elderly. According to (Suardana, Wayan.I & Ariesta, Y, 2012) in the study of 60 elderly people about "Characteristics of the Elderly people with independence to perform daily activity" in Banjar Den Yen Denpasar, in 2012. It was obtained that 41 people (88%) were classified as independent and 19 people (32%) were classified as mild dependence. Independence of the elderly is affected by age, health, economic and social conditions. The support of surrounding friends and a nurse is obtained by the elderly people while in the nursing home, because they are too far from their family. Giving supportive and self-reliance in the application of Dorothea E. Orem theory is affected by three nursing systems, wholly compensatory system,

partially compensatory system, supportive-educative system (Tomey, Marriner.A & Alligood, Raile.M 2006). Wolly sompensatory system is an independent action of nursing that needs help in the movement, control, and ambulation as well as the movement manipulation. Partially compensatory system is a system in giving partially self-care, action of fulfilling need is performed by nurses partly and by patients themselves partly. Supportive-educative system is a system of assistance given to patients who need to support education in hope that patients are able to perform self-independence. Support from family, friends and the environment in performing daily activity is one part of the supportive-educative system. One of supportive-educative systems is supportive therapy. Supportive therapy is a form of psychotherapy that is widely used in ill family structure ill and community based on psychiatry management (Stuart & Laraia, 2005). The purposes of supportive therapy, namely: to evaluate the client's strengths and weaknesses, help the client to make realistic changes about several things which enable to have better function, to restore and strengthen realistic about several things which enable to have better function, and maintain or reestablish functional level (Kushariyadi & Setyoadi, 2011). Supportive approach aspects, namely: congruent, unconditioned positive rewards, and empathy. Congruent, is the ability to convey to clients that nurses have sincerely concern and respect the client as a man in carrying out their role. Unconditioned positive reward is the delivery to the client that nurses appreciate and assess the client as a human being without differentiating anybody and profession or position. Then, empathy is a sincere effort to understand how the client's feelings and know the ability to deliver understanding to the clients (Kushariyadi & Setyoadi, 2011). Supportive therapy has four sessions, namely: session 1 identify the ability in daily activities and existing support systems, session 2 use the support system inside of the room and the constraints, session 3 use a support system outside of the room and the constraints, session 4 Evaluate the result and the constraints of using supporting source both inside and outside the room (Hernawaty.T & Keksi G. 2011). With the support among friends or people nearby could also affect the elderly

independence to perform daily activities. Supportive therapy is usually called an elderly development, in order to maintain their independence well and positively.

RESEARCH METHODS

This research used a quasy experimental design. The population is all elderly people in Bhakti Luhur Orphanage. The sample was 16 elderly people and the technique used was simple random sampling. The independent variable was supportive system. The dependent variable was independence. The instrument was Barthel Index observation sheet. Data were analyzed by Wilcoxon signed rank test. Data were collected as follows:

- The respondents were divided into two groups: the treatment group (given supportive therapy) and control groups
- Assess the independence level of the elderly before giving supportive therapy to treatment group or the control group.
- The treatment group was given supportive therapy for 3 days, 30 minutes per day, continue to perform routine daily activities.
- The control group only carried out routine daily activities without having supportive therapy
- One week later both groups, treatment and control were re-identified in the level of independence.

RESULT

The research result on the age characteristics divided according to WHO (2006) based on the age showed that from 8 respondents of the control group, almost all (75.0%) is the elderly between 60-74 years old.

Table 1 Distribution of elderly people independence difference of pre-post supportive therapy in the treatment group and elderly people independence difference of pre-post supportive therapy in the control group at Bhakti Luhur Orphanage Trosobo Sidoarjo in June 2015.

No	Independence	Treatment Group				Control Group			
		Pre		Post		Pre		Post	
		N	%	N	%	N	%	N	%
1	Independent	1	12,5	3	37,5	1	12,5	1	12,5
2	Mild Dependent	2	25,0	1	12,5	2	25,0	2	25,0
3	Moderate Dependent	1	12,5	3	37,5	3	37,5	3	37,5
4	Severe Dependent	2	25,0	2	25,0	1	12,5	1	12,5
5	Total Dependent	1	12,5	1	12,5	1	12,5	1	12,5

Total	8	100	8	100	8	100	8	100
P value	0,014				1,000			
<i>Wilcoxon</i>								

Source: Primary Data, June 2015

DISCUSSION

Elderly people independence means an attitude without supervision, direction, or active assistance from others. Self-reliance is the ability or the condition in which an individual is able to take care of his/her own interest or cope it without relying with other people (Zulfajri, 2005). The results showed that the treatment group before being given supportive therapy found nearly half (37.5%) experienced severe dependence, and almost half of the control group the control group the control group (37.5%) had moderate dependency. The elderly dependence or decrease of the elderly independence occurs when they experience with the decline in memory function or have various diseases. Independent means being able to perform all activities independently or without assistance, while the moderate and severe dependence means partly of the elderly people are aided and there are elderly people who can do alone, and the total dependence means that elderly people can no longer afford to carry out the activity or self-activities and therefore need assistance from nurses and their friends. Determining dependence or independence of the elderly can use the Barthel Index, a measurement person's ability to perform daily activities independently or dependently on the elderly. The result of the Barthel Index before giving a supportive therapy on the treatment group, the eating activity was obtained that almost half (37.5%) of the elderly people could carry out the eating activity independently (can take out of the plate and feeds himself/herself) and almost half were not able to do it or dependent on others, for example in taking food and dishes, feeding and etc. While bathing, the majority of them (62.5%) was independent; Self-care the majority (62.5%) independently; in dressing, almost half of them (37.5%) needed help mostly in buttoning his/her shirt and independent elderly; in urinating, entirely of them (100%), there was no interference with urination or regular ; in defecating, majority of them (75.0%) had no disturbance in bowel movements or irregular; in using the toilet, half of them (50.0%) needed help but they could do several things alone by themselves; in

transferring, majority of them (62.5%) needed help to be able to sit helped by two people; in mobility, half of them (50.0%) used wheelchairs; and in going up and down the stairs, half of them (50.0%) were not able to do it. Overall, elderly nearly elderly people were not able to use the toilet like cleaning the toilet after a having a bowel movement or urinating, they could not afford to have mobility because there were a lot of them used wheelchairs, and they were not able to climb the stairs or down stairs. Meanwhile, in transferring or when they moved from bed to chair or wheelchair, most of them needed help to be able to sit helped by two people.

While in the control group, it was obtained that almost half of the elderly people (37.5%) while eating they needed help and they did it independently, in bathing, half of them (50.0%) were dependent on others such as nurses or fellows, in performing personal care, half of them (50.0%) needed help of others or independently, in dressing, half of them (50.0%) needed help, in urinating, entirely of them (100%) had a continence urination (regular), in defecating, half of them (50.0%) sometimes had an incontinence of defecation or constipation (once a week) and continence of defecation (regular), in using the toilet, half of them (50.0%) needed help, but they could do several things by themselves, in transferring, nearly half of them (37.5%) needed help from two people to be able to sit, in mobility, almost half of them (37.5%) used a wheelchair and independently despite using the help of tools such as a stick, in going up and down the stairs, half of them (50.0%) were not able to climb the stairs or down stairs. Overall, they depend to take a bath and need assistance such as in scrubbing their body with soap, drying off with a towel and washing the body with water. While in dressing, they needed help such as buttoning clothes, and inability of them to use the toilet such as cleaning the toilet after taking a bowel movement and urinating and inability of them to go up and down the stairs.

After giving a supportive therapy, the elderly people had an independence change, especially in the treatment group. After giving a supportive therapy, almost half of them (37.5%) had independence in the independence category and in the moderate dependence category, while in the control group was obtained that almost half of them (37.5%) had

the moderate independence category. Elderly dependence means attitude without supervision, direction or personal assistance which is still active. An elderly who refused to perform functions deemed not perform the function, although he/she was considered capable. Usually, it would affected the independence in performing daily activities (Maryam.R. Siti, 2008). Supportive therapy in the treatment groups for the elderly in Bhakti Luhur Orphanage Trosobo Sidoarjo can be seen in the table which shows that from eight respondents of the treatment groups after being given supportive therapy, almost half of them (37.5%) had the independence in the independent category. Based on Wilcoxon Sign Rank test, it was obtained that $P=0,014$ and the value of $\alpha = 0.05$, meant $P < \alpha$ then H_0 was rejected, it meant that supportive therapy influenced on the independence of the elderly in Bhakti Luhur Orphanage Trosobo Sidoarjo. Independence of the elderly people is affected by age, health, economic, and social conditions. The support of friends surrounding them and the nurse are required by the elderly, especially when they are in the nursing home, because they are too far from their family. Supportive therapy is given to the elderly people in this study using the approach of nursing theory by E Dorothea Orem. Based on Orem nursing theory, there are three classifications of nursing system to meet the requirements of the elderly self-care, they are: wholly compensatory system, partly compensatory system and supportive-educative system. Supportive-educative system is a system of aid that is given to the elderly who need to support education in the hopes of patients are able to require self-care. Support from family, friends and the environment in performing daily activities is one part of the supportive-educative systems. One of supportive-educative systems is a supportive therapy. Supportive therapy is psychotherapy form that is widely used in ill family structure and community which is based on the psychiatry management (Stuart & Laraia, 2005). The purposes of supportive therapy, namely: to evaluate the client's strengths and weaknesses, help the client to make realistic changes about several things which enable to have better function, to restore and strengthen realistic about several things which enable to have

better function, and maintain or reestablish functional level (Kushariyadi & Setyoadi, 2011). Supportive approach aspects, namely: congruent, unconditioned positive rewards, and empathy. Congruent, is the ability to convey to clients that nurses have sincerely concern and respect the client as a man in carrying out their role. Unconditioned positive reward is the delivery to the client that nurses appreciate and assess the client as a human being without differentiating anybody and profession or position. Then, empathy is a sincere effort to understand how the client's feelings and know the ability to deliver understanding to the clients (Kushariyadi & Setyoadi, 2011). Supportive therapy has four sessions, namely: session 1 identify the ability in daily activities and existing support systems, session 2 use the support system inside of the room and the constraints, session 3 use a support system outside of the room and the constraints, session 4 Evaluate the result and the constraints of using supporting source both inside and outside the room (Hernawaty.T & Keksi G. 2011).

With the support among friends or people nearby could also affect the elderly independence to perform daily activities. Supportive therapy is usually called an elderly development, in order to maintain their independence well and positively.

CONCLUSIONS AND RECOMMENDATION

Supportive therapy based on Dorothea Orem theory nursing can increase the independence of the elderly by optimizing support among friends or significant others in performing daily activities. Therefore, further qualitative research is needed to complete information about how far the supportive therapy influences on the elderly independence.

REFERENCES

- Aspiani, Yuli.R. (2014). *Buku Ajar Asuhan Keperawatan Gerontik, Aplikasi NANDA NIC dan NOC - Jilid 1*. Jakarta, TIM.
- Alligood, Raile Martha & Tomey, Marriner Ann (2006). *Nursing Theorits and Their work*. Mosby, United States of America.
- Bandiyah, Siti. (2009). *LANJUT USIA dan KEPERAWATAN GERONTIK*. Yogyakarta, Medical Book.

- Bandiyah, Siti. (2009). *Lanjut Usia dan Keperawatan Gerontik*. Yogyakarta: Nuha Medika.
- Depkes RI. (2005). *Batasan Umur Pada Lansia*. Jakarta, Salemba Medika.
- Darmajo. (2006). *Geriatric*. Jakarta, Yudistira.
- Darmojo RB, Mariono, HH (2004). *Geriatric (Ilmu Kesehatan Usia Lanjut)*. Edisi ke-3. Jakarta: Balai Penerbit FKUI.
- Dewi, Sofia.R. (2014). *Buku Ajar Keperawatan Gerontik*. Yogyakarta : Deepublish.
- Gleadle, J. (2005). *Anamnesis dan Pemeriksaan Fisik*. Jakarta : Penerbit Erlangga.
- Hidayat, A. Aziz Alimul (2008). *Keperawatan Dasar Keperawatan (edisi 2)*. Jakarta, Salemba Medika.
- Lueckenotte (2005). *Faktor Yang Mempengaruhi Kemandirian Lansia* www.Wordpress.com, diakses tanggal 8 Maret 2015 pukul 11.00 WIB.
- Maryam, Ekasari, Rosidawati, dkk. (2008). *Mengenal Usia Lanjut dan Perawatannya*. Jakarta, Salemba Medika.
- Nugroho, Wahjudi. (2008). *Keperawatan Gerontik & Geriatrik (edisi 3)*. Jakarta, EGC.
- Nursalam. (2013). *Metodologi Penelitian Ilmu Keperawatan (edisi 3)*. Jakarta, Salemba Medika.
- Putih, Galih. (2011). *Bab 2 : Konsep Kemandirian*. <http://digilib.unimus.ac.id.pdf>. Diakses pada hari Senin tanggal 9 Februari 2015 pukul 13:26.
- Suardana, Wayan & Ariesta, Y. (2012). *Karakteristik Lansia Dengan Kemandirian Aktifitas Sehari – hari*. Denpasar, Banjar Den Yen. Diunduh pada tanggal 29 Februari 2015 pukul 10.00 WIB.
- Steven (2005). *Panduan Gerontologi*. Jakarta : EGC.
- Tomey, Marriner.A. (2005). *Nursing Theorists and Their Work Seventh Edition*. United States of Amerika.
- Zulfajri (2005). *Kemandirian Lansia* www.Wordpres.com, diakases tanggal 20 Maret 2015 pukul 11.20 WIB.

