

## Conference Paper

# Description of Palliative Care Needs Among the Elderly in Indonesia

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Indonesia is the third largest country in the world, with the number of elderly reaching 80 million. The increase in this demographic will impact the level of care from health services available for the elderly, further increasing their problems with the disruption of daily activities, decreased physical ability, psychological, autonomy, spiritual, social, and financial functions. These needs are adopted from the Problems and Needs of Palliative Care (PNPC) assessment tools. This study aimed to describe the elderly's need for palliative care. This study used descriptive quantitative analysis with a cross-sectional approach. The number of samples was 13 elderly based on G \* Power 3.1.9.7, with an estimated dropout of 10%. The instrument used PNPC, which has been adapted into Bahasa with 35 questions in total. Statistical analysis showed the elderly's needs maximum value was at physical as well as psychological aspects. Physical complaints in the elderly are obtained that vary depending on the condition of the elderly and are associated with other health issues, related to the level of fitness followed by the elderly's independence. This study recommends health professionals, especially nurses, to conduct an initial assessment to evaluate the physical needs of the patient by reducing and resolving any health-related symptoms and fulfilling their psychological needs.

**Keywords:** Elderly, Physic, Problems and Needs of Palliative Care, Psychologic

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## 1. Introduction

Indonesia is the third largest country in the world with a high population of elderly, and it's still increased. This increase shows that Indonesia has begun to enter the era of the *aging structure population*. The number of the elderly population in Indonesia increases rapidly due to decreased birth and death rates and an increase in life expectancy [1]. The percentage of Indonesian elderly has doubled (1971-2019), namely to 9.6% (25 million) in almost five decades [2]. The increasing number of elderly has complex challenges

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in various aspects of life. The health sector is one of the aspects that increases the number of the elderly population.

The elderly are a population at risk of health, such as biological, social, environmental, and psychological risks [3]. The condition of the elderly who have a high risk of disease will impact their daily life activities. Health risks in the elderly can affect the quality of life [4]. Therefore elderly's need must be identified to fulfill their need for care and support optimal care provision[5]. Nursing care for the elderly requires a comprehensive assessment of their problems and needs. It aims to define the direction of care that the health care provider should provide. Various assessment instruments for the elderly have been developed, but there are no instruments that precisely assess the need for elderly care, especially palliative care. Palliative care needs assessment for the elderly can determine nursing actions that will help nurses during the nursing process. Various assessment instruments for the elderly have been developed, but there are no instruments that precisely assess the need for elderly care, especially palliative care. Palliative care needs assessment for the elderly can be used as a basis for determining nursing actions that will help nurses during the nursing process

The health characteristics of the elderly are in line with the patient's palliative condition; therefore, many researchers are interested in identifying the need for palliative care in the elderly. The needs of elderly palliative care in this study using an assessment tool adaptation from the Assessment Problems and Needs of Palliative Care (PNPC) such as activity daily living (ADL), decreased physical, psychological, autonomy, spiritual, social, and financial functions.

## 2. Methods

This study used descriptive with a cross-sectional design. In this study, the population is the elderly who live in BPSTW West Java Province. The sampling method was purposive sampling. Data collection used a research questionnaire with the Problems and Needs of Palliative Care (PNPC) instrument, which has been developed according to the needs of the elderly. PNPC consists of 35 questions related to ADL, Physical, Autonomy, Social, Psychosocial, Spiritual, and Finance. The instrument has been tested for validity and reliability. Cronbach's alpha coefficient reliability results for the total problem scale and health worker assistance needs were 0.782. Participants in this study were 131 elderly in West Java. The data collection process was carried out for approximately one month (March 2019) using instruments compiled by researchers adapted from PNPC. In this

study, the need for the elderly for palliative care was described by looking at the data distribution variations.

### 3. Results

The results of demographic data from 131 respondents found that most of the respondents were female with 85 respondents (64.9%), 85 elderly did not work (64.4%), almost all respondents did not have partners (81.7%), and most of the respondents or 86 elderly had low education (65.6%).

TABLE 1: Demographic Data (n = 131)

Variable	n	%
<b>Gender</b>		
Male	46	35.1
Female	85	64.9
<b>Employment Status</b>		
Employed	46	35.1
Unemployed	85	64.9
<b>Partner</b>		
Yes	107	81.7
No	24	18.3
<b>Education</b>		
Higher	45	34.4
Basic	86	65.6

The analysis of the basic needs of the elderly using the PNPC instrument showed that ADL had an average of 0.27 with a standard deviation of 0.569, with an estimated interval of 95% 0.18-0.37. The physical problem category has a mean of 2.98 and a standard deviation of 1.78, and a 95% interval estimate of 2.68-3.29. The Autonomy function's mean is 0.33, with a standard deviation of 0.706 and a 95% interval from 0.21 to 0.45. The social variable analysis results showed a mean of 0.57 and a standard deviation of 0.9376, with an estimated interval of 95% 0.41- 0.73. The participants' psychological problems were in the mean of 1.86, with a standard deviation of 1.749, with an estimated 95% 1.56-2.16. The average participant's spiritual issues were 0.68, with a deviation of 0.930, and an estimated 95% 0.56-0.84. The participant's economic problems had an average of 0.39, with a deviation of 0.602 with an estimated value of 95% 0.29-0.45.

TABLE 2: Description of the need for palliative care in the elderly

Variable	Mean	Median	SD	Min-Max	95% CI
ADL	0.7	0.00	0.569	0-3	0.18-0.37
Physical	2.98	3.00	1.780	0-8	2.68-3.29
Autonomy	0.33	0.00	0.706	0-4	0.21 to 0.45
Social	0.57	0.00	0.937	0-3	0.41-0.73
Psychological	1.86	2.00	1.749	0-6	1.56-2.16
Spiritual	0.68	0.00	0.930	0-3	0.52-0.84
Finance	0.39	0.00	0.602	0-2	0.29-0.49

## 4. Discussion

ADL of the elderly using PNPC performs daily activities ranging from self-care, move, and do light activities at home. The needs are vary depending on the independence and ability of the elderly itself. The study results stated that the elderly tend not to have significant difficulties in continuing their daily activities. Doing daily activities is closely related to the independence of the elderly. Many factors affect the independence of the elderly in carrying out daily activities. Getting old is not a disease but a process of change in which the elderly experience immobilization, instability (easy to falls), reduced vision, and hearing loss. Nurses must be able to identify the limitations of the elderly in carrying out ADL at an early stage to maintain or improve the quality of life of the elderly [6]. The elderly need assistance in carrying out daily needs in the home environment or additional rehabilitation to increase the independence of the elderly [6, 7]. Training the elderly's ADL requires extra control, autonomy, and attention from nurses to improve nurse-client relationships because the stimulation is needed at homework and self-care by playing the role of the elderly [8]. The relationship between nurses and the elderly who need help in daily activities is essential. It can affect the feelings of the elderly. If the relationship between nurses and the elderly is not good, it can result in aggressive or uncooperative behavior [6]. The knowledge factor will also affect the elderly's activities [9].

Physical complaints in the elderly are obtained that vary depending on the condition of the elderly. The description of physical complaints tends to be very low in this study. Establish physical problems is associated with assessing other health in themselves, related to the level of fitness followed by independence [10]. Besides, the elderly's socioeconomic conditions and physical health of the elderly have a positive relationship with physical complaints in the elderly [11].

The autonomy problem described in this study tends to be felt by the elderly, even though varied. Autonomy does not only refer to physical and social functions but also physical abilities and social support abilities [7]. Social problems in this study tend to be high. Social function in women is higher than in men; social contact is an essential factor in the quality of life of the elderly. However, other studies showed no social function differences in older women and men [9].

Psychosocial problems tend to be felt by participants in this study. Several previous studies have shown that the impact of psychosocial disorders is detrimental to health and can hinder the quality of life of the elderly [9]. The relationship between psychological disorders and the health of the elderly focuses on two approaches: significant life changes and secondly focusing on causes. Repetitive chronic stress has an impact on everyday life [12]. The psychological pressure on women is more significant than men because they have a more emotional and less rational coping style so that they have low self-esteem [9].

Spiritual problems in research tend to be felt by the elderly. Surrender to limitations and fear of death are points in spiritual matters, but the elderly tend to draw closer to their creators. The spiritual definition tends to lead to the search for meaning and hope [13]. Spiritual care is an intrinsic component of palliative care or cares at the end of life. Therefore the positive effects of spiritual care have an impact on the quality of life [14]. Economic problems also tend to be felt by the elderly in this study. The lack of income is the most critical economic problem. Economic status impacts the health of the elderly, which involves various mechanisms such as health factors and health behaviors such as emotional stress and social support [7].

## 5. Conclusion

Description of the need for palliative care in the elderly includes ADL, physical symptoms, physical problems, autonomy, and social. The elderly tend to feel various problems in several aspects, such as psychologically, spiritually, and economically. The highest palliative needs are physical and psychological needs.

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