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Pain Management on Elderly People: Caregivers Readiness on Managing Pain at Home

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ABSTRACT

Background: *The diseases that appear in the elderly tend to create excessive and chronic pain with the prevalence of pain occurs in people over 65 years of age. Families as caregivers have to pay more attention to the condition of the elderly so that they need readiness and skills on managing pain at home. Caring on the elderly was very complex and requires patience, including in pain treatment. This study was to overview the family readiness on managing pain for the elderly people.*

Methods: *This study used an analytic descriptive design with a sample of 98 caregivers who cared for the elderly with pain at home. The research instrument used the Nursing Outcomes Classification on a 5-likert scale which asked about family readiness in caring for the family. Data analyzed by using descriptive frequency analysis.*

Results: *A total of 53 people (54.1%) caregivers stated that they were not prepared to care for elderly people with pain at home. It was explained that caregivers mostly stated that they did not know about the disease process of elderly pain and the recommended treatment procedures on managing the pain (each mean of 1.923 and 2.000). Meanwhile, caregivers generally accepted the condition as taking on the role of home care (mean: 3.317).*

Conclusion: *It was concluded that caregivers tended to not have the readiness in taking care of elderly pain at home. It is expected that caregivers can increase knowledge about pain management and be ready to provide home care to the elderly.*

Keywords:

Pain management, caregivers, readiness, elderly, home

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Introduction

A group of persons who are considered elderly are nearing the end of their lives. The aging process in this old population is marked by an inability to maintain equilibrium in the face of physiological stressors. Aging is not an illness, but a process that will continue to progress and produce change through time. This process involves a decrease in the body's capacity to withstand stimulus from both inside and outside the body, leading to eventual death (Schumacher, 2009). According to a research, the number of people over 60 in the world will triple by 2050 (Nations, 2011). In Indonesia itself, the number of data from the elderly who are over 65 years old, is reported to have

reached 12,740,265 people. This report was reported by the Central Agency for Data & Information of the Ministry of Health of the Republic of Indonesia in 2014.

In almost five decades, the percentage of elderly in Indonesia has increased approximately doubled from the years of 1971 to 2018, on 9.92 percent (26 million) in which female elderly are about one percent more than female elderly. In which female elderly are about one percent more than male elderly (10.43 percent versus 9.42 percent). Of all the elderly in Indonesia, the young elderly (60-69 years old) far dominate with a magnitude of 64.29 percent, followed by middle elderly (70-79 years)

and old elderly (80+ years). Then, the elderly that in highest of 80 years old registered of 27.23 percent and 8.49 percent. Meanwhile, based on age, namely, young elderly (60-69) as much as 65.57%, middle elderly (70-79) as much as 25.63% and finally elderly with the age of 80 years and over as much as 8.80% spread across the West Sumatra Province (Kementerian Kesehatan RI, 2018).

Diseases suffered by the elderly according to the data on 2020. It states that the most common disease suffered by the elderly is Hypertension with a prevalence of 63.2% ranked second, namely Stroke with 45.3%, then followed by DM with a prevalence of 19.6%, joint disease with a prevalence of 18.6% and heart disease with a prevalence of 4.6% (Riskasdas, 2020). Another disease that cause pain on elder people was Osteoarthritis. These diseases can cause prolonged pain in the elderly (Rachmawati et al., 2018).

Pain is a common and significant problem among many other problems of older adults that is often associated with poorer health due to greater functional impairment, disability, depression, dementia, sleep disturbance, and social isolation. Pain is not a part of aging, but is often accepted in normal people who are older age. Pain can also be a complex feeling, which can significantly limit physical and psychological activity. It can significantly limit physical and psychological activity, can also lead to anxiety and fear of living alone, and prevents the acceptance of other sensations. The prevalence of pain increases with the age of older adults. Previous studies have shown an increase in pain prevalence with increasing age and that pain as a problem is

frequent in older adults. A systematic review showed a pain prevalence at age 65 years and a decrease in pain being reported in the elderly (75-84 years), and the oldest (85+ years). Patients who are older patients often complain of pain in multiple sites (Pany & Boy, 2020).

Care for the elderly is very complex and requires patience in caring for the elderly. Caring for the elderly has to pay more attention to the condition of the elderly so that requires knowledge and skills in carrying out caring in order to prevent the onset of physical and mental illness in old age by providing adequate health facilities. Further education on pain management is needed in elderly patients. Patient education is also very important. When combined with teaching about self-management and coping strategies, it can improve patient pain management. Therefore, nurses in all areas of care, not just those working in aged care facilities, need good knowledge of elderly care facilities, need a good knowledge of elderly pain management to facilitate compassionate and effective nursing care (Kartika, 2019).

Understanding the family as a care giver is very important known by nurses because family participation in the care of the elderly is needed to achieve optimal outcomes from nursing interventions. Family as a care giver in caring for the elderly with high dependence at home, in carrying out their role must have good knowledge about elderly care. Many families do not know how to care for the elderly at home, one of which is in overcoming pain caused by illness. Families who have less knowledge about how to deal with pain elderly are likely to experience a high burden in caring for the elderly (Akbar et al., 2022). Problems that families often experience in dealing with elderly

care elderly are the role of assistance, communication, the environment that is difficult to modify so that it is safe for the elderly (Widiastuti, 2019)

A basic study conducted by researchers through interviews, by asking several questions. Researchers interviewed 5 elderly people, obtained the results of 3 elderly people saying that if there is pain they just let it go until the pain is no longer felt. 2 elderly people said they took medicine if the pain was severe. It can be said, the elderly have not been able to overcome their pain. Some caregivers said they could not caring for the elderly at home or overcoming how to deal with elderly pain due to limited time and also inadequate knowledge, they also said that they immediately took the elderly to health services. They also said that they immediately took the elderly to health services if the elderly were sick. From this problem, the thought arose to analyze "The Caregiver Readiness on Managing Pain for Elder People".

Methods

Research Design

This study uses a quantitative research design with an analytic descriptive approach that aims to describe caregiver readiness in caring for the elderly with pain at home.

Settings

The population on this study was elderly people in one of the health care work areas of Bukittinggi city of West Sumatera, with totaling 98 elder peoples.

Samples were taken using accidental sampling, with inclusion criteria, namely the elderly who experience degenerative disease and pain who are treated at home. The sample was the caregivers of elder people who take care of them at home.

Instruments

Instruments used The instruments used in this study were 2 which were taken based on the modified *Nursing Outcomes Classification* assessment instrument. The first questionnaire is a pain management questionnaire, there are 15 questions to measure the readiness of caregivers in carrying out elderly pain care at home, with 5 *likert* scales: 1 Inadequate, 2 slightly adequate, 3 moderately adequate, 4 partially adequate and 5 fully adequate (Moorhead et al., 2013).

Ethical Consideration

All procedures and documents related to this research method have been reviewed and obtained ethical approval from the Chairman of the Health Research Ethics Commission of Fort De Kock University Bukittinggi based on letter Number: 227/KEPK/V/2022.

Results

Analysis was carried out to describe the characteristics of the research variables which will be presented in the form of a frequency distribution table. In this study, analysis will describe the readiness of caregivers to care for the elderly with pain at home.

Table 1. Caregiver Characteristic Frequency Distribution (N=98)

Variables	Mean (SD)	f	%
Caregivers' Age	36.47 (0.609)		
Gender			
Male		29	29.6
Female		69	70.4
Education Background			
Junior High School		4	4.1
Senior High School		48	49
Higher Education		46	46.9
Job			
Housewife		40	40.8
Student's		4	4.1
Farmer		13	13.3
Civil Servants		19	19.4
Private Servants		22	22.4
Caregivers Readiness			
Ready		45	45.9
Not Ready		53	54.1

Based on the frequency distribution table above, it can be seen that of the 52 respondents, the average caregiver age was 36.47 (0.609) years, which is in the middle adult age range. The sex that was obtained from caregivers was mostly female with a percentage of 70.4%. It is known from the table that the educational background of most

caregivers is higher education with 46 people (46.9%). In addition, it is known that 40 people (40.8%) of the respondents work as housewives. The results showed that caregivers stated that they were not prepared to care for elderly people with pain at home in 54.1%.

Table 2. Frequency Distribution of Responses to Each Statement Item on the Caregiver Readiness Questionnaire in managing Pain at Home

Number	Variables	Mean	SD
P1	Desire to take on the role of providing care	3.317	1.041
P2	Participate in decisions about home care	2.786	0.763
P3	Knowledge of the role of the care giver	2.398	0.858
P4	Knowledge of the disease process of the recipient of treatment	1.918	0.833
P5	Knowledge of recommended procedures	2.000	0.674
P6	Knowledge of suggested activities	2.612	0.698

Number	Variables	Mean	SD
P7	Knowledge of follow-up care	2.143	0.674
P8	Knowledge of emergency care	2.265	0.697
P9	Knowledge of when to contact a health professional	3.204	0.536
P10	Desire to involve recipients of care in care planning	2.908	0.788
P11	Shows positive concern for the recipient of care	3.020	0.786
P12	Financial Resources to provide care	3.031	0.913
P13	Receive social support for providing care	2.816	0.901
P14	Participation in re-planning	2.296	0.827
P15	Confident to be able to manage care at home	2.337	0.919

Based on the table, it was showed that caregivers mostly stated that they did not know about the disease process of elderly pain (Mean: 1.923; SD: 0.833), then, the caregivers stated that the recommended treatment procedures on managing the pain (Mean: 2.000; SD: 0.674). On another hand, the caregivers generally accepted the condition as taking on the role of home care with the highest mean (mean: 3.317; SD: 1.041).

Discussion

From the results of the study it can be concluded that out of 98 caregivers who provide care for the elderly at home in the Nilam Sari Health Center working area, more than half of the caregivers are not prepared to provide care at home. Sari Health Center working area, more than half of the caregivers were not ready to take care at home, namely 53 (54.1%) caregivers. as many as 53 (54.1%) caregivers. The diseases experienced by the elderly vary, so it requires caregiver skills in dealing with pain and caring for the elderly. Caregivers have limited knowledge and also the burden of caring for the elderly. Caregiver burden is a multidimensional response to physical, psychological, social, and financial stressors that are associated with caregiver

experience in caring for clients (Prabasari et al., 2017).

Other burdens felt by families in caring for the elderly at home and cause problems for the family such as social isolation, fatigue and financial problems as well as spending a lot of time Family burden or also called family burden is used to identify family difficulties subjectively in connection with the presence of a family member experiencing mental family members experiencing mental disorders for a long period of time. The family's duties as caregivers can be burdensome. Burden is one of the factors considered to be related to depression, so it important to increase knowledge to family member who take care of elder people at home (Pahria & Mambang Sari, 2019).

Families have a very important role in the care of the elderly who live at home.

Research conducted by Putra, Hidayat and Aisyah (2010, in Danang, 2013) states that the role of the family is very influential on the health status of the elderly. On influencing the health status of the elderly, if the role of the family is good, it is expected that the health status of the elderly is also good. Then, it is expected that the health status of the elderly is also good and vice versa if

the role of the family is less, then the health status of the elderly is less. Family role is lacking, then the health status of the elderly is also poor (Sembiring & Setyarini, 2019). Many families of elderly patients who have palliative diseases feel unable to care for their patients at home, and finally, choose to leave elderly palliative patients at the Wredha Home because patients depend on the help of others for care to fulfill their needs and to carry out their daily activities accompanied by a caregiver at the Wredha Home (Hamidah & Siagian, 2021).

Conditions of Elderly Dementia" In his research, it was found that more than half of the caregivers stated that they were ready to care for the elderly (52.1%).

This research is in line with research conducted by Anis and Dinda (2021) that conducted on 50 respondents, it was found that most caregivers have readiness to get professional support in caring for the elderly (80 professionolan in caring for the elderly (80.6% (Rohmah & Rifayuna, 2021).

According to the researcher's assumption, many caregivers have low knowledge knowledge related to pain management, it can be seen that the most caregivers are in the category of little adequate participation in decision making about home care (32.7%). Decision-making about home care (32.7%) many of them are afraid and do not know in caring for the elderly so that they make the caregiver feel uncomfortable. Many of them are afraid and do not know in caring for the elderly so that they do not want to participate in caring for the elderly.

They do not want to participate in caring for the elderly, from their ignorance that makes them afraid and do not want to participate in decision

making about home care (32.7%). It makes them afraid and unwilling to care for the elderly at home, preferring to immediately bring the elderly to the hospital. On preferring to immediately take the elderly to the nearest health service if the elderly are sick.

Participation in home care decision making is very important done by the caregiver because most of the pain management is done at home by family members. Most elderly people who live with grandchildren who do not participate in decision making, researchers asked why this was so, then the caregiver answered that they did not have the full right to participate in decision making. Some of them also said they did not know and were afraid of participating in decision-making. They don't want to be responsible if they are blamed by other family members. They feel blamed by other family members if they take the wrong action. Usually they discuss first and then decide something for the elderly.

Based on other research, we found that interestingly, a significant proportion of caregivers (25%) did not feel comfortable managing the peripheral nerve catheter and its pain pump at home. Future studies should work to improve caregiver comfort with educational content before patient discharge. Providers and institutions should feel comfortable providing both print and media-based patient and caregiver education. Caregiver education may be best suited based on caregiver preference to take care of elder people at home (Parikh et al., 2022). The family hopes to increase knowledge about activity care living daily life in the elderly by reading a lot and finding out about caring for life activities of everyday life of the elderly through mass media. Caregivers must increase their knowledge of knowledge regarding maintenance of daily living activities by

participating in training and counseling held at the community health center so that in practice cadres gain broad insight into the care of life activities everyday life for the elderly and teaches to the elderly's families (Erwanto, 2017).

Most caregivers have knowledge of the recommended procedures (58.16%). Procedures that The procedures applied in pain management must be the recommended procedures. If the procedure applied is not the recommended procedure recommended procedures will have an impact on the management of elderly pain that is not effective and the treatment received by the elderly is given too late. Some caregivers also said that sometimes they argue first before deciding and it takes a lot of time. More than half of caregivers also had little knowledge of follow-up care (53%). Caregiver only graduated from junior high school do not know about follow-up care they are also reluctant to know more about it, causing the elderly to be less cared for at home. Adequate follow-up care is very beneficial for the elderly, especially to reduce the symptoms of pain experienced by the elderly. Inadequate follow-up care will make elderly need a long treatment time to reduce the symptoms of pain experienced by the elderly.

Conclusion

This study concludes that experience of pain management by caregivers in the elderly is necessary. It can be seen that many caregivers are not ready to treat pain at home. It was concluded that caregivers tended to not have the readiness in taking care of elderly pain at home. It is expected that caregivers can increase knowledge about pain management and be ready to provide home care to the elderly.

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