



Original Research

The Role of Volunteers in Improving Services in Elderly Integrated Service Centers

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Abstract

The elderly attendance rate at the elderly integrated service centre for healthy sources of kangkung village is only 14.31%, this is far from the national coverage rate of 80%. The role of the volunteer is one of the factors supporting the presence of the elderly, through increasing the role of volunteer it is expected to be able to increase elderly visits. The Objective of this research to describe the role of the volunteer in the elderly integrated service centre in the village of kangkung. This research used descriptive research with cross-sectional approach. The study population was a cadre of healthy elderly integrated service centre sources kangkung village mranggen district. The research sample uses a total sampling technique. Data analysis in this study used univariate. As many as 12 people (60%) volunteer played a good role as coordinators, as many as 12 people (60%) played a good role as community mobilizers, as many as 10 people (50%) played a good role as providers of health promotion, as many as 15 people (75 %) played a good role in terms of basic aid providers, as many as 16 people (80%) played a good role in the documentation. The role of coordinator, community mobilizer, basic assistance provider and documentation has been going well, the role as health promotion provider is still poor. The volunteer is expected to be more active in playing roles in improving the services of elderly integrated service centre.

INTRODUCTION

An increase in the morbidity rate for the elderly wherein 2014 the morbidity rate for the elderly was (25.05%) and in 2015 it increased to (28.62%).¹ is evidence that the elderly group is one of the community groups risks of disease, when viewed from the region, the health of the elderly living in urban areas tends to be better than the elderly living in rural areas, according to data the morbidity rate for the elderly in urban areas is (26, 89%) while the

morbidity rate for the elderly in rural areas is (30.14%).¹

Kangkung village has an elderly population of 834 people or (11.1%) of the total population of 7488 people. According to data from the health centre mranggen one the year 2018 most diseases suffered by the elderly are hypertension (57%), joint disease (40%), anaemia (30%), cataracts (15%). These diseases are the main causes of decreasing the degree of health and productivity of the elderly.

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One of the efforts of the community in responding to the health problems of the elderly, especially in the village of kangkung is to establish a healthy elderly at the elderly integrated service centre, this elderly integrated service centre has been established in 2009 and now has 20 cadres. The establishment of the elderly integrated service centre must be balanced with efforts to utilize the health facilities both from the role of cadres and the community. The attendance list of elderly in elderly integrated service centre Sumber Sehat in the past year shows that the coverage number of elderly integrated service centre visits from sources is only 14.31%.

The role of cadres is one of the important factors because elderly integrated service centre cadres are responsible for the health of the local community, they work and act as a social actor of an elderly integrated service centre health system, if the cadre's role is carried out maximally then the number of elderly integrated service centre utilization will increase.²

Based on preliminary studies and interviews conducted by researchers on May 11, 2019, through interviews of three elderly people, the elderly revealed they were reluctant to come to the healthy source elderly integrated service center because they prioritized their work as farmers, lack of notification of the holding of elderly integrated service center where the announcement of the implementation of elderly integrated service center was only announced once through the mosque so that sometimes the elderly forget or even do not hear, the elderly claim the role of cadres as providers of health promotion is less than the maximum because health promotion tends to often use lecture methods rarely leaflets are distributed to the elderly where due to decreased memory sometimes the elderly forget what delivered at the health center, the elderly stated that the drug given by the midwife was only given for the next three days and sometimes it could not reduce the health complaints of the elderly.

The lack of maximum coverage for elderly attendance is also related to the ability of cadres in health examinations and health promotion, the lack of equal capacity of cadres is not matched by the willingness to actively explore the knowledge, in the field implementation cadres have the perception that if there are cadres who are proficient, cadres who have not proficient in health examination and health promotion do not want to explore the hat, because elderly integrated service centre can still run, cadres' unwillingness to explore the material due to the lack of understanding of cadres in understanding the material, and there is no willingness to be able to apply to the community, this phenomenon can affect what elderly integrated service centre services do when implementing elderly integrated service centre, many skilled cadres are absent.

From the description above, the researcher is interested in researching The Overview of the Volunteer Role in Improving Services at elderly integrated service centre Sumber Sehat, Kangkung Village, Mranggen Regency Sub-District, to be a reference for improving services in an elderly integrated service centre with healthy sources.

METHODS

The research design used by researchers is descriptive with a cross-sectional approach. The study population was a cadre of healthy elderly at elderly integrated service centre sources kangkung village mranggen district. The research sample uses a total sampling technique. The data analysis of this study used univariate. This research was conducted at the elderly integrated service centre Sumber Sehat Kangkung Village in march 2020. The data collection tool in this study used a cadre role questionnaire to describe the cadre role. Validity test is done by the product-moment correlation test, while the reliability test uses the Cronbach alpha statistical test.

RESULTS

Based on table 1 shows that of the 20 respondents, namely an average age of 43 years with the youngest age of 32 years and the oldest 56 years, in terms of a long experience being a cadre the average cadre joined since 9 years with the youngest experience of 1 year and the youngest 10 years old, the majority of the male sex is 14 people (70%), the majority cadre education is primary school 8 people (40%).

Table 1
Frequency Distribution of Respondent Characteristics in the elderly integrated service centre, Sumber Sehat, Kungkung Village Mranggen District (n = 20)

| Characteristics | Median | SD | n | % |
|----------------------|--------|------|----|-----|
| age | 43,20 | 7,19 | | |
| Long time as a cadre | 9.00 | 3,22 | | |
| Gender | | | | |
| Male | | | 14 | 70% |
| Female | | | 6 | 30% |
| Education | | | | |
| Primary school | | | 8 | 40% |
| Junior high school | | | 5 | 25% |
| High school | | | 7 | 35% |

Based on table 2 shows that there are various training cadres ever participated, including training in elderly integrated service centre governance attended by 20 people (100%) or all cadres, health education training attended by 20 people (100%) or all cadres, emergency training the basis was attended by 14 people (70%), 30 people participated in the herbal management training (85%).

Based on table 3, the role of elderly integrated service centre cadres with healthy sources is that the majority of respondents carry out their duties properly, with 12 respondents (80%) having less than 8 cadres (20%).

Table 2
Distribution of Training Cadres Participated in elderly integrated service centre Sumber Sehat Kungkung Village, Demak Regency (n = 20)

| Training | Result | f | % |
|--|--------------|----|------|
| Elderly integrated service centre governance | Attended | 20 | 100% |
| | Not attended | 0 | 0 |
| Health education training | attended | 20 | 100 |
| | Not attended | 0 | 0 |
| Emergency training | Attended | 14 | 70% |
| | Not attended | 6 | 30% |
| The herbal management training | Attended | 17 | 85% |
| | Not attended | 3 | 15% |

Table 3
Frequency distribution of volunteer roles in elderly integrated service centre Sumber Sehat Kungkung Village, Demak Regency (n = 20)

| Role | f | % |
|-------|----|------|
| Less | 8 | 20% |
| Well | 12 | 80% |
| Total | 20 | 100% |

DISCUSSION

The role of cadres as a good coordinator in terms of, active cadres attend coordination meetings, active cadres propose a division of tasks to the elderly integrated service centre coordinator, active cadres propose plans for achieving goals in coordination meetings, cadres can perform different roles in the implementation of the elderly integrated service centre, and cadres play a role when preparing for the implementation of the elderly integrated service centre. This is because cadres feel there is the greatest pride because they can benefit others.^{3,4}

The role of cadres as good community activists in terms of active cadres attending meetings with village leaders to discuss technical issues and the problem of funding elderly integrated service centre and active cadres to mobilize the presence of the elderly through announcements on the forum and conducting pickup in elderly homes, this is because the village officials are a very open dialogue with cadres and

successful organizing in community empowerment.^{5,6} While those who are not active in the case of cadres do not actively go to the homes of residents to move the elderly to the elderly integrated service centre and cadres do not actively evaluate the elderly who have not been present for the elderly integrated service centre, this is because the number of elderly people is not matched by the number of cadres.⁷

The role of cadres as providers of health promotion has a balanced value while its role is only half of the active cadres who want to apply their knowledge in counselling and in conducting counselling following SAP training on health promotion received by cadres, namely providing leaflets, providing props, practising teaching aids the elderly asked at the end of the session and evaluated the understanding of the elderly. The role of health promotion is not good because cadres feel they lack confidence and are not interested in studying health promotion materials.⁸

The role of cadres as good basic aid providers in terms of cadres being able to perform tasks at the registration desk, cadres can perform tasks in measuring nutritional status, cadres can perform tasks on blood pressure checks, cadres can perform tasks in simple lab examinations, this is because besides enrichment motivation is also often done by to improve the ability of cadres.^{4,7} As for what is lacking in examining the mental status of the elderly, this is influenced by the cadre's perception of the difficulty of applying mental status checks to the elderly.^{8,9}

The role of cadres as documentation if cadres can document the presence of the elderly, cadres can document the health problems of the elderly, cadres can complete KMS, the kade when evaluating reveals the results of addressing technical problems and provides follow-up recommendations to be documented, this is because the evaluation system has been

established. in the elderly integrated service centre so that the management of the evaluation can run well.¹⁰

CONCLUSION

The role of coordinator, community mobilizer, basic assistance provider and documentation has been going well, the role as health promotion provider is still poor. Researchers suggest that posyandu cadres for elderly with healthy sources be more active in their role as cadres so that the interest of older people to attend increases. This research is expected to be a source of literature for future researchers to deepen the elderly integrated service centre by involving other variables such as government support in improving the services of the elderly integrated service centre.

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CONFLICTS OF INTEREST

Neither of the authors has any conflicts of interest that would bias the findings presented here.

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