

## Basic Long-Term Care Training for Informal Caregivers by the EPA Returnees and Local Trainers in Depok City, West Java, Indonesia

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### Abstract

Indonesia's elderly population is increasing annually and is estimated to reach 28.8 million or 11.34% by 2020, with a life expectancy of 71.1 years. Significant population growth may be accompanied by issues affecting aspects of peoples' lives and their families and also communities. Training of informal caregivers in developing countries is required for providing long-term care (LTC) to elderly people so that they can stay at home as long as possible. Our objectives were to enable caregivers in the communities to engage in LTC for the elderly, utilize Economic Partnership Agreement (EPA) caregiver returnees as trainers for knowledge transfer from Japan, and compare skills and knowledge of EPA returnees and local trainers. Total 150 informal caregivers engaged in the training, which consisted 50 hours basic material. The caregiver's knowledge was compared before and after training, and EPA returnees and local trainers were observed during their training sessions. While the training was effective to improve informal caregiver's understanding of LTC, it was insufficient for improving their overall ability to provide LTC services to older persons. Knowledge delivered was almost similar between EPA returnees and local trainers.

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### Introduction

Indonesia is one of the developing countries that experiences population aging. This means that life expectancy at birth is longer, which is currently 67 years for men and 71 years for women. As a result, the number of people aged 60 years and over is increasing, from 19.32 million (8.37%) in 2009 to 28.7 million (11.34%) in 2020.<sup>1-3</sup> One of the most important problems due to the increasing number of older persons is in terms of their health conditions, which experience many changes due to the emergence of various diseases and decreased capacities of the body's physiological reserves as the aging process takes place. These conditions require

professional handling by educated caregivers or family members.<sup>4,5</sup>

In developing countries such as Indonesia, providing long-term care (LTC) support which allows older persons to stay at home as long as possible to help improve their health conditions is mostly desired. The older persons in need of LTC are those who tend to have some chronic and/or complex health problems, therefore experiencing disabilities/limitations whether physically or mentally, or both. These conditions include stroke, dementia, and disabilities related to various functional disorders.<sup>6-8</sup>

The previous results study on the development of LTC in the Depok city conducted in 2017, showed that the concept of LTC was still not widely understood by the health center staffs, therefore Community Health Center or *Puskesmas* officers had to have first-hand knowledge about LTC as they would be a place for cadres to pose questions, and further these cadres would have to disseminate their knowledge to the older persons' facilitators.<sup>9</sup> Thus in 2017, capacity building on LTC was held

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in Depok City Health Center. Furthermore, on 9-26 April 2018, a capacity building was held for *Posbindu* (integrated post) Cadres in Depok consisting of 3 batches.

The objective of the study was developed after carefully studying a curriculum of Japan's certified care worker educational institution (Keishin Gakuen Educational, Japan), and carefully adjusting it for the Indonesian society, through several discussions with multi-disciplinary researchers. Although it is yet to be standardized, we use this program tentatively in this comparative study, as the purpose of this research is to compare the ability of EPA returnees with local trainers, not to standardize the program.<sup>10</sup> Furthermore, this program is expected to improve the skills and knowledge of Indonesian older persons' caregiver (family member and social worker) in providing long term care to the older persons.

## Methods

Prior to the implementation of the study, data collection on the participants' socio-demographics was carried out so that the characteristics variations of participants could be used as input for grouping participants during group practice assignments. The participants were also given a pre-test and post-test to find out how far the participants improved their understanding and knowledge as the results of the training program. A quantitative method was conducted to provide a comprehensive summary of the findings.<sup>11</sup>

Materials of the training concerning (1) the process of attending general lessons related to humanity and ethics; (2) the process of following basic and supporting lessons on older persons' assistance from the aspects of daily care (ADL) and related diseases as care giver; (3) the participants were then invited to practice in nursing homes and elderly homes as care givers/nursing assistants in daily care and biomedical care. The activity model that prioritizes the enhancement of participants' (affective) cognitive abilities and skills is expected to contribute to improving the ability of cadres in regards to long-term care for the older persons.

The participants of this activity were the older persons' cadres in Depok city, as many as 150 people age  $\geq 35$ -50 years old (male and

female), with the minimum education background being Senior High School, consisted of 3 batches. Each batch was represented by 50 cadres. The program was held on 9-12 April 2018 (for the first batch), April 16-19 2018 (second batch) and April 23-26 2018 (for the third batch).

## Results

The training program expected to achieve 50 hours training consisting of theories and practices with the following subjects: (1) General Subjects consisting of: (a) The Role of *Posbindu* Cadres in Humanitarian Assistance; (b) Concepts and long-term care policies for the older persons and their management; (c) Material from Depok Health Office; (d) the quality of life of the older persons; (e) ethics and respect for the older persons; and (f) effective communication with the older persons; (2) Basic Subjects of Nursing/Mentoring consisting of: (a) introduction of older persons' diseases (stroke, dementia, osteo arthritis, etc.) related to indications of long-term care; (b) Gerontic Nursing Basics for Long-Term Care; (c) Support for daily activity maintenance (ADL); and (d) Support of instrumental daily activities (IADL); (3) Supporting Subjects consisting of: (a) Countermeasures for Emergency Patients; (b) Physiotherapy and traditional treatments including herbs; (c) Assistance for the prevention and mitigation of falls; (d) Assistance to those who experience dementia; (e) older persons' nutrition; (f) Dental and oral health; (g) mental and spiritual mentoring for older persons; (h) Provision and administration of drugs for older persons; (i) Risk and Security at Work; (j) Recognizing and responding to wrong behavior and neglect (abuse); (k) Facing death; and (4) Practical Subjects, namely (1) Observation of services at the Nursing Home; and (2) Practice at a nursing home.

Furthermore the results for trainees and trainers review are found below:

### 1. For trainees

To figure out the effectiveness of the implementation of the training, an assessment based on knowledge before and after the training and direct observation during the practice were carried out. From the results of the pre-test and

post-test, an increase in knowledge was obtained as shown in the following table:



Figure 1. Practice of ADL (activity of daily living)



Figure 2. Direct observation to the older persons in nursing care.

**Pre-test**

Score	Total respondents	(%)
6	2	2.0
7	5	5.0
8	8	7.9
9	6	5.9
10	26	25.7
11	17	16.8
12	14	13.9
13	10	9.9
14	9	8.9
15	3	3.0
16	1	1.0
Total	101	100.0

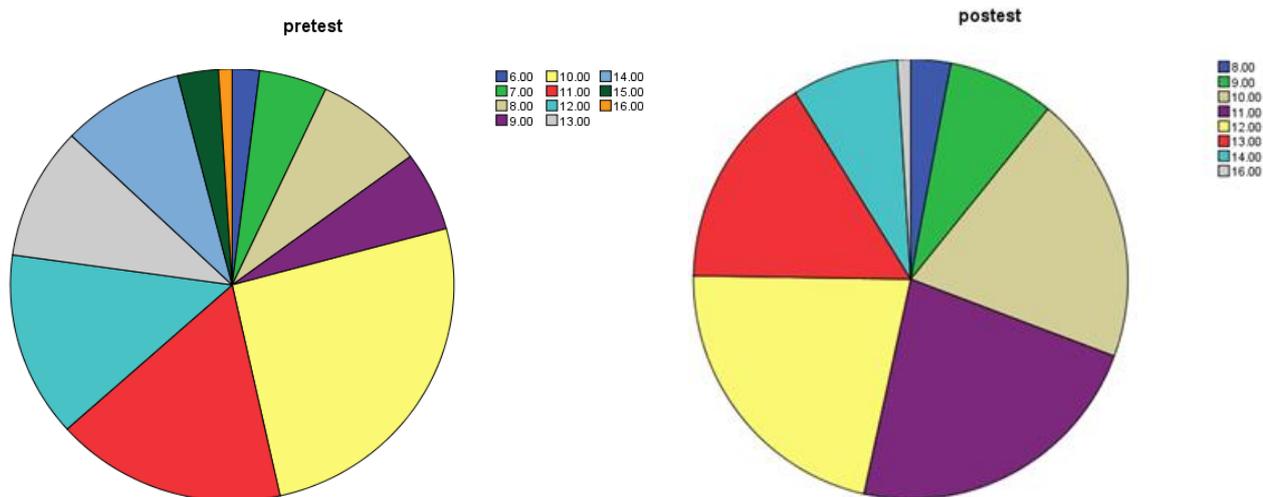
**Post-test**

Score	Total respondents	(%)
8	3	3.0
9	8	7.9
10	20	19.8
11	23	22.8
12	22	21.8
13	16	15.8
14	8	7.9
16	1	1.0
Total	101	100.0

Table 1. Pre- and Post-test for the trainees

The table 1 above shows that there is a significant increase in the number of correct answers and the number of participants who answered the questions correctly. As shown in the following pie chart (Figure 3).

To prove the results of the assessment statistically, a dependent sample test was conducted to see the significance of differences in average score of pre-test and post-test. The results showed that there is a statistically significant difference between the pre-test and post-test scores ( $p = 0.032, p \leq \alpha$ ). With average value of the pre-test was 10.86 while the post-test was 11.37.



**Figure 3.** Respondents' score in pre- and post-test

		Mean	N	Std. Deviation	Std. Error Mean	Sig. (2-tailed)
Pair 1	pretest	10.8614	101	2.14023	0.21296	0.032
	posttest	11.3762	101	1.57386	0.15660	

**Table 2.** Paired Samples Statistics

Trainer	N	Mean	Std. Deviation	Sig $\alpha$
Non EPA	13	5314.692	904.22558	0,920
EPA	13	5276.846	1005.28535	

**Table 3.** Trainer's evaluation

The results showed that there were significant improvements in knowledge of long-term care before and after training with significant  $\alpha=0.032(p<0.05)$ . Transfer of knowledge from EPA returned migrant could become beneficial for the development of long-term care services in Indonesia. This is expected to be the earlier step in providing long-term care services for older persons in Indonesia which has a significant increase of older persons' population.

## 2. Trainers Review

During the training program, the participants were asked to evaluate the trainers' performance in delivering the training. After received response from the participants, the questionnaires were divided into two groups of trainers, EPA and non-EPA groups.

A total of 13 topics were delivered by each group. The results showed that, there was no significant difference between EPA returnees and non-EPA returnee trainers. The results are shown in the table 3.

## Discussion

According to the above result, there is no significance difference in the assessment score between EPA and non-EPA/local trainer. A total of 13 topics were delivered by EPA and non-EPA trainers. Two sheets of assessment of check list were distributed to the trainees to evaluate the training quality delivered by each trainer. The evaluation check list consisted of the following aspects: whether the trainer involved the trainees in the learning process, create a positive learning climate, explained difficult ideas that trainees did not understand, had adequate knowledge of the skills taught, made the trainees feel comfortable, used a variety of methods to explain when answering class questions, presented the course in a clear, organized way, willingly shared his/her own feelings and experiences openly with the participants. The knowledge delivered was similar between EPA returnees and local trainers.

In the case of LTC, there were many participants who did not know what LTC was, so the participants were very enthusiastic to learn and to understand about the subject, even though in their daily practice they have already

done it, little did they realize that what they were doing was part of LTC.

Some participants also complained that they found difficulties in getting volunteers to help serve the older persons in their neighborhood, besides that they also needed referrals to consult about the problems they faced in caring for bed rest patients.

This kind of activity has never been held before in any area of Indonesia, the City Health Office of Depok is the first government institution at the city level who cared to implement the program. The participants felt that this activity must be conducted frequently so they can get more knowledge and practice.

Limitations of the present training were as follow:

1. This training only provided capacity building in forms of education and knowledge, and less skill practices on activity of daily living for the older persons, other practice should be considered to improve the caregivers' skills in handling problems found in older persons, particularly regarding geriatric syndromes.
2. This training needs for further follow-ups in example more advanced programs to provide a wider range of LTC for the older persons, to improve the ability of the caregivers.

## Conclusion

The training was assessed based on comparisons of a participant's knowledge before and after training and direct observations of EPA returnees and local trainers while delivering their training. There were two main outcomes. First, the participant's knowledge of LTC improved after training, when comparing pre- and post-training. Pre-training: almost all participants had a tendency to understand the humanity, attitude, and basic care aspects of TLC, but not knowledge on the ethics, ADL, IADL, or diseases affecting the elderly, and no ability to perform LTC for an older person. Post training: there was an increased understanding of ethics, diseases affecting the elderly, ADL, and IADL, as well some increased ability to perform LTC after practicing some of the treatments according to standards. Second, when observing the trainers, the knowledge delivered by the EPA returnees and local trainers was similar.

## Recommendations

Further advanced training is needed regarding both knowledge and skills to improve LTC services provided for the older persons in Indonesia.

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## Declaration of Interest

The authors report no conflict of interest.

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