



Cross-Sectional Study: Efforts to Improve Sleep Quality Through Home Visits in Elderly Chronic Disease Program Participants (PROLANIS)

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Abstract. The aging process experienced by the elderly causes a decrease in the function of the elderly's organs. This causes the quality of life of the elderly, especially the quality of life in the physical dimension, to decrease in the elderly. BPJS participants with chronic diseases have not utilized the Prolanis program to improve their quality of life so chronic diseases are still an essential problem for the Republic of Indonesia. In this study, the type of research used was Experiment with a pre-test and post-test design approach. The independent variable is Home Visite and the dependent variable is Quality of Life. Wilcoxon analyses were used to calculate the sample size, which was 105 respondents using random sampling. Before the Home Visite was carried out, it showed that in domain 1, namely the quality of life in the physical dimension, almost half were bad, amounting to 43 respondents, in domain 2, namely the psychological dimension, almost half were bad and good, amounting to 33 and 36 respondents, in domain 3, the social relationship dimension, most were very bad, 68 respondents, while in domain 4, the quality of life, namely the relationship with the environment, almost half were bad, amounting to 53 respondents (46%). After Home Visite was conducted, it showed that in domain 1, namely the quality of life of the physical dimension, most were very good 42 respondents, in domain 2, namely the psychological dimension, were very good 47 respondents, in domain 3, namely the social relationship dimension, almost all were good at 76 respondents, while in domain 4, the quality of life, namely the relationship with the environment, was mostly good at 42 respondents. The Prolanis (Home Visite) program is successful in enhancing the quality of life in the Omben Health Center Working Area in all aspects of quality of life with a value of $p = 0.000 < 0.05$. Improving health programs such as the Prolanis program with Home Visite is capable of suppressing disease complications in the elderly.

Keywords: Home visite, chronic disease, elderly

1. Introduction

Chronic diseases are the world's greatest cause of death and significant health issues [1]. 36 million people internationally die due to chronic medical conditions such as hypertension [2]. 95% of occurrences of hypertension are primary; the remainder are secondary, or [3] with a known cause, such as Due to the aging process in the elderly causing the organs to operate less efficiently, the majority of patients with hypertension are elderly. It additionally results in an overall decrease in the elderly population's quality of life, particularly in their physical health [4]

A prevalent indicator of health is quality of life, particularly for those who suffer from functional, psychological, chronic, or incurable disease[5]. Measures taken by the government to enhance the healthcare system, especially Prolanis, to prevent and maintain the health of those with long-term conditions. Chronic diseases remain a significant issue for the Republic of Indonesia [1] due to BPJS participants with chronic diseases have not taken benefits of the prolanis program, which intends to assist people who suffer from themselves attain the highest possible standard of life [6] [7]

According to Basic Health Research, namely Riskesdas 2018 report, Indonesia's five leading causes of death are chronic illnesses (Ministry of Health of the Republic of Indonesia, 2018). According to data on hypertension in East Java, smoking, eating poorly, not exercising, and leading an unhealthy lifestyle are among the risk factors that cause hypertension, according to 43.2% of respondents. According to Riskesdas 2018, 50.1% of people aged 15 and over did not engage in physical activity, 82% ate fewer fruits and vegetables, and 40.2% smoked daily.

According to an initial document observation study conducted at the Omben Health Center in July 2018, hypertension is one of the PTM conditions with the highest visitation rates; in 2015, it accounted for 6,144 out of 12,800 visits, in 2016, it accounted for 9,150 out of 14,524, and in 2017, it accounted for 6,105 out of 12,211 visits (Data LB1 Omben Health Center, 2018 - 2020). According to the data, the Omben Health Center has seen over 5000 visits annually for hypertension over the past three years, which means that half of the visits are from patients with hypertension.

Aging is the reason why the age-related quality of life is declining. The elderly are particularly vulnerable to disease, particularly degenerative diseases that can lead to chronic illnesses [8] Age-related factors that increase the risk of disease in the old include reduced cell function, which impacts the physical and mental health of the elderly, Elderly people's mobility, social, and spiritual activities are hindered by their deteriorating mental and physical condition, which likewise decreases their quality of life [3].

Daily activities, dependent on medications and healthcare, vitality and exhaustion, mobility, pain and discomfort, sleep and rest, and ability to work are all examples of quality of life [9]The physical decline of the elderly impairs their activities and makes their illnesses worse, which can cause complications and even death [10]. One way to promote community health, particularly for the elderly, is to enhance their quality of life. Identifying and managing the chronic illnesses that older people face. Home visits are one of the services granted to the elderly under the Prolanis Government Program, which aims to improve the country's overall health.

2. Method

The instrument used is The World Health Organization Quality of Life (WHOQOL) – BREFF. There are 5 scores in each question: For Positive Questions are 5 = Very good, Very Satisfying, Fully experienced, Very Good, 4 = Good, satisfying, Very Often, 3 = moderate, Quite Often, 2 = Bad, unsatisfying, rarely1= Very bad, Very Unsatisfying, Never. For negative questions are 5 = Not at all, 4 = a little, 3= In moderate amounts, 2= Very Often, 1= In Excessive Amounts. Data analysis in this study used Wilcoxon with a value of $\alpha = 0.05$

Table 1: WHOQOL instrument calculation table

	Equations for computing domain scores	Raw score	Transformed scores*	
			4 -20	0-100
Domain I	$(6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18$ $\square + \square + \square + \square + \square + \square + \square$	a=	b=	c=
Domain II	$Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26)$ $\square + \square + \square + \square + \square + \square$	a=	b=	c=
Domain III	$Q20 + Q21 + Q22$ $\square + \square + \square$	a=	b=	c=
Domain IV	$Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25$ $\square + \square + \square + \square + \square + \square + \square + \square$	a=	b=	c=

3. Result

Table 2: Frequency distribution of respondents based on quality of life before the Home Visit in the Omben Health Center Work Area, Sampang Regency.

Quality of life	Very good (Person)	Good (Person)	Currently (Person)	Bad (Person)	Very bad (Person)	Total (Person)
Domain 1	10	9	16	43	27	105
Domain 2	5	33	24	36	7	105
Domain 3	0	0	14	23	68	105
Domain 4	5	13	6	53	28	105

Table 2 shows that in domain 1, namely the quality of life in the physical dimension, almost half are bad, amounting to 43 respondents, in domain 2, namely the psychological dimension, almost half are bad and good, amounting to 36 and 35 respondents, in domain 3, namely the social relationship dimension, most are very bad, 68 respondents (60%), while in domain 4, the quality of life, namely relationships with the environment, almost half are bad, amounting to 53 respondents.

Table 3: Frequency distribution of respondents based on quality of life after the Home Visit in the Omben Health Center Work Area, Sampang Regency

Quality of life	Very good (Person)	Good (Person)	Currently (Person)	Bad (Person)	Very bad (Person)	Total (Person)
Domain 1	42	33	11	8	10	105
Domain 2	47	25	14	11	8	105
Domain 3	0	76	8	9	12	105
Domain 4	35	42	13	8	7	105

Based on table 3, it shows that in domain 1, namely the quality of life, the physical dimension is mostly very good with 42 respondents, in domain 2, namely the psychological dimension, the majority is very good with 47 respondents, in domain 3, namely the social relationship dimension, almost half are good with 76 respondents (48%), while in domain 4, the quality of life, namely relationships with the environment, is mostly good with 42 respondents.

Tabel 4: Results of Analysis Before and After Home Visits at Integrated Health Posts in the Omben Health Center Work Area, Sampang Regency

	Quality of life			
	Domain 1	Domain 2	Domain 3	Domain 4
Negative Rank	16	9	23	10
Positife Rank	77	68	82	74
Ties	12	28	0	21
Total	105	105	105	105
Wilcoxon	$p=0,00 < 0,05$	$p=0,00 < 0,05$	$p=0,00 < 0,05$	$p=0,00 < 0,05$

Based on Table 4, it shows that all domains of quality of life have a value of $p < 0.05$, namely 0.00. This means that there is a significant difference before and after the Home Visit.

4. Discussion

The study's findings indicate that the overall quality of life is classified as good or very good. At the same time, 105 senior citizens were present as prolanis participants, according to field observations made following the Home Visit during the program.

Officers talked about elderly illnesses and the issue of elderly absences during the Home Visit. The conversation to address the problem had a noteworthy effect on the intimacy between officers, old individuals, and families. Because of the close relationship, officers were more equipped to comprehend the circumstances and conditions they encountered, which helped the elderly feel appreciated and cared for. The elderly's attitude and perception were also affected by the home visit, and family support for the elderly's participation in prolanis activities increased.

Officers and senior citizens converse. The elderly said that they sleep between 22.00 and 23.00, however, they still suffer from sleep difficulties that cause them to rest for less than 8 hours. The elderly stated that they begin exercising or engaging in other activities in the morning, even if it's just going for a walk around the house. In terms of psychology, older people are more devoted to God, frequently participate in religious studies, and some claim to have surrendered and are prepared for death. Following the Home Visit, the social component changed, and family support became apparent. Families picked up and dropped off some elderly people, and some even asked health professionals to provide information and remind them of the Prolanis Program schedule. Some senior citizens started gardening and taking part in health center programs that provide coaching and training to increase senior productivity.

Medical staff's comprehension of patients can be enhanced via home visits and/or treatment. Because medical staff will receive a wealth of information and be better equipped to ensure that patient's health requirements and requests are met, it is easy to understand this kind of broadened comprehension[11]. Because of their increasing understanding of the patient's condition and/or their evolving interactions with patients, medical professionals will be more cognizant of the patient's health needs and demands. This type of understanding would undoubtedly aid efforts to better guarantee that patients' health needs and desires are satisfied [11]

Home Visits are effective in improving the quality of life of the elderly. Home Visits are one part of the activities in the Prolanis Program. During the implementation of Home Visits on the elderly, researchers provide Health Education to the elderly and their families about the importance of health for the elderly, in addition, researchers also provide Health Education to families about the need for family support for the health of the elderly. Because family support is part of the factor that improves the quality of life of the elderly[12][13]

The Health Center is responsible for the Prolanis program, which is a government initiative. The Prolanis program aims to improve the health of chronic disease sufferers, especially the elderly. The services provided in the Prolanis program are in the form of activities, namely starting with health education and health checks (Height, Weight, Blood Pressure, Pulse, Temperature, and Breathing Frequency, and laboratory tests), but the Prolanis program at the Omben Health Center begins with reading the Yasin together (according to the participant's agreement), after the examination, counseling is carried out per patient in the form of nutritional education, then elderly gymnastics are followed by participants and health workers [14]. Elderly empowerment and Home visits are Prolanis outside the building, which are scheduled routinely by health workers.

One of the health approaches used that aim to enhance the quality of life for the elderly is the Home Visit process, which aids the elderly in better understanding their health as well as the health of the elderly [15]. It also assists and supports the elderly by getting to know them better. It is intended that the old will be able to preserve their health

and quality of life, particularly in the four areas of physical, psychological, social, and environmental factors. Participating in the government initiative, Prolanis, is a strategy to attempt to enhance the quality of life for the elderly.

5. Conflict of Interest

The author(s) declared no conflict of interest.

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7. Reference

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