

Effective Communication in Assistance Recognizing Risk and Accident Prevention for Elderly Family in Kabupaten Langkat, Sumatera Utara

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Abstract: The family as the main support system for the elderly has an important role in maintaining the safety of the elderly. Communication between families and the elderly needs to use a special approach, so that communication can run effectively. This study aims to find out how communication has been carried out by families so far in maintaining the safety of the elderly and to find out what communication barriers are found in caring for the elderly. This study used a qualitative descriptive approach, using observations, questionnaires, FGDs and in-depth interviews for data collection techniques. This research will be conducted on people in Kabupaten Langkat Provinsi Sumatera Utara, precisely in Kecamatan Stabat, as the capital of Langkat. The number of respondents in this study were 101 people and 27 families to participate in the FGD. While in-depth interviews were conducted on 2 elderly people aged 80 years and over. The results of the study found that most of the families who accompanied the elderly felt that the communication they had made so far in maintaining the safety of the elderly was good enough. The level of knowledge and level of application is quite balanced. Meanwhile, the acknowledgment from the elderly that they feel ignored, not understood and no one understands that the elderly only needs friends to talk to makes them more excited to live when they remember their youth. This need for speech even trumps other needs.

1 INTRODUCTION

The increasing elderly population is marked by an increasing life expectancy. The increase in the number of elderly people is starting to become a major concern in the world and in Indonesia because WHO notes that the higher the number of elderly people, the more the number of elderly falls due to the older a person is, the higher the risk of falling (Radebough, Hale, M Rogers, N. Roger, 2013).

Like health, safety is an important part of the life of the elderly. No one in the elderly wants to fall, it's just that falls can happen anytime and anywhere, even in places that are considered safe, such as in the bathroom and in the bedroom.

The elderly can reduce the possibility of falling, one of which is by knowing more about the dangers that can cause harm, especially about falling. Elderly knowledge about safety will create a safe environment so that fall injuries can be avoided earlier and longer and family support to ensure home conditions are safe from the dangers of falling for the

elderly is highly expected. The safety of the elderly in Indonesia is still not a special concern. Whereas Safety and Health in the Elderly are two important things that are interconnected. Healthy elderly if they do not behave safely can fall. After falling, the elderly will be increasingly afraid to move actively so that their health will decrease (Charles, 2016).

The family as the main support system for the elderly has an important role in maintaining the safety of the elderly. Communication between families and the elderly needs to use a special approach, so that communication can run effectively. According to BPS Langkat data in 2019, Stabat District is a sub-district with a population aged 60 years and over as many as 117,255 people. This means that with a high level of public awareness in maintaining health, the number of elderly people in the community will also increase.

However, problems arise when it is known that there is a lack of public knowledge about the special treatment that must be carried out on the elderly. Families who live with the elderly sometimes feel that

the elderly who live with them are safe and comfortable at home rather than in a nursing home. But the families forget that what they have been doing so far is actually making the elderly feel depressed and bored because they are only considered as housekeepers, while other family members are busy working.

This causes the elderly to feel neglected at home and not infrequently there are cases of accidents in the elderly such as falling, be it in the bedroom, in the bathroom or while playing with their grandchildren because of the absence of supervision, even worse, there are elderly who dare to travel alone because boredom that is always faced every day at home. This of course will confuse family members because they don't know where to find their parents and these parents also don't know how to go home. This kind of noise, of course, requires the right method of communication. The way to communicate with the elderly is certainly different from other family members. They are much more sensitive, more willing to be heard and need high moral support from all family members. All of this, of course, is not realized by family members who have the elderly at home because of the lack of knowledge and skills of family members in caring for the elderly at home.

1.1 Focus of the Problem

Based on the background that has been described previously, the problems in this study are:

- a. How family communication has been carried out so far in assisting to recognize the risk and prevention of accidents in elderly families in Desa Karang Rejo, Kecamatan Stabat, Kabupaten Langkat, Sumatera Utara
- b. What communication barriers were found in the process of delivering information to the elderly in Desa Karang Rejo, Kecamatan Stabat, Kabupaten Langkat, Sumatera Utara

1.2 Research Purposes

The aims of this research are as follows:

- a. To find out how the communication carried out by the family so far in assisting the elderly in the community of Desa Karang Rejo, Kecamatan Stabat, Kabupaten Langkat, Sumatera Utara
- b. To find out what communication barriers were found in the process of delivering information to the elderly in Desa Karang Rejo, Kecamatan Stabat, Kabupaten Langkat, Sumatera Utara

2 LITERATURE REVIEW

Research on the Elderly has been widely carried out, especially in the fields of medicine, nursing, public health and psychology. This is in line with the needs of the elderly who are starting to experience a decline in physical and mental terms as well as high levels of anxiety due to the experience of losing their parents, husband or wife and children, making the elderly vulnerable to both physical and psychological diseases.

Research conducted by Budiono and Rivai (2021) on factors that affect the quality of life of the elderly, which emphasizes the health of the elderly which decreases with age and will affect the quality of life of the elderly. Increasing age will be accompanied by a decrease in body function, the emergence of various diseases, body balance and the risk of falling. The study was conducted by applying the HRQoL questionnaire. The results showed that the need factor, namely health status, most significantly affected the quality of life of the elderly.

Research on the elderly who live with their families was also conducted by Ezalina et al., (2020) with the title Analysis of the Forms of Abandonment Experienced by Elderly Living with Family. Study. This study aims to explore the form of neglect experienced by the elderly based on the fulfillment of physical, psychological, and financial needs. The results showed that from interviews with the elderly, it was found that meeting the physical needs of the elderly was not the child's obligation, given by the child if the child agreed, the assistance provided by the elderly was paid for free. Based on the fulfillment of psychological needs, the elderly are found only as objects, the family is less sensitive to what the elderly want and in fulfilling financial needs, it is found that the elderly's financial fulfillment is not routinely given, the elderly need money to handle.

Another study was also conducted by Kiik et al., 2018 on the importance of balance exercises on the quality of life of the elderly in Depok City. This quasi experiment was conducted on two groups; 30 elderly as a control group and 30 elderly as a treatment group. The sampling technique used is multistage random sampling. The results showed that balance exercises had a significant effect, improving the quality of life of the elderly.

In addition to some of the above research on the study of the elderly is also carried out in the form of community service conducted by Nikmah and Khomsatun, (2020) with the title Training of Elderly Cadres in An Effort to Improve Elderly Health Services in Families. The purpose of this community

service is to increase the family's knowledge and understanding of elderly health services. Training methods are provided through lectures and Q&A, discussions, and demonstrations of physical skills tests on how to care for the elderly at home. Tools used modules, LCD projectors, and notebooks. The results of the training were obtained enthusiastically and the skills of cadres and families about elderly health services. The skills obtained are fever care skills in the elderly, measurement of elderly physical activity, measurement of elderly social activity, and measurement of elderly body balance.

From some of the previous studies above, it can be seen that the involvement of the field of communication science in the elderly empowerment program does not yet exist. The main problem with the elderly is that they want to be heard. Most families only meet all the needs of the elderly at home including paying attention to their health, but forget to invite him to talk. This will certainly make his memory weaker. Feeling lonely and helpless so many elderly people secretly go out of the house just to find entertainment on him. But the risk of getting lost, falling and accidents becomes something that is vulnerable for the elderly. This is where the importance of family communication is taught so as to raise the awareness of family members about the importance of communicating or talking to the elderly.

Family communication can be interpreted as communication/interaction that occurs between parents and children in order to give impressions, desires, attitudes, opinions, and understandings, which are based on affection, cooperation, appreciation, honesty, trust and openness between them.

Ascan and Mery Anne (2002) expressed an opinion about family communication contained in the journal "Communication Theory", stating that family communication is communication that involves people in the family and symbols to be understood by many people and can understand each other. others where there is a sense of home and identity, as well as past and future experiences.

According to Damaiyanti (2010), communication techniques in the elderly can be done by:

1. Assertive Technique

Assertiveness is an attitude that can accept, understand the partner talking by showing a caring attitude, patient to listen and pay attention when the partner speaks so that the purpose of the communication or conversation can be understood.

2. Responsive

Responding means being active, not waiting for requests for help from the elderly. The active attitude of this family will create a feeling of calm for the elderly.

3. Focus

This attitude is a family effort to remain consistent with the desired communication material.

4. Supportive

This attitude can foster the confidence of the elderly so that the elderly do not feel a burden to their families, thus it is hoped that the elderly will be motivated to be independent and be able to work according to their abilities. Support is given both materially and morally.

5. Clarification

Clarification can be done by asking repeated questions and giving explanations more than once so that our conversations can be accepted and perceived the same as the elderly.

6. Patience and Sincerity

Sometimes the elderly experience changes that are troublesome and childish. This change needs to be addressed with patience and sincerity so that the family does not become irritated and still creates therapeutic communication and also does not cause damage to the relationship between the elderly and their family.

3 RESEARCH METHODS

The method in this study is a qualitative method (qualitative research). Qualitative research methods as expressed by Bogdan and Taylor (Moleong, 2011) are research procedures that produce descriptive data in the form of written or spoken words from people and observable behavior. In addition, the qualitative research method according to Sukmadinata (2013) is a way to describe and analyze phenomena, events, social activities, attitudes, beliefs, perceptions, thoughts of people individually and in groups.

This study was conducted to analyze and reveal the phenomenon of family care for the safety of the elderly. In collecting, revealing various problems and objectives to be achieved, this research was carried out with a descriptive analytical study approach. According to Sugiyono (2008) that descriptive qualitative research is a research method based on the philosophy of postpositivism which is usually used to examine natural objective conditions where the researcher acts as a key informant. In addition, a descriptive analysis study according to Surakhmad

(2000) is a research that focuses on examining the problems that exist in the present.

This research will be carried out from June 2021 to November 2021, taking the research location in Stabat District, Langkat Regency, North Sumatra. The research subjects in this study were members of the community in Langkat District, amounting to between 100-200 families represented by Mrs. However, because the situation is still in the PPKM condition, the questionnaire can only be distributed to 101 respondents and the FGD may only involve as many as 27 participants, consisting of Al Hidayah recitation women, Stabat District from various neighborhoods and villages. Mother is considered the most influential person in the family and has the most time to take care of her family. It is hoped that the increased knowledge and care of mothers in assisting the elderly at home can improve the quality of healthy life of the elderly.

The data collection technique was carried out by observation and dissemination of questionnaires in 101 respondents to get preliminary data on public knowledge about the risk and prevention of accidents in the elderly, and continued with focus group discussion (FGD) on 27 family members who were considered to have an important role in maintaining the safety of the elderly at home. And followed by an in-depth interview on 2 elderly people who are sudeh aged 80 years. All data that has been collected will be analyzed descriptively using a single table analysis in the form of frequency tables equipped with a description of data analysis and qualitative data analysis in the form of drawing conclusions from the interview results.

4 RESULTS AND DISCUSSION

The data collection method is carried out using questionnaires and FGD to dig deeper into the data and conduct in-depth interviews with 2 informants. The following will be presented the results of the data collection that has been done.

4.1 Single Table Analysis of Questionnaire Data

This single table analysis wants to know how the level of knowledge is accompanied by actions when communicating with the elderly.

Table 1: Family Knowledge Level in Communicating.

No	Statement	SA	A	DA	SD
1.	When communicating with the elderly, special appreciation and attention is needed	59	42	0	0
2.	I know that the elderly demand different communication patterns as a result of physical, psychological, emotional and social changes in them	50	51	0	0
3.	I know that the family as the closest people to the elderly must really understand the things that need to be considered when communicating with them	57	44	0	0
4.	I know that the process of delivering messages to the elderly must be short, clear, complete, simple and easy to understand	54	47	0	0
5.	I know that when communicating with the elderly, one must be at close range, the voice is clear, not too fast, using short sentences, the face is beaming while looking at the elderly, patient, painstaking and not in a hurry, the chest is slightly bent and the thumbs are welcoming.	59	38		4
6.	I know that it is necessary to master the material or message that will be conveyed to the elderly	58	53	0	0
7.	When communicating with the elderly, we must use language that is often used by the elderly	50	51	0	0
8.	When communicating with the elderly we must have confidence and have a soft voice	51	50	0	0

9.	When communicating with the elderly we must be confident	51	50	0	0
10.	When communicating with the elderly we must be friendly and polite	54	47	0	0

Table 2: Application of Family Communication in the Elderly.

No	Statement	SA	A	DA	SD
1.	I always appreciate and also give special attention to the elderly	53	48	0	0
2.	I often do different communication patterns with the elderly as a result of physical, psychological, emotional and social changes in them	47	52	1	0
3.	I as a family really understand the things that need to be considered when communicating with him	53	46	1	0
4.	When communicating with the elderly, the process of delivering messages to the elderly must be short, clear, complete, simple and easy to understand	54	47	0	0
5.	When communicating with the elderly, you must be at close range, the voice is clear, not too fast, using short sentences, the face is beaming while looking at the elderly, patient, painstaking and not in a hurry, the chest is slightly	54	46	1	0

	bent and the thumbs are welcome.				
6.	I master the material or message that will be conveyed to the elderly	54	52	0	0
7.	I use the language that the elderly often use	51	50	0	0
8.	When communicating with the elderly we must have confidence and have a soft voice	55	46	0	0
9.	When communicating with the elderly I am always confident	49	52	0	0
10	I am always friendly and polite when communicating with the elderly	57	44	0	0

From the analysis of the single table above, it can be seen that the level of understanding and application of family communication is currently very good. Although there are 1-3 people who have not done according to the knowledge they have. Overall understanding and application of family communication can be said to be good.

However, it is necessary to dig deeper into what complaints they face when communicating with the elderly and what solutions they provide to solve these problems.

4.2 FGD Result

The following are the results of the FGDs that have been conducted, which involved 27 household heads.

In conducting the FGD the participants were divided into five (5) groups so that they could exchange ideas about what problems they faced when serving the elderly and what efforts were being made to solve all the problems of the elderly.

Problems Faced with the Elderly: Irritable, Easy sulk, Easily angry, Like a child, His words must be followed, Selfish, Sensitive, likes to talk weird, when his speak you have to listen, Easy to fall, Likes to ask for help, ask for more attention, Want to be understood, Forgetfulness, Wants to be taken for a walk, The food must be soggy, His needs must be considered, Always ask for religious guidance, Must Always want to be with family, Clothes must always be clean, Always want to be prioritized, and His health is easy to decline.

The solution provided: Be patient, Respect, Empathy, Understand, Frequent visits/family gathering, Paying attention to his health, Prioritizing their needs, Be gentle, Leading to better, Often gather at majlis taklim, Taking her for a walk/entertaining her, Listening to his complaints, Not denying the talk, Paying attention to meal times, Paying attention to his break time, Must bask in the sun, Encourage light exercise, Deliver messages that are easy to understand, and Routine Health Control.

4.3 Interview Results

The interview was conducted on 87-year-old Mery's mother. Mery's mother was very happy to be spoken to. His speaking ability is very smooth, but the decline in memory makes his memory ability in long-term memory. Where he is only able to remember past events that impressed him throughout his life and forget about newly given information such as the name of the researcher, the purpose of the researcher came and other things that at the beginning of the meeting have been conveyed but will be asked repeatedly. Mrs. Mery is very proud to tell me that she used to fight with her parents, crossing the border that was heavily guarded by the Dutch army. Walked for miles to avoid the Dutch army. He was very enthusiastic about telling it and even repeated it many times. It can be for hours he tells stories without fatigue and looks very excited and happy accompanied by telling stories with researchers. As if he forgot the time, forgot to eat and drink even though it had been offered by researchers.

Likewise with the next informant Mrs. Nani, age 80 years. He used to be a lecturer. Mrs. Nani is also very enthusiastic about telling how she never aspired to be a lecturer because she was originally a teacher. The teacher who his students said was cruel. But fate

ushered in becoming a lecturer even to get the title of exemplary lecturer. He was very proud of it because he himself realized that he was not a good lecturer. Even the campus once sent him abroad to attend education there. Mrs. Nani also repeated this story many times and seemed enthusiastic about telling it. Every now and then he laughs proudly at the achievements he has achieved. Because from the morning Mrs. Nani had not eaten so the researcher tried to offer her a meal, but she refused. The reason if you eat can be at any time but the opportunity to chat like this is not necessarily he gets again. Researchers were very touched to hear Mrs. Nani's reason because she was so lonely that she didn't want to miss her time when someone would listen to her tell a story.

From these two informants, it can be known that the basic needs of these elderly people are friends to tell stories. A friend who would accompany him as he reminisced about his past because that was all he remembered. But it takes a lot of time to be able to accompany this elderly, while each family member also has their own business and sometimes also bored if you continue to hear the story that's all.

But that is the reality that must be faced when we have the elderly at home. It takes awareness and patience because the needs of the elderly are different from others. Their need to speak and be listened to is becoming dominant today. This makes the elderly feel more comfortable, and happy because the family is there for him. A simple but difficult wish for family members to fulfill. This is also what makes the elderly feel ignored so that they are often depressed, easily sick and not excited.

From the results of research that has been carried out, many new things have been found, such as the problems of the elderly that have not been thought of until now, appear as a form of building awareness for elderly companions. In addition, each participant can measure his ability so far in serving the elderly. Knowledge and skills also increase due to exchanging experiences during FGDs.

The high level of knowledge does not guarantee the welfare of the elderly at home. The limited time that family members have because of their respective occupations makes them forget that there are workers who care about them, namely the elderly, whether it's their parents, grandparents or uncles who live in the same house.

For this reason, one of the family members who acts as a caregiver is needed, namely the person who accompanies and cares for the elderly at home. Usually in a family there is one person who cares the most about the condition of the family and this person

will be the caregiver to help families who are experiencing problems, including the elderly.

The essence of the problem with the elderly is that there are still many family members who do not realize that the elderly do not want to be considered children but on the other hand they want to be accompanied to share stories about their past where they were once victorious. The level of patience and sincerity needs to be sharpened here. to assist the elderly.

5 CONCLUSION

The conclusion of this research are as follows:

1. The communication carried out by the family so far in maintaining the safety of the elderly is quite good. The level of knowledge and level of application is quite balanced. Through FGDs, it can be seen that participants are starting to realize that there are many things they have neglected at home when they are dealing with the elderly. The stages of development until reaching the elderly of course bring different characters from other stages of development. The pattern of communication also changes so that family members must be aware that there are family members who must be treated specifically even though the elderly themselves do not want special treatment. For that we need a special skill in dealing with the elderly, namely speaking from the heart, laughing together more and often doing activities together with them, even in simple things. Special treatment does not mean that everything is available for him, it is like dealing with a small child, this is actually rejected by the elderly because they will increasingly feel that they are no longer useful and only become a burden in the family. This means that special treatment here is that family members are able to give more attention than usual to the elderly. The older you get, the more sensitive your feelings are. Treat the elderly like other family members but there is still awareness that the elderly are weak both physically and mentally. There is no need to overdo it so that the elderly feel they are treated like children. Just fulfill his needs and give him enough time to be with him. Family members can take turns to accompany the elderly to chat or or do other light activities according to their hobbies or wishes. The participants realized that they already had all the skills or skills

needed for the elderly. They just need to apply it to the right circumstances. The support of all family members is needed to continue to motivate the elderly to feel meaningful for other family members.

2. Communication barriers found in the process of conveying information to the elderly are quite a lot, especially the availability of time and patience from family members for the elderly. The key lies in the awareness of family members that there are elderly people at home who must be accompanied by storytelling. Each family member can take turns to accompany the elderly to tell stories, so that the elderly feel not alone at home even though family members are quite crowded with him. The fulfillment of the needs of the elderly in telling stories and being listened to gives a new spirit in his life. Happy elderly will make the elderly become healthier, reduce the risk of falling and will certainly bring happiness to all family members.

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