

## **DESCRIPTION OF PAIN AND FATIGUE PROBLEMS IN THE ELDERLY WITH SELF CARE DEFICITS: BATHING**

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### **ABSTRACT**

Elderly experience decreased body function causing them to experience deficit in self-care. Self-care deficit: Bathing is caused by several factors including pain and physical weakness. The purpose of this study was to describe the problem of pain and physical weakness in the elderly who experience a Self-Care Deficit: Bathing in Balok Village, Kendal District. This research design is a descriptive study of quantitative research type with a survey approach. The sample in this study amounted to 52 respondents with a total sampling technique. Measuring instruments in the form of a questionnaire Numerical Rating Scale (NRS) for pain and a Fatigue Assessment Scale (FAS) for fatigue and that has been standard. Data analysis using univariate. The results showed that the pain in the elderly with Self-Care Deficits: Bathing was painless 16 (30.8%), mild pain 11 (21.2%) moderate pain 19 (36.5%) and severe pain 6 (11.3%). Physical weakness in the elderly Elderly: not fatigue or normal 47 (90.4%) fatigue 5 (9.6%).

Keywords: elderly, pain, fatigue, self-care deficits

### **INTRODUCTION**

Elderly is the last stage in the process of human life, where there is a lot of decline and change in physical, psychological, social interconnected with one another, so that it has the potential to cause various physical and mental health problems (Cabrera, 2015). The population according to WHO (2015) who is more than 60 years old has reached 11.7% of the total population in the world and it is estimated that the number of elderly people will continue to increase with increasing life expectancy. Based on the results of the population census in 2014, the number of elderly people in Indonesia was 18,871 people and in 2015 it increased by 36 million people or reached 11.34%. The results of data from (KEMENKES RI, 2017) show that the elderly population > 60 years in Central Java reaches 12.59 percent of the total population of 34 million people. The number of elderly in Central Java is the second highest number of elderly people after Yogyakarta, which currently reaches 13.81%. Data from BPS in 2015 in Kendal Regency, the number of elderly people was 33,638 people.

One of the problems that often arise in the elderly is deficit in self-care, especially bathing. Bathing is an activity that is carried out so that the body is free from germs and dirt. Self-care deficit: bathing is the inability to do self-cleaning thoroughly independently (NANDA, 2018-2019). According to Abdul (2015) Self-care deficit is a condition in which a person experiences a weakness in the ability to carry out or complete independent care activities such as bathing (hygiene), dressing or decorating, eating, and defecating (toileting). Personal hygiene must always be fulfilled because is a specific primary preventive measure to minimize the port de entry of bacterial microorganisms which ultimately prevents a person from contracting disease (Kuntoro, 2015). This problem often occurs because the elderly think that hygiene problems are not important, but if they are not considered, it will result in disease and affect health. Self-care

deficits are influenced by related factors, namely anxiety, decreased motivation, environmental constraints, pain, and weakness (NANDA, 2018-2019).

Pain can hinder hygiene activities in the elderly. One of the causes of pain in the elderly is the decreased joint flexibility in the elderly due to the occurrence of a degenerative process resulting in changes to the joints and connective tissue cartilage in the elderly. Joints in the elderly experience inflammation and will cause pain, the synovial fluid thickens and the hyaline cartilage degenerates. These changes can affect the range of motion and how to walk in the elderly so that the elderly are inhibited from carrying out daily activities such as bathing. Pain is an unpleasant sensory and emotional experience caused by actual and potential networks (Judha, Sudarti, Fauziah, 2012). The National Health Survey (2001) shows that at the age of  $\geq 55$  years 40% of the elderly experience pain. It is known that the most common disease experienced by the elderly is joint disease, amounting to 52.3%, after that hypertension 38.8%, anemia, 30.7% and cataracts 23%. Based on the diagnosis of symptomatic health workers, the national prevalence of joint disease in Indonesia is 30.3% (RISKESDAS, 2012).

Lack of application of hygiene in the elderly is also caused by fatigue. Naturally, the function of the organs of the elderly decreases with age. If you are forced to do your activities continuously, the organs in the body must work extra to keep up with the body movements. As a result, there is a decrease in the function of the body's organs and triggers the symptoms of the disease. The elderly are also at high risk of falling because it is increasingly difficult for them to physically balance their bodies. If the elderly do not have enough rest and the function of other organs decreases, the risk of falling for the elderly will also be higher and causing the elderly to be inhibited from moving and carrying out their daily activities. Fatigue is a continuous exhaustion and a decrease in physical and mental work capacity at a common level (NANDA, 2018-2020).

According to Nugroho (2012), falling is one of the physical problems that occur in the elderly, with increasing age it will affect their physical, mental, and bodily function. This is influenced by several factors including intrinsic and extrinsic factors. About 28-35% of people aged 65 fall annually and this increases to 32-42% by age 70. The frequency of falls increases with age in the elderly, there is weakness in the muscles and can also be caused by other degenerative factors. The results of research by (Novi, 2013) on 32 people showed that the description of personal hygiene behavior with a category of less than 13 people or 40.6% could be caused by weak physical strength so that the willingness to implement personal hygiene was also reduced. The dependence of the elderly is caused by their condition which has experienced a lot of physical and psychological decline. Decreased physical health such as decreased physical strength, decreased five senses, potential and capacity can increase dependence on the elderly so that the decrease in physical and psychological health can prevent them from practicing personal hygiene (Lisna, 2013).

A preliminary study conducted in Balok Village, Kendal District, Kendal Regency on 10 elderly people showed that 3 elderly had long and dirty nails, 1 elderly had a bad smell, 2 elderly people dressed untidy, 2 elderly had dental caries, 2 elderly people had scaly skin. Based on the results of the interview, it was found that 2 elderly people said that they are lazy to take a shower once a day is enough because they are only at home. 1 elderly said lazy to take a shower because the

water is cold and no one provides warm water. 2 elderly people said that when they bathed their joints felt sore because the water was too cold. So he decided to rarely shower if the water temperature was too cold. 9 elderly complained of joint pain and 5 of them said their body was starting to feel weak. The research objective was to describe the problem of pain and physical weakness in the elderly.

## METHOD

This research uses quantitative research methods using descriptive research design with a survey approach. The sample in this study was the elderly in Balok Village, Kendal District, Kendal Regency, as many as 52 people. The sampling technique in this study is to use total sampling. This research tool using a questionnaire. Data analysis using univariate

## RESULTS AND DISCUSSION

Table 1.  
Frequency Distribution Based on the Scale of Pain and Weakness in the Elderly (n=54)

Variabel	f	%
Pain		
No Pain	16	30.8
Light	11	21.2
Medium	19	36.5
Several	6	11.5
Weakness		
No Fatigue/Normal	47	90.4
Fatigue	5	9.6

Table 1 shows that there are 16 painless (30.8%), mild pain 11 (21.2%) moderate pain 19 (36.5%) and severe pain 6 (11.3%). Physical weakness in the elderly who are no fatigue or normal 47 (90.4%) fatigue 5 (9.6%).

### Pain

The results showed that most of the elderly experienced mild pain 11 (21.2%) moderate pain 19 (36.5%) and severe pain 6 (11.3%). This shows that the elderly experience a lot of pain. In line with research by Zakaria (2010) on factors related to the personal hygiene independence of the elderly in nursing homes, it was found that 52.2% of the elderly had poor personal hygiene influenced by health conditions, namely pain. In this study, the most respondents experienced mild pain, in line with the research conducted by Wurangian (2015), the most respondents experienced moderate pain, namely around 12 people 46.7%, then the research conducted by Chyntiawati (2014) had the most moderate pain category with the number of 20 people (51.3%), and research conducted by Fajrin (2014) the most respondents were in the moderate pain category (46.7%).

Research conducted by Seran, Bidjuni, Onibala (2016) which examined the relationship between arthritis gout pain and elderly independence. The results of his research stated that there was a relationship between gout arthritis pain and the independence of the elderly in self-care. The higher the level of pain, the independence of the elderly, the more independent they are in self-

care. In accordance with the theory which states that pain that occurs in the elderly can hinder hygiene activities in the elderly. The elderly mostly experience pain in the joints. In line with research conducted by Firmansyah (2018) which examined the effect of knee joint exercise on knee joint pain in elderly people with osteoarthritis.

The results of his study stated that the pain level of the elderly was mostly moderate pain, 86.4%. Joint pain in the elderly is caused by decreased joint flexibility in the elderly due to a degenerative process resulting in changes to the joints, cartilage connective tissue in the elderly. Joints in the elderly experience inflammation and will cause pain, synovial fluid thickens and the hyaline cartilage degenerates. These changes can affect the range of motion and how to walk in the elderly so that the elderly get obstructed when doing daily activities such as bathing. As a result of management not good for complaints of pain experienced by a person will have an impact on the health status and quality of life of the elderly. Pain is an unpleasant sensory and emotional experience caused by actual and potential networks (Judha, Sudarti, Fauziah, 2012).

### **Physical Weakness**

The results showed that the elderly were not fatigue or normal, 47 (90.4%) were fatigue 5 (9.6%). This shows that the elderly never feel tired, have enough energy to carry out daily activities, find it easy to do something, or sometimes find it difficult to do something, are diligent in doing activities and easily have full concentration. In line with research that has been conducted by (Novi, 2013) on 32 people, it shows that the description of personal hygiene behavior with a category of lacking as many as 13 people or 40.6% can be caused by weak physical strength so that the willingness to implement personal hygiene is also reduced. The dependence of the elderly is caused by their condition which has experienced a lot of physical and psychological decline. Decreased physical health, such as decreased physical strength, decreased senses, potential and capacity can increase dependence on the elderly so that decreased physical and psychological health can hinder the elderly do personal hygiene.

The results of Muharyani's (2010) research on the level of independence of the elderly in Timbangan Village, based on the personal hygiene independence research of the elderly in Timbangan Village, shows that most of the elderly are still independent (67.0%). This is because most of the elderly (77.1%) are still aged 60-74 years. With an age that is not too old, the elderly are still able to carry out activities of daily life even though the ability level is not optimal and it is still understandable, so that the elderly are still able to carry out personal hygiene even though it is not so perfect.

In accordance with the theory according to Hirshkowitz (2013) which defines fatigue as the feeling of fatigue that is felt by a person, under normal physiological conditions, fatigue can be a feeling of feeling weak or tired as a result of repeated use of energy or in the form of decreased response of cells, tissues, or organs after stimulation. exaggerated. Kuntoro (2015) states that a person experiences weakness in the ability to carry out or complete independent care activities such as bathing (hygiene). According to Millar's (2012) theory, the level of fatigue is influenced by working time, task characteristics, the length of time a person is awake and the effect of recovery time. Fatigue is also influenced by circadian factors, homeostatic factors, and task-

related factors. Self-care deficit precipitation factors are lack of decreased motivation, cognitive or perceptual damage, anxiety, fatigue / weakness experienced by the individual, which causes the individual to be less able to perform self-care (MOH, 2000, in Anonymous, 2009).

## CONCLUSION

Pain in the elderly with self-care deficit: taking a bath, the value of mild pain was 11 (21.2%), moderate pain was 19 (36.5%) and severe pain was 6 (11.3%). Physical weakness in the elderly who have self-care deficits: taking a shower is not tired 47 (90.4%) tired 5 (9.6%).

## REFERENCES

- Badan Pusat Statistik. (2014). Kabupaten Kendal dalam Angka 2015. (2018 September 20) Available: <http://kendakab.bps.go.id>.
- Badan Pusat Statistik. (2016) Provinsi Jawa Tengah dalam Angka 2017. (2018 September 20) Available: <http://jateng.bps.go.id>
- Firmansyah, D (2018). *Pengaruh Latihan Gerak Sendi Lutut Terhadap Nyeri Sendi Lutut Pada Lansia Yang Mengalami Osteoarthritis Di Wilayah Kerja Puskesmas Pengasih 1 Kulon Progo Yogyakarta*. Naskah Publikasi. Universitas ‘Aisyiyah Yogyakarta.
- Nugroho, Wahyudi. (2012). *Keperawatan Gerontik Dan Geriatrik. Edisi Ke 3*. Jakarta: EGC.
- Pinedendi, Rottie dan Wowiling (2016). *Pengaruh Penerapan Asuhan Keperawatan Defisit Perawatan Diri Terhadap Kemandirian Personal Hygiene Pada Pasien di RSJ. Prof. V. L. Ratumbusang Manado*. e Journal Keperawatan (e-Kp) Volume 4 Nomor 2, Juli 2016.
- Ribka Seran, Hendro Bidjuni, Franly Onibala (2016). *Hubungan antara nyeri gout arthritis dengan kemandirian lansia di Puskesmas Towuntu Timur Kecamatan Pasan Kabupaten Minahasa Tenggara*. ejournal Keperawatan (e-Kp) Volume 4 Nomor 1, Februari 2016.
- Rosma, Sofia. (2014). *Buku Ajar Keperawatan Gerontik*. Yogyakarta: Budi Utama.
- Sartika.(2017). *Identifikasi Personal Hygiene Pada Usia Lanjut Di Panti Sosial Tresna Werdha Minaula Kendari Sulawesi Tenggara*. Karya Tulis Ilmiah. Keperawatan Politeknik Kesehatan Kendari
- Setiadi. (2008). *Konsep dan Proses Keperawatan Keluarga*. : Graha Ilmu.
- Trisnani, Anisa. (2017). *Gambaran Praktik Personal Hygiene Pada Lansia Di Panti Sosial Lanjut Usia Tresna Werdha Kota Semarang*. Jurnal Kesehatan Masyarakat (e-Journal) Volume 5, Nomor 2, April 2017 (ISSN:2356-3346)

