

Forman Erwin Siagian
(Humanity in Diversity: A
Simple Basic Complementary
Act to Help the Marginalized
and Lonely Elderly Living in a
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Home)

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Humanity in Diversity: A Simple Basic Complementary Act to Help the Marginalized and Lonely Elderly Living in a Private, Non-Profit Nursing Home

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Authors' contributions

This work was carried out in collaboration among all authors. Author FES designed the study, performed the statistical analysis, wrote the protocol, and first draft of the manuscript. Authors AOP, SN and ED managed the preparation of the activity and analysis of the study. Authors YPC, AJ, IAP and YVW managed the literature searches. All authors implement the activity, then read and approved the final manuscript.

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ABSTRACT

Aims: To describe a simple basic complementary humanity act such as nursing home visit that can help a group of marginalized and abandoned elderly with no family who live together and residents of a non-profit nursing home feel better with simple but universal human touch and also to maintain or improve the functional status of elderly and reduce the use of institutional care services; an approach that can be considered as an alternative that complements the medical management of the elderly

Study Design: Interventional cross sectional study.

Place and Duration of Study: Private non-profit nursing home Yayasan Bunga Bakung, north Jakarta, Indonesia, between November-December 2023.

Methodology: 12 individuals (1 man, 11 women; age range 65-85 years) with geriatric syndrome whose previously live alone with no family, no social security, abandoned and marginalized, which are then accommodated and maintained by a non-profit foundation in a nursing home as subject to our visit. Three out of these 12 residents have definite post-stroke condition with weakness or paralysis on one side of their body, and having problems with co-ordination and balance. 7 out of 12 suffer from hypertension. We conducted five simple and basic nursing home visits to maintain and improve the functional status of elderly and minimize the use of institutional care services. In the first two visits, a small advanced team conducted simple focus group discussion (to the management in the first visit, and to the inmates during the second visit) regarding the daily management of the continuity of nursing homes as well as the advantages and disadvantages and future hopes felt by the inmates. The third visit is our main social activity which centered on all the elderly and followed by the fourth and fifth visit where simple observation and analysis of the inmate's response to the previous visit conducted.

Results: Observation conducted during the fourth and fifth showed a slight improvement. This basic risk limitation group intervention related to the performance of the elderly, such as in the context of topics of conversation among themselves as well as increased personal perceptions regarding feelings of worth, being given attention, being considered present and important. A risk limitation group approach like the one that we did seems promising, but further scientific evidence is needed

Conclusion: Non-invasive complementary humanitarian approach for maintaining and even improving functional status of elderly is a possible approach that may produce happiness and well-being, and reduce medical as well as financial burden, hence improving the real time psychological welfare is part of the management of geriatric problem. This approach, however, needs further work to validate reliability.

Keywords: Happiness; wellbeing; complementary; nursing home; geriatric problem; human touch; love; noble; solidarity.

1. INTRODUCTION

The proportion of people aged 65 years and older increased globally from 6.1% to 8.8% [1]. With the increasing number of elderly in our population, the number of geriatric health problems also increased. Older adults, especially the frail elderly, are specific vulnerable subpopulation [1-3]. Their existence, especially the impact on quality of life and disability is substantial. Multiple underlying factors, involving multiple organ systems, tend to contribute to, and define, geriatric syndromes [4-6].

Geriatric syndromes are associated with reduced life expectancy [7] because mostly affect elderly with a number of conditions typical of, if not

specific chronic deteriorating condition [8] which related to aging, such as dementia, depression, delirium, incontinence, vertigo, falls, spontaneous bone fractures, failure to thrive and neglect and abuse [1,2,7,8]. Besides that, elderly people, aged ≥ 65 years, are a special group of hypertensive patients [2]. Social isolation, negligence, loneliness and even human abuse are also common psychological derangement among elders [5].

As a result of the number and diversity of elders, there will be significant medical and social urgency and challenges which must be addressed in order to provide optimal care for the geriatric population [9]. Medical challenges include multi morbidity chronic conditions,

polypharmacy, increasing rates of dementia, and increasing reliance on surrogate decision-makers [3] the solitary elderly. Social challenges of the older adults are at increased risk for loneliness and social isolation because they are more likely to face factors such as living alone, the loss of family or friends, chronic illness, and hearing loss. Loneliness is the feeling of being alone, regardless of the amount of social contact, e.g., those who lived in the nursing home [10].

Although the care for older people in nursing homes are [4] directed towards the end of life, the continuous challenge nursing homes face is their capacity to deliver quality care to residents. Some of their inmates are already in vulnerable health condition, which are likely to experience rapid deterioration in their health status if they are subject to inappropriate or inadequate personal treatment and medical care [11]. Simple complementary approach, such as human touch, noble caring, love and solidarity, also needed to support the medical and social management to the specific part of population like the elderly, in order these elders retain their happiness and welfare [12].

Panti Wreda Bunga Bakung Ministry (nursing home *Yayasan Bunga Bakung*), a nonprofit, self-funded nursing home, located in Melur street, north Rawa Badak, Koja, north Jakarta (<https://maps.app.goo.gl/RagsSXDqNW6wsNE9>), is one of the real-life examples of conditions commonly found in nursing homes. One specific point about this nursing homes is that it specifically accommodating only elderly parents who have been neglected or abandoned by their families; Some of them were even living alone without any family at all before being accommodated in nursing homes. The aim of this article is to communicate intervention efforts to tackle a small portion of the social problems faced by the elderly live in the nursing home.

2. METHODOLOGY

Several social activities for the elderly conducted by a team consist of four medical lecturer and four medical students, assigned by dean of the Faculty of Medicine, Universitas Kristen Indonesia, Jakarta, Indonesia (letter of assignment no. 15/UKI.F5.D/SDM.01.01/2023), in collaboration with Gentlemen commission (Indonesian: *komisi Pria*) of local church named Gereja Bethel Indonesia "Shalom" located in Tanjung Priok, North Jakarta (<https://maps.app.goo.gl/Szrw6uyqR6FTk1LfA>).

Subject of this intervention are 12 individual's inmates of the nursing home that consist of one male and 11 female; age range 65-85 years with geriatric syndrome whose previously live alone with no family, no social security, abandoned and marginalized, which are then accommodated and maintained by a non-profit foundation in a nursing home as subject to our visit. Three out of 12 residents have definite post-stroke condition with weakness or paralysis on one side of their body, and having problems with co-ordination and balance. Seven out of 12 inmates suffer from hypertension. We conducted five nursing home visit to maintain and improve the functional status of elderly and minimize the use of institutional care services; and for those activities, we did several internal meeting and preparation. In the first two visit, a small advanced team conducted simple focus group discussion (with the management in the first visit, and with the inmates during the second visit) regarding the daily management of the continuity of nursing homes as well as the advantages and disadvantages and future hopes felt by the inmates. A FGD consists of 4-8 members, with 1 leader and 1 note taker; it is an openly questions and answers conversation regarding actual real-time problems that the member of FGD are facing. Follow-up questions are possible if something interesting comes up. The leader ask sensitive questions in a respectful and sensitive way, and recognize when to move on if a topic is making people feel uncomfortable. everybody encouraged to speak. The third visit is our main social activity which centered on all the elderly and followed by the fourth and fifth visit where simple observation and analysis of the inmate's response to the previous visit conducted.

3. RESULTS AND DISCUSSION

Internal coordination and meeting has started since mid-November 2023. A team consist of 8 member of the faculty with a small advanced team from the church conducted several meetings to equalize perceptions, find places for activities, assess individual needs in those places, to manage permits and related letters, and to design activities that can be implemented. Activities will consist of five visit which will be described in more detail below.

Preparation [17]st be carefully planned and coordinated with related parties, so every stakeholder could understand the objectives of the activities and support the implementation of the program [13]. Community-based, nonprofit

20 organizations actually have the opportunity to provide a broad range of programs for older adults and caregivers [14]. Most of the elderly service providers are dealing with health management, nutrition support, housing, and also transportation services as well as senior centers but many other services are actually available, including legal assistance and case management services for clients and counseling and respite services for caregivers; or in a simpler word that there is no limitation regarding complementary and alternative approach to the elderly's health wellbeing and management. Funding is usually always being the main obstacle in providing appropriate service for the elderly [15].

The first visit (November 8th, 2023) conducted by a small advanced team (consist of two) and accepted by the management of the nursing home. During this fifty minutes' visit, we introduce ourselves, convey our aims and objectives while getting to know the management and inmates. A small focus group discussion (FGD) held between us and the management regarding the condition of the inmates, how the management coping and struggling with the inmates daily living needs and their fulfillment.

On the second visit (November 18th, 2023), a bigger group (consist of four) came and met almost all the inmates, accompanied by the management. During this one-and-a-half-hour visit, we once again introduced ourselves to the inmates and after that we conducted the second FGD, and this time is with the inmates only. From this second FGD, we obtained first-hand information from residents regarding their experience of living in this nursing home (the advantages, disadvantages and limitations faced), their feelings and hopes to be realized. Subjectively, some point that can be notes were as follows: (1) feelings of guilt because they have a handicap which makes some inmates dependent on their helper so they feel like they are a burden, (2) feelings of discomfort because of loneliness and unintended limitations in social activities which only occur if there are visits from outside parties, (3) feeling helpless because of illness. Fortunately, we could see objectively that even in all those limitation, there are still some positive aspect, e.g., (1) because the number of inmates the number of residents is not too large so everything is under control and well monitored, (2) the milieu of nursing homes is calming, safe, quiet with several spiritual facilities

and musical instruments available and 5 (3) management personnel ready 24/7. Focus groups can reveal a wealth of detailed information and deep insight [16]. When well executed, a focus group creates an accepting environment that puts participants at ease allowing them to thoughtfully answer questions in their own words and add meaning to their answers. There are many potential benefits of focus group participation, which may be considered therapeutic [15,16]. Even though in the practical point of view, FGD which involve the elderly as subjects are actually complex and challenging for novice scholar [17].

From the result of FGD, we can withdraw that the basic need of these elderly is close social contact where simple complementary act, which consists of humanitarian touch, noble attention, caring love and solidarity, can be an alternative for their medical and social problem- solving management. Human connection, especially during our physically disconnected times due to Covid, which conducted via traditional two-ways communication is always important and must be maintained in order to retain social connectedness [18].

After the first and second visit, we conduct our own internal meeting and preparation prior to the third visit. From analysis of the first and second FGD, we decided to make a semi-formal programme, a mix between social and simple medical checkup programme. The social event is held in conjunction with the Christmas celebration. There is strong evidence that being socially supported and connected has implications for elderly's health and wellbeing and quality of life [19]. Tailor made activities which carefully designed and developed to contain health education and promotion for the elderly were proved effective for use in community interventions [20].

The third visit (December 2nd, 2023) we, in collaboration with the Gentlemen commission (Indonesia: *komisi Pria*) of local church named Gereja Bethel Indonesia "Shalom" located in Tanjung Priok, North Jakarta, came to the nursing home and carrying out social activities for inmates assisted by the nursing home.

The semi-formal event began with a short prayer service, then followed by a free event centered on the elderly. The elderly was invited to sing their old favorite songs, to dance together and to do some fun games. All the inmates were also

given the opportunity to speak and convey their hopes while we were all listened carefully. We also give gifts for all inmates and during the occasion, we also conducted simple individual physical checkup consist of vital sign measurement (blood pressure, heart rate and respiratory rate) and non-fasting glucose-cholesterol-uric acid measurement. This four hour activities (started at 8.⁰⁰ AM and finished at 12.⁰⁰) was deliberately designed to facilitate social contact and human touch which is clearly visible to the naked eye raises the enthusiasm and joy of the elderly. Simple complementary approach that implemented via sincere human touch, noble caring, love and solidarity, to our opinion clearly support the medical and social management to the specific part of population like the elderly, in order these elders retain their happiness and welfare.

Small everyday gestures such as a tap on the shoulder can affect the way humans feel and act [21]. Human touch reduced heart rate and lowers blood pressure [22] as well as cortisol [23]. It also triggers the release of oxytocin [24], a hormone known for promoting emotional connection or bonding to others. Sincere human touch can have a calming effect and alter the way stress is handled, thereby promoting mental physical health. Warm, friendly touches of appreciation make others feel esteemed, valued and good. Even in the era of intelligent robots in households and healthcare, recent research also addressed the potency of robotic touch for stress reduction [21]. Under suitable and appropriate circumstances, touch may act as strong social

non-verbal tools (more than just a signal) for safety, trustworthy and solidarity [25].

The social needs of older people are diverse and focus on both the intimate and the peripheral members of their networks. When satisfying social needs, reciprocity is important. The feeling of connectedness to others and to a community or neighborhood contributes to wellbeing as well as a feeling of independence [26]. As various research suggests, developing and sustaining social participation is a vital need for all ages, including the elderly people [27].

The fourth visit conducted a day after the third visit (December 3rd, 2023). This short time visit wants to explore very short term response after the intervention we carried out; whether the elders still experience an atmosphere of joy and feel excited; while trying to listen again to see if there are any complaints or hopes regarding previous activities. All of the inmates subjectively admitted that they felt happy, entertained and motivated due to the programme. Objectively, based on the results of measuring vital signs, it could be said that all the inmates are normal under control according to his/her previous medical condition. According to Nicolaides-Bouman et al [28] Home visiting programs improved functional status more in people with the lowest mortality risk; this means that preventive value of such visits can be directed towards the elderly living together in the nursing homes. Our fourth visit can be considered as follow up for the previous visit (3rd visit) that can be considered as "complementary treatment".

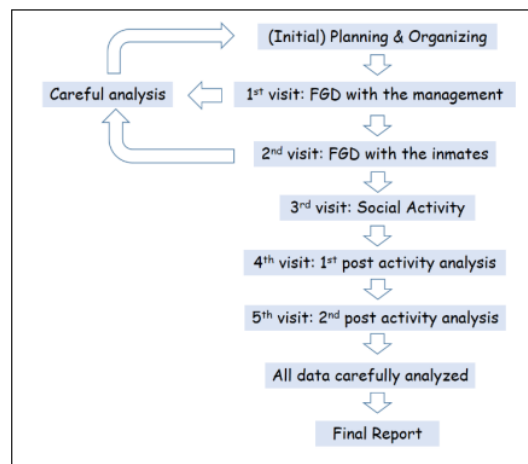


Fig. 1. Steps of activity regarding the elderly live in the nursing home



Fig. 2. Social activity (consists of five different visits) conducted to the inmates of a nonprofit nursing house which accommodates 12 abandoned elderly which previously living alone without any family

(A) Preparation meeting, (B) first visit and FGD with the management, (C) second visit and FGD with the inmates, (D-F) third visit, (G) blood pressure measurement during the programme, (H) fifth visit

The fifth visit (December 30th, 2023) was conducted once again to check the elderly condition and also bring individual gift for every inmate. During this visit that we conducted four weeks after the social programme, we see that the elderly starting to look gloomy again; especially at the end of the year and there are no visits to enliven the atmosphere. Fortunately, with our arrival, there are simple stories about everyday life that can be shared and listened to; and this makes us increasingly aware that a complementary approach is a supportive alternative in handling the medical and social problems of low elderly people. Increasingly, the number of frail elderly need to live at home for longer, relying on support from informal

caregivers and community-based health participation [29]. This is actually give more room for others to contribute and participate more to help this vulnerable elderly terms of coordination and continuing of care [30].

In our findings, visiting them several times serially and also having to let them able to contact us via social media is a true example of reciprocity and complementary for their health and wellbeing. Several limitations of this study are (1) time consuming, (2) need financial and planning allocation, and (3) need support from all stake holder; but the result gave more positive impact to the elderly surpassing all of our difficulties of carrying it out.

4. CONCLUSION

Humble and simple non-invasive complementary humanitarian approach for maintaining and even improving functional status of elderly is a possible approach that may create positive milieu of happiness and well-being, and minimize social, medical as well as financial burden, hence improving the real time psycho-biological welfare. This is actually an inevitability part of the holistic management of geriatric problem. This approach, however, need further work to validate reliability.

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CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Cheng X, Yang Y, Schwebel DC, Liu Z, Li L, Cheng P, Ning P, Hu G. Population ageing and mortality during 1990-2017: A global decomposition analysis. *PLoS Med.* 2020;17(6):e1003138. Available:https://doi.org/10.1371/journal.pmed.1003138
2. Uchmanowicz I, Chudiak A, Jankowska-Polańska B, Gobbens R. Hypertension and frailty syndrome in old age: Current perspectives. *Card Fail Rev.* 2017;3(2):102-107. Available:https://doi.org/10.15420/cfr.2017.9:2
3. Siagian FE, Maryanti E. What makes the elderly prone to parasitic infection?. *Asian Journal of Research in Infectious Diseases.* 2021;6(1):24-31. Available:https://doi.org/10.9734/ajrid/2021/v6i130183
4. Ergin E, Akin B, Kocoglu-Tanyer D. Effect of home visits by nurses on the physical and psychosocial health of older adults: A systematic review and meta-analysis. *Iran J Public Health.* 2022;51(4):733-745. Available:https://doi.org/10.18502/ijph.v51i4.9234
5. Sirait RH, Suryowati T, Siagian FE, Ahmad LN, Sunarti LS, Alfarabi M, et al. New normal among Indonesian elderly: Their perception on COVID 19 and their positive perspective to accept the consequences. *Asian Journal of Medical Principles and Clinical Practice.* 2020;3(2):167-174.
6. Mitra A, Gupta A, Dey R, Choudhuri S, Hazra J, Jayram. A case series on complicated psoriasis in geriatrics: An excellent treatment response through ayurveda. *International Journal of Research in Ayurveda & Pharmacy.* 2017; 8:181-3. Available:https://doi.org/10.7897/2277-4343.083195
7. Huang HH, Lin PY, Chen TY, Wang TY, Chang JC, Peng LN, Yen DH. Geriatric syndromes predict mortality of people aged 75+ years in the observation room of emergency department: Towards function-centric emergency medicine. *Arch Gerontol Geriatr.* 2022;100:104662. Available:https://doi.org/10.1016/j.archger.2022.104662
8. Rausch C, van Zon SKR, Liang Y, Laflamme L, Möller J, de Rooij SE, Bültmann U. Geriatric syndromes and incident chronic health conditions among 9094 older community-dwellers: Findings from the lifelines cohort study. *J Am Med Dir Assoc.* 2022;23(1):54-59.e2. DOI:https://doi.org/10.1016/j.jamda.2021.02.030
9. Institute of Medicine (US) Committee on the future health care workforce for older americans. *Retooling for an aging America: Building the health care workforce.* Washington (DC): National Academies Press (US). Health Status and Health Care Service Utilization. 2008;2. Available:https://www.ncbi.nlm.nih.gov/books/NBK215400/
10. Taylor HO. Social isolation's influence on loneliness among older adults. *Clin Soc Work J.* 2020;48(1):140-151. Available:https://doi.org/10.1007/s10615-019-00737-9

11. Konetzka RT. The challenges of improving nursing home quality. *JAMA Netw Open*. 2020;3(1):e1920231. Available:<https://doi.org/10.1001/jamanetw.orkopen.2019.20231>
12. Erdogan ZM, Akinci AC, Yavuz DE, Tosun Z, Atik D. Use of complementary and alternative medicine methods among elderly people living in nursing homes. *Kafkas Journal of Medical Sciences*, 2017;7:60-6. Available:<https://doi.org/10.5505/KJMS.2017.09327>
13. Pangastuti N, Probosuseno, Rahman MN, Widyasari A, Saputra AND. Community empowerment and elderly integrated service post to improve the health of elderly women in ngaglik sleman. *Int J Fam Commun Med*. 2023;7(1):7-9.
14. Siegler EL, Lama SD, Knight MG, Laureano E, Reid MC. Community-based supports and services for older adults: A primer for clinicians. *J Geriatr*. 2015;2015: 678625. Available:<https://doi.org/10.1155/2015/678625>
15. Lewis J. The problems of social care in english nursing and residential homes for older people and the role of state regulation. *Journal of Social Welfare and Family Law*. 2022;44(2):185-204. Available:<https://doi.org/10.1080/09649069.2022.2067650>
16. Mishra L. Focus group discussion in qualitative research. *TechnoLEARN*. 2016; 6(1):1-5.
17. Muijeen K, Kongvattananon P, Somprasert C. The key success factors in focus group discussions with the elderly for novice researchers: A review. *Journal of Health Research*. ahead-of-print; 2020. Available:<https://doi.org/10.1108/JHR-05-2019-0114>
18. Suragarn U, Hain D, Pfaff G. Approaches to enhance social connection in older adults: An integrative review of literature. *Aging and Health Research*. 2021;1: 100029. <https://doi.org/10.1016/j.ahr.2021.100029>
19. Zanjari N, Momtaz YA, Kamal SHM, Basakha M, Ahmadi S. The influence of providing and receiving social support on older adults' well-being. *Clin Pract Epidemiol Ment Health*. 2022;18: e174501792112241. Available:<https://doi.org/10.2174/17450179-v18-e2112241>
20. Sá GGM, Silva FL, Santos AMRD, Nolêto JDS, Gouveia MTO, Nogueira LT. Technologies that promote health education for the community elderly: integrative review. *Rev Lat Am Enfermagem*. 2019;27:e3186. Available:<https://doi.org/10.1590/1518-8345.3171.3186>
21. Eckstein M, Mamaev I, Ditzen B, Sailer U. Calming effects of touch in human, animal, and robotic interaction-scientific state-of-the-art and technical advances. *Front Psychiatry*. 2020;11:555058. Available:<https://doi.org/10.3389/fpsyt.2020.555058>
22. Nilsen WJ, Vrana SR. Some touching situations: The relationship between gender and contextual variables in cardiovascular responses to human touch. *Ann Behav Med*. 1998;20(4):270-6. Available:<https://doi.org/10.1007/BF02886376>
23. Dreisoerner A, Junker NM, Schlotz W, Heimrich J, Bloemeke S, Ditzen B, van Dick R. Self-soothing touch and being hugged reduce cortisol responses to stress: A randomized controlled trial on stress, physical touch, and social identity. *Compr Psychoneuroendocrinol*. 2021;8: 100091. Available:<https://doi.org/10.1016/j.cpnec.2021.100091>
24. Preston SD, Muñoz R. Hormones: Below the surface of a touch, *eLife*. 2023;12: e88215. Available:<https://doi.org/10.7554/eLife.88215>
25. Schirmer A, Croy I, Schweinberger SR. Social Touch - A Tool rather than a Signal. *Current Opinion in Behavioral Sciences*. 2022;44:Article 101100 Available:<https://doi.org/10.1016/j.cobeha.2021.101100>
26. Bruggencate TT, Luijckx KG, Sturm J. Social needs of older people: A systematic literature review. *ageing and society*. 2018;38(9):1745-1770. Available:<https://doi.org/10.1017/S0144686X17000150>
27. Dehi Aroogh M, Mohammadi Shahboulaghi F. Social participation of older adults: A concept analysis. *Int J Community Based Nurs Midwifery*. 2020;8(1):55-72. DOI:<https://doi.org/10.30476/IJCBNM.2019.82222>
28. Nicolaidis-Bouman A, Van Rossum E, Kempen GI, Knipschild P. Effects of home

- visits by home nurses to elderly people with health problems: Design of a randomised clinical trial in the Netherlands [ISRCTN92017183]. BMC Health Serv Res. 2004;4(1):35.
Available:<https://doi.org/10.1186/1472-6963-4-35>
29. Hoedemakers M, Marie Leijten FR, Looman W, Cypionka T, Kraus M, Donkers H, Van den Hende-Wijnands E, van den Broek NMA, Rutten-van Mülken M. Integrated care for frail elderly: A qualitative study of a promising approach in the Netherlands. Int J Integr Care. 2019; 19(3):16.
Available:<https://doi.org/10.5334/ijic.4626>
30. Chen CY, Gan P, How CH. Approach to frailty in the elderly in primary care and the community. Singapore Med J. 2018;59(5):240-245. Erratum in: Singapore Med J. 2018;59(6):338.
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