The Redesign Of Nursing Program To Prepare Vocational High School Students To Become Caregivers For The Elderly

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Abstract

Nursing programs in vocational high schools expect their graduated to partake in providing care-giving service for the elderly, namely giving professional assistance for individuals or groups of people who cannot take care of themselves in some or all their activities because of physical and/or mental disabilities. This research aimed to redesign nursing skills programs so as to provide graduates able to become competent caregivers. This descriptive research method using qualitative approach was conducted at Public Vocational High School (PVHS), Indonesia. The results showed that the redesign of nursing program can be developed through preparing competent teachers and tutors from industries, providing technical training for students, and creating the academic curriculum of caregiver competencies. The preparation of competent teachers can be done by establishing industry-certified internship programs for teachers and providing them with some training. The tutor preparation was done by redesigning the curriculum becoming the convergent curriculum which combines the subject matters at the competencies of nursing and caregiver programs for the elderly. The training for students is given by online and offline for 2 months. Eventually, it

can be concluded that the convergent curriculum for nursing and caregivers will provide graduated with a standard competency for being better caregivers.

Keywords: Caregivers, Convergent Curriculum, Vocational High School.

INTRODUCTION

Old age is the final stage of development cycle of human life. It is a natural process that every individual must undergo. The population of the elderly, those people at the old age, becomes the population at risk whose number has been increasing (Annisa & Ifdil, 2016). Nowadays, the global elderly population has reached approximately 500 million people, most of whom are aged 60 years old. World Health Organization (WHO) predicted that the number will increase to 1,2 billion people in 2025, which will go on to increase to 2 billion people in 2050 (UN, 2017). World Health Organization (WHO) also predicted that 75% of the world's elderly population resides in developing countries, half of whom lives in Asia. The elderly population in Indonesia, meanwhile, reaches 23,66 million people (9,03% of the total population), so that it can be predicted that the population will increase to 33,69 million people in 202, to 40,95 million people in 2030, and to 48,19 million people in 2035 (Friska et al.,2020). The population at risk has to face three categories of health risks: (1) the risks caused by biological factors, including the ones related to the aging process like the decline in physical functions; (2) the risks caused by environmental and social factors, like emotional stress caused by social environment and the elderly's decline in faily income after reteirement; and (3) the risks caused by behavioural and lifestyle factors like severe illness and even death caused by habits of the lack of physical activities and he consumption of unhealthy food (Ariesti et al., 2020).

People of old age are usually associated with the decline in health problems, especially problems of physical health. The decline in physical health as a consequence of aging processes will impact

their quality of life. Besides, aging processes ay also be followed by the onset of any illness, the decline in physical functions, and physical imbalance and lead to mental, moral, and social decline as well as spiritual crisis. Such decline in health condition is in direct contradiction to their desire to keep healthy and independent in their daily activities, like bathing, clothing, and other simple moves. This potentially causes them to succumb to deeo depression. The research by Brett et al (2012) shows that depression is the most decisive factor affecting the quality of life (p= 0,000), which can reduce old people's quality of life. In this light, the process of the decline in pysicl functions suggests that the elderly need special assistance or long-term care by a professional with special skills called caregivers. A caregiver is an individual in general taking care of others (patients) and assisting them in their daily life. A caregiver is to give patients emotional support and take care of them (help them to take bath and put on clothes, prepare foods and medicines for them to take), perform financial management, make a decision on medical care, and communicate with professional health workers (Susilawati & Fredrika, 2019).

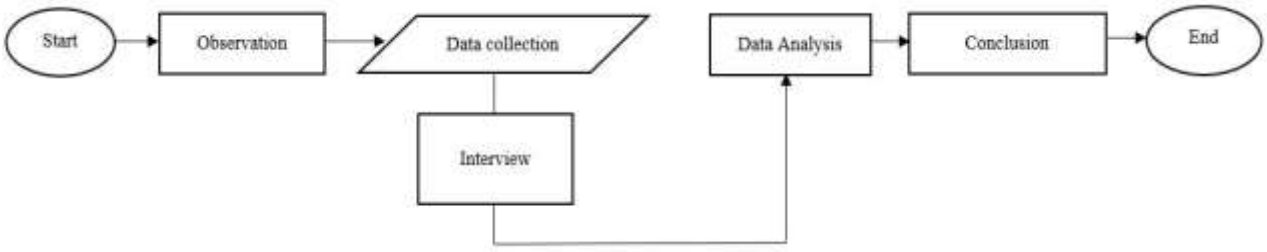
In performing long-term care, caregivers play a quite important role in accompanying old people and helping them do activities and fulfil their daily needs. Therefore, it is essential for caregivers to possess special skills in giving the old people care and treatment in order to fulfil their need, avoid fatal complications, and maintain their good quality of life. PVHS 2 of Malang is one of the Vocational High Schools in Malang city that offers a study program providing students with academic and technical competency in health, namely Nursing Skills Programs (Kementerian Pendidikan dan Kebudayaan, 2018). The study program provides students with some basic competencies, one of which is care-giving skills with which to assist the elderly. The graduates of PVHS 2 of Malang majoring health education are expected to be able to provide care-giving services for the elderly. Therefore, the sub-focus of this research is to redesign the nursing program of PVHS 2 of Malang in providing care-giving services for the elderly. Hopefully, this research will offer a convergent curriculum for nursing and care-

giving which can be used as caregivers' standard of competence.

METHOD

This research used the descriptive method of research with the qualitative approach. The research with the qualitative approach is called the naturalistic because it is conducted in the light of natural evidence and the data collected is narrative so that it stresses on the way people interprets and understands their experience (Sugiyono, 2018. Therefore, this research used the qualitative-descriptive method of research to give a description, systematic analysis, accurate accounts of facts, and the characteristics and relationship among the phenomena studied as used on the basis of the research focus. This research is a case study conducted at PVHS 2 of Malang. According to Creswell (2006), a case study is a research method used to analyze a particular case under the procedure of collecting data within the time period determined by the researcher. The steps of this research can be seen in the Figure 1.

Figure 1. The Diagram of the Reserch Steps



The Figure 1 shows that this research began with a direct observation at PVHS 2 of Malang, which was followed by interviews with teachers selected based on the research focus, since interviews in qualitative research is aimed at digging up any further information based on the experience of the interviewees (McGrath, Palmgren, & Liljedahl, 2018). The next step was the data analysis in which to draw a conclusion.

RESULTS AND DISCUSSION

The finding of this research shows that the redesign of the nursing program at vocational high schools needs the preparation of some components, including the preparation of competent teachers and

professional caregivers from industry, training programs for students, and the curriculum of nursing and care-giving competencies. The preparation was expected to design a convergent curriculum of nursing and care-giving competencies. Those components are explained in detail as what follows.

The Preparation of Teachers

PVHS 2 of Malang has 7 teachers who teach on the study program of nursing assistants. In this regard, in ITS effort to provide teachers with the expertise of nursing, the VHS administered a development program for those teachers in the two fields of expertise to provide them with care-giving skills. The program involves (1) establishing an internship program for industry-certified teachers, (2) providing basic caregiver training, (3) providing training in the procedure manual for Kodea senior living at Rukun Senior Living, and (4) providing the certified training for specified skilled workers (SSW) in Japan. The four activities were conducted on account of the fact that teachers are the human resources playing important roles at classes and having a great impact on the behaviour and learning of students who tend to imitate their teachers (Kamaruddin, 2021). Teachers serve as learning facilitators, role models, planners, predictors, and leaders (Zein, 2016). This is in line with the following statement of the vice principal of the curriculum of PVHS 2 of Malang.

"…The role of teachers as learning facilitators is highly important, because when students find difficulties and suchlike, teachers can help achieve a solution to the difficulties students may be experiencing during their job training in industries. Besides, teachers can also facilitate communication and discussion between students and industries as to obstacles that students face during the training…"

Teachers may also provide a mentoring session for those students in need of help during the training in industries. Once again, this asserts the importance of teachers in learning processes. For this reason, schools have to prepare good teachers highly competent in their field of study.

The Preparation of Tutors from Industries

The preparation of tutors with care-giving competencies from industries to the students of PVHS 2 of Malang in 2022 was done by (1) the redesigning of the curriculum in accordance with the deand of industry, in this case Rukun Senior Living, which was done offline at PVHS 2 of Malang; (2) the mapping of the competencies of caregiver in collaboration with industry (Rukun Senior Living), which was done offline at PVHS 2 of Malang; (3) the making of the schedules of tutors with care-giving competencies from industry (Rukun Senior Living), which was done online; and (4) the providing of facilities and infrastructure for tutors with care-giving competencies from industry (Rukun Senior Living), which was done offline at PVHS 2 of Malang. Tutors are teachers in non-foral educational institutions, like those in National High School Equivalency, home schooling, and PAUD (early childhood or preschool education) who are generally designated to perform the same jobs as teachers, namely sharing knowledge and educating and teaching students (Yustiani, et al., 2015). The main task of tutors is to facilitate learning processes by giving special subject matters, which are basically academic, to smooth the learning processes (Fatma, 2018). Therefore, at PVHS 2 of Malang teachers are not the only ones teaching students, but the school has forged a partnership with guest tutors from other institutions or the ones from industry ((Rukun Senior Living).

The Training Processes for Students

The training for students of PVHS 2 of Malang was given both online and offline because the industry was located far away from the school. The training was provided only for the students of eleventh (XI) grade for ± 2 months. Training, as it is, was designed to increase any skills and techniques with which to perform tasks in detail (Turere, 2013). Besides, it can help develop some skills like thingking skills and problem-solving skills and improve performance (Pramana & Subiyantoro, 2020). Given the important role of training in broadening and sharpening the skills of employees, including students, as demanded by industry. The competency unit of care-giving skills training at PVHS 2 of Malang can be seen in the

Table 1.

Table 1. The Competency Unit of Care-Giving Skills Training

No.	Competency Unit	Training
1.	Building Learning Commitment	Online
2.	Anti-Corruption	Online
3.	Feedback Plan	Online
4.	Safety and Security at Work	Online
5.	Creativity and Innovation in Senior's Service	Online
6.	Ethichs and Etiquette in Senior's service	Online
7.	Performing Instrumental Activity Daily Living (IADL)	Online
8.	Performing the Activity of Recreational Theraphy together with Senior	Online
9.	Infection Control	Online
10.	The Policy on Utilizing Senior's Caregivers	Online
11.	Culture and Local Wisdom	Online
12.	Explaining the Aging Process and Diseases to Senior	Online
13.	Understanding of Long-Term Care of Senior	Online
14.	Senior's Palliative Care at the End of Life	Online
15.	Fostering Teamwork	Online
16.	Senior's Nutrient Intake based on Senior's Condition	Online
17.	Delivering Education about the Utilization of Senior's Assistive Devices	Online
18.	Establishing Effective Comunication based on Senior's Condition	Online
19.	Activity Documentation	Online
20.	Senior's Asssitance for Patients with Dementia	Offline
21.	Senior's Way of Giving Emergency Treatment	Offline
22.	ADL (Activity Daily Living): Oral Feeding and Parenteral Nutrition	Offline
23.	ADL: Bathing	Offline
24.	ADL: Transferring	Offline
25.	ADL: Oral Hygine	Offline
26.	ADL: Personal Hygine	Offline
27.	ADL: Elimination	Offline
28.	ADL: Vital Sign Assessent	Offline
29.	ADL: The Giving of Medicine	Offline

(Source: PVHS 2 of Malang, 2022)

The Table 1 shows that there were 29 competency units developed

in the training provided both online and offline. The online training involved 19 units of competencies, each of which took 1-2 hours, while the offline training involved 10 units of competencies, each of which took 3-4 hours.

The Curriculum for Care-giving Comepetencies and the Nursing Skills Program

Based on the Ministerial Regulation of the Ministry of Manpower of the Republic of Indonesia Number 28 of 2021 on the Setting of the National Competency Standard in the category of Human Health Activities and Social Activities, the main category of human health activities in the field of care-giving service for the elederly has some ain functions, including (1) establishing effective counication; (2) identifying working conditions and risks; (3) supplying self-care needs of elderly caregivers; (4) developing elderly caregivers' emotional maturity; (5) keeping the elderly's body clean; (6) keeping the elderly's environment clean; (7) maintaining the elderly's mobility; (8) keeping the elderly in good health; (9) providing the elderly with adequate nutrition; (10) giving the elderly practical assistance in their basic needs in daily life; (11) taking care of the eldery after death; (12) providing the elderly with motivation and support; (13) helping the elderly to keep independent based on their needs; (14) writing a document of assistance for the elderly; (15) giving the elderly the technical guidance about the assistance; and (16) improving the qualification of caregivers/family/institution. The competency map drawn in National Competency Standard can be used as the technical guidance on the combination of the curriculum for the nursing skills program and care-giving competency in the effort to provide competent cargivers for the elderly.

Subsequently, the nursing skills program has some subjects or courses with basic competencies which can be used as the basis for the giving of service for the elderly. The curriculum for care-giving and nursing programs can be seen in Table 2 and Table 3 respectively.

Table 2. The Curriculum for the Care-giving Competencies

No	Subjects	Basic Competencies
1.	Gerontology	The basic competencies which can be developed include the basic knowledge of gerontology, policies on the elderly in the development process, development tasks, needs, probles, potentials, partnership and participation, service, and elderly management.
2.	Mental Health and Disablity in Older people	The basic competencies which can be developed include the understanding of conditions, symptoms, physical and motoric changes, diseases, Activity of Daily Living (ADLs), the assessment of sensory function, the ental health of the elderly, probles with the orientation in time, place and persons related to the elderly, the analysis of memory problems, intellectual and intelligence functions, the assessment of functions, oods, feelings, and affection, perception of the older people, visuospatial functions, thinking processes, loneliness, bereavement, and depression in older people.
3.	Communication and Relation	The basic competencies which can be developed include the understanding of communication and language based on the age level, counication breakdown, diagnostic communication in service, terapheutic communication in nursing by considering the satisfaction of older people (with chronical, degenerative diseases in the terinal phase), the data gained from the result of physical assesment and mediacal check up, the documentation of the data of older people, the health of older people, family, and the general public, the sharing of information with older people's family concerning the treatments provided, and the relationship of older people.
4.	Psychosocial Condition of Older People	The basic competencies which can be developed include the understanding of psychosocial condition, psychosocial consultation, psychosocial problems, the causing factors and types of psychosocial problems, solutions to psychosocial problems, the effects of psychosocial problems, the biological, psychological, and spiritual aspects of older people, the result of the assessment of the psychosocial condition of older people.
5.	Counselling for Older People and Their family	The basic competencies which can be developed include the understanding of the basic concept of counselling, independent conselling for older people needing partial or total care, disabilities, those people with joint and bone disorders, cardiovascular diseases, digestive probles, urogenital disorders, metabollic/endocrine disorders, breathing problems, cancer, senile, alzheimer's disease, and parkinson's disease and termination of counseling for older people.

6.	Gerontic Nursing	The basic competencies which can be developed include knowledge of gerontic nursing, nutrition menu based on the healthy-diet program for older people, those people with joint and bone disorders, cardiovascular diseases, digestive probles, urogenital disorders, metabollic/endocrine disorders, breathing problems, cancer, senile, alzheimer's disease, and parkinson's disease, the makeover of older people's bedroom, the makeover of older people's bathroom, ways to take care of older people's clothes, methods of communication with older people to spend leasure time, the analysis of the problems with facilities and personal problems, actions in case of losing something, advocacy assistance for older peoplethe taking of hygiene measures, mobility assistance, risk mitigation in independent older people needing partial or total care, the analysis of older people's drug intake by order of doctors, and the analysis of the symptoms of fluid deficit in older people.
7.	The Empowerment of Older People	The basic competencies which can be developed include emotional maturity and work motivation, partnership in older people's social environment, older people's organization activities and productive activities in their leasure time, the pursuit of older people's hobby and desires in an indoor arena by using available facilities, older people's need for rest and sleep, older people's health condition before taking exercise, the risk of sports to independent older people needing partial or total care, sports for older people with disabilities and those with stroke, heart disease, and joint and bone disorders, the founding of special settlements for older people, home care assistance services for older people, day care assistance service for older people, meals on wheels, the founding of sheltered housing for older people, the founding of panti wredha (elderly hostels), panti rawat wredha (nursing home), Respite Care, and karang wredha (social clubs for older people).
8.	Therapy for Older people	The basic competencies which can be developed include the understanding of psychotherapy for independent older people needing partial or total care, modality therapy for independent older people needing partial or total care, life review therapy for independent older people needing partial or total care, the service of occupational, recreational, and music therapy for independent older people and those needing partial care.

(Source: Adapted from Kemendikbud, 2018)

Table 3. The Curriculum for Nursing Program

No	Subjects	Basic Competencies
1.	The Basic Concept of Nursing	The basic competencies which can be developed to provide care for older people include the analysis of biological, psychological, social, and spiritual needs of human beings and the analysis of development and developmental tasks in infants, early children, preschool children, school children, teenagers, adults, and older adults.
2.	Physiological Aanatomy	The basic competencies which can be developed include the understanding of human body systems, including the assessment in the anatomy and physiology of musculoskeletal system, the heart and blood vessel system, the limphatic system, the respiratory pernafasan, the digestive system, the system of pregnancy, the urinary system, the reproductive system, the endocrine system, the nervous system, the skin system, the sensory system, the immune system, and homeostatis in the physiological anatomy. It is obligatory for nursing assistants to understand the aforementioned systems in order that they can help older people solve their problems caused by degenerative processes.
3.	Communication in Nursing	The basic competencies which can be developed include the understanding the method of communication in accordance with the stages of growth and development, including the method to establish communication with older people. Besides, the communication in nursing also discusses the stages of terapheutic communication, namely the communication with clients who need health care on principles of communication ethics.
4.	Public Health Science	The basic competencies which can be developed include the understanding of the dynamics of social groups, social institutions, and social mobility, the implementation of school public health, the program of Maternal and Child Health, the program of reproduction health, public health education, medicinal herbs, work health and safety, sanitation in health-care equipment and facilities, and medical waste management.
5.	The Basic Skills of Nursing Interventions	The basic competencies which can be developed include disinfection and sterilization, the preparing of food and beverage, the preparing of sleeping beds, the bathing of clients, hair care for clients, and fingernail care for clients. Those activities are higly important to be given to elderly clients taking into the consideration the decline in their physical function so that they cannot fulfill their basic needs by themselves.

6.	Basic Human Needs	The basic competencies which can be developed include the understanding of the body's need for fluid and electrolyte, the creation of meal plans for clients, the analysis of clients' level of consciousness, the evaluation of elimination needs, the need for comfort, sleep, and rest, the need for oxygenation, drugs and medicine, basic wound care, interventions to cope with bereavement and loss, the way to handle the death of clients, the fulfillment of the need for play and recreation as well as love and compassion.
7.	Pathology and Supporting Diagnostics	The basic competencies which can be developed include the understanding of problems faced by clients in accordance with the clients' body condition, thus allowing nursing assistants will find out the symptoms of the problems, the nature of the problems, and the way to overcome the problems and make an evaluation of them.

(Source: Adapted from Kemendikbud, 2018)

Based on Table 3, it can be known from the curriculum for Nursing Skills Program that the study program provides students with the skills allowing them to help older people fulfill their basic needs like food, beverage, rest, sleep, mobility, and personal and enviromental hygiene. The study program also discusses the fulfillment of older people's basic needs in the face of physiological problems they face, especially when their body system is in disorder or suffers from illness. This is in line with the statement of the head of the study program of nursing assistant of PVHS 2 of Malang: "…The theory presented during the job training is based on the health care services for older people…".

Therefore, helping students to have skills with which to become caregivers for older people suggests the need for having the curriculum for nursing skills program adjusted to care-giving competencies. Because the existing curriculum was designer on academic merit, it should be redesigned to be adjusted to the development of the Times and technological advancement (Yunianto, 2021). It was for this reason that a convergent curriculum which combines the curricula of two competencies was designed. The convergent curriculum can be seen in Figure 2.

The Convergent Curriculum of Nursing and Caregivers

The fusion of the curriculum for nursing skills program and the curriculum for care-giving competencies, which creates a new curriculum called the convergent curriculum for nursing and caregivers like seen on Figure 2.

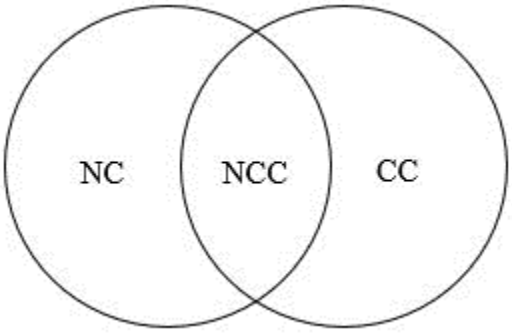


Figure 2. The Intersection of the Convergent Curriculum of NCC
Notes: NC = Nursing Competecies; CC = Care-giving Competencies; NCC = Nursing and Care-giving Competecies

The creation of the convergent curriculum is to make necessary adjustment of the curriculum for nursing and that of cargivers to each other in view of the fact that both nursing skills and care-giving competencies share the same purpose in their way to provide service for older people. Or, to be more exact, the convergent curriculum for nursing and caregiver aims to combine the technical competencies in the curriculum for nursing with the one for caregiver. Consequently, those students projected to be caregivers have to master the convergent curriculum for nursing and care-givers program.

The result of the analysis of the curriculum for care-giving competencies (Table 2) and the curriculum for nursing program (Table 3) to create the convergent curriculum for nursing and caregivers program like Table 4. Students of nursing program who dream of becoming caregivers for older people should master six subjects. First, gerontology, which helps develop such competencies as the basic concept of older people, solution to the problems of older people, and service for older people. Second,

gerontics, which helps develop such competencies as the understanding of proper nutrition for older people, their need for comfort and safety, older people's mobility, and service interventions for older people. Third, psychosocial condition of older people, which helps develop such competencies as the understanding of language and communication with older people, documentation of older people, treatment for older people, and counselling for psychological disorders in older people. Forth, geriatrics, which helps develop such competencies as the understanding of mental health of older people and counselling for physical disorders for older people. Firth, socio-cultural conditions of older people, which helps understand the relationship between older people and their environment. The last, activity therapy, which helps understand recreational programs and therapy for older people and their productivity.

Table 4. The Convergent Curriculum for Nursing and Caregivers

No.	Subjects	Competencies
1	Gerontology	The basic concept of older people
		The solution to the problems of older people
		Services for older people
2	Gerontics	Nutrition for older people
		Older people’s need for safety and comfort
		Older people’s mobility
		Service Intervention for older people
3	Psychosocial Condition	Older people’s language and communication
		The documentation of older people
		Treateent for older people
		Counselling for psychological disorders for older people
4	Geriatrics	Older people’s mental health
		Counselling for physical disorders for older people
5	Sosio Cultural	The relationship of older people with their environment
6	Activity Therapy	Recreational programs and therapy for older people
		Older people’s productivity

CONCLUSION

The redesign of the curriculum for the nursing skills program in an effort to provide competent caregivers for older people was conducted through preparing good vocational teachers, preparing tutors from industry, planning training processes for eleventh grade students provided online and offline within a period of two months, and designing the convergent curriculum for nursing skills and care-giving competencies. The implementation of this curriculum involves all members of the vocational high school community and even other parties outside the school. The internal parties involved include academic staff, teachers, and leaders of the school; meanwhile, the external parties include the government, national and foreign industries, the immigrant worker agencies, student parents, and universities. The evaluation of the curriculum by considering up-to-date information about new competencies needs to be carried out to ensure the sustainable acceptability of the graduates' competencies by the standard of both national and international industries.

BIBLIOGRAPHY

Annisa, D. F., & Ifdil, I. (2016). Konsep Kecemasan (Anxiety) pada Lanjut Usia (Lansia). Konselor, 5(2). https://doi.org/10.24036/02016526480-0-00.

Ariesti, E., Luhung, M., P, Y. P., & Sigit, N. (2020). Hubungan Terapi Relaksasi Otot Progresif dengan Perubahan Tingkat Insomnia Pada Lansia di LKS-Lu Pangesti Lawang dan Panti Werdha Tresno Mukti Turen. CERMIN: Jurnal Penelitian, 4(2). https://doi.org/10.36841/cermin_unars.v4i2.773.

Bekdemir, A., & Ilhan, N. (2019). Predictors of Caregiver Burden in Caregivers of Bedridden Patients. The journal of nursing research: JNR, 27(3), e24. https://doi.org/10.1097/jnr. 0000000000000297.

Bidwell, J. T., Lyons, K. S., & Lee, C. S. (2017). Caregiver Well-being and Patient Outcomes in Heart Failure: A Meta-analysis. The Journal of cardiovascular nursing, 32(4), 372–382. https://doi.org/10.1097/JCN.0000000000000350.

Birkenhager-Gillesse., Elizabeth, G., Achterberg, W. P., Janus, S. I. M., Kollen, B. J., & Zuidema, S. U. (2020). Effects of Caregiver Dementia

Training in Caregiver-Patient Dyads: A Randomized Controlled Study. International Journal of Geriatric Psychiatry. 35(11), 1376-1384. https://doi.org/10.1002/gps.5378.

Blouin, A. S., Smith-Miller, C. A., Harden, J., & Li, Y. (2016). Caregiver Fatigue: Implications for Patient and Staff Safety, Part 1. The Journal of Nursing Administration, 46(6), 329–335. https://www.jstor.org/stable/26813684.

Brett, C. E., Gow, A. J., Corley, J., Pattie, A., Starr, J. M., & Deary, I. J. (2012). Psychosocial factors and Health as Determinants of Quality of Life in Communitydwelling Older Adults. Quality of Life Research, 21(3), 505–516. https://doi.org/10.1007/s11136-011-9951-2.

Cresswell, J. W. (2016). Research Design. Pustaka Belajar.

Fatma, A. M. (2018). Peran Tutor dalam Mengembangkan Motivasi Berprestasi Warga Belajar Paket C di PKBM Dharma Bekti Kecamatan Cibinong Bogor. Jurnal Eksistensi Pendidikan Luar Sekolah (E-Plus), 3(2), 193-204. http://dx.doi.org/10.30870/e-plus.v3i2.4898.

Friska, B., Usraleli, U., Idayanti, I., Magdalena, M., & Sakhnan, R. (2020). The Relationship of Family Support with The Quality of Elderly Living in Sidomulyo Health Center Work Area in Pekanbaru Road. Jurnal Proteksi Kesehatan, 9(1). https://doi.org/10.36929/jpk.v9i1.194.

Ge, L., & Mordiffi, Siti, Z. M. (2017). Factors Associated with Higher Caregiver Burden Among Family Caregivers of Elderly Cancer Patients. Cancer Nursing. 40(6), p 471-478. 10.1097/ NCC.0000000000000445.

Ibad, M. R., Ahsan., & Lestari, R., (2015). Studi Fenomenologi Pengalaman Keluarga Sebagai Primary Caregiver dalam Merawat Lansia dengan Demensia di Kabupaten Jombang. The Indonesian Journal of Health Scienc. 6(1), 40-51. https://doi.org/10.32528/ the.v6i1.35.

Kamaruddin, H. (2021). Upaya Meningkatkan Kompetensi Guru SMK Negeri 4 Gowa dalam Melaksanakan Proses Pembelajaran di Kelas Melalui Program Supervisi. Jurnal Paedagogy, 8(3), 414-421. https://doi.org/10.33394/jp.v8i3.3894.

Kartika, A. W., Choiriyah, M., Kristianingrum, N. D., Noviyanti, L. W., & Fatma, E. P. L. (2019). Pelatihan Tugas Perawatan Kesehatan Keluarga Caregiver Lansia dalam Pogram RURAL (Rumah Ramah Lansia). Jurnal Pengabdian kepada Masyarakat. 5(3), 448-462. https://doi.org/10.22146/jpkm.45139.

Khanal, B., & Chalise, H. N. (2020). Caregiver Burden among Informal Caregivers of Rural Older Persons in Nepal. Journal of Health Care and Research. 1(3), 149-156. https://doi.org/ 10.36502/2020/hcr.6173.

Kementerian Pendidikan dan Kebudayaan. (2018). Spektrum_Perdirjen_06_2018.Pdf. Retreived from https://smk.kemdikbud.go.id/konten/3818/spektrum-keahlian-smk-perdirjendikdasmen-no-06dd5kk 2018-tanggal-7-juni-2018.

Kementerian Kesehatan RI. (2019). Kurikulum Pendampingan Lanjut Usia Bagi Caregiver. Pusat Pelatihah SDM Kesehatan, 322.

Kemendikbud. (2018). Peraturan Direktur Jenderal Pendidikan Dasar dan Menengah Kementerian Pendidikan dan Kebudayaan Nomor: 07/D.D5/Kk/2018 Tentang Struktur Kurikulum Sekolah Menengah Kejuruan (SMK)/ Madrasah Aliyah Kejuruan (MAK). Kemendikbud, 021, 307. Retreived from http://psmk.kemdikbud.go.id/konten/3824/struktur-kurikulum-smk-perdirjen-dikdasmen-no-07dd5kk2018-tanggal-7-juni-2018.

Kementerian Ketenagakerjaan. (2021). SKKNI 2021-028. BIDANG CAREGIVERpdf.pdf. (n.d.). Retreived from https://jdih.kemnaker.go.id/asset/data_puu/2021SKKNI028.pdf.pdf.

LI, Q., LIN, Y., XU, Y., Zhou, H. (2018). The Impact of Depression and Anxiety on Quality of Life in Chinese Cancer Patient-Family Caregiver Dyads, A Cross-Sectional Study. Health Qual Life Outcomes, 16(230). https://doi.org/10.1186/s12955-018-1051-3.

Mamom, J., & Daovisan, H. (2022). Listening to Caregivers’ Voices: The Informal Family Caregiver Burden of Caring for Chronically Ill Bedridden Elderly Patients. International Journal of Environmental Research and Public Health. 19(1). 10.3390/ijerph19010567.

Martina, S. E. (2020). Caregiver Training on Care for People with Dementia in Medan, North Sumatera. Darmabakti Cendekia: Journal of Community Service and Engagements. 2(1), 1–3. https://doi.org/10.20473/dc.V2.I1.2020.1-3.

McGrath, C., Palmgren, P. J., & Liljedahl, M. (2018). Twelve Tips for Conducting Qualitative Research Interviews. Medical Teacher. 41(9), 1002-1006. http://www.tandfonline. com/action/showCitFormats?doi=10.1080/0142159X.2018.1497149.

Mukherjee, A., Biswas, A., Roy, A., Biswas, S., Gangopadhyay, G., & Das, S. K.

(2017). Behavioural and Psychological Symptoms of Dementia: Correlates and Impact on Caregiver Distress. Dement Geriatr Cogn Disord Extra. 7, 354-365. 10.1159/000481568.

Nurdiansyah, A. F. P., Ahyandi, S. S., Mahesya, A. W., Asmaradianti, A., Ilmi, A. M., Aristya, M. P., Nurvita, R., Nuramalia, L. S., Narottama, K. R., Purnami, N., & Lestari, P. (2021). Educational Video as Effective Communication on Formal and Informal Caregiver to Elderly: A Descriptive Study. Journal of Community Medicine and Public Health Research, 2(2), 41–45. https://doi.org/10.20473/jcmphr.v2i2.25133.

Pramana, C. A., & Subiyantoro, H. (2020). Kontribusi Instruktur dan Pelatihan Terhadap Pengembangan Kreativitas Peserta Pelatihan di UPT Pelatihan Kerja Tulungagung. Jurnal Pendidikan Ekonomi, 5(2), 20-30. https://doi.org/10.29100/jupeko.v5i2.1010.

Reed, C., Belger, M., Dell'Agnello, G., Wimo, A., Argimon, J. M., Bruno, G., Dodel, R., Haro, J. M., Jones, R. W., Vellas, B. (2014). Caregiver Burden in Alzheimer's Disease: Differential Associations in Adult-Child and Spousal Caregivers in the GERAS Observational Study. Dement Geriatr Cogn Disord Extra. 4, 51-64. 10.1159/000358234.

Sari, M. M., Syahrul, S., & Malasari, S. (2016). Training of Caregiver Towards Family Independence Level in Caring for Elderly with Hypertension. Indonesian Contemporary Nursing Journal. 1(1), 1-7. https://doi.org/10.20956/icon.v1i1.3218.

Smith, V. A., Lindquist, J., Miller, K. E. M., Shepherd-Banigan, M, Olsen, M., Campbell-Kotler, M., Henius, J., Kabat, M., & Houtven, C. H. V. (2019). Comprehensive Family Caregiver Support and Caregiver Well-Being: Preliminary Evidence from a Pre-post-survey Study with a Non-equivalent Control Group. Frontiers in Public Health. 7(122). 10.3389/fpubh.2019.00122.

Silva, M. I. S. D., Alves, A. N. D. O., Salgueiro, C. D. B. L., & Barbosa, V. F. B. (2018). Alzheimer's Disease: Biopsycosocial Repercussions in The Life of The Family Caregiver. Journal of Nursing. 12(7), 1931-1939. https://doi.org/10.5205/1981-8963-v12i7a231720p1931-1939-2018.

Sugiyono. (2018). Metode Penelitian Kualitatif. CV Alfabeta.

Susilawati, & Fredrika, L. (2019). Pengaruh Intervensi Strategi Pelaksanaan Keluarga terhadap Pengetahuan dan Kemampuan Keluarga dalam Merawat Klien Skizofrenia dengan Halusinasi. Jurnal Keperawatan Silampari, 3(1). https://doi.org/10.31539/jks.v3i1.89.

Tan, S., Williams, A. F., Tan, E. Clark, R. B., & Morris, M. E. (2020). Parkinson's Disease Caregiver Strain in Singapore. Frontiers in Neurology. 11(455). 10.3389/fneur.2020.00455.

Turere, V. N. (2013). Pengaruh Pendidikan dan Pelatihan Terhadap Peningkatan Kinerja Karyawan pada Balai Pelatihan Teknis Pertanian Kalasey. Jurnal EMBA: Jurnal Ekonomi, Manajemen, Bisnis dan Akuntansi, 1(3), 10-19. https://doi.org/10.35794/emba.1.3.2013.1368.

UN. (2017). World population prospects: Data booklet 2017 Revision. Population Division. Retreived from https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Jan/un_2017_world_population_prospects-2017_revision_databooklet.pdf.

Vaidyanathan S., Rupesh E., Subramanyam, A. A., Trivedi, S., Pinto, C., & Kamath, R. (2018). Disability and caregiver burden: Relation to elder abuse. Journal of Geriatric Mental Health. 5(1), 30-34. 10.4103/jgmh.jgmh_8_17.

Villas, N., Meskis, M. A., & Goodliffe, S. (2017). Dravet syndrome: Characteristics, comorbidities, and caregiver concerns. Epilepsy & Behavior. 74, 81-86. https://doi.org/10.1016/j.yebeh.2017. 06.031.

Walter, E., & Pinquart, M. (2020). How Effective Are Dementia Caregiver Interventions? An Updated Comprehensive Meta-Analysis. The Gerontologist, 60(8), e609–e619. https://doi.org/10.1093/geront/gnz118.

Yunianto, T. (2021). Analisis Kesesuaian Materi IPA dalam Buku Siswa Kelas IV Semester 1 SD/MI dengan Kurikulum 2013. Jurnal Ilmiah Pendidikan Dasar. VIII(1), 1-17. http://dx.doi.org/10.30659/pendas.8.1.1-17.

Yustiani, G., Abdulhak, I., & Pramudia, J. R. (2015). Peran Tutor untuk Meningkatkan Motivasi Belajar Peserta Didik dalam Pembelajaran Mandiri (Studi pada Program Pendidikan Kesetaraan Paket C di PKBM Geger Sunten Lembang). Jurnal Pendidikan NonFormal dan Informal, 7(2), 1-17. Retreived from https://ejournal.upi.edu/index.php/PNFI/article/view/ 5588.

Zein, M. (2016). Peran Guru dalam Pengembangan Pembelajaran. Jurnal Inspiratif Pendidikan, 5(2), pp. 274-285. 10.24252/ip.v5i2.3480.