

Improving Quality Of Life In Orphanages Through A Health Management Approach And Its Determining Factors: A Quasi-Experimental Study

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Abstract

Residents of orphanages frequently experience infections and fevers, suffer from skin diseases, face bullying, struggle with social confidence, and have lower academic achievements. The quasi-experimental approach used is a one-group pretest and posttest design. The sample includes 225 children from orphanages and 70 administrators and caregivers in orphanages Riau Province. The pretest results show that more than half of the caregivers and administrators in the orphanage have low knowledge (70%) regarding orphanage management. Additionally, more than half of the orphanage residents have low knowledge (64%) about basic nursing care, low knowledge (67%) about basic life support, low knowledge (62%) about personal hygiene, and low knowledge (69%) about clean and healthy living behaviors. The pretest data shows that more than half of the residents in the orphanage had a lower quality of life (71%) when the pretest was conducted. The data shows that the majority of the residents in the orphanage had a good quality of life (84%) when the posttest was conducted. The posttest results show that more than half of the caregivers and administrators in the orphanage have high knowledge (80%) regarding orphanage management. Additionally, more than half of the orphanage residents have high knowledge (47%) about basic nursing care, high knowledge (51%) about basic life support, high knowledge (52%) about personal hygiene, and high knowledge (51%) about clean and healthy living behaviors. Furthermore, the orphanage has successfully established a health unit to handle basic healthcare services for its residents. Based on the Wilcoxon test, it was found that the intervention of training and mentoring on health management and its determining factors was highly effective in improving the quality of life in the orphanage, with a Pvalue of 0.014.

Keywords : Health Management ; Orphanages ; Quality Of

1. INTRODUCTION

An orphanage is an institution that protects children from neglect, trafficking, and violence (1). According to data from the Ministry of Social Affairs of the Republic of Indonesia in 2023, there are approximately 6,200 orphanages functioning as Child Welfare and Social Institutions in Indonesia. Based on data from the Riau Provincial Social Service, there are 78 orphanages in Riau Province, with only 24 of them being officially licensed (2). From surveys and interviews conducted, most orphanages still lack adequate infrastructure and do not have basic healthcare

facilities to improve children's quality of life. According to the Child Welfare Law of the Republic of Indonesia, every child has the right to well-being, proper care, and guidance based on love, whether within a family or under the care of a specialized institution that ensures the child's proper growth and development. The quality of life in orphanages appears to be poor when measured by the Pediatric Quality of Life InventoryTM standards set by the World Health Organization, which assess physical function, emotional function, social function, and school function. Residents of orphanages frequently experience infections and fevers, suffer from skin diseases, face bullying, struggle with social confidence, and have lower academic achievements (3).

The success of quality of life in an orphanage greatly depends on management and leadership in running the orphanage, the work programs of the administrators, and the methods of education and guidance provided by caregivers (4). This is why administrators and caregivers bear a significant responsibility. Administrators and caregivers act as parental figures, providing love, comfort, and serving as role models in fostering independence, hard skills, and soft skills that help children socialize, compete, and meet their needs (5). The quality of life in an orphanage is influenced by the management functions carried out by its administrators, which include planning, organization, management, and evaluation (6). Therefore, to create an environment where orphanage residents have a high quality of life, it is essential to have effective management practices and ensure that the orphanage administrators themselves also maintain a good quality of life (7).

According to a study by Yendork et al. (2016) in Accra, Ghana, most literature on predictors of quality of life among children in orphanages focuses on psychopathology, with little emphasis on positive psychological factors within orphanages. In the study, participants completed assessments measuring quality of life, self-efficacy, resilience, perceived social support, and demographic factors. The analysis revealed that older orphans had higher levels of resilience and self-efficacy compared to younger orphans. However, older orphans had lower perceptions of support from friends, family, and close individuals compared to younger orphans. Additionally, girls exhibited higher self-efficacy than boys. Furthermore, perceived social support and resilience emerged as significant positive predictors of quality of life (8).

To improve the quality of life for residents in orphanages, the researcher implemented interventions and a management approach for orphanage administrators, as well as interventions to enhance the well-being of both administrators and children in the orphanage. Several interventions were carried out, including training in orphanage management and documentation, personal hygiene education, basic healthcare training, and basic life support for all orphanage residents. As far as the researcher is aware, studies on children's health-related quality of life in orphanages, particularly regarding health management and its determining factors, have not been conducted before. Therefore, this research is highly important and useful in addressing issues related to health management in orphanages, identifying solutions, and establishing structured work programs for administrators to improve the quality of life for orphanage residents.

2. MATERIALS AND METHODS

This study uses a quasi-experimental design conducted without randomization but involves assigning participants to groups. The quasi-experimental approach used is a *one-group pretest and posttest design*. The population in this study consists of administrators, caregivers, and foster children in orphanages in Pekanbaru City and Kampar Regency, Riau Province. The sample includes 225 children from orphanages and 70 administrators and caregivers. The study is conducted over one year, starting from February 2024 and ending in November 2024.

The research process begins with a health management approach, starting with identifying the quality of life of administrators and children in the orphanage through surveys and questionnaires. The questionnaires use are Leadership Behavior Inventory and Personal Mastery Questionnaire and The Pediatric Quality of Life Inventory (PedsQL) 4.0 is a widely used instrument that assesses health-related quality of life in children and adolescents across four key domains: physical functioning, emotional functioning, social functioning, and school functioning.

The collected data is then analyzed to determine the factors affecting the quality of life of children in the orphanage. Based on this analysis, the researcher develops interventions or actions to address these issues, aiming to improve the well-being of both administrators and children in the orphanage. The first intervention involves training and mentoring in orphanage management, designed to improve the quality of life for both staff and residents. This intervention was implemented over a six-month period and included continuous mentoring, utilizing a strategic planning module and work program to enhance quality of life through a health management approach. The second intervention focuses on education and mentoring in basic care and life support, personal hygiene, clean and healthy living behaviors, and the establishment of a health unit within the orphanage. This intervention considers various aspects, including physical function, emotional function, social function, and school function. Description Of Ethical Approval From Research Ethics Bureau Payung Negeri Institute Of Health Science, reference No.010/IKES PN/KEPK/XII/2023, Researchers informed

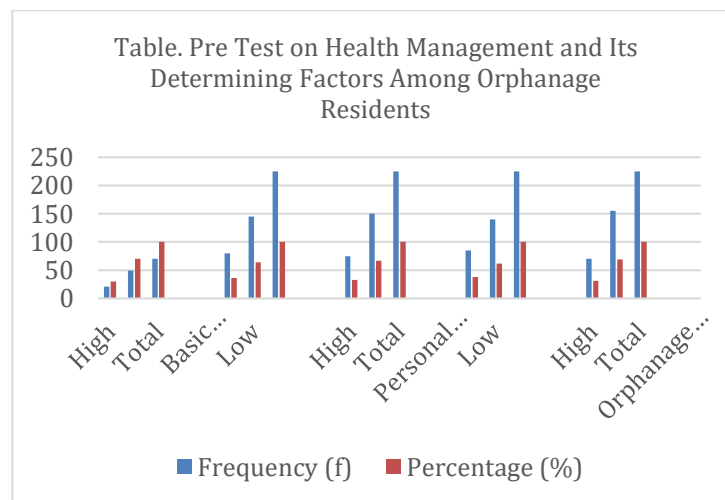
participants about the study's objectives and the interview procedure. Each individual provided written informed consent before taking part. Participants were guaranteed confidentiality and anonymity, reminded that their involvement was entirely voluntary, and assured they could withdraw at any time. None of the participants chose to withdraw their consent.

3. RESULTS

The majority of respondents who belong to the 6-12 years old (122 ; 41,35%). The majority of respondents were women (157 in number; 53,2%). The data on respondent demographics (Table 1), Management of Orphanage Administration and Its Contributing Factors in Improving the Quality of Life of Foster Children in Orphanages (Chart) will be described as follows :

| Characteristics of Respondents | n | % |
|--------------------------------|-----|-------|
| Age | | |
| 1-5 years old | 18 | 6,10 |
| 6-12 years old | 122 | 41,35 |
| 13-18 years old | 85 | 28,82 |
| >19 years | 70 | 23,73 |
| Gender | | |
| Woman | 157 | 53,2 |
| Men | 138 | 46,8 |

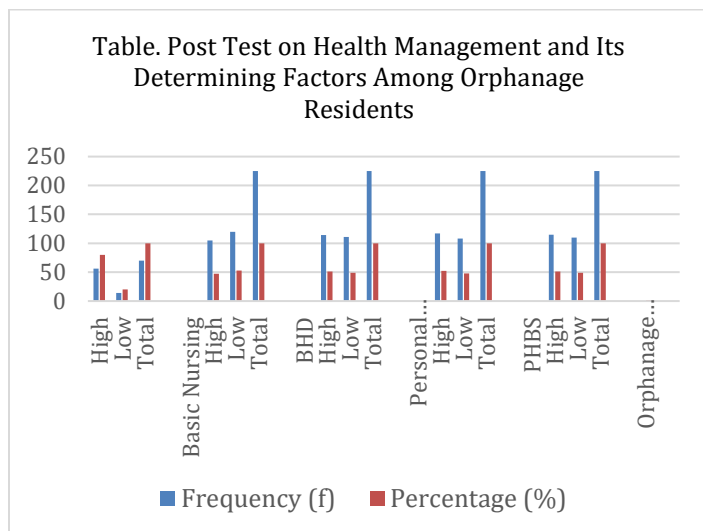
Each administrator and caregiver receives training and mentoring in orphanage management to ensure proper administration, with the expectation of improving the quality of life for residents in the orphanage. The researcher also conducts training and mentoring activities as key determinants of quality of life in orphanages, including basic nursing training, basic life support training, personal hygiene training, clean and healthy living behavior training, and the establishment of a health unit within the orphanage. However, before conducting the training and mentoring sessions, the research team administered a *pretest* to administrators, caregivers, and all children in the orphanage, resulting the following results :



Based on the table above, the *pretest* results show that more than half of the caregivers and administrators in the orphanage have low knowledge (70%) regarding orphanage management. Additionally, more than half of the orphanage residents have low knowledge (64%) about basic nursing care, low knowledge (67%) about basic life support, low knowledge (62%) about personal hygiene, and low knowledge (69%) about clean and healthy living behaviors. Furthermore, the orphanage does not have a health unit to provide basic healthcare services for its residents.

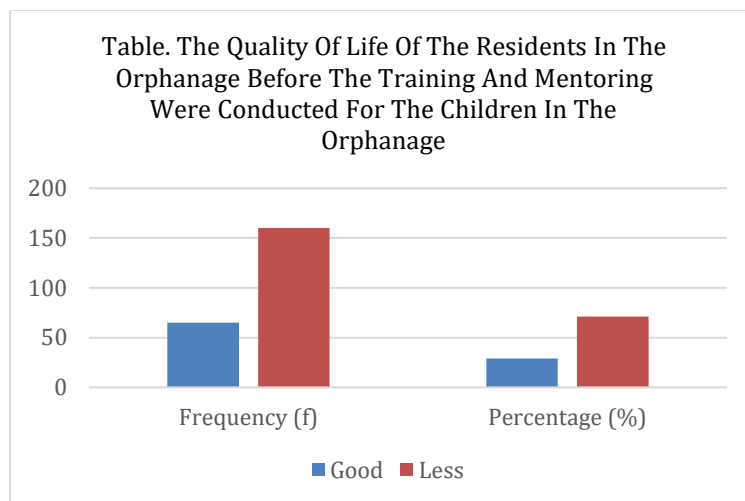
After conducting the pretest and obtaining the results, the research team implemented interventions through a Health Management Approach and its Determining Factors by providing health education, training, and mentoring on : 1) Orphanage Management, 2) Basic Nursing Care, 3) Basic Life Support, 4) Personal Hygiene, 5) Clean and Healthy Living Behaviors, and 6) The Establishment of an Orphanage Health Unit. The orphanage management training was conducted by the researcher and practitioners from the Riau Provincial Social Service, covering the four main pillars: Planning, Organizing, Actuating, and Controlling (POAC), the development of an Action Plan (POA), and the preparation of Annual Work Plans and Strategic Plans. Training on basic life support was supported by practitioners from the Riau Provincial General Hospital, covering wound care and cardiopulmonary resuscitation. Personal hygiene training included proper handwashing and skin and nail cleanliness, while clean and healthy living behavior training emphasized the importance of personal hygiene and environmental cleanliness. The establishment of the Orphanage Health Unit was carried out by the researcher, involving the Orphanage Head, Health Service, and Social Service. All training and mentoring activities for administrators, caregivers, and foster children were conducted with consideration for the physical, emotional, social, and school functions to improve the quality of life for children in the orphanage.

After the training and mentoring were conducted in the orphanage, the researcher performed an evaluation by administering a *posttest*, which yielded the following results:



Based on the table above, the *posttest* results show that more than half of the caregivers and administrators in the orphanage have high knowledge (80%) regarding orphanage management. Additionally, more than half of the orphanage residents have high knowledge (47%) about basic nursing care, high knowledge (51%) about basic life support, high knowledge (52%) about personal hygiene, and high knowledge (51%) about clean and healthy living behaviors. Furthermore, the orphanage has successfully established a health unit to handle basic healthcare services for its residents.

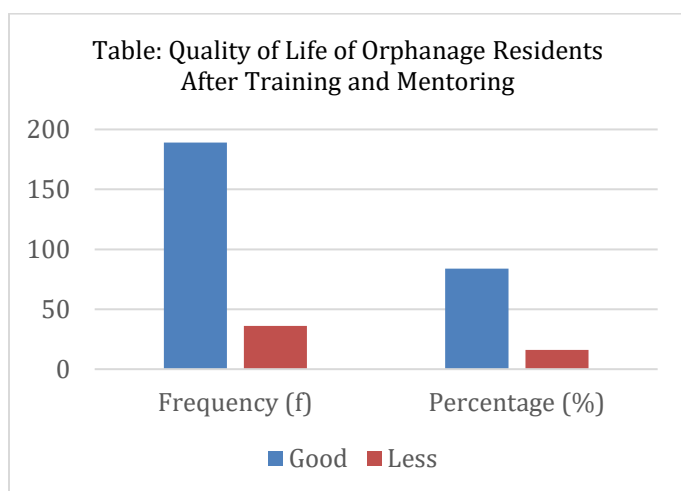
Foster children underwent a pretest to measure their quality of life using the *Pediatric Quality of Life Inventory (PedsQL)* questionnaire before any activities and interventions in the orphanage. The following results were obtained :



Based on the table above, the data shows that more than half of the residents in the orphanage had a lower quality of life (71%) when the pretest was conducted.

To improve the quality of life for the residents in the orphanage, the research team conducted training and mentoring on orphanage management, basic care and basic life support, health education on clean and healthy living behaviors (PHBS), established an orphanage health unit, and created a small nursing program, all while considering the physical, emotional, social, and school functions to enhance the quality of life for the residents in the orphanage.

After conducting the activities and interventions, the research team performed a posttest to measure the quality of life of the children using the *Pediatric Quality of Life Inventory (PedsQL)* questionnaire, yielding the following results :



Based on the table above, the data shows that the majority of the residents in the orphanage had a good quality of life (84%) when the posttest was conducted.

Data analysis was conducted using the Wilcoxon test, and the research findings showed that after the training and mentoring on health management and its determining factors, the quality of life in the orphanage improved to the "good" quality of life category, which was 84%. Based on the Wilcoxon test, it was found that the intervention of training and mentoring on health management and its determining factors was highly effective in improving the quality of life in the orphanage, with a *P*value of 0.014.

4. DISCUSSION

According to Hurlock, adolescence is a transitional period from childhood to adulthood, during which a child matures sexually and legally (9). Adolescents require social environmental support to achieve optimal development (10). However, in reality, not all adolescents can be protected within a complete family unit that can meet their developmental needs optimally. Some adolescents grow up in social environments without the presence of family or parents due to various factors such as the loss of parents or economic conditions that force them to be placed in social institutions such as orphanages (11). According to the Ministry of Social Affairs of the Republic of Indonesia, an orphanage is a social welfare institution for abandoned children, providing substitute parental or family care to meet their physical, mental, and social needs (12). A survey conducted by the Ministry of Social Affairs reported that 94% of orphanage residents are there due to weak economic conditions, and 6% are placed there because they have lost one or both parents(13).

The lives of adolescents in orphanages face several challenges in achieving a good quality of life, such as the lack of sufficient caregivers and administrators, which often leads to adolescents in orphanages receiving less attention and affection (14). This situation results in adolescents in orphanages receiving insufficient guidance, and peer behavior that frequently triggers conflicts makes it harder for them to form social

relationships with others, leading to social issues at school, both with peers and teachers, and a decline in academic performance (15). Furthermore, there are physical issues faced by adolescents in orphanages, such as inadequate nutrition and poor clean and healthy living behaviors, leading to a low health status among the residents (16). These inadequate conditions in the orphanage can lead to several negative effects on the residents. It has been found that the quality of life for children in orphanages appears poor when measured by the Pediatric Quality of Life Inventory™ World Health Organization (WHO) standards, particularly in aspects of physical function, emotional function, social function, and school function (17). Research conducted found that adolescents in orphanages tend to have inferior personalities, passivity, apathy, withdrawal, a sense of helplessness, fear, and anxiety compared to adolescents with intact families (18). Interviews and observations from a preliminary study conducted by the research team in orphanages in Pekanbaru City and Kampar Regency revealed that the residents felt anxious about information related to school due to the lack of communication tools, as well as concerns about their future after graduating from high school. This anxiety stemmed from the fact that orphanages in Indonesia have a set time limit for their residents to stay and receive financial assistance, which ends once they complete their high school education.

To improve the quality of life for residents in orphanages, steps for health management and related activities are necessary. This approach ensures that the programs implemented by the management and caregivers in the orphanage address the physical, emotional, social, and educational functions, which serve as key indicators for determining the quality of life for the residents. Health management refers to the organization of health units or institutions, which includes planning, organizing, staffing, actuating, and controlling, all aimed at improving the quality of life within the orphanage. Factors that contribute to improving the quality of life in orphanages include clean and healthy living behaviors, personal hygiene, basic life support, basic nursing care, and the establishment of a health unit within the orphanage. These elements of health management and its influencing factors play a critical role in determining the quality of life in orphanages. Health management, initiated and managed by the orphanage administrators, becomes a crucial aspect of this process. Therefore, administrators need to understand and be knowledgeable about management practices, strategic plans, and work plans as tools for monitoring and evaluation. Administrators must develop work programs within the orphanage to facilitate physical, emotional, social, and educational functions, ultimately enhancing the quality of life for the children in the orphanage.

Other factors that determine the improvement of the quality of life include clean and healthy living behaviors, personal hygiene, basic life support, basic nursing care, and the establishment of a health unit within the orphanage. Clean and healthy living behaviors encompass maintaining environmental cleanliness, using sanitary toilets, and keeping clothes and food clean. Personal hygiene involves maintaining cleanliness in

areas such as nails, hair, skin, and genitalia. Basic life support includes health education and procedures like cardiopulmonary resuscitation (CPR). Basic nursing care consists of training in wound care and inhalation therapy. The establishment of a health unit in the orphanage aims to serve as a prevention and first aid unit to address basic health issues within the orphanage.

Good health management and its determining factors, such as proper clean and healthy living behaviors, good personal hygiene, effective basic life support, proper basic nursing care, and the availability of a health unit within the orphanage, have been proven to significantly improve the quality of life for the residents of the orphanage.

According to the researcher's assumption, health management in orphanages must be effectively carried out through work programs and strategic plans developed by the management and caregivers. These programs and strategic plans should include activities and initiatives that improve the physical, emotional, social, and educational aspects to enhance the quality of life for the residents of the orphanage.

5. CONCLUSION

The orphanage has successfully established a health unit to handle basic healthcare services for its residents. The pretest data shows that more than half of the residents in the orphanage had a lower quality of life when the pretest was conducted, and the majority of the residents in the orphanage had a good quality of life when the posttest was conducted. It was found that the intervention of training and mentoring on health management and its determining factors was highly effective in improving the quality of life in the orphanage.

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CONFLICT OF INTEREST

There are no potential conflicts of interest to declare.

AUTHOR'S CONTRIBUTION

| | | |
|-----------------|---|--|
| Ifon Driposwana | : | Research conceptualization, initial manuscript drafting, and data analysis |
| Putra | : | |
| Emul Yani | : | Field data collection, validation of instruments. |
| Yureya Nita | : | Literature review and development of the theoretical framework |
| Afrida Sriyani | : | Statistical analysis and interpretation of the research findings. |
| Harahap | : | |
| Gita Adelia | : | Academic content editing and final manuscript supervision |

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