

IMPLEMENTATION OF HEALTH SERVICES FOR ELDERLY PRISONERS IN CLASS IIA KUNINGAN PRISON



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ABSTRACT

This study examines the implementation of healthcare services for elderly inmates at the Kuningan Class IIA Correctional Facility, highlighting both the achievements and challenges encountered in providing adequate care. Despite the positive and transparent relationship between prison staff and elderly inmates, the quality of healthcare has not reached an optimal level due to limited human resources and inadequate medical facilities. The research employs a qualitative methodology, utilizing interviews and observations to gather insights from healthcare staff and elderly inmates about their experiences and perceptions of the healthcare services offered. The findings reveal that while the staff shows dedication and empathy towards the inmates, significant improvements are necessary to enhance the quality of healthcare service. This study aims to provide a comprehensive understanding of the current state of healthcare for elderly inmates and suggest actionable strategies for enhancing service delivery in correctional settings.

Keywords: Health Service; Inmates; Elderly



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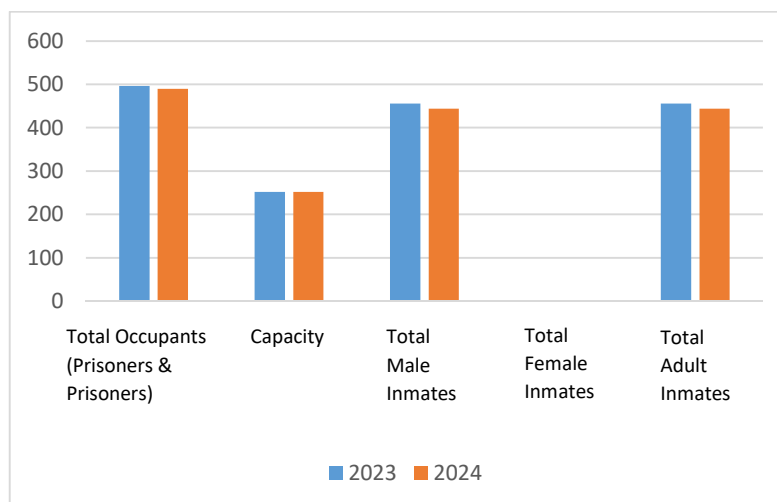
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INTRODUCTION

Elderly prisoners require special attention so that they can live independently with minimal assistance. Elderly prisoners must be protected from unfair treatment, including torture, substandard facilities (such as poor food), and limited medical care. In accordance with the Regulation of the Minister of Law and Human Rights of the Republic of Indonesia Number 32 of 2018 concerning Treatment for Prisoners and Elderly Prisoners, article 1 paragraph (2) states that "Special Treatment is an effort aimed at providing ease of service to assist the Elderly in restoring and developing themselves in order to improve their level of social welfare." They have basic needs, including biological, economic, physical, psychological and social needs. In addition, they have additional needs, namely needs for activities, recreation, religion, politics, and culture (Irfansyah & Subroto, 2023).

In addition, it is important to emphasize that elderly prisoners are entitled to health services and proper food in accordance with nutritional needs, as stipulated in Law No. 22 of 2022 concerning Corrections, article 9 point d. This shows a serious commitment to the welfare of elderly prisoners. This shows a serious commitment to the welfare of elderly prisoners, including aspects of health and nutrition, which are important foundations for their recovery and development. Proper health care and nutritional food are important steps in the effort to improve the social welfare of elderly prisoners, in line with the basic principles of correctional services that emphasize rehabilitation and social reintegration.

In Indonesia, there is currently only one correctional center that has a special block for elderly prisoners, namely the Class IIA correctional center in Serang, Banten, known as Wisma Dilan. Wisma Dilan has a capacity of around 23 people (Zulfikar Rohim, n.d.). In fact, there are still many elderly prisoners in general correctional institutions (LAPAS) that do not have special facilities and programs for them, including in the Class IIA Kuningan Correctional Institution.



Source: sdppublik, 2024

Figure 1
Graph of Data on Occupants of Class IIA Kuningan Prison

Based on Figure 1, it is evident that the total number of inmates (detainees and convicts) at the Class IIA Kuningan Correctional Facility has declined over time. For instance, in 2023, the total inmate population was 496, whereas in February 2024, this number decreased to 490. This decrease in population reflects a positive trend; however, the issue of overcrowding remains significant. The overcrowding rate, defined by the ratio of total inmates to the facility's capacity, also saw a slight reduction, dropping from 196% in 2023 to 194% in February 2024. Although there is a decrease, the overcrowding percentage still exceeds 100%, indicating that the facility is operating well beyond its intended capacity.

This persistent overcrowding issue highlights the need for special attention to elderly inmates, who require distinct management and care compared to younger convicts. The aging population within correctional facilities necessitates tailored health services and living conditions that address their unique challenges. As the population of elderly inmates continues to grow, it is crucial for the Class IIA Kuningan Correctional Facility to prioritize their specific needs in its operational strategies. Failure to do so may lead to inadequate care and a deterioration of their well-being, further complicating the facility's responsibilities.

The Class IIA Kuningan Correctional Facility, designated for general inmate populations, must incorporate special considerations for elderly inmates in its program development and facilities. This includes not only healthcare services but also the physical environment, accessibility, and social support systems. By establishing programs that cater to the elderly, the facility can enhance the quality of life for these individuals, making their experience more humane and respectful of their dignity. Such measures can also contribute to a more rehabilitative atmosphere, benefiting the overall correctional environment.

Given these circumstances, the author is particularly interested in exploring and analyzing the research titled "Implementation of Health Services for Elderly Inmates at Class IIA Kuningan Correctional Facility." This research aims to produce more accurate outcomes for the Technical Implementation Unit involved, as indicated by the available data. By examining existing health services and identifying gaps in care for elderly inmates, the study can inform improvements in service delivery that align with best practices in correctional healthcare.

LITERATURE REVIEW

In evaluating the quality of health services in Class IIA Kuningan Correctional Facility for elderly inmates, the author utilizes George C. Edwards III's Policy Implementation Theory (Pramono, 2020). This theory encompasses several critical dimensions that are instrumental for successful policy implementation. The first dimension is communication, which emphasizes that policy implementers must have a solid understanding of the policy's objectives. Effective communication of the policy's aims to the target group is crucial to reduce distortions in implementation. When the target group lacks awareness of the policy's goals, it can lead to increased resistance and a disconnect between policy intent and actual outcomes. Therefore, the role of clear and effective communication cannot be overstated, as it serves to align the expectations of all stakeholders involved in the policy execution.

Another pivotal dimension is resource availability. Even when a policy is well-defined and coherent, its implementation can still fail due to inadequate resources for the implementers. This includes both physical assets, such as facilities and equipment, as well as human resources, particularly the skills necessary for effective implementation.

Insufficient resources can hinder the ability to deliver quality health services, ultimately impacting the inmates' welfare. Thus, ensuring that adequate resources are allocated is essential for facilitating effective policy implementation within correctional facilities, where the health and well-being of inmates must be prioritized.

The third dimension of implementation theory is the disposition of the implementers. Those who exhibit a positive attitude are more likely to execute the policy as intended by its creators. Conversely, a mismatch between the attitudes of the implementers and the policymakers can lead to significant challenges during implementation. Such discrepancies can manifest in various ways, from ineffective communication to a lack of motivation among staff. Therefore, fostering a culture that encourages positive dispositions among implementers is vital for ensuring that policies are executed faithfully and effectively, thereby enhancing the overall quality of services provided to inmates.

The structure of bureaucracy also plays a crucial role in the implementation of policies. The organizational framework responsible for executing the policy significantly influences its effectiveness. Establishing Standard Operating Procedures (SOPs) is a key element within any organizational structure, serving as guidance for operators during implementation. When procedures are not clearly defined or fail to align with the policy objectives, it can lead to bureaucratic hurdles and weaken oversight mechanisms. This bureaucratic complexity ultimately limits operational effectiveness and may hinder the delivery of essential services. Consequently, a well-structured bureaucracy that adheres to clear procedures is necessary for the successful implementation of health services in correctional facilities.

In conclusion, these four dimensions—communication, resources, disposition, and bureaucratic structure—provide a comprehensive framework for evaluating how Class IIA Kuningan Correctional Facility delivers health services. By assessing these aspects through the lens of Implementation Theory, the study aims to uncover areas for improvement and ensure that policies aimed at enhancing inmate health are executed effectively. This holistic approach not only addresses the immediate health needs of elderly inmates but also contributes to the overarching goal of improving the quality of life within correctional settings.

Service quality is a critical determinant that directly impacts the perception and reputation of any organization, including correctional facilities. Providing high-quality services significantly enhances the value of the correctional institution. When inmates and their families perceive the services offered as beneficial and efficient, they are more likely to provide positive feedback and may even consider becoming loyal consumers of the facility's programs. Thus, enhancing consumer satisfaction regarding service quality is paramount. According to Zeithaml, Parasuraman, and Berry, the components of service quality are derived from extensive research on the subject. Using a questionnaire, these researchers developed dimensions that allow for the measurement of service quality, helping organizations identify the gaps between customer expectations and the actual service received (Zeithaml et al., 1990).

The SERVQUAL model identifies five dimensions of service quality: tangibles, reliability, responsiveness, assurance, and empathy. The first dimension, tangibles, refers to the physical aspects of the service environment that contribute to the perception of service quality. This includes the facility's location, technological equipment, and the demeanor of the staff. These tangible elements are crucial as they reflect the institution's capacity to provide optimal services to consumers. In the context of Class IIA Kuningan,

ensuring that the physical environment is conducive to health services is vital for promoting a sense of safety and care among inmates.

The second dimension, reliability, relates to the ability of staff to deliver services that meet the expectations of the consumers consistently. This encompasses timeliness, efficiency, and the overall quality of care provided. In a correctional setting, where many inmates may have specific health needs, the reliability of service delivery can significantly affect their trust in the institution. Therefore, maintaining high reliability in service provision is essential for fostering a positive relationship between the inmates and the facility, ensuring that health services are delivered as promised and in a timely manner.

Responsiveness, the third dimension, refers to the facility's ability to respond quickly and transparently to the needs of inmates. In a correctional context, where urgency may often accompany health concerns, the capacity to act swiftly can significantly enhance the quality of care. Furthermore, assurance encompasses the staff's efforts to build trust with the inmates through effective communication, politeness, and professionalism. This dimension is critical in alleviating anxiety among inmates regarding their health issues, fostering an environment of trust and respect that is conducive to effective service delivery.

Lastly, empathy involves providing personalized care and demonstrating genuine concern for the well-being of the inmates. Understanding their individual needs and concerns is essential for delivering effective health services. In correctional facilities, where inmates may often feel marginalized, a compassionate approach can significantly enhance their overall experience and satisfaction. By focusing on these five dimensions of service quality, Class IIA Kuningan can critically assess and improve its health services, ensuring that they meet the needs and expectations of the inmate population.

In the realm of psychology and social sciences, operationalization is a widely employed methodological practice that, unfortunately, is often misunderstood. Slife et al. (2016) emphasize the significance of operational definitions for meaningful responses to research questions (Leedy & Ormrod, n.d.). Operational definitions provide clarity and specificity, enabling researchers to measure and evaluate variables effectively. Without these definitions, researchers may find it challenging to interpret their findings accurately, leading to potential misinterpretations or overgeneralizations of data. In the context of evaluating health services within Class IIA Kuningan Correctional Facility, establishing clear operational definitions is essential for assessing the dimensions of service quality and the effectiveness of policy implementation. For instance, defining what constitutes "quality health service" involves specifying measurable criteria such as response times, patient satisfaction levels, and the adequacy of resources. These definitions enable the research to produce actionable insights that can inform improvements in service delivery. Moreover, operational definitions facilitate communication among stakeholders, ensuring that everyone involved has a shared understanding of the parameters being studied.

METHOD

Qualitative research methods involve the systematic collection of data through detailed observation and interpretation to achieve a comprehensive understanding of the subject being studied. Unlike quantitative research, which emphasizes measurement and statistical analysis, qualitative research focuses on exploring the complexities of human experience and behavior. Common data collection tools in qualitative research include in-depth interviews, observational studies, and ethnographic research, all of which are designed to generate rich, nuanced data that capture the essence of the phenomenon

under investigation. Raco (2010) asserts that this approach enables researchers to delve deeper into the contextual factors influencing the subject matter, allowing for a more holistic view of the research topic.

Research design is a crucial component of any research process, as it ensures efficient and successful progress toward established objectives. Sarwono (2006) emphasizes that research design involves selecting the appropriate type of research, the tools utilized, and the suitable approaches to address potential issues. Umar (2007) adds that the design must be crafted with careful consideration of the interrelationships among research elements. Silaen (2018) defines research design as a comprehensive planning and execution process for the research. McCombes (2019) identifies research design as a logical and systematic approach to integrating research components, which ultimately serves as the foundation for conducting high-quality research (Sarwono et al., 2019). By establishing a solid research design, researchers can effectively navigate the complexities of their study and yield meaningful results.

The qualitative data analysis procedure entails an organized methodological approach used to discover and compile the collected materials, such as interview transcripts, field notes, and other relevant documents. This technique aims to enhance the researcher's understanding of the data while simplifying the transmission of their findings to others (Bogdan & Biklen, 2014). The analysis process includes several crucial stages: first, data collection, where researchers gather information through literature reviews, direct observations, and participant interviews, focusing on relevant elements such as elderly residents' experiences and health care service practices.

Next is data reduction, which involves filtering significant information, condensing findings, and identifying patterns that align with research goals. This reduction technique is linked to the literature review, enhancing the researcher's comprehension of the relevant context and concepts. Following this, data presentation typically occurs in a narrative format, as suggested by Miles and Huberman (1984), providing a clear and thorough depiction of research findings. Finally, the verification and conclusion stage is where researchers evaluate and summarize the collected data into concise, comprehensible statements, referencing the research objectives to present the most relevant and significant outcomes.

RESULTS AND DISCUSSION

Implementation of Health Services for Elderly Prisoners

In the dimension of communication, the implementation of healthcare services for elderly inmates at the Kuningan Class IIA Prison demonstrates effective interactions between prison officers and the elderly inmates. The elderly inmates express that the information provided by the officers is clear and accessible, especially due to the presence of a PALKAM (Health Assistant) in every dormitory. This system significantly enhances the inmates' ability to obtain timely health information, ensuring that they receive the necessary healthcare services efficiently. Such transparent communication fosters a sense of being valued and attended to, which is crucial for the elderly, as they may face unique challenges related to their age and health conditions.

Moreover, the implementation of visual communication pathways in healthcare processes assists elderly inmates in navigating their medical treatments. These visual aids provide straightforward guidance on the steps they need to follow, from initial examinations to medication collection. By incorporating visual communication, elderly inmates can better comprehend treatment procedures, even if they face challenges with reading or verbal instructions. This method enhances their understanding and

compliance with the medical recommendations provided by healthcare staff, ultimately reducing the likelihood of misunderstandings regarding their treatment protocols. As a result, this approach not only improves the overall efficiency and effectiveness of healthcare services but also empowers the elderly inmates by making them active participants in their health management. The commitment to improving understanding and participation among elderly inmates in managing their health reflects an inclusive environment that prioritizes their specific needs. The visual communication tools signify an essential effort to ensure that healthcare services are accessible and comprehensible to all involved parties. This initiative illustrates a broader understanding of the diverse needs of elderly inmates, who may require additional support to navigate health systems that can be overwhelming. By adopting such strategies, the Kuningan Class IIA Prison demonstrates a progressive approach to inmate healthcare that emphasizes clarity and inclusivity, paving the way for better health outcomes and overall inmate well-being.

Moving on to the dimension of resources, the availability of facilities and healthcare personnel at the Kuningan Class IIA Prison indicates that the implementation of healthcare services for elderly inmates is supported by adequate resources. Key components include clean examination rooms, a sufficient supply of medications, and an adequate number of healthcare professionals, such as doctors and nurses stationed at the clinic. These resources are critical in ensuring that elderly inmates receive high-quality healthcare services tailored to their needs. While the physical space may seem limited compared to the overall prison facility, the design is efficient, allowing for optimized healthcare delivery for elderly inmates. The healthcare clinic includes essential facilities, such as examination rooms, waiting areas, inpatient rooms, and other necessary amenities. Although the number of inpatient rooms may be limited, they are well-designed to meet the intensive care needs of elderly inmates. In situations where the elderly inmate population exceeds the available inpatient capacity, the clinic staff demonstrate flexibility by providing care in the inmates' dormitories or referring them to nearby hospitals when necessary. This responsiveness indicates a commitment to addressing the healthcare needs of elderly inmates, regardless of resource constraints. The general clinic room is equipped with various medical instruments and examination tools required for diagnosis and treatment, further underscoring the prison's dedication to providing comprehensive healthcare services.

Additionally, the dental clinic is outfitted with modern equipment, including dental chairs, lighting systems, and various small tools essential for dental care procedures. The presence of organized storage units for medical records and medications is also notable, as it aids healthcare staff in maintaining an orderly system for managing patient data and supplies. This careful organization ensures that the healthcare team can provide timely and effective medical care, ultimately enhancing the quality of services available to elderly inmates. Thus, the combination of well-maintained facilities, skilled personnel, and efficient resource management forms the backbone of effective healthcare delivery within the prison.

The third dimension, disposition, emphasizes the positive attitudes and willingness of elderly inmates to follow instructions and engage in rehabilitation programs as critical factors for successful healthcare implementation at the Kuningan Class IIA Prison. The supportive atmosphere surrounding health policies and rehabilitation initiatives, such as designated blocks for elderly inmates, fosters an environment where these individuals feel comfortable participating. Elderly inmates interact amicably with their peers, reflecting a positive mindset toward the prison environment. Their active engagement in social activities and interactions with other

inmates demonstrates a readiness to partake in rehabilitation programs and other activities organized within the prison.

The presence of elderly inmates among the broader inmate population indicates their acceptance and support for policies aimed at creating specialized housing for their age group. By participating in collective activities, these individuals show that they do not feel isolated or neglected; instead, they experience positive integration within the larger prison community. This active participation reflects a supportive disposition towards rehabilitation processes and policies enacted within the correctional facility, reinforcing a culture of cooperation and collective growth among inmates. Such interactions not only contribute to the psychological well-being of the elderly but also enhance their overall adjustment to life within the prison system. Furthermore, the willingness of elderly inmates to engage in rehabilitation programs signifies a proactive approach to their health and well-being. By fostering positive dispositions, the prison encourages elderly inmates to take responsibility for their health and participate in their rehabilitation journey. This sense of agency can lead to improved health outcomes, as inmates are more likely to adhere to treatment protocols and engage in health-promoting behaviors. Overall, the dimension of disposition highlights the importance of fostering a positive and cooperative atmosphere within the prison to enhance the effectiveness of health services for elderly inmates.

The final dimension in this theoretical framework is bureaucratic structure, wherein the implementation of Standard Operating Procedures (SOPs) is crucial for executing daily operations and policies at the Kuningan Class IIA Prison. A well-organized structure and effective oversight ensure compliance with applicable regulations and procedures, facilitating efficient and effective healthcare delivery for elderly inmates. Continuous evaluation is necessary to guarantee that service standards are consistently aligned with both inmate needs and institutional expectations. In an effective bureaucratic structure, the involvement of inmates in the evaluation and implementation processes of SOPs enhances their understanding of the rules and procedures. This inclusion fosters a sense of ownership and accountability among inmates, encouraging them to adhere to established guidelines. The day-to-day functioning of the bureaucratic structure at the Kuningan Class IIA Prison illustrates how SOPs and open communication among stakeholders contribute to effective healthcare services. By ensuring that healthcare delivery meets the anticipated standards, the prison enhances the overall quality of care provided to elderly inmates.

Moreover, continuous evaluation emphasizes the need for ongoing improvement in service delivery, allowing the prison to adapt to changing needs and circumstances. This proactive approach is essential in maintaining high-quality healthcare services within a correctional setting. By analyzing and discussing each dimension of the policy implementation theory related to healthcare services for elderly inmates, it becomes evident that effective communication, adequate resources, positive disposition, and a well-structured bureaucratic system are key factors contributing to the successful implementation of healthcare services at the Kuningan Class IIA Prison. Each dimension interconnects, highlighting the multifaceted nature of healthcare service delivery within the correctional environment and the importance of comprehensive strategies to support the health and well-being of elderly inmates.

Barriers to the Implementation of Health Services for Elderly Prisoners

The tangible dimension encompasses the physical aspects of service quality, including infrastructure, facilities, and support services. A significant concern identified in the

Kuningan Class IIA Correctional Facility is the issue of overcapacity, as it houses 490 inmates—almost double its ideal capacity. This overcrowding exacerbates existing challenges, particularly in health services, where resources are alarmingly limited. The facility operates with just one doctor and one nurse, which poses significant hurdles in providing adequate healthcare. The scarcity of human resources becomes even more pressing when considering the needs of elderly inmates, who require specialized attention. Additionally, the limited availability of medical supplies compounds the problem, as medications are often insufficient and must be procured on short notice, sometimes leading to debts with external pharmacies. These physical limitations ultimately hinder the ability to deliver essential healthcare services effectively.

Reliability refers to the consistency and dependability of staff in delivering accurate and trustworthy services. At the Kuningan Correctional Facility, the shortage of healthcare personnel in the polyclinic has created significant obstacles in maintaining reliable health services for inmates. Despite these challenges, the cohesiveness of the healthcare team plays a crucial role in ensuring that service quality is upheld. However, the limited workforce makes it difficult to provide timely and precise care to all inmates, which can lead to inconsistencies in service delivery. Additionally, the strain on healthcare staff caused by inadequate manpower results in high workloads, potentially diminishing the quality of care provided. The combination of these factors highlights the need for increased human resources to enhance the reliability of healthcare services in the facility.

Responsiveness reflects the willingness to assist and provide services promptly and accurately. In Kuningan Class IIA Correctional Facility, the responsiveness of healthcare staff has been generally perceived as quick; however, a notable gap exists in the regularity of health education programs. The lack of routine health outreach diminishes the effectiveness of preventative health measures and education efforts. This deficiency in programming can be attributed to the limited resources and time available, making it challenging to conduct comprehensive health awareness campaigns consistently. As a result, while healthcare providers are quick to respond to immediate health issues, the broader preventative initiatives that could benefit inmates are not adequately addressed. This highlights the necessity for improved resource allocation and strategic planning to ensure that health education is integrated into the correctional health services framework.

Assurance encompasses the ability to provide a friendly and calm service, fostering trust among inmates towards the staff. While elderly inmates generally report feeling respected and well-treated, significant obstacles arise from the high workload faced by healthcare providers. This heavy burden can detract from the staff's capacity to consistently deliver compassionate and reassuring service, which is essential for inmate well-being. The psychological support available to inmates is also limited, which can hinder the overall effectiveness of care provided. Although healthcare staff strive to maintain high standards of service, the absence of sufficient psychosocial support limits their ability to ensure the emotional and mental welfare of elderly inmates. Addressing these concerns is critical for fostering an environment where inmates feel secure and valued, thereby enhancing the overall quality of care.

Empathy reflects the attention and concern that healthcare staff show towards inmates, fostering a sense of safety and comfort. While staff members at Kuningan Class IIA Correctional Facility demonstrate a high degree of empathy, the constraints posed by limited human resources and inadequate facilities hinder their ability to provide optimal care. The challenges inherent in managing a large inmate population with a small

healthcare team restrict the extent to which staff can engage meaningfully with individual inmates. Furthermore, the high workload limits the time available for in-depth interactions, which are essential for building trusting relationships. Consequently, even with a genuine commitment to inmate welfare, the structural limitations within the facility impede the provision of empathetic care tailored to the specific needs of elderly inmates. To address these issues, it is imperative to enhance staffing levels and improve facility resources, thereby allowing healthcare providers to offer the personalized care that inmates require.

Based on the analysis of these five dimensions of service quality, it is evident that the primary barriers to implementing effective healthcare services for elderly inmates at Kuningan Class IIA Correctional Facility are the limitations in human resources and facilities. Although healthcare providers exhibit high levels of dedication and empathy, the existing physical and structural challenges impede their ability to deliver optimal care. Therefore, it is essential to increase the number of healthcare personnel, enhance medical facilities, and implement regular health education programs to ensure better and more comprehensive services for elderly inmates. Addressing these issues will not only improve the quality of healthcare but also contribute to the overall well-being of inmates, fostering a more supportive correctional environment.

CONCLUSION AND SUGGESTION

The implementation of healthcare services for elderly inmates at the Kuningan Class IIA Correctional Facility has been initiated, yet it has not reached an optimal level. In terms of communication, the relationship between prison staff and elderly inmates has been established positively and transparently, fostering an environment of trust and collaboration. Despite the limited availability of human resources, the staff demonstrates a high level of dedication in providing healthcare services. Moreover, elderly inmates exhibit a positive attitude toward rehabilitation programs, which indicates their willingness to engage in health improvement initiatives. The bureaucratic structure governed by Standard Operating Procedures (SOP) has effectively ensured adherence to established protocols. However, significant challenges remain, particularly concerning the optimization of healthcare facilities and the availability of certain medications, which have not yet been fully addressed to meet the comprehensive health needs of elderly inmates. Therefore, improvement efforts are essential to enhance the quality of healthcare implementation, especially in the provision of more adequate facilities and resources.

The barriers to implementing healthcare services for elderly inmates at the Kuningan Class IIA Correctional Facility are primarily attributed to the limitations in human resources and healthcare facilities. Currently, there is only one doctor and one nurse responsible for the entire inmate population, which includes the elderly, resulting in an excessive workload for the healthcare staff. This scarcity of personnel significantly impacts the quality of care that can be delivered. In addition, the existing medical facilities are not fully adequate, often experiencing shortages of necessary medications required for the treatment of the inmates' health issues. Consequently, this situation adversely affects the overall quality of healthcare services provided to the elderly inmates. Despite these challenges, the healthcare personnel continue to strive to demonstrate empathy and dedication in their roles, ensuring that inmates receive the best possible care under the circumstances.

To address the obstacles faced in providing healthcare services to elderly inmates at the Kuningan Class IIA Correctional Facility, there is an urgent need to enhance the

number of healthcare professionals and improve medical facilities. The current staffing levels are insufficient to meet the demands of the inmate population, particularly for the elderly, who often require more specialized care. Additionally, establishing better medical infrastructure and ensuring a steady supply of essential medications are critical steps toward improving service quality. Implementing regular health education programs will also be beneficial, as they can empower inmates with knowledge about their health and available services. These improvements are crucial for ensuring that the health needs of elderly inmates are met more effectively, fostering a healthier and more supportive environment within the correctional facility.

REFERENCES

- Ahsyamsa, N. I. M. S. (2023). Metode Pembinaan Dan Perlakuan Khusus Terhadap Warga Binaan Lanjut Usia Guna Meningkatkan Kesejahteraan dan Kesehatan di Lembaga Pemasyarakatan. *Jurnal Komunikasi Hukum*, 9.
- Amelia, I., & Butar Butar, H. F. (2022). Strategi Peningkatan Pelayanan Kesehatan Warga binaan Lanjut Usia (Studi di Lapas Kelas IIA Curup). *Jurnal Aplikasi Dan Inovasi Ipteks "Soliditas" (J-Solid)*, 5(2), 193. <https://doi.org/10.31328/js.v5i2.2968>
- Bogdan, & Biklen. (2014). BAB III Metodologi Penelitian; Teknik Analisis Data; Bogdan.
- Barry, D. (2017). Kamus Induk Istilah Ilmiah Seri Intellectual: Vol. Hal. 537 (M.Y. AI-Barry Dahlan, Ed.). Target Press.
- Giovankha, K. F. (2023). Implementasi Pelaksanaan Hak Kesehatan Warga Binaan Lanjut Usia (Studi Kasus Di Lembaga Pemasyarakatan Perempuan Kelas IIB Padang).
- Hanif, A. I. (2021). Analisis Penyelenggaraan Layanan Kesehatan Bagi Warga Binaan Lanjut Usia (Lansia) Pada Lembaga Pemasyarakatan IIB Tuban. *Widya Yuridika: Jurnal Hukum*, 4.
<http://publishing-widyagama.ac.id/ejournal-v2/index.php/yuridika/>
- Kahfi, M., Politeknik, S., & Pemasyarakatan, I. (2023). Pembinaan Terhadap Warga Binaan Lanjut Usia di Lapas Kelas IIA Padang. Dalam *Jurnal Pendidikan Kewarganegaraan Undiksha* (Vol. 11, Nomor 3).
- Leedy, P. D., & Ormrod, J. Ellis. (t.t.). *Practical Research: Planning and Design*.
- Miles, & Huberman. (1984). BAB III Metodologi Penelitian; Penyajian Data; Miles & Huberman.
- Muhammad, F. (2023). SKRIPSI Analisis Pembinaan Warga binaan Lanjut Usia di Lembaga Pemasyarakatan Kelas IIA Jambi.
- Mulkan, H., & Penerbit, M. H. (2022). *Buku Ajar Kapita Selekta Hukum Pidana*.
- Naftali, A. R., Ranimpi, Y. Y., & Anwar, M. A. (2017). Kesehatan Spiritual dan Kesiapan Lansia dalam Menghadapi Kematian. *Buletin Psikologi*, 25(2).
<https://doi.org/10.22146/buletinpsikologi.28992>
- Prakosa, A. D., & Subtoro, M. (2022). Pelaksanaan Perawatan Warga Binaan Lanjut Usia di Lembaga Pemasyarakatan Sebagai Bentuk Implementasi Dari Undang-Undang Nomor 22 Tahun 2022.
- Pramono, J. (2020). Implementasi Dan Evaluasi Kebijakan Publik.
- Raco, R. (2010). Pengertian Metode Penelitian Kualitatif. Dalam *Metode Penelitian Kualitatif (Jenis, Karakteristik, dan Keunggulannya)* (hlm. 4–7).
- Sari, M., & Asmendri. (2020). Penelitian Kepustakaan (Library Research) dalam Penelitian Pendidikan. 41.
- Sarwono, U., Silaen, & McCombes. (2019). *Desain Penelitian Kualitatif*.
<https://doi.org/10.31227/osf.io/bfmyw>
- Wilma, H. A. Y. S., Handiyani, H., & Darmawan, E. S. (2023). Nursing services as perceived

- by inmates in correctional facilities in Jakarta, Indonesia: A qualitative study. *Belitung Nursing Journal*, 9(2), 184–191. <https://doi.org/10.33546/bnj.2485>
- Zeithaml A, V., Parasuraman, A., & Berry L, L. (1990). *Delivering quality service: Balancing customer perceptions and expectations*. The Free Press.
- Zulfikar, R. (t.t.). *Wisma Dilan, Blok Khusus Untuk Warga Binaan Disabilitas Dan Lansia di Lapas Serang, Satu-Satunya Di Banten*. lapasserang.id.