

How to Cite:

Sya'diyah, H., Sampurna, B. A., Widayanti, D. M., & Rahman, F. S. (2022). Depression levels associated with quality of life for the older people at Jambangan nursing home in Surabaya. *International Journal of Health Sciences*, 6(S9), 513–522.
<https://doi.org/10.53730/ijhs.v6nS9.12444>

Depression levels associated with quality of life for the older people at Jambangan nursing home in Surabaya

Hidayatus Sya'diyah

Sekolah Tinggi Ilmu Kesehatan Hang Tuah Surabaya, Indonesia
Email: mahisyah_sht@yahoo.com

Bagas Aji Sampurna

Sekolah Tinggi Ilmu Kesehatan Hang Tuah Surabaya, Indonesia

Dini Mei Widayanti

Sekolah Tinggi Ilmu Kesehatan Hang Tuah Surabaya, Indonesia

Firman Suryadi Rahman

Universitas Airlangga, Indonesia
Email: fsrahman.ua@gmail.com

Abstract--Background: Psychosocial problems in the older people often occur because physical changes will naturally decrease, in line with increasing age, so that the older people become vulnerable to various degenerative and chronic diseases such as heart disease, diabetes, hypertension, resulting in several disorders. This study aims to determine the relationship between depression level and the quality of life of the older people at the Jambangan Nursing Home in Surabaya. Methods: The design of this research is correlational analytic with approach cross sectional. The sample using simple random sampling is 80 older people at UPTD Griya Werdha Jambangan Surabaya. The independent variable in this study was the depression level as measured by the questionnaire instrument Geriatric Depression Scale. The dependent variable in this study was the quality of life as measured by questionnaire instrument the WHOQOL-BREF. Data analysis using Spearman rho test = 0.05. Results: The results of this study indicate that most of the older people have moderate psychosocial levels as many as 27 respondents (33.8%) and most of the older people in the category of good quality of life as many as 53 respondents (66.3%). The results of the test Spearman rho showed that there was a relationship between depression levels and the quality of life of the older people with = 0.001 ($\rho = <0.05$). Conclusion: The implication of this study is that the

depression level plays an important role in improving the quality of life of the older people, thus requiring early attention and treatment by nurses, families and other health workers.

Keywords---older people, depression, quality of life.

Introduction

The process of industrialization and the influence of globalization has an impact on the problems of the older people in today's modern era, as now it has an impact on the erosion of community culture on the relationship with the older people. Social values in society are getting weaker, so the elderly get less attention. This results in the elderly experiencing a decrease in physical ability in adapting to psychosocial and environmental problems (Maulina, 2014). The high number of older people that is happening now causes several problems such as health, economic, psychosocial, and life satisfaction to be low so that the older people do not enjoy old age and regret their old age (Ulfa, 2014).

Psychosocial problems in the older people often occur because physical changes will naturally decrease, along with increasing age, so that the elderly become vulnerable to various degenerative and chronic diseases such as heart disease, diabetes, hypertension, resulting in several disorders such as paranoia, behavioral disorders, behavior, sleep disturbances, increasing anxiety at night (sundowning), depression, dementia, and post power syndrome (Ekasari et al., 2018). One of the occurrence of psychological changes such as depression (Siti, 2020). Depressive disorders are found in the older people who are in nursing homes, being high stressors and unpleasant life events can lead to the possibility of the experiencing depression (Kurniasari, 2014). The older people who live in nursing homes are more at risk of experiencing depression because being in a community environment causes the they feel more inferior, feeling helpless (Damayanti & Sukmono, 2015)

Data from the WHO (World Health Organization) in 2014 worldwide, the number of older people is estimated at 629 million with an average age of 60 years and it is estimated that in 2025 it will reach 1.2 billion. Based on population projection data, in 2018 there were 24.49 million older people in Indonesia (9.27%). This shows that Indonesia is a country that will enter the era of the aging population because the number of people aged 60 years and over (elderly population) exceeds 7%. In East Java Province, the older people population reaches 5 million people or 10.56%, as the capital of East Java Province, Surabaya City has a number of older people reaching 8.53% (Central Bureau of Statistics of East Java Province, 2018). The prevalence of psychosocial disorders in the world with an average age of 60 years is estimated at 500 million people. The World Health Organization (2014) states that there are 13.5% of cases of depression from all older people, while in Indonesia who experience depression reach 32% (Depkes RI, 2014). The prevalence of older people in East Java who experience depression reaches 7%. In the city of Surabaya, the prevalence of the elderly experiencing depression reaches 10.8% (Maramis et al., 2020). There are 160 older people data at the UPTD Griya Werdha Jambangan Surabaya in 2021, with details of 101 women

and 59 men. The level of loneliness is 40% not experiencing loneliness, 30% mild loneliness and 30% moderate loneliness. Meanwhile, the quality of life is 40% high quality of life, 40% moderate quality of life and 20% low quality of life (Peny, 2019).

One of the problems experienced by the older people besides physical illness is psychosocial problems that are important to anticipate. Problems that occur will be a stressor which causes psychological problems or disorders, one of which is the fear of death, feeling bored and useless. At first the older people who socialized with their environment can now only stay silent because of illness or the loss of colleagues, friends, or acquaintances. The effects that arise from the changes experienced by the older people, if not handled properly, will affect overall health. Physical, psychological, social and environmental problems experienced and associated with psychosocial changes in the elderly (Yuliati, 2017).

Changes in the quality of life experienced usually tend to lead to a less good direction. Changes that occur will result in a decrease in the social role of the older people and also a decrease in health status. Poor social roles can affect the quality of life of the older people where it will cause feeling more alone and to be depressed. Psychological factors are the most dominant factors and have the greatest influence on the quality of life of the older people. The quality of life of the older people which is influenced by psychological aspects is closely related to the environment in which the older people live. The older people generally live with their families, but not a few elderly people live in orphanages. Older people who move to a new place of residence such as an orphanage, there is a possibility of difficulty adapting so that they feel stressed, lose control over their lives and lose their identity which will indirectly affect the quality of life (Suaib, 2012). The changes experienced have an impact on the quality of life and daily activities, resulting in disruption of the social role and causing dependence on others. Most of the older people who live at the Jambangan Nursing Home in Surabaya experience problems such as changes in emotional conditions, irritability, often day dreaming, feeling anxious about the illness, they think about their children and fear of death (Hatmanti, Mawarda & Muzdalifah, 2019).

This fact is a sign of the need to increase health services that are more focused on the older people, because with an increase in the number of older people will be at risk of experiencing vulnerability as a group using health services, as a result of various health problems that arise due to decreased physiological and psychological functions. The health problems experienced will not be a serious problem if the treatment and management program is carried out comprehensively. Efforts that can be made to improve the quality of life are providing health services such as health checks, providing hearing and visual aids, as well as holding health education or counseling (Khairani & Ervina, 2012). Older people can adapt to psychosocial changes that occur and become more active in interacting. Communication and interaction with other people can help the understanding to environment and the quality of life can be well maintained. This is a challenge for nurses to carry out their roles and functions optimally in providing nursing care that focuses on the older people who have not been running optimally, so that the efforts made can be a solution to prevent more

complex problems, making the older people live as individuals. quality and does not become a burden to families, communities, and the government.

Methods

The research design in this research was using correlational analytic design with cross sectional approach. Independent variable was the psychosocial level and the dependent was the quality of life the sample of this study was the older people at the Jambangan Nursing Home in Surabaya who met the following criteria: aged 60-75 years, did not have limited physical activity/ sick. The sampling technique used simple random sampling. The instrument in this study used Geriatric Depression Scale (GDS) Yesavage & Brink (1983) which was adopted from the Ministry of Health of the Republic of Indonesia (2000) a short version consisting of 15 questions that could be answered with "YES" or "NO" with the result

1. 0-4 : not depressed/Normal
2. 5-8 : mild depression
3. 9-1 : moderate depression
4. 12-15: severe depression

The quality of life has measured with WHOQOL-BREF instrument from World Health Organization, consisting of 26 questions. The WHOQOL-BREF has four domains combined, were the physical, psychological, social relations, and environmental. All questions are based on a five-point (1-5) likert scale and four answers that focus on intensity, capacity, frequency and evaluation. Score for each domain were 0-100 scores include:

1. 0-20 = very bad
2. 21-40 = moderately bad
3. 61-80 = good
4. 81-100 = very good

Results

Data description of the characteristics respondents which include age, gender, marital status, illness, education, length of stay, activities at the orphanage, family visits and

Table 1. Characteristics of respondents at UPTD Griya Werdha Jambangan Surabaya on 1-30 June 2021 (n=80)

No.	Characteristic	Indicators	Frequency	Percentage (%)	Total
1	Age	60-65 years	22	27,5%	80 (100%)
		66-70	22	27,5%	
		71-75	36	45%	
2	Gender	Male	18	22,5%	80 (100%)
		Female	62	77,5%	
3	Marital status	marry	6	7,5%	80 (100%)
		Widow/widower	62	77,5%	
		not married	12	15%	

4	History of chronic disease	yes	60	75%	80 (100%)
		no	20	25%	
5	Education	Primary School	36	45%	80 (100%)
		Yunior High School	20	25%	
		Senior High School	12	15%	
		No school	12	15%	
6	Long stay in nursing home	<1 year	18	22,5%	80 (100%)
		1-2	32	40%	
		2-3	6	7,5%	
		>3	24	30%	
7	Activities in nursing home	Gymnastic	40	50%	80 (100%)
		Religious	20	25%	
		Etc	20	25%	
8	Family visited	1-2 weeks	6	7.5%	80 (100%)
		1 month	4	5%	
		Every three months	10	12.5%	
		Never visited	60	75%	

Tabel 2. Depression Level Assosiated wth Quality Life at UPTD Griya Werdha Jambangan Surabaya pada 1-30 Juni 2021

Depression levels	Quality of Life						total n	%
	Moderate %	Good f	%	Very Good f	%			
No depression	0	17	77,3	5	22,7	22	100	
light	19,2	21	80,8	0	0	26	100	
Moderate	63	10	37	0	0	27	100	
heavy	0	5	100	0	0	5	100	
Total	27,5	53	66,3	5	6,3	80	100	

Spearman's rho 0.001 ($\rho = 0.05$)

Discussion

1. Depression Level of older people

The older people at UPTD Griya Werdha Jambangan Surabaya were mostly in the moderate depression category. The results of interviews and filling out questionnaires in nursing homes, older people with a level of depression is saying like it or not, you have to accept the fact that you are currently living in a nursing home. Most of the older people feel that their life is boring, because their life in

the nursing home is too limited and can't go for walks to know the outside world. According to Khairani (2012) the psychosocial condition of the older people is influenced by the loss of relationships with friends or family which affects the quality of life of them because the series of losses experienced has a high impact of loneliness and affects the mental and psychological conditions. They have a coping mechanism to overcome the problem of loneliness by telling stories with other older people in the nursing home.

Tabulated between educational history and psychosocial level, which is 52.8%. Elderly with low education experience moderate depression. According to Sutinah (2017) education can affect a person's behavior, receive information for more knowledge. Most of the older people had primary education, 36 people (45%). These results indicate that the education level of the majority of the elderly is low. According to Nurwijayanti (2020) education is a capital in cognitive development, cognitive can be a mediator between an event and feelings, so the lack of education can be one of the factors that the older people suffer from psychosocial problems.

Tabulation between marital status and psychosocial level is 50%. Married elderly experience moderate depression. From the results of the interview, it was found that the elderly was worried about the condition of her husband/her couple. 33.9% older people who are widows/widowers experience moderate depression. This fact showed they felt very lonely and no one cared about them anymore because they no longer had family members, felt that their life was empty. Several risk factors related to psychosocial problems include age, gender, education level, marital status, and employment status (Sutinah, 2017).

The results of the tabulation between the activities followed and the depression level, as many as 30% older people who were not depressed took part in gymnastics. The elderly felt in a state of enthusiasm, make socialize with the other, able to communicate with each other and exchange ideas. Physical activity is all body movements that require energy in doing so, such as cycling, work and other physical activities, which in carrying out the movement can occur repeatedly and aim to improve physical fitness and health (Miftaachul Muharrom, 2020).

2. Quality of Live older people

The older people in UPTD Griya Werdha Jambangan Surabaya in the category of good quality of life. The older people said that they always communicated with others and actively participated in the activities in the nursing home. A safe and comfortable nursing home area can make it easier for they to walk and do activities. Supported by research from Ariyanto (2020) the elderly are identical with a decline in health status, the main thing is physical health status. The health status of the older people which decreases along with increasing age will affect the quality of life of them. Increasing age will be accompanied by the emergence of various diseases, decreased body function, body balance and the risk of falling.

The results of this research, the older people who participated in religious activities such as recitation and congregational prayers had a good quality of life. Sibuea (2020) spirituality is one dimension of well-being for the elderly. Older people who have spiritual understanding will feel a good relationship with other people so they can find the attri and purpose of life, this can help the elderly to reach their potential and improve their quality of life. Religion and spirituality are a source of coping for the elderly when they experience sadness, loneliness and loss, so the elderly are at a level where regret and repentance play a role in atonement for sins. Repentance and forgiveness can reduce anxiety that arises from guilt or disobedience and foster trust and comfort in the early stages of faith (Afnesta et al., 2015).

The older people who have been visited by their families have a good quality of life. According to Yusselda (2016), social support is naturally received by the elderly from social interactions with the closest people, such as family members, close friends, neighbors or relations. The older people in Indonesia generally live at home with their families, so that the family as a source of social support provides an important meaning for the lives of them.

3. Depression Level Associated with Quality Life at UPTD Griya Werdha Jambangan Surabaya

The data showed that 77.3% of the older people are not depressed that have good quality of life. The results of interviews are they can accept the situation by themselves, able to carry out activities according to their abilities, still feel happy and can enjoy old age meaningfully. The older people at UPTD Griya Werdha Jambangan Surabaya have also accepted their physical condition, still enthusiastic doing the activities. According to (Nurwijayanti et al., 2020) the older people characterized by physical and psychosocial changes, which will affect the quality of their lives. The quality of life of them is influenced by several aspects, economic, social and psychosocial.

The data shows too that 63% of the older people are moderate levels of depression and have moderate quality of life. The results of the interview were obtained that some of them were unable to participate in the activities because of illness. For example, elderly who have pain in their joints and are no longer strong enough to walk choose not to take part in gymnastics, this is one aspect that affects the quality of life. In addition, aspects of poor social relations with other elderly people are caused by not often, especially those who have never socialized and have never been visited by their families, causing feelings of loneliness. Mendoko (2017) said the experience of older people have various psychological problems that need to be considered by nurses, families and other health workers. Handling problems early will help the elderly in carrying out these problem-solving strategies and in adapting to daily activities.

Conclusion

The depression level of the older people at UPTD Griya Werdha Jambangan Surabaya were mostly in the moderate category, quality of life of the older people at UPTD Griya Werdha Jambangan Surabaya most of them were in the category

of good quality of life and there was a relationship between the depression level and the quality of life of the older people at UPTD Griya Werdha Jambangan Surabaya.

Bibliography

- Afnesta, M. Y., Sabrian, F., & Novayelinda, R. (2015). Hubungan Status Spiritual dengan Kualitas Hidup pada Lansia. *Jom*, 2(2), 1266–1274.
- Agustono, Zulfitri, R., & Agrina. (2018). Hubungan Kondisi Psikososial Lansia Hipertensi Dengan Kejadian Insomnia. *Fakultas Keperawatan Universitas Riau*, 5, 51–61.
- Andarmoyo, S. (2012). *Psikososial dalam Pendekatan Konsep dan Proses Keperawatan*. Ar-Ruzz Media.
- Ariyanto, A., Puspitasari, N., Utami, D. N., & Yogyakarta, U. A. (2020). Aktivitas Fisik Terhadap Kualitas Hidup Pada Lansia. *Kesehatan Al-Irsyad*, XIII(2), 145–151.
- Badan Pusat Statistik Provinsi Jawa Timur. (2018). *PROFIL PENDUDUK LANJUT USIA PROVINSI JAWA TIMUR 2018*.
- Damayanti, Y., & Sukmono, A. C. (2015). *Perbedaan kesepian lansia yang tinggal di Panti Wredha dan di rumah bersama keluarga*. STIKES Hang Tuah Surabaya, Indonesia.
- Depkes RI. (2014). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 155/Menkes/Per/I/2014 Tentang Penggunaan Kartu Menuju Sehat (KMS) Bagi Lansia*. www.gizikia.depkes.go.id
- Dewi, & Sofia, R. (2015). *Buku ajar keperawatan gerontik*. Deepublish.
- Ekasari, M. F., Riasmini, N. M., & Hartini, T. (2018). *Meningkatkan Kualitas Hidup Lansia Konsep dan Berbagai Intervensi*. Wineka Media.
- Elizabeth B, H. (1979). *Personality development* (2nd ed.). Tata McGraw-Hill.
- Erwinanto, D. (2017). *Hubungan Antara Tingkat Aktivitas Fisik Dengan Kebugaran Jasmani Siswa Kelas X Tahun Ajaran 2016/2017 Di Smk Muhammadiyah 1 Wates Kabupaten Kulon Progo Diy* *безопасность*No Title (Vol. 4).
- Hatmanti, Mawarda, N., & Muzdalifah, L. (2019). *Hubungan Tingkat Depresi dengan Kejadian Insomnia Pada Lanjut Usia di Griya Werdha Jambangan Surabaya*. 67–77.
- Khairani, & Ervina. (2012). Hubungan Perubahan Psikososial Dengan Kualitas Hidup Lansia: Relationship Of Psychosocial Change With Quality Of Life In Gampong Lamceu Kuta Baro Subdistrict Aceh Besar Regency In 2012. *Studi, Program Keperawatan, Ilmu Kedokteran, Fakultas Kuala, Universitas Syiah Program, Mahasiswa Ilmu, Studi Kedokteran, Fakultas Kuala, Universitas Syiah Health, Mental Hidup, Kualitas*, II(4), 127–133.
- Kuntjoro, Z. (2002). *Dukungan Sosial Pada Lansia*. <http://www.e-psikologi.co.id>
- Kurniasari, N. D. (2014). *Faktor-faktor yang berhubungan dengan depresi pada lansia di Dusun Kalimanjung Ambarketawang Gamping Sleman Yogyakarta (Skripsi)*. Universitas Muhammadiyah Yogyakarta.
- Makhfudli, & Efendi, F. (2013). *Keperawatan kesehatan komunitas: Teori dan Praktik Dalam Keperawatan*. Salemba Medika.
- Maramis, M. M., Pantouw, J. G., & Lesmana, C. B. J. (2020). Depression screening in Surabaya Indonesia: Urgent need for better mental health care for high-risk communities and suicide prevention for men. *International Journal of Social Psychiatry*, 1. <https://doi.org/10.1177/0020764020957359>

- Maulina, Y. (2014). *Kebermaknaan hidup dan subjective well-being lanjut usia bersuku jawa di Provinsi Jawa Tengah*.
- Mendoko, F., Katuuk, M., & dan Rompas, S. (2017). *Perbedaan Status Psikososial Lanjut Usia Yang Tinggal Di Panti Werdha Damai Ranomuut Manado dengan yang Tinggal Bersama Keluarga Di Desa Sarongsong II Kecamatan Airmadidi Kabupaten Minahasa Utara*.
<https://media.neliti.com/media/public%0Aations/106076-ID-perbedaan-status-psikososial-lanjut-usia.pdf>
- Miftaachul Muharrom, M. D. (2020). Hubungan Usia , Jenis Kelamin , Aktivitas Fisik terhadap Depresi pada Lansia di Samarinda. *Borneo Student Research*, 1(3), 1359–1364.
- Neng, F. A. (2017). *Kombinasi Autogenic Training dan Minuman COKlat Dalam Menurunkan Respons Stress dan Variasi Detak Jantung Mahasiswa Keperawatan* [Universitas Muhammadiyah Yogyakarta].
<http://repository.umy.ac.id/>
- Nimas, A. F., & Tri, K. A. (2012). Kualitas Hidup Pada Pasien Kanker Serviks yang Menjalani Pengobatan Radioterapi. *Jurnal Psikologi Klinis Dan Kesehatan Mental*, 1(2).
- Nugroho, W. (2012). *Keperawatan gerontik & geriatrik* (3rd ed.). EGC.
- Nurwijayanti, A. M., Qomarullah, R. S., Khabib, M., & Iqomh, B. (2020). *Status Psikososial Berhubungan dengan Kualitas Hidup Lansia*. 12(4), 661–672.
- Pangkahila, W. (2011). *Anti-Aging. Tetap Muda dan Sehat*. PT. Kompas Media Nusantara.
- Peny, I. (2019). *Hubungan Interaksi Sosial Terhadap Tingkat Kesepian dan Kualitas Hidup Pada Lansia di UPTD Griya Werdha Jambangan Surabaya* [Stikes Hang Tuah SUrabaya]. http://repository.stikeshangtuahsby-library.ac.id/301/1/1510041_PENY%20INDRAWATI_SKRIPSI.pdf
- Pieter, Zan, H., Janiwarti, B., & Saragih, M. (2011). *Pengantar Psikopatologi untuk Keperawatan*. Kencana.
- Purnomo, H., Apsari, A. E., & Hadyanawati, A. A. (2019). Quality of life, health and environment in older adults: Nursing house stress aging assessment. *International Journal of Social Sciences and Humanities*, 3(1), 134–142.
<https://doi.org/10.29332/ijssh.v3n1.272>
- Rahmadeni, A. S. ., Hayat, N. ., Alba, A. D. ., Badri, I. A. ., & Fadhila, F. . (2020). The relationship of family social support with depression levels of elderly in 2019 . *International Journal of Health & Medical Sciences*, 3(1), 111-116.
<https://doi.org/10.31295/ijhms.v3n1.188>
- Roy, C. (1984). *Introduction to nursing: An adaptation model* (2nd ed.).
- Sahra, A. U. H. (2018). *Gambaran Pencapaian Tugas Perkembangan Psikososial Lansia di Wilayah Kerja Puskesmas Kassi-Kassi Makassar*. Universitas Hasanudin Makassar.
- Sibuea, R. V. (2020). Hubungan Kebutuhan Spiritual Terhadap Tingkat Kualitas Hidup Lansia. *Jurnal Penelitian Psikologi*, 4(288), 36–42.
- Siti, E. (2020). *Pada Lansia Di Satuan Pelayanan Rehabilitasi Sosial Lanjut Usia (Rslu) Garut*. 61–67.
- Suaib, M. (2012). *Stressor dan MekanismeKoping pada Lanjut Usia di PantiSosial Tresna Werdha Unit BudiLuhur Yogyakarta*.
- Suryasa, I. W., Rodríguez-Gámez, M., & Koldoris, T. (2021). Get vaccinated when it is your turn and follow the local guidelines. *International Journal of Health Sciences*, 5(3), x-xv. <https://doi.org/10.53730/ijhs.v5n3.2938>

- Sutinah, S., & Maulani, M. (2017). Hubungan Pendidikan, Jenis Kelamin Dan Status Perkawinan Dengan Depresi Pada Lansia. *Jurnal Endurance*, 2(2), 209. <https://doi.org/10.22216/jen.v2i2.1931>
- Sya'diyah, H. (2018). *Keperawatan Lanjut Usia Teori dan Aplikasi*. Indomedia Pustaka.
- Ulfa, M. (2014). *Kepribadian dan Kepuasan Hidup Lanjut Usia*. <http://kesehatan.kompasiana.com/kejiwaan/2014/08/13/kepribadian-dan-kepuasan%02hidup-lanjut-usia-668349.html>
- Undang-Undang Republik Indonesia Nomer 13. (1998). *Undang-Undang Republik Indonesia Nomer 13 Tahun 1998 Tentang kesejahteraan Lanjut usia*. www.bpkp.go.id/uu/filedownload/2/45/438.bpkp
- Urifah, R. (2012). Hubungan antara Strategi Koping dengan Kualitas Hidup Pada Pasien Skizofrenia Remisi Simptom. *Jurnal Psikologi Klinis Dan Kesehatan Mental*, 1(2).
- World Health Organization. (1996). *Achieving universal health coverage: Developing the health financing system* (Patent No. 1).
- World Health Organization. (2010). *Definition elderly people*. <http://www.who.int/ageing>
- World Health Organization. (2014). *Diarrhoea: The handbook of psychological assesment*. www.who.com
- Yulianti, E. (2017). *Faktor-Faktor Yang Berhubungan Dengan Kualitas Hidup Lansia Di Desa Botomulyo Kecamatan Cepiring Kabupaten Kendal*. STIKES Kendal.
- Yusselda, M., & Wardani, I. Y. (2016). Dampak Dukungan Keluarga Terhadap Kualitas Hidup Lansia. *Jurnal Keperawatan*, 8(1), 9–13.