



THE RELATIONSHIP BETWEEN SPIRITUALITY AND DEPRESSION OF ELDERLY IN ELDERLY SOCIAL SERVICE CENTER

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ABSTRACT

Depression is a mood disorder that becomes commonly happen in modern societies. The incidence of depression will increase in elderly with prevalence of 7.5% in women and 5.5% in men with an age range of 55-74 years old. One of the way to reduce depression in the elderly is by increasing their spirituality such as worship. The aim of the study was to determine the relationship between spirituality and depression in the elderly in Elderly Social Service Center (Pusat Pelayanan Sosial Lanjut Usia/ PPSLU) of Mappakasunggu Parepare in 2019. The type of this research was analytic descriptive using cross-sectional approach. This research was conducted at the Elderly Social Service Center (PPSLU) of Mappakasunggu Parepare in July 2019. The population in this study was 51 elderly who were depressed and were at the Elderly Social Service Center (PPSLU) of Mappakasunggu Parepare. The sampling technique used was total sampling. Data collection tool used was questionnaires with guided interviews to respondents. The data analysis was carried out using univariate and bivariate analysis. The results showed that among 7 respondents (13.7%) who had low spirituality, 6 (11.8%) of them had severe depression, among 24 respondents (47.1%) who had moderate spirituality 23 (45.1%) of them had moderate depression, and among 20 respondents (39.2%) who had high spirituality, 22 (43.1%) of them had mild depression. Meanwhile, bivariate analysis showed that there was a significant relationship between spirituality and depression with a p-value = 0.000 ($p < 0.05$). Based on this study, it can be concluded that the spirituality variable has a relationship with depression in the elderly. This research expected that the staff is able to provide and improve spirituality support so that the elderly can avoid depression.

Keywords: depression; elderly; spirituality

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INTRODUCTION

Depression is a mood disorder that becomes commonly occur in modern society. Previous studies have shown that there were more than 300 thousand patients with depression in Hong Kong. According to the World Health Organization, there were more than 100 million people with depression worldwide. It is estimated that by 2020 that depression will become the second most important medical condition in the world after heart disease. However, depression is a disease that is not widely detected. Mild depression affects a person's daily activities, while major depression can lead to suicide attempts. However, most cases of depression can be treated and the earlier a treatment is carried out, the more effective the treatment will be (Authority Hospital, 2018).

According to the World Health Organization (2017) quoted by Hartanti (2018), common mental disorders that occur are anxiety disorders and depressive disorders. It

was estimated that 4.4% of the global population suffered from depressive disorders, and 3.6% from anxiety disorders. Depression is more common in women (5.1%) than men (3.6%). The incidence of depression will increase in the elderly with prevalence of 7.5% in women and 5.5% in men with an age range of 55-74 years old, while children and adolescents have low rates of depression. Furthermore, according to prevalence by country, Indonesia has a depression rate of 6.6%.

Based on the Basic Health Research Data (Riskedas, 2018), the prevalence of mental emotional disorders in Indonesia such as depression and anxiety were 9.8% of the general population. The highest prevalence of mental emotional disorders was found in the provinces of Central Sulawesi (19.8%), Gorontalo (18%), NTT (15.2%), Banten (14%), Bali (13%), and the lowest was in Jambi (3, 6%). Meanwhile, the prevalence of mental emotional disorders in South Sulawesi reached 13%.

Depression is a period of disruption of human function related to feelings of sadness and accompanying symptoms, including changes in sleep and appetite patterns, psychomotor, concentration, fatigue, feelings of hopelessness and helplessness, and suicidal thoughts (Kaplan and Sadock, 1998 quoted by Lilik et al., 2016). According to Hudak & Gallo (1996), cited by Lilik, et al (2016), depressive disorder is a common complaint among the elderly and a cause of suicide.

According to Stanley & Beare (2007) cited by Lilik, Imam, & Amrar (2016) 10-15% of depression attacks elderly people at the age of 65 years and over who live with families and the rate of depression increases drastically in the elderly living in institutions, with around 50-75% long-term care residents have mild to moderate depressive symptoms.

Although depression is common among the elderly, it is often misdiagnosed or ignored. At the average of 60-70% of the elderly who visit general practitioners are those who suffered from depression, but it is often not detected because the elderly focused more on physical complaints which are actually a companion of emotional disorders (Mahajudi, 2007 cited by Lilik et al., 2016).

According to Stanley & Beare (2007) cited by Lilik et al (2016), a number of factors cause this condition, including the fact that depression in the elderly can be disguised or masked by other physical disorders (masked depression) in addition to social isolation, parental attitudes, denial, and neglect of the normal aging process lead to undetected and untreated disorders. Depression in the elderly is manifested by complaints of feeling worthless, excessive sadness, gloominess, lack of enthusiasm, feeling empty, hopeless, accusing oneself, ideas of suicidal thoughts and maintenance of the lack and even self-neglect (Wash, 1997). quoted by Lilik et al., 2016). Judging from Reska & eci's research (2017), the higher a person's spirituality, the lower the level of depression.

Spirituality is a form of the character of the word spirit (equivalent to spirit) which in Indonesian dictionary means something that is alive without a physical body that has intelligence and feelings or spirit, while soul means the inside of a human being (Mujib, 2015 cited by Lusiana, 2018). Isgandarova (2005) cited by Nur (2015) proved that spirituality is a moderator in the relationship between stressors and life satisfaction. In addition, spirituality is a consistent mediator in the relationship between negative

experiences, depression and anxiety. Isgandarova (2005) stated that spirituality has been trusted as an alternative medicine since early AD. Avicenna Isgandarova (2005) used prayer and meditation methods, which are spiritual rituals, as a method of physical and psychological healing, which she calls spiritual healing method.

According to Hamid (2008) cited by Reska & Eci (2017), he revealed that strong belief in religious principles, adherence to religious principles and the religious experience of an elderly person are factors of religiosity that affect the incidence of depression in the elderly. When a person is faced with a situation that tends to cause feelings of depression, stress, and depression, then they will try to find a compensation so that the feelings they feel can be overcome. One of the compensation strategies that can be used to prevent or reduce the burden of the problems they face is to get closer to the creator, through religious rituals and worship, because the spiritual level of the elderly is closely related to the incidence of depression in the elderly. Therefore the high level of religiosity is needed so that they can avoid depression.

Based on research conducted by Reska & Eci (2017) on the relationship between spirituality and depression in the elderly at PSTW Sabai Nan Aluih Sic Ring, it revealed that among 29 respondents with poor spirituality, 24 respondents (82.8%) of them had mild depression while among 23 respondents with good spirituality, 14 (60.9%) of them had normal depression levels.

The existence of Mappakasunggu Elderly Social Service Center (PPSLU) in Parepare City is of great help to the elderly in Ajatappareng area. The capacity of the Mappakasunggu Elderly Social Service Center (PPSLU) is 75 elderly people with the same room, no class, and all are filled.

From the data obtained at the Center for Elderly Social Services (PPSLU) of Mappakasunggu, the number of elderly people who suffered from depression has increased every year. The causes of depression that occurred in the elderly at the Mappakasunggu Elderly Social Service Center (PPSLU) are lack of social support from family, loss of loved ones, less active participation in activities, and other particular factors which increase the risk of depression in the elderly. One of the efforts made by the center in dealing with depression in the elderly is by organizing positive activities such as gardening, gymnastics, and other positive activities including religious activities.

METHOD

This study used a descriptive analytic research type with a cross sectional approach. This research was conducted at Mappakasunggu Parepare Elderly Social Service Center (PPSLU) in July 2019. The population in this study was 51 elderly people who suffered from depression and were in the Mappakasunggu Parepare Elderly Social Service Center (PPSLU). The sampling technique used was total sampling. Data collection was carried out through questionnaires with guided interviews to respondents. Data processing techniques started from editing, coding, tabulating, entry, processing, and cleaning. The results of the study from the univariate analysis were to obtain the frequency distribution of each variable, while bivariate analysis through chi square test I with p-value of 0.05, in which $p > 0.05$, it means there was significant relationship between dependent and independent variable

RESULTS

Table 1.
The Relationship between Spirituality and Depression of the Elderly (n=51)

Spirituality	Depression						Total	
	Weight		Moderate		Light		n	%
	f	%	f	%	f	%		
Low Spirituality	5	71.4	2	28.6	0	0.0	7	13.7
Medium Spirituality	1	4.2	16	66.7	7	29.1	24	47.1
Higher Spirituality	0	0.0	5	25.0	15	75.0	20	39.2
Total	6	11.8	23	45.1	22	43.1	51	100

p-value = 0,000

Based on table 1 above, it was obtained that among 7 respondents (13.7%) who had low spirituality, there were 5 respondents (71.4%) who suffered from severe depression, and 2 respondents (28.6%) who suffered from moderate depression. The elderly who had moderate spirituality were 24 respondents (47.1%) in which 16 (66.7%) of them had moderate depression and 1 (4.2%) of them suffered from severe depression, and 7 (29.1%) of them suffered from mild depression. Meanwhile, among 20 respondents (39.2%) who had high spirituality, 15 (75.0%) of them had mild depression and 5 (25.0%) of them had moderate depression.

The results of statistical tests using the chi-square test obtained $p\text{-value} = 0.000$ with a significance level of $\alpha = 0.05$, meaning that H_a was accepted and H_o was rejected. Thus, there was a relationship between spirituality and depression in the elderly at the Elderly Social Service Center (PPSLU) of Mappakasunggu Parepare.

DISCUSSION

The results obtained that among 7 respondents (13.7%) who had low spirituality, 5 respondents (71.4%) of them suffered from severe depression and 2 respondents (28.6%) of them suffered from moderate depression. Elderly who suffered from severe depression were the elderly who feel dissatisfied with their life, often wanted to cry for no reason, thought that other people's lives are better, did not care about themselves and others, as well as often had negative thoughts about themselves, others and even God Almighty so that the elderly tended to experience depression. Meanwhile, the elderly who had moderate depression were the elderly who thought that life is still fun. This is also affected by several factors, one of them is education. In terms of education, respondents who have high intellectual or thinking skills are better in solving the problems faced than respondents who did not go to school.

In this study, it was found that there were 24 respondents (47.1%) who had moderate spirituality with a severe depression level suffered by 1 respondent (4.2%), moderate depression suffered by 16 respondents (66.7%) and mild depression suffered from 7 (29.1%) of respondents. Elderly who suffered from severe depression were elderly who chose to avoid social gatherings, often worried about the future, and always remembered the past. Elderly who suffered from moderate depression were the elderly who felt inferior, helpless, often bored, and less happy. This happened because the elderly did not get support from their closest people such as family and friends who were around them. Meanwhile, the elderly who suffered from mild depression were the

elderly who enjoyed their life and preferred to live in an institution rather than living at home. This is because the elderly felt cared by the center and had lots of friends.

The results of this study also showed that as many as 20 respondents (39.2%) had high spirituality with a mild depression level suffered by 15 respondents (75.0%), and moderate depression suffered by 5 respondents (25.0%). The elderly who suffered from mild depression were the elderly who felt satisfied with the life they are living, participated in all activities at the center, had a good spirit at all times, felt happy most of the time, had a clear mind and easily made decisions. Elderly who were interested in religious beliefs and perform various rituals that are in their various beliefs had a significant proportion in facing a problem. Having high spirituality is closely related to good adjustment in the elderly. Furthermore, elderly who suffered from moderate depression were the elderly who chose to avoid social gatherings. So that the elderly felt bored and chose to stay in the room instead of doing something useful at the center.

The results of this study are in line with research conducted by Reska & Eci (2017) regarding the relationship between spirituality and depression in the elderly at PSTW Sabai Nan Aluih Sic Cincin which revealed that among 29 respondents who had poor spirituality there were 24 respondents (82.8%) suffered from mild depression, while 23 respondents who had good spirituality, there were 14 respondents (60.9%) of them who had normal levels of depression. Elderly who suffered from depression were the elderly who had bad spirituality. This is because the elderly often thought negatively of themselves, others, even God Almighty. Meanwhile, the elderly who were not depressed are those who had good spirituality. This happened because the elderly often involved God in life. Thus, there was a relationship between spirituality and depression in the elderly.

The results of the study were almost the same as the research conducted by Runingga (2015), regarding the relationship between the level of religiosity with the depression level of the Muslim elderly in PSTW Budi Mulia 4 Margaguna, South Jakarta. The statistical test results obtained a p-value of 0.000 ($p < 0.05$), which means that there was a significant relationship between the level of religiosity with the level of depression in the Muslim elderly in PSTW Budi Mulia 4 Margaguna, South Jakarta.

According to the researchers' assumptions, there was a relationship between spirituality and depression in the elderly at the Elderly Social Service Center (PPSLU) of Mappakasunggu Pare-pare, it can be concluded that the elderly who diligently carried out religious activities were calmer in carrying out their daily activities. They were more diligent in participating in the activities of the center and socialized well with fellow residents. On the other hand, the elderly who did not carry out religious activities appeared more gloomy, sad, crying, and did not want to socialize with fellow residents. Elderly who did not have a good relationship with themselves, other people, the environment, and God Almighty were more likely to reject the changes that occurred in them, they like to be alone, looked gloomy, lacked enthusiasm, and felt that life is not fun so that the elderly were prone to depression.

Isgandarova (2005) cited by Nur (2015) proved spirituality to be a moderator in the relationship between stressors and life satisfaction. In addition, spirituality is a

consistent mediator in the relationship between negative experiences, depression and anxiety. Isgandarova (2005) stated that spirituality has been trusted as an alternative medicine since early AD. Avicenna Isgandarova (2005) used prayer and meditation methods, which are spiritual rituals, as a method of physical and psychological healing, which she calls spiritual healing methods.

Psychoreligious therapy is an act of treating the elderly by using psychological and spiritual approaches by getting closer to Allah SWT. This psychoreligious therapy can be applied through religious rituals, such as praying, reading and studying the Al-Quran, praying, dhikr (offering praise), reading religious books and listening to religious lectures. All of these things are done by involving the psychological side of humans, namely being absorbed in doing it (belief, hope, fear of Allah SWT, the purpose and meaning of life). Prayers in the psychoreligious dimension means supplication to God Almighty, while dhikr is remembering God with all His power, saying both verbally and silently all His power. From the point of view of mental nursing or mental medicine or mental health, prayer and dhikr (psycho-religious therapy) are psychiatric therapy at a higher level than ordinary psychotherapy.

CONCLUSION

The spirituality variable has a relationship with depression in the elderly with a p-value = 0.000 ($p < 0.05$). This research is expected for nursing staff to provide and increase spiritual support so that the elderly can avoid depression.

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