



## ANALYSIS OF ANXIETY, STRESS, DEPRESSION AND QUALITY OF LIFE LEVELS IN ELDERLY PARENTS WITH CHRONIC DISEASES

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### ABSTRACT

As the age increases, the elderly are more susceptible to various health problems, one of which is chronic disease. Elderly with chronic diseases who experience excessive stress and anxiety will trigger symptoms of depression so that there is a delay in treatment. This condition can affect the quality of life in the elderly. This study aims to determine the Signs of Anxiety, Stress, Depression and Quality of Life in the Elderly at SMC Telogorejo Semarang. The design of this study is quantitative research and uses a descriptive study design with a cross-sectional approach, the population in this study was 243 elderly, the sample obtained was 71 respondents according to the inclusion and exclusion criteria. The sampling technique used was purposive sampling. The instrument used was DASS (Depression Anxiety Stress Scale) with Alpha Cronbach table 0.092 and WHOQOL-BREF with Alpha Cronbach coefficient obtained results of 0.882 so that this questionnaire was declared valid and reliable. In the study, the research subjects consisted of 34 men (47.9%) and 37 women (52.1%). respondents aged 60-74 years old elderly 61 respondents (85.9%). Marital status obtained the highest results, namely married 62 respondents (87.3%). Secondary education level as many as 45 respondents (63.4%). Most of the elderly are unemployed as many as 41 respondents (57.7%). In chronic diseases, the majority of diabetes mellitus results were obtained as many as 27 respondents (38.0%). The majority of the elderly experience moderate anxiety (49.3%), moderate stress (49.3%), mild depression (46.5%), the majority of quality of life is sufficient (56.3%).

Keywords: anxiety; depression; elderly; quality of life; stress

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## INTRODUCTION

Elderly is the final stage of development in human life that starts from the age of 60 years to almost 120 or 125 years. Elderly can be classified as follows, namely early elderly aged 65 to 74 years, middle elderly aged 75 years or more, and late elderly aged 85 years or more (Dunkle 2009 in Santrock, 2012). The process of getting old or aging is a process to improve or replace oneself and maintain or repair the damage that occurs (Muhith & Siyoto, 2016). Chronic disease is a disease that develops and lasts for a long time, namely more than six months. Chronic disease can cause disability in sufferers and in the healing process, requires long-term care (Lubkin, et al., 2020). Non-communicable diseases are a group of various chronic non-communicable diseases (World Health Organization, 2018). Based on the results of Susenas and Sakernas and other supporting data (2020 population census and interim population projections (2020-2023), the percentage of the elderly population to the total population in Central Java Province continues to increase, namely 12.22 percent in 2020 to 12.71 percent in 2021 (Central Statistics Agency, 2022). Elderly people are reviewed from a health aspect with increasing age, the elderly are more susceptible to various health problems, both physical and psychological problems (Riskesdas, 2018).

The health situation of the elderly in Semarang City in 2022, the highest chronic diseases are hypertension as much as 15.16 percent, diabetes mellitus as much as 2.86 percent, obesity as much as 0.70 percent, decom cordis 0.32 percent, stroke 0.28 percent, insulin-dependent DM 0.18 percent, COPD 0.17 percent, Asthma bronchiale 0.14 percent, elderly with chronic kidney disease as much as 0.08 percent, Ca mammae 0.04 percent, osteoporosis 0.03 percent, cervical cancer as much as 0.01 percent (Semarang City Elderly Profile, 2021). Elderly with chronic diseases who experience stress will tend to experience sadness, anxiety, stress that makes the body weak, decreased appetite and decreased interest in everything. This condition will have an impact on delayed treatment. If this condition is allowed to drag on, it will trigger more negative symptoms, namely depression. If this happens, the elderly may have difficulty motivating themselves to recover (Siregar & Hidayat, 2017).

Depression causes various risk factors to emerge, so that WHO in 2013-2020 planned efforts related to the Mental Health action plan, namely mental health is valued, promoted and protected. Depression is a preventable mental disorder and sufferers have the right to human rights and high-quality access to health at the highest level. Depression must be treated as early as possible. Therefore, the role of nurses is needed in the prevention and management of mental health problems including depression (Agustina & Wardani, 2020). Quality of life cannot be equated with health status, lifestyle, comfort of life, mental status and sense of security. Quality of life is interpreted as the range between objective conditions and their subjective feelings. Quality of life is also interpreted as a set of parts related to the physical, functional, psychological and social health of individuals. In this context, it often leads to health. Health-related quality of life includes five dimensions, namely opportunity, health perception, functional status, disease and death (Isa & Baiyewu, 2016).

Early detection is one of the preventive measures to prevent by detecting or finding certain diseases that are asymptomatic and do not appear in a particular community or population through short and simple tests or examinations to be able to separate those who are truly healthy from those who are most likely to suffer which is then processed through a definite diagnosis and treatment (Fajar & Arif, 2016), early detection of depression in the elderly will accelerate the management of depression in the elderly which is expected to maintain the quality of life in the elderly. Early detection of anxiety, depression, stress, and quality of life in the elderly is very important for primary care. The role of nurses is very important in efforts to detect depression early in the elderly in accordance with the duties of nurses in secondary prevention efforts (Azizah, et al. 2016).

## **METHOD**

This research design is quantitative research and uses a descriptive study design with a cross-sectional approach, the population in this study amounted to 243 elderly people, the sample obtained was 71 respondents according to the inclusion and exclusion criteria. Inclusion criteria: Elderly with chronic diseases, Elderly who can read, write. Elderly diagnosed with chronic diseases. Exclusion criteria: Elderly who consume antidepressant drugs, Elderly with speech, vision, hearing disorders, elderly with dementia, and elderly in emergency conditions. The sampling technique used is purposive sampling. The instrument used is DASS (Depression Anxiety Stress Scale) with Alpha Cronbach table 0.092 and WHOQOL-BREF with Alpha Cronbach coefficient obtained results of 0.882 so that this questionnaire is declared valid and reliable. The place of this research was conducted in the geriatric outpatient room of the hospital. This research has been tested for ethics and is said to have passed the ethics test with the number 16555 / TU.710 / KEPK / K / 2024.

**RESULT**

**Respondent characteristics data based on age, gender, marital status, education, occupation and chronic diseases**

Table 1.

Frequency distribution of demographic characteristics of respondents (n=71)

Characteristic Data	f	%
<b>Age</b>		
Elderly (60 – 74 years)	61	85.9
Old (75 – 89 years)	10	14.1
<b>Gender</b>		
Male	34	47.9
Female	37	52.1
<b>Marital status</b>		
Marriage	62	87.3
Widow or widower	9	12.7
<b>Education</b>		
Low (Primary School)	6	8.5
Middle School (Junior High School-Senior High School)	45	63.4
Higher education	20	20
<b>Job</b>		
Working	30	42.3
Not Working	41	57.7
<b>Chronic disease</b>		
CHF	11	15.5
Hypertension	16	22.5
DM	27	38.0
Cancer	9	12.7
COPD	4	5.6
CKD	4	5.6

Based on table 1 reviewed from the characteristics of age is known that most respondents in this study are in the elderly age category as many as 61 respondents (85.9%) Gender of most respondents in this study were female, which was obtained results of 37 respondents (52.1%). In terms of marital status, it is known that respondents in this study were married, namely 62 respondents (87.3%). In this study the level of secondary education is junior high school to high school with the results of 45 respondents (63.4%). Occupational characteristics are known that most respondents in this study are unemployed, namely 41 respondents (57.7%). The type of chronic disease is mostly DM, namely 27 respondents (38.0%).

**Based on the research results, data on the characteristics of anxiety, stress, depression and quality of life were obtained.**

Based on table 2, the aspects of anxiety, stress, and elderly with chronic diseases were reviewed, the results showed that the majority of elderly experienced moderate anxiety, as many as 35 respondents (49.3%), then for the stress aspect, the results showed that the elderly experienced moderate stress, as many as 35 respondents (49.3%), then for the depression aspect, the results showed that the majority of elderly experienced mild depression, as many as 33 respondents (46.5%).

Table 2.  
Frequency distribution of respondents based on anxiety, stress, depression (n=71)

Variable	f	%
<b>Anxiety</b>		
Not anxious	20	28.2
Mild anxiety	8	11.3
Moderate anxiety	35	49.3
Very anxious	8	11.3
<b>Stress</b>		
No stress	0	0
Slight stress	15	21.1
Moderate stress	35	49.3
Heavy stress	21	29.6
<b>Depression</b>		
Not depressed	9	12.7
Mild depression	33	46.5
Moderate depression	27	38.0
Major depression	2	2.8

Table 3.  
Frequency distribution of respondents based on Quality of Life (n=71)

Quality of life	f	%
Poor quality of life	25	35.2
Adequate quality of life	40	56.3
Good quality of life	5	7.0
Very good quality of life	1	1.4

Based on the data in table 3, aspects of quality of life in the elderly, namely the results obtained showed that the majority of quality of life was sufficient, as many as 40 respondents (56.3%).

## DISCUSSION

### Characteristics Data Based on Age, Gender, Marital Status, Education, Occupation and Chronic Diseases

Changes that often occur in the elderly are changes in the immune system that tend to decrease, changes in the integumentary system that result in easy damage to the skin, subsequent changes in the elasticity of blood vessels, especially in the cardiovascular system, which results in increased heart performance. Decreased liver and kidney metabolic capacity and accompanied by decreased vision and hearing ability. Decreased physical function is characterized by the inability of the elderly to be active or do activities that are classified as heavy (Husna & Ariningtyas, 2019). In this study, the results of respondents with married status were greater than those with widower or widow status, which was 87.3%. This result is in accordance with research conducted by Pratiska (2020), it was obtained that the elderly with married status were more than widows or widowers, which was 66.7 percent. The Central Statistics Agency of the Republic of Indonesia SUPAS (2015), the elderly population in terms of marital status was mostly married (60%) compared to widows or widowers (divorced and deceased) which was (37%), this is because the elderly who no longer have 77 partners or are divorced or divorced they tend to remarry, so that the marital status of the elderly is dominated by married status compared to widows or widowers (Kartini, 2022). This study is supported by research conducted by Fitriana and Khairani (2018), it is said that the low level of education is because parents assume that in the past school was only for people who had money and had the opportunity to go to school, unlike the current conditions, another factor that influences is the lack of educational facilities so that the elderly only

complete at the middle stage, Humans experience rapid physical decline. after the age of 40, especially at the age of over 45 years, there will be a decrease in regeneration in the body. The body experiences aging at the age of over 46 years. This aging can be influenced by lifestyle, unhealthy eating habits, lack of physical activity, smoking, alcohol consumption, excess weight, hypertension, and cultural influences. This explains why the elderly are more susceptible to DM (Kurniawaty & Yanita, 2016). Cases of DM are often experienced by elderly respondents aged 56-65 years, because at that age a person will experience physical weakness or without any illness, so that physiological functions decrease due to an unhealthy lifestyle at a young age so that insulin levels that remain seem to experience a decrease in insulin levels due to increased blood sugar levels (Ivan, Yesi & Ganis, 2023).

### **Characteristics of Anxiety, Stress, Depression and Quality of Life Were Obtained**

As the elderly age, the decline in organ function that triggers a decline in the physical and cognitive functions of the elderly can have an impact on anxiety (Ngadiran, 2019). Chronic diseases of the elderly often worry about their death (Richlany, 2016). The causes of anxiety in the elderly vary widely, including worrying about something that will happen in the future, fear of the inability to overcome problems and worrying about trivial things. This is in accordance with research conducted by Mega., et al (2021) which obtained results from 92 elderly people, 21 respondents experienced mood symptoms with very severe levels of anxiety. These emotional disorders are based on feelings of worry, feeling that something bad will happen, feeling afraid, and being easily offended, and causing the elderly to become stressed.

The results of the study showed that 35 respondents (49.3%) experienced moderate stress in the elderly with chronic diseases. The results of a study conducted by Indriana (2010) stated that the majority of elderly people experience severe stress due to 5 things, namely changes in daily activities, changes in family gatherings, death of a spouse, death of a family member, and changes in choice or quantity of sports or recreation and changes in work. Elderly people with chronic diseases who experience stress tend to be sad, weak, and lose their appetite and interest in everything. If this condition is not treated immediately, it can trigger signs of depression. In addition, it will be difficult for the elderly to motivate themselves to recover (Siregar & Hidayat, 2017). The impact of stress on the elderly with chronic diseases will have an impact on the quality of life and well-being of the elderly related to self-care that focuses on compliance during treatment and self-management (Glover et al., 2016). Elderly people who suffer from chronic diseases can cause changes in psychological function in people who suffer from them. Changes in function can affect a person's life and can cause stress in the elderly who experience it (Kaunang, Buanasari, & Vandri Kallo, 2019).

From a physiological perspective, stress reactions are regulated into two branches, namely regulated by the rapidly operating sympathetic nervous system and regulated by the neuroendocrine axis (HPA). The first begins in the parvocellular nucleus of the hypothalamus which is connected by nerve fibers to the locus coeruleus in the spinal cord. From here the adrenal medulla is stimulated to produce catecholamines. The function of the neuroendocrine axis is the opposite, starting from the paraventricular hypothalamus which releases the hormones corticosteroids (CRH) and arginine vasopressin (AVP). This substance triggers the pituitary gland to release adrenocorticotrophic hormone (ACTH) which is released into the bloodstream and induces the adrenal cortex to release cortisol (Falco, 2015). The effect of the cortisol hormone is to increase blood sugar levels and fluctuations in blood sugar levels will trigger sufferers to despair during treatment. Continuous stress and anxiety can cause more severe negative symptoms, namely depression (Saleh, Maryunis, & Murtini, 2020).

Chronic disease is a disease that is permanent in nature, triggers the disability of the sufferer and its treatment requires a long time (Bestari & Wati, 2016). Depressive conditions in the elderly are often related to various factors that trigger depression as a result of the aging process that triggers a decline in the psychological function of the elderly caused by chronic diseases so that the elderly have a high potential for depression. Aging conditions plus the disease suffered and psychosocial conditions that are disturbed due to loss can also cause depression in the elderly (Susanti et al., 2018).

Research conducted by (Anisa, Amelia, & Dewi 2019) found that elderly people with depression have a history of other diseases or other medical conditions. The presence of this medical illness is one of the stressors in an elderly person that can increase the risk of depression. Physical illness can result in a decrease in a person's physical and physiological ability to carry out activities as usual, both in working and doing physical activities in the elderly, this increases the risk of the elderly experiencing depression. Several factors that affect the mental health of the elderly are decreased physical condition, decreased physiological function such as chronic diseases (Kartinah & Sudaryanto, 2017). This psychological condition can affect the quality of life of the elderly with chronic diseases.

The results of this study found that the quality of life of the elderly was in the sufficient category (56.3%). According to (Aminah, Hartati, & Abbas, 2019), a sufficient quality of life is caused by those who have a busy schedule in carrying out various daily activities, some people are bored with routines that are repeated over and over again, such as an unemployed person who just stays at home without doing anything, often someone who has a sufficient quality of life they interact less with the surrounding environment, they tend to prefer to stay at home rather than go out to just say hello and see the surrounding nature. Physically, the elderly experience changes from decreased body function to unstable emotions (Nurul & Arifin, 2021).

Quality of life can also affect a person's psychological condition where if they rarely interact in the surrounding area, the psychology or emotions they have cannot be expressed to friends or family, they tend to keep their feelings to themselves so that they can cause sufferers to experience depression due to lack of expressing their feelings. A number of factors that control the mental health of the elderly are declining physical condition, sexual function and potential, psychosocial aspects, changes in work and social roles in society (Kartinah & Sudaryanto, 2017). The statement above is in accordance with the theory (Ekasari, Riasmini, & Hartini, 2018) where the condition of the elderly who are psychologically vulnerable, requires an environment that understands and understands them. The elderly need patient friends, who understand and understand their condition.

## **CONCLUSION**

As they get older, the elderly are more susceptible to various health problems including chronic diseases. Elderly people with chronic diseases who experience stress and anxiety will trigger depression, resulting in delayed treatment. This condition will affect the quality of life of the elderly with chronic diseases.

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