

THE RELATIONSHIP OF ANXIETY LEVEL WITH QUALITY OF LIFE IN ELDERLY

Fakhrudin Nasrul Sani¹, Agostinha Morais Assis Belo², Yulia Susanti³, Muzaroah Ermawati Ulkhasanah⁴

¹Universitas Duta Bangsa Surakarta, Jl. K.H Samanhudi No.93, Sondakan, Kec. Laweyan, Kota Surakarta, Jawa Tengah 57147, Indonesia

²Instituto Superior Cristal, Dili, Timor Leste

⁴Sekolah Tinggi Ilmu Kesehatan Kendal, Jln Laut 31 Kendal, Jawa tengah 51311, Indonesia

³STIKES Mamba'ul 'Ulum Surakarta, Yayasan Perguruan Tinggi Islam Surakarta, Jalan Ringroad Utara, Mojosongo, Kec. Jebres, Kota Surakarta, Jawa Tengah 57127, Indonesia

*fakhrudin.n.s1611@gmail.com

ABSTRACT

Elderly is an age that is vulnerable to a problem, both economic, health, psychological and social problems. Anxiety is a psychological problem faced by the elderly in their life experiences. Anxiety has a range of responses, namely adaptive to maladaptive responses. Quality of life is thought to be one of the problems that exist in the elderly, including anxiety. Anxiety is a psychological problem faced by the elderly in their life experiences. This study aims to determine whether there is a relationship between anxiety and quality of life in the elderly. This study uses quantitative methods with descriptive correlation. The approach used is cross-sectional. The sampling technique used was purposive sampling with a sample of 37 respondents. Analysis of the data in this study using Spearman rank. The results in this study showed that most of the anxiety in the elderly was in the category of severe anxiety as much as 17 (42.5%). The quality of life in the elderly is mostly good as many as 16 (40.0%). There is a relationship between anxiety and quality of life in the elderly with a correlation value of -0.413, the relationship between variables in the moderate category, with a p value of 0.011. The conclusion of this study shows that there is a relationship between anxiety and quality of life in the elderly. The relationship between the categorical variables is the opposite, the higher the anxiety, the lower the quality of life, this is because the average elderly experience severe anxiety even though their quality of life is good.

Keywords: anxiety level; elderly; quality of life in the elderly

INTRODUCTION

The elderly are an age group that is very susceptible to health problems such as hypertension (Setyaningsih, 2014). Aging is the accumulation of changes in humans from time to time which includes biological, psychological and social changes that are correlated to a decrease in body resistance and the occurrence of disease (Kar, 2019). The ability to adapt can affect the health condition of the elderly in general, those who fail in the adaptation process will experience problems such as depression and/or paranoia. In addition to experiencing physical strength and health problems, the elderly also have other problems, such as: finances, loneliness due to the death of a partner, changing roles so that they have to form new relationships in society (Afrizal, 2018). Lack of adaptability in the face of change can cause psychosocial problems, one of which is anxiety (Maramis and Maramis, 2009). Anxiety disorders can include panic disorder, phobias, obsessive-compulsive disorder, generalized anxiety disorder, acute stress disorder, post-traumatic stress disorder. The initial onset of panic disorder in the elderly is rare, but it can occur. Signs and symptoms of phobias in the elderly are less serious than in young adults, but the effect is equal, if not more, to cause debilitation in elderly patients. Stress disorders are more common in the elderly, especially the type of post-traumatic stress because the elderly will easily form a physical disability.

Elderly (elderly) is someone who is 60 years and over. Elderly is not a disease, but is an advanced stage of a life process marked by a decrease in the body's ability to adapt to environmental stress (Efendi & Makhfudli, 2009). The results of the population census in Central Java in 2020 were 36.52 people with the composition of the population by age group as much as 70.60% being in the productive age (15-64 years). The number of elderly people in Central Java is 12.15% of the total population. This number categorizes Central Java as an area that has entered the aging population era, when the percentage of the population aged 60 years and over reaches 10% and above (BPS, 2021), this makes the government need to pay special attention to this elderly population in order to maintain their health.

Quality of life is an individual's perception of his position in life, the cultural context, the value system in which they are located and their relationship to life goals, expectations, standards and other related matters. Quality of life covers very broad and complex issues including physical health problems, psychological status, level of freedom, social relationships and the environment in which they are located (World Health Organization, 2013). Components in determining the quality of life of the elderly can be determined by the psychological problems experienced by the elderly (Rohmah, et al., 2012). The quality of a person's life is a multidimensional phenomenon. WHO developed an instrument to measure a person's quality of life from 4 aspects, namely physical, psychological, social and environmental. Psychological well-being includes influence, fulfillment, stress and mental states. The elderly will experience changes in terms of physical, cognitive, and psychosocial life. Psychological is one of the factors that determine the quality of life of the elderly. This study aims to determine whether there is a relationship between anxiety and quality of life in the elderly.

METHOD

The research design used is quantitative with descriptive correlation research method using a cross sectional approach. The research was conducted at Panti Wredha Dharma Bakti Kasih Surakarta from May to June 2020. The sampling technique in this study was purposive sampling, with 37 respondents. The measuring instrument used for anxiety is the Hamilton Anxiety Rating Scale (HAM-A). Quality of life questionnaire using WHOQOL.

RESULTS

Table 1.
Gender distribution

Gender	f	%
Man	19	51.4
Woman	18	48.6

Based on the sex distribution of the respondents, the highest distribution was male as many as 19 (51.4%).

Tabel 2.
Age distribution

Age	f	%
60-74	20	54.1
75-90	17	45.9
>90	0	0

Based on the distribution of respondents according to age, the highest distribution was 60-74 years with 20 (54.1%). The age distribution of the respondents shows that most of the respondents are elderly in the elderly category (elderly).

Tabel 3.
 Distribution of anxiety levels

Anxiety levels	f	%
Mild Anxiety	7	18.9
Moderate anxiety	10	27.0
Severe anxiety	17	45.9
Panic	3	8.1

Based on the distribution of respondents' anxiety levels, the highest distribution was severe anxiety as much as 17 (45%).

Tabel 4.
 Distribution of quality of life

Quality of life	f	%
Very bad	0	0
Bad	8	21.6
Normal	13	35.1
Good	16	43.2
Very good	0	0

Based on the distribution of the quality of life of the respondents, the highest distribution was good as many as 16 (43.2%).

Tabel 5.
 Distribution of anxiety relationship with quality of life

Tabel	R	P Value
Anxiety Relationship with Quality of Life	-0.413	0.011

The results of the Spearman Rank correlation test analysis obtained a correlation value of -0.413 w value (p value) of 0.011 which is smaller than 0.05 so that the test decision is H_0 is rejected. Based on the test decision, namely H_0 is rejected, it is concluded that there is a relationship between the level of anxiety and the quality of life in the elderly. The value of the correlation coefficient which is negative (-0.413) means that the relationship between anxiety and quality of life is opposite, meaning that the higher the anxiety, the lower the quality of life of the elderly with the value of the relationship being moderate. high means that the relationship between variables is moderate, with a significance.

DISCUSSION

Elderly Anxiety Level

Based on the results of the study, it showed that the level of anxiety of most respondents was severe, meaning that they were too worried about their condition, but also did not feel comfortable enough with their current state, lack of visits from family. Elderly who experience anxiety caused by

various factors, namely external factors and internal factors. External factors are threats to physical integrity and threats to the self system and internal factors, namely age, stressors, gender, environment, and education (Rindayati, et al, 2020).

Changes that occur in the elderly due to the aging process often cause several impacts for the elderly including changes in behavior, increased emotional sensitivity and causes anxiety. Meanwhile, from the changes that arise as a result of the aging process, the elderly are required to adjust emotionally. Emotional adjustment to aging is basically an extension of the adjustments that have been made by individuals to changes in their lives (Umamah and Mufarrihah, 2018). Based on the factors of elderly family visits, the family visits 3-5 times in one year. The hope of the elderly in their old age is that their children will continue to respect, appreciate and love the elderly, through the child's obedient attitude towards their parents is something that can make the elderly feel happy, if the child can make him happy then the elderly is sure to live a long life (Syam'ani , 2013).

The results of research conducted during the study in approximately one month, the anxiety that occurs in the elderly is caused by the aging factor, and the lack of attention from the family also because they rarely visit them within 1 month, 2 weeks after he was visited by his family.

Quality of Life for Elderly

A good quality of life of respondents means that most respondents have a perception that their current position in terms of physical, psychological, social and environmental health is good. Research conducted by Sibuea (2020), the quality of life of the majority of respondents is good. The results showed that there was a significant relationship between the spiritual status of the elderly and the lifestyle of the elderly. This means that a healthy spiritual status will have a healthy lifestyle. Health-related quality of life is the quality of life that describes the quality of life of individuals who are after, and or are experiencing a disease that is getting a treatment. Quality of life is influenced by the level of independence, physical and psychological conditions, social activities, social interactions and family functions. Elderly people generally experience limitations, so that the quality of life in the elderly decreases. The family is the smallest unit of society so it has a very important role in the care of the elderly to improve the quality of life of the elderly (Yuliati et al, 2014).

Quality of life can be defined as a concept of economics, sociology and political science which includes the spiritual (emotional), social and physical well-being of individuals (Ruzevicius, 2016). The results of research with interviews using the WHOQOL instrument showed 4 (four) domains measured all in good condition. This instrument in more detail assesses how the elderly perceive their physical health, comfort in the need for rest and sleep, the need for socializing, recreation, as well as about their physical acceptance and role. The results of the questionnaire also measure current financial satisfaction, feelings of fear, anxiety and sadness. From these questions, all respondents did not have significant complaints, this was possible because the elderly who were in the orphanage already had insurance for the necessities of life, access to health services (if the elderly were sick, they would be referred to the hospital), even the fulfillment of spiritual needs (there are activities spiritual guidance) which is routinely carried out in the Panti environment.

Dewi's research (2013), which examines the description of the quality of life in the elderly with normotension and hypertension in the work area of the Gianyar I Health Center. This study shows that the elderly with normotension and hypertension have impaired quality of life so that the average quality of life is good. According to a study, the quality of life of the elderly in nursing homes is related to several important factors including demographic factors, socio-economic factors, physical health factors, psychological health factors, social networking factors, lifestyle and activities, traumatic life events and care (Indrayani and Ronoatmojo, 2007). 2018). The results of this study are in accordance with the findings in this study, that elderly people who are in good physical condition, optimal psychological conditions, dynamic social or social factors and safe and comfortable environmental factors will create a good level of quality of life.

The relationship between anxiety and the quality of life of the elderly

Anxiety is a response that refers to the condition of individuals who can feel worry, tension, anxiety and an uncomfortable and uncontrollable feeling about the possibility that something bad will happen (Halgin, 2010). The incidence of anxiety disorders in Indonesia is around 39 million people out of 238 million people (Heningsih, 2014). Psychological well-being includes influence, fulfillment, stress and mental states. The elderly will experience changes in terms of physical, cognitive, and psychosocial life. Psychological is one of the factors that determine the quality of life of the elderly. Psychological factors are important factors for individuals to control all events experienced in their lives and psychological well-being is one of the factors that determine the quality of life of the elderly (Rohmah, 2012). This study found that there was a relationship between anxiety and quality of life in the elderly, so the higher the anxiety, the lower the quality of life. Because the support and attention they need in this old age is also old.

CONCLUSION

The results of the Spearman Rank correlation test analysis obtained a correlation value of -0.413 which means that the relationship between variables is moderate, with a significance value (p value) of 0.011 which is smaller than 0.05 so that the test decision is H_0 is rejected. Based on the test decision, namely H_0 is rejected, it is concluded that there is a relationship between the level of anxiety and the quality of life in the elderly

REFERENCES

- Afrizal, A. (2018). Permasalahan Yang Dialami Lansia Dalam Menyesuaikan Diri Terhadap Penguasaan Tugas-Tugas Perkembangannya. *Islamic Counseling: Jurnal Bimbingan Konseling Islam*, 2(2), 91. <https://doi.org/10.29240/jbk.v2i2.462>.
- BPS. (2021). Hasil Sensus Penduduk 2020 di Provinsi Jawa Tengah. *Berita Resmi Statistik*. 07, 1–11.
- Dewi, Putu Arysta., Ardani, I Gusti Ayu Indah,. (2014). Angka kejadian serta faktor-faktor yang mempengaruhi gangguan tidur (insomnia) pada lansia. Denpasar. *Jurnal Medika Udayana*, Volume 3, No 8, 2014.
- Effendi, F. & Makhfudli. (2009). *Keperawatan Kesehatan Komunitas: Teori dan Praktek dalam Keperawatan*. Jakarta: Salemba Medika.

- Halgin, R.P., Whitbourne, S.K. (2010). *Psikologi Abnormal : Perspektif Klinis pada Gangguan Psikologi*. Jakarta, Salemba Medika.
- Heningsih, Dkk. (2014). *Gambaran Tingkat Ansietas Pada Lansia di Panti Wredha Darma Bakti Kasih Surakarta*. Skripsi. Surakarta: Stikes Kusuma Husada.
- Indrayani, & Ronoatmojo, S. (2018). Faktor-faktor yang berhubungan dengan kualitas hidup lansia di Desa Cipasung Kabupaten Kuningan Tahun 2017. *Jurnal Kesehatan Reproduksi*, 9(1), 69–78. <https://doi.org/10.22435/kespro.v9i1.892.69-78>.
- Kar, N. (2019). Holistic Care For Older Adults Needs Attention To Multimorbidity. *Journal of Geriatric Care and Research*, 6(1), 1–2.
- Maramis, W. F., & Maramis, A. A. (2009). *Catatan Ilmu Kedokteran Jiwa* (edisi 2). Airlangga University Press.
- Ruzevicius, J. (2016). Quality of Life and of Working Life: Conceptions and Research. *Engineering Economics*, August 2014.
- Rindayati., Abd. Nasir., Yuni Astriani. (2020). Gambaran Kejadian dan tingkat Kecemasan Pada Lanjut Usia. *Jurnal Kesehatan Vokasional*, Volume 5, No 5, Mei 2020.
- Rohmah, A. I. N., Purwaningsih., & Bariyah, K. (2012). Kualitas Hidup Lanjut Usia. *Jurnal Keperawatan*, Volume 3, No 2, Juli 2012.
- Sibuea. (2020). Hubungan Kebutuhan Status Spiritual Terhadap Tingkat Kualitas Hidup Lansia. *Nutrix Journal*, Volume 4, No 2, Oktober 2020.
- Syam'ani. (2013). Studi Fenomenologi Tentang Pengalaman Dalam Menghadapi Perubahan Konsep Diri, Harga Diri Rendah Pada Lansia di Kecamatan Jekan Raya Kota Palangkaraya. *Jurnal Keperawatan Jiwa*, Volume 1, No 1, 2013.
- Yuliati, A., Baroya, N., Ririanty, M. (2014). Perbedaan Kualitas Hidup Lansia yang Tinggal Di Komunitas Dengan Di Pelayanan Sosial Lanjut Usia. *Jurnal Pustaka Kesehatan*, Volume 2, No 1, 2014.
- Umamah, Farida., Mufarrihah, Nazula. 2018. Pengaruh Terapi Tertawa Terhadap Tingkat Kecemasan Pada Lanjut Usia Di Uptd Griya Werdha Surabaya. *Jurnal Ilmiah Kesehatan*, Volume 11, No 1, Februari, 2018.
- WHO. (2013). *Mental Health Action Plan 2012-2020*. Geneva: World Health Organization.