



UNIVERSITAS WIRARAJA

LEMBAGA PENELITIAN DAN PENGABDIAN KEPADA MASYARAKAT

Kampus : Jl. Raya Sumenep Pamekasan KM. 5 Patean, Sumenep, Madura 69451 Telp : (0328) 664272/673088
e-mail : lppm@wiraraja.ac.id Website : lppm.wiraraja.ac.id

SURAT PERNYATAAN

Nomor : 252/SP.HCP/LPPM/UNIJA/XI/2021

Yang bertanda tangan di bawah ini :

Nama : Dr. Anik Anekawati, M.Si
Jabatan : Kepala LPPM
Instansi : Universitas Wiraraja

Menyatakan bahwa :

1. Nama : Nelyta Oktavianysa, S.KM., M.Kes.
Jabatan : Staf Pengajar Fakultas Ilmu Kesehatan

Telah melakukan cek plagiarisme ke LPPM menggunakan *software turnitin.com* untuk artikel dengan judul "**SPIRITUALITY LEVELS AND DEPRESSION LEVELS ON ELDERLY IN INDONESIA LOCAL HEALTH CENTER**" dan mendapatkan hasil similarity sebesar 13%

Demikian surat pernyataan ini dibuat untuk digunakan dengan sebaik-baiknya.

Sumenep, 08 November 2021

Kepala LPPM

Universitas Wiraraja,

Dr. Anik Anekawati, M.Si

NIDN. 0714077402

Jurnal stress

by Nelyta Oktavianisya

Submission date: 21-Aug-2020 09:29AM (UTC+0700)

Submission ID: 1372049050

File name: Jurnal_Spirituality_Levels_and_Depression_Levels.pdf (181.9K)

Word count: 1977

Character count: 10849

Spirituality Levels and Depression Levels on Elderly in Indonesia Local Health Center

N Oktavianisya, E Mulyadi, E Y Ningsih

Abstract— Elderly is the final stage of the human life cycle. Most elderly people feel that their condition live were not like their expectations, so this condition can triggers depression. The problem that occurs in the elderly at the Tejava Health Centre is the unpreparedness of the elderly in facing retirement, most of them are not noticed by their families. This study aims to determine the relationship between the level of spirituality and the level of depression in the elderly at the Teja Public Health Centre in Pamekasan Regency. The research design used analytic, with Cross-Sectional design. The method used gathering primary and secondary data by interview using a questionnaire. The sample in this study used the elderly in the Teja Pamekasan Health Centre Pamekasan Regency as many as 60 people. The results showed that respondents who experienced mild depression (25.0%) and high spirituality (41.7%). Statistical test results with the Spearman correlation test showed p-values was smaller than a (0.01 <0.05). This means that H0 was rejected, which means there was a relationship between the level of spirituality and the level of depression in the elderly in the Teja Health Centre in Pamekasan Regency. Someone will increase his spiritual when they experience stress, it can reduce depression in the elderly so they can accept what happens in their lives. Getting closer to God such as Salah, prayer, initiative and reciting the Holy Qur'an, can provide protection for the body and can fulfil spiritual needs.

Keywords— spirituality, depression, elderly.

I. INTRODUCTION

The majority of problems that occur in the elderly, including the unpreparedness of the elderly in facing retirement, the unpreparedness of the elderly to be role models, most of them feel underestimated by their families, and the lack of family time that causes the fulfilment of elderly self-care needs becomes less. Factors that influence depression in the elderly are demographic factors, biological factors, psychological factors, and spiritual factors. One that affects depression in the elderly is a spiritual factor (Padilla, 2013). The impact of the elderly depression is suicide, reduced health function so that it can accelerate death, increasing use of health services.

Although depression often occurs among the elderly, this depression is often diagnosed as one of neglected. An average of 60-70% of elderly people who visit a GP practice are those with depression but often go undetected because the elderly are more focused on the disease which is actually a companion of emotional disorders (Mahajudin in Ayuni 2014).

N Oktavianisya, Nursing Department, Faculty of Health Sciences, Wiraraja University, Indonesia
E Mulyadi, Nursing Department, Faculty of Health Sciences, Wiraraja University, Indonesia,
E Y Ningsih, Nursing Department, Faculty of Health Sciences, Wiraraja University, Indonesia

A number of factors contribute to this condition, including the fact that depression in the elderly can be disguised or masked by other physical disorders. Besides from being undetected and not handled this disorder (Stanley and Beare, 2007). Depression in people with the elderly is manifested by complaints of feeling worthless, excessive sadness, depressed, uninspired, feeling empty, hopeless, thoughts of suicide, suicide, self-preservation that lacks even self-neglect (Wash in Azizah 2011).

Someone will seek support from their religious and spiritual beliefs when they experience stress. This support is important so that depression in the elderly can accept the conditions they experience, for the elderly who are in a period of depression. In addition to protecting the body, Salah, praying, initiative and reciting the Holy Book Al-Qur'an can also help fulfil spiritual needs (Hamid, 2008). Spiritual benefits for physical and mental health, including through the relaxation response, healthy lifestyle, social support, meaning in life, adaptive coping, positive psychological (emotional) states (Hussain, 2010).

According to research conducted by Shukra (2012), religiosity is inversely proportional to the level of depression, namely the higher a person's religiosity, the lower level of depression. Based on the background above, it is necessary to conduct research that aims to determine the relationship of therapeutic spirituality with the level of depression in the elderly.

I. METHODOLOGY

The research design used analytic, with Cross-Sectional design. The study population was the elderly aged 60-74 years in the Teja Health Centre in Pamekasan Regency in 2019. The sample used in this study were the elderly in the Teja Pamekasan Health Centre in Pamekasan as many as 60 elderly people. Sampling is done by using simple random sampling technique. Primary data collection was obtained through interviews using questionnaires and documentation. Secondary data obtained from the Teja Public Health Centre are elderly data. While the data analysis in this study uses a statistical test with the Spearman correlation test.

II. RESULTS

The number of respondents in this study was 60. Distribution of response characteristics and according to sex, education, occupation, spirituality level and depression level are written in Table 1.

Table 1. Grouping of Responses and based on Characteristics

Respondent Characteristic	n	%
• Gender		
Male	16	26,7
Female	44	73,3
• Education		
Elementary School	35	58,3
Junior High School	16	26,7
Senior High School	9	15,0
• Job		
Farmer	27	45,0
Civil employee pensioner	10	16,7
Unemployed	23	38,8
• Spirituality Level		

Low	18	30,0
Medium	17	28,3
High	25	41,7
<hr/>		
• Depression Level		
Not depression	17	28,3
Mild depression	15	25,0
Medium depression	28	48,7

Based on research results at the Teja Health Centre there were 60 respondents aged 60-74. Most of the elderly who were male were 16 elderly (26.7%), and elderly female were 44 elderly (73.3%). The majority of elderly who have elementary school education are 35 elderly (58.3%), while elderly who have junior high school education are 16 elderly (26.7%) and senior high school educated as many as 9 elderly (15.0%). For its characteristics, there are 23 elderly people who do not work (38.3%).

The elderly who have a high level of spirituality are as many as 25 elderly (41.7%), for the elderly who have a high level of spirituality are not prone to depression because they do religious activities such as prayer and dhikr or do activities in the mosque and often listen to the music of prayer and religious lectures . While from the aspect of depression level, most of the elderly experience moderate depression, which is 28 elderly (46.7%). Behaviour that occurs in elderly people who experience moderate levels of depression such as staying in the room, always being alone, raging for no reason, and lazy to take a shower.

Table 2. Cross tabulation between Spirituality and Depression Level in the Elderly in Teja Health Centre in Pamekasan Regency in 2019

Spirituality Levels	Depression Levels						Total	Percentage (%)
	Not Depression		Mild Depression		Medium Depression			
	Σ	%	Σ	%	Σ	%		
Low Spirituality	0	0	2	8,3	9	15,6	18	100
Medium Spirituality	0	0	6	8,3	16	25,7	17	100
High Spirituality	17	28,3	4	8,3	3	5,4	25	
Total	17	28,3	15	25,0	28	46,7	60	100

P-Value = 0,01 ($\alpha=0,05$), Correlation Coefficient: 0,622

Statistical test results with the Spearman correlation test obtained significant test results (p): 0.01 with α : 0.05. The p-value is smaller than α (0.01 < 0.05). This means that H0 is rejected, which means there is a relationship between the level of spirituality and the level of depression in the elderly in the Teja Health Centre in Pamekasan Regency.

III. DISCUSSION

Most of the elderly have a high level of spirituality as many as 25 (41.7%) people. The level of spirituality is influenced by several factors, such as development, family, race / ethnicity, religion, and other religious activities. Because

in principle, it is stated that when they are elderly, the elderly are more vulnerable to various problems and many changes occur in the elderly (Amanda, 2011).

Elderly in the Teja Puskesmas of Pamekasan Regency who experience moderate depression as many as 28 (46.7%) people, this condition is influenced by the spirituality of each elderly. Good spirituality creates positive emotions (happiness, joy, gratitude and calmness) which makes the glands in the brain begin to produce hormones and other neuropeptides that provide benefits to increase endurance so as to prevent infection from other diseases in order to support health (Kinasih, 2012).

Based on the results of the study show that there is a relationship between the level of spirituality and the level of depression in the elderly in the Teja Public Health Center in Pamekasan in 2019. In line with research conducted by Syukra (2012), religiosity is inversely related to the level of depression, such like the higher someone's religiosity, the lower the level of depression.

Changes in life that are often experienced make the elderly vulnerable to depression, some of these changes such as retirement, illness or decreased physical abilities, living (alone), left by a partner, and the need for care. These unpleasant life events can cause the elderly to experience anxiety, loneliness, to the stage of depression. Changes that occur in the elderly are immobility (easy to fall), impaired intellectually (dementia), isolation (depression), and malnutrition (Darmojo, 2004).

The level of spirituality is a trigger factor for depression in the elderly. If the level of spirituality of the elderly is low then when the elderly are faced with a problem or unpleasant event, the elderly cannot make spirituality as a coping mechanism to overcome the problem then they will experience stress and even continue to depression. Because spirituality here provides benefits for physical and mental health, including through the relaxation response, healthy behaviour, social support, meaning of their life, adaptive coping, positive psychological (emotional) states (Hussain, 2010).

IV. CONCLUSION

The elderly at the Teja Health Centre in Pamekasan in 2019 mostly had a high spiritual level and most had a medium level of depression. There is a relationship between the level of spirituality and the level of depression in the elderly in the Teja Public Health Centre in Pamekasan Regency.

REFERENCES

- [1] Ayuni, Nurul Hidayatul. (2014). Perbedaan Kejadian Depresi pada Lansia Mandiri dan Ketergantungan dalam Activity of Daily Living (ADL) di PSTW Yogyakarta Unit Abiyoso Palem Sleman. Naskah Publikasi. Sekolah Tinggi Ilmu Kesehatan "Aisyah: Yogyakarta.
- [2] Azizah, Lilik Ma'rifatul. (2011). Keperawatan Lanjut Usia. Edisi I. Yogyakarta: Graha Ilmu
- [3] Darmojo, Budi dan Hadi. (2004). Geriatri: Ilmu Kesehatan Usia Lanjut. Jakarta: Balai Penerbit FKUI
- [4] Hidayat A. (2009). Metode Penelitian Keperawatan dan Teknik. Analisis Data. Jakarta: Salemba Medika.
- [5] Hussain. D. (2010). How religion/spirituality effects health? Reflections on some pos. International Journal of Existensial Psychology & Psychotherapy.
- [6] Hamid, A. (2008). Asuhan Keperawatan Kesehatan Jiwa. Jakarta: Buku Kedokteran EGC.
- [7] Kinasih KD, A. W . (2012). Peran Pedampingan Spritual Terhadap Motivasi Kesembuhan Pada Pasien Lanjut Usia. Jurnal STIKES, 10.
- [8] Nursalam. (2016). Metodologi Penelitian Ilmu Keperawatan. Jakarta: Salemba Medika. Ible Mechanisms.
- [9] Padilla. 2013. Buku Ajar Keperawatan Gerontik. Yogyakarta: Nuha Medika.
- [10] Syukra, Anita. (2010). Hubungan Antara Religiusitas dengan Kejadian Depresi pada Lansia Di Pantis Sosial

Tresna Werdha (PSTW) Sabai Nan Aluih Sicincin Kabupaten Padang Pariaman.” Skripsi, Program Strata 1, Universitas Andalas.

- [11] Stanley dan Beare. (2007). Buku Ajar Keperawatan Edisi 2. Jakarta: EGC

Jurnal stress

ORIGINALITY REPORT

13%

SIMILARITY INDEX

11%

INTERNET SOURCES

8%

PUBLICATIONS

7%

STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to Udayana University Student Paper	4%
2	Submitted to Universitas Negeri Surabaya The State University of Surabaya Student Paper	3%
3	repository.unusa.ac.id Internet Source	1%
4	ejournal.kopertis10.or.id Internet Source	1%
5	Zehra Golbasi, Meral Kelleci. "Sexual experience and risky sexual behaviours of Turkish university students", Archives of Gynecology and Obstetrics, 2010 Publication	1%
6	jurnal.unived.ac.id Internet Source	1%
7	repository.ub.ac.id Internet Source	1%

eprints.ners.unair.ac.id

Exclude quotes On
Exclude bibliography On

Exclude matches < 10 words