

The Relationship Between Spirituality and the Depression Level of the Elderly at the Nursing Home: A Study from Indonesia

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Abstract---Religiousness is a vertical and horizontal two-dimensional concept. Ageing is not a disease but a continuation of the life process which is characterized by a decrease in the body's abilities. A psychological problem that is often experienced by the elderly is depression. The depression experienced by elderly people (84%) is caused by social isolation. The aim of this study was to analyze the relationship between spirituality and the level of depression in the elderly. This study used a correlational analytical method using a cross-sectional approach. The sampling method used was Simple Random Sampling with as many as 66 respondents. The data collection was done using a questionnaire and then for testing, we used the Spearman rank test with a significance level of 0,05. The results showed that spirituality was most commonly in the moderate category (56 people: 84.8%) while for the most depression level, most were in the mild category (38 people: 57.6%). There was a significant relationship between spirituality and the level of depression of the elderly with a significance level of $0.001 < 0.005$ with results of -0.535. Spirituality can overcome the level of depression in the elderly through religious activities because their spiritual is related to the incidence of depression.

Keywords---Spirituality; Elderly; Depression

I. INTRODUCTION

Spirituality is the search for and connection with the sacred and transcendent (God, higher power, or ultimate truth/reality). It often, but not necessarily, takes place in the context of religion ('organized systems of beliefs, practices, rituals, and symbols designed to facilitate closeness to the sacred or transcendent') [1]. One of the most consistent findings in studies on the relationship between R/S and mental health is the inverse correlation between religious involvement and depression. Most extant studies are cross-sectional and thus vulnerable to issues of causal direction[2]. However, these findings have been replicated in longitudinal studies, with several involving the elderly. Intrinsic religiousness predicted 70% faster depression remission among medically ill older inpatients[3]. When an elderly person is depressed, the individuals will seek support from their religious or spiritual beliefs. This support is needed to be able to accept the condition that they are experiencing, especially among the elderly who experience depression[4]. Praying or reading the Holy Qur'an and other religious practices often help to meet one's spiritual needs which includes the protection of the body[5].

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Several studies have demonstrated an association with religious services attendance with better functional status and some of private religious practices with worse functionality. However, there have been doubts about the causal direction (e.g. whether religious attendance prevents functional decline or vice versa) and if certain private religious practices are coping strategies for those more impaired who can no longer attend religious services [6].

The impact of depression on the elderly is very bad. Untreated depression causes an increased use of health and medical facilities while negatively affecting quality of life and increasing mortality[7]. Another study was also conducted stating that having a spiritual life is important to reduce the level of depression in the elderly[8].

One effort taken to treat the elderly who are depressed is through spiritual aspects such as reading the holy book, praying and attending lectures. The separation of the elderly from their spiritual ties makes the elderly lose the ability to know themselves and their God. After taking a spiritual approach, the elderly realize their true nature as human beings and the purpose of their existence in the world. They believe that there is wisdom in every event or suffering that they experience. Human life, in its nature, cannot be separated from religion. Based on its spiritual development, religious life in the elderly has reached a level of stability and there is an increasing tendency for the elderly to accept religious opinions. It is just the conditions and environment that makes the elderly disconnect from their spiritual ties. The elderly also begin to understand that spiritual is not only about the relationship between humans and their God but also about the relationship between humans and themselves, nature and those around them[9]. The purpose of this study was to analyze the relationship between spirituality and the level of depression in the elderly in a nursing home.

II. METHODS

The type of research conducted was an analytical study with a cross-sectional approach. The research was carried out at one of the largest nursing home in Lamongan, Indonesia. The nursing home emphasizes more on guidance and it also focuses on the religion of Islam for the elderly. The population was taken based on the number of elderly people at the nursing home from June to July 2019, totaling 72 people. After a homogeneous sample was chosen based on the inclusion criteria, including being able to communicate both ways and not having any psychological disorders, then the researcher determined the size of the study sample. The sample in this study totaled 66 people using a random sample technique.

The independent variable in this study was spirituality and the dependent variable was the level of depression in the elderly. The study began with the demographic data collection from the respondents including age, sex, education and occupation before entering the nursing home, in addition to their length of stay and the number of family visits. In addition, two questionnaires are also provided to identify their level of depression using the Geriatric Depression Scale (GDS). With the respondent's identity hidden, it was put in an envelope and opened only for tabulation and further calculations. The data that had been collected was processed and identified, and then cross-tables were made between two variables, namely spirituality and depression in the elderly.

The data was analyzed statistically using the Spearman rank test using SPSS 24 to determine the relationship between the independent variable and the dependent variable with a significance level or a 95% confidence level. This research strongly implemented the ethical principles of research, including respect for human dignity by ensuring that informed consent was obtained that the confidentiality of the respondent's data was maintained. This study obtained ethical eligibility No.1674-KEPK from the Health Research Ethics Committee in the Faculty of Nursing of Universitas Airlangga, Surabaya.

III. RESULTS

The study showed the demographic data and also the research variables (see Table 1). Most of the elderly are female, totaling 44 (66.7%) and almost half are male, totaling 22 (33.3%). Most of the elderly are aged 60-74 years, totaling 38 (57.6%) and none of the elderly are aged > 90 years old. Most of the elderly are married, totaling 34 (51.5%) and a small proportion of the elderly are not married, totaling 2 (3.0%). Most of the elderly had an elementary school level of education or equivalent, totaling 36 (54.5%) and none of the elderly had a high level of school education, diploma or Bachelor's degree. Nearly all the elderly had a moderate level of spirituality, totaling 56 (84.8%) and none of the elderly had a bad level of spirituality. Most of the elderly have a mild level of depression, totaling 38 (57.6%), and none of them have severe depression.

Table 1. Data Distribution of the Variables

Variable	Frequency	Percentage (%)
Gender		
Male	22	33.3
Female	44	66.7
Age		
60-74 y.o.	38	57.6
75-90 y.o.	28	42.4
>90 y.o.	0	0
Marital status		
Married	34	51.5
Not married	2	3.0
Widowed	30	45.5
Education		
Elementary School	18	54.5
Middle School	15	45.5
High School	0	0
Diploma / Bachelor's Degree	0	0
Spiritual		
Bad	0	0
Medium	56	84.8
Good	10	15.2
Depression		
No Depression	6	9.1
Mild Depression	38	57.6
Moderate Depression	22	33.3
Severe Depression	0	0

The results show that there are no elderly who have a poor level of spirituality. The elderly who have moderate spiritually mostly experience mild depression totaling 34 (57.6%) while the elderly who have a good level of spiritual mostly do not experience depression, totaling 6 (60.0%). The results of the Spearman rank test analysis on the statistics using the SPSS Software (version 16.0) obtained the result of $p = 0.001$ with $r = -0.535$. This means that there is a significant relationship between spirituality and the level of depression in the elderly in the nursing home.

Variable	Depression								Total	%
	None	%	Mild	%	Moderate	%	Severe	%		
Spirituality										
Poor	0	0	0	0	0	0	0	0	0	0
Moderate	0	0	34	60.7	22	39.3	0	0	56	100
Good	6	60	4	40.0	0	0	0	0	10	100
Spearman's rho ($\alpha = 0.05$)	$p = 0.001$		$r = -0.535$							

IV. DISCUSSION

Nearly all of the elderly have a moderate level of spirituality (56: 84.8%) and none of the elderly have a bad level of spirituality. Previous life experiences, both positive and negative life, can affect a person's spirituality and vice versa in terms of how a person interprets a spiritual experience. Crisis and change can strengthen one's spiritual depth. Crisis is often experienced when someone faces illness, suffering, aging, loss and death, especially in patients with terminal

illness or with a poor prognosis. The changes in life and the crisis faced are spiritual experiences that are fiscal and emotional in nature.

It is explained that in Islam, there is a dimension of mental health in the pillars of faith that refers to faith in God. This has a great influence on the spirituality of humans where the believer always remembers Allah. The result is that a feeling of calm, security and protection always accompanies him[10]. Researchers think that the elderly who are in institutions have moderate spirituality because of being a religious or non-religious person who may carry out prayer activities, read books and participate in religious groups.

Most of the elderly are married (34: 51.5%) and a small proportion of the elderly are unmarried (2: 3.0%). Life partners function as a supporter in various ways such as spiritually, emotionally, when problem solving, financially and in a nurturing manner. The existence of a spouse is defined as the presence or absence of a spouse (due to divorce, death, or never marrying) [11].

Most of the elderly have mild depression (38: 57.6%). None of them have severe depression. This is due to the fact that most of the elderly already have a high level of spirituality, which means that the elderly have good coping when it comes to solving problems. This results in the elderly only experiencing depression at a mild level. Old age is a time where everyone hopes to live a quiet life and to enjoy retirement with their beloved children and grandchildren with great affection. However, various life problems plague the elderly throughout their life course such as poverty, successive failures, prolonged stress or conflicts with their family and children. There can be other conditions such as not having children who can care for them and so on. These conditions can trigger depression in the elderly [12]. Individuals who have lived for a long time in an orphanage have integrated their activities into themselves so they will still feel meaningful. They will still have a role to play so there is the possibility of their depression will be less. Signs of mild depression include a loss of interest and excitement, reduced energy leading to an increased state of fatigue (real tiredness after only a little work) and decreased activity, a lack of concentration and attention, low self-esteem and a lack of confidence[13]. According to researchers, the level of mild depression in the elderly who are in nursing homes is due to the presence of spiritual programs held by the orphanage and also because the elderly have been able to accept the fact of losing their life partners. They are able to adapt to the environment at the institution over time, as well as socializing with their fellow elderly who live at the orphanage[14].

Most of the elderly are female (44: 66.7%). Many studies show that twice as many women experience depression compared to men [11]. The tendency of women to do ruminative coping can also be a factor causing high levels of depression. Ruminative coping is a way of overcome problems that is not effective. In ruminative coping, the problem is not solved. It is only thought about. Individual minds will be even more branched out because they think about other problems are related to the main problem [11]. Women are more depressed because women find it difficult to cope with their problems. Women are more likely to think about their problems than to take actions that will able to overcome the problems.

Most of the elderly were aged 60-74 years (38: 57.6%), and none of the elderly were aged > 90 years. Older elderly people are suspected of having better coping mechanisms and the ability to adapt to more physical and psychological stressors. Psychologically-trained coping can prevent depression. Based on the concept of psychoneuroimmunology, the speed associated with the aging process is more associated with the damage to the cells of the body. High stressors and inadequate coping mechanisms can increase the production of the hormone cortisol, thus contributing to the speed of the damage to the body cells. Based on this, it can be concluded that the incidence of depression is directly

proportional to the age of the elderly. Based on the results of the research and some of the literature, researchers can conclude that elderly people aged 60-74 years old experience depression due to the aging process.

Nearly half showed that they were widowed (30: 45.5%). Depression in men or women can be due to the loss of a spouse, a life alone and weak social support [15]. This finding is in accordance with the research conducted which shows that low-educated people have a greater proportion of depression than the middle / high and highly-educated elderly. Education can affect someone's behavior. The higher a person's education level, the more easily they will receive information so the more knowledge that they will have [16]. The elderly who have a low level of education experience depression due to a lack of knowledge so this means that the elderly who encounter problems are less able to overcome the problem due to the factors related to their low knowledge.

There were no elderly who had a bad approach or sense of spirituality. The elderly who had a moderate level of spirituality mostly experienced mild depression (34: 57.6%) while the elderly who had a good level of spiritual mostly did not experience depression (6: 60.0%). The average elderly individual had a moderate level of spirituality, indicating that the better the level of spirituality, the lower the level of depression. The religiosity factors that influence the incidence of depression in the elderly include that when someone is faced with a situation that tends to cause feelings of depression and stress, they will try to find a form of compensation so then the feelings can be overcome. One compensation strategy that can be done to prevent or reduce the burden of the problems that they face is getting closer to the creator through religious rituals and worship. This is because the spirituality level of the elderly is closely related to the incidence of depression in the elderly as well. In terms of this, a high level of religiosity is needed to avoid depressive feelings [14].

The higher a person's religiosity, the lower the level of depression. Spiritual life is important when it comes to reducing the level of depression in the elderly. It was found that religious orientation is useful as a coping mechanism and a source of social support for the elderly people who experience depression[17].

The elderly who are interested in religious beliefs and who perform various rituals in their various beliefs have a meaningful proportion of skill when it comes to dealing with a problem in their environment, in addition to the interpersonal relationships, stress and depression caused by their decline in physical health. Religious coupling such as having a good spirituality is also closely related to good adjustments in the elderly.

V. CONCLUSION

There is a significant relationship between spirituality and the level of depression in the elderly living in a nursing home. Increasing the need for spirituality and high spirituality will result in inner peace felt by the elderly themselves. Maintaining religious activities and participating in the religious activities held by the nursing home will help.

CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.

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