The Relationship Between Levels of Spiritual Welfare and Anxiety in Elderly at Balai Perlindungan Sosial Tresna Wreda Ciparay West Java

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A B S T R A C T

Anxiety is a normal emotional reaction to stress & perceptions of danger, feelings are not calm and unclear because of helplessness, isolation and spiritual insecurity are the beliefs of our relationship with God Almighty and Creator, it permeates the lives of people who we are and our purpose. The purpose of this study was to determine the relationship between the spiritual level of anxiety in the elderly in the tresna wreda ciparay protection center in West Java province. Quantitative research method with cross sectional approach. The sample in this study were 98 respondents by using total sampling. Data...
processing with Chi-Square technique. The instrument used in data retrieval was a questionnaire. The results showed that the elderly had a high spiritual level of 76 people (77.6%), the elderly did not worry as many 85 people (86.7%). Statistical test results showed there was a relationship between spiritual levels against anxiety (p value = 0.01 <\alpha = 0.05) in the elderly at BPSTW Ciparay West Java Province. Suggestions for nurses to maintain the spiritual activities that are in place to prevent anxiety in the Elderly at BPSTW Ciparay West Java Province.

**Keywords**: Anxiety, Elderly, Spiritual

**INTRODUCTION**

The mental health problems experienced by the elderly are depression and anxiety (Shariah, 2010; Goyal & Kajal, 2014; Hoover et al., 2010). Anxiety is an emotional condition with the emergence of a sense of discomfort in a person, and is a vague experience accompanied by feelings that are helpless and erratic caused by something that is not yet clear.

According to the WHO in 2016 general mental disorders increased throughout the world. Between 1990 and 2013, the number of people suffering from depression and / or anxiety increased by almost 50%, from 416 million to 615 million. The most common mental neurological disorder in this elderly group is anxiety disorder affecting 3.8% of the population, dementia affects 5%, depression affects 7% and drug use problems affect almost 1% of the population (WHO, 2017). According to George, et al elderly people are more likely to experience anxiety disorders than depression (Sadock, 2012). Revealed the most psychosocial problems occur in the elderly such as loneliness, feelings of sadness, depression and anxiety (Eimontaite, 2013).

It is estimated that around 7% of elderly people experience anxiety disorders. This is due to several factors, namely internal factors such as age, gender, level of education, motivation and physical condition and external factors such as family social support, environment and spirituality (Priyoto, 2015).

Basic primary level effective mental care for parents is very important. It is equally important to focus on long-term care in older adults who suffer from mental disorders, as well as to provide caregivers in education, training and support (WHO, 2017).

Elderly people who live in nursing homes are fulfilled by physical needs (food and clothing) but they still miss being able to enjoy the rest of their lives by living with their families (Washio & Arai, 2014). When in an elderly home feel a loss of social support, especially support from his family (Wu et al, 2010; Kuhirunaratn, 2007; Vivat et al, 2013).

To minimize the sense of anxiety there are several approaches that are usually done, among others, closer to family, peers and can also get closer to the spiritual. Approach to the spiritual becomes one form of coping in the face of anxiety. Spiritual is the basic human quality experienced by everyone of all beliefs and even by people who do not believe regardless of race, color, national origin, gender, age, or disability (Lucette, 2014; Vallurupalli, 2013). Based on these things the authors are interested in re-examining the relationship between the level of spiritual and anxiety in elderly people living at BPSTW Ciparay, West Java Province.

**METHOD**

This research used descriptive research with quantitative approach. The population of this study is elderly at the Ciparay BPSTW West Java Province. The research also used total sampling method. Data collection techniques used by research-ers in this research process was through a ques-tionnaire that contained some questions and then distributed and filled by the respondent them-selves or assisted. The instrument used in this study was a Spiritual Well-Being Scale (SWBS) spiritual questionere. development by (Paloutzian & Ellison) The SWBS
The relationship between levels of spiritual welfare and anxiety in elderly

A statement contains 20 items, statements number 1, 2, 5, 6, 9, 12, 13, 16, 18, each item has a number 1-6 with a choice of answers for each statement are: Strongly Disagree (STS) rated 1, Strongly Disagree (CTS) rated 2, Disagree (TS) rated 3, Agree (S) rated 4, Enough Agree (CS) rated 5, and Strongly Agree (SS) rated 6. Statement number 3, 4, 7, 8, 10, 11, 14, 15, 17, 19, 20 choices of answers for each statement Strongly Agree (SS) rated 1, Enough Agree (CS) rated 2, Agree (S) rated 3. Disagree (TS) rated 4, Enough Disagree (CTS) rated 5, Strongly Disagree (STS) rated 6. The final result is a spiritual score, where the total spiritual score is between 20-120, the higher the score reflects the more prosperous. There are three levels of spiritual well-being, namely low (score 20-40), moderate (score 41-99), and high (score 100-120) (Jahani, Rejeh, Heravi-Karimooi, Vaismoradi, & Jasper, 2014).

Bivariate analysis was performed using Chi Square statistical test (Chi Square) because the data in this study were categorical-categories, the measurement scale used in this study was ordinal and the tables used were 3x3 (Person Chi-Square).

RESULT

From table 1 above shows that 98 respondents, most 76 people with 77.6% have a high spiritual level. Based on table 2 shows that of 98 respondents, most 85 people with 86.7% said they were not anxiety. From table 3 showed that a high spiritual level analysis with a total of 76 had 73 people (86.7%) included in the level of not anxious, moderate spiritual level with a total of 21 had 12 people (57.1%) included in the level of not anxious, and low spiritual level with total 1 has 1 person (100.0%) included in the mild anxiety level.

<table>
<thead>
<tr>
<th>Tabel 1. The frequency distribution of spiritual well being rate in BPSTW (n=98)</th>
<th>Tabel 2. The frequency distribution of anxiety level in BPSTW (n=98)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual Well being</td>
<td>Anxiety L</td>
</tr>
<tr>
<td>Low</td>
<td>1</td>
</tr>
<tr>
<td>Moderate</td>
<td>21</td>
</tr>
<tr>
<td>High</td>
<td>76</td>
</tr>
<tr>
<td>Total</td>
<td>98</td>
</tr>
</tbody>
</table>

| Tabel 3. The frequency relationship between spiritually and anxiety in BPSTW (n=98) |
|---|---|---|---|---|---|
| Spiritually | Anxiety levels | Total | % | P value |
| | Normal | Low | Moderate | | |
| Low | 0 | 0,0 | 1 | 100,0 | 0 | 0,0 | 1 | 100,0 |
| Moderate | 12 | 57,1 | 7 | 33,3 | 2 | 9,5 | 21 | 100,0 |
| High | 73 | 86,7 | 3 | 3,9 | 0 | 2,0 | 76 | 100,0 |
| Total | 85 | 11 | 2 | 98 |
DISCUSSION

Based on Table 3 shows that high spiritual level analysis with a total of 76 had 73 people (86.7%) included in the level of not anxious, moderate spiritual level with a total of 21 had 12 people (57.1%) included in the level of not anxious, and level Low spiritual with a total of 1 having 1 person (100.0%) included in the mild anxiety level. This shows that the results of statistical tests using chi-square results (p value 0.01) which means less than $\alpha$ 0.05, it can be concluded that there is a relationship between the spiritual level of anxiety in the elderly at BPSTW Ciparay West Java Province. Similar research conducted by Ghobary, Hakimirad, & Habibi (2010) which shows that there is a significant relationship between dimensions of spirituality which includes: relationships with God, discovering new meanings in life, actualization and spirituality activities with the occurrence of depression. The higher the spirituality possessed, the lower the possibility of anxiety occurring.

Previous research has shown that spiritual health has an impact on the physical health of psychological well-being (Mbalinda et al., 2009). The results of this study are also supported by research on spiritual research including research conducted by Boswort, Park, MC Quoid, Hays and Steffens (2003) in Maryland with a prospective cohort design with as many as 114 respondents. The results of the study state that patients who have high religiosity will have good religious coping, which has an impact on their health problems.

Based on the results of data collection, there are two aspects that shape spirituality, namely aspects of religious welfare and existential welfare. The welfare aspect of religiosity is how far the knowledge is, how firm is the belief, how often the worship and faith are carried out, and how strong the religion is followed (Nashori and Muchram, 2002). Each individual has a different level of religiosity and is influenced by 2 types of factors in outline, namely external and internal factors that can affect his religiosity such as the existence of emotional religious experiences. Individual needs that are urgent to be fulfilled such as the need for security, self-esteem, love and so on while the formal influence, religious education in the family, love and so on while the formal influence, religious education in the family, social traditions based on religious values, and social environmental pressures in life.

From the existential aspect, the elderly generally show positive experiences about life, feel right about the intended direction of life, but the most prominent thing influencing the spirituality of the elderly in the home is feeling uncertain about the future, unable to enjoy life fully, feeling that life is full of conflict and unhappiness, does not have much meaning in life.

The existential model theory developed by Ellis and Roger said that mental disorders occur when individuals fail to find their identity. This means that if the elderly do not know who they are and what their purpose is to live, the elderly feel they fail to find their identity so they have the potential to experience depression. Based on the results of data collection, from both aspects of spirituality, the most dominant aspects affecting spirituality are existential aspects. This is because in the aspect of existential well-being includes life experiences, the direction of life that is intended, the future, conflict and unhappiness in life. This is in accordance with the opinion of Hidayat (2006) revealing that some people need spiritual help because in the condition of someone who feels lonely that there is no power other than the power of God, and there is no one to accompany him other than God.

In addition, the factor of the occurrence of anxiety increases can be caused by a lack of activities that should make the elderly do not feel bored in the institution or there are some elderly people who are not too close to spiritual because they feel they do not believe in God, or are not sure that God will listen to everything anxiety, concerns felt by the elderly.

The more worship activities or other activity activities, the smaller the feeling of anxiety felt by the elderly, because when in a state of worry or anxiety about the arrival of death by being diverted to worship, pray or do other activities, the anxiety will slowly decline.
According to Muh Fery Setyawan’s research (2013) the relationship between spirituality and the level of anxiety to face the death of elderly aged over 60 years were organized by Tanggulangin, Pandean, Ngablak, Magelang, Central Java against 46 respondents who were taken using simple random sampling obtained results that there is a relationship between spirituality and anxiety level the mortality of elderly aged over 60 years, with a significant value $p$ of 0.001 (<0.05) and a value of 0 of -0.389 so that there is a meaningful relationship and low closeness in order to equip the elderly in the face of death with something that can cause calm inwardly.

Then supported by Santi Aspriani’s research (2013) in the tawasing village of Cawas Klaten, Central Java, with 118 respondents using proportional stratified random sampling, it was found that there was a relationship between spiritual fulfillment and the level of elderly who did not have a spouse with $p$ value = 0.002.

The results of the study are in accordance with the research conducted by researchers which obtained results that there is a relationship between the spiritual level of anxiety in the elderly.

In this case the role of nurses is needed as an adjunct where nurses help the elderly living in the home by giving spiritual fulfillment to their respective faiths and positive activities with the aim of increasing knowledge about religion, trust in His God, and avoiding feelings anxious, lonely, bored that is commonly felt by the elderly, and as a reformer where in this case the nurse is expected to bring changes to the elderly so that it can change the behavior of the elderly to fear, anxiety which previously deviated to be better so as to prevent the occurrence of high anxiety happen.

**CONCLUSION**

The results of research that has been conducted on 98 respondents, data processing, and discussion about "The Relationship of Spiritual Levels to Anxiety in the Elderly at the Social Protection Agency Tresna Werdha Ciparay West Java Province most 76 people with 77.6% have a high spiritual level in the elderly, Most 85 people with 86.7% said they were not worried about the elderly. The results of statistical tests using chi-square obtained $p$ value of 0.01 which means less than 0.05 then it can be concluded that there is a relationship between the spiritual level of anxiety in the elderly at BPSTW Ciparay West Java Province. Hopefully this research can be used as a basis for further developing research on the spiritual level of anxiety with different processing techniques both measuring instruments, the same or different populations and samples.

**REFERENCES**


