

ANALYSIS OF DEPRESSION AND PSYCHOSOCIAL PROBLEMS ELDERLY IN THE NURSING HOMES

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Abstract

Progress in the fields of health and technology as well as increasing welfare of course also have an impact on individual health. The healthier the individual, the greater the opportunity to increase his or her lifespan. Some elderly have degenerative diseases such as hypertension, diabetes mellitus, osteoarthritis and others. Most elderly are also unable to productive, no income and no adequate family support. Nursing home is social or free of charge residence for elderly poors. This conditions can trigger elderly to experience health problems such as depression. Depression in the elderly has the impact of psychosocial problems such as powerlessness, hopelessness, low self-esteem, and social isolation. The aim of research is to analyze depression and psychosocial problems in elderly living in nursing homes. Design descriptive analytic. The sample was 86 elderly people living in nursing homes and purposive sampling technique. Instrument are GDS and psychosocial response instruments. Descriptive data analysis. The research results showed that 87% respondents experienced depression. In 75 elderly who were depressed, it was found that 97% experienced psychosocial problems low self-esteem, 93% of powerlessness, 99% of hopelessness, and 77% of social isolation. The suggestions given are strengthening care, especially related to the mental health for elderly.

Background

The governments of all countries in the world have an obligation to provide and improve the welfare and health of all their citizens. This obligation is also carried out by the government of the Republic of Indonesia. Efforts to improve health and welfare will ultimately provide better, more feasible, and longer life opportunities for the community. Advances in health and technology as well as increasing welfare also have an impact on individual health. The healthier the individual, the more opportunities there will be to increase their life expectancy. Each individual will have a longer life expectancy. Thus directly the older population or elderly will also increase from year to year. According to the Law of the Republic of Indonesia number 13 of 1998 and Government Regulation of the Republic of Indonesia number 43 of 2004, an elderly person is someone who has reached the age of 60 years and over (BPK RI, 2024). The World Health Organization (WHO) states that the number and proportion of the elderly population aged 60 years and over is increasing. In 2019, it amounted to 1 billion, and will increase to 1.4 billion in 2030, and 2.1 billion in 2050 (WHO, 2019).

Biology in the elderly will naturally experience various changes and decreases in the physiological functions of the body's organs. This decrease in physiological function certainly greatly affects the health condition of the elderly. The elderly have the potential to experience various degenerative health problems, both physical and mental health problems. WHO states

that health problems that commonly occur in the elderly are hearing loss, cataracts and refractive problems, back and neck pain, osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, and dementia (WHO, 2022). According to Erick Erickson that elderly must be achieved the stage of psychosocial development is ego integrity versus despair (Townsend, 2015). Ego integrity is achieved when the elderly have successfully completed the developmental tasks of other stages and have little desire to make major changes in the way their lives have progressed (Townsend, 2015). Elderly people who can achieve ego integrity will feel satisfaction in their life. Conversely, the elderly who fail to achieve life satisfaction or ego integrity will fall into a state of despair. Despair is one of the signs of an individual experiencing depression.

Depression is a state of depressed mood, or loss of pleasure or interest in activities for a long period of time (WHO, 2023). Depression is a mood disorder that affects a person's thoughts, feelings, and behavior (Ministry of Health, 2022). In the elderly who experience depression, the elderly will lose interest in doing various activities in their daily lives including doing daily living activities. This condition is certainly very dangerous because elderly depression that is not immediately given treatment can lead to death. WHO estimates that 3.8% of the population has depression, including 5% of adults (4% in men and 6% in women), and 5.7% in adults older than 60 years (WHO, 2023). One of the causes of suicide is depressive conditions. WHO records that more than 700,000 people die each year due to suicide.

Nursing is one of the health professionals who provide health services to healthy individuals, risks health problems, and sick. In depressive conditions, individuals can experience excessive feelings of guilt, low self-esteem, hopelessness about the future, thoughts of death or suicide, disturbed sleep, loss of appetite or weight, feeling very tired or low energy (WHO, 2023). Elderly conditions are individuals with decreased physical function, some elderly people are unable to work or are not economically productive or retired, and some elderly people also experience physical health problems or with certain diseases, loss of life partners and loss of friends. These various conditions certainly contribute to the elderly to experience psychosocial problems such as feeling worthless, feeling powerlessness, hopeless, and minimizing or avoiding contact with others. These psychosocial problems in the elderly can be formulated as nursing problems of low self-esteem, powerlessness, hopelessness, and social isolation (Townsend, 2015). The elderly can experience chronic low self-esteem as their health, economic and social conditions continue to decline. Chronic low self-esteem is a negative evaluation or feeling of oneself or the client's abilities such as meaninglessness, worthlessness, powerlessness that persists for a long time and continuously (PPNI, 2017). The condition of the elderly who are no longer able to work or retire is very vulnerable to trigger feelings of powerlessness and inability to carry out other activities. Powerlessness is the perception that one's actions will not significantly affect outcomes; the perception of lack of control over current or future situations (PPNI, 2017). Powerlessness is the perception that one's actions will not affect outcomes in a meaningful way; a state when individuals lack control over certain conditions of newly perceived activities (Stuart, 2016). Elderly people who are economically disadvantaged and do not have adequate social support from their families have the potential to experience feelings of hopelessness. Hopelessness is an individual condition that perceives the limitations or unavailability of alternative solutions to the her or his problems (PPNI, 2017). According to NANDA (2021) hopelessness is a subjective state of an individual who sees limitations or no alternatives or personal choices available and cannot mobilize his or her energy. Elderly people with all the limitations on themselves can experience social isolation. Social isolation is the inability to gooo relationship, warm, open, and interdependent relationships with others. NANDA (2021) defines social isolation as the experience of

individual solitude and perceived reluctance towards others and as a negative or threatening situation.

Nursing homes are one of the efforts of the government and society to implement the government's mandate to provide welfare to the elderly. Until now, government-owned nursing homes are more devoted to the elderly who are economically disadvantaged and do not have adequate family support. The elderly who live in nursing homes must also have limited social environment interaction. Elderly can only interact with fellow elderly who live in nursing homes and nursing home managers. This condition can cause elderly living in government-owned nursing homes have the potential to experience mental health problems such as depression and psychosocial nursing problems of low self-esteem, powerlessness, hopelessness, and social isolation.

Methods

Analytic survey research design with analytic descriptive approach. The study population was the elderly who lived in the nursing homes. The sampling technique used purposive sampling. Sample inclusion criteria are elderly aged 60 years or more, no hearing and vision impairment, no decline in consciousness, communicative, cooperative, and willing to become research respondents. The total sample was 86 respondents. The research instrument to measure depression variables was the Geriatric Depression Scale and the psychosocial variable instrument was the elderly psychosocial response questionnaire. Research ethics are carried out by providing explanations to prospective respondents, then prospective respondents who are willing are asked to sign an informed consent form. Descriptive data analysis.

Result and Discussion

The results of the study include the characteristics of respondents, depression in the elderly and psychosocial nursing problems of the elderly in nursing homes.

Characteristics of research respondents include having income and physical illness.

Table 1. Characteristics of Respondents based on Income

No	Income	Number of Respondents	Percentage
1.	Have income or family support	12	14
2.	No income	74	86
	Amount	86	100

Table 2: Characteristics of respondents based on Physical illness

No	Physical Illness	Number of Respondents	Percentage
1.	Having physical illness	75	87
2.	No physical illness	11	13
	Amount	86	100

The results of the study related to depression elderly living in the nursing homes are presented in table 3.

Table 3. Depression in Elderly in the Nursing Homes

No	Depressive Condition	Number of Respondents	Percentage
1.	Depression	75	87
2.	No depression	11	13
	Amount	86	100

In table 3 the results of the study found as many as 87% or 75 elderly people who experienced depression. In 75 elderly people who experienced depression, further research was carried out related to psychosocial nursing problems experienced by the elderly, namely low self-esteem, powerlessness, hopelessness, and social isolation.

The results of research related to psychosocial nursing problems of low self-esteem, powerlessness, hopelessness, and social isolation of the elderly with depression can be seen in table 4, table 5, table 6, and table 7.

Table 4. Nursing Problems of Low Self Esteem Elderly in the Nursing Home

No	Low self-esteem	Number of Respondents	Percentage
1.	Low self-esteem	73	97
2.	Not low self-esteem	2	3
	Amount	75	100

Table 5. Nursing Problems of Powerlessness Elderly in the Nursing Home

No	Powerlessness	Number of Respondents	Percentage
1.	Powerlessness	70	93
2.	Not Powerlessness	5	7
	Amount	75	100

Table 6. Nursing Problems of Hopelessness Elderly in the Nursing Home

No	Hopelessness	Number of Respondents	Percentage
1.	Hopelessness	74	99
2.	Not Hopelessness	1	1
	Amount	75	100

Table 7. Nursing Problems of Social Isolation Elderly in the Nursing Home

No	Social Isolation	Number of Respondents	Percentage
1.	Social Isolation	58	77
2.	Not Social Isolation	17	23
	Amount	75	100

The results showed that 87% (75 people) of the elderly living in nursing homes experienced depression. The conditions of depression in the elderly in this study in accordance with the instrument items are the elderly feel dissatisfied with their lives, the elderly no longer do activities according to their pleasure, the elderly do not have good spirits, the elderly feel most of the time and the elderly think their lives are now unpleasant.

Most of the elderly who experience depression feel dissatisfied with their current life and unpleasant even though they live in a nursing home. The elderly think that they do not expect to live in their old age with poor economic conditions because they cannot work and have no income. They have to live in a nursing home with other people who are not relatives or neighbors in their daily lives. In other words, living in the nursing home because of forced economic reasons. There are 11 (13 %) elderly who did not experience depression still felt their life satisfaction because these elderly were in nursing homes on their own accord given the limitations of other family members to care for them. In addition, these elderly also still have income such as employee retirement pay, and regular assistance from their family. This is in accordance with Townsend's statement that the causes that contribute to depression in the elderly are due to the loss of spouses, children, friends, homes and independence (Townsend, 2015). The elderly who live in nursing homes will certainly separate from their families, homes, and independence in their daily lives as before being in nursing homes.

In this study, it was also found that elderly who experienced depression no longer did activities according to their pleasure and did not have a good spirit of life. The elderly who experienced depression all had physical illnesses including decreased vision, decreased hearing ability, hypertension, diabetes mellitus, lower extremity weakness making it difficult to walk, and others. This unfit physical condition contributes to reducing the motivation and interest of the elderly to carry out fun activities that are mild or according to conditions. In nursing homes, some routine activities that are mild according to the conditions that the elderly can participate in are morning walks, elderly gymnastics, weekly recitations, and congregational worship. Most of the elderly who experience depression do not participate in these activities due to their physical condition. Physical illness can reduce individual motivation to do activities, but on the contrary, in certain physical illness conditions, physical activity should be very helpful to maintain optimal body health. In conditions of depression, physical illness can be one of the triggers for a decrease in individual motivation to move. The Ministry of Health states that physical health factors are one of the causes of depression (Ministry of Health, 2022). Townsend states that the main stressors of depression in the elderly include physical illness, changes in body function, and financial or financial problems (Townsend, 2015). Elderly who are in social retirement homes are of course elderly with poor economic conditions.

In the elderly who experienced depression in this study, psychosocial nursing problems were found to be low self-esteem by 97% (73 people), powerlessness by 93% (70 people), hopelessness by 99% (74 people), and social isolation by 77% (58 people). Elderly who experience low self-esteem in the psychosocial response questionnaire items found a feeling of being useless and the elderly think most other people are better than themselves. This useless self-statement in accordance with the criteria for nursing diagnosis of low self-esteem set by PPNI (2017) and NANDA (2021). The elderly stated that they were no longer useful because they considered that their lives were supported by the government and there were no other positive things they could do compared to when they lived in the community before entering the nursing home. The elderly have no income so that all their needs are facilitated by the government.

The elderly only do activities for themselves, and very minimal activities for the surrounding environment. This condition can trigger the feeling that the elderly are no longer useful to others. Thus it can be said that living in a nursing home can be an unpleasant experience for the elderly. This experience also contributes to triggering low self-esteem in the elderly. This is in accordance with NANDA that one of the factors associated with the occurrence of chronic low self-esteem nursing problems is economic hardship and the population at risk of experiencing chronic low self-esteem is individuals with a disadvantaged economy (NANDA, 2021).

In the item of the psychosocial response instrument for the elderly, the elderly who experienced powerlessness found feelings of powerlessness, felt that they did not have much energy, no longer did the activities they used to do and liked, and preferred to stay at home (in the nursing home) rather than going out and doing something new. Elderly living in nursing homes think that there is not much for them to do. They think that they are old and that living in a nursing home is no longer an environment that requires their energy and activities. This thinking is what makes the elderly stay more in the home without activity and feel that there are no more activities for the environment that they can do. This analysis is in line with the definition put forward by Stuart that powerlessness is a person's perception that his actions will not affect outcomes in a meaningful way (Stuart, 2016).

Elderly with hopelessness nursing problems feel dissatisfied with their lives, feel empty, most of the time feel unhappy, feel their lives are currently unpleasant, feel hopeless, often feel sad, and have a decreased appetite. The elderly feel dissatisfied with their current life because the elderly do not predict that in their old age they will have to live in a nursing home due to economic factors. The elderly think that there is no hope or positive ideals that they can achieve given the limitations they are currently experiencing. Most of the elderly who live in nursing homes feel sad because they live apart from family and friends or neighbors in their previous living environment. This condition made the elderly feel hopeless about their lives in their old age. Keliat state that the signs and symptoms of hopelessness are expressions of hopelessness, decreased appetite, and decreased appetite (Keliat, et al., 2022). The characteristics of individuals with hopelessness by NANDA including individuals stating that there is no purpose in life and social isolation (NANDA, 2021).

Social isolation in elderly with depression was found to be 77 % (58 people). Complaints submitted by the elderly are that they often feel bored, the elderly do not do the activities they used to do and like, the elderly stay more in the house (nursing home) rather than leaving the house to do activities and the elderly prefer to be alone rather than talking to people. Some elderly feel reluctant to interact with other people (other elderly) who live in the same nursing home. The elderly reasons are health problem such as limited physical mobility, elderly do not really know other elderly, and do not know what things they want to talk about given similar living conditions. Themes, goals and activities in an interaction between two or more people are very important for the establishment of communication between people. If individuals feel that there is nothing to discuss or no particular goal to be achieved then individuals will not make contact and communicate with others. Knowing each other is also one of the factors that can strengthen the frequency and familiarity of each person in interaction. If you do not know each other, individuals can become lazy to communicate. Limited physical mobility for the elderly who live in nursing homes can also be one of the obstacles for the elderly to interact with other elderly who live in different guesthouses. Some of these things can be a trigger factor for social isolation in the elderly who live in nursing homes. This problem is in accordance with

NANDA that factors related to social isolation include impaired physical mobility and difficulty sharing personal life and expectations (NANDA, 2021).

Conclusion

The elderly who live in nursing homes can experience depression. Elderly with depression can experience nursing problems of low self-esteem, powerlessness, hopelessness, and social isolation.

The advice given is the need to strengthen care, especially related to the mental health of the elderly and the need for programmed activities that support the physical, psychological, socio-cultural and spiritual health of the elderly living in nursing homes.

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