An Overview of Loneliness, Anxiety and Depression Level of Elderly Suspected Relocation Stress Syndrome

by Mundakir Mundakir

Submission date: 05-Mar-2019 04:51PM (UTC+0700)
Submission ID: 1088021868
File name: Anxiety_and_Depression_Level_of_Elderly_Suspected_Relocatio.pdf (146.86K)
Word count: 2414
Character count: 13033

An Overview of Loneliness, Anxiety and Depression Level of Elderly Suspected Relocation Stress Syndrome

Henry Wiyono[1], Tintin Sukartini[2] and Mundakir[3]
[1]*Faculty of Nursing, Universitas Airlangga,Kampus C Mulyorejo, Surabaya,Indonesia*
[2]*Faculty of Nursing, UniversitasAirlangga, Kampus C, Surabaya, Indonesia*
[3] *Faculty of Health Sciences, Universitas Muhammadiyah, Surabaya, Indonesia*
henry.wiyono-2016@fkp.unair.ac.id, tintin_bios@yahoo.com, cak_mudz@yahoo.co.id

Keywords: Loneliness, Anxiety, Depression, Elderly, Relocation Stress Syndrome.

Abstract: Background : The changing of old residence to new residence would cause relocation stress syndrome. A manifestation of relocation stress syndrome that occurs in the elderly was characterized by anxiety, fear, insecurity, depression, and loneliness. Background of this study was conducted at UPTD Griya Werdha. Griya Werdha Surabaya was based on a preliminary study which involved 12 interviewees of elderly at UPTD Griya Werdha Surabaya. There were 10 elderly showed symptoms that lead to loneliness, anxiety and depression. They seemed often to aloof, sad, not excited, and woke up at night. Methods :This research used descriptive method by taking Purposive Sampling technique that based on inclusion criteria so that got the sample of 58 respondents and data retrieval done by interview. Results: The results were obtained from 58 respondents based on loneliness in medium category (94.8%) and weight category (5.2%). Anxiety level in medium category (62.1%) and weight category (37,9%). Levels of depression in the suspect category (94.8%) and depression (5.2%).Conclusions: Based on the results of these studies, it was expected that the orphanage in providing care not only focus on physical care but also psychic treatment by using therapeutic communication.

1 BACKGROUND

Changing the original residence from the old place to the new place would cause relocation stress syndrome (Stuart 2016). Manifestations of this syndrome that occur in the elderly was characterized by feelings of anxiety, fear, talking about matters relating to anxiety, feelings of insecurity, lack of confidence, the occurrence of depression, loneliness, deep sadness and changes in body weight (Stuart 2016). The mechanisms of loneliness, anxiety and depression are characterized by several symptoms, including feelings of isolation, decreased quality of sleep, elevated blood pressure, cognitive impairment, decreased quality of life, and delayed adjustment of loss and helplessness (Stuart 2016). According to De Jong Gierveld. 1998 was a situation experienced by someone as one of the unpleasant or lack of quality of a particular relationship (De Jong Gierveld 1998).The continuous loneliness of the individual indirectly caused anxiety and depression. Anxiety according to Asher et al. 2017 was a common and debilitating psychiatric disorder with an estimated lifetime prevalence rate of 12.1%(Asher et al. 2017). Based on preliminary studies with interviews and observations from 12 elderly at GriyaWerdha Surabaya UPTD there were 10 elderly showed symptoms that lead to loneliness, anxiety and depression including they seemed to often aloof, sad, not excited, often feeling sickly and often awakened at evening. Research conducted by Arslantas, et al (2015) stated, elderly who undergo long-term care in nursing homes could experience loneliness (Arslantaşet al., 2015). Pavlova et al (2015) explained they may also experience anxiety (Pavlova et al., 2015). Sudoyo (2006) described the prevalence rate of depression in Indonesia that was most prevalent in long-term care as much as 76.3% (Sudoyo, 2006). (Sudoyo 2006, Arslantas, Pavlova, 2015). Based on the data above, the placement of relocation treatment in elderly patients with a long period of time, if not handled properly would cause an increase in physical and psychosocial problems such as the occurrence of loneliness, anxiety and even depression. In addition to the occurrence of

psychosocial problems due to long-term care experienced by the elderly could also lead to death. As research conducted by Tusumura et al (2013) said there were 109 elderly deaths undergoing long-term treatment from March to October 2010 (Yasumura et al . 2013).

The mechanisms of psychological problems of loneliness, anxiety and depression that occur in the elderly in the home were influenced by several trigger factors, including; damage to physical and psychosocial aspects, traumatic experiences and striking differences between new and old environments. Its clinical manifestations were illustrated by an increase in symptoms, ie fear, lack of rest, talking about things that concern / anger from being displaced, increased confusion, sleep disturbances, and even the occurrence of morbidity (Stuart 2016).

Based on the background above the researchers was interested in researching about "How the Loneliness, Anxiety and Depression Level Profile In the elderly suspected Relocation Stress Syndrome in UPTD. Griya Werdha, Surabaya?"

2 METHODS

2.1 Design and Sample

This research used Descriptive Quantitative Design with cross sectional approach. This study described the level of loneliness, anxiety and depression of elderly suspected relocation stress syndrome in UPTD. GriyaWerdha, Surabaya. The population of this research was 112 respondents. A total of 58 respondents were taken by using simple random sampling technique. Inclusion criteria in this study were elderly patients with age 60 - 95 years old, Mental State Exam score (MMSE) with total score> 21, ULCA Loneliness Scale> 60 scores, SRAS-20> 45 scores, GDS-15> 4 scores, can communicate verbally and not experiencing hearing loss (deaf), and residence stay less than 1 year. While the exclusion criteria were the respondents who did not have a history of mental disorder (Schizophrenia), respondents who refused to be participants in the study, and respondents who had bedrest total with a decrease in awareness status. This research was conducted at UPTD. GriyaWerdha, Surabaya.

2.2 Instruments

A guided or structured interview technique was used to measure loneliness, anxiety and depression. There were some questions and the interviewees had to give checklists on the multiple choices that have been provided. The research instruments used in this study for loneliness using UCLA loneliness Scale developed by Russell, Peplau, & Ferguson (1978) that consisted of 20 question items and had been tested reliability and validity with internal consistency results reported alpha coefficient of 0.96 (Russell 1996). Instruments for anxiety levels using the Self-Rating Anxiety Scale Instrument (SRAS) developed by William WK Zung consisting of 20 items referring to the anxiety symptoms in DSM-II with the closed question model (choice of 4 choices "Never (score 1) , "Sometimes" (value 2), "Some time" (value 3), "Almost any time" (value 4).Instruments for depression levels used the Geriatric Depression Scale (GDS) instrument, which contain 15 items of closed questions. Geriatric Depression Scale 15 had a sensitivity of 92% and a specificity of 89% when evaluated against diagnostic criteria(D'ATH et al. 1994).

2.3 Ethical Considerations

Before filling out the questionnaire, the researcher explained the purpose of this research to the respondents. To ensure anonymity, respondents included their initials name only. Participants were involved in the study voluntarily. Ethical approval was obtained from the ethics committee of the Faculty of Nursing Airlangga University.

2.4 Data Analysis

The data characteristic of respondent and data of loneliness, anxiety and depression were analyzed using descriptive analysis covering gender frequency distribution. The data was presented in cross tabulation.

3 RESULTS

3.1 General Characteristics of Respondents

Demographic data of respondents showed that female gender (63.8%) and Men (36.2%). Age of respondents most of the age of 60-74 years that is as

Table 1: General Data and Loneliness level.

Demographic data	Loneliness Level		Total
	Moderate	Grave	
Gender			
Male	20 (36,4%)	1 (33,3%)	21 (36.2%)
Woman	35 (63.6%)	2 (66,7%)	37 (63.8%)
Total	100	100	58

Table 2: General Data And Anxiety Level.

Demographic data	Anxiety Level.		Total
	Moderate	Grave	
Gender			
Male	8 (22.2%)	13 (59.1%)	21 (36.2%)
Female	28 (77.8%)	9 (40.9%)	37 (63.8%)
Total	100	100	58

Table 3: General Data And Depression Rate.

Demographic data	Depression Rate		Total
	Suspects Depression	Depression	
Gender			
Male	20 (36.4%)	1 (33.3%)	21 (36.2%)
Female	35 (63.6%)	2 (66.7%)	37 (63.8%)
Total	100	100	58

much (55.2%) and a small age of 85-95 years (6.9%). At most respondents' education level (36.2%) did not complete primary school and a small part (1.7%) High Descent. Based on the respondents' care, most of them were in the range of 6 months - 1 year (70.7%) and a small fraction of 0-6 months range (29.3%).

3.2 Descriptive Analysis of Loneliness Level

Based on the total score, it can be seen that the level of loneliness of the elderly is categorized into 2, namely the level of loneliness of medium and heavy.

Table 1. shows that women tend to have higher levels of loneliness than men. The loneliness of women in the weight category is higher than the moderate category of 66, 7% of the 58 elderly respondents. In addition, there were 20 male respondents who had loneliness in the moderate category (36.4%).

3.3 Descriptive Analysis of Anxiety Level

Based on the total score, the level of elderly anxiety was categorized into 2, namely the level of moderate and severe anxiety. Table 2 showed that women tend to have higher levels of anxiety than men. The loneliness of women in the moderate category was higher than the moderate category, ie 77.8% of the 58 elderly respondents. In addition, there were 13 male respondents who had anxiety level in weight category (59.1%).

3.4 Descriptive Analysis of Depression Rate

Based on the total score, the level of elderly depression was categorized into 2; depression and depression suspects. Table 3 showed that women tend to have higher levels of depression than men. Women depression rates in the category of depression were higher than the suspect category that was 66.7% of 58 respondents' elderly. In addition, there were 1 male respondents who had depression levels in the depression category (33.3%).

4 DISCUSSION

Based on the data in Table 1, showed that gender has different effects on the frequency of elderly loneliness level. Data table 1 showed that elderly women tend to have higher levels of loneliness than older men. This was supported by Chang's research. 2018 which explained that loneliness prevalence was more dominated by women than men. But this was different from the research done by Borys & Perlman. 1985, where in the research conducted found that loneliness was more dominated by Men than women. Based on the results above it could be caused by the difference of each item type of instrument used to conduct interviews with respondents (Borys & Perlman 1985). Instruments referred to in this case was a tool that has passed the test of validity and reliability before given to the respondent.

Based on the data in Table 2, it can be seen that sex had a different effect on the frequency of anxiety level of elderly.Data table 1 showed that elderly women tend to have an even higher anxiety level than the elderly Men. This was supported by the

research Depaola et al. 2003 which explained that the anxiety level of elderly women was higher than the anxiety experienced by elderly men. In addition, research conducted by Arsher et al. 2017 explained that the problem of anxiety was higher experienced by women than with men. Based on the increasing of anxiety experienced by women was influenced by the difference of emotional expression. Women always respond something by involving their emotion while the men involving cognitive not emotion.

Based on the data in Table 3, it could be seen that gender had different effects on the frequency of elderly depression level. Data table 3 showed that elderly women tend to have higher levels of depression than men's elderly. It was supported by the research of Li et al. 2017 which explained that the depressed level of elderly women was higher than the depression experienced by elderly men. Depression level here related to the task and the role of women was very complex so that the received stress was very complex as well.

5 CONCLUSIONS

Level of loneliness, anxiety level and level of elderly depression in UPTD. GriyaWerdha was in the medium and heavy category. The level of loneliness most experienced by women in moderate and severe categories. Anxiety levels experienced by many women in moderate and severe categories. While depression rate based on table 3 also experienced by many women in the category of suspect and depression. It was influenced by emotional responders and the level of complex work that affects the emotional response provided.

REFERENCES

Arslantaş, H. et al., 2015. Loneliness in Elderly People, Associated Factors and Its Correlation with Quality of Life: A Field Study from Western Turkey. *Iranian journal of public health*, 44(1), pp.43–50. Available at: http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=4450013&tool=pmcentrez&rendertype=abstract.

Asher, M., Asnaani, A. & Aderka, I.M., 2017. Gender differences in social anxiety disorder: A review. *Clinical Psychology Review*, 56(December 2016), pp.1–12.

Borys, S. & Perlman, D., 1985. Gender Differences in Loneliness. *Personality and Social Psychology Bulletin*, 11(1), pp.63–74. Available at: http://journals.sagepub.com/doi/10.1177/0146167285111006.

D'ATH, P. et al., 1994. Screening, Detection and Management of Depression in Elderly Primary Care Attenders. I: The Acceptability and Performance of the 15 Item Geriatric Depression Scale (GDS15) and the Development of Short Versions. *Family Practice*, 11(3), pp.260–266. Available at: https://academic.oup.com/fampra/article-lookup/doi/10.1093/fampra/11.3.260.

De Jong Gierveld, J., 1998. A review of loneliness: Concept and definitions, determinants and consequences. *Reviews in Clinical Gerontology*, 8(1), pp.73–80.

Pavlova, B. et al., 2015. Lifetime prevalence of anxiety disorders in people with bipolar disorder: a systematic review and meta-analysis. *The Lancet Psychiatry*, 2(8), pp.710–717. Available at: http://linkinghub.elsevier.com/retrieve/pii/S2215036615001121 [Accessed September 4, 2017].

Russell, D.W., 1996. UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66(1), pp.20–40.

Stuart, G.W., 2016. *Principles and Practice of Psychiatric Nursing 10 Edition*, Elsevier.

Yasumura, S. et al., 2013. Excess mortality among relocated institutionalized elderly after the Fukushima nuclear disaster. *Public Health*, 127(2), pp.186–188.

An Overview of Loneliness, Anxiety and Depression Level of Elderly Suspected Relocation Stress Syndrome

ORIGINALITY REPORT

12%	10%	9%	9%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

MATCH ALL SOURCES (ONLY SELECTED SOURCE PRINTED)

4%

★ Submitted to National University of Ireland, Galway

Student Paper

Exclude quotes	Off	Exclude matches	Off
Exclude bibliography	Off		