

The Relationship of Social Support with Older Adult Depression in Hargo Dedali Nursing Home, Surabaya

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ABSTRACT

Older adults are vulnerable to health problems including depression caused by stress when facing changes in their life, such as retirement, illness, disability, placement in a nursing home, the death of a partner and the reduced availability of social support. This study aimed to explain the relationship of social support with the incidence rate of depression in older adults in Hargo Dedali Nursing Home, Surabaya. This research used a correlational design with a cross-sectional approach. The sample consisted of 20 older adults who lived in Panti Werdha Hargo Dedali Surabaya who were selected through purposive sampling. The independent variable was the social support of the older adults while the dependent variable was the incidence rate of depression. The data analysis used was Spearman rho with $p = 0.037$, $r = -0.468$ and a significance level of $\alpha < 0.05$. There was a significant relationship between social support and the incidence of older adult depression in Hargo Dedali nursing home, Surabaya. The higher the level of social support, the lower the incidence of older adult depression. Health workers, especially nurses, can improve their competencies in order to provide health services to the older adults, especially when related to the provision of social support and the anticipated incidence of depression in the nursing home.

Keywords: social support, depression, older adult, nursing home

Introduction

Progress in the field of health and increasing socio-economic welfare has an impact on the increasing life expectancy, which is one indicator of the success of development. Life expectancy has increased the population which causes the number of older adult people to continue to increase from year to year. For five decades, the percentage of older adult Indonesians has doubled (1971-2017) to 8.97 percent (23.4 million).¹This rapid increase means that Indonesia has entered an era of having an aging structured population. Increased life expectancy is related to the number of diseases and psychological disorders that manifest in the older adult, one of which is depression. The psychological mental disorders that are often found in the older

adult are depressive disorders, cognitive impairments, phobias and alcohol use.² In addition, an increase in the number of older adult people who are not followed by an increase in the efforts to provide adequate social support will have an impact on the increasing number of dependents towards the productive age population (old dependency ratio). The burden that must be borne by the population of a productive age will increase. Meanwhile, high stressors and unpleasant life events can lead to the possibility of the older adult experiencing anxiety, loneliness and depression.³ Depression symptoms in older adults are often ignored and not addressed because of the low level of social support. However, research related to social support and depression in the elderly living in nursing homes is still rare.

Data on the prevalence of depression in older adults in Indonesia is quite high. The incidence of acute geriatric space was 76.3%, with the proportion of geriatric patients who experienced mild depression being 44.1%, with 18% for moderate depression, 10.8% for major depression and 3.2% for very severe depression.⁴ Another study conducted by Wada et al focused on older adult in two cities on the island of Java. The data obtained

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showed that 33.8% had depression.⁵ Dedali Hargo Panti Surabaya cares for 40 older adult people. All of the older adult have a family. The results of the preliminary study conducted by the researchers on 5 older adults were that 3 said that they were rarely visited by their relatives. Two older adult people said that they felt sad if they were not visited by their family and 1 older adult person said that their fellow residents and caregivers were their family now.

Aging will cause physical and psychosocial changes.⁶ Physical deterioration is characterized by a decrease in the functioning of the five senses and a decrease in immunity, leading to various diseases. Psychological setbacks include feeling useless, being easily sad and feeling depressed. Social setbacks include the absence of relatives who can provide assistance, a lack of economic ability, feeling unproductive and no longer being able to play a role in society.⁷

Depression is most common in older adults, although it is not part of the aging process. There are several factors that influence the occurrence of depression in older adults, namely demographic, biological, psychosocial, economic and religiosity factors. The demographic factors included being of the female sex, being single in terms of their marital status and feeling stress in their life. The biological factors in the older adults that can increase the risk of depression include suffering from a chronic disease, sensory disorders, impaired physical mobility, cognitive decline and other physiological changes that are a result of aging.⁸ Having a low income and being in a state of economic difficulty are some of the economic factors that contribute to increasing the risk of depression in older adults.⁸

Syamsuddin said that an older adult person wants to live with their family, especially their nuclear family, and they want to get good care from them.⁹ However, due to several factors, the older adults do not get care from their family, such as having not had children, of having had children but their offspring died, the child went to their in-laws instead, the children did not want to be bothered by taking care of their parents or the children being too busy. For some older adult people, living in a nursing home is not the best choice. On the contrary, it becomes a bitter choice that is sometimes sad. Older adults who get long-term care have a higher incidence of depression than in regular society.⁴

Increasing the social support for older adults will give the individuals a feeling of comfort, of feeling loved when experiencing depression and assistance in

the form of enthusiasm, empathy, trust and attention so then the individuals who receive it feel valuable. Johnson and Johnson stated that social support is the existence of other people who can be relied upon to provide assistance, enthusiasm, acceptance and attention so as to improve the welfare of the individual.¹⁰ Positive social support can restore their physical and psychological condition. Familial and environmental social support is very important in the process of healing and in the recovery of patients.¹¹ Therefore, this study aimed to explain the relationship of social support with the incidence of depression in the older adults at Hargo Dedali Nursing Home Surabaya.

Method

This study used a correlation design with a cross-sectional approach to determine whether or not there is a relationship of social support with the incidence of depression in the older adults in Surabaya Dedali Hargo Nursing Home. The number of samples in this study totaled 20 people. The selection of the samples was based on the following inclusion criteria: 1) can read and write, 2) can communicate verbally and 3) cooperative. Meanwhile, the exclusion criteria were 1) in special care, with a serious illness or on bedrest.

The independent variable in this study was social support and the dependent variable was the incidence of depression in older adults. The researcher used a short form of the Geriatric Depression Scale (GDS) questionnaire to measure the dependent variable. The independent variables were measured using a social support questionnaire that assessed the four types of support, namely emotional, instrumental, informational and reward. The results of the depression assessment using the Geriatric Depression Scale (GDS) questionnaire short form and the value of the Social Support questionnaire were analyzed using the Spearman rho test using a degree of significance (level of significance). The result was $p < 0.05$, which means that there was a significant/significant relationship between the independent variables and the dependent variable. The incidence of errors tolerated in this study was 5%.

Results

Hargo Dedali Nursing Home is a private nursing home. Every new older adult in the Nursing Home will go through a trial period for 3 months to maintain comfort. If there is a new older adult person who is perceived as disturbing the peace between the older

adult and influential over the other older adults, based on the institution’s policy, they would forcefully repatriate the older adult back to their family.

The demographic characteristics of the respondents showing their recent education history, age, marital status, the presence or absence of family outside the institution and if they had a long occupancy in the nursing home has been presented in Table 1.

Table 1: Demographic characteristics

No.	Characteristics	Criteria	f	%
1.	Education	No school	3	15
		Elementary school	2	10
		Junior high school	4	20
		Senior high school	5	25
		College	6	30
		Total	20	100
2.	Age	60-74 years	7	35
		79-90 years	12	60
		>90 years	1	5
		Total	20	100
3.	Marital Status	Not married	1	5
		Widow	19	95
		Total	20	100
4.	Families outside the Nursing Home	Yes	20	100
			20	100
5.	Length of stay in the Nursing Home	<1 year	5	25
		>1 year	15	75
		Total	20	100

Table 1.1 describes the characteristics of the respondents. Most had a history of tertiary education. The age of the respondents was mostly between 79 - 90 years old and the marriage status of the majority was that of widowhood, for 19 people (95%). All of the older adult people had family members who lived outside of the nursing home. Most of the older adults had lived in the home for more than 1 year.

1. Social support for older adults

Table 2: Social support for the older adults at the Hargo Dedali Nursing Home in Surabaya

Level of support	f	%
Good	9	45
Sufficient	8	40
Less	3	15
Total	20	100

The table above shows that the majority of the older adults feel that they get a good level of social support, totaling as many as 9 people (45%) in the residential neighborhood. There were older adult people who felt that they got enough social support, as many as 8 people (40%) and those that felt that they got less social support totaled as many as 3 people (15%).

2. The incidence of depression in older adults

Table 3: Depression in the older adults in the Hargo Dedali Nursing Home in Surabaya

Event of depression	f	%
Normal	14	70
Mild	3	15
Moderate	3	15
Total	20	100

The table above shows that most of the older adults were included in the normal category for as many as 14 people (70%).

3. Relationship of social support with the incidence of depression

Table 4: Analysis of the relationship of social support with the incidence of depression in the older adults in the Dedali nursing home in Surabaya

Social support	Event of depression						Total	
	Normal		Mild		Moderate		Σ	%
	f	%	f	%	F	%		
Good	8	40	0	0	1	5	9	45
Sufficient	5	25	1	5	2	10	8	40
Less	1	5	2	10	0	0	3	15
Total	14	70	3	15	3	15	20	100

Spearman Rho $r = -0,468$, $p = 0,037$

The table above shows that the older adults who feel that they get good social support within the normal category (not depressed) total as many as 8 people (40%). Older adults with enough social support totaled 5 people (25%) did not experience depression and 1 person (5%) experienced mild depression. Leading on from this, 2 people (10%) had moderate depression. For the older adults with less social support, 1 person (5%) was categorized as normal (not depressed), 2 people (10%) were categorized as experiencing mild depression and

3 people (15%) were categorized as having moderate depression. The analysis conducted using the Spearman rho statistical test obtained a significance value of $p = 0.037$ of $\alpha < 0.05$. This shows that there is a significant relationship between social support and the incidence of depression. The Spearman rho correlation value of 0.468 shows that the direction of the negative correlation has an inverse relationship with sufficient correlation coefficients.

Discussion

Social support refers to the attitudes, actions and social acceptance of sick patients. Social support enables their social functioning to the fullest and this can improve their level of adaptation in terms of their social health.¹¹ The social support felt by the older adults in Surabaya Hargo Dedali Nursing Home was mostly good for as many as 9 people (45%), although there were older adults who felt that they had less social support (as many as 3 people). The aging process requires support from the surrounding environment, both from the nursing home, fellow residents and from the families living outside the orphanage. The aging process in the older adults is a change that is related to time; it is universal, intrinsic, progressive and detrimental. This situation can lead to reduced adaptability to the environment.¹² Most of them were aged 79 - 90 years old. Someone who is over 70 years old or older is a high risk older adult person.¹³

Older adults need social support to go about their daily lives. The types of social support, according to Wills and Ainet (Baum et al., 2012), can be divided into 4, namely emotional support, appreciation, instrumental and information. The support needed by each individual is different depending on their needs.¹⁴ Social support is not merely about providing assistance; it is about what is important according to the perception of the recipient's meaning of the aid. This allows the older adult to feel more emotionally supported and appreciated because they feel the benefits of the assistance for themselves.¹⁵

Most of the respondents did not experience depression (normal) (14 people, 70%). There were 3 people (15%) with moderate depression and 3 people (15%) experiencing mild depression. The incidence of depression varies so much that depression is known according to the symptoms, which are mild, moderate, severe and with or without psychotic

characteristics.¹⁶ Older adults who did not experience depression (normal) were able to accept changes in their bodily condition according to the aging process experienced. Most of the respondents considered that life is something fun. There were 3 respondents who were experiencing moderate depression (respondents no. 6, 8, 10). The respondents felt dissatisfied with the life they were experiencing, lost interest in activities and felt bored.

There was a relationship between social support and the incidence of depression in the older adults at Surabaya Dedali Hargo Nursing Home ($p = 0.037$). The Spearman rho - 0.468 correlation value indicates an inverse relationship with sufficient correlation coefficients. The higher the social support of the older adult, the lower the incidence of depression in the older adult. Older adult people who feel that they get good social support within the normal category (not depressed) totaled as many as 8 people (40%). There was 1 person (5%) older adult with social support experiencing moderate depression. Older adults with enough social support totaled 5 people (25%), older adults who did not experience depression totaled 1 person (5%), older adults who experienced mild depression totaled 2 people (10%) and the rest of the older adults had moderate depression. Older adults with less social support totaled 1 person (5%), older adults categorized as normal (not depressed) totaled 2 people (10%), older adult categorized as experiencing mild depression totaled 3 people (15%) and the rest were categorized as having moderate depression. The social support received by the older adults gives the individuals a feeling of comfort, of feeling loved when experiencing a decrease in self-esteem, bolstering assistance in the form of enthusiasm and demonstrating empathy, trust and attention so then the individual who receives it feels valuable.

Conclusion

Social support affects the incidence of depression in the older adult who live in the nursing home. The better the social support felt by the older adults, the lower the incidence of depression that is experienced. Therefore the support of families, residents and the administrators of the orphanage is needed by the older adults to maintain their mental health condition and to prevent the occurrence of depression.

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