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Analysis of Elderly Anxiety Reviewed from Age Factors and Genders in the Social Care Home UPT PSLU Blitar **Tulungagung**

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ABSTRACT

The population of the elderly group in Indonesia if not handled seriously, the Increasing of age will cause problems in the health, economic, and social fields. Older people are prone to various sufferings, one of which is awareness of death; this will be an important psychological problem in the elderly. The purpose of this study was to analyze the anxiety of the elderly in terms of the age of the elderly after being given progressive muscle relaxation training at the social care home of the UPT PLSU Blitar Tulungagung. The design of this study was cross sectional with a population of all elderly residents of at the social care home of the UPT PLSU Blitar Tulungagung, and used Purposive Sampling techniques. Samples in this study were part of the population of the social care home of the UPT PLSU Blitar Tulungagung who met the inclusion and exclusion criteria of 50 people. Data collection was carried out with the Hamilton Rating Scale for Anxiety (HRS-A) questionnaire, data analysis using the Dummy regression test. The results of this study indicate that of the 50 respondents most of the most ages were aged 60-74 as many as 34 people with a percentage of 68%, the majority were female 32 people with a percentage of 64% and most experienced severe anxiety 21 people with a percentage of 42%. From the analysis of the dummy regression test, it is known that the sig value is 0.000; the age affects the level of anxiety, while the sex does not affect the level of anxiety because it has a sig value> 0.000. The Increasing of age, the elderly become more susceptible to various physical complaints, both due to natural factors such as decreased endurance and due to disease, one of which is chronic disease. Elderly people with chronic diseases will show a variety of psychological problems, one of which is anxiety which will have an impact on decreasing physical activity and functional status.

Keywords: Anxiety, age of the elderly, gender

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INTRODUCTION

Aging or becoming old is a process of disappearing slowly the ability of tissue to repair itself or replace and maintain its normal function so it cannot survive infection and repair the damage suffered. The aging process is a continuous process naturally. Starting from birth and that will definitely be passed and cannot be avoided by every individual.

The World Health Organization (WHO) states that the elderly include middle age (45-59 years), elderly (60-74 years), old age (75-90 years), and very old age (over 90 years old).) (Mubarak, 2006).

Indonesia ranks fourth with the highest number of elderly after China, India and the United States. At present the number of elderly groups in Indonesia is 7.28% of the total population. It is estimated that by 2020, the number of elderly people in Indonesia will increase to 11.34% (Kosasih, 2004). According to Nugroho, W.H. (2006) population growth throughout the world is accelerating; the number of elderly people in Indonesia will increase by around 11% by 2020 with a life expectancy of 70-75 years. In 2025 it is estimated that the number of elderly people in Indonesia will reach 1.2 billion. As life expectancy increases, the number of elderly people in Indonesia tends to increase. Data from the Central Bureau of Statistics shows that the elderly population in Indonesia in 2000 was 14,439,967 people (7.18%), and then in 2010 it increased to 23,992,553 people (9.77%). While the World Health Organization has calculated that by 2020 the number of elderly people in Indonesia will increase by 414%. Meanwhile, the number increased compared to three years ago, namely 72 years for women, and 70 years for male citizens. The population of the elderly group in Indonesia if not handled seriously, the addition of old age will cause problems in the health, economic, and social fields.

Anxiety of the elderly who experience chronic diseases in the face of death include the occurrence of drastic changes in their physical conditions that cause certain diseases and cause anxiety such as indigestion, heartbeat faster pounding due to relapse, frequent dizziness, sleeplessness soundly, appetite is lost. Then psychologically the anxiety of the elderly who experience chronic diseases in the face of death is such as feeling worried, anxious or afraid of death itself, helpless, weak, not confident, suicidal, uneasy, and restless.

The results of interviews with several elderly people said that they were actually more happy with family members, but because they did not want to burden their family members they finally agreed to stay in the home. Even though they were in the institution every day and could attend any scheduled activities but they were still always think of their grandchildren who are at home. So that makes them feel anxious, lack of sleep, and sometimes have nightmares about family conditions at home. These are some of the initial symptoms of anxiety in the elderly.

Based on a preliminary study with 2 officers, the social care home of the UPT PLSU Blitar Tulungagung showed that elderly residents of nursing homes aged 60-90 years. Based on the information from the officers, it was shown that the elderly had almost all of the elderly said that they were afraid of the coming of death. The anxiety was seen in the form of insomnia, chest sometimes pounding and often suddenly wanting to be angry for no reason.

MATERIALS AND METHODS

The design of this study used cross sectional. The population was all elderly residents of the social care home of the UPT PLSU Blitar Tulungagung with Purposive Sampling techniques obtained by 50 respondents. The sample in this study was partly elderly residents of the social care home of the UPT PLSU Blitar Tulungagung who met inclusion and exclusion criteria. Data collection was done with observation and questionnaire sheets, the research data was analyzed by Dummy regression test.

RESULTS

Variable characteristics

1. Age

Table 1 Distribution of respondents based on age at the social care home of the UPT PLSU Blitar Tulungagung

No	Age	F	%
1	45 59	1	2
2	60 - 74	34	68
3	75 - 90	15	30

Based on table 1 shows that the most age is age 60-74 as many as 34 people with a percentage of 68%.

2. Gender

Table 2 Distribution of respondents by sex at the social care home of the UPT PLSU Blitar Tulungagung.

No	Gender	F	%
1	Male	18	36
2	Female	32	64

Based on table 2 shows that the highest sex is 32 women with a percentage of 64%

3. Anxiety

Table 3. Distribution of respondents' anxiety at the social care home of the UPT PLSU Blitar Tulungagung.

No	Information	Frequency	Percentage
1	no anxiety	7	14
2	Mild anxiety	11	22
3	Moderate anxiety	11	22
4	Severe anxiety	21	42
5	Absolutely Severe anxiety	0	0

Based on table 2, it can be seen that of the 50 respondents who experienced severe anxiety as many as 21 people (42%).

STATISTICAL TEST RESULTS

Table 4 Test results for dummy regression statistics

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	В	Std. Error	Beta		
1 (Comptant)	-18,411	8,073		-2,280	,027
1 (Constant) AGE JKL	,576	,115	,611	5,023	,000
AGE JKL	-2,065	1,683	-,149	-1,227	,226

a. Dependent Variable: Anxiety

From the results of statistical analysis it is known that age affects the level of anxiety while gender does not affect the level of anxiety because it has a sig value> 0,000.

DISCUSSION

Identifying the age of the elderly at the social care home of the UPT PLSU Blitar Tulungagung.

Based on table 1 shows that the most age is age 60-74 as many as 34 people with a percentage of 68%.

According to Hawari (2008) emotional conditions with signs of tension, fear, anxiety and active central nervous system can be called anxiety. Anxiety is also followed by certain physiological reactions, such as changes in heart rate and breathing. According to Kaplan & Sadock (2007) Anxiety disorders can occur at any age, more often in adulthood and more in women. Most anxiety occurs at the age of 21-45 years. The elderly often experiences anxiety. When viewed in terms of age, those who experience severe anxiety are those aged 64 - 70 as many as 34 people.

Anxiety in the elderly is the most common thing. Most of the elderly experience anxiety as they age. Elderly is seen as a period of biological degeneration accompanied by various sufferings such as a number of diseases and adultery and the awareness that everyone will die, so the anxiety of death becomes an important psychological problem for the elderly, especially the elderly who experience chronic diseases. L. (2011) and Davison, GC, Neale, J. M & Kring, AM (2006).

The theory is as follows. According to Geier, L. (2011) the elderly aged over 65 years are very vulnerable to a number of physical and psychological diseases related to age, stress (such as physical illness, weakness, immobility, decreased independence, and loss of loved ones) so that they can often trigger psychiatric disorders, Davison, GC, Neale, J. M & Kring, AM (2006) mention the causes of anxiety disorders reflect some conditions when entering old age, one of which is experiencing chronic illness. At the age of 64 -70 years old is prone to chronic diseases that are difficult to cure, which triggers the elderly to experience anxiety.

Anxiety and fear experienced by the elderly are caused by anxious feelings about physical changes and bodily functions, anxiety about social power, anxiety about being eliminated from social life, fear of illness, fear of death and fear of lack of money BKKBN. (2012). The impact of anxiety experienced by the elderly includes a decrease in physical activity and functional status, self-perception about poor health, decreased life satisfaction (quality of life), increased loneliness (loneliness) and use of services and costly great for the service of Tampi, R. R & Tampi, DJ (2014).

Identifying the sex of the elderly at the social care home of the UPT PLSU Blitar Tulungagung.

Based on table 2, it can be seen that from 50 respondents most of the respondents were female, namely 32 people (64%).

In old age, the aging process occurs naturally along with increasing age. One of the aging processes is a change in the psychological. Psychological changes in the elderly include short term memory, frustration, loneliness, fear of losing freedom, fear of facing death, changing desires, depression, and anxiety Maryam, S. (2008).

According to Kaplan & Sadock (2007). Women experience anxiety more often than men. Women have higher anxiety levels than men. This is because women are more sensitive to their emotions, which ultimately affects their feelings of anxiety.> According to Marya et al (2012), women have a low tolerance for pain and generally report higher levels of anxiety.

Identifying anxiety in the elderly at the social care home of the UPT PLSU Blitar Tulungagung.

Based on table 3, it can be seen that out of 50 respondents, there are 21 people (42%) who suffer from severe anxiety.

Anxiety is a subjective emotion that makes individual uncomfortable, fears that are not clear and restless, and accompanied by an autonomous response. Anxiety is also an unclear and diffuse concern related to feelings of uncertainty and helplessness.

Anxiety in the elderly is generally relative, meaning that there are people who are anxious and can be calm again, after getting enthusiasm or support from people around them, but there are also those who continue to be anxious, even though the people around them have provided support. also not conducive to the elderly in living their old age. Problems that are generally faced by the elderly can be grouped into several problems such as social, psychological, biological, etc. Where are all of them interact with each other and are assumed to affect the anxiety of the elderly in living their old age, Of course this can affect the psychological state of the elderly who are very vulnerable to health problems, especially mental health, namely anxiety Hawari (2008).

Analyzing the anxiety of the elderly in terms of age and sex of the elderly at the social care center for the psychology of the social care home of the UPT PLSU Blitar Tulungagung.

Based on the results of statistical analysis using a dummy regression test it is known that age affects the level of anxiety, while gender does not affect the level of anxiety because it has a sig value> 0.000.

The results of this study indicate that age affects the level of anxiety in the elderly at the social care home of the UPT PLSU Blitar Tulungagung. This is because age is indeed able to reduce the anxiety level of the elderly from severe anxiety levels of the elderly to moderate anxiety or even mild anxiety levels.

Old age generally experiences various symptoms due to a decrease in biological, psychological, social and economic functions. This change will have an influence on all aspects of life, including the health of Tamher, S., & Noorkasiani. (2009).

In the life span of humans will pass through several stages of development, ranging from birth, infancy, childhood, adolescence, adulthood, old age and ending with the arrival of death. Physical or mental illnesses and weaknesses, life-threatening diseases, loss of loved ones, loss of material resources, loss of autonomy, loss of role, loneliness, isolation, boredom, and worries about when death can occur at every stage of life. Elderly people are also often stereotyped to experience excessive concerns about the threat and loss of life associated with aging.

CONCLUSION

- 1. From the results of the study it can be seen that of the 50 respondents the highest age is age 60-74 as many as 34 people with a percentage of 68% in the social care home of the UPT PLSU Blitar Tulungagung.
- 2. From the results of the study it can be seen that of the 50 respondents most of them were female 32 people with a percentage of 64% in the social care home of the UPT PLSU Blitar Tulungagung.
- 3. From the results of the study it was found that most experienced severe anxiety 21 people with a percentage of 42%.

4. From the analysis of the dummy regression test, it is known that the sig value is 0.000, the age affects the level of anxiety, while the sex does not affect the anxiety level because it has a sig value> 0.000.

REFERENCE

BKKBN. (2012). Pembinaan Mental Emosional Bagi Lansia. Jakarta.

Davison, G., C., Neale, J., M., & Kring, A., M. (2006). Psikologi Abnormal (ed.9). Jakarta: EGC.

Geier, L. (2011). Identifying and managing anxiety disorder in older adults. The Journal for Nurse Practitioners. doi: 10.1016/j.nurpra.2011.05.022.

Hawari. (2008). Manajemen Stres, Cemas dan Depresi. Jakrta: FKUI.

Kaplan, & Sadock. (2007). Sinopsis Psikistri: Ilmu Pengetahuan Psiksiatri Klinis. Jakarta. Bina Rupa Aksara.

Kosasih, E., N. (2004). Peran antioksidan pada lanjut usia. Jakarta: Pusat Kajian Nasional Masalah Lanjut Usia.

Marya, C., M., Grover, S., Jnaneshwar, A., & Pruthi, N. (2012). Dental anxiety among patiensts visiting a dental institute in Faridabad, India.

Maryam, S. (2008). Mengenal Lanjut Usia dan Perawatannya. Jakarta: Salemba Medika.

Mubarak, dkk. (2006). Buku ajar ilmu keperawatan komunitas 2: Teori dan aplikasi dalam praktik dengan pendekatan asuhan keperawatan komunitas, gerontik, dan keluarga. Jakarta: Sagung Seto.

Nugroho, W., H. (2006). Komunikasi Dalam Keperawatan Gerontik. Jakarta: EGC.

Tampi, R., R., & Tampi, D., J. (2014). Anxiety disorders in late life: a comprehensive review. Healthy Aging Research 3:14, 1 – 9. doi: 10.12715/har.2014.3.14.

Tamher, S., & Noorkasiani. (2009). Kesehatan usia lanjut dengan pendekatan asuhan keperawatan. Jakarta: Salemba Medika.

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