



Stress Management in Elderly with Spouseless

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ABSTRACT: This study is to describe the effect of stress management on elderly people with Spouseless. Respondents in this study were elderly people aged sixty years and over with partners who had died for at least 6 months, had not worked, and had not remarried. The beginning of this study aims to describe the level of stress in elderly people with Spouseless. With this screening data, the elderly who experience stress caused by Spouseless will be the respondents in this study. Retrieval of data in this study using the pre-experimental method Static Group Comparison with stress management treatment. After stress management treatment the respondent will measure the level of stress in the control group and the experimental group. Based on the results of the unpaired T test, it can be concluded that there is a difference in stress levels between the Control Group (Without Stress Management) and the Experiment Group (With Stress Management) with a significance value of 0.006 at the 95% confidence level. It can also be proven that there is a difference in the mean value in the Control Group, namely 25.45 and in the Experiment Group 20 with a difference in value of 5.45. Through this research, it is also hoped that the elderly with a decreased quality of life can adapt to existing conditions with stress management through a personal approach.

KEYWORDS: Stress management, Stress, Elderly

I. INTRODUCTION

Being old is a natural process which means that a person has gone through the stages of life, namely neonates, toddlers, pre-school, children, adolescents, adults and the elderly. These different stages begin both biologically and psychologically (Potter & Perry, 2010). According to Law No. 13 of 1998 concerning the welfare of the elderly in article 1 paragraph 2 which states that 60 years of age is the initial age of old. Aging is not a disease, but a process that gradually results in cumulative changes, which is a process of decreasing the body's resistance in facing stimuli from within and outside the body (Padila, 2013). Age will affect life, for example: the proportion of

elderly who live with a partner decreases with age, the proportion of those living alone will increase with age, and the proportion of elderly people living in institutions decreases with age (Potter & Perry, 2010).

According to WHO (in the Indonesian Ministry of Health, 2016), the number of elderly people in the world in 2013 was 13.4% of the total population. And will increase 2-fold in 2020 to 25.3%. In Indonesia alone, the percentage of the elderly population in 2015 was 8.5% and will increase to 10.0% in 2020. According to the Indonesian Central Bureau of Statistics in 2014, the percentage of the elderly population according to marital status is 60.10%, dead divorce 36.69%, 2.08% divorced, while 1.12% unmarried. The results of research conducted by Selo, et al (2017) found that most (40.7%) of the elderly who live at the PangestiLawang Home are experiencing moderate stress while the elderly who live outside the PangestiLawang Home are mostly (47.6%) don't experience stress. This is because the elderly do not live with the family so that the elderly may feel alone in their life and have no encouragement. Generally prolonged stress can cause feelings of anxiety, fear, depression, loss of feeling, threatened self-esteem, restlessness, cold sweats, frequent palpitations, dizziness, difficulty eating or sleeping and difficulty sleeping.

Mental health is a condition in which a person makes it possible to maintain optimal physical, intellectual, and emotional conditions in harmony with the condition of others (Health Law No.3 of 1966). A person is said to be mentally healthy if he is able to control himself in dealing with stressors in the surrounding environment by always thinking positively in harmony without any physical and psychological pressure, both internally and externally which leads to emotional stability (Nasir, 2011). Someone who has a high degree of emotional stability will produce positive feelings about themselves and have a healthy self-concept (Kozier & Erb, 2010).

For this reason, an intervention is needed that can help elderly people with chronic diseases



to manage the stress they experience. In this study, researchers will conduct a stress management intervention program. In general, stress management interventions aim to improve the individual's ability to face and manage situations or sources of stress in order to reduce their stress levels (Hosseinkhanzadeh, Yeganeh, Rashidi, Zareimanesh, & Fayeghi, 2013). Forms of self-management intervention can also encourage individuals with chronic diseases to actively manage their health problems (Richardson, LoyolaSanchez, Sinclair, Harris, Letts, MacIntyre, Wilkins, Burgos-Martinez, Wishart, McBay, & Ginis, 2014). On the other hand, Monroe (2007) in Wilson.

There are 51 elderly neglected elderly people. A total of 4 elderly people who were taken in the initial survey experienced symptoms of physical stress in the form of elderly people who easily feel tired, feel weak like fainting, change appetite and are unable to carry out an activity. The initial survey also showed that 5 elderly experienced symptoms of psychological stress such as irritability, anxiety, irritability and difficulty resting.

II. ELDERLY

According to the Law of the Republic of Indonesia Number 13 of 1998 concerning the welfare of the elderly in chapter I article 1 paragraph 2, an elderly person is someone who has reached the age of 60 years and over (Azizah, 2011). Aging is a physiological process in life, with an image as a condition where the immune system has decreased so that it is at risk of disease and infection. Individually, the influence of the aging process can cause various problems both physically, biologically, mentally and socio-economically (Stanley & Beare, 2006). According to WHO and Law No.13 of 1998 regarding the welfare of the elderly in article 1 paragraph 2, which states that 60 years of age is the age of starting old. Aging is not a disease, but a process that gradually results in cumulative changes.

Psychosocial Stressor in the Elderly

Psychosocial problems that are often faced by the elderly, such as (Azizah, 2011):

1. Physical state is weak and helpless, so it depends on others.
2. Its economic status is very threatened, so it is sufficient to make major changes in the pattern of life.
3. Determine living conditions in accordance with changes in economic status and physical conditions.

4. Looking for new friends to replace husbands or wives who have died or gone away and / or are disabled.
5. Develop new activities to fill the increased free time.
6. Learn to treat older children as adults.
7. Start getting involved in community activities, which are specifically planned for adults.
8. Begins to feel the joy of activities that are suitable for the elderly and have a willingness to replace old, strenuous activities with activities that are more suitable.

The length of time that a partner is left behind

The length of time that a partner is left behind is a factor that affects the adjustment to the loss of a spouse, especially a loved one because it will leave grief. The phase of grief according to Averill (in Santrock, 1995: 272) quoted by Ekowati (2008) is shock, despair, and recovery. The first phase, shocked, the person who is left behind will feel shocked, distrustful, and emotionally paralyzed, and reject, so that it will make him cry a lot, or even get angry and irritated easily. This phase usually occurs 1-3 days after the death of a loved one. The second phase, despair, is characterized by feelings of prolonged pain over death, fond memories, sadness, restlessness, insomnia, and irritability. This desperate phase can last for a few weeks, but there are those who experience 1-2 years after death. The third phase, recovering again, usually occurs 1 year after death. The recovery phase is accompanied by acceptance and increased activity again so that the more time passes, it is hoped that someone who has lost a partner can readjust.

III. STRESS MANAGEMENT

According to Lazarus, stress management is an effort to get out of problems and find solutions to any problems or stressful situations (Goliszek, 2005). Meanwhile, according to Robins (2004), stress management is an alternative for someone in managing the stress they receive. Stress management indicators according to Robins (2004) are:

1. Identify stress symptoms

Identification of stress symptoms is an action to determine sources of stress that are more persistent, such as playing the role of parents and children who start leaving the house can be a problem compared to less frequent sources of stress such as arguing with middle-aged couples. For example: anxiety, feeling unable to control yourself, unstable emotions.

2. Analyze stress symptoms



Stress symptom analysis is a process to obtain interpretable information in the form of signs of attitudes and feelings shown due to stress.

3. Stress avoidance strategies

Stress avoidance strategy is a dynamic cognitive and behavioral strategy that focuses on an action directed at problem solving, for example in an individual approach or an organizational approach.

4. Stress coping

Stress coping is a visible and hidden behavior that a person engages in reducing or eliminating psychological tension in stressful conditions. For example, developing self-control or self-control, getting closer to God, exercising, and thinking positively.

IV. RESEARCH METHOD

The type of research used in this research is Pre Experiment with Static Group Comparison design. This research was conducted at the SenjaCerah Elderly Support Center, Manado. This research was conducted from March to November 2020. The target population is all population units, where the target population in this study are all the elderly in the BPLU SenjaCerah Manado in 2020. Affordable population is the subunit of the target population, where the affordable population in this study are all elderly who have been screened experiencing stress and do not have partner for at least 6 months. The number of samples used was 40 samples, of which the Control Group was divided into 20 samples and the Experiment Group 20 samples.

The data collected consists of primary data and secondary data. This study collected data, including:

1. Data regarding the characteristics of respondents (gender, age, ethnicity) were obtained through interviews using a questionnaire that had been compiled by the researcher.
2. Data about stress is obtained by measuring using the Perceived Stress Scale questionnaire.

1. Age

Table 1. Distribution of Characteristics of Control Group Respondents by Age

Age	n	%
65-70 Years	11	55.0
71-75 Years	1	5.0
76-80 Years	6	30.0
> 80 Years	2	10.0
Total	20	100

After screening the elderly with stress, the application of stress management is carried out in the elderly and then re-measured the stress level Data about the loss of a spouse obtained through interviews compiled by researchers.

3. Stress Management Implementation Education uses 7 points from <https://www.bayalarmedical.com/> for the Elderly. The application of stress management by educating the elderly to do stress management includes: 1. Exercise, 2. Friends, 3. Meditation, 4. Praying, 5. Working, 6. Reading and 7. Hobbies / Activities. The intervention approach used is cognitive behavior because in this activity knowledge will be given to improve stress management in the elderly so that it can prevent and overcome stress.

Data analysis method, The collected data were analyzed using the SPSS program. The data analysis includes:

1. Univariate Analysis: Univariate analysis was conducted to describe the frequency distribution of each research variable, namely the level of stress and a description of the characteristics of the respondents.
2. Bivariate Analysis: Bivariate analysis was performed using the Unpaired T test to determine the differences in stress levels in the Control and Experimental Groups after stress management was performed. If $p < 0.05$, it can be said that there is a difference between the Control Group and the Experiment Group after stress management is carried out.

V. RESULTS

This chapter will describe the research results regarding the application of stress management for the elderly in nursing homes. This data was collected by filling out a questionnaire with direct assistance to the elderly who met the research criteria. This research was conducted at BPLU sunny paniki dusk as many as 40 elderly.

A. Characteristics of Control Group Respondents



2. Gender

Table 2. Distribution of Characteristics of Control Group Respondents by Gender

The table below shows that of the total elderly in the control group in the nursing home 20 respondents.

Gender	n	%
Women	11	55
Male	9	45
Total	20	100

Female respondents were the largest group with a total of 11 people (55%), while male respondents only amounted to 9 people (45%).

3. Last Education

The table below shows that of the total elderly in the control group in the nursing home 20 respondents. Respondents with the latest education

from SD and SMP are the largest group with 7 people each (35%), while respondents with the latest education from SMA are 6 people (30%).

Table 3. Distribution of Characteristics of Control Group Respondents by Last Education

Last education	n	%
SD	7	35.0
Junior High	7	35.0
High school	6	30.0
Total	20	100

B. Characteristics of Experimental Group Respondents

Based on the findings of researchers while conducting research at BPLU SenjaCerahPaniki, 40 elderly were found with respondent characteristics such as age, gender and latest education. The sample used was reduced because based on the inclusion criteria there were some elderly people who were unwilling to become respondents.

1. Age

The table below shows that of the total elderly in the experimental group in the orphanage 20 respondents, aged 71-75 were the largest age group with 10 people (50.0%), the 76-80 age group was in second place with 5 people (25.0%), while the age group 65-70 is at the bottom with 2 people (10%).

Age	n	%
65-70 Years	2	10.0
71-75 Years	10	50.0
76-80 Years	5	25.0
> 80 Years	3	15.0
Total	20	100

2. Gender

The table above shows that of the total elderly in the experimental group in the orphanage

20 respondents. Female respondents are the largest group with a total of 15 people (75%), while male respondents only amounted to 5 people (25%).



Gender	n	%
Women	15	75
Male	5	25
Total	20	100

3. Last Education

The table above shows that of the total elderly in the experimental group in the orphanage 20 respondents. Respondents with junior high

school education were the largest group with 10 people (50%), while respondents with the last education of D1 were the lowest group, amounting to 1 person (5.0%).

Last education	n	%
SD	7	35.0
Junior High	10	50.0
High school	2	10.0
D1	1	5.0
Total	20	100

C. Cross Table of Length of Lost Partner and Stress Level in the Elderly
 The cross-table for the length of time lost in a partner and the level of stress in the elderly at an institution was not carried out in the control group because it only had 1 category for the length of

time losing a partner, namely: > 2 years. However, the experimental group obtained the following results:

Long Lost	Stress Level						p
	Mild stress		Moderate Stress		Heavy Stress		
	n	%	n	%	n	%	
<1 year	1	33.3	3	18.8	0	0.0	0.741
> 2 Years	2	66.7	13	81.3	1	100.0	
Total	3	100.0	16	100.0	1	100.0	

D. Differences in stress levels in the control group and the experimental group
 Before doing the difference test between the Control Group and the Experimental Group, the researcher conducted the Data Normality test. The results obtained in the data normality test are normally distributed data which is seen in the

Shapiro-Wilk table 0.082. Based on these results, the researcher continues to use the Unpaired T Test. After getting the stress level results from the control group and the experimental group, a difference test was carried out between the two groups.

	Average (sb)	p
Control Group (No Stress Management)	25.45 (7,294)	0.006
Experiment Group (With Stress Management)	20 (3,839)	



VI. CONCLUSION

According to the results, we can take the following conclusion :

1. Most categories for the stress level of the elderly in the Control Group at the WredhaSenjaCerah Home were Heavy Stress,
2. The most categories for the stress level of the elderly in the Experiment Group at the Senja Sunny Nursing Home were moderate stress,
3. It was identified that there were differences in stress levels in the elderly in the Control and Experimental Group..

SOME OF THE ADVANTAGES FROM THE ABOVE RESULTS

- a) Stress management can implemented by every one include the elderly
- b) Stress management can decrease the stress level

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