

## Kualitas Hidup Lansia di Rumah dan di UPT Pelayanan Sosial Tresna Werdha

### *Quality of Life on Elderly who Lived at Home and at Tresna Werdha Nursing Home*

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#### ABSTRACT

**Background:** The world's population is currently in an era of aging with the number of elderly people exceeding 7% of the population. This condition will certainly bring positive and negative impacts. It's needed to pay attention to the elderly, especially on their quality of life. **Objective:** To determine the differences in the quality of life of the elderly who live with their families in the working area of the Puskesmas Sukorejo and at Jember Tresna Werdha Social Service Unit. **Methods:** The type of this research was observational analytic using a cross-sectional research design. The study was conducted from January to March 2020. The population in this study amounted to 3472 elderly, consisting of elderly who live in the Tresna Werdha Jember Social Service Unit and live at home with their families in the working area of Sukorejo Community Health Center, Jember. The sample in this study amounted to 100 respondents, consisting of 50 respondents at each research location. The variable studied was the quality of life of the elderly from each place of residence. The data collection instruments included the MMSE questionnaire to assess cognitive impairment in the elderly and the WHOQOL-BREF questionnaire to measure the quality of life in the elderly. The sampling technique used was proportional random sampling. **Results:** The results showed that the majority of the elderly were aged 60-74 years, most of the elderly were female and never attended school. The majority of the elderly who live at home still have a partner, while those who live in the Social Service have no partner. Chi-square test results showed that there was no difference in the quality of life of the elderly in the physical, psychological, and environmental domains, but there were differences in the quality of life in the social domain. **Conclusion:** There were no differences in the quality of life in the physical, psychological, and environmental domains, but there were differences in the social domain, among respondents. The elderly who lived at home with their family had a better quality of life in the social domain. Suggestion for the elderly who live at home in the working area of the Sukorejo Community Health Center is to increase positive activities that can entertain themselves and participate in social activities, for the elderly who live at the Tresna Werdha Jember Social Services Unit, it is hoped that they can increase the intensity of good social relations between fellow elderly in homestead and do not close themselves off to the people around them, while for supervisors and caregivers in Tresna Werdha Jember Social Service Unit, it is expected to further improve assistance to the elderly to determine the quality of life of the elderly in each homestead.

**Keyword:** elderly, family, quality of life, Tresna Werdha Social Service Unit

#### ABSTRAK

**Latar Belakang:** Populasi dunia saat ini berada pada era penduduk menua dengan jumlah penduduk lansia melebihi 7% populasi. Kondisi ini tentunya akan membawa dampak positif maupun negatif. Tentunya diperlukan adanya perhatian pada lansia, khususnya kualitas hidup lansia. **Tujuan:** Untuk mengetahui perbedaan kualitas hidup lansia yang tinggal bersama keluarga di wilayah kerja Puskesmas Sukorejo dan di Unit Pelaksana Teknis (UPT) Pelayanan Sosial Tresna Werdha Jember. **Metode:** Jenis penelitian yaitu analitik observasional dengan menggunakan desain penelitian cross-sectional. Penelitian dilaksanakan mulai bulan Januari-Maret 2020. Populasi dalam penelitian ini berjumlah 3472 lansia, terdiri dari lansia yang tinggal di UPT Pelayanan Sosial Tresna Werdha Jember



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dan yang tinggal di rumah bersama keluarga, di wilayah kerja Puskesmas Sukorejo Kabupaten Jember. Sampel dalam penelitian ini berjumlah 100 responden, terdiri dari 50 responden pada masing-masing lokasi penelitian. Variabel yang diteliti yaitu kualitas hidup lansia dari masing-masing tempat tinggal. Instrumen pengumpulan data meliputi kuesioner MMSE untuk menilai gangguan fungsi kognitif lansia dan kuesioner WHOQOL-BREF untuk mengukur kualitas hidup lansia. Teknik pengambilan sampel menggunakan *proportional random sampling*. **Hasil:** Hasil penelitian menunjukkan bahwa mayoritas lansia berusia 60-74 tahun, dengan jenis kelamin terbanyak yakni perempuan. Mayoritas responden tidak pernah bersekolah. Sebagian besar lansia yang tinggal di rumah masih mempunyai pasangan, sementara yang tinggal di UPT Pelayanan Sosial Tresna Werdha sudah tidak memiliki pasangan. Hasil uji Chi-square menunjukkan bahwa tidak terdapat perbedaan kualitas hidup lansia pada domain fisik, psikologis, lingkungan, namun terdapat perbedaan pada kualitas hidup domain sosial. **Kesimpulan:** Tidak terdapat perbedaan pada kualitas hidup domain fisik, psikologis, dan lingkungan, namun terdapat perbedaan kualitas hidup pada domain sosial. Lansia yang tinggal di rumah bersama keluarga memiliki kualitas hidup domain sosial lebih baik dibandingkan yang tinggal di UPT Pelayanan sosial Tresna werdha. Saran bagi lansia yang tinggal di rumah adalah meningkatkan kegiatan positif yang dapat menghibur diri dan mengikuti kegiatan sosial, bagi lansia yang tinggal di UPT diharapkan meningkatkan intensitas hubungan sosial yang baik antar sesama lansia dan tidak menutup diri terhadap orang-orang sekitar. Bagi pembimbing dan pengasuh yang ada di UPT, diharapkan untuk lebih meningkatkan pendampingan terhadap lansia untuk mengetahui kualitas hidup para lansia di masing-masing wisma.

**Kata Kunci:** lansia, keluarga, kualitas hidup, UPT Pelayanan Sosial Tresna Werdha

## INTRODUCTION

The world population in this era is in the era of ageing population, with the population aged 60 years and over exceeding 7% of the population. According to the projected population of Indonesia in 2010-2035, the elderly population is increasing every year. Indonesia has about 24.79 million elderly or around 9.27%, which means that this number has increased by about 1 million elderly from 2017 which amounted to around 23.4 million elderly (Badan Pusat Statistik, 2019). The increasing number of elderly goes hand in hand with health problems. The morbidity rate of the elderly population in 2019 was 26.20%. It means, there are 26 to 27 elderly people who are sick out of 100 elderly people (Badan Pusat Statistik, 2019).

The increasing number of elderly is expected to have an impact on life. Stanhope and Lancaster (2016) in (Kiik, Sahar and Permatasari, 2018) stated that the elderly as a population at risk have three health risk characteristics, namely, biological risks including age-related risks, social and environmental risks, and behavioral or lifestyle risks. The process of physiological functions degradation can cause non-communicable diseases that

mostly affected the elderly. In addition, degenerative diseases can reduce the body's resistance which caused the elderly to be susceptible to infectious disease infections (Ningrum and Chondro, 2019). The emergence of psychological and social changes in the elderly, such as the loss of children and partners, unwillingness to accept new realities, such as long-suffering of illness, and so on. These changes make them feel dependent on others (Nurhasanah, Jufriзал, and Abdat, 2020). The elderly will also experience psychological changes such as short-term memory, frustration, loneliness, fear of losing their freedom, fear of facing death, changes in desires, depression, and anxiety (Andesty and Syahrul, 2019).

Quality of life is an individual's perception according to the current position, both in a cultural context, a developing value system related to the goals of standard expectations, attention whose aspects include physical, psychological, social, from the health sector which is influenced by one's personal experience, beliefs, expectations, and perceptions related to certain diseases and treatments (Ratnawati, Wahyudi and Zetira, 2019). Quality of life among the elderly is physical health, psychological health, social in

functional conditions, and environmental conditions of the elderly. The level of independence on physical, psychological, social, and environmental conditions affects the quality of human life (Santoso, 2019).

The World Health Organization Quality of Life or WHOQL defines quality of life as an individual's perception of their life among society in the context of the existing culture and value system related to goals, expectations, standards, and concerns. Quality of life in this case is a very broad concept that is influenced by the individual's physical condition, psychology, level of independence, and the individual's relationship with the environment (Samper, Pinontoan and Katuuk, 2017).

Many changes and problems occur in the elderly along with the aging process. All changes that occur in the elderly will certainly be a stressor for them and will affect the welfare of the elderly. The increased welfare of the elderly will also improve the quality of life of the elderly because the aging process, disease, and various changes also degradation in function experienced by the elderly reduce the quality of life of the elderly progressively (Prima *et al.*, 2019). As individuals, the elderly know themselves including their abilities, strengths, and weaknesses. In addition, the elderly understand what they feel, think, and do. The elderly use these psychological abilities to relate to other individuals. The psychological problems of the elderly are a determining part of a person's quality of life that can be resolved with the support of the family (Ramadani, 2019). Social interaction is the key to maintaining their social status based on their ability to socialize. Social interaction is necessary for improving the quality of life (Giena, Sari and Pawilyah, 2019).

The living environment influences the health status of the elderly. Differences in residence will lead to differences in the physical, social, economic, psychological environment that will affect the health status of the elderly in it. Differences in the place of residence of the elderly cause differences in health services obtained by the elderly (Apriliana, Rohmawati and Sulistiyani, 2018). As for the elderly who live at

home, the changing roles in the family, socio-economic, and social community result in setbacks in adapting to the new environment and interacting with their social environment. Unlike the elderly who live at home with their families and interact with the community, the elderly who live in a nursing home will experience exposure to the environment and new friends that require the elderly to adapt positively or negatively, which can also affect their quality of life (Lailiyah, Rohmawati and Sulistiyani, 2018). Therefore, the purpose of this study is to determine the differences in the quality of life of the elderly living at home in the working area of the Sukorejo Community Health Center, Jember Regency, and at Tresna Werdha Jember Social Service Unit.

## METHODS

The research method used was quantitative. The type of research used in this study was observational analytic using a cross-sectional approach. The study was carried out from January to March 2020. The population in this study consisted of the elderly who lived at Tresna Werdha Jember Social Service Unit and lived at home with their families in the working area of the Sukorejo Health Center, with a total of 3472 elderly. The sample in this study amounted to 100 respondents, consisting of 50 respondents at each research location. The sampling technique used proportional random sampling and Chi-square test as the data analysis.

The technique of data collection was done by conducting an interview. Interviews used the MMSE (Mini-Mental State Examination) questionnaire to determine cognitive impairment and the WHOQOL-BREF questionnaire to measure the quality of life of the elderly. WHOQOL-BREF is a WHOQOL instrument that has been narrowed down to 4 aspects, namely physical aspects, psychological aspects, social relationships, and relationships with the environment. The criteria for the elderly studied were aged  $\geq 60$  years, did not have cognitive impairment and did not suffer from physical disabilities, and still carried out daily activities independently.

## RESULTS AND DISCUSSION

Respondents were divided into two groups including the elderly who lived with their families in the working area of the Sukorejo Community Health Center and at the Tresna Werdha Jember Social Services Unit. Each group of respondents consists of 50 elderly, the total number of respondents was 100 elderly. The working area of the Sukorejo Community Health Center consists of 4 villages, namely Karangsono, Sukorejo, Gambirono, and Curahkalong. Respondents were taken based on representatives from 4 villages in the working area of the Sukorejo Community Health Center. The elderly who were respondents at the Tresna Werdha Jember Social Service Unit was divided into 8 homesteads whose elderly could still do their activities independently, namely Lotus, Cempaka, Melati, Mawar, Sakura, Seroja, Seruni, and Dahlia.

According to Table 1, the results of the study on the characteristics of the elderly showed that the majority of the elderly in the range of 60-74 years old was 76%. Meanwhile, according to gender, there were more female elderly (58%) than the male elderly (42%). Most of the elderly who lived at home with their families and who lived in the Tresna Werdha Jember Social Services Unit never attended school (36%) and did not graduate when they were in elementary school (46%). Meanwhile, based on their marital status, the majority of the elderly living at home are married and still live with their partners at home (47%), while for the elderly living at the Tresna Werdha Jember Social Service Unit, most of them have separated from their partners (42%), both those who have divorced (15%) or the elderly partner has died (27%).

The quality of life of the elderly was measured using the WHOQOL-BREF questionnaire, which consists of four domains, namely the physical domain, the psychological domain, the social domain, and the environmental domain. The following were the results of measuring four quality of life domains in each of the elderly residences.

The results of the Chi-square analysis showed that there was no difference in the quality of life in the physical domain, psychological domain, and the environmental domain ( $P$  value >

0.05), but there was a difference in the quality of life in the social domain ( $P$  value < 0.05).

**Table 1.** Characteristics of Respondents

Characteristics	Live with Families		Live at Nursing Home	
	n	%	n	%
<b>Age</b>				
Elderly (60-74 years)	37	37	39	39
Old (75-90 years)	13	13	11	11
<b>Gender</b>				
Male	22	22	20	20
Female	28	28	30	30
<b>Educational Level</b>				
Did not attend school	21	21	15	15
Did not graduate from Elementary School	22	22	24	24
Graduated from Elementary School	5	5	8	8
Graduated from Junior High School	1	1	0	0
Graduated from Senior High School	1	1	3	3
<b>Marital Status</b>				
Never married	0	0	1	1
Married	47	47	7	7
Divorced and not remarried	1	1	15	15
Widowed and not remarried	2	2	27	27
<b>Total</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>50</b>

Quality of life is the functional condition of the elderly which includes physical health, psychological health, social support, and environmental conditions. Quality of life is a concept from several dimensions that include physical, mental, psychological health, and well-being which sometimes can also be considered as life satisfaction (Nursilmi, Kusharto and Dwiriani, 2017). The physical domain according to the results of the interviews with respondents showed that most of the elderly who live at home with their families and at Tresna Werdha Jember Social Service Unit have a quality of life with adequate physical health in the fair category, while the rest are in a good category. A person's overall physical health

condition has declined since a person enters the elderly phase in their life. This is marked, among others, by the emergence of various symptoms of diseases that have never been suffered at a young age. A well-functioning physique allows the elderly to achieve quality aging (Arini, Hamiyati and Tarma, 2016).

**Table 2.** Quality of Life Differences

Characteristics	Live with Families		Live at Nursing Home		P value
	n	%	N	%	
<b>Physical Domain</b>					
Poor	0	0	1	1	0.095
Fair	31	31	39	39	
Good	19	19	10	10	
<b>Psychological Domain</b>					
Fair	29	29	25	25	0.422
Good	21	21	25	25	
<b>Social Domain</b>					
Poor	0	0	3	3	0.042 *
Fair	31	31	37	37	
Good	19	19	10	10	
<b>Environmental Domain</b>					
Fair	22	22	19	19	0.542
Good	28	28	31	31	
<b>Total</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>50</b>	

According to the elderly, they were satisfied with their physical condition even though at certain times their condition has degraded. But the elderly said it was a natural thing, due to the aging process. In fact, some elderly who are still working in the fields or gardens admitted that they will get sick if they do not work in the fields or gardens. This means that the elderly still have sufficient vitality and satisfaction in carrying out activities and the ability to work. It can be assumed that when they do something according to their wishes, they get a feeling of pleasure and peace as well as life satisfaction (Hadipranoto, Satyadi and Rostiana, 2020). Likewise with the elderly who live at Tresna Werdha Jember Social Services Unit, most of the elderly can still carry out activities that require more physical abilities such as morning exercise and community development. They also have a physical domain quality of life included in the fair and good categories. Although the elderly at the Tresna Werdha Jember Social Service Unit did not carry out strenuous activities such as rice fields and gardening, they admitted that they were still strong enough to carry out home

activities such as sweeping, washing clothes, cleaning the yard, and walking to the mosque in the Social Service Unit. In terms of sleep quality, most of the elderly claimed to be comfortable with their sleep. They stated that it was quite restful when sleeping. The average bedtime of the elderly begins at 9 pm and wakes up at 3 am. Good sleep quality is also an indication that the elderly have a good quality of life (Dahroni, Arisdiani and Widiastuti, 2019).

As for the psychological domain, the quality of life of most elderly who live at home with their families were included in a fair category, the rest were included in the good category, as well as the elderly who live at the Tresna Werdha Jember Social Service Unit, half of the elderly's quality of life were included in the fair category, while the other half of the elderly included in the good category. At the stage of development of the elderly, the main development is to understand and accept the physical and psychological changes they experience and to use their life experiences to adapt to physical and psychological changes (Friska *et al.*, 2020). The elderly need assistance from those closest to them in order to understand and accept these physical and psychological changes. In this case, the elderly who live at home with their families get more assistance so that they claimed to be comfortable because they get attention from their children, grandchildren, and neighbors. According to this, the elderly get strong support to improve their quality of life in old age. The family has an important role in the concept of health and illness felt by the elderly in their old age because the family is the closest support system that provides physiological and psychological care to the elderly (Rekawati, Sahar and Wati, 2020). As for the elderly who live at Tresna Werdha Jember Social Service Unit, they also got this form of support. However, it was certainly different from the elderly who live at home with their families, even though most of them have no family, but they consider that everyone in the Tresna Werdha Social Service Unit is their new family, so they still get support from their roommates, homeowners, mentors, and caregivers at the Social Service Unit, as well as from the health workers who were there. This is a form of social interaction. Social interaction is an individual's way to maintain the individual's social behavior so

that individuals can still behave socially with other individuals (Budiarti, Indrawati and Sabarhun, 2020).

In terms of the environmental domain, the elderly who live with their families had more values of quality of life which included in the good category, the rest were included in the fair category, as well as the elderly who live at the Tresna Werdha Social Service Unit. This indicates that the quality of life of the elderly in the environmental domain was quite good. A residence is a place that must be able to create a peaceful and pleasant atmosphere for its residents so that residents can feel at home and feel like they want to continue to live in that place (Rohmah, Purwaningsih and Bariyah, 2017). Thus, the elderly will be supported by the environment to achieve a high quality of life. The elderly who live with their families admitted that they were happy to stay at home. Although the researchers assessed that some of the existing elderly homes were in poor condition, they admitted that they were comfortable and felt safe living at home, because they were always grateful and accepted whatever they had received so far. The support and attention of their children and grandchildren also make them felt more at home. High family support will provide comfort and tranquility for the elderly (Suharno, Nugraha and M, 2020). Likewise, the elderly who live at Tresna Werdha Jember Social Service Unit admitted that they felt at home in that place. In fact, there were some respondents who said that they refused to be brought home by their families because they felt comfortable and safe living at the Tresna Werdha Social Service Unit. According to the researcher, the efforts of social workers at the Social Service Unit to make the elderly who live there feel at home have been quite good with the programs and activities that have been implemented. The role of social workers in service activities at Tresna Werdha Jember Social Service Unit is to empower the elderly from the problems they face and provide motivation so that the elderly can return to functioning socially (Andriani, Tuwu and Tanzil, 2020).

In the social domain, there were differences in the quality of life of the elderly in two different places of residence. Most of the elderly claimed that the quality of life in this domain is quite

good, the numbers showed the quality of life included in the fair and good categories if calculated from both. However, in some elderly who live at the Tresna Werdha Social Service Unit, the quality of life in the social domain was included in the poor category. This was because they often had disagreements with their fellow elderly which caused them to often be ignored by other elderly. After the researchers traced this to the supervisors and caregivers at Tresna Werdha Jember Social Service Unit, it turned out that the elderly who were often ignored were elderly who were less active in participating in existing activities so that other elderly did not know this problematic elderly well, and if something happened, the problematic elderly can easily get emotional. One of the factors was the lack of social support for the problematic elderly. The social support mentioned is the support that can improve the quality of life of the elderly, which includes the components of social support itself, such as emotional attachment, social integration, recognition, reliable dependence, guidance, and opportunities for nurturing (Jannah and Rohmatun, 2018). Unlike the elderly who live at home, all of them had a good quality of life due to the harmonious relationship between their families, as well as neighbors and people around them, due to the support from their families and neighbors. In addition, other forms of support from the family such as assistance or direction in doing tasks (instrumental) as well as recognition of one's quality, belief in one's abilities in the form of feelings or actions (appreciation) (Mulyati, Rasha and Martiatuti, 2018).

## CONCLUSION

The results of the study showed that there was no difference in the quality of life in the physical domain, psychological domain, and environmental domain between the elderly who lived in the work area of the Sukorejo Community Health Center and those who lived at Tresna Werdha Jember Social Service Unit. Meanwhile, there were differences in the social domain because of the misunderstandings that often occur among some of the elderly who live in nursing home.

Suggestions for the elderly who live at home in the working area of the Sukorejo Community Health Center are to increase positive activities that can entertain themselves and participate in social activities to avoid feeling lonely while facing old age. In addition, the role of the family is expected to continue to provide support and establish good communication, as well as can provide all the needs of the elderly.

As for the elderly who live at Tresna Werdha Jember Social Service Unit, it is hoped that they can increase the intensity of good social relations between the elderly in the nursing home and not close themselves off to the people around them. For supervisors and caregivers at the nursing home, it is expected to further improve assistance to the elderly in each homestead in order to get to determine the quality of life of the elderly in each homestead.

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