The Relationship between Spirituality with Coping Mechanism toward Elderly at Official Service Unit (UPTD) Rumoh Sejahtra Geunaseh Sayang Ulee Kareng Banda Aceh 2017

Wirda Hayati

Nursing Department of Poltekkes Ministry of Health Aceh

Abstract: One method to manage stress in the elderly is by increasing their relationship with God or increasing their spirituality. The results of observations found that the elderly who often follow spiritual activities have a good way of solving problems, while the elderly who distance themselves from spiritual activities tend to be more emotional in solving problems. The purpose of this study is to determine the relationship of spirituality with coping mechanisms of the elderly in the Official Service Unit (UPTD) Rumoh Seujahtra Geunaseh Sayang Ulee kareng Banda Aceh ". We used correlative descriptive research design using a total sampling of 70 elderly. We collected the data using a questionnaire on July 14-23, 2017. The results of the study found that 52.9% elderly had negative coping mechanisms, 57.1% had good spirituality, 62.9% had good spirituality in terms of the relationship with oneself, as well as the relationship with nature (60.0%), the relationship with others (54.3%), however, the relationship with God was insufficient (61.4%). In addition, there was a relationship between spirituality and coping mechanisms (p-value: 0.006), spirituality in terms of relationships with oneself (p-value: 0.010), spirituality in terms of a relationship with God (p-value: 0.002). In conclusion, there is a relationship between spirituality in UPTD Rumoh Seujahtra Genaseh Sayang Ulee Kareng Banda Aceh in 2017. It is necessary to increase the spiritual ability of the elderly to improve the coping mechanism of the elderly.

Keywords: spirituality; coping mechanism; elderly; self; nature; others; God

1. Introduction

Currently, elderly population in the world is estimated to be 500 million with an average age of 60 years and by 2025 it is estimated to increase to 1.2 billion (Nugroho, 2000). Data from the World Health Organization (WHO) notes that there were 600 million elderly in 2012 worldwide. WHO also noted that there are 142 million elderly in the Southeast Asian region. Meanwhile, according to the Central Statistics Agency (BPS), in 2015 and 2016, there are 21.8 million in 2015 and 22.6 million elderly in 2016 (BPS, 2017).

With increasing age, it will also accompanied by changes in several aspects of life, such as physical, psychological, social and spiritual aspects. Elderly will also experience some limitations, such as decreased productivity and physical activity, difficulty adjusting to changes, increasing worship activities according to their religion and a decline in body functions (Samino, 2008). These limitations can be a stressor for the elderly. To overcome these stressors, the elderly need a self defense mechanism (coping mechanism).

Hidayat (2004) revealed that the coping mechanism is a way of solving problems that are used to manage stress or events experienced by the elderly. The elderly can cope with stress by using or taking sources of coping both social, interpersonal, and intrapersonal. One way to manage stress is by increasing the relationship with God or by increasing spirituality.

Spirituality (religion) can provide physical and psychological peace. Therefore, religiosity or religious appreciation has a great influence on the level of physical health and mental health. Hawari (1997) suggested that not so religious elderly have a death rate twice that of religious one, also religious elderly somehow healed faster than nonreligious one. Religious elderly are also more immune and calm in facing surgery, religious elderly are stronger and steadfast in dealing with stress than non-religious one, so mental and emotional disorders are much smaller. Thus, the intensification of religious life in the elderly does not only have a positive value in the psychological aspect, but also a positive value in the physical and social aspects.

Koenig, Goerge and Segler's research showed that there is a positive relationship between religion and the psychological state of elderly. Furthermore, Koenig argued that the elderly who are interested in religious beliefs and performed various rituals that exist in their various beliefs, have a meaningful proportion in dealing with a problem with their environment, interpersonal relationships and stress caused by physical health. Religious coping is also closely related to good adjustment in the elderly (Hakim N, 2003).

The results of observations that authors conducted to the elderly in UPTD Geunaseh Sayang, they provide the elderly with several activities such as elderly gymnastic, Quran recital and garderning. However, many elderly did not take part in these activities. In the UPTD Geunaseh Sayang, there are religious activities that are routinely carried out, namely the Islamic study and Quran recital. At the time of the activity, there are some elderly who participated in the activity but some are not. The results of interviews with UPTD officers showed that there are some elderly people who are feeling wasted from their families so they look sad, there are also some who have not been able to interact well

Volume 8 Issue 9, September 2019 www.ijsr.net

Licensed Under Creative Commons Attribution CC BY 10.21275/ART2020992

522

with their fellow elderly. However, there are also many elderly people who have a good relationship with fellow elderly in UPTD and actively carry out activities such as elderly gymnastics, gardening, and carrying out personal hygiene activities.

Based on the explanation above, the relationship between spirituality and coping mechanisms have not been identified in the elderly in the Official Service Unit (UPTD) Rumoh Sejahtra Geunaseh Sayang,Ulee Kareng Subdistrict, Banda Aceh in 2017

2. Method

The design of this study was descriptive correlation to determine the relationship between spirituality and coping mechanisms in the elderly at UPTD Rumoh Sejahtera Geunaseh Sayang, Ulee Kareng, Banda Aceh. Subjects who participated in this study were 70 elderly. The length of data collection was 9 days (July 14-23, 2017). We collected the data by interviewing the subjects using a questionnaire containing 20 statement items to measure the spirituality variables and 13 statement items to measure the coping mechanism variables.

3. Results and Discussion

Table 1: Characteristics of the elderly living in UPTD

 Rumoh Sejahtera Geunaseh Sayang, Banda Aceh

Rumoh Sejahtera Geunaseh Sayang, Banda Aceh						
Demographics data	Number	%				
Age						
a. 45-59	5	7,1				
b. 60-74	54	77,1				
c. 75-90	10	14,3				
d. >90	1	1,4				
Total	70	100				
Sex						
a. Male	23	32,9				
b. Female	47	67,1				
Total	70	100				
Length of stay at UPTD						
a. 1-5 years	58	82,9				
b. 6-10 years	10	14,3				
c. >10 years	2	2,9				
Total	70	100				
Total	70	100				

Table 1 shows that the highest number of elderly people was in the age range of 60-74 years old, more female participated and mostly they lived there for 1-5 years.

 Table 2: Distribution of Spirituality Frequency among the Elderly in UPTD Rumoh Seujahtra Geunaseh Sayang Banda Aceh

No	Spirituality	Frequency (f)	Percentage (%)
1.	Good	30	42,9
2.	Insufficient	40	57,1
Tota	1	70	100

Table 2 shows that the spirituality of the elderly was insufficient.

 Table 3: Frequency Distribution of Coping Mechanisms of the Elderly in UPTD Rumoh Seujahtra Geunaseh Sayang Banda Aceh

	Dahad / Ken						
No	Coping mechanisms	Coping mechanisms Frequency (f)					
1 Positive		33	47,1				
2.	Negative	37	52,9				
Total		70	100				

Table 3 shows that 52.9% of the elderly had a negative coping mechanisms.

 Table 4: Relationship of Spirituality with the Elderly

 Coping Mechanisms in UPTD Rumoh Seujahtera Geunaseh

 Savang Banda Aceh in 2017.

Sayang Danua Acen in 2017.							
Spirituality	Coping mechanisms		Total	α	p-value		
	Positive Negative						
	25(83,3%)						
Insufficient	8(20,0 %)	32(80,0%)	40(100%)	0,05	0.006		
Total	33(47,1%)	37(52,9%)	70(100%)				

Table 4 shows that 30 respondents had good spirituality. Furthermore, 25 respondents had positive coping mechanisms, and of 40 respondents with insufficient spirituality there were 32 respondents with negative coping mechanisms. There was a relationship between spirituality and coping mechanisms of the elderly in UPTD Rumoh Seujahtera Geunaseh Sayang Banda Aceh with *p*-value 0.006.

Table 5: Relationship of Spirituality in terms of therelationship with oneself towards the Elderly CopingMechanisms in UPTD Rumoh Seujahtera Geunaseh SayangBanda Aceh.

Buildu Fleeti.						
	Coping mechanisms					
with oneself	Positive	Negative	Total	α	<i>p</i> -value	
		16(36,4%)				
Insufficient	5(19,2%)	21(80,8%)	25(100%)	0,05	0.010	
Total	33(47,1%)	37(52,9%)	70(100%)			

Table 5 shows that of the 45 respondents who had good selfrelations, there were 28 respondents with positive coping mechanisms, and of the 25 respondents who had insufficient self-relations there were 21 respondents with negative coping mechanisms. There was a relationship between spirituality in terms of the relationship with oneself towards coping mechanisms of the elderly in UPTD Rumoh Seujahtera Geunaseh Sayang Banda Aceh.

Table 6: Relationship of Spirituality in terms of the relationship with nature on the mechanism of elderly coping in UPTD Rumoh Seujahtera Geunaseh Sayang Banda Aceh.

Relationship	Coping mechanisms				
with nature	Positive	Negative	Total	α	<i>p</i> -value
Good	26(61,9%)	16(38,1%)	42(100%)		
Insufficient	7(25,0%)	21(75,0%)	27(100%)	0,05	0.005
Total	33(47,1%)	37(52,9%)	70(100%)		

Table 6 shows that of 42 respondents who had good relations with nature there were 26 respondents with positive coping mechanisms, and of 27 respondents who had insufficient relationship with nature there were 21 respondents with negative coping mechanisms. There was a relationship between spirituality in terms of the relationship

Volume 8 Issue 9, September 2019 www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

10.21275/ART2020992

with nature to the coping mechanisms of the elderly in UPTD Rumoh Seujahtera Geunaseh Sayang Banda Aceh.

Table 7: Relationship of Spirituality in terms of the relationship with others to the coping mechanisms of elderly in UPTD Rumoh Seujahtera Geunaseh Sayang Banda Aceh.

Relationship	Coping mechanisms				
with others	Positive	Negative	Total	α	<i>p</i> -value
Good	23(60,5%)	15(39,5%)	38(100%)		
Insufficient	10(31,3%)	22(68,8%)	32(100%)	0,05	0.002
Total	33(47,1%)	37(52,9%)	70(100%)		

Table 7 shows that of 38 respondents with good relationships there were 23 respondents with positive coping mechanisms, and of 32 respondents with insufficient relationships there were 22 respondents with negative coping mechanisms. There was a relationship between spirituality in terms of relationships with others to coping mechanisms of the elderly in UPTD Rumoh Seujahtera Geunaseh Sayang Banda Aceh in 2017.

Table 8: Relationship of Spirituality in terms of therelationship with God to the Coping Mechanism of Elderlyin UPTD Rumoh Seujahtera Geunaseh Sayang Banda Aceh2017

2017						
Relationship	Coping mechanisms		Total	α	<i>p</i> -value	
with God	Positive	Negative				
Good	23(85,2%)	4(14,8%)	27(100%)			
Insufficient	10(23,3%)	35(76,7%)	43(100%)	0,05	0.002	
Total	33(47,1%)	37(52,9%)	70(100%)			

Table 8 shows that of the 27 respondents who had good relationship with God there were 23 respondents with good coping mechanisms, and of 43 respondents who had insufficient relationship with God there were 35 respondents with negative coping mechanisms. There was a relationship between spirituality in terms of the relationship with God to the coping mechanisms of the elderly in UPTD Rumoh Seujahtera Geunaseh Sayang Banda Aceh.

4. Discussion

The results showed that there was a relationship between spirituality and coping mechanisms of the elderly in UPTD Rumoh Seujahtera Geunaseh Sayang Banda Aceh. This indicated that the better the spirituality of the elderly, the more positive the coping mechanisms and vice versa, the less the spirituality of the elderly will have a negative coping mechanisms.

According to Hidayat (2004), coping mechanism is a way of solving problems that are used to manage stress or events experienced by the elderly. Individuals can cope with stress by using or taking sources of coping both social, interpersonal, and intrapersonal. One way to manage stress is by increasing the relationship with the God or by increasing the spirituality of the elderly.

Relationship with oneself is a strength from within a person which includes self-knowledge that is who he/she is, what he/she can do and also attitudes concerning belief in oneself, trust in life or the future, peace of mind, and harmony with oneself. The power that arises from a person helps him/her realize the meaning and purpose of his/her life, including viewing his/her life experience as a positive experience, life satisfaction, optimism about the future, and increasingly clear life goals (Kozier, Erb, Blais & Wilkinson, 1995).

Someone with faith means having a commitment to something or someone so he/she can understand human life with broader insights. Hope is related to uncertainty in life and is an interpersonal process that is built through trusting relationships with others, including God. Hope is very important for individuals to maintain life, and also as a coping mechanism for these individuals, without hope many people become depressed and more likely to be affected by the disease so they cannot solve the problem properly (Grimm, 1991).

Harmony is a picture of a person's relationship with nature which includes knowledge about plants, trees, wildlife, climate and communicating with nature and protecting nature (Kozier, Erb, Blais & Wilkinson, 1995). Recreation is a person's spiritual needs in growing faith, grace, gratitude, hope and love. With recreation a person can harmonize physically and spiritually so that feelings and satisfaction arise in the fulfillment of things that are considered important in life such as watching television, listening to music, sports and others (Puchalski, 2004). Peace is justice, compassion and unity. With peace a person will feel calmer, especially when facing problems in his/her life, peace can also improve health status (Hamid, 2000).

Relationships with others are born from the need for justice and goodness, respecting the weaknesses and sensitivity of others, fear of loneliness, desires to be valued and cared for, and so on. Thus, if someone experiences a deficiency or experience stress, then other people can provide psychological and social assistance (Carm & Carm, 2000). Forgiveness and pardon. Realizing the ability to use resources and strengths in oneself such as anger, deny, guilt, shame, confusion, believe that God is punishing and developing the meaning of suffering and believe in the wisdom of an event or suffering. With forgiveness, an individual can increase coping with stress, anxiety, depression and emotional distress, physical illness and improve healthy behavior and feelings of peace (Puchalski, 2004).

The results of a study from Hefner (2008) showed that the level of spirituality in the elderly according to Koenig, after reaching the age of 70 years, the elderly are at a level where regret and repentance play a role in the atonement of sins. Repentance and forgiveness can reduce anxiety that arises from guilt or disobedience and foster trust and comfort in the early stages of faith. This provides a new perspective for the elderly towards life related to others and positive acceptance of death.

Meeting the needs of spirituality is related to a relationship with God that can be done through prayer and religious rituals. Religious prayers and rituals are the most important part of an individual's daily life and can provide calm for the individual (Kozier, et. al., 1995). In addition, religious prayers and rituals can arouse hope and confidence in someone who is feeling pain so as to increase the immunity

Volume 8 Issue 9, September 2019 <u>www.ijsr.net</u> Licensed Under Creative Commons Attribution CC BY

of one's body so that it accelerates the healing process of the disease (Hawari, 2002).

Based on the results of study conducted by Dwi Ari Shandy on the Effect of Spiritual Intelligence Levels on Coping Mechanisms in the Elderly in Turen Village, Turen District, Malang Regency in 2011. The study showed that there was a significant influence of the level of spiritual intelligence on coping mechanisms in the elderly in Turen Village, Turen District Malang in 2011. Most respondents, as many as 28 people (70%) had a good level of spiritual intelligence. Most of the respondents, as many as 35 people (87.5%) had a coping mechanism pattern in the adaptive range.

5. Conclusion

- 1) There is a relationship between spirituality and coping mechanisms in the elderly in UPTD Rumoh Seujahtera Geunaseh Sayang Banda Aceh.
- 2) There is a relationship between spirituality in terms of the relationship with oneself to the coping mechanisms in the elderly in UPTD Rumoh Seujahtera Geunaseh Sayang Banda Aceh.
- 3) There is a relationship between spirituality in terms of the relationship with nature to the coping mechanisms in the elderly in UPTD Rumoh Seujahtera Geunaseh Sayang Banda Aceh.
- There is a relationship between spirituality in terms of relationships with others to the coping mechanisms in the elderly in UPTD Rumoh Seujahtera Geunaseh Sayang Banda Aceh.
- 5) There is a relationship between spirituality in terms of the relationship with God to the coping mechanisms in the elderly at UPTD Rumoh Seujahtera Geunaseh Sayang Banda Aceh in 2014.

6. Suggestion

- 1) Officials at UPTD Rumoh Seujahtera Geunaseh Sayang Banda Aceh, in order to improve the motivation of the elderly in relation to spirituality, for example through more varied religious studies, the topic of spirituality activities adapted to the conditions of the elderly, holding religious competitions and so on.
- Community nurses should carry out their roles as implementers, educators, liason and counselors in introducing motivating the elderly about spirituality and establishing adequate coping mechanisms.
- Other researchers can conduct further research on the method of spirituality of remembrance in the formation of effective coping.

7. Acknowledgement

This research had received assistance and support from various parties, the authors would like to thank the Head of UPTD Rumoh Seujahtera Geunaseh Sayang and their staff, elderly who have participated as respondents, enumerators and contributors of great and creative ideas that I cannot mention one by one. Jazakallahukhairan katsira.

References

- Agus &Yensi, (2012) Spiritualitas Lanjut Usia (lansia) di Unit Pelayanan Teknis Panti Sosial Lanjut Usia Magetan. <u>http://publikasiilmiah.ums.ac.id/</u> diakses Januari 2017.
- [2] Alimul, A. (2006) pengantar Kebutuhan Dasar Manusia Aplikasi konsep dan Proses Keperawatan: Jakarta: Salemba Medika.
- [3] Arikunto, (2010). *Prosedur Penelitian: Suatu Pendekatan Praktek*. Jakarta: PT. Rieneka Cipta.
- [4] Astari & Sonia, (2010) pemenuhan kebutuhan Spiritual Pada Lanjut Usia, . diakses Januari 2017.
- [5] Budiarto, E. (2001). *Biostatistik Untuk Kedokteran dan Kesehatan Masyarakat.* Jakarta: EGC.
- [6] Hakim, N. 2003. Lanjut Usia dan Kecerdasan Ruhani: Menuju Individu yang Khusnul Khotimah. Buku Kenangan Assosiasi Psikologi Islam (API) 1, 10-12 Oktober 2003. Solo.
- [7] Hamid, A.Y (2000). *Buku Ajar Aspek Spiritual dalam Keperawatan*, Jakarta: Widya Medika.
- [8] _____(2008) Asuhan Keperawatan Kesehatan Jiwa Bunga Rampai, Jakarta: EGC.
- [9] Nasir & Muhith (2011) *Dasar-dasar keperawatan jiwa* .Jakarta : Salemba Medika.
- [10] Nugroho, W (2000). *Keperawatan Gerontik* Ed. 2. Jakarta : EGC.
- [11] Potter & perry A.G (2009). *Buku Ajar Fundamental Keperawatan: Konsep, proses, dan praktik* Ed 4. Jakarta : EGC.
- [12] Samino. 2008. *Sikap Hidup Di Hari Senja*. Jakarta: Salemba Medika
- [13] Stanley, Mickey (2006). *Keperawatan Gerontik*. Jakarta : EGC.
- [14] Stuart & Sundeen (2008). Principles and Practice of Psychiatric Nursing . The Mosby, st. Louis
- [15] Sutanto (2006), *Analisis Data*. Fakultas Kesehatan Masyarakat Universitas Indonesia. Jakarta.
- [16] UPTD Geunaseh Sayang,(2017), *Buku Laporan Kesehatan lansia*, UPTD Geunaseh Sayang Ulee Kareng.
- [17] Widiastuti, (2007) Dimensi spiritual Dalam Asuhan keperawatan http://www.fik.ui.ac.id/sdiakses tanggal 13 Maret 2017.

10.21275/ART2020992