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THE RESILIENCE OF THE ELDERLY RESIDING IN THE SOCIAL WELFARE DEPARTMENT-SERVED NURSING HOME

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ABSTRACT

Unfortunate circumstances such as poverty, isolation, and neglect compel the elderly to reside in nursing facilities. In order to effectively cope with the various physical, psychological, social, and environmental changes that occur during the aging process, older individuals must possess the ability to adapt and demonstrate resilience. The study aims to provide a comprehensive description of the resilience levels exhibited by the elderly residents residing in the social welfare department-served nursing home. The present study employs a descriptive methodology with a cross-sectional approach. The study used total sampling to collect the samples. The study used Maneerat's Elderly Resilience Scale Questionnaire to measure resilience. The study applied univariate statistics, encompassing mean, standard deviation, and percentage, to the data. Out of a total of 49 respondents, 26 (53.1%) had strong resilience, whereas 23 (46.9%) had less resilience. Elderly people who live in a social welfare department-served nursing home tend to have good resilience. We anticipate that the nursing home's management will create programs that enhance resilience, such as problem-focused and emotionally-focused coping, as well as group activities that foster social and spiritual interaction among the elderly.

Keywords: elderly; good health and well-being; nursing home; resilience

INTRODUCTION

Elderly is a term to describe someone who is in the late stages of life (Andriani & Sugiharto, 2022). According to the World Health Organization (2022), 1 billion elderly people will rise by 2020 to 1.4 billion by 2030 and is projected to continue to rise to 2.1 billion by 2050. As of 2023, Indonesia has an aging population of 11.75% (Badan Pusat Statistik [BPS], 2023). According to Indonesian population statistics, there are 16 provinces that will occupy the composition of the elderly population by 2023. Three higher elderly populations: Yogyakarta Special Territory/DIY (16.02%), East Java (15.57%), and Central Java (15.05%) (BPS, 2023). Physiological and psychological changes characterize the aging process, leading to a decline in the body's defense system, which in turn degrades functions and abilities (Ratnawati, 2018, p. 2). The aging process brings about a variety of changes, including psychosocial changes resulting from retirement, financial decline, friend loss, lifestyle changes, placement in foster homes, and loneliness (Rahmawati & Sugiharto, 2023). The elderly face conditions of misery such as poverty, living alone, and neglect, leading them to reside in nursing homes (Pithaloka et al., 2019). In order to cope with the effects of aging, older individuals must possess a higher level of adaptability and resilience to address physical, psychological, social, and environmental changes.

The resilience that a person possesses must be preserved and enhanced. Resnick (2018) identifies factors that can affect a person's resilience, namely positive emotions, spirituality, social support, and self-esteem. Both internal and external factors influence resilience. Self-esteem, spirituality, optimism, and self-efficacy are internal factors, while social support is an external factor

(Missasi & Izzati, 2019). Good resilience benefits can withstand and prevent disease, improve physical, psychological, and spiritual well-being, accelerate healing and recovery, and determine the quality of life for chronic diseases (Babić et al., 2020). According to MacLeod (2016), elderly people who have high resilience have a lower risk of death and depression, as well as a better self-perception of aging, an improved quality of life, and changing lifestyle habits.

Living conditions in nursing homes can influence elderly resilience, exposing them to a variety of perceived complexities. Hanifah and Indriana (2021) and Agil & Hartati (2022) state that the resilience of the elderly living in the nursing home is lower compared to those living with their family at home. Contrary to this, Pragholapati & Munawaroh (2020) state that elderly people who live in nursing homes can still have high resilience. The high level of resilience among elderly people who live with their families may be due to the fact that they still receive social support and attention from their families and the surrounding community (Andriani & Sugiharto, 2022; RAHMAWATIi & Sugiharto, 2022). Furthermore, the elderly must adapt to survive in a variety of situations and conditions in the nursing home. The elderly's adaptation in the nursing home is an important condition that necessitates the coordination of various relevant parties who can work together to make the facility a pleasant place for the elderly (Afriansyah & Santoso, 2019). The study endeavors to depict the resilience of the elderly residing in the social welfare department-served nursing home.

METHOD

The study employed a descriptive method with a cross-sectional approach. Due to the small number of prospective respondents, the study employed the total sample technique to gather data from all available participants. The study was conducted in a social welfare department-served nursing home. The study excluded residents who are highly dependent, have physical limitations, or suffer from severe illnesses. The study used the Elderly Resilience Scale developed by Maneerat (2019), which was translated using a simple translation method. The Cronbach's α was 0.88, which means this questionnaire is valid and reliable. This questionnaire consists of 18 questions and 5 domains, including assessing the ability to get along with other people, be confident in life, receive social support, live with spiritual security, and be able to reduce stress and manage problems. The questionnaire utilized a Likert scale consisting of four response options: strongly agree (score of 4), slightly agree (score of 3), neutral (score of 2), and disagree (score of 1). According to Maneerat (2019), there is a positive correlation between the ERS score and elderly resilience, meaning that a higher ERS score indicates better resilience in the elderly. The study analyzed the data using statistical descriptive analysis, focusing on mean, standard deviation, frequency, and percentage. The University of Muhammadiyah Pekajangan Pekalongan ethical committee granted the ethical clearance with the following number: 124/B.02.01/KEPK/VI/2023.

RESULTS

There are 49 elderly people who meet the inclusion criteria. The mean age was 71 years (SD = 6.69). More than half (55.1%) of the participants were female. 44.9% of participants have an elementary school background. The majority of the participants (91.8%) were widows or widowers. The participants mostly stayed in this nursing home for 1.9 years (see Table 1).

Table 1. Characteristics of the Respondent

Characteristics	Mean	SD
Age	70.9	6.69
Length of Stay	1.86	0.68
Characteristics	**n**	**%**
Gender		
Male	22	44.9
Female	27	55.1
Education		
Never attended formal education	13	26.5
Elementary	22	44.9
Senior High Scool	9	18.4
Higer Education	5	10.5
Marital Status		
Married	4	8.2
Widow/widower	45	91.8

The results show that the mean resilience was 59.37 (SD = 7.09). Since the data were normally

SKJP 2024
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distributed, we used a cut-off point to categorize the resilience as good (>59) and poor (≤59). Accordingly, 26 (53.1%) participants have good resilience, and 23 (46.9%) participants have poor resilience. Table 2 displays the cross-tabulation results based on the demographic data and resilience levels.

Table 2. Cross-Tabulation between Characteristics of the Respondent and Level of Resilience

Characteristic	Resilience		N (%)
	Good (n/%)	Poor (n/%)	
Gender			
Male	8 (16.3%)	14 (28.6%)	22 (45%)
Female	18 (36.7%)	9 (18,4%)	27 (55%)
Education			
None Formal Education	8 (16.3%)	5 (10.2%)	13 (27%)
Elementary	11 (22.4%)	11 (22.5%)	22 (45%)
High School	6 (12.2%)	3 (6.1%)	9 (18%)
Higher Education	1 (2.0%)	4 (8.2%)	5 (10%)
Marital Status			
Married	2 (4.1%)	2 (4.1%)	4 (8%)
Widow/Widower	24 (49.0%)	21 (42.8%)	45 (92%)

According to Maneerat's Elderly Resilience Scale Questionnaire, there are five dimensions of resilience. Table 3 depicts the distribution of resilience among these five dimensions.

Table 3. The Distribution of Level of Resilience Across the Dimensions

Dimension	Mean	SD
Able to interact with other people	13.24	1.93
Be confident in life	6.59	1.34
Have social support	12.18	1.78
Live with a sense of spiritual security	14.24	2.22
Able to relieve stress & manage problem	13.78	1.78

DISCUSSION

The study findings indicate that more than half of the respondents at the social welfare department-served nursing home have good resilience, with 26 respondents (53.1%) showing strong resilience. Resilience is defined as an individual's capacity to positively adapt to all life conditions, representing a dynamic process that develops over time, enabling them to face challenges and bounce back, viewing these as opportunities for continuous growth (Sisto et al., 2019). Resilience is essential for coping with various aspects of elderly life. According to Mohseni's (2019), higher levels of resilience or endurance correlate with better physical, mental, social, and spiritual health. Susanto and Soetjiningsih (2021) support this by demonstrating that resilience also serves as a predictor of the desire for "successful aging" in nursing homes, as resilient elderly individuals strive to overcome stress or other issues and seek solutions.

Several factors influence resilience, the first of which is the ability to interact with others. Resilience is crucial for enhancing self-confidence and interaction, as it positively impacts the meaning of life for the elderly (Mohseni et al., 2019). Wang (2021) demonstrates that resilience also influences social interaction, with individuals with higher resilience levels being better able to adjust to others and their environment while feeling secure. This is consistent with the view that elderly individuals have a higher quality of life if their social interactions are good, and conversely, if their social relationships are poor, their quality of life is lower. Social involvement allows the elderly to strengthen interpersonal bonds through mutual support, enabling them to share hobbies and interests that have value and novelty. Elderly individuals who can positively adapt will adjust to changes in their new environment, while those who negatively adapt will find it more challenging to adjust and may isolate themselves due to poor social relationships with their new surroundings (Derang et al., 2022).

The next factor is confidence in life. Optimism, or confidence, is part of the resilience component. People who hold the belief that challenging situations will eventually improve and have confidence in their abilities will positively influence their life path and exhibit optimism for the future. Compared to pessimistic people, optimists are healthier, less depressed, and more active (Karni et al., 2018). Utami (2017) posits that individuals can enhance their resilience by cultivating internal capabilities such as empathy, optimism, confidence, and appreciation. Resilience consists of three sources: "I am," "I have," and "I can." These sources influence and help develop a person's resilience. The concept of "I am" serves as

a foundation for self-confidence, attitudes, and thoughts. "I have" a source of trusted relationships and support from others, which helps to develop and enhance one's resilience. The "I can" source involves maintaining relationships, self-comfort, and problem-solving abilities (Maneerat et al., 2019). Accordingly, the "I am" source serves as the foundation for the second element.

Having social support is the third factor. Social support is an external influence that helps someone become more resilient in difficult conditions. Individuals can feel loved, valued, and cared for by those around them thanks to the provided social support (Missasi & Izzati, 2019). A foundational aspect of this factor, the "I have resilience" source, enables individuals to build trusted relationships and receive support (Maneerat et al., 2019). According to Khasanah (2018), social support can come in various forms from either formal or informal sources, such as spouses, family members, friends, doctors, psychologists, psychiatrists, and groups or associations. Wu (2018) noted a close relationship between social support and resilience. People who receive a lot of social support have better physical and psychological health, and social support can help to mitigate the negative impact of stress. Zhao (2018) found that high levels of social support can alleviate depression and loneliness symptoms in the elderly. This research also emphasizes the importance of resilience as an internal resource for elderly individuals in nursing homes to cope with loneliness stress without showing depressive symptoms. Similarly, Li (2015) showed that social support and resilience are crucial foundations for elderly Chinese individuals in Singapore to overcome depression.

Living with spiritual security is the fourth factor. The “I can” and “I have” resilience sources include spirituality, meaning someone can control what happens spiritually and make time for religious and spiritual practices (Maneerat et al., 2019). Internal aspects, including spirituality, can influence resilience (Missasi & Izzati, 2019). An individual may believe that their challenges are tests from God, and that God will always help those in difficulty. One's spirituality can foster good coping mechanisms and positive emotions (Resnick et al., 2018). Sogolitappeh (2018) discovered a correlation between spiritual and emotional intelligence, as well as resilience. The main characteristics of spiritual intelligence include self-confidence, effectiveness, communication skills, interpersonal understanding, managing change, and adapting during difficult times, which can enhance resilience and reduce stress (Sogolitappeh et al., 2018).

The fifth factor is the ability to relieve stress and manage problems. The "I can" resilience source underpins this factor, emphasizing the maintenance of relationships, self-comfort, and problem-solving abilities (Maneerat et al., 2019). According to Maryam (2017), coping is an active cognitive and action response to stress in which individuals aim to reduce or manage problems internally and externally in order to improve their lives. Individuals can also see coping behavior as their agreement to overcome various pressures, both internal and external, that burden and disrupt their lives (Maryam, 2017). Individuals who use inappropriate and poor coping techniques will hinder their resilience and find it harder to face problems, leading them to seek negative solutions (Nurhidayah et al., 2021). Mir'atannisa (2019) stated that resilience is necessary for individuals to respond positively to problems they face, allowing them to endure challenging conditions, recover, and maintain a positive mindset.

Table 3 demonstrates that the elderly at the social welfare department-served nursing home lack the second, fourth, and fifth resilience factors. The second factor, confidence in life, reveals that the elderly feel dissatisfied with their current lives and are not proud of themselves. Handayani (2018) emphasized that elderly individuals who cannot mentally cope with life changes and cannot adapt to them tend to feel unhappy and dissatisfied with their lives. Aging, health, employment, social assistance, and social interactions are all factors that impact the life satisfaction of the elderly (Rustini et al., 2021). The fourth factor, living with spiritual security, shows that the elderly do not regularly participate in religious activities or integrate spirituality into their daily lives. Some elderly people in nursing homes cannot participate in religious activities due to their declining health. Rizaldi and Rahmasari (2021) found that age, physical limitations, and low

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education levels are obstacles for the elderly in attending religious activities. The fifth factor, the ability to relieve stress and manage problems, indicates that the elderly are less able to strengthen themselves when facing life's challenges. Many different factors contribute to stress. Negative life transitions such as the death of a spouse, a decline in socioeconomic status, comorbid physical illnesses, social isolation, living conditions, and spirituality can cause stress (Santoso & Tjhin, 2018). Santoso (2018) found significant differences in stress levels between elderly individuals living in nursing homes and those living with families. Elderly individuals in nursing homes typically experience higher stress levels, while those living with families experience lower stress levels (Rahmawati & Sugiharto, 2023). Elderly individuals in nursing homes often experience feelings of isolation and stress due to their perceived lack of a family.

CONCLUSION

More than half of the participants exhibit high resilience levels. This is due to the social welfare department's facilities and services. The study's findings strongly suggest that involving the elderly in all activities can enhance their resilience. Implementing the "Lansia Tangguh" program from BKKBN is a good way to achieve smart elderly care. The limitations of this study were the age-related degenerative process impacts the respondents' comprehension when answering the questionnaire, hence potentially influencing the results. To address this issue, the researcher included a detailed explanation for each item in the questionnaire. The well-being of the elderly residing at the social welfare department-served nursing home may impact the results, as respondents perceive a sense of neglect and lack of support from their families.

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