



Effect of Spiritual Cognitive Therapy on Decreasing the Depression Level among Elderly at Nursing Home

Ratna Sari Rumakey^{1*}, Retno Indarwati², Merryana Andriani³

¹Faculty of Nursing, Universitas Airlangga, Surabaya Indonesia

²Faculty of Nursing, Universitas Airlangga, Surabaya Indonesia

³Faculty of Public Health, Universitas Airlangga, Surabaya Indonesia

Article info

Article history:

Received: July 15th, 2019

Revised: August 04th, 2019

Accepted: September 09th,
2019

Correspondence author:

Ratna Sari Rumakey

E-mail: [ratnas.sari.rumakey-
2017@fkip.unair.ac.id](mailto:ratnas.sari.rumakey-2017@fkip.unair.ac.id)

DOI:

10.35654/ijnhs.v3i3.245

Abstract. Depression in the elderly with age > 65 can cause dysfunction in everyday life, older people with depression have a worse function than the elderly with chronic conditions. This study aims to identify the effect of cognitive, spiritual therapy on decreasing depression in the elderly in nursing homes. A quasi-experimental pre and post-test with an equivalent control group were applied in this study. Sixty-one older people were selected in this study using a simple random sampling technique. The results showed there was a significant influence of spiritual, cognitive therapy on depression ($p=0.000$). In conclusion, spiritual, cognitive therapy affects reducing depression in the elderly

Keyword: spiritual, cognitive therapy, depression, elderly



This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License CC BY -4.0

INTRODUCTION

Depression in the elderly with age ≥ 65 can cause dysfunction in daily life, the elderly with depression have a worse function compared to the elderly with chronic pain conditions (1). Depression can affect the quality of life, social interactions and can cause elderly suicides (2). Globally, the increase in the elderly with ≥ 60 years of age worldwide is expected to increase to 22% by 2050 (3). The elderly aged ≥ 60 years suffer from mental or neurological disorders (not including headache disorders) as much as 20%. The most common mental and neurological disorders in the elderly are depression (7%) and dementia (5%) (1).

The prevalence of depression in the elderly with an age range \geq of 65 years that occurs in people living in Indonesia ranges from 7.2% to 33.8%. The number of depression or depressive symptoms is higher among older people who live in nursing homes compared

to living in communities in the United States (21.6%) (4) Canada 19.0% (5) and in Singapore 21.1% (6). The preliminary study found that 10 elderly in the Regional Technical Implementation Unit (UPTD) Griya Werdha Jambangan Surabaya. It was conducted by interviewing, observing, and filling in the Geriatric Depression Scale (GDS) Short Form (15) questionnaire and Mini-Mental State Examination (MMSE) questionnaire. From the results, 4 elderly experiencing mild depression (score 5-8) with no cognitive damage (rating 24-30), 2 elderly experiencing moderate depression (score 9-11) with no cognitive impairment (score 24-30), and 4 people did not experience depression.

Elderly who live in nursing homes with depressed conditions have a higher desire to commit suicide. Most of them were 60-74 years old, living alone, and experiencing spiritual distress (2). The elderly with depression tend to have negative evaluations and views on themselves, the environment, and the future (7). These negative thoughts (views) influence the elderly to behave negatively. Symptoms of depression often result in emotional and physical suffering, decreased quality of life and an increased risk of death in the elderly (8)

Management of medication to overcome the problem of depression can be done pharmacologically and non-pharmacologically by administering antidepressant drugs that can improve depressive symptoms and improve work function. The continuous use of antidepressant medications can cause various side effects such as anxiety, nausea, and insomnia (9). Non-pharmacological treatment can minimize the use of chemical treatment. Some non-pharmacological treatment therapy programs for elderly patients who experience depression problems are individual therapies such as Cognitive Behavioral Treatment (CBT) (10). Positive Psychology Intervention (PPI) (11) and Reminiscence Therapy (RT) (12). Elders with good cognitive ability can be aware of activities at the orphanage and have a clear perception of the environment in which they live, the care they receive and realize separation from family, friends, and previous neighborhoods. Research studies conducted by (13) report that more than half of the elderly population without cognitive impairment experience depressive symptoms while living in nursing homes (13).

Spiritual intervention is believed to reduce depression more optimally because it can be done independently, anytime, and anywhere, inexpensive and non-toxic. Good spirituality is closely related to low depression scores. Based on the above considerations, research is needed to see the effects of cognitive therapy on depression reduction.

OBJECTIVE

The study aimed to determine the effect of cognitive, spiritual therapy on the decline in depression

METHOD

A quasi-experimental, pre-test, and post-test, with an equivalent control group, was applied in this study. This study was conducted at UPT. PSTW Pandaan, Pasuran as an Intervention group and UPTD Griya Werdha Jambangan, Surabaya as the control group. We selected the samples using simple random sampling. The inclusion criteria of the subjects including elderly with ages ranging from sixty to seventy-four years, Muslim, elderly who can communicate verbally, elderly with questionnaire results using the Mini-Mental State Exam (MMSE) with a score of > twenty-one. Elderly who cannot read and write are alerted to the treatment of antidepressant drugs. The elderly with total beds rest with a decrease in the status of consciousness, and the elderly refused to be participants, were excluded in this study.

The research instrument used the Geriatric Depression Scale (GDS) questionnaire, which issued fifteen protected question items. Researchers conducted the results of reliability and validity tests, the results obtained Cronbach's alpha reliability values (0.765). This study was approved by the ethics committee of the Faculty of Nursing, Airlangga University, Surabaya. All respondents were informed of the purpose of the study and agreed to participate in this study.

Analysis of the data used in univariate analysis and bivariate analysis of independent t-test using Quasi-Experimental with a significance level $\alpha < 0.05$

RESULTS

Characteristic of respondents

Table 1 shows that the characteristics of respondents are based on age. Most of the respondents have age 70-74 years as much as 67.7%. The characteristics of the type of darkness were mostly 66.7% of women. Characteristics of education, the highest number of respondents, is not graduating elementary school (SD) as much as 60%. The duration of care for most respondents > 1 year was 74.2%.

Table 1. Characteristic of respondents

Distribution of Respondents	Intervention Group (n=30)		Control Group (n=31)		p-value
	n	%	n	%	
Age					
60 – 65 years	12	40	4	12.9	0.235
66 – 70 years	7	23.3	6	19.4	
70 – 74 years	11	36.7	21	67.7	
Total	30	100	31	100	
Gender					
Man	10	33.3	11	35.5	0.729
Women	20	66.7	20	64.5	
Total	30	100	31	100	
Education					
Unfinished Elementary School	18	60	17	54.8	0.267
Primary School	5	16.7	8	25.8	
Junior High School	1	3.3	2	6.5	
Senior High School	5	16.7	4	12.9	
Bachelor Degree	1	3.3	0	0	
Total	30	100	31	100	
Long Of Stay					
0 – 6 month	9	30	6	19.4	0,217
> 6 month – 1 year	2	6.7	2	6.5	
> 1 years	19	63.3	23	74.2	
Total	30	100	31	100	

The mean difference of depression level before and after receiving the spiritual, cognitive therapy between the intervention group and the control group

Table 2 shows that in the intervention group before giving cognitive, spiritual therapy, the average depression was 2.400, with a standard deviation of 0.498. After receiving a cognitive therapy intervention, there was a decrease in the depression average of 1.533 with a standard deviation of 0.776. The control group before being given a cognitive depression therapy with an average depression of 2.322 with a standard deviation of 0.475, after a spiritual, cognitive therapy intervention was decreased, the depression average was 2.032 with a standard deviation of 0.657. After testing the data analysis using the Wilcoxon signed ranks test in the intervention group the value of $p = 0.000$ which means that there is an influence of cognitive, spiritual therapy on depression reduction

Table 2. The mean difference of depression level before and after receiving the spiritual, cognitive therapy between the intervention group and the control group

Depression Category	Intervention Group (n=30)				Control Group (n=31)			
	Pre-test		Post-test		Pre-test		Post-test	
	n	%	n	%	N	%	n	%
Normal	0	0	15	50	0	0	6	19.4
Mild Depression	18	60	9	30	21	67.7	18	58.1
Moderate Depression	12	40	6	20	10	32.3	7	22.6
Total	30	100	30	100	31	100	31	100
Mean + SD	2.400+0.498		1.533+0.776		2.322+0.475		2.032+0.657	
	<i>Wilcoxon Signed-Rank p=0.000</i>				<i>Wilcoxon Signed-Rank p=0.003</i>			

DISCUSSION

The results showed that the cognitive therapy intervention group reduced depression by 0.867 more significantly than the control group of 0.290. A study obtained the result that cognitive therapy is better in reducing the level of depression and then increase compared to other therapies (11). Another results stated that higher spirituality is a better treatment response in depressed patients (9). There is a relationship between spirituality, quality of life and depression (14)

Depression is a common mental disorder in someone with clinical manifestations of depressed mood, loss of interest or pleasure, decreased energy, and feelings of guilt or inferiority (15). The cause of depression among the elderly due to several factors, such as a history of unpleasant trauma, living in an orphanage, neglect by family or loved ones, and a decrease in physical condition due to illness experienced (4). Depression is mostly found in the elderly (16) depression generally occurs in the elderly who live in homes of the female sex, low education, chronic diseases, and a weak economy (17). Spiritual, cognitive therapy is a therapy adapted to the condition of the elderly with depression and modified with religious aspects. This therapy was carried out five meetings, consisting of one session to internalize QS Ar-Rahman by interpreting and listening and four cognitive therapy meetings. This spiritual, cognitive therapy to overcome the problem of the elderly with depression begins with the first stage, namely internalizing the meaning of the QS Ar Rahman letter and proceed

with listening to the QS Ar - Rahman. The results obtained are that most elderly rarely hear Al'qurana.

The second stage identifies the causes of depression experienced and felt by the elderly by identifying all negative thoughts that cause an effective coping mechanism. The results obtained are mostly elderly said that being bored is in an orphanage, not being allowed out, rather than living like this, it's better to die, have no family and nothing to expect. The aim of this stage is for the nurse to help the elderly realize and monitor their thoughts and feelings about depression. The third stage of the elderly can use rational responses to negative thoughts that are experienced. The results obtained by the majority of the elderly with depression resigned to the situation. They followed the rules that have been set at the institution. The fourth stage is the use of rational responses to negative thoughts that exist in the elderly, which can be achieved by the elderly realizing there is no family to take care of them.

The next stage is the role of nurses to help direct the elderly by changing/modifying several alternative ideas held by the client to overcome the manifestations of natural feelings that are felt to produce positive solutions sourced from the client. The results obtained by most of the elderly with depression said that friends who are in the orphanage are their own families who care deeply. The results showed a significant difference in the decrease in depression before and after interventional therapy interventions.

Audio therapy with murottal surat ar-Rahman can reduce the behavior disorder of children with autism in social interactions, motor behavior and emotional aspects (18) a change in diastolic blood pressure in hypertensive patients after the administration of murottal Ar-Rahman therapy (19), There is a murottal influence of Ar Rahman on the decrease in blood pressure of patients after cesarean section, but there is no decrease in the frequency of pulse and breathing (20)

CONCLUSION

Based on these studies' results, researchers argue that spiritual, cognitive therapy decreases depression in the elderly. Based on the meeting, the nurse profession can use cognitive, spiritual therapy to become one of the nursing instructional interventions because it is easy and safe

REFERENCES

- (1) World Health Organization (WHO). The mental health of older adults [Internet]. 2017 [cited 2019 Feb 19]. Available from: <https://www.who.int/en/news-room/fact-sheets/detail/mental-health-of-older-adults>
- (2) Liu Y, Li T, Guo L, Zhang R, Feng X, Liu K. The mediating role of sleep quality on the relationship between perceived stress and depression among the elderly in urban communities: a cross-sectional study. *Public Health*. 2017;149:21–7.
- (3) World Health Organization (WHO). who depression - Penelusuran Google [Internet]. 2018 [cited 2019 Feb 1]. Available from: <https://www.google.com/search?q=who+depression&oq=who&aqs=chrome.1.69i5912j69i60j0j69i60j0.3892j0j7&sourceid=chrome&ie=UTF-8>
- (4) Hoover DR, Siegel M, Lucas J, Kalay E, Gaboda D, Devanand DP, et al. Depression in the first year of stay for elderly long-term nursing home residents in the U. S. A . 2010;1161–71.
- (5) Mccusker J, Cole MG, Voyer P, Monette J, Champoux N, Ciampi A, et al. Observer-rated depression in long-term care : Frequency and risk factors. *Arch Gerontol Geriatr*.

- 2014;58(3):332–8.
- (6) Tiong WW, Yap P, Choon G, Koh H, Fong NP, Luo N. Aging & Mental Health Prevalence and risk factors of depression in the elderly nursing home residents in Singapore. (January 2015):37–41.
 - (7) Farina M, Paloski LH, de Oliveira CR, de Lima Argimon II, Irigaray TQ. Cognitive Reserve in Elderly and Its Connection with Cognitive Performance: A Systematic Review. *Ageing Int.* 2018;43(4):496–507.
 - (8) Unalan D, Gocer S, Basturk M, Baydur H, Ozturk A. Coincidence of low social support and high depressive score on the quality of life in elderly. *Eur Geriatr Med.* 2015;6(4):319–24.
 - (9) Kim NY, Huh HJ, Chae JH. Effects of religiosity and spirituality on the treatment response in patients with depressive disorders. *Compr Psychiatry.* 2015;60:26–34.
 - (10) Kayrouz R, Dear BF, Karin E, Fogliati VJ, Titov N. A pilot study of a clinician-guided internet-delivered cognitive behavioral therapy for anxiety and depression among Arabs in Australia, presented in both English and Arabic languages. *Internet Interv [Internet].* 2016;5:5–11. Available from: <http://dx.doi.org/10.1016/j.invent.2016.06.002>
 - (11) Jonsson U, Bertilsson G, Allard P, Gyllensvärd H, Söderlund A, Tham A, et al. Psychological treatment of depression in people aged 65 years and over: A systematic review of efficacy, safety, and cost-effectiveness. *PLoS One.* 2016;11(8):1–20.
 - (12) Duru Aşiret G, Dutkun M. The effect of reminiscence therapy on the adaptation of elderly women to old age: A randomized clinical trial. *Complement Ther Med.* 2018;41(September):124–9.
 - (13) Drageset J, Eide GE, Ranhoff AH. Depression is associated with poor functioning in activities of daily living among nursing home residents without cognitive impairment. 2011;3111–8.
 - (14) Agli O, Bailly N, Ferrand C, Martinent G. Spirituality, quality of life, and depression in older people with dementia. *J Relig Spiritual Aging [Internet].* 2018;00(00):1–11. Available from: <https://doi.org/10.1080/15528030.2018.1452832>
 - (15) Velosa T, Caldeira S, Capelas M. Depression, and Spiritual Distress in Adult Palliative Patients: A Cross-Sectional Study. *Religions.* 2017;8(8):156.
 - (16) Wang KC, Yip PK, Lu YY, Yeh ZT. Depression in Older Adults Among Community: The Role of Executive Function. *Int J Gerontol [Internet].* 2017;11(4):230–4. Available from: <https://doi.org/10.1016/j.ijge.2017.03.010>
 - (17) Yaka E, Keskinoglu P, Ucku R, Yener GG, Tunca Z. Prevalence and risk factors of depression among community-dwelling elderly. *Arch Gerontol Geriatr.* 2014;59(1):150–4.
 - (18) Mayrani ED, Hartati E. Intervensi Terapi Audio dengan Murottal Surah Ar-Rahman terhadap Perilaku Anak Autis. *J Keperawatan Soedirman.* 2013;8(2):69–76.
 - (19) Raharjo SB. Terapi Murottal Surat Ar-Rahman Terhadap Perubahan Tekanan Darah Pasien Hipertensi Di RSUD Banda Aceh. *J Islam Nurs.* 2016;1–14.
 - (20) Wirakhmi IN, Hikmanti A. Pengaruh Terapi Murottal AR Rahman pada Pasien Pasca Operasi Caesar di RSUD DR. R. Geoteng Tarunadibrata Purbalingga. *Rakernas Aipkema.* 2016;421–6.