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The Comparative Study: Self Acceptance, Environmental Development and Depression on Elderly

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ABSTRACT

Depression is a mental health problem that most often experienced by the elderly, but it is often undetectable and poorly handled. Elderly with self-acceptance and lack of environmental mastery is one of the problems affecting the Depression. The research method used comparative study with cross sectional approach. The study population is elderly living in nursing home and living with family in Penjaringan Sari, Surabaya. Sample was 100 elderly, selected using simple random sampling (elderly in nursing home) and cluster sampling (elderly in community). Geriatric Depression Scale (GDS) questionnaire and well-being psychological questionnaires were used. Data were analyzed using Spearman and Mann Whitney test. Based on the result of the test to know the correlation between self-acceptance and depression level in elderly people using Spearman, the correlation coefficient = 0.516 (nursing home) and 0.765 (community), p-value = 0.000 ($p < 0.05$). The coefficient correlation of environmental mastery with depression = 0.658 (at institute and at community 0.755, with p-value = 0.001 ($p < 0.05$), comparative test use Mann Whitney to know difference of self acceptance, environmental control, and level of depression in elderly living in nursing home and community obtained p-value = 0.023 for self-acceptance, environmental mastery p = 0.035 and whereas the depression level difference p = 0.016 in elderly living in the orphanage and living with the family. There was a difference of self-acceptance, environmental mastery with depression level in elderly in nursing home and elderly living with family in society.

Keywords: Depression, Community, Elderly, Nursing home, Self-Acceptance, Environmental Control

INTRODUCTION

The process of aging is a natural process where everyone will experience the process of growing old and old age is the last stage of human life. The problems that often occur in the elderly are the decreasing ability to adapt to changes and environmental stress and often cause psychological disorders such as depression⁽¹⁾.

Depression is a major health problem in the elderly, but often this condition is undetectable, misdiagnosis, and not handled properly. One of the causes of depression in elderly people is due to changes in physical condition, social status, psychosocial changes, and other biological changes resulting from aging process. According to Segal et al (2009), states that if the elderly are depressed and not getting the right intervention and soon it can impact on more advanced conditions such as physical pain, drug abuse, alcohol and nicotine, and a worse impact on the health of the elderly itself includes ending life by suicide⁽¹⁾.

The prevalence of depression in the elderly in the world ranges from 8% -15% and meta-analysis results from reports of countries in the world get the prevalence of average depression in the elderly is 13.5% with male-female ratio 14.1: 8.6. The prevalence of depression in elderly who is underwent treatment in hospitals and nursing homes by 30-45%⁽²⁾. According to The National Old People's Welfare Council in the UK suggests that depression is the first sequence of 12 kinds of diseases or common disorders that are often encountered in the elderly⁽³⁾. Meanwhile, according to Soejono, Probosuseno, & Sari (2006), the prevalence of depression in elderly in Indonesia is quite high, the incidence in acute geriatric space is 76.3% with the proportion of patients with mild depression 44.1%, moderate depression 18%, severe depression 10.8%, and very severe depression by 3.2%⁽⁴⁾.

The elderly, in general, face various challenges that are associated with physical and psychological changes commonly associated with the aging process. Although many attributed the changes as normal and acceptable among elderly, there are certain aspects in mental health that are pathological and need to be recognized and treated early, especially those leading to emotional instability and overt depression⁽⁵⁾.

Depression in the elderly can occur due to the impact of changes experienced after entering the elderly. These changes include the physical, psychological and social conditions that are related⁽⁶⁾. Not all elderly can accept the changes that happen to him. Elderly who does not have a good self-acceptance of change and assume that the change is a heavy burden of life, then the elderly can experience depression. In the study (Manaf et al, 2016) is described in certain communities. Among other rural, the elderly get unmarried, have a closed personality, live with the family (with children or grandchildren) and have a low health status at risk of depression compared to the elderly who have higher health status⁽⁷⁾.

Conversely, elderly people who have a good self-acceptance will have tolerance for changes and weaknesses that occur in old age without having to feel frustrated, sad or angry so that the elderly are not depressed or depressed levels experienced less. Good self-acceptance in the elderly can be characterized by positive attitudes toward oneself and the life lived, knowing and accepting the changes within him, both positive and negative and having a positive outlook on his past⁽¹⁾.

Physical changes that occur, In addition, there are changes in the motoric such as reduced speed and strength so it can not do activities / jobs as well as in his youth first. Elderly will experience obstacles in the activity or a long journey.

The decline in brain function in which the elderly will experience a decline in learning skills / new things, as well as psychological and social changes where the elderly who cannot work anymore (retired) they feel that they are not useful and useful in their family life anymore, it can cause the elderly become inferior and withdraw, lack of socializing with neighbors and the people around him, and ultimately leads to depression. It can occur in elderly people who have low self-acceptance. Conversely, the elderly with good self-acceptance will see that the change is a provision and grace established by God Almighty to be lived and accepted with a broad field of chest⁽⁸⁾.

In the research Kalimaftika and Saifudin in 2013 in getting results that there is a significant relationship between self-acceptance with the level of depression in the elderly, the better the acceptance of an elderly self the better the quality of life of an elderly person who is not depressed. Self-acceptance is one form of therapy for management in the elderly who are depressed, because through a good self-acceptance (positive) can overcome various health problems that arise, and the elderly will feel his life is still useful, so the incidence of depression can be minimized and give strength to the elderly to live a happy and better days⁽⁹⁾.

A person who has self-acceptance means to have undergone a process that delivers himself to his knowledge and understanding so as to accept himself happily⁽¹⁰⁾. The elderly with self-acceptance feels that the changes that occur to him are part of him that is inseparable, which is later lived as a gift. Everything that happens to him is felt as something fun, so the elderly have the desire to continue to enjoy life. Any changes that occur with regard to aging process can be accepted by every elderly who has self-acceptance with a heart field, without having to feel sad, angry or frustrated so that the incidence of depression can be avoided. Environmental mastery refers to the ability of the elderly in choosing and shaping an environment that is adjusted to the current physical condition that has been declining by still running a productive activity. The ability is control complex environments and changing them creatively. Elderly in this ability depicted elderly who is able to adapt to the environment. Displays her current abilities, is skilled at using opportunities and able to choose and create context that suits her personality value needs⁽⁸⁾. If the elderly do not have the ability to adapt to the environment, it can be said that the elderly will face a psychological problem, can even fall in a state of depression.

The purpose of this study were to identify elderly's self-acceptance and environment development, identify depression in elderly, and analyses the difference of self-acceptance and environment development among elderly who live in nursing home and community.

METHODS

Comparative cross sectional design was used in this study. The population in this study was elderly living in nursing home and elderly living with family in community (Penjaringan Sari Village, working area of Medokan Ayu Public Health Center, Surabaya). The sample was \pm 60 years old elderly. The sample size was 100 respondents consisting of 50 respondents in nursing home and 50 respondents in Penjaringan Sari Village, Surabaya. Simple random sampling technique was performed in this study to selected elderly who live in the nursing home and cluster sampling techniques was performed to select elderly who live in the community.

The Geriatric Depression Scale (GDS) questionnaire and self-acceptance questionnaires and environmental mastery were used to collect the data. GDS questionnaire was used to measure depression levels in the elderly⁽¹¹⁾ and self-acceptance questionnaires and environmental mastery were used to measured the psychological welfare component. However self-acceptance questionnaires and environmental mastery have been modified based on existing conditions.

Assessment of GDS with the number of questions 15 items, answer "yes" and "no" assessment consists of score 0-5 (no depression); Mild depression score 6-10; score 11-15 (major depression)⁽¹¹⁾. The number of questions in self-acceptance questionnaire was 7 items and the number of questions in environmental mastery was 7 items. All of questions were likert's scale question which have five options answer. First answer was indicated

“strongly agree”. Second answer was indicated “Agree”. Third answer was indicated “quite agree”. Four answer was indicated “disagree”, and the last was indicated “strongly disagree”.

The data were analyzed using the Spearman correlation test to know the correlation between self-acceptance, environmental control and depression level in elderly living in nursing home and community home, while to know the difference of self-acceptance, environmental control and depression level among elderly living in nursing home and community using Mann Whitney U test.

RESULTS

Table 1. Relationship between self-acceptance and depression level of elderly people in nursing home

Self-acceptance	Depression level			Total
	No depression	Mild depression	Severe depression	
High	9	3	0	12
	18%	6%	0%	24%
Medium	7	21	3	31
	14%	42%	6%	62%
Low	0	6	1	7
	0%	12%	2%	14%
Total	16	30	4	50
	32%	60%	8%	100%

$r = 0.516$ and $p = 0.000 < \alpha = 0.05$
Spearman Rank Test

Based on p-value above can be concluded that there was relation between self-acceptance and depression level of elderly living in nursing home.

Table 2. Relationship between Self-acceptance and depression levels of elderly people in community

Self-acceptance	Depression level			Total
	No depression	Mild depression	Severe depression	
High	25	3	0	28
	50%	6%	0%	56%
Medium	3	11	1	15
	6%	22%	2%	30%
Low	0	6	1	7
	0%	12%	2%	14%
Total	28	20	1	50
	56%	40%	2%	100%

$r = 0.765$ and $p = 0.000 < \alpha = 0.05$
Spearman Rank Test

Based on p-value above can be concluded that there was relation between self-acceptance and depression level of elderly living in community.

Table 3. Differences of self-acceptance of elderly people in nursing home and community

No	Self-acceptance	Nursing home		Community	
		n	%	n	%
1	High	12	24	28	56
2	Medium	31	62	15	30
3	Low	7	14	7	14
	Total	50	100	50	100

$r = 0.755$ and $p = 0.000 < \alpha = 0.05$
Spearman Rank Test

Based on p-value above can be concluded that there is difference of self-acceptance between elderly living in nursing home and community.

Table 4. Relationship between of environmental mastery and depression level of elderly at nursing home

Environmental mastery	Depression level			Total
	No depression	Mild depression	Severe depression	
Good	14	22	0	36
	28%	44%	0%	72%
Adequate	2	8		10
	4%	16%		20%
Less	0	0	4	4
	0%	0%	8%	8%
Total	16	30	4	50
	32%	60%	8%	100%

$r = 0.658$ and $p = 0.001 < \alpha = 0.05$
Spearman Rank Test

Based on p-value above can be concluded that there was relation between environmental mastery and depression level of elderly living in nursing home.

Table 5. Relationship between of environmental mastery and depression level of elderly at community

Environmental mastery	Depression level			Total
	No depression	Mild depression	Severe depression	
Good	20	5	0	25
	40%	10%	0%	50%
Adequate	8	15	0	23
	6%	22%	0%	46%
Less	0	0	2	2
	0%	0%	4%	4%
Total	28	20	1	50
	56%	40%	2%	100%

$r = 0.765$ and $p = 0.000 < \alpha = 0.05$
Spearman Rank Test

Based on p-value above can be concluded that there was relation between environmental mastery and depression level of elderly living in community.

Table 6. Differences of depression level of elderly people in nursing home and community

No	Depression level	Nursing home		Community	
		n	%	n	%
1	No depression	16	32	28	56
2	Mild depression	30	60	20	40
3	Severe depression	4	8	2	4
	Total	50	100	50	100

Wilcoxon Mann Whitney U test $p = 0.016$

Based on p-value above can be concluded that there is difference of depression level between elderly living in nursing home and community

DISCUSSION

Based on the result of the research, it is known that elderly people in nursing home mostly have moderate self-acceptance of 31 people (62%), and some have low self-acceptance of 7 people (14%). Someone who has poor self-acceptance is usually because they have no confidence in their ability to deal with problems and feel themselves worthless and useless to others, and as a result they will also have difficulty adjusting to the conditions of their change.

Self-acceptance is formed because the individual can know himself better (Chaplin, 2004) states that self-acceptance is an attitude that is a satisfaction of quality and talent, and recognition of the limitations of self. The ability of such self-limitation is not followed by feelings of guilt, so that there will be an acceptance of their nature. Some research in (Sparrow 2016) suggests that one of the factors that affect self-acceptance is age, individual

self-acceptance tends to be in line with the age of the individual. The more mature and mature a person the higher the level of acceptance himself. In addition, factors that can affect self-acceptance is the level of education and social support, according to Sari (2002) in his research reveals, where individuals who have higher education will have a higher level of awareness will also come old age and immediately seek an effort to face his old age⁽¹²⁾. In other words, individuals who have higher levels of education, efforts to deal with old age can be anticipated earlier. Elderly who has a good self-acceptance will feel safe to give attention to others, such as showing empathy. Thus a person who has self-acceptance can make better social adjustments compared to people who feel inferior so they tend to be self-oriented⁽⁸⁾.

Based on the research result, the elderly living with family in Penjaringan Sari Village mostly have high self-acceptance as many as 28 people (56%), and a small part have low self-acceptance of 7 people (14%). The result is supported by Riwayati (2010) research that the majority of the elderly self-acceptance in Kalipakem Village, Donomulyo Malang sub-district is high self-acceptance of 43 people (86%), and a small part has low self-acceptance of 2 people (4%) from 60 respondents⁽¹³⁾.

Self-acceptance is a state in which a person has a great appreciation of himself and is aware of the strengths and weaknesses⁽¹³⁾. The elderly in Penjaringan Sari Surabaya mostly has high self-acceptance because of the attitude of the pleasant members of the community, in accordance with the statement⁽⁶⁾, which reveals that the presence of pleasant members of society will not cause prejudice and anxiety, because appreciation of the social capabilities of others and the willingness of individuals to follow environmental habits. Elderly in Penjaringan can socialize well with other fellow elderly, as evidenced by the many elderly who participated in the integrated service post elderly and the attitude of harmony among people.

Elderly need to have a good self-acceptance to avoid feelings of inferiority, stress, and lack of confidence. In addition, self-acceptance is the principle to form a good self in order to receive the advantages and disadvantages that exist. Good self-acceptance can lead to bad elements and demonstrate appropriate behavior and improve self-defense in the face of life's trials.

Based on the study of theory there are several efforts to improve self-acceptance (Ryff, 1989) provide directives on the elderly to accept himself for better self-acceptance is to increase self-awareness of the lack of himself so that it can form a healthy personality and give positive support or aspirative so look at himself acceptable and meaningful in the environment or within society.

Based on the results, show that most of the elderly have a good mastery of the environment. It is biased to explain that the elderly whose life is replaced that has been able to adapt to its environment allows more adaptive. Individuals who have the mastery of the environment are the individuals who are able to manage the environment. Some factors that influence the mastery of the environment among other elderly if faced with problems, their community activities can easily interact and resolve in all conditions. Individuals can control the activities though complex. The elderly residing in the nursing home may have better mastery, because of the available environment, the community is more homogeneous in order to spend time in old age.

The result of the research shows that the mastery of 25 people (50%), the control of the environment is 23 people (46%), the mastery of less than 2 people (4%) The complexity of elderly problems living in the community order also causes differences in the mastery of the elderly environment. The more heterogeneous condition of the community allows the elderly to become more open to change. What is new in elderly life allows it to be accepted by the elderly. Hyun al, 2008 states that the elderly who perform daily activities with minimal assistance, able to adapt, and manage the problems that exist in the environment have better psychological well-being⁽⁸⁾.

The mastery of the environment in the elderly can be conditioned, the elderly can learn to know the environment, social interaction, understand friends of age with this condition the elderly will get psychological welfare as well as social welfare⁽⁸⁾.

The results showed that the elderly in the Nursing home Majority suffered mild depression as many as 30 people (60%), and a small fraction of severe depression as many as 4 people (8%).

Factors that cause depression in the elderly, including influenced by the decline in health status. There are many studies that make the conclusion that health problems can lead to depression in the elderly. reveals that physical illness can lead to a decrease in a person's functional ability, preventing a person from performing fun activities and this limitation leads to depression. This is in accordance with the results of the study that the majority of elderly people in nursing home is in the age range of 71 years and above, so megakibatkan elderly experiencing a decline in real health conditions.

Another factor that causes depression is the lack of family social support, according to Permana disclosure (2013) who conducted research on elderly andropause in Gebang Jember District in getting the result that there is a relationship between social support family with stress level in elderly andropause⁽¹⁴⁾. Good family social support to the elderly through the real action of the family through caring and family attention to andropause elderly can reduce stress levels of andropause elderly. One of the factors that can lead to depression is marital status, where people who do not have a partner, especially female widows are more susceptible to depression, so that a person who lost his life partner is also reduced support family⁽¹⁾. This is in accordance with the results of research where the elderly in the Nursing home entirely has a status widower / widow because in live his life partner who has

died. In addition, since the nursing home is a social institution owned by the government, most of the residents of the orphanage are neglected elderly and have no family, so the elderly in nursing home Surabaya do not get social support from their respective families, it resulted in most respondents experiencing depression level light.

Based on the results of the study, the elderly living with family in Penjaringan Sari Village mostly did not experience depression as many as 28 people (56%).

Elderly people who live at home have a variety of daily activities. The abundance of daily activities done by the elderly at home make the depression level experienced is lower. Which states that there is a strong relationship between depression in the elderly with low daily living activity and quality of life. Elderly people who have high activity will not feel saturated and will feel quality of life with a variety of diverse activities that are in its path throughout the day.

The physiologic and psychosocial issues affected by depression, such as functional impairment, decreased quality of life and increased mortality in elderly people, have imposed an immense burden on individuals, families, communities and health services in China⁽¹⁵⁾. The high prevalence rate of elderly depression in China and the strong association between depression and the concomitant problems in old age demand urgent attention from prevention and intervention efforts.

Results of research by Hyun (2008) states that the elderly who do physical activity at least 3 times a week, social activities 1 times a week have a smaller risk of depression occurs in the elderly.

So based on the data can be assumed that the number of elderly families in the community who do not experience depression one of them because of the many activities and diverse so that the level of depression can be in the press even though there are elderly who have difficulty in the move in old age. Therefore elderly are encouraged to follow activities that are useful so as to improve the quality of life and avoid depression.

The result of statistical test shows that $p\text{-value} = 0.000$, $r = 0.516$ which proves that there is a strong correlation between self-acceptance with depression level in elderly in Nursing home Surabaya. Meanwhile, the correlation coefficient in this study is negative, which means that the relationship between self-acceptance and depression level is inversely proportional, where if the self-acceptance variable increases then the depression level variable will decrease, and vice versa.

Elderly at nursing home Surabaya have a moderate self-acceptance where self-acceptance will have an effect on the development of depression, so that the depression level experienced by the elderly is also at the level of mild depression. With high self-acceptance, the elderly can tolerate all the changes and limitations experienced in old age.

Self-acceptance needs to be owned by the elderly in order to avoid or minimize the occurrence of depression. Depression is thought to be associated with low self-acceptance^{(1),(15)}. There is a link between self-acceptance and depression levels in the elderly. With the acceptance of the elderly can accept all the shortcomings and keterbasan current, so the incidence of depression can be avoided. The better the self-acceptance of an elderly, the better the quality of life of an elderly person who is not depressed, this is influenced by a positive attitude towards himself and can accept his condition calmly, with all its advantages and disadvantages^{(8),(9)}.

The results above proved the theory or concept that states that self-acceptance can affect the level of depression in the elderly. Elderly self-acceptance will be better able to accept life challenges, keep logical thinking and consider the problem as a test, and always optimistic, so that the response to the problem is more rational, not depressed and not stressed. Meanwhile an elderly who has low self-acceptance can consider the problem as a heavy burden of life, feeling pessimistic, thus reducing the satisfaction of life and feel the lack of happiness, elderly will tend to complain more, and if hit the problem easily experience mental disorders, such as easily anxious, stress and even depression.

Based on the results of analysis with Spearman Rank Test it showed that the value of correlation coefficient between self-acceptance variable and depression level of 0.765. The correlation number has the intention of the relations between self-acceptance variable with depression level is very strong and inversely proportional. The nature of the correlation of self-acceptance and depression is significant, indicated by $p\text{-value} = 0.000 < \alpha = 0.05$, which means that if self-acceptance increases, the depression level tends to decrease. Conversely, if the low self-acceptance of the depression is more severe

The results showed that most of elderly who is living with family in Penjaringan Sari Village did not experience depression as much 28 people (56%) while the self-acceptance of elderly mostly have high self-acceptance that is as many as 28 people (56%). There is a link between self-acceptance and depression levels in the elderly. Individuals who have self-acceptance mean have undergone a process that leads themselves to the knowledge and understanding of themselves so they can accept themselves happily as a whole^{(8),(10)}.

The strong relationship between self-acceptance and depression level is in line with the theory, Azizah (2011) mentions one of the causes of depression in the elderly is the cognitive approach theory, in which a person is depressed as having negative cognitive ability to present themselves, the world and the their future⁽³⁾. A major problem in elderly depression is lack of self-confidence due to negative self-perceptions. Individuals with good self-acceptance have a positive picture of themselves, can survive in failure or sadness, and can cope with emotional states such as depression. With good self-acceptance, the elderly can accept themselves as they are, so

that the incidence of depression can be reduced to a minimum and can give the elderly the power to live a better old age^{(8),(9)}.

Elderly people who are living in communities with families have high self-acceptance where self-acceptance will affect the level of depression experienced by the elderly. The higher the self-acceptance, the lower the depression level. The elderly have a high self-acceptance so that the depression level is also lower. Positive mindset in the elderly cause himself more enthusiastic and optimistic in living life, able to understand and accept himself and believe in his own ability to have a high level of self-acceptance.

Based on the test results obtained there are differences in self-acceptance elderly in the nursing home and community. Data obtained from the results showed that the majority of elderly people in the nursing home have moderate self-acceptance of 31 people (62%), whereas in the elderly in community majority have high self-acceptance of 28 people (56%).

The self-acceptance of the elderly at the nursing home is lower than the elderly in the community. The self-acceptance formed in the elderly in the community suggests that living and living with family can form a positive self-image. The elderly living in the community can provide good understanding and self-acceptance, since one of the factors that affects self-acceptance is that the attitudes of the pleasant members of society will not create prejudice and anxiety due to respect for the social abilities of others and the individual's willingness follow the environmental habits⁽¹⁶⁾.

The ability of one's self-acceptance are varies because the ability is influenced by several factors including social support. This is in accordance with research conducted by Marni & Yuniawati (2015) which reveals that there is a very significant positive relationship between social support with self-acceptance in the elderly in the nursing home, the higher the social support the higher the self-acceptance of the elderly. Conversely, the lower the social support the level of self-acceptance in the elderly will be lower. This is because individuals who get social support will get a good treatment and fun⁽¹⁷⁾.

The elderly who live with family in the community get higher social support than the elderly living in the nursing home. It can benefit the elderly in the community who can feel togetherness and support from the family so as to form self-concept and positive self-esteem and can create high self-acceptance. Unlike the elderly who live in the nursing home, they can not feel the direct social support of their families because they have to stay away with them and there are also elderly people who do not have a family. From the conditions above it can lead to differences in self-acceptance of elderly in the nursing home and community.

Based on the data obtained that a number of elderly 16 people do not experience depression consists of 14 people have good environmental mastery, and 2 elderly people have sufficient environmental mastery. While 30 people who are depressed are having good environmental mastery of some 22 elderly (44%).

When an individual has been living for long enough to have an affective attachment to the situation around him then it will help him to adapt to the surrounding environment. So the more elderly able to do the mastery of the environment, then the elderly can avoid depression. Several studies⁽¹⁾ one of the factors of mental health disorders in the elderly are social factors, stated almost most of these factors trigger the occurrence of depression. Depressed people can be identified by the type of cause of depression that affects their mood, causing various causes: pension, partner death, chronic disease diagnosis, change of care facility.

Based on the data, it is found that the elderly who live with the family mostly do not suffer from depression 28 elderly (56%), have the ability to control the environment either 20 elderly (40%), and enough mastery of 8 elderly (16%).

This shows that the more elderly are able to control the environment the more elderly are also protected from depression by the ability of the elderly in adapting. That adaptation is a process of adjustment, feelings, and views of the subject to the surrounding environment. A person who has a high level of mastery will have a sense of mastery and competence in regulating the environment, able to control and prepare for external activities, make things effective by using existing opportunities and can choose or make the needs of someone with appropriate and appropriate⁽⁸⁾.

Based on the result of the research it indicates that there is difference of depression level between elderly living in nursing home and community. The results also showed that the elderly who experienced depression in the orphanage more than the elderly in the community. From the research data, most of the elderly in the nursing home experienced mild depression as many as 30 people (60%), whereas in the community most did not experience depression that is as many as 28 people (56%). Differences of residence become one of the factors of difference of depression level in elderly. The results are consistent with research conducted by Lalitya & Rochmawati which states that there is a relationship between residence and depression levels in the elderly⁽¹⁸⁾.

Study conducted by Wulandari (2011) got the same result that there are differences in the incidence and level of depression in the elderly living in the nursing home and community⁽¹⁹⁾. Research conducted Juliantika, Prabowo, & Amigo (2015) also get results there are differences in the level of depression of elderly women who live with family in Wirogunan Village by living in Panti Wredha Hanna Yogyakarta⁽²⁰⁾.

The elderly in rural communities who live with families lower risk than the elderly who live alone⁽⁷⁾. It states that family relationships provide a sense of security in the elderly, so that the elderly are more comfortable.

The elderly's life in nursing home causes the elderly to re-adapt to a new atmosphere different from the previous place of residence. So that aside then adjusting to the changes they experienced, the elderly are also required to adapt to changes in the environment and new things resulting from the transfer to the nursing home. This situation becomes one of the factors that can trigger depression in the nursing home, besides the elderly's ability in new environmental management (orphanage) is an elderly effort to be able to adapt to the environment. When it is compared with the elderly living with the family community, comfort, freedom, and togetherness with the family certainly felt by all elderly. Because of the support system that has been built by itself on family and elderly. So that the difference in the living environment also causes differences in the level of depression experienced by the elderly in the nursing home and community⁽²¹⁾.

CONCLUSION

There is a difference of self-acceptance and environmental mastery of the elderly living at nursing home and community in Penjaringan Sari Village, Surabaya.

REFERENCES

1. Segal DL, Qualls SH, Smyer MH. Aging and Mental Health. UK: Willey-Blackwell; 2011.
2. Kompas. (2008). Waspadai Depresi pada Lansia [Internet]. Kompas. 2008 [cited 2015 Dec 16]. Available from: <http://teknokompas.com/read/2008/06/26/1912429/waspadai.depresi.pada.lansia>
3. Azizah LM. Elderly Nursing (Keperawatan Lanjut Usia). Yogyakarta: Graha Ilmu; 2011.
4. Marta OFD. Determinant of Depression Level of Elderly in Nursing Home "Tresna Werdha Budi Mulia 4", Jakarta Selatan (Determinan Tingkat Depresi pada Lansia di Panti Sosial Tresna Werdha Budi Mulia 4 Jakarta Selatan). Jakarta: Universitas Indonesia; 2012.
5. Blazer DG, Hybels CF. Origins of Depression in Later Life. *Psychological Medicine*. 2005;35:1-12.
6. Papalia DE, Sterns HL, Fieldman RD, Camp CJ. Adult Development and Aging. New York: McGraw Hill; 2012.
7. Manaf MRA, Mustafa M, Rahman MRA, Yusof KH, Aziz NAA. Factors Influencing the Prevalence of Mental Health Problems among Malay Elderly Residing in Rural Community: A Cross Sectional Study. *PLoS ONE* 2016;11.
8. Papalia DE, Olds SW, Feldman RD, Gross D. Human Development. USA: Mc Graw Hill; 2014.
9. Kalimaftika, Saifudin. Relationship between Self-acceptance and Depression Level of Elderly in Lebak Adi Hamlet, Lebak Adi Village, Sugio Sub-district, Lamongan District (Hubungan Penerimaan Diri dengan Tingkat Depresi pada Lanjut Usia (Lansia) di Dusun Lebak Adi, Desa Lebak Adi, Kecamatan Sugio, Kabupaten Lamongan) [Internet]. STIKes Muhammadiyah Lamongan. 2015 [cited 2015 Nov 30]. Available from: <http://stikesmuhla.ac.id/wpcontent/uploads/30-37Saifudin.pdf>
10. Izzati AW. Description of Self-acceptance of Psoriasis Sufferers (Gambaran Penerimaan Diri pada penderita psoriasis). *Jurnal Psikologi*. 2012;10(2).
11. Gallo JJ, Gonzales J. Depression and Other Mood Disorder. In: Adelman AM, and Weiss BD, eds 20 Common Problem in Geriatrics. New York: Mc Grow-Hill. pp.205-235; 2001.
12. Sari EP, Nuryoto S. Self-acceptance of Elderly in Term of Emotional Maturity (Penerimaan Diri pada Lanjut Usia Ditinjau dari Kematangan Emosi). *Jurnal psikologi*. 2002;2:73-88.
13. Riwayati A. The Relationship between Meaningfulness of Life and Admission of Elderly Entered Parents (Hubungan Kebermaknaan Hidup dengan Penerimaan Diri pada Orang Tua yang Memasuki Masa Lansia). Thesis. Malang: Universitas Islam Negeri Maulana Malik Ibrahim; 2010.
14. Permana CA. Relationship between Family Social Support and Stress Level in Elderly with Andropause at Gebang, Working Area of Patrang Health Center, Jember District (Hubungan Dukungan Sosial Keluarga dengan Tingkat Stres pada Lansia Andropause di Gebang, Wilayah Kerja Puskesmas Patrang, Kabupaten Jember). Universitas Jember; 2013.
15. Hua QZ, Fan YY, Fan SH. The Research of Relative Factors of Depression in Elder. *Chin J Mod Nurs*. 2008;14(24):2619-2621.
16. Prasetya WD. Relationship between Self-Acceptance and Self-Confidence of the Students of Class X, SMAN 1 Grati, Pasuruan (Hubungan Penerimaan Diri dengan Rasa Percaya Diri pada Siswa Kelas X, SMAN 1 Grati, Pasuruan). Thesis. Malang: Universitas Islam Negeri Maulana Malik Ibrahim Malang; 2013.
17. Marni A, Yuniawati R. Relationship between Social Support and Self-acceptance of Elderly in Nursing Home "Budhi Dharma", Yogyakarta (Hubungan antara Dukungan Sosial dengan Penerimaan Diri pada Lansia di Panti Wredha Budhi Dharma Yogyakarta). *Jurnal Psikologi*. 2015;3(1).
18. Lalitya K, Rochmawati I. Differences in Depression Level of Elderly Living at Home and Living in a Nursing Home "Tresna Werdha", Budhi Luhur Unit, Kasongan, Bantul (Perbedaan Tingkat Depresi pada Lansia yang Tinggal di Rumah dengan yang Tinggal di Panti Sosial Tresna Werdha, Unit Budhi Luhur, Kasongan, Bantul). Yogyakarta: Fakultas Kedokteran dan Ilmu Kesehatan, Universitas Muhammadiyah Yogyakarta.

19. Wulandari A. Incidence and Rate of Depression in Elderly: Comparative Study in Nursing Home and Community (Kejadian dan Tingkat Depresi pada Lanjut Usia: Studi Perbandingan di Panti Wreda dan Komunitas) [Internet]. Universitas Diponegoro. 2011 [cited 2015 Nov 20]. Available from: <https://core.ac.uk/download/files/379/11731848.pdf>
20. Juliantika P, Amigo. Differences in Depression Level of Elderly Women Living With Family in Wirogunan Village and Living in Panti Wredha Hanna, Yogyakarta (Perbedaan Tingkat Depresi Lansia Wanita yang Tinggal Bersama Keluarga di Kelurahan Wirogunan dan yang Tinggal di Panti Wredha Hanna). *Jurnal Keperawatan Respati*. 2015;2(1).
21. Hua Y, Wang B, Wallen GR, Shao P, Ni C, Hua Q. Health-Promoting Lifesty and Depression in Urban Elderly Chinese. *PLoS ONE*. 2015;10(3).