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Spiritual Experience and Appraisal as Determinants of Depression and Quality of Life in the Elderly

Lilik Ma'rifatul Azizah^{1(CA)}, Tri Martiana², Oedojo Soedirham³

^{1(CA)}Faculty of Public Health, Airlangga University, Indonesia; azizah.ppni@gmail.com (Corresponding Author)

²Faculty of Public Health, Airlangga University, Indonesia; tri.martiana@fkm.unair.ac.id

³Faculty of Public Health, Airlangga University, Indonesia; oedojo@yahoo.com

ABSTRACT

Changes in the elderly due to the aging process caused decrease physical abilities and health conditions. These natural changes may cause depression and lower quality of life in the elderly. Spiritual experience may improve appraisal, reduce depression, and enhance the quality of life. This study aimed to estimate the relationship between spiritual experience, appraisal, depression, and quality of life in the elderly. A randomly selected sample of 100 elderly from 18 villages in Mojokerto East Java. An interview-based questionnaire was used to obtain information about spiritual experience, appraisal, psychological well-being and social relationships. The Index Barthel has used measure activities daily living among elderly. The rate of depression was measured by Geriatric Depression Scale. The relationships among variables were estimated using Structural Equation Model (SEM) run in AMOS program. Spiritual experience had the negative effect of depression ($p=0.004$). The appraisal was not significantly effected on the level of depression ($p=0.13$). Depression had the negative effect on quality of life ($p=0.03$). Spiritual experience had the positive effect on quality of life ($p=0.000$). Spiritual experience, appraisal, and depression have the positively significant influence on the quality of life, but appraisal was not as the determinant to depression. If the spiritual experience of elderly good, the elderly do not occur depression without any perception of elderly appraisal to a stressor.

Keywords: Spiritual experience, Appraisal, Depression, Quality of life, Elderly

INTRODUCTION

In the elderly, there are any changes as a result of the aging process on all systems of the body caused decrease physical abilities and health conditions are often a stressor for the elderly that cause stress and had perceived as an adverse threat who need adjustment (appraisal). These problems if not properly dealt with, will cause dependency, worsening physical health, depression and lower quality of life⁽¹⁾. The research about the quality of life of elderly in 96 countries, Indonesia was ranked 71 with a low quality of life of the elderly. This study covers four domains of quality of life, which ranked worst for retirement coverage is low (8.1% achieved an old age allowance), and ranks 70th for health conditions⁽²⁾. Another problem faced by elderly is depression 10-15% of elderly 65 years and over who live in family and rates of depression increased dramatically in the elderly living in institutions, with about 50-75% of occupants, long-term care has symptoms of depression⁽³⁾.

The development of spirituality in the elderly are more mature in the religious life and integrated into daily life. The daily spiritual experiences include gratitude, admiration, affection, realize the love of God, and feel closer to his Lord⁽⁴⁾. Spiritual experience is able to provide a positive outlook on life, a belief in a higher power (supernatural), creating a feeling of peace and better health⁽⁵⁾. Meanwhile, the study by Sawatzky *et al.* (2005) has shown significant relationship spirituality of a person capable of improving the quality of life⁽⁶⁾.

This study aimed to find a model of a relationship between spiritual experience and appraisal as the determinant of depression and quality of life of elderly, to answer research questions whether there is influence of spiritual experience and appraisal at the level of depression and quality of life of elderly.

METHODS

This study explanatory with a cross-sectional method. The multistage random sampling selected to obtain the sample of 100 elderly from 18 villages in Mojokerto East Java from March 2016 till May 2016. The inclusion criteria were older adult age 60 years till 75 years old without dementia.

Research tools with interview-based questionnaires were validated for spiritual experience evaluated through the index of spiritual experience, which developed from daily spiritual experience⁽⁷⁾ with transcendental, ultimate other, the meaningful of life, altruism, love, and affection. This questionnaire contains five subscale and

15 items with a reliability of 0.81. The score on each item was determined by the frequency indicated on items, and a higher score indicated a higher frequency. The appraisal was measured by questionnaire interview techniques with indicators from perceptions of stressors, motivation, self-efficacy, and social support. Assessment the level of depressive was used 30-item geriatric depression scale (GDS) with sensitivity 84 %, specificity 95 %, and reliability of 0.85. Parameters of depressive from interest activities, feelings of sadness, guilt, attention/concentration, sleep quality, and future expectations⁽⁸⁾.

Activities of daily living were measured using the Barthel Index observation⁽⁹⁾ with 10 indicators of activities of daily living. Psychological well-being was evaluated through the index of psychological well-being questionnaire contains five subscale and 15 items with a reliability of 0.85. indicators of psychological well-being include self-acceptance, positive relations with others, satisfied achieved, have a purpose in life, personal growth, and mastery of the environment. Social relations were measured by a structured questionnaire based on the Likert scale according to aspects of social relationships include social contact, communication, activities together with another person, group identity, imitation, sympathy, and cooperation⁽¹⁰⁾. The Cronbach for the subscales ranged from 0.75 to 0.85.

Statistical analysis Structural Equation Model (SEM) with AMOS was used to analyze modeling which includes development path diagram, evaluation model with criteria goodness of fit model, and interpretation of the model modification with causalities regression. Goodness of Fit Indices if indicators the chi-square test have a value $p > 0.05$, RMSEA < 0.08 , GFI > 0.90 , AGFI > 0.90 , CMIN/DF 2.00, TLI > 0.95 , and CFI > 0.95 . The association between exogenous variable (spiritual experience and appraisal) and endogenous variables (depression and quality of life) were used regression weight with the value of C.R. ≥ 1.96 and $p < 0.05$. Ethical considerations for all participants agreed to sign an informed consent form. This study has obtained permission from local authorities and ethical approval from health research ethics committee of Faculty of Public Health Airlangga University.

RESULTS

The prevalence of depressive in the elderly was 58% in women and 42% in men. An individual with the depressive disorder was the age of 60-70 years old (55%), lower education (45%), and retirement (80%). The lower of quality of life in the elderly was 82% in women and 18% in men. Figure 1 shows the goodness of fit model with indicators below the standard were GFI= 0.86 and AGFI = 0.82. However, the value is still considered marginal and fit for the overall model.

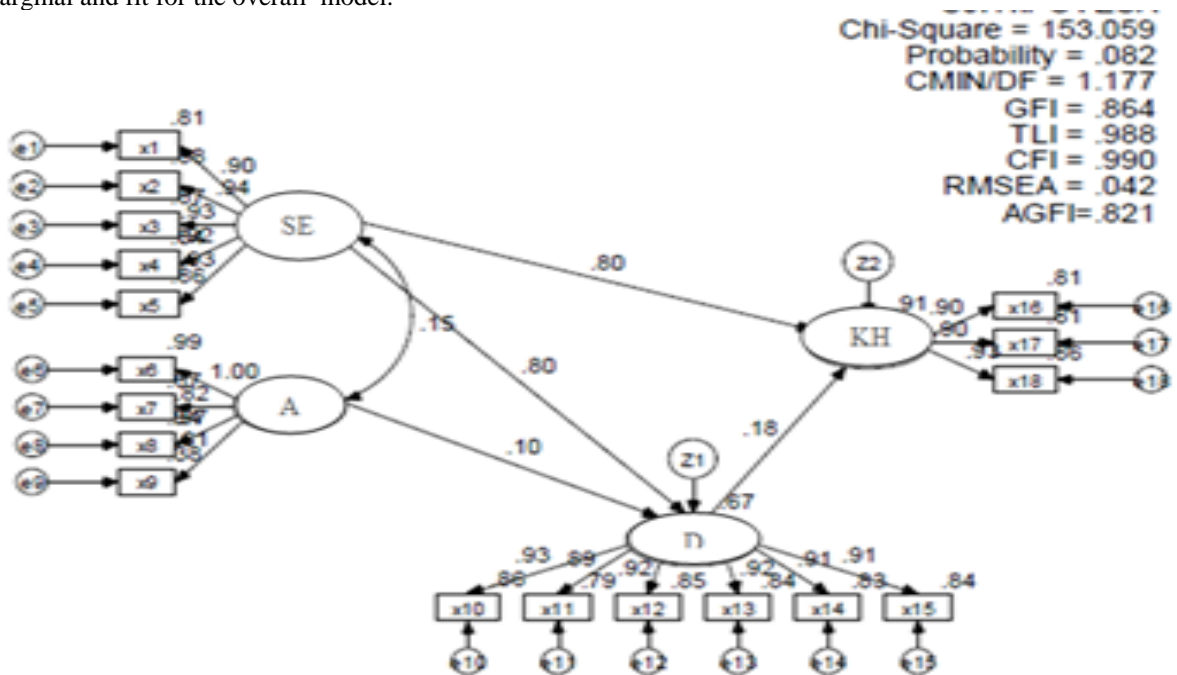


Figure 1. The model of spiritual experience and appraisal as the determinant of depression and quality of life.

Moreover, the significance level for hypothesis testing difference of 153.059 with $p = 0.082$ (figure 1) indicates that the null hypothesis that there is no difference between the sample covariance matrix and covariance matrix estimated population cannot be denied, it means that the null hypothesis is accepted. CMIN Index / DF (1.177), TLI (.988), CFI (0.990) and RMSEA (0.042) provides ample confirmation that this model can be accepted because it is in the range of expected values. Of the eight criteria as required, six of them (Chi-Square, Probability, CMIN / DF, TLI, CFI, and RMSEA) predicted good and the two criteria (AGFI, GFI) marginally acceptable. The result was considered normal when the general level of eligibility (goodness of fit) is relatively good.

Table 1. Association between spiritual experience and appraisal as determinant of depression and quality of life

Correlation between Variables		Estim.	S.E.	C.R.	P
Appraisal	Depression	0.10	0.06	1.52	0.13
Spiritual Experience	Depression	0.78	0.08	10.32	0.004
Depression	Quality of Life	0.16	0.08	2.15	0.03
Spiritual Experience	Quality of Life	0.72	0.08	8.74	0.000

The result showed that spiritual experience has the significantly negative effect on depression (CR=10.32, p= 0.004). Appraisal less effect on depression (CR=1.52, p=0.13). Depression has a significant positive effect on the quality of life for the elderly (CR=2.15, p=0.03). Spiritual experience a significantly positive effect on quality of life for the elderly (CR = 8.74, p = 0.000). Regression Weight Value C.R. > 1.96 indicates the receipt of three hypothetical models, unless relationship between appraisal and depression (CR=1.52). The interpretation of the residuals generated this model through the observation of variables that have a residual value greater standard ± 2.58 are statistically significant at the 5% level indicates that this model can be accepted and not need to do modifications.

Spiritual experience provides the significant direct effect on the level of depression and quality of life (p=0.80), while the appraisal is a less direct effect on depression (p=0.10).

Table 2. The influence direct, indirect and total effect

Exogen	Endogen	Influence		
		Direct	Indirect	Total
Spiritual Experience	Depression	0.80	0.00	0.80
Appraisal	Depression	0.10	0.00	0.10
Depression	Quality of Life	0.80	0.00	0.18
Spiritual experience	Quality of Life	0.80	0.13	0.80

The indirect effect showed only a spiritual experience provides on the quality of life (p=0.13), while appraisal and depression are not. The influence total effect indicates spiritual experience provides the significant direct effect on the level of depression and quality of life, while the appraisal is a less direct effect on depression. The results showing the role of spiritual experience and appraisal as a predictor of the level of depression and quality of life. Spiritual experience has a very strong influence on depression and quality of life of the elderly.

DISCUSSION

Spiritual experience has a significant effect on the level of depression in the elderly face a life stressor. Exploring the spiritual experience capable increase religious belief and practice, happiness, and a relationship with God and others, and further enhance the understanding of ourselves and our existence as individuals, helping to achieve a feeling of meaning in life. In the face of the problems of daily life, spiritual maturity elderly can help to adapt and solve problems⁽¹¹⁾. The presence and guidance of God can reduce life stress and depression, can improve optimism and motivation of life, perceived social support, and increase life satisfaction and quality of life. Spiritual experience positively correlated with life satisfaction, positive affect, and psychological well-being, and negatively correlated with anxiety and depression indicators⁽¹²⁾.

The assessment of the stressor (appraisal) less effect on the rate of depression elderly, because there are other factors that affect indirectly the relationship between appraisal of the level of depression. Jason *et al.* (2006) found a relationship between stress and the incidence of depression often involve social support in the face of stressors. There is evidence that individuals who had a close friend and emotional support are sufficient, less depressed when faced with stress. With social support, was able to help the elderly in dealing with problems of life and strengthen positive coping that does not lead to depression⁽¹³⁾. Satisfaction in life can the relationship with other people and can receive help from others so that in the face of stressors of life, the elderly do not feel pressured and adverse mental disorders⁽¹⁴⁾.

Elderly who depressive are at risk of 10.35 times had a poor quality of life. Woan *et al.* (2006) found that depression as a major predictor of quality of life. In the elderly, depression happens is the negative impact of events decreased the function of the body and the changes that occur primarily psychosocial changes, but often depression in the elderly can be disguised or masked by other physical disorders. In addition to social isolation, attitudes of parents, denial, ignorance of the normal aging process cause undetected this disorder⁽¹⁵⁾.

Spiritual experience significantly positive effect on the quality of life of elderly, which means the better the spiritual experience of an everyday life of elderly impact on improving the quality of all aspects of life. The daily spiritual experience can improve confidence in finding the truth in a higher power and ultimately bring meaningfulness and well-being. Puchalski (2005) found that spiritual experience is able to provide a positive outlook on life, a belief in a higher power (supernatural), creating a feeling of peace and better health. Daily

spiritual experiences were negatively correlated with the stress, because they feel a close relationship with God, thus increasing positive emotions and positive effect on coping⁽¹⁶⁾.

Spirituality is a source of individual coping in the face of sadness, loneliness, and loss. At the moment of the events that lead to feelings of sadness, fear, and loss, people will come back to remember God as a place to complain and beg for help⁽⁷⁾. The presence and guidance of God can reduce life stress and depression, can improve optimism and motivation of life, perceived social support, and increase life satisfaction and quality of life⁽¹⁷⁾.

In this study not involving the role of family support and coping elderly as a predictor of depression and quality of life of the elderly. The transactional model of stress and coping submitted that the assessment of stressors a person has not had a significant meaning without effort involves coping and social support.

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CONCLUSION

Spiritual experience significantly positive as a predictor of depression and quality of life of the elderly. A wrong perception about the stressor does not directly cause depression elderly because it is also influenced by a perceived social support and the support obtained. If spiritual well experient elderly, the elderly do not occur depression and is able to maintain a good quality of life regardless of the perception of a stressor ratings elderly. Efforts to improve the quality of life for the elderly by improving the spiritual experience and appraisal stressor in a positive way.

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