

Resilience Differences Towards The Elderly Reviewed From The Living Place

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Abstract:

Background: Resilience is an individual ability to face and adapt to severe events that occur in his life. The resilience ability is needed by the elderly to overcome the challenges that exist. The elderly resilience can differ based on the place where they live.

Materials and Methods: The population in this study was the elderly who lived at home with family, at a nursing home and at Islamic Boarding School. The number of samples was 110 elderly. The data collection technique used resilience scale (22 items; $\alpha = 0.897$)

Results: Kruskal-Wallis test results showed that there were significant differences ($p = 0.00$). The elderly who lived at home with family had a mean rank of 75.60, in the Islamic boarding school at 47.51, and in the nursing home at 40.51. There was no significant difference ($p = 0.129$) in male and female resilience and there was no correlation between age and resilience ($p = 0.055$).

Conclusion: There was a significant difference in resilience between the elderly who lived in Islamic boarding school, and those who lived at home with family and who lived in a nursing home. The elderly who lived at home with family had the highest resilience, then followed by the resilience of elderly who lived in Islamic boarding school. The elderly who lived in a nursing home had the lowest resilience.

Key Word: elderly, resilience, Islamic boarding school, family, nursing home

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I. INTRODUCTION

According to the World Health Organization (WHO), an elderly is someone who has entered the age of 60 years and above. In addition, WHO (in Naja, Din Makhoulf & Schehab, 2017) divided the age of elderly into 3, namely young old (60-74), old old (75-84) and oldest old (≥ 85). In accordance with the Law of the Republic of Indonesia Number 13 of 1998 Article 1 Paragraph 2, someone is called as elderly if he has reached the age of 60 (sixty) years and above. In 2017, the Statistics Indonesia had divided the old age into 3, those are young old (60-69 years), middle old (70-79 years) and elderly (≥ 85 years). Orimo, Ito, Suzuki, Araki, Hosoi, and Sawabe (2006) stated that an elderly is generally started when someone entered 65 years old, while those ages 65-74 are called as "early elderly" and ages 75 are called "late elderly". However, based on the result of Orimo research, et al (2006) stated that the early age of elderly can be shifted from age 65 to 75 years old.

The latest data from the UN Department of Economic and Social Affairs Population Division (2019) estimated that the elderly population in 2019 will be 703 million people all over the world and is projected to be double or around 1.5 billion in 2050. The data dan information center of Ministry of Health Republic of Indonesia (2016) estimated that the number of elderly people in Indonesia is around 10% of Indonesian population and is expected to continue to increase until 15.8 in 2035. Increasing the number of the elderly population is certainly linear with the successful development in the health sector, exactly in the life expectancy. There is an increase in life expectancy from year to year. In 2008, the life expectancy was at 69.0 years, in 2009 was at 69.21 years and continuing to increase to 70.8 years and was expected to reach 72.2 years in 2030-2035 (Data and information center of Ministry of Health Republic of Indonesia, 2016). The data of Statistics Indonesia for 2017 revealed that 5 regions have the highest elderly population in Indonesia, those were Special Region of Yogyakarta (13.90%), Central Java (12.46%), East Java (12.16%), Bali (10.70%), and West Sulawesi (10.37%). The total elderly population in Indonesia was 8.97% or as much as 23.4 million population which was dominated by the group of young elderly 63%, the middle elderly 27.80%, and late elderly 9.20%.

CONTEXT AND REVIEW OF LITERATURE

Elderly

Generally, individuals experience some changes when entering old age. The changes that occur are physical, psychological, and social decline (Indriana, 2012). The elderly have changes such as skin become wrinkled, bones begin to fragile, the five senses ability begins to decrease and there are still some other degradations physically. In psychological conditions, the elderly easily become anxious, sensitive, forgetful, feeling inferior, and degradation in cognitive aspects. The elderly also become more sensitive and susceptible to depression (Desiningrum & Indriana, 2018). Santrock (2012) stated that changes in cognitive aspects occur due to a decrease in the production of brain-building materials that resulted in the decreasing memory so that the elderly can lose their memories and even experience Alzheimer's disease. In the social conditions, the elderly begin to decrease in their social roles and jobs as a result of the decline in the physical condition of the elderly. Also, the elderly experience some changes which occur in the socio-economic situation, such as losing a partner, children who start leaving home, and losing their jobs due to retirement (Suardiman, 2011). The changes in this social aspects can cause loneliness in the elderly.

Various setbacks in the elderly are exacerbated by the treatment of the people around them. They feel that they are no longer valued and ignored even by their families including their own children. Sometimes they are neglected so that some of them are forced to enter and become the residents of the nursing home of their own will, even though many of them feel abandoned by their families. Several cases happen because there are no more relatives or families who can take care of them, but also some cases begin with a fight with their children or son-in-law indeed (Indriana, 2012). Another problem experienced by many elderly people is the anxiety of facing death. It is an unpleasant emotional condition where the individual feels uncomfortable, strained, restless, insecure, anxious, and confusion caused by objects that are not clear nor have not yet occurred in the form of the cessation of the body functions including heartbeat, brain activity, and breathing or when the soul is released from the body.

Resilience

The resilience ability needs to be possessed by the elderly in order to deal with these setbacks as well as various attitudes of people around them who tend to be negative thinking. One of the important things of resilience ability is revealed in the research results of Purwanti and Kustanti (2018) which showed that there was a positive and significant relationship between resilience and psychological well-being with $r = 0.87$ and $p < 0.001$. Thus, it could be assumed that the higher elderly resilience, the higher psychological well-being. Desiningrum (2014) also stated that there was a positive correlation between the perception of social support towards psychological well-being. It means that the elderly feel there is someone either from families or friends who can be relied on by providing social support when they are experiencing difficulties, so then the elderly will get psychological well-being. Thus, it can be concluded that psychological well-being in the elderly is related to psychological support and resilience.

Resilience is also the ability of individuals to survive in a state of stress and even deal with misery or traumatic experienced and remain firm in difficult situations (Reivich.K & Shatte.A, 2002). Resilience includes recovery from a traumatic period, overcoming failure in life, and enduring stress, so that the individuals can function properly and be able to carry out their daily duties. Thus, resilience can be interpreted as a positive adaptation pattern, so the individuals can still show progress even in difficult situations (Masten & Gewirtz, 2006). Siebert (2005) added that resilience is the ability to cope well with life changes at a high level, maintain health under stressful conditions, rise from adversity, overcome bad luck, change the way of life when the old way is deemed incompatible with current conditions, and face problems without violence. According to McEwen (2011), resilience is a concept or idea of the ability to survive or overcome the difficulties of an unpleasant accident and successfully adapt to the changes and uncertainties.

According to Reivich and Shatté (2002), there are 7 abilities in resilience, those are:

1. Regulation of emotion, that is the ability to remain calm under pressure. Individuals who have the ability to regulate emotions can control themselves when they are upset and overcome anxiety, sadness, or anger, so it can speed up the process of problem-solving.
2. Impulse control, that is the ability to control desires, impulses, likes, and pressures that arise from individuals.
3. Optimism. Resilience individuals are optimistic individuals. They have hope for the future and believe that they can control their life direction.
4. Empathy, it shows that individuals are able to read psychological and emotional signs from others. Empathy reflects how well individuals are able to recognize the psychological state and emotional needs of others.

5. Analysis of problems cause, that is the individual's ability to accurately identify the cause of the problems they face. Individuals who are unable to identify the cause of the problems they face will continue to make the same mistake exactly.
6. Self-efficacy, that is a belief in self-own ability to deal with and solve problems effectively. Self-efficacy also means believing that being able to succeed.
7. Increasing positive aspects. Resilience is an ability which includes increasing positive aspects of life. Individuals who enhance positive aspects of life are able to do these two aspects well, those are: (1) able to distinguish realistic and unrealistic risks, (2) having a meaning and purpose of life and able to see the big picture of life. Individuals who always improve their positive aspects will find an easier way to overcome their life problems and play a role in increasing interpersonal skills as well as emotional control.

The Living Place

The various resilience ability in the elderly depends on the place where they live. For instance, the elderly who live with family may have different resilience levels from the ones who live in Islamic boarding school and in the nursing home. This difference can occur because of moving residency as one of the important things which can affect the elderly's life.

In accordance with the Law of the Republic of Indonesia, Number 52 of 2009 Article 1 stated that the smallest unit in a society is a family which is consisting of a husband and wife, or a husband, a wife and children, or a father and children, or a wife and children. The family role for the elderly as part of the family members is to assist them through communication. It is aimed to develop the elderly potential as optimal as possible and overcome the problems. This is done by the family members based on their willingness to help and love for the elderly. The family is also the main support and strength source (Hebbani & Srinivasan, 2016). Generally, the family has an important function both physical, emotional, spiritual, and social development as well as the family being a source of love, protection, and identity for its members (Lestari, 2012).

Family social support has a positive correlation with individuals resilience (Dewi, 2018). Thus, it can be assumed that the better social support the family receives, the better resilience capabilities the individuals have. The importance of family is also expressed in the research conducted by Hakim and Hartati (2014) which stated that the main source of happiness in the elderly is family. It is also strengthened by the research of Charlezz and Piazza (in Santrock, 2012) which stated that the elderly feel the most intense positive emotion in a family more than others. Another important role of the family for the elderly is to overcome elderly problems, including physical, psychological, and social problems (Murdiyanto & Gutomo, 2017).

The family also can be functioned as a support system for the elderly. Marwanti (2012) mentioned that family support is negatively correlated with elderly depression. Similar research was also revealed by Li, Jiang, and Zhang (2019) which stated that the importance of the family as a support system is negatively related to depression in the elderly. This means that the more a family can be a support system, the more elderly can avoid depression. The given family support system must necessarily touch the emotional aspect or in other words, it is a kind of need for attention since the elderly tend to feel lacking if they only get their physical needs (Marwanti, 2012). Then research conducted by Li, Jiang, and Zhang (2019) mentioned that the importance of intergenerational relations in the family can reduce depression in the elderly when the more relationship between the elderly, the children, and the grandchildren getting better, the more elderly can avoid their depression. Mujahidah and Listiyandini (2018) stated that there was a negative correlation between depression and resilience in individuals, so the better individuals resilience, the lower the depression levels.

There are some findings related to the elderly in a cultural perspective. In Indonesian culture context, the elderly are seen as individuals who must be respected and have an important role especially in the family since they have extensive experience (Riasmini, Sahar & Resnayati, 2013) and the family has the responsibility to take care of the elderly in accordance with the Indonesian values. It is also an obligation for taking care of the elderly especially for families in a rural area (Wiyono, Sahar & Wiarsih, 2008). Effendy (in Wiyono et al, 2008) stated that families in Indonesia have a close relationship either with main or extended family, and the applied culture for respecting the older makes the elderly are treated well at home until the death await. Riasmini et al (2013) mentioned that a family is the main support system for the elderly and it becomes an important thing for elderly who have chronic illnesses. A study showed that the elderly who have chronic illnesses still have good psycho-social well-being because they live with their family (Zulfitri, Sabrian & Herlina, 2019). The elderly who have a low intensity of making contact with family have a high risk of experiencing functional limitations (Micheli, Ratsika, Vozikaki, Chlouverakis & Philalithis, 2018). , Lue & Hsu, 2007). In the same study mentioned that emotional support from the family is more influential rather than instrumental support towards psycho-social symptoms. A family is a social group that stays longer than other social groups. Even if there are relationship which does not stay longer because of divorce and death, a family will remain throughout life (White, Klein & Todd, 2015). Padmiati and Diyanayati (2015) stated that family is the best place for the elderly because of the emotional bond and life history of the elderly.

One of the places that might become one of the destinations for elderly is Islamic boarding school. It is kind of Islamic educations in Indonesia. As a country with a large Muslim population, the existence of Islamic boarding school becomes respected attraction and being the first choice for people who want to deepen their Islamic knowledge. In Java Island especially, there are several Islamic boarding schools that are aimed specifically for the elderly. One of them is Payaman Islamic Boarding School Magelang which was established in 1955. It has students came from various cities in Java and even from Sumatra, Kalimantan, Sulawesi, and so on. There are students who just being there a few months, yet many of them had been there for years. Even they handle food and other needs independently, but they can survive and be joyful because they feel like doing better worship and their knowledge about Islam as well as their ability to read Qur'an increased.

Islamic boarding school becomes one of the places that can improve the quality of religion and spirituality in the elderly. The research results of Desiningrum, Indriana, and Suparno (2019) found several findings which explained that Islamic boarding school is one of means to develop positive emotions consisting of social support from others, motivation and gratitude, independence, a healthy lifestyle as well as an inner peace. The social support received by the elderly in Islamic boarding school especially in terms of information about religious knowledge comes from other fellow students and clerics (in Indonesia is called *kyai/nyai*). When positive emotions of elderly increase, so then their spirituality also increases. Permana (2018) stated that spirituality has a positive influence on resilience. It was also expressed by Fajria (2018) who stated that spirituality was positively correlated with resilience with an effective contribution 47.7%. Spirituality becomes one of the factors that can shape resilience (Hebbani & Srinivasan, 2016).

Islamic education leads people to achieve peace of mind and soul (in Machali & Hidayah, 2014). Agustina (2016) revealed that in Islamic boarding school, the elderly were not only given spiritual or inner peace education but also were conditioned to be able to make new social relations and getting close with Islamic boarding school environment. Sinambela and Irena (2018) stated that the better the social support received, the better the resilience of individuals. Islamic boarding school is one of the educational models that can help its students become creative, initiative, responsible and independent individuals (Darroini, 2018). Desiningrum et al (2019) also found the same findings that Islamic boarding schools become the means to practice independence in the elderly since they have to be able to meet their own needs when they live in Islamic boarding school. Independence significantly and positively correlated with resilience, so the higher the independence, the higher resilience (Ahyani & Raharjo, 2015).

A nursing home is also one of the places that can not be denied by the elderly. The Regulation of the Social Affairs Minister of the Republic of Indonesia of 2009 Article 25 stated that a nursing home works on providing social, curative, rehabilitative, and promotive guidance, service, and rehabilitation in the form of basic knowledge guidance as well as physical, mental, social education, skills training, resocialization for the elderly who are neglected and have chance to be neglected in order to be able to live their life naturally for themselves, family, and community as well as the assessment and preparation of service and referral standards. According to Indriana (2012), a nursing home is a place to live for the elderly as well as a means of self-esteem rehabilitation for the elderly with various existing programs. Triwanti, Ishartono, and Gutama (2014) stated that the existence of a nursing home is one of the forms to improve elderly welfare. Kim (2012) in his study, stated that peer support can improve physical and general health, depression as well as social function in the elderly. Resilience ability is negatively correlated with depression in the elderly, so that the better resilience, the lower depression (Mujahidah & Listiyandini, 2018).

II. Material and Methods

This study was a comparative quantitative study comparing the resilience of the elderly who lived at home with family, in Islamic boarding school, and in a nursing home. The population was the elderly who lived at home with their family in the Special Region of Yogyakarta and Temanggung, the elderly who lived in Islamic boarding school in Payaman, Magelang Regency, and the elderly who lived in a nursing home in the Special Region of Yogyakarta. The total population in this study was 110 people which consisted of 40 elderly who lived at home with family, 35 elderly who lived in Islamic boarding school, and 35 elderly who lived in a nursing home. Whereas the measuring instruments used a resilience scale that referred to the theory proposed by Reivich and Shatte (2002). The item number in the measuring instrument was 22 items ($\alpha = 0,897$) with two answer choices, "Yes" and "No". The sampling technique used incidental sampling. Age and gender were revealed through the subject's identity which used the documentation method. Then the collected data were analyzed using Statistical Package for Social Science (SPSS) version 23.

III. Result

Prior to data analysis, an assumption test was carried out, namely the normality test and the homogeneity test. The result of the normality test (table 1) showed that the data distribution on elderly who lived at home was not normally distributed ($p = 0.00$), the data distribution on elderly who lived in Islamic boarding

school was normally distributed ($p = 0.2$), and the data of elderly who lived in a nursing home was not normally distributed ($p = 0.021$).

Table 1.
Normality Test

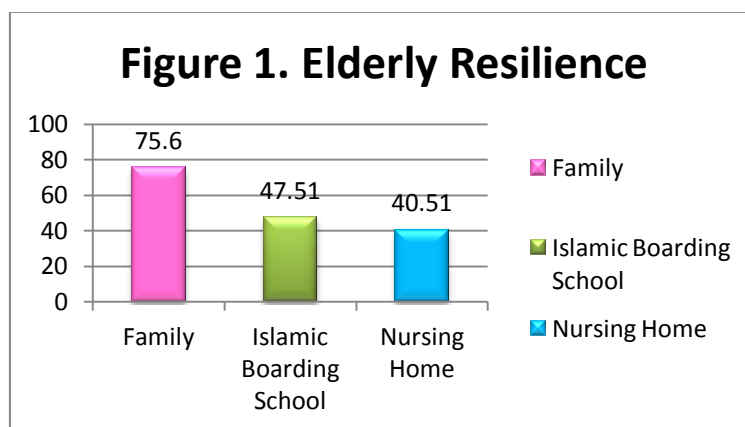
	Kolmogorov- Smirnov ^a			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	Df	Sig.
Islamic Boarding School	.117	35	.200*	.956	35	.168
Home	.245	35	.000	.769	35	.000
Nursing Home	.162	35	.021	.906	35	.006

The table 2 below showed that the data in this study were not homogeneous with a significance value (p) was 0.009, so it was not possible to be analyzed by a parametric analysis test.

Table 2.
Homogeneity Test

Levene Statistic	df1	df2	Sig.
4.933	2	107	.009

Based on the Kruskal-Wallis test showed that there was a significant difference ($p = 0.00$) in the elderly resilience who lived at home with family, those who lived in Islamic boarding school, and those who lived in a nursing home. The highest mean rank value was found in the elderly who lived at home with family (75.60), followed by the elderly who lived in Islamic boarding school (47.51) and the elderly who lived in a nursing home (40.51). Thus, it could be concluded that the elderly who lived at home with family had the highest resilience, while the second one was the elderly who lived in Islamic boarding school and the lowest resilience was elderly who lived in a nursing home. The elderly who lived with family had the highest resilience score for several reasons. Lu, Yuan, Lin, Zhou, and Pan (2017) stated that family functions such as affection, adaptation, problem-solving, growth, and partnership significantly influenced the resilience of elderly indirectly. Hebbani and Srinivasan (2016) stated that one of the factors influencing resilience was social and family roles and responsibilities.



Afterward, the researchers also tested the difference in resilience by sex. Based on the Mann-Whitney U test, it was found that there was no significant difference in resilience between men and women ($p = 0.129$). This is consistent with the study conducted by Young, Greenbaum, and Dormady (2017) which stated that both sex and gender had weak correlations towards resilience, but gender had an effect on resilience. Similar results also found that there was no difference in resilience between men and women (Xiao et al., 2019). There should be a more in-depth investigation of resilience between men and women because there was no difference between the two (Alex, 2010). The next test conducted in the current study was a correlation test between age and resilience scores. The results showed that there was no correlation between age and individuals resilience ($p = 0.055$).

IV. Discussion

An important factor for elderly life is religious activities. Most of the elderly who lived with family are active in various religious activities, such as joining a particular group or recitation group. These activities are used by the elderly to fulfill their free time. Moreover, it is also time to reach their development, which is to seek self-meaning and social unity (Indriana, 2012). Activity Theory stated that when the elderly keep to social interacting actively, they will be happier and be successful aging (Indriana, 2012). In addition, it is also stated that elderly need to remain among people who can be their friends in order to avoid social isolation. Religion in the elderly become important as it is related to resilience, which means the more religious individuals, the better the resilience ability (Setiawan & Pratitis, 2015). Spiritual experience and involvement become one of the factors in shaping individuals resilience (Hebbani & Srinivasan, 2016). When someone starts turning the elderly age, he will start to pay attention more to religion since it is considered as a source of psychological needs, strength, and helping the elderly to accept all kinds of losses as well as becoming ready to face death. Religious activities or spiritual experiences can be obtained by becoming a student in an Islamic boarding school. The Islamic boarding school becomes an adequate facility to facilitate individuals religious needs as it provides various facilities, such as worship places, teachers, and various religious activities. Agustina (2019) revealed that in the elderly boarding, the elderly are not only getting spiritual or inner peace education but also assigned to be able to make new social relations and getting close with Islamic boarding school elements.

A nursing home could be a place for elderly to develop positivity such as a sense of being in the same boat (Indriana, 2012). Generally, the elderly feel equal in the nursing home like equal in services, facilities, conditions, and mutual needs. However, there was a study about elderly depression who lived in a nursing home. Pramesona and Taneepanichskul (2018) said that the prevalence rate of elderly who lived in the Special Region of Yogyakarta was 42.5%. One of risk factors that caused depression in the elderly who lived in a nursing home is the perception of inadequate treatment. Boorsma et al (2012) found that the incidence rate of depression in nursing homes in the Netherlands was 13.6 per 100 population. Poor quality of elderly treatment was also related to the emergence of several depressive symptoms (Yuan, Lapane, Baek, Jesdale, & Ulbricht, 2019). The results showed that residents of nursing homes in Norway experienced high and persistent levels of clinically significant depression symptoms (Barca, Engedal, Laks, & Selbaek, 2010). The elderly who lived in a nursing home tend to have depression because the resilience level is not good as the results in this study indicated that they have the lowest resilience score.

V. Conclusion

There were several conclusions obtained from various descriptions previously mentioned, i.e

1. There was a significant difference in resilience between the elderly who lived in Islamic boarding school, and those who lived at home with family and who lived in a nursing home. The elderly who lived at home with family had the highest resilience, then followed by the resilience of elderly who lived in Islamic boarding school. The elderly who lived in a nursing home had the lowest resilience.
2. There was no difference in resilience between male and female elderly, which means that sex is not one of the variables that influence individual resilience.
3. There was no significant relationship between age and resilience.

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