The relationship between the fulfillment of spiritual needs and self-efficay in the elderly in nursing homes

Nuris Sahilatun Ni'mah, Iskim luthfa*, Mochammad Aspihan Nursing Study Program, Universitas Islam Sultan Agung, Semarang, Indonesia

*Corresponding Author:

Email: iskimluthfa@unissula.ac.id

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Abstract

One of the factors that influence the self-care of the elderly is self-efficacy or selfconfidence. Fulfillment of spiritual needs is an important factor for increasing the selfefficacy of the elderly in improving the quality of life. The purpose of this study was to analyze the relationship between fulfilling spiritual needs and the self-efficacy of the elderly in nursing homes. This research is a type of quantitative research and uses a crosssectional study design with consecutive sampling techniques. The population in this study were 126 elderly in a nursing home. This research instrument uses a questionnaire. The data obtained was processed statistically using the Somers' d test. The results of this study showed that most of the elderly were aged 60-74 years with a percentage (68.3%), most of whom had the most sex, namely men, totaling 64 elderly with a percentage (50.8%), most of whom had the most religion, namely Muslim with a percentage of 96 elderly (76.2%), most of the education is elementary school with a total of 80 elderly with a percentage (63.5%), and most of the marital status are widowers with a total of 62 elderly with a percentage (49, 2%), most of the fulfillment of spiritual needs obtained a moderate majority score with a total of 108 elderly with a percentage (85.7%), and most of the self-efficacy obtained a moderate majority score with a total of 105 elderly with a percentage (83.3%). The results of somers'd research obtained a p value of 0.003 or a P value <0.05. This shows that there is a significant relationship between fulfilling spiritual needs and self-efficacy in the elderly in nursing homes.

Keywords: Elderly self-efficacy; spiritual

INTRODUCTION

Increasing life expectancy is one of the main indicators of public health levels. Various issues or problems related to the achievement of elderly well-being, aging is not a disease but is a process of slowly losing the ability of tissues to repair themselves or replace and maintain their normal function so that they cannot survive infection and repair the damage suffered. The elderly need the help of others to maintain their social life, especially in the fields of personal hygiene, optimal welfare, and health care (Sinaga, 2019).

The elderly are often characterized by their ability to perform daily activities. One of the problems that are often encountered in the elderly psychologically is the dissatisfaction of the elderly with the lives of the elderly, the quality of life of the elderly is affected by dissatisfaction, in improving the quality of life of the elderly, the government has established an elderly social service home (panti werdha). Social services for the elderly are a process of social counseling, guidance, support, compensation, and care provided in a directed, planned, and sustainable manner with the aim of improving the social welfare of the elderly (Astuti, 2017).

The prevalence of the elderly according to WHO in 2015 was 12.4% and increased to 23.08% in 2018. Indonesia is one of the countries with a large elderly age group population, which is around 9.03% in 2017. The high group of elderly is a special concern for health workers considering that the elderly group has a high risk of experiencing changes in health both physically, cognitively, mentally and socially. There is a phenomenon that shows that the self-efficacy of the elderly can have an impact on self-care. Research conducted related to trust, namely, Candra research in 2014 obtained the results of self-confidence of menopausal elderly, mostly from a total of 100 people, 24 people in the low category, 40 people in the medium category, and 36 people in the high category (Astuti, 2019).

Self-efficacy is a person's evaluation of himself to be able to carry out a task to achieve a goal, and overcoming the obstacles he experiences from this process is not so much related to the abilities and resources of the individual, but rather how they conclude or believe that they can use their abilities and resources to complete a given task. Good self-efficacy will make individuals feel able to do self-care (Anggreani et al., 2020).

Research conducted by Salamizadeh (2016) on the impact of spiritual care education on self efficacy, which shows an increase in self-efficacy scores in the intervention class after intervention with a p value of 0.002 (p>0.05), which means there is an influence of spiritual care on self-efficacy. (S et al., 2019) Based on this phenomenon, researchers are interested in researching the relationship between the fulfillment of spiritual needs and self-efficacy in the elderly in nursing homes.

METHOD

This type of research is quantitative using a cross sectional approach. with consecutive sampling technique. The population in this study was 180 elderly people who were obtained at the Pucang Gading Semarang Elderly Social Service House, and at the Wening Weredyo Semarang Elderly Social Service House, the Slovin formula, and a sample of 126 respondents was obtained.

The respondents in this study were the elderly in Pucang Gading Semarang elderly social service house and in Wening Wardoyo Semarang with inclusion and exclusion criteria. The inclusion criteria in the study were the elderly aged 60 years and over, and the elderly at the Pucang Gading Semarang Elderly Social Service Home and at the Wening Wardoyo Ungaran Elderly Social Service Home, the exclusion criteria were the elderly who experienced communication disorders, and cognitive impairment.

Research instruments to determine the fulfillment of the spiritual needs of the elderly, and the self-efficacy of the elderly using questionnaires. The spiritual needs questionnaire of the elderly made includes relationships with oneself, others, the environment and God. This questionnaire consists of 25 favorable question items using the Likert scale. There are 4 answer scores with details 1= never, 2 = sometimes, 3= often, 4= always. General Self Efficacy Instrument developed by Schwarzer in 1995. The General Self Efficacy Instrument developed by Schwarzer in 1995, there are 10 questions covering confidence in facing and solving problems in life. Likert scale measurement, expressed by the answer: 1: disagree, 2: undecided, 3: agree, 4: Strongly agree.

The data that have been processed are then analyzed both univariately and bivariately using distribution tables, frequencies, and somers'd tests.

RESULTS AND DISCUSSION

Univariate Analysis Results

Characteristics of the elderly

a. Age

Table 1. Frequency distribution of respondent characteristics based on age (n=12				
Variable	Frequency (f)	Percentage (%)		
Age				
60-74	86	68.3		
75-90	40	31.7		
Total	126	100.0		

Table 1 shows that there are 86 respondents (68.3%) aged 60-74 years. And aged 75-90 years there were 40 respondents (31.7%)

b. Gender

Table 2. Frequency distribu	tion of respondent characte	eristics based on gender (n=126)
Variable	Frequency (f)	Percentage (%)
Male	64	50.8
Female	62	49.2
Total	126	100.0

Table 2 shows that the characteristics of the elderly are 64 elderly men (50.8%), and 62 elderly women (49.2%).

c. Religion

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Variable	Frequency (f)	Percentage (%)
Islam	96	76.2
Christian	24	19.0
Catholic	6	4.8
Total	126	100.0

Table 3 shows that the characteristics of the elderly with religious characteristics were found to be Muslim, there were 96 elderly people (76.2%), there were 24 elderly Christians (19.0%), and there were 6 elderly Catholics (4.8%).

d. Education

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Variable	Frequency (f)	Percentage (%)
Not completed in primaryschool	25	19.8
Finished elementary school	80	63.5
Finished middle school	11	8,7
No school	10	7,9
Total	126	100.0

Table 4 shows that the characteristics of the respondents obtained were that 80 elderly had completed elementary school (63.5%), then 25 elderly had not completed elementary school (19.8%), 11 elderly had completed junior high school (8.7%), and those who did not go to school there were 10 elderly (7.9%).

e. Marital Status

Table 5. Frequency distribution of respondent characteristics based on marital status

	(n=126)	
Variable	Frequency (f)	Percentage (%)
Widow	62	49.2
Widower	64	50.8
Total	126	100.0

Table 5 shows that the characteristics of respondents in the widow category were 62 elderly (49.2%), and in the widower category there were 64 elderly (50.8%).

f. Spiritual Needs

Variable	Frequency	Percentage (%)
Low	7	5.6
Medium	108	85.7
hight	11	8.7
Total	126	100.0

Table 6 shows that the characteristics of respondents are based on spiritual needs with a moderate score of 108 elderly (85.7%), then for low scores there are 7 elderly (5.6%), for high scores there are 11 elderly (8.7%).

g. Self Efficacy

Table 7. Frequency distribution of respondent characteristics based on *self efficacy* (n=126)

Variable	Frequency	Percentage (%)
Low	7	5.6
Medium	105	83.3
hight	14	11.1
Total	126	100.0

Table 7 shows that the characteristics of respondents are based on self-efficacy (confidence), with a moderate score of 105 elderly people (83.3%), then for a low score there are 7 elderly people (5.6%), for a high score there are 14 elderly people (11.1%).

Bivariate Analysis

Table 8. Somers'd Statistical Test Results of the Relationship between fulfilling spiritual needs and self-efficacy in elderly people in nursing homes (n=126)

Self Efficacy						
		Low	Medium	Hight	Total	Corelation Coefficient (r) <i>p</i> value
Spiritual needs	Low	4	3	0	7	
	Medium	3	95	10	108	2,929 0,003
	Hight	0	7	4	11	
	Total	7	105	14	126	

Table 8 shows that the results of statistical tests carried out using the Somers'd test obtained a p value of 0.003 or (<0.05), so Ha is accepted. Thus, it can be interpreted that there is a significant relationship between spiritual needs and self-efficacy in elderly people

in nursing homes. Apart from that, the correlation coefficient (r) value is 2.929 which explains that this research has a strong relationship.

Discussion

1. Age

The age of respondents from the study showed that the age of the elderly was the most, namely 60-74 years, there were 86 respondents (68.3%). And aged 75-90 years there were 40 respondents (31.7%). The results of Wantiyah's research quoted by Ismatika (2017) explained that self-efficacy at vulnerable ages focuses more on acceptance and rejection of the ability to change physically. Physical changes are influenced by age development, so the level of stressor in solving problems will increase (Aswir & Misbah, 2018).

2. Gender

The results showed that the characteristics of the elderly with male sex were 64 elderly (50.8%), and female there were 62 elderly (49.2%). This is supported by Bandura's (1997) research in Made (2012) saying that women and men in self-efficacy are higher in managing their roles. However, women have roles other than housewives, as well as career women will have high self-efficacy compared to working men (Astuti, 2019).

3. Religion

The results of the study showed that the characteristics of the elderly with religious characteristics were found to be 96 elderly from the Islamic religion (76.2%), 24 elderly from the Christian religion (19.0%), and 6 elderly from the Catholic religion (4.8%). The results of this research are in line with Trisnawati's (2011) previous research on religious activity and depression with 100 elderly respondents saying there was a relationship between religious activity and the level of trust. This is in line with research results which show that the higher the level of spiritual well-being, the lower the level of trust that the elderly have. When someone has high spiritual well-being, then this can become the main support system in daily life and in situations when there is a problem. Places of worship can be the main source of social support for elderly people who do not have family members nearby.

4. Education

The research results obtained were that 80 seniors had completed elementary school (63.5%), then 25 seniors had not completed primary school (19.8%), 11 seniors had completed junior high school (8.7%), and 10 seniors had not gone to school. (7.9%). Based on the results of research conducted by Ngadiran (2020), education is a process to help someone develop their abilities. Health education is a consciously planned process to create opportunities for individuals to continuously learn to improve awareness and increase knowledge and skills for the benefit of their health and the health of those around them (Dikriyansyah, 2018)

5. Marital Status

The results of the research were obtained for the widow category, there were 62 respondents with a percentage of (49.2%), and for the widower category there were 64 respondents with a percentage (50.8%). In this study, it was found that the majority were widows/widowers. Marital status is a form of support to improve the quality of a person's life

6. Spiritual Needs

The research results obtained by researchers were based on spiritual needs with a moderate majority score of 108 respondents with a percentage of (85.7%), then for low scores there were 7 respondents with a percentage of (5.6%), for high scores there were 11 respondents

with a percentage of (8.7%). A high level of spirituality can influence human cognition to think positively. The cognitive process includes the thinking process to obtain information and use information. Spiritual activities carried out repeatedly will increase closeness to God, thereby giving rise to positive thinking (Astuti, 2017). Research on spirituality in the elderly has been carried out, among others, by Nurhidayah (2014) with the title elderly happiness in terms of social and spiritual support. The research results show that there is a positive and real relationship between social support and happiness. However, no relationship was found between spirituality and happiness (Sari, 2014).

7. Self Efficacy

The results obtained by researchers were based on self-efficacy (trust) with a moderate majority score of 105 respondents with a percentage of (83.3%), then for low scores there were 7 respondents with a percentage of (5.6%), for high scores there were 14 respondents with a percentage of (11.1%). This research is supported by Srigati (2016), that Self-efficacy is an individual's belief in his ability to organize and carry out a certain series of actions needed to get the expected results. Individual self-efficacy lies not in high or low self-efficacy, but in being able to influence existing characteristics according to the situation and related tasks (Astuti, 2019).

8. Relationship between the need for spirituality and self-efficacy among the elderly in nursing homes

Bivariate analysis in this research is the relationship between fulfilling spiritual needs and self-efficacy in elderly people in nursing homes. Statistical test results using the Somers'd test obtained a p value of 0.003 (<0.05). Thus, it can be interpreted that there is a significant relationship between the characteristics of spiritual needs and self-efficacy in elderly people in nursing homes. Apart from that, the correlation coefficient (r) value of 2.929 shows that this research shows a very strong relationship. The results of the research are in accordance with the results of research by Salamizadeh (2016) regarding the impact of spiritual care education on self-efficacy, which shows an increase in self-efficacy scores in the intervention class after the intervention with a p value of 0.002 (p>0.05), which means there is an influence of spiritual care on self efficacy.

Based on the research conducted, as well as previous research, it can be explained that this research shows that there is a relationship between fulfilling spiritual needs and selfefficacy in elderly people in nursing homes. The better the fulfillment of spiritual needs, the better the self-efficacy of the elderly.

CONCLUSION

The research results show that the level of spirituality and self-efficacy is in the good category and there is a positive relationship between the level of spirituality and self-efficacy. The better the level of spirituality, the better the level of self-efficacy.

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