



## THE RELATIONSHIP OF DAILY LIVING ACTIVITY (ADL) WITH ANXIETY LEVEL IN THE ELDERLY AT SOCIAL SERVICE UPT DEAF, SPEECH AND ELDERLY SOCIAL SERVICES PEMATANG SIANTAR

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### Abstract

*Activity Daily Living (ADL) is a basic skill that a person must have in taking care of himself, including clothing, eating, drinking, toileting, bathing and making up. The elderly will experience a decrease in carrying out daily activities and can directly cause harm to the elderly. Elderly is someone who has entered the age of 60 years and over. This study aims to see the relationship of daily activities (ADL) with the level of the elderly at the Social Service Unit for the Deaf, Speech and Elderly, Pematangsiantar social service. This type of research is descriptive correlation through cross sectional approach. This research was conducted from September to October 2020. The population in this study were the elderly at the Social Service Unit for the Deaf, Speech and Elderly at the Pematangsiantar Social Service as many as 30 people. Sampling in this study is using total sampling, which means that all members of the population can be sampled, namely 30 people. The results of this study were that data processing using SPSS resulted in an indigo  $P = 0.03$  ( $P < 0.05$ ), so that  $H_0$  was rejected, meaning that this study had a statistically close relationship between activities of daily life (ADL) and the level of reduction in elderly and elderly at the Social Service Unit for the Deaf, Speech and Elderly, Pematangsiantar Social Service.*

**Keywords :** *Activity Daily Living (ADL), Anxiety Level, Elderly.*

### 1. INTRODUCTION

The changes experienced by the elderly, especially physical changes, have an impact on decreasing the function of body organs and abilities in daily activities, thus affecting the level of independence of the elderly (Bonsoe, in Unang 2014). Changes in social life in the elderly, the economy is inadequate, their enthusiasm for life will decrease so that their Activity Daily Living (ADL) will change and they may not have the spirit to live their lives. Changes in the environment with a lack of recreation, inadequate transportation, can also affect the Activity Daily Living (ADL) of the elderly themselves (Pulkeliene, 2011). Individual age continues to grow and lasts constant from birth to death, essentially getting old is a natural process which means a person has gone through three stages of life, namely: childhood, adulthood, and old age. These three stages differ both biologically and psychologically.

Entering old age means experiencing physical and psychological setbacks. The decline in psychological conditions in the elderly is caused by dementia where the elderly experience memory decline and this can affect Activity Daily Living (ADL). Activity Daily Living (ADL) is a person's ability to take care of himself, starting from waking up, bathing, dressing and so on (Mubarak 2006, in Akbar, Yulitasari, Santoso 2016). Elderly dependence is caused by the condition of many elderly people experiencing physical and psychological setbacks. Meanwhile, when viewed from the level of independence which is assessed based on the ability to carry out daily activities. Lack of physical mobility is a problem that is often found in elderly patients due to various physical, psychological, and environmental problems experienced by the elderly. Immobilization can cause complications in almost all organ systems. The mental health condition of the elderly shows that in general the elderly are unable to carry out daily activities (Malida, 2011).

Things that affect the level of anxiety in the elderly, namely predisposing factors (supporting) and precipitation. Predisposing factors are tension in life in the form of traumatic events, emotional conflicts, impaired self-concept, frustration, physical disorders, history of anxiety

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disorders. Meanwhile, the precipitation factor is in the form of threats of violence and threats to self-esteem (Kusumawati & Hartono, 2010). Besides these factors, there are still many factors that cause anxiety in the elderly, namely always thinking about the disease they suffer, economic constraints, time to gather with family that they have very little, thinking about their unmarried children, often feeling lonely. Excessive anxiety has a detrimental impact on the mind and body and can even cause physical diseases including suppression of the immune system, digestive disorders, short-term memory loss, premature coronary artery disease (Cutler, 2004).

From the results of a preliminary study conducted at the UPT Social Services for the Deaf, Speech and Elderly Social Service of North Sumatra Province in Pematangsiantar in 2020, data on the number of elderly who became members of the UPT Social Services for the Deaf, Speech and Elderly Social Service of North Sumatra Province in Pematangsiantar was as many as 30 people. From this preliminary study, many elderly complain about their life being away from their families makes the elderly feel uneasy with their families even though they live in an orphanage with friends of the same age, their life is now empty, and they say they are resigned to living in an orphanage and sometimes cry alone remembering the past. The quality of life is not good with many complaints in the elderly, namely physical pain that sometimes interferes with their activities, is not satisfied with their sleep because they often wake up, and interacts with other people rarely and sometimes feels lonely.

## **2. THEORETICAL BASE**

### **2.1 Definition of Activity Daily Living (ADL)**

Activities of daily living or ADL (Activities Daily Living) are the main activities for self-care, including: eating, drinking, bathing, toileting, dressing, and changing places. ADL assessment is important in assessing the level of assistance for the elderly with full or moderate dependence (Tamher & Noorkasiani, 2009). ADL (Activities Daily Living) are basic skills that must be possessed by a person in taking care of himself, including clothing, eating, drinking, toileting, bathing and decorating (Ekasari, Riasmini & Hartini, 2018). ADL (Activity of Daily Living) is defined as a person's independence in carrying out activities and functions of daily life that are routinely and universally carried out by humans (Ediawati, 2013).

#### **2.1.1 Factors that affect ADL**

According to (Hardywinoto, 2007), the willingness and ability to carry out activities of daily living depends on several factors, namely:

- a. Age and developmental status A client's age and developmental status show signs of willingness and ability, or how the client reacts to the inability to carry out activities of daily living.
  - b. A person's physiological health can affect the ability to participate in daily living (ADL) activities, for example the nervous system collects, transmits and processes information from the environment.
  - c. Cognitive Function Cognitive level can affect a person's ability to carry out activities of daily living. Cognitive function shows the process of receiving, organizing and interpreting sensor stimuli to think and solve problems. Psychosocial Function
  - d. The psychological function shows a person's ability to remember something in the past and present information in a realistic way. This process includes complex interactions between intrapersonal and interpersonal behavior.
  - e. Stress level Stress levels Stress is a non-specific physical response to various needs. Factors that can cause stress (stressor), can arise from the body or the environment or can disrupt the body's balance.
  - f. Biological rhythm Biological rhythms or rhythms help living things regulate the physical environment around them and help internal homeostasis (balance in the body and the environment).
7. Mental state.



- g. Mental status indicates the intellectual state of a person. The state of mental status will have implications for the fulfillment of individual basic needs. As stated by Cahya, quoted from Baltes, one of the factors that can affect an individual's independence in meeting his needs is the limitation of mental status.
- h. Health services Health and social welfare services for the elderly segment are inseparable from each other. One of the community-based health services is posyandu for the elderly.

### 2.1.2 Activity Daily Living (ADL) Assessment

Activity Daily Living (ADL) assessment is important in order to determine the level of assistance for the elderly with full or moderate dependence. If the elderly cannot do the Activity Daily Living (ADL) independently, the role of the assistant nurse (caregiver) is needed. Thus, the elderly are expected to continue to socialize (Tamher & Noorkasiani, 2011). There are a number of measuring tools or instruments whose validity has been tested to measure Activity Daily Living (ADL), one of which is the Katz Index. The aim is to identify basic functional status deficits and try to find ways to address and improve these basic functional statuses. According to Maryam (2008) using the Katz independence index for Activity Daily Living (ADL) which is based on evaluating independent or dependent functions from the client in terms of eating, bathing, toileting, continental (BAB/BAK), moving to the bathroom and dressing. The assessment in carrying out daily living (ADL) activities is as follows:

- a. Take a shower
- b. Dress up
- c. Toilet
- d. Switch
- e. Continent
- f. Food

### 2.2 Understanding Anxiety

The term anxiety in English is anxiety which comes from the Latin *angustus* which means stiff, and *ango*, *anci* which means suffocating (Trismiyati, in Widosari, 2010:16). Furthermore, Steven Schwartz, S (2000: 139) suggests "anxiety is a negative emotional state marked by foreboding and somatic signs of tension, such as racing heart, sweating, and often, difficulty breathing, (anxiety comes from the Latin word *anxius*, which means constriction or strangulation). Anxiety is similar to fear but with a less specific focus. Whereas fear is usually a response to some immediate threat, anxiety is characterized by apprehension about unpredictable dangers that lie in the future". Steven Schwartz, S (2000: 139) suggests that anxiety comes from the Latin word *anxius*, which means constriction or strangulation. Anxiety is similar to fear but with a less specific focus, whereas fear is usually a response to some immediate threat, whereas anxiety is characterized by worry about unforeseen dangers that lie in the future. Anxiety is a negative emotional state characterized by premonition and somatic tension, such as a racing heart, sweating, difficulty breathing.

1. Aspects of anxiety (Anxiety) Gail W. Stuart (2006: 149) classifies anxiety in behavioral, cognitive, and affective responses, including:
  - a. Behaviors, including:
    - 1) Restlessness,
    - 2) Physical tension,
    - 3) Tremor,
    - 4) Startle reactions,
    - 5) Fast speech,
    - 6) Lack of coordination,
    - 7) Prone to injury,
    - 8) Withdrawal from interpersonal relationships,

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- 9) Inhibition,
  - 10) Running away from trouble,
  - 11) Avoiding,
  - 12) Hyperventilating, and
  - 13) Intensely alert.
  - b. Cognitive, including:
    - 1) Impaired attention,
    - 2) Poor concentration,
    - 3) Forgetfulness,
    - 4) Incorrect judgment,
    - 5) Preoccupation,
    - 6) Thinking barriers,
    - 7) Decreased perceptual field,
    - 8) Decreased creativity,
    - 9) Decreased productivity,
    - 10) Confused,
    - 11) Very alert,
    - 12) Self-consciousness,
    - 13) Loss of objectivity,
    - 14) Fear of losing control,
    - 15) Fear of visual images,
    - 16) Fear of injury or death,
    - 17) Flashbacks, and
    - 18) Nightmares.
  - c. Affective, including:
    - 1) easily distracted,
    - 2) Impatient,
    - 3) Restless,
    - 4) Tense,
    - 5) Nervous,
    - 6) Fear,
    - 7) Alert,
    - 8) Horror,
    - 9) Worry,
    - 10) Anxiety,
    - 11) Numbness ,
    - 12) Guilt, and
    - 13) Shame.
2. Types of anxiety (Anxiety) According to Spilberger (in Safaria & Saputra, 2012: 53) explains anxiety in two forms, namely.
- a. Trait anxiety

Trait anxiety is a feeling of worry and threat that comes to a person against conditions that are actually harmless. This anxiety is caused by the personality of the individual who does have the potential for anxiety compared to other individuals.
  - b. State anxiety

State anxiety is an emotional condition and temporary state in the individual with feelings of tension and worry that are felt consciously and subjectively. 2. Anxiety level (Anxiety) Anxiety has levels Gail W. Stuart (2006: 144) suggests levels of anxiety, including: 1. Mild anxiety Associated with tension in everyday life, this anxiety causes the individual to be alert and increases his perceptual field. 2. Moderate anxiety Allows the individual to focus on what is important and to the exclusion of others. This anxiety narrows the field of individual





perception. 3. Severe anxiety Greatly reduces the field of individual perception. Individuals tend to focus on something detailed and specific and don't think about anything else. 4. Panic level Associated with amazement, fear, and terror. The details are broken out of proportion because of experiencing a loss of control, the individual experiencing panic is unable to do anything even with direction.

### 2.3 ELDERLY (Elderly)

According to the World Health Organization (WHO), the elderly is someone who has entered the age of 60 years and over. Elderly is the peak of the human life span, through aging that occurs naturally in every individual. The elderly will experience a lot of decline, both physically, mentally, and socially (Azizah, 2011). Elderly is a man or woman aged 60 years or more, physically still capable or for some reason is no longer able to play an active role in development. In terms of health, with increasing age, the elderly are more susceptible to various physical complaints, either due to natural factors or disease. Increasing life expectancy also has the potential to cause various kinds of problems from social, economic, cultural aspects, as well as physical and mental health. In the elderly, psychological problems arise when the elderly are unable to solve problems that arise as a result of the aging process, one of which is feelings of anxiety (Gunarsa, 2004).

#### 2.3.1 Elderly Age Limit

1. WHO (1999) explains the limitations of the elderly are as follows:
  - a. Elderly age between the ages of 60-74 years,
  - b. Old age is 75-90 years, and 3. Very old age is > 90 years old
2. The Indonesian Ministry of Health (2005) explains that the elderly are divided into three categories, namely:
  - a. Presentic advanced age, namely between the ages of 45-59 years,
  - b. Elderly, i.e. age 60 years and over,
  - c. The elderly are at risk, namely the age of 70 years and over or the age of 60 years and over with health problems.

#### 2.3.2 Characteristics of the Elderly

According to Keliat (1999), the elderly have the following characteristics:

1. Over 60 years of age (in accordance with Article 1 (2) of Law No. 13 on Health).
2. Needs and problems that range from healthy to sick, from biopsychosocial to spiritual needs, and from adaptive to maladaptive conditions.
3. Various living environment.

#### 2.3.3 Changes that occur in the elderly

As humans age, there is a degenerative aging process that will have an impact on changes in humans, not only physical changes, but also cognitive, feeling, social and sexual (Azizah & Lilik M, 2011, 2011).

1. Physical Change
  - a. Sense System auditory system; Prebiacusis (impaired hearing) due to loss of hearing ability (power) in the inner ear, especially to high-pitched voices or tones, unclear voice, difficult to understand words, 50% occurs in people over 60 years old.
  - b. Integument System: In the elderly, the skin is atrophic, slack, inelastic, dry and wrinkled. The skin will be dehydrated so that it becomes thin and blotchy. Dryness of the skin is caused by atrophy of the sebaceous glands and sudoritera glands, brown pigment appears on the skin known as liver spots.
  - c. Musculoskeletal System Changes in the musculoskeletal system in the elderly: Connective tissue (collagen and elastin), cartilage, bones, muscles and joints. Collagen as the main

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support for skin, tendons, bones, cartilage and connective tissue undergoes changes to an irregular stretch. Cartilage: The cartilage tissue in the joints becomes soft and undergoes granulation, so that the joint surface becomes flat. The ability of cartilage to regenerate is reduced and the degeneration that occurs tends to be progressive, consequently the cartilage in the joints becomes vulnerable to friction. Bone: reduced bone density after observed is part of physiological aging, so it will lead to osteoporosis and will further lead to pain, deformity and fracture. Muscle: changes in muscle structure in aging vary widely, a decrease in the number and size of muscle fibers, an increase in connective tissue and fat tissue in the muscles have negative effects. joints; In the elderly, the connective tissue around the joints such as tendons, ligaments and fascia experience aging elasticity.

- d. Cardiovascular system Changes in the cardiovascular system in the elderly are increased heart mass, the left ventricle is hypertrophied so that the stretching of the heart is reduced, this condition occurs due to changes in connective tissue.
- e. Respiratory system In the aging process there is a change in lung connective tissue, the total lung capacity remains but the lung reserve volume increases to compensate for the increase in lung space, the air flowing into the lungs decreases. Changes in the muscles, cartilage and joints of the thorax result in impaired respiratory movement and reduced thoracic stretching ability.
- f. Digestion and Metabolism Changes that occur in the digestive system, such as decreased production as a marked decline in function due to tooth loss, decreased sense of taste, decreased hunger (decreased hunger sensitivity), smaller liver and decreased storage space, and reduced blood flow.
- g. Urinary system There are significant changes in the urinary system. Many functions decline, for example the rate of filtration, excretion, and reabsorption by the kidneys.
- h. Nervous system The nervous system undergoes anatomic changes and progressive atrophy in the nerve fibers of the elderly. The elderly experience decreased coordination and ability to perform daily activities.
- i. Reproductive system Changes in the reproductive system of the elderly are characterized by shrinking of the ovaries and uterus. Breast atrophy occurs. In males the testes can still produce spermatozoa, although there is a gradual decline.

### **3. IMPLEMENTATION METHOD**

#### **3.1 Place and Time of Research**

1. Research Place This research was conducted at the UPT Social Services for the Deaf, Speech and Elderly Social Service in Pematangsiantar which is located at Jalan Sisingamangaraja No. 68, Pematangsiantar, North Sumatra. At UPT Social Services for the Deaf, Speech and Elderly Social Service Pematangsiantar.
2. Research Time The research was carried out from September to October 2020.

#### **3.2 Population, Sample and Types of Data**

##### **1. Population**

The population in this study were all the elderly at the UPT Social Services for the Deaf, Speech and Elderly Social Service Pematangsiantar with a total of 30 people.

##### **2. Sample**

Data from the UPT of Social Services for the Deaf, Speech and Elderly Social Services in Pematangsiantar were 30 elderly people. According to Arikunto (2008), if in the study the number of subjects is less than 100, it is better to take all of them. In this case, this research is a population study where all the population becomes the research subject (total sampling).

#### **3.3 Data Collection**



1. **Data Collection** The data collection method used is guided by the questionnaire. Data collection began after the researcher received a permit for conducting researchers from the educational institution of the Faculty of Health, the Bachelor of Nursing Study Program, Efarina University and a letter of permission from the Head of the UPT Social Services for the Deaf, Speech and Elderly Social Service Pematangsiantar. At the time of data collection the researcher first introduced himself and explained to the respondents the objectives, benefits and research procedures. After getting the respondent's approval, the researcher distributed the questionnaire and accompanied the respondent when filling out the questionnaire. The data was collected by researchers at the UPT Social Services for the Deaf, Speech and Elderly Social Service Pematangsiantar.
2. **Data Processing Techniques** To obtain information from the respondents, the researcher used a data collection tool in the form of a questionnaire which was made by the researcher by referring to the conceptual framework and literature review.
3. **Validity and Reliability Test** In this study using an internal reliability test obtained by analyzing data from one test result (Anikunto, 2002). The reliability test was carried out using Cronbach Alpha. The results of the reliability analysis for this questionnaire showed that this questionnaire was reliable with a result of 0.78. This reliability test was tested on the elderly at the UPT Social Services for the Deaf, Speech and Elderly, Pematangsiantar Social Service.
4. **Data Analysis** After all the data has been collected, the data analysis is carried out by re-examining all the questionnaires one by one, namely the identity and data of the respondents and ensuring that all answers have been filled in according to the instructions. Then give a code to each statement that has been submitted to make it easier for researchers when tabulating, the data is processed using a computer, namely the SPSS (Statistical package for social science) program, then the data is presented in the form of frequency distributions and percentages.

#### 4. RESULTS AND DISCUSSION

This research was conducted from September to October 2020, at the Social Service for the Deaf, Speech and Elderly Social Service Pematangsiantar. The results of this study can determine the characteristics of respondents and the relationship between activity daily living (ADL) and the level of anxiety in the elderly at the UPT Social Services for the Deaf, Speech and Elderly Social Service Pematangsiantar.

##### 4.1 Characteristics of Respondents

Most of the research samples that participated in this study were female with a fairly far range, namely 70% of the sample were female and only 30% of the sample was male. And the majority of respondents aged 60-74 years as many as 27 people (90%). As you get older, you will experience a setback, which in this case is physical activity. This causes disturbances in meeting daily needs, resulting in the dependence of the elderly in carrying out daily activities. The majority of respondents generally work as many as 20 people (66.7%) and do not work as many as 10 people (33.3%). In this case, many elderly people work, this can cause anxiety for the elderly who at that time they worked and after living at the UPT Social Services they did not work.

##### 4.2 Activity Daily Living (ADL) for the elderly at UPT Social Services for the Deaf, Speech and Elderly Social Service Pematangsiantar in 2020

From the results of this study, most of the respondents who carried out daily activities independently at the UPT Social Services were 29 people (96.7%). Based on the researcher's observations, the elderly are able to carry out their daily activities without the help of others. And only 1 person who performs daily activities by depending on others. At UPT Social Services, the majority of the elderly can still walk and carry out their own activities. In contrast to the elderly who daily use assistive devices such as wheelchairs, the elderly need the help of others.

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**4.3 Anxiety levels in the elderly at UPT Social Services for the Deaf, Speech and Elderly Social Service Pematangsiantar in 2020**

From the results of this study, most of the respondents had mild anxiety levels as many as 16 people (53.3%) although there were still elderly people who did not experience anxiety. It is proven that there are several symptoms of anxiety that can be found in the elderly at the UPT Social Services, including bad feelings, fear of the dark, fear of crowds, difficulty sleeping, waking up at night, difficulty concentrating, feeling sad, muscle pain, stiffness, feeling of pressure in the chest, feeling of suffocation, shortness of breath, indigestion, unable to hold urine, and feeling restless. All of these symptoms are symptoms that many or almost all of them can be found in the elderly with mild to severe anxiety levels.

**4.4 Relationship of Activity Daily Living (ADL) with Anxiety Levels in the Elderly at UPT Social Services for the Deaf, Speech and Elderly Social Service Pematangsiantar in 2020**

According to Kaplan and Sadock's theory of psychoanalytic theory, namely in psychoanalytic theory there is Freud's evolutionary theory, where Freud reveals about anxiety or anxiety is a signal to the ego, where the signal provides information, that there is an unacceptable impulse. This can awaken the ego to take self-protection measures against these pressures and urges. Then the impact of these anxiety symptoms will be able to lead to dependence of the elderly on daily activities. In theory, anxiety will make a person feel confident that bad things will happen, resulting in the fear that bad things are real and lead to a decrease in daily activities.

These results are in accordance with previous research conducted by Hartanti in 2013 "The Correlation of Anxiety Levels with Activities of Daily Life in the Elderly at UPT Social Services for the Elderly Jember" which based on statistical tests resulted in a P value = 0.004 ( $P < 0.05$ ). These results mean that there is a significant relationship between the level of anxiety on activities of daily life in the elderly at the orphanage. The same is true for the current research on the elderly at the UPT Social Services, Pematangsiantar. The results of this study resulted in a P value of 0.03 ( $P < 0.05$ ), thus causing the results to have a statistically significant relationship. Because the number of elderly people in the UPT Social Services is 30 people, then all the elderly in the UPT are used as respondents, which are 30 people. This number turned out to cause a p value = 0.03, which means that it has a statistically significant relationship, in other words the sample is representative or can represent the population.

**5. CONCLUSION**

Based on the results of the research on Activity Daily Living (ADL) With Anxiety Levels in the Elderly at the UPT for the Deaf, Speech and Elderly Services at the Pematangsiantar Social Service in 2020, it can be concluded that the results of statistical tests using the correlation test resulted in a P value of 0.03 ( $P > 0,05$ ). This value means that this study has a significant relationship between "Activity Daily Living (ADL) and Anxiety Levels in the Elderly at the UPT for the Deaf, Speech and Elderly Services at the Pematangsiantar Social Service.

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