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The Effect of the Combination of Counseling and Dhikr Interventions: Self-Acceptance of the Elderly in Nursing Home

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ABSTRACT Individuals who become elderly will experience physical changes from their initial body condition to being very weak. The declining conditions experienced by the elderly tend to cause physical and psychological health problems and dissatisfaction in life. The purpose of this study is to analyze counseling and dhikr intervention on the attitude of self-acceptance of the elderly. An experimental design using pre-test and post-test control groups was conducted among 30 elderly people living in nursing homes with the inclusion criteria of being able to communicate well, not deaf, not cognitively impaired, or depressed. Participants were randomly allocated, to the intervention group at Nursing Home of Jambangan and the control group at Nursing Home of Hargo Dedali in Surabaya Indonesia. Measurement of self-acceptance was carried out twice through a questionnaire, namely before the counseling and dhikr intervention and 8 weeks after. Data were analyzed using paired t-test. The results showed that there is pre-post differences in the group that received counseling and dhikr intervention (p-value = 0.000). The participants in the intervention group showed an increase in self-acceptance while in the control group there is no significant difference with a pvalue of 0.937. Religious support for dhikr and counseling needs to be carried out intensively for the elderly as religious activities can provide a sense of peace, surrender, and surrender to Allah Almighty. The combination of counseling and dhikr is an effort to improve oneself spiritually and has a positive correlation with the attitude of self-acceptance of the elderly living in nursing homes. Institutions where services for the elderly can contribute to the elderly living in nursing homes by carrying out programmatic activities, namely counseling, especially for the elderly who have just entered special institutions for the elderly, spiritual approaches also need to be improved both in groups and individuals such as prayer, dhikr, and worship. others according to ability. A very important contribution is the guidance carried out by cleric so that elderly worship is more focused. This is an effort so that the elderly can accept the conditions they are facing and can accept themselves living in the orphanage.

INDEX TERMS Counselling and Dhikr, Self-Acceptance, Elderly, Nursing Home.

I. INTRODUCTION

Old age called the elderly is the last stage of development of every human life. Individuals who enter the elderly generally will experiences physical changes from initially strong to very weak. Decreased conditions by the elderly tend to potentially cause physical health and psychological health problems, and cause dissatisfaction in life. Shifting from productive age to old age population will have an impact on the problem of donation of the elderly population. The socioeconomic changes also will be caused a shift in the pattern of elderly donation from family to institutional services [1].

Population census reported that the life expectancy in Indonesia in 2020 will reach 71 years of age [2]. This figure

is certainly accompanied by an increase in population with a proportion of an increase of 11.34%. The elderly population in Indonesia reaches 20.24 million people, equivalent to 8.03 percent of the entire population of Indonesia. The increasing population of the elderly showed that the life expectancy of the population in Indonesia is getting higher each year. The increasing population of the elderly reflects an increase in health service needs, as well as being a new problem for Indonesia. The Indonesian population projection predicts Indonesia will enter the aging period in 2010-2035, with 10% of the population will be aged 60 years and over in 2020. [3]. Indonesia is ranked 8th in the Top 50 Countries

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with the Largest Percentage of Older Adults reported by the United Nation in 2019 [4].

A previous study conducted in Nursing Home of Tresna Werdha Pandaan-East Java-Indonesia stated that the elderlies in the treatment group who carried out positive psychotherapy had higher happiness than the control group who carried out psychoeducation [5]. Data of Nursing Home of Griya Werdha at Surabaya showed that elderlies who live in the nursing home were disadvantaged people who were either poor, neglected, no family, or homeless. Nursing homes provide care and accommodation services for elderlies facing homeless-ness. Some other services such as the fulfilment of nutritional needs, dressing, personal hygiene, and spiritual needs like praying; and chant sholawat, and listening to religious lectures are available in the nursing home.

The data of Nursing Home of Griya Werdha at Surabaya-East Java-Indonesia) showed some elderly (125 people) who want to live in there by their own will are 59% and due to forces are 41%. The elderlies reported difficulty falling asleep and often woke up during sleep are 65.6%. The result of their depression screening showed that 56% of the elderly are depressed [6]. The data also indicated that the elderly who live in nursing homes have various problems physical, psychological, and spiritual.

Elderly people who live in a nursing home do not necessarily have a positive attitude of acceptance even on their own. The elderly usually has difficulty adjusting, feeling unfamiliar with the new social environment, and changing daily habits. The incompatibility of the character and nature between the elderlies who live in a nursing home could inhibit their positive attitude and emotion, so they do not feel well-being [7].

Ability of the elderly body function will decrease so that they are more at risk of suffering from one or more chronic diseases. The elderly often shows several symptoms such as loss of appetite, sleep disturbances, and increased blood pressure. Older people often resist these changes. In addition to a decrease in body function, they also experience a decrease in cognitive abilities; sexual; psychosocial; And spiritual that can increase vulnerability and cause spiritual distress. Sustained spiritual distress in the elderly will affect the health of the elderly as a whole. The complaints experienced by the elderly need to get attention from the nursing home manager, so that the elderly gradually adjust and overcome the problems they face independently or with the help of others [7, 8].

The approach of spiritual belief in Islam is by the technique of remembering Allah or Dhikr. Undertaking Dhikr helps to purify the heart of all negativity, freeing from worldly pressure, anxiety, despair, depression, can increase strength and spiritual vitality, and arouse the spirit of life in the heart. Several studies using dhikr intervention in surgical patients. A study on post-operative abdominal surgery patients at Mansoura University Hospitals-Egypt using dhikr and Jaw relaxation interventions was reported to be effective in reducing complaints of pain, anxiety and physiological

responses (systolic and diastole pressure, heart rate, and respiratory rate) [9]. A study at Bekasi Regional Hospital-Indonesia also reported that Dhikr meditation was also effective in reducing pain levels in post-caesarean section patients [10]. A similar study in the form of a Listening to Prayer Recitation intervention at the Department of Anaesthesia & Intensive Care, Kuala Lumpur General Hospital was proven to be effective in reducing the heart rate of intra-operative patients, and reducing post-operative pain levels in patients [11].

The purpose of this study was to determine the effect of counselling and dhikr intervention on the attitude of selfacceptance of the elderly who lived at the nursing home.

Institutions where services for the elderly can contribute to the elderly living in nursing homes by carrying out programmatic activities, namely counseling, especially for the elderly who have just entered special institutions for the elderly, spiritual approaches also need to be improved both in groups and individuals such as prayer, dhikr, and worship. others according to ability. A very important contribution is the guidance carried out by cleric so that elderly worship is more focused. This is an effort so that the elderly can accept the conditions they are facing and can accept themselves living in the orphanage.

II. METHODS

A. MATERIALS

The study used an experimental design through a pre-test post-test control group approach. The sample consists of 30 elderly who live in nursing homes with the inclusion criteria of Muslim, being able to communicate well, not deaf, not cognitively impaired, or depressed. The sample was taken by simple random sampling. The variable was the attitude of self-acceptance of the elderly, and intervention through combination of counseling & dzikir. The paired t-test was used to analyze the influence of interventions to the attitude of self-acceptance.

B. PROCEDURE

The group intervention was 15 elderly who lived in a Nursing Home of Jambangan in Surabaya, and the control group was 15 elderlies in Nursing Home Hargo Dedali Surabaya in Surabaya. Data collected since July 18 2018 for 8 weeks. Ethical approval letter was gained from the Health Research Ethics Commission of Health, Ministry of Health, Surabaya number: 195/S/KEPK/VI/2018 on June 8 2018. The measurement of self-acceptance attitude was done twice through questionnaire, while the day before the combination of counseling and dhikr intervention and the day after last day of intervention.

C. INTERVENTION GROUP

The intervention group received combination treatment of counseling & dhikr, that given twice a day belong 8 weeks. Period each intervention are 15-30 minutes. Dhikr treatment is pronouncing Surah al-Fatihah 7 times, Sholawat reading 100 times, and ending with Surah Al-Fatihah 1 time.

Counseling treatment was given by researcher team and nursing team of the nursing home.

D. CONTROL GROUP

The control group received standard care of the nursing home, namely daily care given in the nursing home, especially worship activities.

III. RESULTS

TABLE 1 shows the demographic characteristics of the respondents. Most of the respondents were women, namely 53% in the treatment group and 100% in the control group. The average age of the respondents in the intervention group

was 72.60 years and 76.40 years in the control group (TABLE 2). Most of the respondents education level is elementary school (73% & 47%). The length of stay of participants in the nursing home of treatment group almost is <1 year and 1-2 years each 33%, while control group almost are <1 year stayed at the nursing home median was the control group (77 years) and the counseling and dhikr group (72 years). Of the large standard deviations are the dhikr and counseling groups, compared to the control group. The youngest (63 years) is in the counseling group and the oldest (87 years) is in the control group.

A. The Effect of Dhikr

TABLE 1
Characteristics of the elderly based on sex, education and length of stay at nursing home, in 2018

Characteristics	Group					
	Treatment		Control			
	Frequency	Percentage	Frequency	Percentage		
1. Gender						
Male	7	47	0	0		
Female	8	53	15	100		
Total	15	100	15	100		
2. Education						
Elementary school	11	73	7	47		
Junior high school	1	7	3	20		
Senior high school	2	13	5	33		
Bachelor	1	7	0	0		
Total	15	100	15	100		
3.Length of stay						
< 1 year	5	33	7	47		
1-2 year	5	33	3	20		
2-3 t year	4	27	3	20		
> 3 year	1	7	2	13		
Total	15	100	15	100		

TABLE 2
Characteristics of the elderly based on age at the Nursing Home in 2018

characteristics of the stating based on age at the Marching from the 2010							
Age	Mean	SD	Min - Max	95% CI			
	Median						
Dhikr and counseling groups	72.60	6.833	63 - 85	68.82 - 76.38			
	72						
Control groups	76.40	5.527	69 - 87	73.34 - 79.46			
	77						

TABLE 3
Difference Test Results of Paired T-test

Groups	Variabel	Pre	Post	Delta Post- pre	Uji t paired	Sig.
Dzikir and counseling	self-acceptance	2.818	3.571	-0.753	-23.409	0.000
Control	self-acceptance	2.714	2.717	-0.003	-0.081	0.937

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The results show there were significant differences between pre and post in the group that received counseling and dhikr treatment with a value of p <0.05 (p-value = 0.000) (TABLE 3). And the results of pre and post can be seen if there is an increase in respondents' scores. While in the control group there was no significant difference with p-value = 0.937. (FIGURE 1)

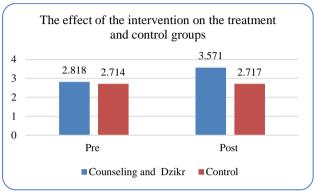


FIGURE 1. Difference Test Results of Paired T-test

IV. DISCUSSION

Combination of Counseling and Dhikr treatment has a significant effect and a large effect on positive attitude of self-acceptance elderly in the nursing home. Self-acceptance is defined as having a positive view of oneself, recognizing and accepting various aspects of the self-including the good and bad qualities that exist in itself, and looking positively at the life they have lived [12]. The experts stated simply that self-acceptance is accepting things as they are and making peace with themselves. The problems found in the elderly who live in nursing homes when counseled and observed by the researcher and nursing team of the nursing home are very diverse. The occurrence of rejection, feelings of loneliness, competition between the elderly, incompatibility are conditions that can be found. Counseling is one way to give an insight into the real-life that is currently faced by the elderly, while dhikr is a very easy way and can be done by the elderly at any time, as a form of gratitude and remembering Allah. The elderly who stayed at the nursing home have realized that life currently is the will of Allah, even though at first-time lived-in nursing especially at least 1 year felt difficult to adapt.

Religious support needs must be done intensively for the elderly because religious activities can provide a feeling of peace and surrender to Allah almighty. Dhikr is one of the efforts to improve self-strength through spirituality, also have a positive correlation with self-acceptance, and make the heart peaceful. The elderly got counseling to feel a real difference. After getting counseling, the Elderly who previously felt trauma due to alienation, family rejection, and helpless, they express that this treatment can reduce emotional stress, able to change negative habits to positive ones, and be grateful for the blessings that have been given by Allah. Individuals need to reflect on the causes of various

behaviors, evaluate religious life, and use religious counseling to solve the problem [13].

Religious spaces open alternative ways for individuals to solve their problems. Dhikr is one of the rituals commonly practiced by Muslims, which if done sincerely becomes worship. Dhikr can be used as a way when someone is in a depressed condition. Dhikr is indeed important for inner peace. Dhikr will foster a sense of optimism and keep the feeling of pessimism and despair. Dhikr has healing meaning for stress and psychiatric disorders. Dhikr also contains benefits for preventing mental shock and psychiatric disorders. More than that, dhikr has benefits for fostering and enhancing the spirit of life, in other words, dhikr has a curative, preventive, and constructive function for mental health [14].

When individuals truly accept themselves, then they have the space and perspective to look at themselves and handle their balanced and healthy position. When the individual is able to make peace with the situation at hand, the individual will look at himself in a positive and realistic way. If someone sees himself consistently, he will try to acknowledge and accept his deficiencies, not be saddened by the situation, and try to change his condition to better and get a healthy life [15].

The attitude of self-acceptance of the control group did not show a significant difference between pre-test and post-test. Self-acceptance is the level of ability and desire of individuals to live with their characteristics. Individuals who can accept themselves are defined as individuals who have no problems with themselves, who do not have the burden of feeling towards themselves so that individuals have more opportunities to adapt to the environment. The expert states that one of the factors that influence self-acceptance is religion. Aspects of religiosity include physical and spiritual dimensions, thought and remembrance, aqeedah and ritual, worship, appreciation and experience, morals, individual and social community, and worldly and afterlife problems. Basically, spiritual at Islam covers all dimensions and aspects of life [16].

The previous study states there is an influence between the dimensions of religiosity and self-acceptance12. Religiosity is how far knowledge, how solid is the belief, how diligent the worship is, how deep the appreciation of one's religion, and how individual experience in worship [17]. Someone who has high religion or high spirituality will sincerely accept whatever conditions are encountered. Selfacceptance accompanied by a sense of security to develop themselves allows a person to assess himself more realistically so that he can use his potential effectively. If a person accepts himself better, he will also do better in social and social adjustment. People who have good adjustment will feel happy. Self-acceptance is very influential on how a person lives his life. Someone who is able to accept himself well, then that person will see and act honestly, without having to engineer what is in him to look good for himself and others [18].

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Adjustment to the elderly living in nursing homes requires support from various parties, especially health service providers so that the elderly is able to accept living in special facilities. Care providers should pay attention to the spiritual aspects of the elderly's life and seek counseling to ascertain the psychological needs of the elderly. Various limitations can occur in research related to research subjects which are still minimal. This research also does not involve the cultural aspects of every elderly background living in the nursing home. Another limitation is that dhikr therapy can only be given to Muslims so that it cannot be used in general. Further research is expected to be able to use respondents in large numbers and other types of spiritual therapy (various religions) can be used to for elderly people in nursing home.

V. CONCLUSION

The purpose of this study is to analyze the effect of counseling and dhikr intervention on the attitude of self-acceptance of the elderly who lived at the nursing home. Counseling and dhikr activities carried out for elderly living in nursing homes can increase the attitude of self-acceptance of the elderly. It is recommended for care providers at Nursing Home to provide comprehensive health services, especially for the elderly who experience psychological and spiritual problems, to be able to use an alternative combination of counseling and dhikr

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