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Self-efficacy in older adults with depression: a qualitative study

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Abstract

Older people suffering from depression often exhibit low self-efficacy, which causes them to quickly give up on challenges caused by various problems related to ageing, such as physical, social and mental aspects, including depression, which ultimately impact their quality of life and productivity. Depression in the elderly is caused by physical, psychological, and social interactions with other people, especially caregivers in nursing homes. This study employed a phenomenological approach to analyse self-efficacy among older adults suffering from depression through qualitative inquiries. The participants who met the inclusion criteria lived in nursing homes for more than one year and experienced depression. In-depth interviews were conducted using a structured guide with a general self-efficacy scale (GSES), Indonesian version. The study was conducted in an older adult nursing home in 2022 with 14 older adults. The results were divided into four themes – accompanying performance, vicarious learning, verbal encouragement and emotional states – and indicated that older adults with depression experienced poor self-efficacy and described how to cope with poor self-efficacy.

Introduction

Mental health problems that generally occur in older adults are depression, loneliness, stress, anxiety, and fear of death. Self-efficacy is an individual's ability to cope with stress and depression experienced in difficult and stressful situations. Self-efficacy influences individual motivation and plays an important role in depression, namely, in controlling the events that occur.¹

Several provinces in Indonesia show data that they have entered an old population structure, including Central Java (14.17%) entering the old population structure number three after DI Yogyakarta (15.52%) and East Java (14.53), followed by North Sulawesi (12.74%), Bali (12.71%), South Sulawesi (11.24%), Lampung (10.22%), and West Java (10.18%).²

Moreover, as age increases, the incidence of depression will be higher. According to data from National Research in Indonesia, the prevalence of depression increased with age, the highest being age 75 and over years at 8.9%, 65–74 years at 8.0%, and 55–64 years at 6.5%.³

In addition, almost all older adults (31 older adults) who were in the nursing home

experienced mild depression (70.5%), nine older adults experienced moderate depression (20.5%) and four older adults did not experience depression (9.1%).⁴

Depression is a mood disorder characterised by sadness, feelings of loneliness, low self-esteem, and hopelessness. It is usually accompanied by signs of psychomotor retardation or sometimes agitation, withdrawal and other cognitive disorders, such as insomnia and anorexia.⁵ The results of a study by Pae showed that the majority of older adults who live in nursing homes experience moderate depression,⁶ and the majority of older adults who live at home with their families experience mild depression. This is because older adults living in nursing homes live far away from their families, so they do not have the opportunity to share their problems and sorrows. Loneliness arises when you are away from your family because there are no more people to live with and share everything with. When feelings of loneliness increase, the stress factor increases and causes depression in older adults.

Depression in older adults is caused by physical, psychological, and social interactions that are mutually detrimental and reduce the quality of life and work productivity of older adults. Psychological factors are characterised by unresolved conflicts (anxiety, guilt), memory decline and personality disorders.⁷ Another impact we can see is how older adults feel about themselves if depression is not handled properly because it can make older adults want to harm themselves or even end their lives. To prevent the effects of depression, older adults must have the confidence to overcome problems and dare to change from darkness to light.⁸ Self-efficacy is a person's belief that they can overcome problems by controlling events that affect their lives.⁹ People with high self-efficacy can identify their problems and solve them using their skills; they have beliefs that can influence their thoughts, feelings and actions.¹⁰ Previous research has shown that there is a strong connection between self-efficacy and depression, where the direction of the relationship is negative and increasing self-efficacy increases an individual's ability to view himself positively. Someone with high self-efficacy can overcome depression. Conversely, someone with low self-efficacy will give up on existing problems more efficiently. However, the reactions of older adults with depression differ significantly. Some people can respond effectively, so they can quickly reduce depression, but males find it challenging to reduce depression and prevent it from affecting their health. Differences in the ability to reduce depression are closely related to the level of self-efficacy. Older adults with depression tend to have low self-efficacy. That is, they give up more easily, while older adults who are not depressed have high self-efficacy and tend to be more resilient in dealing with problems.

Based on the explanation above, the significance of self-efficacy in the prevention and management of depression among older adults highlights the need for interventions aimed at bolstering self-efficacy and coping mechanisms to enhance mental well-being in this demographic group. Self-efficacy can also increase an individual's ability to assess themselves in order to achieve the desired effect, namely, in overcoming depression. To explore more details about self-efficacy in older people with depression, researchers are interested in conducting this research using qualitative methods, which is a different research method from previous research.

Materials and Methods

Design

This study is qualitative research using phenomenological methods and involves a detailed and iterative process for selecting areas to address in interviews and crafting the final list of questions. Phenomenology seeks to understand and describe the lived experiences of individuals, focusing on their subjective perceptions and interpretations of phenomena.

Participants and setting

The participants were older adults with at least moderate depression, the ability to communicate well and cooperatively, living in nursing homes and having the willingness to be respondents. Depression was measured using the DASS questionnaire.¹¹

The exclusion criteria were older adults who refused participation, had hearing and speech impairments, were sick, had chronic illnesses and were under special care.

This research was conducted at the Pucang Gading Older Adults Social Service House in Semarang.

Ethical considerations

This study was already granted ethical clearance from the Faculty of Nursing and Health Sciences, University of Muhammadiyah Semarang, number 0188/KEPK/VII/2023. Initially, the participants were explained and voluntary, and their identities were not disclosed in the research reports.

Data collection

Data were collected using interviews with structured guidelines.

Data analysis

In-depth interviews were conducted using an Indonesian version of the general self-efficacy scale (GSES).¹² The questions were used as a guide and further explored key topics discussed by the respondents. Each interview with respondents lasted between 35 and 45 minutes. The collected data were then analysed using manual interpretive phenomenological analysis (IPA). Data collection was carried out by the first author as a head researcher and research members 1 and 2. Data processing and data analysis were carried out by the lead researcher and research members 1 and 2.

Trustworthiness

To ensure the trustworthiness of the data, the researcher used four criteria – credibility, confirmability, dependability, and transferability. The credibility of the data was confirmed through peer checks. The research team members independently analysed the interviews and compared the concepts, categories, and themes to confirm the findings of the second and third authors and caregivers. The research stages and processes were recorded and reported step by step to warrant the dependability of the conclusions. Finally, data transferability was ensured through deep descriptions of the context. In this study, the researchers used source triangulation, in which data credibility was tested by verifying the information obtained from several sources. These caregivers were at the Pucang Gading Older Adults Social Service Home in Semarang.

Results

Fourteen respondents, four female and ten males, were used for this study. Furthermore, they were aged 65–86 years old. Two respondents had a senior high school education, three respondents had an education up until junior high school, and the others had an elementary school education, as shown in Table 1. The transcription verbatim was analysed, and 10 sub-themes were used for four different themes, as shown in Table 2.

Based on the study's results, the respondents' characteristics showed that most were in the older adults category – female, elementary school education, and Muslim.

Theme 1. Performance accomplishments

The elderly make efforts to solve problems by praying and remaining silent to solve problems; they choose to avoid thinking about problems too deeply.

“Just pray and pray.” (P3)

“There’s no need to try anything, sis. It’s better to be quiet, even though you have lots of thoughts about sleeping well.” (P5)

The participants also admitted that life when they were still married was the most memorable thing. Respondents 3 and 4 stated the following:

“When can I gather with my wife, family and talk together again.” (P3)

“Yes, family, get together. If we celebrate Eid al-Fitr together, it’s delicious.” (P4)

Theme 2. Vicarious experience

All participants felt the difference between the past and the present, and the description of the difference also varied. All participants in this study claimed to have friends of varying numbers. However, all participants had more than one friend. There were differences in their relationships with their friends at the nursing home, where most older adults felt that they did not get along with their friends. The majority of the elderly people felt that they did not fit in with their friends, as stated by respondent 1:

“I don’t feel right. My inner self doesn’t match at all because his behaviour doesn’t adhere to religion.” (P1)

Some elderly people did feel happy when they were with their friends, namely, Respondent 3:

“Yes, I’m happy, but it depends on the chat.” (P3)

Theme 3. Social persuasion

According to the interview results, 10 of the 14 participants, before living in the nursing home, used to live with their families. This shows that there is an effect of persuasion from the family, which may still leave an impression on the participants, as stated by Respondent 2:

“Yes, between children and family.” (P2)

However, some elderly people also admitted that before living in an institution, they used to live alone or had no family to accompany them. So they did not have another choice to live in an nursing home. Respondent 1 also said the following:

“In the past, I also lived with my family. Not long ago, I didn’t live anymore. I divorced my wife.” (P1)

Theme 4. Physiological and emotional states

All participants admitted that their families did not want to care for older adults. Although the reasons are unknown, all older adults acknowledged that their families did not want to care for them anymore, so they sent them to a different home. Respondents 4 and 6 admitted the following:

“Because no one takes care of it; no one wants to take care of it.” (P4)

“Because no one took care of me, my parents were gone, and my wife and children left me.” (P6)

The reason was validated by the caretaker of the nursing home room, who said that there were indeed older male adults in the nursing home who were placed in the care of their families. The families admitted that they were unable or unwilling to care for these older adults in their respective homes. Almost all older adults admit that they feel neglected by their families. However, one older adult did not answer the question of whether he felt neglected by his family. This is shown by snippets of conversation between Respondents 3 and 4, namely, the following:

“Yes, actually, yes, sis, it’s not quite enough, miscommunication. There’s no one to contact. It’s difficult for me to contact you.” (P3)

“Yes, miss, I feel neglected.” (P4)

Male older adults felt sad and resigned from leaving the nursing home. They feel sad, either remembering the past, uncomfortable or free and unable to do anything. As stated by Respondent 8, he feels resigned to having lived in a nursing home for many years.

“...I gave up, but it made me feel at home here...” (P8)

Even Respondent 1 admitted that he wanted to get out of the nursing home but could only give up because there wasn't much he could do alone.

“If I can get out, I want to get out, and it's as if later, if I go outside, what business do I want to do? The problem is that if you try, it's possible that if Allah blesses you, you can. Here, I surrender the deck. This is how the cake is. Eat here is what it is.” (P1)

The nursing home's caretaker confirmed that these older adults feel hopeless, resigned, and often look sad. The nursing home's caretaker said that older adults had residual sadness from past failures when they were young. However, they grew much more sincere and can accept or surrender to the situation. Almost all participants admitted to feeling pessimistic and doubtful about maintaining and achieving their current life goals. This illustrates that self-efficacy is still poor.

“If it's not here at all, I'm like a paralysed pessimist. I'm here. Just die or live.”
“Not here at all, miss. Not receiving satisfaction at all, hopeless, pessimistic, negative thoughts all the time.” (P8)

However, one participant said that he felt he could maintain and achieve his current life goals.

“I'm sure it is. I can ask Allah to make it easier. If you are blessed, you can achieve it. My efforts are praying, praying, praying, dhikr, dhikr and dhikr.” (P10)

This was reinforced by the statement by the caretaker of the nursing home that male older adults in the nursing home felt resigned and pessimistic about achieving their goals in life.

Discussion

The attitudes of older adults in dealing with problems in this study varied. Some felt sad and anxious. Some were sincere in facing problems. Older adults tend to have worse cognitive

functions than younger adults. Even older adults without neurodegenerative diseases or cognitive disorders tend to make bad decisions. This was due to decreased brain function in the frontal lobe.¹³⁻¹⁵ Impaired cognitive function and worsening decisions could affect the attitudes of older adults in dealing with problems. In this study, feelings of sadness and anxiety can also be affected by depression experienced by older adults. According to previous research, feelings of fear, anxiety or sadness often appear in someone who is diagnosed with depression.¹⁶ So this is in line with the results of the study. In older adults with depression, there were symptoms of anxiety and sadness.

In dealing with problems, the older adults in this study had various ways, including praying and staying silent. At the same time, praying is said to be an intervention for solving spiritual problems. Praying can improve a person's condition from a psychological perspective and improve how they control their emotions. Thus, praying can help older adults deal with the problems that occur to them because it has a psychological impact, especially on older adults in this study experiencing depressive disorders. Moreover, silent treatment, which is an attempt to avoid verbal communication and ignore other people, can take a toll on the person being refused communication, which can cause social pain that even activates the part of the brain that regulates physical pain. However, for someone who does engage in silent treatment, there is still a lack of data to show whether this is beneficial or detrimental from a psychological perspective.¹⁶

Some older adults in the Pucang Gading Semarang home care feel that there has been no significant change since living in the nursing home. However, some feel a change, even though they feel uncomfortable living in the nursing home. Some older adults residing in nursing homes feel underappreciated and disempowered, resulting in feelings of alienation and increased powerlessness. They also felt limited in their activities and contact with family or friends. This perception of older adults can also affect their quality of life. In this study, the quality of life of older adults was disturbed because they felt less empowered and had limited activities and contact with family and friends.¹⁷

In addition, in this study, it was found that there were several conflicts in this nursing home, including incompatibility with fellow friends in the nursing home; relationships with fellow residents are associated with perceptions of social support.¹⁸ This means that good co-resident relations will increase the perception of social support for someone. In this study, older male adults did not have good relationships with fellow residents, which raised the risk of poor social support for those living in the Pucang Gading home care in Semarang.

Older adults or the elderly are people over 60 years old. Some changes occur in older adults, both physically, mentally, and socially. Physical changes that occur include decreased physical strength, stamina, and appearance. This can cause some older adults to become sad, unhappy and depressed when they enter old age. Older adults also become ineffective in their daily work and social roles due to their energy or physical limitations.¹⁹

In addition, older adults also feel tired when they become older adults in an older adult home. Fatigue is a feeling of discomfort, weakness, extreme tiredness, and loss of control. Fatigue is also associated with decreased mobility, cognitive function, and the risk of hospitalization.²⁰ One of the respondents felt fatigued, and he needed a walker. This can have an impact on the physical health experienced by older adults.

Most older adults feel resigned to living in a nursing home, even though they feel uncomfortable. In this study, older adults lived in this nursing home because their families placed them there or there was no family to care for them. Some of the older adults in this study felt uncomfortable living in the Pucang Gading older adults' social service home, Semarang. Older adults who live at home with their families have better psychological conditions compared to those who live in aged care homes.²¹ Similar to the results of previous research, older adults can feel resigned because they can no longer work optimally in aged care homes.¹¹ The feeling of surrender or *hopelessness* in older adults is a form of negative emotion that often occurs due to ageing. It is faced negatively, such as not doing daily activities and avoiding social relationships with those around them. A sense of resignation is one of the causes of mental health problems, especially depression and suicidal ideation.

Male mental problems are faced by older adults, as in this study, where some older adults have family problems. The family plays a vital role in improving the quality of life of older adults. The family is part of the closest core community that can pay attention to and hear the complaints of older adults directly.²⁴ If older adults have problems with the family, communication automatically becomes poor, and older adults do not have a place to complain or tell stories. No one pays any attention either.

When older adults are placed in a nursing home, many things happen or are felt by older adults. In this study, some older adults did not accept being placed in the nursing home, so they fought and felt uncomfortable living there. As a place of care for older adults, providing good (clinical) care and a home-like environment is a big challenge for older adults' social service homes. Suppose the nursing home provides a sense of home or a feeling of being at home. In that case, older adults will feel at home and comfortable living at an older adults'

social service home and can carry out their daily activities with more enthusiasm. According to the study results, most respondents felt resigned from being placed in this social institution for older adults.

Older adult neglect is the most common type of abuse or mistreatment. In a systematic review of the prevalence of older adult maltreatment, researchers concluded that around 20% of all dependent older adults suffer from neglect.²² Neglect by the family causes older adults to experience feelings of loneliness. There is a correlation between a high loneliness score and the risk of mistreatment or abuse in older adults.

Loneliness is a complex concept involving both psychological and social aspects. This also aligns with the research results, where all older adults feel lonely living in the Pucang Gading home care and feel like they do not have friends. Loneliness can affect physical health, sleep quality, and mental health and can cause a risk of cardiovascular disease.²²

Self-efficacy is an individual's belief in their ability to perform the tasks entrusted to them. The higher the self-efficacy, the higher the confidence in an individual's ability to achieve success. In difficult situations, people with low self-efficacy will quickly reduce their efforts or give up.²³ In this study, some older adults feel pessimistic about achieving life goals, but some remain optimistic, trying and praying to maintain and achieve life goals. Older adults with lower self-efficacy tend to limit themselves to daily life activities. Those with higher self-efficacy are more proactive in seeking health information, in self-care behaviour and in complying more with the treatment.²⁴ Self-efficacy can have a two-way relationship with depressive symptoms based on Hammen's theory of stress generation of depression and Bandura's sociocognitive theory, where people who experience depressive symptoms generate more interpersonal stressors than healthy people.²⁶ People feel they cannot deal with and solve interpersonal problems when faced with interpersonal stressors. In other words, people who have lower levels of emotional and social self-efficacy can lead to increased depressive symptoms.^{17,27} In this study, older adults tended to have low self-efficacy due to their perceived pessimism about achieving life goals. This can be caused by the depressive condition experienced by older adults and can also exacerbate depression.

The researchers acknowledged that their study had certain limitations. One of the limitations is the presence of biased factors that may have influenced the self-efficacy of elderly people who suffer from depression, which were not taken into account during the study.

Additionally, there may be some degree of subjectivity in interpreting the research results obtained through interviews with respondents. To minimise this, the researchers carried out

source triangulation by cross-checking the data with facts obtained from informants and other research studies.

The self-efficacy of older adults with depression at the Pucang Gading Older Adults social service home in Semarang was described through 4 themes – *performance accomplishment*, *vicarious learning*, *verbal encouragement*, and *emotional states*. Older adults who have low efficacy fail to achieve life goals and exacerbate depression. Therefore, nurses can play a role in helping adults achieve success and fulfilment in different areas of their lives. This could include assisting them in setting goals, offering support and motivation and recognizing and commemorating their accomplishments.

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Table 1. Distribution of respondents based on age, gender, religion and education 2023 (n = 14).

No	Respondent's initials	Age (years)	Gender	Religion	Level of education
1	MM	86	Male	Islam	Elementary School
2	JS	75	Male	Christian	Elementary School
3	M	61	Male	Christian	Senior High School
4	Q	71	Male	Christian	Senior High School
5	S	69	Male	Islam	Elementary School
6	MB	65	Male	Christian	Junior High School
7	NA	70	Female	Islam	Elementary School
8	SE	65	Female	Islam	Junior High School
9	N	76	Male	Islam	Junior High School
10	R	67	Male	Islam	Elementary School
11	NN	78	Female	Islam	Elementary School
12	J	80	Female	Islam	Elementary School

13	CA	68	Male	Islam	Elementary School
14	W	65	Male	Islam	Elementary School

Table 2. Themes and sub-themes.

Themes	Sub-themes
Performance accomplishments	Active and responsible Learning from the past
Vicarious experience	Relationships with fellow seniors Daily activities
Social persuasion	Residence Physical state
Physiological and emotional states	Relationship with family Family abandonment Older adults' feelings Positive outlook and religion Active and responsible