THE EFFECT OF LIFE REVIEW THERAPY AND COGNITIFE BEHAVIOR THERAPY (CBT) ON REDUCING STRESS LEVELS IN TRESNA WERDHA NURSING HOME GORONTALO

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ABSTRACT

Stress was a reaction of a person's condition where desires or demands are not balanced with expectations that caused mental tension and other negative effects such as dizziness, high blood pressure, irritability, sadness, difficulty concentrating, appetite changes, sleeplessness (Niken, 2014). Stress management can be solved through pharmacological and non-pharmacological therapy. One type of non-pharmacological therapy was life review and cognitive behavior therapy.

This study aims to determine the effect of life review and CBT therapy on reducing stress levels in the elderly. Research design using experiments approach with one group pre-post test design. 20 respondent was taken through purposive sampling method from 35 respondents.

The results showed that there was significant difference between life review therapy and CBT in reducing stress with p value = 0.001. From the result, it can be suggested to all of the nursing home to implemented life review and cognitive behavioral therapy to reduce stress level, especially for elderly.

Keywords: Life review Terapy, CBT, Stress, Elderly.

INTRODUCTION

WHO estimates in 2025 the number of elderly people around the world will reach 1.2 billion people and will increase to 2 billion people by 2050. The prevalence of the elderly population in Indonesia aged 60 years and above is around 7, 56 % (Data from the Indonesian Statistic Center, 2012). Gorontalo was the number 14 province with the largest number of elderly from 33 provinces in Indonesia, namely 5.98% of the total population in Indonesia. Data Social Agency in Gorontalo, the number of elderly in Gorontalo Province amounted to 8,162 people.

The existence of physiological and psychological anatomical changes causes the elderly to experience stress easily [3]. Stress was the body's reaction or response to psychosocial stressors and disturbances in the body, mind and condition of a person where obstacles, desires or demands associated with the desired will do not match hope that creates a mismatch between biological, psychological, and social resources [31].

Stress management can be done by pharmacological therapy which includes the use of *anxiolytic* and anti *depressant* drugs, as well as non-pharmacological

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therapy which includes behavioral approaches, cognitive approaches, and relaxation. One type of therapy that can reduce stress and was *life* therapy therapy or life experience study therapy *and cognitive behavior therapy*.

Life review and cognitive behavior was a process of remembrance of the present and the past so that the elderly are able to resolve conflicts that have not been completed in the previous development tasks so as to generate self-acceptance, improve self-integrity, increase esteem and taste peace in the elderly so that they are expected to be able to change the mood of the elderly [12]. Dhian's research (2012) on the Effect of Life Experience Study Therapy on Depression Levels in the elderly assumed that the depression level of the elderly after being given a Therapeutic Life Experience in the treatment group was in a mild depression condition, while for the control group did receive that not therapy were mild depression and being [11].

Various studies show life review therapy only decreases but does not eliminate so researchers combine with cognitive therapeutic behavior that aims to change negative thoughts to be positive so as to reduce anxiety. *Cognitive behavioral therapy* (CBT) was a therapy that involves thinking and behavior to overcome individual problems in order to be able to think actively and form perspectives or beliefs so that they can improve their coping skills and be able to adaptively function for themselves and their families.

Preliminary survey conducted on Monday, December 26, 2016, at PSTW (Tresna Werdha Social Institution) Ilomata Gorontalo city; the number of elderly people living in the pension was 35 peo-

ple, consisting of 28 women and 7 men. Elderly who are in this PSTW entrance with varied reasons among others, the social and or economic displacement, intentionally deposited by the family, and some are on their own. These elderly people complain of frequent disputes, differences of opinion with fellow elderly people, irritability, negative self-expression, passivity and lazy activities.

The results of interviews with the Head of the Gorontalo City PSTW Ilomata Administration on December 26, 2016, said that most of the elderly at the PSTW ilomata in Gorontalo had experienced stress during their stay at PSTW. The causes of stress include missing out on family because they are rarely visited, do not match with friends, and feel ignored by relatives and family. The impact caused if the elderly had stress that many elderly people experience nauseas to vomiting, dizziness and experience an increase in blood pressure.

The Elderly in Tresna Werdha had visited to the Community Health Center Kota Timur in 2016 was obtained by Hypertension 9 Times, rheumatoid arthritis 12 times, diarrhea twice, and gastritis 2 times. This phenomenon maked researchers interested in conducting research on nurses' independent actions, namely the effect of therapeutic modalities on *Life riview and cognitive behavior Therapy* on stress levels in the elderly at Panti Tresna Werdha Ilomata, Gorontalo City.

HYPOTHESIS

The hypothesis of this research was as:

H0: There was no influence of Life Therapy Therapy and cognitive behavior (Therapy of life experience studies) on the level of stress in the elderly in the Nursing Home of Wherda Ilomata Gorontalo City

H1: There was the influence of Life Therapy Therapy and cognitive behavior (Therapy of life experience studies) on the level of stress in the elderly in the Nursing Home of Wherda Ilomata Gorontalo City.

METHODOLOGY

This research method uses a type of pre-experimental research with the design of the type *One Pre-Test-Post-Test Design. In* this study, the elderly was measured by stress levels (*pre-test*), then given therapy by *Life Review and cognitive behavior* (Life Experience Study), and after therapy was done measuring stress levels again (*Post-test*) to determine changes in stress levels. This study did not use the control group due to time constraints and the number of elderly people.

RESULT AND DISCUSSION

The results of this study answer all the objectives of the study that identified the effectiveness of the life review technique and cognitive behavioral therapy towards the anxiety of the elderly at the Panti Tresna Werdha Ilomata.

Univariate analysis.

Univariate analysis to identify anxiety before and after engineering Technics life review and cognitive behavior therapy, which was described in the following table:

1. Characteristics Respondents

Table 1
Frequency Distribution of Characteristics
of Respondents by Gender

No.	Gender	(n)	(%)
1	Man	5	25

2	Women	15	75
	Total	2 0	100

Source: Primary data 2017

According to the table 1 seen that respondents who stayed in Tresna Werda Social Institutions Most of the female sex as much as 15 respondents (75%).

Table 2
Distribution of the Frequency of Characteristics of Respondents by Age

No.	Age	(n)	(%)
1	60-74 years	16	80
2	75-90 years	4	20
	Total	2 0	100

Source: Primary Data 2017

Based on table 2, it can be seen that the highest age is 60-74 years with 16 respondents (80%).

Table 3
Distribution of Frequency of Characteristics of Respondents Based on Marriage
Status Now

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No.	Status	(n)	(%)		
1	Married	5	25		
2	Not married	1	5		
3	Widow	13	65		
4	Widower	1	5		
	Total	20	100		

Source: 2017 Primary Data

Based on table 3, it can be seen that in marital status now the highest number is widows with 13 respondents (65 %), and the least marital status is widower 1 respondent (5%) and unmarried 1 respondent (5 %).

Table 4
Frequency Distribution of Respondent
Characteristics Based on Latest Education

No.	Status	(n)	(%)
1	No school	1	5
2	Elementary school	12	60
3	Junior high school	4	20
4	High school	1	5

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	5	College	2	10
Ī		Total	2 0	100

Source: 2017 Primary Data

Based on tabel 4, it shows that out of the 20 most recent respondents, the elementary school has 12 (60%), while the least educated is high school 1 respondent (5%), and No school 1 (5%).

Table 5
Distribution of Frequency of Characteristics of Respondents Based on Job History

No.	Status	(n)	(%)
1	Civil servants	2	10
2	entrepreneur	12	60
3	Private employees	2	10
4	Does not work	4	40
	Total	20	100

Source: 2017 Primary Data

Based on table 5, it shows that from the most employment history, there are entrepreneurs with 12 respondents (60 %), and at least PNS 2 respondents (10%) and private employees 2 (10%)

Table 6 Frequency Distribution of Respondent Characteristics

No.	Status	(n)	(%)
1	Own Will	10	50
2	Family Will	10	50
	Total	20	100

Source: 2017 Primary Data

Based on table 6 seen that the reasons to enter the PSTW were 10 responses den willpower alone (50%) and 10 respondents' willingness of families (50%).

Table 7
Distribution of Frequency of Characteristics of Respondents Based on
Length of Stay in the Home

No.	Status	(n)	(%)
1	0-5 years	11	55
2	6-10 years	5	25
3	> 10 years	4	20
	Total	2 0	100

Source: 2017 Primary Data

Based on table 7, it is seen that the length of stay in the Tresna Werda Social Institution is 0-5 know n with 11 respondents (55 %), and> 10 years with 4 respondents (20 %).

Bevariate Analysis

Table 8

Respondents' Frequency Distribution Based on Stress Levels Before and After *Life Review* Therapy at Panti Tresna Werdha Ilomata, Gorontalo City

Pre-tr	eatm evel	ent	Post- trea	atment After	Level
Stress Level	n	%	Stress level	n	%
Heavy Moder-	4 3	40 30	Heavy Moderate	0 1	0 10
ate Light Normal	2	20 1 0	Light Normal	1 8	10 80
Total	10	100	Total	10	100

Source: Primary Data 2017

Based on table 8 shows that before the highest frequency therapy. the st res level was as much as 4 respondents (40%), moderate stress as many as 3 respondents (30%), mild stress as much as 2 respondents (20 %) and normal as many as 1 respondent (10 %). The frequency of stress levels after therapy, frequency is the most normal with 8 respondents (80%), mild stress 1 respondent (10%), moderate stress 1 respondent (10%) while severe stress is not found. Thus the implementation of Life Review therapy in the field is done well.

Table 9
Respondent Frequency Distribution Based on Stress Levels Before and After *CBT* Therapy at Panti Tresna Werdha Ilomata, Gorontalo City

	Aver-	P value	Average differ-
	age (sb)		ence (95% IK)
Post TRL	46.3	< 0.001	14,93 (12,0-
stress score	(12,9)		17,9)
CBT stress	31.4		
post score	(7.5)		

Source: Primary Data 2017

Based on table 9 shows that before therapy, the highest frequency of stress level was 4 stress respondents (40%), and no stress 6 (60%). The frequency of stress levels after therapy, mostly normal, namely 7 respondents (70%), moderate stress 2 respondents (20%) mild stress 1 respondent (10%), while severe stress was not found. Thus the implementation of *CBT* therapy in the field welldone.

Effect of *Life Review* Therapy on Stress Levels in the Elderly

Table 10 Statistic Test Results Using Paired Samples *Test* Using Paired Sample Test

	Interva	nfidence I of the rence	Т	df	Sig (2- taile
	Lower	upper			d)
Pre and Post Stress LR therapy	1,021	2,379	5,667	9	0,00
Pre and Post Stress CBT Therapy	-0,058	1,458	2,090	9	0.06 6

Based on paired *samples test, paired* t test analysis that addressed the table of Pre and Post Therapy Stress *Life review* above obtained a *Significancy* value of 0,000 (p <0.05) with a difference of 1,021 (95% CI 1.02 to 2.38. the probability value of 0,000 is smaller than α <0.05, so H0 was rejected and H1 was accepted. This means that there was the influence of *Life Review* Therapy on stress levels in the elderly at Panti Tresna Werdha Ilomata, Gorontalo City.

The result of analysis paired samples test Pre and Post Therapy Stress use The CBT was the Significancy value 0.06 (p> 0.05) with a difference of -0.06 (95% CI -0.06 to 1.46). This means that there was no effect of CBT to stress levels in the elderly at Panti Tresna Werdha Ilomata, Gorontalo City.

Differences in stress levels *Life Re*view Therapy and CBT therapy against Stress Levels in the Elderly

Different levels of stress therapy for *Life Review* and CBT therapy against Stress Levels in the Elderly using the T-independent formula.

Table 11 average stress levels carried out by CBT therapy and life review

Pre-treatment Level			Post-treatment Level		
Tinkat Stress	N	%	Stress level	n	%
Heavy	4	40	Heavy	0	0
Moderate	0	0	Moderate	2	20
Light	0	0	Light	1	10
Normal	6	60	Normal	7	70
Total	10	100	Total	10	100

Based on the table above there are differences in anxiety scores between life review therapy and CBT is between 12.0-17.9 with significant values (P = 0.001). This shows a decrease in anxiety scores by using life review therapy better than CBT therapy.

Life review therapy is a simple method, using the memory of individuals who are stressed themselves and do not need a cost to reduce stress. Life review therapy is a rethinking of the client's life experience with the demands of the nursing service provider to encourage clients to rethink pleasant and unpleasant times in the past and then respond to the experience wisely and put into positive thoughts.

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The therapeutic use of *life review* (review of the experience of life) will form memories that is accepted as stimulation by the senses, to remember the beautiful things then the client will feel calm. The impact is a change in motor activity so that the tense muscles become relaxed and response to memories becomes clearer.

Delightful stimulation of memories will run into the brain stem towards the sensor of the thalamus to be formatted, a small portion of the stimulation is transmitted to the amingdala and hippocampus, some sent to the cerebral cortex. In the hippocampus pleasant things will be processed into a memory and when stimulated in the form of memories the stored memory will reappear. From the stimulation hippocampus that has meaning sent to aminglada which will form a response pattern that is in accordance with the meaning of the stimulation received, so the subject is easier to associate himself in reducing stress experienced.

The provision of *life review* therapy (review of life experience) begins with fostering a trusting relationship and explaining the research procedure first. Trusting relationships can be created with introductions and treating clients as they have been close before. A good relationship of trust can increase the success of this therapy in reducing stress due to the client's emotional approach to therapist.

The success of *life review* therapy (study life experiences) to reduce stress levels, by researchers has several factors, among others, is given in a group therapy, in a comfortable position so that patients are not disturbed and focus to the story. According to Kennard (2006) if therapy is done in groups can provide opportunities for the elderly to share their experi-

ences, improve socialization and communication, and save time.

Timing and distribution of appropriate groups, management of sufficient time for each respondent to tell stories, listen to, and provide *feedback*, and to share pleasant past events so that they can have a positive effect on respondents are also a number of factors that can influence the success of *life review* therapy (review of life experience) (*Family and Consumer Sciences* (2010) [5].

The results of this study are in line with the research conducted by Dhian (2012) on the Effects of Therapeutic Review on Life Experience on Depression Levels in the elderly. In his research, it was stated that the average depression level of elderly respondents who received *life review* therapy (review of life experience) before being given therapy was 8, 06 (mild depression level). In the state of depression after being given *life review* therapy (review of life experience) the average level of depression becomes 4,27 % (normal).

Other researchers who have conducted research namely Gudorf (1991) about the influence of therapeutic study of life experiences on the elderly in nursing homes. Conclusion Gudorf (1991) found that clients who were treated with life experience study therapy can reduce depression, improve life satisfaction and memory ability of the elderly [13].

The research by Serrano and Latorre (2004) in his research through 43 elderly respondents aged between 63 years to 93 years with depressive symptoms without dementia divided into the control and treatment groups. At the end of the *posttest the* study showed a decrease in symptoms of depression, decreased

despair, increased life satisfaction and regaining information on important life events [33].

Lehman, Capezuti & Gillespie (2011) mentions in his research that the therapeutic *life review* (review of the experience of life) meaningful and effectively reduce stress significantly greater in the treatment group than the control group [31]. Mitceel (2009) states that the key to *life review* therapy is an activity where the elderly are given the opportunity to repeat the experience and memories of past events so that the elderly can convey their positive emotions and can increase self-awareness about past events by giving the meaning of the events and the events that occurred in the past [23].

The results of the study showed that some of the elderly who were made respondents stated that the stress they felt was reduced after being given CBT therapy. This can be seen from table 4.12that the intensity of the decline in stress levels that are most significant is from severe stress to normal with the number of respondents 3, then from severe stress to moderate 1 person, normal conditions can be maintained by 4 respondents but also found from severe stress levels moderate 1 respondent, normal to mild stress level 1, and from normal to moderate stress level 1 respondent.

In addition, based on the t- test statistic paired S significance (p=value) of 0.06 with such a probability value is greater than $\alpha > 0.05$ then H0 is accepted H1 is and rejected. This means that thereis no effect of CBT Therapy on stress levels in the elderly at Panti Tresna Werdha Ilomata, Gorontalo City. Townsend describes the existence of cognitive changes in the elderly including three major things namely memory function, intelligence / intellectual function and ability to learn. In memory function the elderly has weaknesses in short-term recall but not with the ability to remember the past for an elderly person is the main thing that needs to be considered for a therapist when working with a special group of elderly people [45].

The results of different tests using the T independent test showed that there was a difference between the anxiety therapy life review score and CBT with a significant value of P=0.001 and a mean score of 12.0-17.9. This shows a decrease in anxiety scores by using life review therapy better than CBT therapy.

This difference in score was influenced by many factors, including educational factors. Based on the data that most education is elementary school (60%). So this affects the way of thinking of the elderly and causes CBT therapy to be less significant than Life review therapy.

The reason for 50% of respondents entering nursing homes for family will is a factor that contributes to the difference in the scores of anxiety scores. The elderly consider that families don't want to care for them anymore, and don't want to live together. This is what triggers persistent stress for the elderly.

CONCLUSIONS AND RECOMMEN-DATIONS

There were influences of life review techniques and cognitive behavior therapy to reduce anxiety in the elderly. The level of giving relaxation techniques that tend to be low in this study was a challenge for nurse managers and each individual nurse to build and maintain culture in the provision of life review techniques and cognitive behavior

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therapy. The role of nurses as *frontliners* in the nursing services now needs to be with the application of the development of Indonesian nursing science so that *nursing care is* specifically a life review and cognitive behavior action can be entrenched in Indonesia's health development.

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