



# PROCEEDING Surabaya International Health Conference 2017



Optimizing Health Care Quality  
Through Research, Clinical  
Treatment and Education

Best Western Papilio Hotel  
July, 13th - 14th, 2017

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# **PROCEEDING**

## **Surabaya International Health Conference 2017**

**Optimizing Health Care Quality Through Research, Clinical Treatment and Education**

Proceeding

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**CONFERENCE SCHEDULE**  
**SIHC NAHDLATUL ULAMA UNIVERSITY OF SURABAYA**  
**Best Western Papillio Hotel Surabaya**  
**13-14 July 2017**

**DAY 1, 13<sup>th</sup> July 2017**

07.00 – 08.00	Registration
08.00 – 08.10	Welcoming Show (Pendet Dance by UNUSA's Student Activities Unit of Sendratasik)
08.10 – 08.15	Opening Ceremony (MC : Ika Mardiyanti, SST, M.Kes & Mira Nirmala Gita, Amd.Keb)
08.15 – 08.20	Indonesia Raya Anthem
08.20 – 08.30	Holy Qur'an Reading (M. Nasyik : Prodi D-IV Analisis Kesehatan)
08.30 – 09.00	Opening Speeches <ul style="list-style-type: none"> <li>- Speech from Secretary of Research and communities services departement (Chilyatiz Zahroh, S.Kep.Ns, M.Kep)</li> <li>- Speech from Rector of Nahdlatul Ulama University of Surabaya (Prof.Dr.Ir.Achmad Jazidie, M.Eng)</li> </ul>
09.00 – 09.10	MoA FK -TMU
09.10 – 09.15	Opening Pray (M. Khafid, S.Kep.Ns, MSI)
09.15 – 09.50	Keynote Speaker <b>Prof. Dr. Ir. Mohammad Nuh, DEA</b>
09.50 – 10.00	<ul style="list-style-type: none"> <li>- Certificate &amp; Souvenir Given to Keynote Speaker</li> <li>- Opening Poster Presentation Sessions</li> </ul>
10.00 – 10.15	Coffee Break
10.15 – 10.25	Dance Performance (Kembang Pesisir dance)

**Plenary Session I**

10.20 – 10.55	Speaker 1 (Prof.Dr.Nasronudin, dr., Sp.PD., K-PTI., FINASIM)
10.55 – 11.30	Speaker 2 (Tsan-Hon Liou M.D., Ph.D)
11.30 – 12.00	Plenary Discussion (Moderator : Mujad Didien Afandi, S.S, M.Pd)
	Certificate & Souvenir Given to Speakers
12.00 – 12.20	Poster Presentation
12.20 – 13.30	Prayer, Lunch and Check in

**Plenary Session II**

13.30 – 14.05	Speaker 3 (Dr. Handayani, dr., M.Kes)
14.05 – 14.40	Speaker 4 (Rusdianingseh, S.Kep.Ns., M.Kep,Sp,Kom)
14.40 – 15.15	Speaker 5 (DR. Larguita Pasion Reotutar, MN)
15.15 – 15.45	Plenary Discussion (Moderator : Tiyas Saputri, S.S, M.Pd)
	Certificate & Souvenir Given to Speakers
15.45 – 15.55	Closing

**DAY 2, 14<sup>th</sup> July 2017**

07.00 – 08.00	Registration
08.00 – 08.35	Speaker 6 (Prof. Lisa McKenna)
08.35 – 08.50	Discussion (Moderator : Tiyas Saputri, S.S, M.Pd)
<b>Oral Presentation 1</b>	
08.50 – 10.00	Room 1 (Moderator : dr. Herdian)
	Room 2 (Moderator : Endah Budi, S.TP, M.PH)
	Room 3 (Moderator : Difran Nobel, S.Kep.Ns, M.Kep)
	Room 4 (Moderator : Mira Nirmala Gita, Amd.Keb)
10.00 – 10.15	Coffe Break
<b>Oral Presentation 2</b>	
10.15 – 11.00	Room 1 (Moderator : dr. Herdian)
	Room 2 (Moderator : Endah Budi, S.TP, M.PH)
	Room 3 (Moderator : Difran Nobel, S.Kep.Ns, M.Kep)
	Room 4 (Moderator : Mira Nirmala Gita, Amd.Keb)
11.00 – 11.30	Closing Ceremony (MC) Announcement The Best Poster and oral participant Certificate Given for Participant
11.30 – 12.30	Prayer, Lunch & Check Out





Surabaya International Health Conference  
July, 13th - 14th, 2017



## **THE DECREASE OF DEPRESSION LEVEL IN ELDERLY WITH COOKING GROUP THERAPY AS MODALITY THERAPY IN PANTI WERDHA SURABAYA**

**Dhian Satya Rachmawati, Ari Susanti, Marlina Meiningrum** Sekolah Tinggi Ilmu  
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### **Abstract**

Elderly who live in homes or institutions tend to be more at risk of depression. Elderly in nursing have symptoms of depression such as doesn't have motivation for life and often bored because there is no activity. One way to reduce the level of depression in the elderly used occupational therapy. Occupational therapy cooking group is one of the occupational therapy that uses the process of cooking to serve the food as a therapy method. This study aimed to analyze the effect of occupational therapy : cooking group as modality therapy to decrease of depression in Nursing Home for Elderly in Surabaya.

This study design used pre-made with the experimental one-group pre-post test in the treatment group pretest and posttest. Variable independent is cooking occupational therapy group and variable dependent is depression. The population in this study is the elderly who have mild depression. With a sample of 30 elderly people selected by probability sampling using simple random sampling technique. The research instrument used questionnaire GDS 30. Data were analyzed using the Wilcoxon Signed Rank Test.

The results showed that the effect of occupational therapy group cooking terhadap level of depression in the elderly. Results Wilcoxon Signed Rank test  $p = 0.001$  ( $p 0.001 < \alpha 0:05$ ), meaning that there are significant in the treatment group.

The implication of this research is occupational therapy cooking group on the level of depression in the elderly effect, so it needs the support of the institutions to increase the cooking occupational therapy group, so as to minimize the level of depression in the elderly.

**Key words:** cooking group occupational therapy, the elderly, depression

## BACKGROUND

Entering old age many decline such as physical decline characterized by the skin becomes wrinkled because of reduced fat pads, white hair, diminished hearing, worsening vision, tooth toothless, slow activity, decreased appetite and other body conditions also decline (Padila , 2013: 6).

According to research conducted by Wreksoatmodjo (2013) states that they or the elderly living in institutions or institutions tend to be more at risk of cognitive impairment compared with those who live in their families. One of the cognitive impairments is depression (Potter and Perry, 2009: 332). According to research conducted Graff (2007), in Dewantari, et al (2015) states that one way to optimize cognitive function of elderly is to use occupational therapy. Occupational therapy of group cooking is one of occupational therapy that uses cooking or cooking process to serve food as a medium of therapy. The number of elderly around the world is estimated to be 500 million with an average age of 60 years and is estimated by 2025 to reach 1.2 billion (Padila, 2013: 1). According to the Ministry of Health (2012), Christiana et al (2015) stated that the population in 11 WHO countries in Southeast Asia aged above 60 years is 142 million people and is expected to increase 3 times by 2050, while the population Elderly in Indonesia in 2010 as many as 14,439,967 people (7.18%) and in 2011 the number of elderly by 20 million people (9.51%). According to Cahyono (2012), Inri et al (2015) states that the prevalence of depression

in the elderly in the world ranges from 8-15%, with the ratio of women with men 14.1: 8.6. The prevalence of depression in the elderly who undergo treatment at the Hospital and in nursing homes by 30-45%. Based on preliminary study conducted by researchers at Panti Werdha Hargodedali Surabaya there are 42 elderly people consisting of 12 elderly people suffering from dementia and can not walk alone, 10 elderly people do not experience depression, 12 elderly people experience mild depression (28,5 %), 3 elderly people experienced moderate depression (7.1%), 5 elderly were not in Panti while taking data. The researcher also conducted a preliminary study at Panti Anugrah Surabaya. There were 32 elderly people consisting of 2 sick and hard to communicate, 4 elderly were wheelchair, 9 elderly were depressed, 17 elderly suffered mild depression (53%).

Depression is caused by many factors including hereditary and genetic factors, constitutional factors, pramorbid personality factors, physical factors, psychobiological factors, neurologic factors, biochemical factors in the body, electrolyte equilibrium factors and so forth (Yosep, 2011: 276). According to Teddy Hidayat (2008), in Joseph (2011: 277) depression is characterized by the following symptoms, including: moodiness, sadness, lethargy, loss of passion, no spirit and feeling helpless, guilt or sin, Useful and desperate, decreased appetite and weight loss, poor concentration and decreased memory, sleep disturbances accompanied by unpleasant dreams, loss of pleasure, abandoning hobbies,

decreased creativity and productivity, sexual disorders, thoughts about death and suicide. Severe depression cases require effective therapy and treatment to reduce depression levels, but in cases of mild and moderate depression, self-therapy may be used to reduce depressive symptoms. Many ways to overcome depression, one of them by providing therapy modalities for the elderly. One of the therapeutic modalities used is occupational therapy. Occupational therapy uses occupation (work or activity) as a medium. Occupational therapy is also intended to correct abnormalities and maintain or improve health status, and be more focused on recognizing the abilities that are still present in a person, then maintaining or improving it so that with that ability he is able to overcome the problems it faces (Jaya, 2015: 234).

The cooking group includes examples of group therapy and occupational therapy. Occupational therapy of cooking group can be used as therapy in everyday activity, because it can restore and improve the quality of life especially in elderly. Cooking is part of one's pleasure because with this cooking therapy it is free to express through the preferred cuisine or provide topping for the dishes that have been made. So that makes elderly more excited in living life, and improve the elderly creativity.

This therapy can be used as an activity for the elderly every week in the Orphanage, the goal is to fill elderly activities in daily life and remind and nostalgic old age habits that often cook for family members at home. In performing this therapy family and officers can be actively

involved in occupational therapy activities, in this case can also be through the activities of cooking group. Families and officers who are actively involved can be a support system for the elderly. Support system will help elderly overcome depression. Orphanages or neighborhoods where the elderly live can provide facilities and infrastructure and programs activities that can be a therapy to overcome depression in the elderly. Based on the above background, it is necessary research to identify the influence of occupational therapy of cooking group as modal therapy to depression level in elderly at Panti Werdha Surabaya.

## **METHOD**

The design of this study using Pre-experimental was performed with one-group pre-post test in the pretest and posttest treatment groups. The independent variable is the occupational therapy of the cooking group and the dependent variable is depression. The population in this study was the elderly who experienced mild depression. The sample of 30 elderly were chosen by probability sampling using Simple Random Sampling technique. The research instrument used a GDS 30 questionnaire. The data were analyzed by using Wilcoxon Signed Rank Test.

## **RESULT**

Data was collected on April 22<sup>th</sup> - May 1<sup>st</sup>, 2016 at Panti Werdha Hargodedali Surabaya and on May 6<sup>th</sup> to May 15<sup>th</sup>, 2016 at Panti Werdha Anugrah Surabaya, obtained 30 respondents

1. Elderly Depression Rate Before administered Occupational Cooking Group Therapy

Pretest	Freq	%
Not Depressed (0-10)	0	0
Mild Depression (11-20)	30	100
Moderate/severe depression (21-30)	0	0
<b>Total</b>	<b>30</b>	<b>100</b>

Based on the above table obtained the results of all elderly before being given occupational therapy cooking group experienced mild depression.

2. Elderly Depression Rate After being given Occupational Cooking Group Therapy

Posttest	Freq	%
Not Depressed (0-10)	11	36.7
Mild Depression (11-20)	19	63.3
Moderate/severe depression (21-30)	0	0
<b>Total</b>	<b>30</b>	<b>100</b>

Based on the above table results obtained as many as 19 elderly (63.3%) experienced mild depression and 11 elderly (36.7%) did not experience depression.

2. Level of depression before and after being given occupational therapy of cooking group at Panti Werdha Hargodedali Surabaya and Panti Werdha Anugrah Surabaya

Depression	Before	After
------------	--------	-------

Level	Therapy		Therapy	
	f	%	f	%
Not Depressed (0-10)	0	0	11	36.7
Mild Depression (11-20)	30	100	19	63.3
Moderate/severe depression (21-30)	0	0	0	0
<b>Total</b>	<b>30</b>	<b>100</b>	<b>30</b>	<b>100</b>
<b>Uji Wilcoxon p = 0.001</b>				

Based on the above table, the results obtained before and after the occupational therapy of cooking group to the level of depression, before being given therapy all the elderly suffered mild depression (100%). After therapy 19 people (63.3%) remained mildly depressed, and 11 (36.7%) did not experience depression. Based on Wilcoxon test results obtained p value / 0.001 which means there is influence of occupational therapy cooking group to the level of depression in elderly in Panti Werdha Hargodedali Surabaya and Panti Werdha Anugrah Surabaya

**DISCUSSION**

3. Elderly Depression Rate Before administered Occupational Cooking Group Therapy

Based on the results of the research on the table of depression level before being given occupational therapy, cooking group obtained elderly who suffered from mild depression as many as 30 people (100%). Factors causing depression include role factors, physiological changes, object loss theory, environmental factors and behavioral models according to Stuart and

Sundeen (1998), in Aspiani (2014: 9-10). Stuart and Sundeen (1998), in Aspiani (2014: 9-10) explained that role roles and tensions have been reported to influence the development of depression especially in women. Researchers argue that women are more using emotions and feelings than in men, so that women have more feelings that will ultimately lead to depression. It is also seen during interviews and test results that all elderly as many as 30 people (100%) feel depressed and bored though in their orphanage along with other elderly, they tell their life problems with feelings of sadness and some even cry.

Stuart and Sundeen (1998), in Aspiani (2014: 9-10) explain that physiological changes caused by drugs or physical diseases such as infections, neoplasms, and metabolic equilibrium, can trigger a natural disturbance of feelings. Most chronic debilitating diseases of the body are often accompanied by depression. This is evidenced in the results obtained from 30 elderly people with mild depression 18 elderly (60%) aged 66-70 years and 23 elderly (76.7%) suffered joint disease, insomnia, and dizziness as many as 23 people (76.6%). Researchers argue that older people are vulnerable to depression because of the decreased physical condition that causes various diseases. Chronic diseases such as hypertension, diabetes mellitus, osteoarthritis, and so on cause the elderly should consume drugs continuously so this becomes the cause of the elderly depressed.

Stuart and Sundeen (1998), in Aspiani (2014: 9-10) explain that the theory of

object loss, refers to the separation of individual traumatics with objects or very meaningful. Losing a real or imagined attachment, including loss of one's love, physical function, position or self-esteem. Since the actual and symbolic elements involve the concept of loss, one's perception is crucial. This is evidenced in the results obtained most of the elderly who suffered from mild depression has a widow status because the loss of his spouse as many as 23 people (76.6%), and the desire of his family to lead elderly to the orphanage also affects the level of mild depression in the elderly that is as many as 18 people (60%). Researchers argue that elderly people who live alone are more vulnerable to depression because they do not have the support of their loved ones or families, and they consider themselves alienated from the family by placing them in the home. Elderly who in the orphanage sometimes want to return to his home to gather with family and want a family who came to visit him in this orphanage that causes elderly stress causing depression.

Yusuf et al (2015: 250-253) describes the psychological changes of the elderly as shown by the behavior of suspicious, aggressive, or withdrawal. This is proven in the results of research found that most of the elderly who experienced mild depression is also influenced by the length of stay dipanti that is for 1-5 years as many as 23 people (76.6%), most elderly complain when in the room there are friends who listen to the radio while he wanted Rest and it makes him disturbed, there are also elderly who placed goods in other elderly table so as to cause a dispute. Researchers

argue that the elderly have different habits and backgrounds, so that can lead to disputes. The elderly living in the orphanage will be more depressed because they are newly adapted to the orphanage, whereas the elderly live at home and they have to move to the orphanage where they have not known each other.

Stuart and Sundeen (1998), in Aspiani (2014: 9-10) explain that behavioral model theory evolved from social learning theory, which assumes the cause of depression lies in the lack of a positive desire in interacting with the environment. This is evident at the time of the research that all the elderly who suffered from mild depression were elderly who chose friends as their close friend in the orphanage as many as 30 people (100%), most of the elderly who suffered from mild depression choose the worship together as activity done during (60%), while the elderly who suffered from mild depression were mostly educated by elementary school as many as 21 people (70%), and elderly who said not work before inhabiting the orphanage that is equal to 24 people (80%), elderly said he always Which makes her feel irritable when hanging out with other fellow elderly, and the elderly also says it can not do anything and it is difficult to follow instructions when there is activity because of the limitations of the language used.

Yusuf et al (2015: 250-253) says that the elderly have superficial sleep, never reach the total bed sleep, feel "tengen", every second and hour is always heard, the insistence of nightmares, and wake up faster and can not sleep anymore. This is evident from the results obtained most of the

elderly who experienced a mild depression that is choosing to sleep more than three people as many as 19 people (63.3%), when interviewed elderly said he was difficult to sleep especially in one room amounted to more than 3 people, sometimes there is Turn on the radio and also someone who likes to tell stories to interfere with other elderly break schedule.

#### 1. Elderly Depression Rate After being given Occupational Cooking Group Therapy

Based on the results of the research on depression level tables after being given occupational therapy, the cooking group obtained the results of 19 people (63.3%) had mild depression, 11 people (36.7%) did not experience depression. Decrease in depression levels experienced by 11 respondents is because some elderly are diligent to follow therapy and elderly feel happy because many activities made by students who practice there, other than that elderly look happy to cook and can be eaten directly from the homemade. On the other hand at that time many students who practice in Panti Werdha Hargodedali Surabaya and Panti Werdha Anugrah Surabaya, so that they more and more activities held there to make elderly feel comforted and not lonely in living everyday. While the 19 respondents who still experience a mild depression because the elderly is always thinking about mistakes made in the past, feel unable to do anything and find it difficult to start a new activity. This is in accordance with the theory of cognitive models which states that depression is a cognitive problem

dominated by a person's negative evaluation of one's self, one's world and one's future according to Stuart and Sundeen (1998), in Aspiani (2014: 9-10).

This measurement was performed after the intervention of occupational therapy of the cooking group as much as 4x30 minutes for 2 weeks. In the measurement of the Geriatric Depression Scale questionnaire showed significant differences before the occupation of occupational cooking group was administered after occupational therapy of the cooking group.

**14.** Level of depression before and after being given occupational therapy of cooking group at Panti Werdha Hargodedali Surabaya and Panti Werdha Anugrah Surabaya

In preliminary data before being given occupational therapy cooking group all elderly suffered mild depression as much 30 people. In the data after occupation therapy occupied cooking group as many as 19 people continue to experience mild depression, and 11 people do not experience depression. Here tested with Wilcoxon Signed Rank Test Test by connecting depression level before being given occupational therapy cooking group with depression level after being given occupational therapy of cooking group that yield p value = 0.001. This means that there is influence of occupational therapy of cooking group as modal therapy to depression level in elderly at Panti Werdha Surabaya. A study by Wreksoatmodjo (2013) suggests that they or the elderly living in institutions or institutions are more

likely to experience cognitive impairment than those who live with their families. One of the cognitive impairments is depression (Potter and Perry, 2009: 332). Research conducted by Graff (2007), in Dewantari, et al (2015) states that one way to optimize cognitive function of elderly is by using occupational therapy. Occupational therapy is a form of supportive psychotherapy in the form of activities that generate self-reliance manually, creatively, and educationally to adapt to the environment and improve the degree of physical and mental health of the patient. Occupational therapy aims at developing, maintaining, restoring function and / or seeking compensation or adaptation for daily activities, productivity and leisure time through training, remediation, stimulation and facilitation. According Nasir and Muhith (2011: 266) occupational therapy can be applied to those who are easier to learn something by practicing it than by imagining it, but it can also be applied to those who seem difficult to communicate with others. Occupational therapy of cooking group is one of the occupational therapy that use cooking or process from cooking to serve the cuisine as the therapy medium. Occupational therapy of a cooking group may decrease depression in the elderly as cooking can overcome an emotional problem in a person. In addition to cooking and serving dishes to the nearest person is a therapeutic activity, where one can practice his patience, persistence, sensitivity, and dedication. Therapeutic goals in occupational therapy should be achieved through



discussion after completion of each activity, whether sports, recreation, daily activities, or other activities conducted in groups or individuals (Jaya, 2015: 234). Occupational therapy of this cooking group is done as much as 4 times a meeting in 2 weeks. The first meeting when the elderly group's cooking okupasi therapy was not confident to participate in this therapy, after being given an explanation by elderly researchers began to follow the occupation of occupational cooking group therapy, when therapy began many obstacles such as disputes occurred in the group, although it was assisted by the team Of the students and administrators of the elderly can not follow the instructions in conducting the therapy presented by the researcher. The first meeting was well resolved despite many obstacles that did not match the instructions of the researcher. The second meeting when the occupational therapy of elderly cooking group performed confident to follow this therapy, although some still lack the confidence to follow this therapy because they are still afraid of losing the competition. The third meeting when the occupational therapy of the elderly cooking group began to enthusiastically follow the therapy until completion, and the fourth meeting when the occupation therapy oksing elderly cooking group began enthusiastic and seemed happy to follow the therapy activities. The first meeting to four researchers chose the same elderly elderly who suffered from mild depression, before being given treatment researchers first called the elderly by going directly to his

room, so not all elderly follow this occupation therapy cooking group. Based on the results and the existing theory the researcher chose to use occupational cooking group therapy as a research medium because occupational therapy itself means an activity or work as a medium used therapy, so researchers modify it with cooking group. This is in accordance with the theory according to Jaya (2015: 234) who said that occupational therapy using occupation (work or activity) as a medium, the activities set based on the purpose of therapy itself, so not just busy one person or improve one's skills in a job.

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