

## THE RELATIONSHIP BETWEEN PERSONALITY TYPE, FAMILY SUPPORT AND DEPRESSION IN INDONESIAN ELDERLY IN THE HOME CARE CENTER OF TRESNA WERDHA MINAULA, KENDARI, INDONESIA

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### ABSTRACT

**Background:** Depression in elderly is widespread, often undiagnosed, and usually untreated.

**Objective:** This study aimed to determine the relationship between personality, family support, and depression in elderly in the Home Care Center of Tresna Wedha Minaula Kendari.

**Methods:** This was a correlational cross-sectional study conducted in 2015. The population in this study is all elderly people in the Home Care Center of Tresna Wedha Minaula Kendari as many as 90 persons. Of the total population, 41 samples were selected using purposive sampling. Data data were analyzed using frequency distribution and chi square test.

**Results:** There were significant associations between personality type ( $p = 0.019$ ), family support ( $p = 0.047$ ), and depression in elderly persons.

**Conclusion:** There is a significant relationship between personality type, family support, and depression in the elderly in the Home Care Center of Tresna Wedha Minaula Kendari. It is important to understand how the roles of personalities and family support from each family member contributes to depression.

**Key words:** Depression, Personality Type, Family Support.

### BACKGROUND

An increase in the number of elderly people leads to the need for attention with the hope that they do not only live long but also can enjoy their aging periods happily and improve their quality of lives. However, elderly are frequently unfamiliar with the manifestations of depression.<sup>1</sup> Depression in elderly persons is

widespread, often undiagnosed, and usually untreated. Elderly patients may differ from younger patients in the presentation of symptoms and in the prevalence of comorbidities.<sup>2</sup>

Currently, according to data from the World Health Organization (WHO), approximately 15% of adults aged 60 and over suffer from a mental disorder,

including depression.<sup>3</sup> Depression can cause great suffering, leads to impaired functioning in daily life, reduces ability in daily activities,<sup>4</sup> reduces level of self-respect, reduces satisfaction with life, pain,<sup>5</sup> lower economic standards, and income,<sup>6</sup> fatigue,<sup>7</sup> and absence of social support.<sup>8</sup>

Depression occurs in 7% of the general elderly population and it accounts for 5.7% of YLDs among over 60 year olds.<sup>3</sup> Depression is both underdiagnosed and undertreated in primary care settings. While the prevalence of depression in elderly who underwent treatment in hospitals and home care center of tresna werdha minaula by 30-45%.<sup>3</sup> Thus, its management in the elderly population is essential.

Some studies have been discussed about the factors influencing depression in elderly, such as personality<sup>9</sup> and family support.<sup>10</sup> Personality is related to how individuals usually behave, have experiences, believe and feel toward themselves, others and the world.<sup>11</sup> Kaplan et al. define personality as the totality of emotional and behavioral traits that characterize the individual in everyday life situations, under normal conditions, being relatively stable and predictable.<sup>12</sup> Personality can be one of the main triggering factors of depressive symptoms in old age.<sup>11</sup>

On the other hand, family is a social construct influenced by culture, historical context and relationships and, in general, is a synonym of affection, companionship and solidarity.<sup>13</sup> Family functioning is understood as a harmonic relationship and balance between the relationships of the family members, i.e., the way its members act together and with others.<sup>13</sup> Therefore, this study aimed to examine the relationships between personality, family support, and depression in elderly.

## METHODS

### *Design and Sample*

This was a correlational cross-sectional study conducted between August and October 2015 at the Home Care Center of Tresna Wedha Minaula Kendari. The population in this study is all elderly people in the Home Care Center of Tresna Wedha Minaula Kendari as many as 90 persons. Of all the population, 41 samples were selected using purposive sampling.

### *Instruments*

There were three instruments used in this study to measure personality types, family support, and depression, namely:

1. **Depression** in this study is defined as a prolonged and continuous sadness that affects an elderly person's behavior and his perception of a world. The Geriatric Depression Scale (GDS)<sup>14</sup> was used to measure depression that has been tested and used extensively with the older population. There were 15 items of dichotomous questions with Yes and No answer. Scoring value 1 is given on the favorable statement for the answer "Yes" and the value 0 for the answer "No"; while for the Unfavorable statement, the answer "No" is given a value of 1 and the answer "Yes" is given a value of 0. The cut off point is 50%. The score >50% remains depression.

2. **Personality** refers to someone who has a distinctive pattern of thoughts, feelings, and behavior that distinguishes between people with each other, whether has an extroverted or introverted personality, which was measured using Personality MMPI Test (Minnesota Multiphasic Personality Inventory)<sup>15</sup>, in the form of dichotomy question (two choices) of Yes and No answer.

3. **Family support** refers to a gift of encouragement, help, motivation provided by the family (parents, husband / wife, children, uncle / aunt, nephew) in the form

of appreciation, information, emotional and self-esteem, which was measured using Guttman scale, consisting of 13 items of dichotomy questions (Yes and No answer). Objective Criteria: a) Good: if respondent answers > 50% of the total score, b) Less: if respondent answers <50% of total score.

#### *Data analysis*

The data were analyzed using frequency distribution and chi square test.

#### *Ethical Consideration*

The study permission was obtained from the Home Care Center of Tresna Wedha Minaula Kendari. The researchers in this study ensure that all participants have obtained appropriate informed consent.

## **RESULTS**

### *Characteristics of the respondents*

Of the total population in this study, the majority of the respondents in the Home Care Center of Tresna Wedha Minaula Kendari was males as many as 21 persons (51.2%), aged 60-74 years old (65.9%), had junior high school background (53.7%), and stayed in the Home Care Center for more than 5 years (53.7%).

### *Distribution of depression, personality type, and family support*

As shown in the Table 1, there were 22 elderly persons (53.7%) had depression, and 19 persons (46.3%) had no depression. Those who had extrovert personality were 48.8% and introvert was 51.2%; and those who had good family support were 41.5% and less family support 58.5%.

**Table 1.** Frequency distribution of depression, personality type, and family support in elderly in the Home Care Center of Tresna Wedha Minaula Kendari in 2015

| Variables                    | N  | %    |
|------------------------------|----|------|
| <b>Depression in Elderly</b> |    |      |
| Depression                   | 22 | 53.7 |
| Non-depression               | 19 | 46.3 |
| <b>Personality Type</b>      |    |      |
| Extrovert                    | 20 | 48.8 |
| Introvert                    | 21 | 51.2 |
| <b>Family Support</b>        |    |      |
| Good                         | 17 | 41.5 |
| Less                         | 24 | 58.5 |

### *Relationship between personality, family support, and depression in elderly in the Home Care Center of Tresna Wedha Minaula Kendari in 2015*

Of 20 extrovert respondents, there were 7 persons (17.1%) had depression, and 13 persons (31.7%) had no depression; while from 21 respondents (51.2%) there were 15 persons (36.6%) had depression, and 6 persons (14.6%) had no depression. Chi square test analysis showed p-value 0.019 (<0.05), which indicated that there was

statistically significant relationship between personality type and depression in elderly.

For the family support, from 17 respondents (41.5%) who had good family support, there was 6 respondents (14.6%) had depression, and 11 respondents (26.8%) had no depression; and for 24 respondents (58.5%) who had less family support, there was 16 respondents (39%) had depression, and 8 respondents (19.5%) had no depression. (see Table 2)

**Table 2.** Relationship between personality, family support, and depression in elderly in the Home Care Center of Tresna Wedha Minaula Kendari in 2015

| Variable                | Depression in elderly |      |                |      | Total |      | P-value<br>(Chi Square) |
|-------------------------|-----------------------|------|----------------|------|-------|------|-------------------------|
|                         | Depression            |      | Non-depression |      | n     | %    |                         |
|                         | n                     | %    | n              | %    |       |      |                         |
| <b>Personality type</b> |                       |      |                |      |       |      |                         |
| Extrovert               | 7                     | 17.1 | 13             | 31.7 | 20    | 48.8 | 0.019                   |
| Introvert               | 15                    | 36.6 | 6              | 14.6 | 21    | 51.2 |                         |
| Total                   | 22                    | 53.7 | 19             | 46.3 | 41    | 100  |                         |
| <b>Family Support</b>   |                       |      |                |      |       |      |                         |
| Good                    | 6                     | 14.6 | 11             | 26.8 | 17    | 41.5 | 0.047                   |
| Less                    | 16                    | 39.0 | 8              | 19.5 | 24    | 58.5 |                         |
| Total                   | 22                    | 53.7 | 19             | 46.3 | 41    | 100  |                         |

## DISCUSSION

Personality is the whole pattern of thoughts, feelings and behaviors that are often used by a person in a constant adaptation effort to his life, all the patterns and human behavior that is collected in him and used to react and adapt himself to all the stimuli, both coming from the environment ("The outside world") and those of itself (the "inner world"), so that the pattern of behavior becomes a functional unity unique to the human being.<sup>16</sup> Findings in this study showed that there was a significant relationship between personality type and depression in elderly. This is line with previous studies which mentioned that personality can be one of the main triggering factors of depressive symptoms in old age.<sup>11</sup> Janowsky et al.<sup>17</sup> studied the relationship of MBTI personality types (ie, Extroversion or introversion, sensing or intuitive, thinking or feeling, and judging or perceiving) to depression.

Additionally, introversion represents a persistent characteristic of depression, there is evidence that increased introversion predicts the persistence of depressive symptoms.<sup>18</sup> Bagby et al.<sup>19</sup> determined that extroversion scores at baseline predicted significant improvement in depressive symptoms, with higher extroversion scores associated with a

greater reduction in symptoms. Similarly, Gershury and Sher<sup>20</sup> demonstrated that an interaction between low extroversion and high neuroticism predicted global anxiety and depression 3 years later. However, findings of this study is consistent with the previous studies above that extraversion reduce the depression.<sup>18</sup>

On the other hand, the findings of this study revealed that there was a significant association between family support and depression in elderly. Family functioning is understood as a harmonic relationship and balance between the relationships of the family members, i.e., the way its members act together and with others.<sup>13</sup> Family support affects older age's ability to prevent stress and depression in their lives and improve functional abilities including cognitive abilities.<sup>21</sup> Family support is a form of servant behavior performed by the family both in the form of emotional support, award support, information support and instrumental support. Family support refers to the support that family members see as being accessible or family-driven, support may or may not be used but family members see that supportive people are always ready to provide help and assistance if needed.

The finding of this study is in line with the study of M. Hung<sup>10</sup> study revealed that depressive symptoms decreased

significantly with strong family and spousal support ( $p < .05$ ). Previous studies have similarly found an association between social support and depression.<sup>22</sup> but this study further stresses the importance of specific types of social support, such as family support categories. However, *family support*, as a whole, can include support from various members of the family, and that support may differ depending on the role of the family member. Thus it is important to understand how family support from each family member contributes to depression.<sup>10</sup>

## REFERENCES

1. Friedrich MJ. Recognizing and treating depression in the elderly. *Jama*. 1999;282(13):1215-1215.
2. Birrer RB, Vemuri SP. Depression in later life: a diagnostic and therapeutic challenge. *American family physician*. 2004;69(10).
3. World Health O. Mental health and older adults (Fact Sheet No. 381): WHO, Geneva; 2013.
4. Ann KS. Study on the quality of life and social support of married couples and single households elderly. *J Korea Gerontol Soc*. 2005;25(1):1-19.
5. Hur JS, Yoo SH. Determinants of depression among elderly persons. *Mental Health & Social Work*. 2002;13(6):7-35.
6. Wilson K, Mottram P, Sixsmith A. Depressive symptoms in the very old living alone: prevalence, incidence and risk factors. *International journal of geriatric psychiatry*. 2007;22(4):361-366.
7. Crane PB. Fatigue and physical activity in older women after myocardial infarction. *Heart & Lung: The Journal of Acute and Critical Care*. 2005;34(1):30-38.
8. Jee YJ, Lee YB. Factors influencing depression among elderly patients in geriatric hospitals. *Journal of physical therapy science*. 2013;25(11):1445-1449.
9. Steunenbergh B, Beekman ATF, Deeg DJH, Kerkhof AJFM. Personality and the onset of depression in late life. *Journal of affective disorders*. 2006;92(2):243-251.
10. Hung M, Bounsanga J, Voss MW, Crum AB, Chen W, Birmingham WC. The relationship between family support; Pain and depression in elderly with arthritis. *Psychology, Health & Medicine*. 2017;22(1):75-86.
11. Irigaray TQ, Schneider RH. Characteristics of personality and depression in elderly women of the University for the Third Age. *Revista de Psiquiatria do Rio Grande do Sul*. 2007;29(2):169-175.
12. Sadock BJ, Sadock VA, Ruiz P. *Compêndio de Psiquiatria-: Ciência do Comportamento e Psiquiatria Clínica*: Artmed Editora; 2016.
13. Souza RA, Costa GDd, Yamashita CH, et al. Family functioning of elderly with depressive symptoms. *Revista da Escola de Enfermagem da USP*. 2014;48(3):469-476.
14. Yesavage JA, Brink TL, Rose TL, et al. Development and validation of a geriatric depression screening scale: a preliminary report. *Journal of psychiatric research*. 1983;17(1):37-49.
15. Hathaway SR, McKinley JC, Committee MR. *MMPI-2: Minnesota Multiphasic Personality Inventory-2: manual for administration and scoring*:

- University of Minnesota Press; 1989.
16. Riyadi S, Purwanto T. Asuhan keperawatan jiwa. *Yogyakarta: Graha Ilmu*. 2009.
  17. S Janowsky D, Morter S, Hong L, Howe L. Myers Briggs Type Indicator and Tridimensional Personality Questionnaire differences between bipolar patients and unipolar depressed patients. *Bipolar Disorders*. 1999;1(2):98-108.
  18. Janowsky DS. Introversion and extroversion: implications for depression and suicidality. *Current psychiatry reports*. 2001;3(6):444-450.
  19. Bagby RM, Joffe RT, Parker JDA, Kalemka V, Harkness KL. Major depression and the five-factor model of personality. *Journal of Personality Disorders*. 1995;9(3):224-234.
  20. Gershuny BS, Sher KJ. The relation between personality and anxiety: findings from a 3-year prospective study. *Journal of abnormal psychology*. 1998;107(2):252.
  21. Mubarak WI, Chayatin N. Ilmu keperawatan komunitas pengantar dan teori. *Jakarta: Salemba Medika*. 2009.
  22. Ferreira VM, Sherman AM. The relationship of optimism, pain and social support to well-being in older adults with osteoarthritis. *Aging and Mental Health*. 2007;11(1):89-98.

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