
The Effect of Stressors and Coping Strategies on Elderly Quality of Life during the Covid-19 Pandemic

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Abstract

The Covid-19 pandemic had an impact on people's lives, especially for the elderly who are at high risk of contracting and can cause death. The purpose of this study was to determine the effect of stressors and coping strategies on the quality of life of the elderly. This research was conducted all over Indonesia, from April until June 2021, by using a cross-sectional study method, and the sample criteria involved 50 elderly men and 50 elderly women aged 60 years and over who were obtained by quota sampling method. This research uses descriptive, correlation and regression analysis. The results showed that stressors for elderly men and women are in a low category. Coping strategies and quality of life for elderly men and women are in the moderate category. The correlation test showed that the lower self and environment stressors and the higher emotion-focused coping, the higher quality of life of the elderly. The regression test showed that the use of emotion-focused coping affects high quality of life of the elderly. The quality of life of the elderly can be improved by increasing the use of emotion-focused coping.

Keywords: coping strategies, covid-19, elderly, quality of life, stressors

Abstrak

Pandemi Covid-19 berdampak pada kehidupan masyarakat, terutama bagi para lansia yang berisiko tinggi tertular dan dapat menyebabkan kematian. Tujuan penelitian ini adalah untuk mengetahui pengaruh stresor dan strategi koping terhadap kualitas hidup lansia. Penelitian dilakukan di seluruh Indonesia pada bulan April – Juni 2021, menggunakan metode studi cross sectional, dan kriteria sampelnya adalah 50 lansia pria dan 50 lansia wanita berusia 60 tahun ke atas yang diperoleh dengan metode *quota sampling*. Penelitian ini menggunakan analisis deskriptif, korelasi dan regresi. Hasil penelitian menunjukkan bahwa stresor pada lansia pria dan wanita berada pada kategori rendah. Strategi koping dan kualitas hidup lansia pria dan wanita berada pada kategori sedang. Hasil uji korelasi menunjukkan bahwa semakin rendah stresor diri dan lingkungan serta semakin tinggi *emotional-focused coping* maka semakin tinggi kualitas hidup lansia. Hasil uji regresi menunjukkan bahwa penggunaan strategi koping berfokus pada emosi berpengaruh terhadap tingginya kualitas hidup lansia. Kualitas hidup lansia dapat ditingkatkan dengan cara meningkatkan penggunaan strategi koping berfokus pada emosi.

Kata kunci: covid-19, kualitas hidup, lansia, strategi koping, stresor

Introduction

The Covid-19 virus has disrupted the lives of the whole world, including Indonesia. The World Health Organization or WHO has officially declared the coronavirus (Covid-19) as a pandemic on March 9, 2020 (KPCPEN, 2021). Data released by WHO on February 17, 2021, shows that Indonesia ranks 19th with the most people affected by Covid-19 (WHO, 2021). It is known that 1.233.959 Indonesians were confirmed positive for Covid-19 on February 17th, 2021, with 33.596 deaths and case fatality rate of 2.7 percent (Kemenkes RI, 2021). Some of the impacts caused by the Covid-19 virus are loss of life, economic recession (economic decline or slowdown), academic activities are disrupted, socio-economic shocks, and the most worrying thing is changes in people's behavior and the psychological impact (Agung, 2020). Certain groups have a higher level of risk of being infected with the coronavirus that can cause death, one of the group is the elderly. According to Law No. 13 of 1998 concerning Elderly Welfare, the elderly is someone who has reached the age of sixty years and over. The elderly are classified in the category of a group at high risk of being infected with the coronavirus because the decreases of immune system with age and aging (Siagian, 2020).

The elderly are also a group that is vulnerable to stress due to a decrease in various things such as maintaining life, adapting to the environment, body functions, and psyche naturally (Agung, 2020). Selye in Schneiderman, Ironson, and Siegel (2005) defines the source of stress (stressor) as the actual threat felt by living things and the response to the stressor is called the "stress response". In this study, which was conducted during the Covid-19 pandemic, the spread of the virus and the prevention that must be done by keeping health protocols was thought to act as stressors for the entire community, especially the elderly. Stressors are divided into three, (1) self, through an assessment of the motivational forces that fight when a person experiences conflict; (2) family, comes from interactions between family members; and (3) environment, comes from subject interactions outside the family environment that complement stress (Sarafino & Smith, 2011).

To cope with the stressors experienced by the elderly, a good coping strategy is needed. According to Folkman and Lazarus (1980), coping is a cognitive and behavioral effort made to tolerate, control, or reduce demands and internal and external conflicts. Coping strategies are divided into two, namely problem-focused coping strategies and emotion-focused coping strategies (Folkman, Lazarus, Gruen, & DeLongis, 1986). Based on research conducted by Sagala and Pasaribu (2018), it is known that coping strategies are significantly related to quality of life. The higher use of problem-focused coping, the better quality of life, while the lower use of emotion-focused coping strategies, the better the quality of life.

World Health Organization defines the quality of life as an individual's view of his or her position in life in the context of cultural and environmental value systems concerning goals, expectations, standards, and concerns. Changes in the quality of life of the elderly that tend to lead to negative things occur due to changes in the economic and social environment such as retirement or quitting work, not being able to continue socializing in the community, losing family members or friends, as well as a decrease in a physical condition caused by age. Research conducted by Siette et al. (2021) found that the quality

of life of the elderly was known to decrease significantly during the Covid-19 pandemic compared to previous years. The purpose of this study was to analyze the effect of stressors and coping strategies on the quality of life of the elderly. Therefore, understanding the concept of stressors, coping strategies and the quality of life of the elderly during the Covid-19 pandemic are important to help the elderly living their life well during this Covid-19 pandemic.

Methods

Participants

This study used a cross-sectional study design. The place of research is all over Indonesia and the study was conducted in April – June 2021. The population in this study were all elderly men and women in Indonesia aged 60 years and over. The sample criteria for this study are male and female, aged 60 years and over, and live in Indonesia. The sampling technique used is non-probability sampling. Sampling was carried out using a quota sampling design, using an online questionnaire which was filled out by the sample following predetermined criteria. Respondents in this study are 100 elderly people (50 elderly men and 50 elderly women).

Measurements

Stressors are factors that trigger conflict/pressure in the elderly. Stressors of the elderly were measured by using a modified Perceived Stress Scale instrument by Cohen et al. (1983) in Reis, Hino, and Añez (2010). The modifications made were translation into Indonesian, addition of several questions, and adjustment the questions to the current Covid-19 pandemic situation. The Cronbach's alpha value of stressor questionnaire is 0.770. This questionnaire consists of 14 statements which are divided into 3 dimensions, self, family, and environment using a Likert scale (1: strongly disagree; 2: disagree; 3: agree; 4: strongly agree).

Coping strategies are actions or behaviors taken by a person to reduce, minimize, control, or tolerate the stress experienced. Coping strategies were measured using a modified instrument Ways of Coping Questionnaire (Folkman & Lazarus, 1980) which consisted of two dimensions, problem-focused coping, and emotion-focused coping. The modifications made were translation into Indonesian, simplification of some questions, and adjustment of questions to the current Covid-19 pandemic situation. The Cronbach's alpha value of the coping strategy questionnaire is 0.736. This questionnaire consists of 15 statements which are divided into 2 dimensions, problem-focused coping and emotion-focused coping using a Likert scale (1: never; 2: sometimes; 3: often; 4: always).

Quality of life of the elderly is the perception or view of an elderly person regarding his position in life which includes life as a whole; health; social relations; independence, control over life, and freedom; home and neighbors; psychological and emotional well-being; financial condition; and leisure and activities. The quality of life of the elderly was measured using a modified Older People Quality of Life-35 (OPQOL-35) instrument (Bowling & Gabriel, 2007). The modifications made were translating the questionnaire into Indonesian, simplifying some questions, and adjusting the question items to the current Covid-19 pandemic situation. The Cronbach's alpha value of quality of life questionnaire is

0.838. This questionnaire consists of 16 statements which are divided into 8 dimensions, free time and activity; financial condition; psychological and emotional well-being; house and neighbors; independence, control over life, freedom; social relations; health; and life as a whole using a Likert scale (1: strongly disagree; 2: disagree; 3: agree; 4: strongly agree).

Analysis

The primary data that has been collected is processed through the process of entry, cleaning, editing, coding, scoring, and analyzing. The statistical analysis used in this study is (1) Descriptive test analysis, used to determine the description of the variables studied, including the characteristics of the elderly, stressors in the elderly, coping strategies, and the quality of life of the elderly. The descriptive analysis used is the mean, standard deviation, minimum value, and maximum value of the data distribution. The next, research variable was given an assessment score for each questionnaire statement. The results of the conversion are categorized into three categories, low, medium, and high. The categorization uses cut off categorization by Putri, Krisnatuti, and Puspitawati (2019), <60 categorized as low, 60-80 categorized as moderate, >80 categorized as high; (2) Pearson correlation test is used to analyze the relationship between variables and see the direction of the relationship. The variables tested were stressors for the elderly, coping strategies and quality of life for the elderly; (3) Multiple linear regression test is used to analyze the effect of several independent variables on a dependent variable. Regression test was used to analyze the effect of elderly stressors and coping strategies on the quality of life of the elderly. The data was processed using Microsoft Excel and SPSS 25.0 software for Windows. The research instrument was tested for validity and reliability using SPSS 25.0 for Windows.

Findings

Social and Economic Characteristics

Elderly men (84%) and women (62%) are in the category of young elderly (60 – 69 years). The average age of male elderly is 65.00 years and female elderly is 68.82 years. The results of the different tests showed that the age of the elderly woman was older than the elderly man ($p < 0.01$). As many as 34 percent of male elderly have been educated for 9 – 12 years and 38 percent of female elderly have been educated for 0 – 6 years. The average length of education for male elderly is 12.62 years and female elderly is 9.84 years. The results of the different tests showed that the length of education for elderly men was higher than the elderly women ($p < 0.01$). Half of the elderly men have retired (54%) and half of the elderly women are not working (52%). As many as 26 percent of male elderly have income per month IDR 2.000.001 – IDR 4.000.000 and 30 percent of elderly women have monthly income Rp1.000.001 – Rp2.000.000. As many as 58 percent of elderly men and 68 percent of elderly women have four or more children. As many as 82 percent of male elderly are married and 54 percent of elderly women are widowed because their spouse has died.

Stressors

The highest stressors dimension for male and female elderly in the family dimension (60.93 and 67.06). It is known from the distribution of answers that elderly men (66%) and elderly women (56%) are worried if their family member does not implement health protocols during the Covid-19 pandemic; elderly men chose the answer “agree” (46%) and elderly women chose the answer “strongly agree” (54%) for the statement that they are afraid of being exposed to the Covid-19 virus; and elderly men (46%) and elderly women (34%) feel sad that they cannot gather with family members due to the Covid-19 pandemic. The lowest index of male elderly stressors is on the self-dimension (47.83) and the lowest index of female elderly stressors is on the environmental dimension (51.50). It is known from the distribution of the answers of the male elderly with self-dimension that the male elderly (34%) do not suffer from comorbidities such as diabetes, cholesterol, hypertension, heart disease, and other comorbidities; feel not worried if the immune system decreases during the Covid-19 pandemic (46%); and do not feel that their income has decreased due to the Covid-19 pandemic (64%). In the distribution of elderly women's answers on the environmental dimension, it is known that elderly women do not feel bothered because they have to wash their hands and wear masks when leaving the house (62%); having no trouble visiting health services (hospitals, health centers, doctors) during the Covid-19 pandemic (48%); not feeling upset because of the restricted activities due to the “stay at home” policy (58%); and do not feel upset due to the policy of “keeping a distance” (66%).

Table 1. Distribution of the elderly based on the dimensions of the stressors and gender

Dimension	Men			Women			<i>p-value</i>
	Min	Max	mean	Min	Max	mean	
Self	16.67	83.33	47.83	0.00	83.33	51.50	0.316
Family	13.33	100.00	60.93	33.33	100.00	67.06	0.097
Environment	13.33	93.33	52.80	0.00	86.67	48.80	0.263
Total Stressors	23.81	85.71	54.28	19.05	83.33	56.09	0.515

Stressors in elderly men (68%) and women (62%) are in a low category. The average stressor for elderly men is 54.28 and for elderly women is 56.09. The results of the independent sample T-test test found that there was no significant difference between the stressors in the elderly male and female ($p > 0.01$).

Table 2. Distribution of the elderly by category of stressors and gender

Stressors	Men		Women	
	n	%	n	%
Low (≤ 59.9)	34	68.0	31	62.0
Moderate (60 – 79.9)	14	28.0	17	34.0
Height (≥ 80.0)	2	4.0	2	4.0
Total	50	100.0	50	100.0
Min – Max	23.81 – 85.71		19.05 – 83.33	
Average \pm SD	54.28 \pm 15.027		56.09 \pm 12.563	
<i>p-value</i>	0.515			

Coping Strategy

The highest coping strategy for elderly men and women is a coping strategy that focuses on emotions (82.08 and 81.08). It is known from the distribution of answers that elderly men (58%) and elderly women (60%) try to remain calm in dealing with problems during the Covid-19 pandemic; elderly men (54%) and elderly women (48%) did not let the Covid-19 pandemic disturb their minds; elderly men (50%) and elderly women (42%) trying to feel happy during the Covid-19 pandemic; 82 percent of elderly men and 88 percent of elderly women always draw closer to God Almighty; 88 percent of elderly men and 90 percent of elderly women always hope that the Covid-19 pandemic will pass quickly; both male elderly (68%) and female elderly (54%) always try not to be sad, angry, disappointed and upset due to this Covid-19 pandemic; and 58 percent of elderly men and 34 percent of elderly women trying to take the meaning from the problems of the Covid-19 pandemic. The lowest index of coping strategies is a problem-focused coping strategy. It is known from the distribution of answers that 42 percent of elderly men and 34 percent of elderly women rarely keep their distance when outside the house; and 38 percent of elderly men and 40 percent of elderly women rarely/sometimes seeking information about how to maintain health during the Covid-19 pandemic.

Table 3. Distribution of the elderly based on the dimensions of stressors and gender

Dimension	Men			Women			<i>p-value</i>
	Min	Max	Mean	Min	Max	Mean	
Problem-focused coping	19.05	100.00	66.00	28.57	100.00	68.38	0.521
Emotion-focused coping	58.33	100.00	82.08	45.83	100.00	81.08	0.711
Total Coping Strategy	51.11	100.00	74.57	46.67	100.00	75.15	0.811

As many as 54 percent of elderly men and 44 percent of elderly women have a moderate category of coping strategies. The average of male elderly coping strategies is 74.57 and female elderly is 75.15. The results of the independent sample T-test showed that there was no difference between the coping strategies of the elderly male and female. This means that there is no difference in the use of coping strategies between elderly men and elderly women ($p > 0.01$).

Table 4. Distribution of the elderly by coping strategies and gender

Coping Strategy	Men		Women	
	n	%	n	%
Low (≤ 59.9)	5	10,0	7	14,0
Moderate (60 – 79.9)	27	54.0	22	44.0
Height (≥ 80.0)	18	36.0	21	42.0
Total	50	100.0	50	100.0
Min – Max	51.11 – 100.00		46.67 – 100.00	
Average \pm SD	74.57 \pm 11.394		75.15 \pm 12.632	
<i>p-value</i>	0.811			

Quality of Life

Table 5 shows that the highest quality of life in elderly men and women is the dimensions of psychological and emotional well-being (84.67 and 86.33). It is known from the distribution of answers that more than half of elderly men (60%) and women (56%) try to be happy during the Covid-19 pandemic; and 68 percent of elderly men and 76 percent of elderly women feel very safe and believe that God will protect them during the pandemic. The lowest index quality of life for elderly men is the dimension of financial condition (68.33). It is known from the distribution of answers, there are elderly men who still does not have enough money to buy nutritious food during the Covid-19 pandemic (12%) and there are elderly men who still cannot afford vitamins/health-supporting medicines during the Covid-19 pandemic (16%). The lowest index of quality of life for elderly women is the independence, control over life, and freedom dimensions (71.67). It is known from the distribution of answers, there are elderly women who still cannot carry out activities without help from others during the Covid-19 pandemic (4%) and there are elderly women who still cannot fulfill their daily needs while maintaining health protocols (such as online shopping or by telephone) (14%).

The results of the independent sample T-test on the of quality of life dimensions revealed that there were significant differences in the home and neighbors dimensions between male and female elderly ($p < 0.05$). Elderly women (83.33) have a higher index of home and neighbor dimensions than elderly men (74.00).

Table 5. Distribution of the elderly based on the dimensions of quality of life and gender

Dimension	Men			Women			<i>p-value</i>
	Min	Max	Mean	Min	Max	Mean	
1. Life as a whole	50.00	100.00	75.00	33.33	100.00	76.00	0.739
2. Health	66.67	100.00	77.33	50.00	100.00	82.67	0.068
3. Social Relations	50.00	100.00	81.67	0.00	100.00	79.00	0.468
4. Independence, control over life, freedom	33.33	100.00	72.33	0.00	100.00	71.67	0.870
5. Home and Neighbors	50.00	100.00	74.00	50.00	100.00	83.33	0.004**
6. Psychological and emotional well-being	66.67	100.00	84.67	66.67	100.00	86.33	0.541
7. Financial condition	16.67	100.00	68.33	33.33	100.00	72.33	0.280
8. Free time and activities	50.00	100.00	76.00	16.67	100.00	80.67	0.195
Total quality of life	52.08	95.83	76.16	60.42	100.00	79.00	0.193

Note: **=significant $p < 0.01$; *=significant $p < 0.05$

More than half of elderly men (54%) and elderly women (60%) have the quality of life in the moderate category. The average index of quality of life for male elderly is 76.16 and female elderly is 79.00. Based on the results of the independent sample T-test, it is known that there is no difference between the quality of life of elderly men and women ($p > 0.01$).

Table 6. Distribution of the elderly by quality of life and gender

Quality of Life for Elderly	Men		Women	
	n	%	n	%
Low (≤ 59.9)	4	8.0	0	0.0
Moderate (60 – 79.9)	27	54.0	30	60.0
Height (≥ 80.0)	19	38.0	20	40.0
Total	50	100.0	50	100.0
Min – Max	52.08 – 95.83		60.42 – 100.00	
Average \pm SD	76.16 \pm 11.326		79.00 \pm 10.265	
<i>p-value</i>	0.193			

Correlation between Characteristics of The Elderly, Stressors, Coping Strategies, and Quality of Life The Elderly

The results of the Pearson correlation test in Table 7 show that monthly income is positively related to stressors and emotion-focused coping are negatively related to stressors. That is, the higher the income per month of the elderly and the lower use of emotion-focused coping, the stressors will increase. Length of education, employment status, and monthly income has a positive relationship with coping strategies, but the number of children has a negative relationship with coping strategies. This means, the higher the education and monthly income as well as the status of not working, and the fewer the number of children, the coping strategies of elderly will be higher. Self and the environment stressors are negatively related to the quality of life and emotion-focused coping are positively related to the quality of life of the elderly. This means that when the stressors on the self and environment dimension is low and coping strategies focus on high emotions, the quality of life of the elderly will be higher.

Table 7. Correlation coefficients between characteristics of the elderly, stressors, coping strategies, and quality of life of the elderly

Variables	Stressors	Coping Strategy	Quality of Life
Characteristics of the Elderly			
Age (years)	-0.153	-0.074	0.030
Length of education (years)	0.020	0.239*	-0.036
Work status (0= Work; 1=Not Work)	0.148	0.252*	-0.002
Marital Status (0=Married; 1= Widow/widower)	0.043	-0.181	-0.084
Number of children (person)	0.008	-0.215*	-0.136
Income/month (Rp/month)	0.198*	0.229*	0.064
Stressors			
Self (index)	0.727**	-0.100	-0.257**
Family (index)	0.803**	0.078	-0.054
Environment (index)	0.746**	-0.079	-0.202*
Coping Strategy			
Problem-focused coping (index)	0.130	0.808**	0.089
Emotion-focused coping (index)	-0.219*	0.704**	0.416**

Note: **=significant $p < 0.01$; *=significant $p < 0.05$

Analysis between Characteristics of Elderly, Stressor, Coping Strategies, and Quality of Life

Table 8 is a table of multiple linear regression test results used to see the effect of the characteristics of the elderly, stressors, and coping strategies on the quality of life of the elderly. The quality of life regression equation model in Table 8 has an adjusted R square value of 0.166. This means that 16.6 percent of the variables in the model can explain the influence on the quality of life of the elderly during the Covid-19 pandemic and the remaining 83.4 percent is explained by other variables not studied. This can happen because the stressors variables and coping strategies are specific, while the quality of life has a broad or general scope so that the influence of stressors and coping strategies on the quality of life of the elderly is of little value. Quality of life was significantly positively affected ($p < 0.01$) by coping strategies focused on emotions. This means that when the coping strategy that focuses on emotions increases by one unit, the quality of life of the elderly will also increase by 0.279 points.

Table 8. Regression coefficients between characteristics of the elderly, stressors, coping strategies, and quality of life of the elderly

Variables	Quality of life of the elderly		
	Unstandardized coefficients	Standardized coefficients	Sig.
	B	β	
Constant	52.066		0.002
Characteristics of the Elderly			
Age (years)	0.191	0.116	0.330
Gender (0=Male; 1=Female)	3.250	0.151	0.177
Length of education (years)	-0.320	-0.120	0.337
Work status (0= Work; 1=Not Work)	-0.103	0.004	0.968
Marital Status (0=Married; 1= Widow/widower)	-1.507	-0.068	0.559
Number of children (person)	-0.950	-0.171	0.139
Stressors			
Self (index)	-0.094	-0.158	0.188
Family (index)	0.035	-0.60	0.591
Environment (index)	-0.068	-0.112	0.292
Coping Strategy			
Problem-focused coping (index)	-0.003	-0.006	0.957
Emotion-focused coping (index)	0.279	0.344	0.001**
R ²		0.267	
Adjusted R ²		0.166	
F		2.647	
Sig.		0.005**	

Note: **=significant $p < 0.01$; *=significant $p < 0.05$

Discussion

The definition of elderly or elderly according to Law Number 13 of 1998 is someone who has reached the age of 60 (sixty) years and over. Along with the development of various aspects of life, including the health sector, the life expectancy of the Indonesian people increases every year. Indonesia's life expectancy data released by BPS (2019) states that in 2019 the life expectancy of the female population (73.33) was higher than the male population (69.44). This is in line with the results this research showing that the average age of elderly women is higher than elderly men. However, the results of the study found that the average length of education for elderly women was lower than elderly men. This is in line with data released by BPS 2020, which states that groups of people who have low average length of education in 2020 are women, people who live in rural areas, and people with disabilities.

The current Covid-19 pandemic has disrupted various aspects of people's lives. One of them is the elderly who are one of the vulnerable groups affected by Covid-19 because the health and immunity of the elderly will decrease in line with increasing age and the occurrence of aging and will be more severe with comorbidities that are owned by the elderly (Pant & Subedi, 2020). In addition, the existence of social restriction policies makes the elderly more vulnerable to depression and anxiety (Armitage & Nellums, 2020). The results of research by Giallonardo et al. (2020) states that the Covid-19 pandemic and the quarantine that must be carried out can harm mental health. According to Kemenkes RI (2013), it is known that the highest prevalence of depression in Indonesian society is in the elderly group, the age of 75 years and over (8.9%), the age of 65-74 years (8%), and the age of 55-64 years (6.5%).

The results of this study found that the stressors for the elderly, both male and female, were classified as low and there was no significant difference between male and female stressors. This is in line with the results of research by Defina and Rizkillah (2021) which state that there is no significant difference in stress between women and men. According to Santoso and Tjhin (2018), various factors that can reduce stressors are positive changes that occur in life such as the birth of new family members, family members who excel, health improvements, and/or daily events. The highest dimension of stressors for elderly men and elderly women is the family dimension. According to Sarafino and Smith (2011), the family can provide great comfort, but it can also be a source of stress and conflict. Disputes have the potential to arise from marital conflict and divorce; financial problems; use of household resources; opposite goals; the arrival of a new family member; inconsiderate behavior; and illness and death of family members. In the medium category, the stressors for elderly women is higher than the elderly men. This is in line with the results of research conducted by Rahmah, Istiaji, and Rokhmah (2014) which found that elderly women were more vulnerable and often experienced stress than elderly men due to various stressors they faced.

To overcome the stressors faced by the elderly, appropriate coping strategy is needed. Coping strategy is a process that a person tries to manage and perceived difference between the demands and resources that they feel in a stressful situation (Sarafino & Smith, 2011). The results of this study indicate that the elderly coping strategies, both male and female elderly, are in the moderate category. Meanwhile, the highest dimension of male

and female elderly coping strategies is emotion-focused coping. This is following the results of research conducted by Dyah (2021) which states that from a review of journal articles that have been carried out, seven out of twelve journals state that research respondents use coping strategies that focus on emotions in dealing with the Covid-19 pandemic situation. The results of this study are also in line with research conducted by Methasari and Krisnatuti (2018) which found results that elderly men and women have the highest average index on the dimensions of emotion-focused coping. Emotion-focused coping is usually used by someone when they feel unable to change a stressful situation and can only accept the situation because the resources they have are unable or insufficient to cope with the situation (Dyah, 2021). In addition, based on the results of research conducted by Septiningsih and Na'imah (2012) found that all elderly respondents studied, both male and female elderly, used emotion-focused coping in dealing with perceived stressors.

Quality of life is the overall perceived life satisfaction determined by a mentally aware individual that his or her life is being evaluated (Meeberg, 1993). The results of research conducted by Siette et al. (2021) found that the quality of life of the elderly was known to decrease significantly during the Covid-19 pandemic compared to the previous year and during the pandemic, as many as 80 percent more elderly used social media to maintain relationships with family and friends and social networks so as not to drift apart. The results of this study indicate that the quality of life for both elderly men and elderly women is in the moderate category. This is in line with the results of research conducted by (Rohmah, Purwaningsih, & Bariyah, 2012) which found that most of the respondents studied had a quality of life belonging to the moderate category. The dimension of quality of life with the highest score is the dimension of psychological and emotional well-being. Someone who has good psychological well-being according to Ryff and Keyes (1995) is someone who has good self-acceptance, has good interpersonal relationships, is individually independent, controls the environment well, has clear life goals, and continues to strive to be a good person.

Based on the results of the correlation test, it is known that monthly income is positively related to stressors and coping strategies that focus on emotions are negatively related to stressors. If an individual can overcome the stressors by using appropriate coping strategies, stress will decrease or even not occur, but if someone cannot use appropriate coping strategies then the person will remain in a state of stress or even increase (Wenger, 2003; Andriani, Lukitasari, & Hasbalah, 2019). The results of this study also found that length of education, employment status, and monthly income were positively related to coping strategies, but the number of children was negatively related to coping strategies.

Stressors dimensions of self and the environment are negatively related to the quality of life. This is in line with the research of Sari, Lestari, Putra, and Nashori (2018) which states that feelings of unhappiness, stress, and depression felt by the elderly will have an impact on the quality of life of the elderly but the elderly who can change the feelings of stress that are felt due to changes that occur and can adapt to various changes, the quality of life felt by the elderly becomes better. Coping strategies that focus on emotions are positively related to the quality of life. The results of research conducted by Sari and Yuslia (2013) found that there was a relationship between stress management strategies and the quality of life of the elderly. The results of the correlation test on the quality of life

dimension found that the older the elderly, the lower quality of life in the health dimension. This is in line with the opinion of Septiningsih and Na'imah (2012) which states that with increasing age, an elderly person will experience a decline or degenerative in terms of mental and physical.

The results of the multiple linear regression test in this study found that coping strategies that focus on emotions positively affect the quality of life of the elderly. This is in line with the results of research conducted by León-Navarrete et al. (2017) found that the elderly who tend to use emotion-focused coping strategies will have a better quality of life score than the elderly who use problem-focused coping strategies. Based on the results of research conducted by Rohmah, Purwaningsih, and Bariyah (2012) found the results that the factors that affect the quality of life of the elderly include physical factors, psychological factors, social factors, and environmental factors and the most influencing factors are psychological factors. In addition, Lazarus and Folkman (1980) stated that a person will use emotion-focused coping when facing a situation that cannot be changed due to the absence of adequate resources.

This study has limitations, the data collection in this study was carried out using an online questionnaire filled out by elderly respondents, so there might be bias in filling out the questionnaire. The factors that are thought to affect the quality of life of the elderly studied in this study are stressors and coping strategies, while many other factors may affect the quality of life of the elderly, such as social support, diseases suffered by the elderly, where the elderly live (with family or friends in nursing homes) and various other factors. This study uses a non-probability sampling technique so that the research results cannot be generalized to the population.

Conclusions and Recommendation

Conclusions

The age of female elderly is older than male elderly and the length of education for male elderly is longer than female elderly. Stressors in elderly men and women are in the low category. Coping strategies and quality of life for elderly men and women during the Covid-19 pandemic are in the moderate category. There is no difference in the variables of stressors, coping strategies, and quality of life between elderly men and elderly women. The correlation test showed that higher income and lower use of emotion-focused coping strategies were associated with increased stressors. Higher education and income, unemployed status, and fewer children are associated with higher coping strategies used. The lower the stressors of self and environment and the higher the coping strategies focused on emotions, the higher the quality of life of the elderly. The results of the regression test show that the use of coping strategies that focus on emotions affects high quality of life of the elderly. This can happen because the stressors variables and coping strategies are specific, while the quality of life has a broad or general scope so that the effect of stressors and coping strategies on the quality of life of the elderly is of little value.

Recommendation

Stressors have a negative relationship with the quality of life of the elderly. Therefore, to improve the quality of life of the elderly, it is possible to reduce the stressors felt by the elderly in the form of reducing worries and fears of the Covid-19 virus, implementing health protocols, and reducing seeing negative information about the spread of the coronavirus. Factors that affect the quality of life of the elderly during the Covid-19 pandemic are coping strategies that focus on emotions. Therefore, it is hoped that the elderly will use coping strategies that focus more on emotions in dealing with the current pandemic situation, which can be in the form of getting closer to God Almighty by attending recitations or religious activities, doing activities or hobbies that they like, and trying to stay calm. face a pandemic. In addition, the government is expected to provide counseling services for the elderly to help the elderly face the current Covid-19 pandemic situation.

References

- Agung, I. M. (2020). Memahami pandemi Covid-19 dalam perspektif psikologi sosial (Understanding the Covid-19 pandemic from a social psychology perspective). *Psikobuletin: Buletin Ilmiah Psikologi*, 1(2), 68 – 84. 10.24014/pib.v1i2.9616.
- Andriani, S., Lukitasari, A., & Hasbalah, K. (2019). Strategi coping lansia dengan tempat tinggal di Ulee Kareng Banda Aceh (Coping strategies for the elderly with a place to live in Ulee Kareng Banda Aceh). *Serambi Saintia: Jurnal Sains dan Aplikasi*, 7(2), 74 – 83. 10.32672/jss.v7i2.1405.
- Armitage, R., & Nellums, L. B. (2020). Covid-19 and the consequences of isolating the elderly. *The Lancet Public Health*, 5(5), 256. [https://doi.org/10.1016/S2468-2667\(20\)30061-X](https://doi.org/10.1016/S2468-2667(20)30061-X)
- Bowling, A., & Gabriel, Z. (2007). Lay theories of quality of life in older age. *Ageing and Society*, 27(6), 827– 848. 10.1017/S0144686X070064
- Badan Pusat Statistik Republik Indonesia. (2019). Angka harapan hidup (AHH) menurut provinsi dan jenis kelamin, 2010 – 2019 (Life expectancy by province and gender, 2010 – 2019). <https://www.bps.go.id/linkTableDinamis/view/id/1114>
- [BPS] Badan Pusat Statistik Republik Indonesia. (2020). Statistik penduduk lanjut usia 2020 (Elderly population statistics 2020). Retrieved from: <https://www.bps.go.id/publication/2020/12/21/0fc023221965624a644c1111/statistik-penduduk-lanjut-usia2020.html>
- Defina, D., & Rizkillah, R. (2021). Problems, stress, social support, and coping strategies during the COVID-19 pandemic: Case of international college students in Indonesia. *Jurnal Ilmu Keluarga & Konsumen*, 14(3), 282-295. doi: <https://doi.org/10.24156/jikk.2021.14.3.282>
- Dyah, R.K. (2021). Strategi coping menghadapi pandemi Covid-19 pada populasi umum (Coping strategies to deal with the Covid-19 pandemic in the general population). *Analitika: Jurnal Magister Psikologi Uma*, 13(1), 44 – 54. <https://doi.org/10.31289/analitika.v13i1.4906>

- Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior*, 21(3), 219 – 239. <https://doi.org/10.2307/2136617>
- Folkman, S., Lazarus, R. S., Gruen, R. J., & DeLongis, A. (1986). Appraisal, coping, health status, and psychological symptoms. *Journal of Personality and Social Psychology*, 50(3), 571–579. 10.1037/0022-3514.50.3.571.
- Giallonardo, V., Sampogna, G., Del, V.V., Luciano, M., Albert, U., Carmassi, C., Carrà, G., Cirulli, F., Dell’Osso, B., & Nanni, M. G. (2020). The impact of quarantine and physical distancing following Covid-19 on mental health: study protocol of a multicentric italian population trial. *Frontiers in Psychiatry*, 11(533), 1 – 11. 10.3389/fpsy.2020.00533
- [Kemenkes RI] Kementerian Kesehatan Republik Indonesia. (2013). Bulletin of health data and information (Buletin jendela data dan informasi kesehatan). Retrieved from: <https://www.kemkes.go.id/download.php?file=download/pusdatin/buletin/buletinlan sia.pdf>
- Komite Penanganan Covid-19 dan Pemulihan Ekonomi Nasional. (2021). Covid-19 handling task force (Satuan tugas penanganan Covid-19). Retrieved from: <https://covid19.go.id/tanya-jawab?search=Apa%20yang%20dimaksud%20dengan%20pandemi>
- León-Navarrete, M.M., Flores-Villavicencio, M.E., Mendoza-Ruvalcaba, N., Colunga-Rodríguez, C., Salazar-Garza, M.L., Sarabia-López, L.E., & Albán-Pérez, G.G. (2017). Coping strategies and quality of life in elderly population. *Open Journal of Social Sciences*, 5(10), 207-216. 10.4236/jss.2017.510017.
- Meeberg, G.A. (1993). Quality of life: a concept analysis. *Journal of Advanced Nursing*, 18(1), 32–38. <https://doi.org/10.1046/j.1365-2648.1993.18010032.x>
- Methasari, S., & Krisnatuti, D. (2018). Coping strategy, religiosity, and chronic elderly’s life satisfaction. *Journal of Family Sciences*, 3(2), 42 – 54. <https://doi.org/10.29244/jfs.3.2.42-54>
- Pant, S., & Subedi, M. (2020). Impact of Covid-19 on the elderly. *Journal of Patan Academy of Health Sciences*, 7(2), 32 - 38.10.3126/jpahs.v7i2.31104
- Putri, D.K., Krisnatuti, D., & Puspitawati, H. (2019). Quality of life of the elderly: its relation to self-integrity, husband-wife interaction, and family function (Kualitas hidup lansia: kaitannya dengan integritas diri, interaksi suami-istri, dan fungsi keluarga). *Jurnal Ilmu Keluarga & Konsumen*, 12(3), 181-193. <https://doi.org/10.24156/jikk.2019.12.3.181>
- Rahmah, S.D., Istiaji, E., & Rokhmah, D. (2014). Stress coping strategies for elderly women in the technical implementation unit for elderly social services in Jember (Strategi coping stres pada lanjut usia berjenis kelamin perempuan di unit pelaksana teknis pelayanan sosial lanjut usia Jember). *Insight*, 10(2),143 - 158. <https://doi.org/10.32528/ins.v10i2.298>
- Reis, R. S., Hino, A. A., & Añez, C. R. (2010). Perceived stress scale. *Journal of health Psychology*, 15(1), 107-114. 10.1177/1359105309346343
- Rohmah, A. I. N., Purwaningsih, & Bariyah, K. (2012). Quality of life for the elderly (Kualitas hidup lanjut usia). *Jurnal Keperawatan*, 3(2), 120 – 132. <https://doi.org/10.22219/jk.v3i2.2589>

- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719–727. 10.1037/0022-3514.69.4.719.
- Sagala, D.S.P., Pasaribu, S.M. (2018). The relationship between coping strategies and quality of life in chronic renal failure patients undergoing hemodialysis at Imelda Medan Hospital (Hubungan strategi koping dengan kualitas hidup pada pasien gagal ginjal kronik yang menjalani hemodialisis di RSUD Imelda Medan). *Jurnal Ilmiah Keperawatan Imelda*, 4(2), 84 – 93. <https://doi.org/10.2411/jikeperawatan.v4i2.289>
- Santoso, E., & Tjhin, P. (2018). Comparison of stress levels in the elderly in nursing homes and in the family (Perbandingan tingkat stres pada lansia di panti werdha dan di keluarga). *Jurnal Biomedika dan Kesehatan*, 1(1), 26 – 34. 10.18051/JBiomedKes.2018.v1.26-34
- Sarafino, E. P., & Smith, T. W. (2011). *Health Psychology: Biopsychosocial Interactions*. 7th ed. United States of America: John Wiley & Sons, Inc.
- Sari, D.M.P., Lestari, C.Y.D., Putra, E.C., & Nashori, F. (2018). Quality of life of the elderly in terms of patience and social support (Kualitas hidup lansia ditinjau dari sabar dan dukungan sosial). *Jurnal Ilmiah Psikologi Terapan*, 6(2), 131 – 141. 10.22219/jipt.v6i2.5341
- Sari, H., & Yuslia, C. (2013). The relationship between stress management and the quality of life of the elderly in the village of Peuniti Banda Aceh (Hubungan manajemen stres dengan kualitas hidup lansia di gampong Peuniti Banda Aceh). *Idea Nursing Journal*, 4(2), 68 – 79. <https://doi.org/10.52199/inj.v4i2.1565>
- Schneiderman, N., Ironson, G., & Siegel, S. D. (2005). Stress and health: Psychological, behavioral, and biological determinants. *Annu. Rev. Clin. Psychol.* 1, 607–628. 10.1146/annurev.clinpsy.1.102803.144141.
- Septiningsih, D.S., & Na'imah, T. (2012). Loneliness in the elderly: a study of its form, precipitating factors and coping strategies (Kesepian pada lanjut usia: studi tentang bentuk, faktor pencetus dan strategi koping). *Jurnal Psikologi*, 11(2), 9. <https://doi.org/10.14710/jpu.11.2.9>
- Siagian, T.H. (2020). Looking for groups at high risk of being infected with the corona virus using discourse network analysis (Mencari kelompok berisiko tinggi terinfeksi virus corona dengan discourse network analysis). *Jurnal Kebijakan Kesehatan Indonesia*, 9(2), 98 – 106. <https://doi.org/10.22146/jkki.55475>
- Siette, J., Dodds, L., Seaman, K., Wuthrich, V., Johnco, C., Earl, J., Dawes, P., & Westbrook, J. I. (2021). The impact of Covid-19 on the quality of life of older adults receiving community-based aged care. *Australasian Journal on Ageing WILEY*, 40(1), 84 – 89. <https://doi.org/10.1111/ajag.12924>
- WHO. (1997). WHOQOL measuring quality of life. Retrieved from <http://www.who.int/mentalhealth/media/68.pdf>.
- Wikananda, G. (2017). The relationship between quality of life and risk factors in the elderly in the work area of the Puskesmas Tampaksiring I, Gianyar Regency, Bali 2015 (Hubungan kualitas hidup dan faktor resiko pada usia lanjut di wilayah kerja puskesmas tampaksiring I Kabupaten Gianyar Bali 2015). *Intisari Sains Medis*, 8(1), 41- 49. 10.15562/ism.v8i1.112