CHAPTER II

LITERATURE REVIEW

2.1 The Concept of Elderly

2.1.1 Definition

Old age, or senior citizen, is a period of life that begins when a person reaches 60 years of age and beyond, marked by a series of gradual changes. These transformations encompass physical, mental, and social dimensions that influence how individuals live their daily lives and adapt to their surroundings (Marni & Yuniawati, 2015).

The aging process causes the body's systems to experience a natural decline in function, often referred to as degenerative changes. Some commonly visible physical signs include graying and thinning hair, tooth loss (edentulism), decreased hearing and vision, and decreased skin elasticity, resulting in wrinkles. In addition, older adults also experience decreased muscle strength and joint flexibility, increased bone fragility, and a weakened immune system, making them more susceptible to various diseases, both infectious and long-term, such as chronic diseases (Marni & Yuniawati, 2015).

The changes that occur are not only biological but also affect psychological and social aspects. Decreased social interaction can also lead to feelings of loneliness, isolation, and mood disorders.

From the definition above, it can be concluded that elderly is a process where individuals will experience things that cannot be avoided

continuously, marked by a decrease in body resistance and physical and psychological decline.

2.1.2 Age Limits for the Elderly

The elderly stage is the final phase in the human life cycle, where individuals experience a gradual decline in physical abilities, psychological conditions, and social relationships. According to the classification of the World Health Organization (WHO, 2009), the elderly stage is grouped into four categories, namely middle age (45–59 years), early old age (60–74 years), middle old age (75–90 years), and very old age which includes individuals aged over 90 years.

2.1.3 Changes that Occur in the Elderly

As humans age, they experience various degenerative changes, both physical and psychological. Aging is a natural process that affects nearly every system in the body, including the cognitive, emotional, social, spiritual, and sexual systems (Azizah & Lilik M in Kholifah, 2020).

a. Physical Changes

Physiologically, older adults experience changes in various organ systems. According to Maryam in Rahmayanti (2016), one of the main changes occurs in the cardiovascular system, characterized by increased stiffness and thickening of the heart valves and decreased efficiency of heart contractions in pumping blood.

In the respiratory system, older adults experience decreased lung elasticity and respiratory muscle strength, leading to reduced lung capacity and difficulty breathing. The nervous system also experiences changes:

shrinkage of nerve fibers, decreased sensory function, and slowed motor reflexes due to decreased myelination and axonal degeneration.

Other changes occur in the musculoskeletal system. Decreased synovial fluid and bone minerals cause brittle bones (osteoporosis), a stooped posture (kyphosis), and joint and muscle stiffness. Tendons become stiffer, accompanied by symptoms of tremors and muscle cramps.

The digestive system (gastrointestinal) also shows decreased function, such as esophageal dilation and decreased production of enzymes and gastric juices. In the urinary system, kidney shrinkage, a decrease in the number of nephrons, and reduced blood flow and glomerular filtration occur, leading to decreased excretory efficiency.

Reproductive function also undergoes changes. In men, although sperm production continues, the quantity tends to gradually decline. In women, menopause occurs, marked by the cessation of ovulation, shrinkage of the ovaries and uterus, and reduced moisture in the vaginal walls.

The five senses also experience impairment. Hearing becomes less acute due to hardening of the small bones in the middle ear and atrophy of the tympanic membrane. Vision also weakens due to decreased light adaptation, decreased visual acuity and color sensitivity, and an increased risk of cataracts.

According to Mubarak (in Surbakti, 2022), the integumentary system, or skin, also experiences deterioration. Skin becomes drier, wrinkled, and loses elasticity due to reduced fat tissue and glandular

production. Skin color becomes paler, dark spots appear, and hair begins to thin or become bald. Furthermore, nails become thicker and more brittle. The skin's ability to protect the body also decreases, making it more susceptible to injury or infection.

b. Psychosocial Changes

Aging is a natural process characterized not only by physical decline but also by psychological and social impacts. The decline in mental abilities and social engagement in the elderly often directly impacts their mental health. According to Ifdil (in Rona, 2021), various psychosocial disorders commonly experienced by the elderly include loneliness, anxiety, depression, and profound sadness. These conditions are exacerbated by cognitive decline, loss of social roles, loss of loved ones, and limited social interaction (Yusli & Nurullya, 2019).

During the aging process, seniors will experience various life transitions, many of which are characterized by loss. As a person ages, they are more likely to experience loss. These transitions include retirement, the death of a family member or peer, economic decline, changes in social relationships, and a decline in status and function in society (Putri, 2019).

According to Putri (2019), these changes have a significant impact on the productivity of older adults. Some of the losses frequently experienced include:

a) Financial loss (Decreased income due to no longer actively working).
b) Loss of status (Loss of previously held social status or position).

c) Loss of friends/acquaintances or relationships (Reduced social relationships due to friends and acquaintances aging or dying).

d) Loss of job/activity (Loss of routine activities that previously provided meaning and structure to daily life).

This sense of loss is closely linked to feelings of helplessness experienced by the elderly. Some factors that trigger these feelings include:

1. Awareness of the approaching end of life.
2. Economic hardships resulting from layoffs or retirement. The cost of living increases, but income is minimal, while individuals experience various illnesses and medical costs increase.
3. Chronic illnesses and physical limitations that hinder daily activities.
4. Sensory impairments such as blindness and hearing loss impair social engagement.
5. A common set of losses experienced by older adults includes the loss of relationships with friends and family. Losing loved ones, such as family members due to abandonment, or losing a spouse or friend due to their abandonment, can diminish the sense of meaning in life.
6. Loss of physical strength and dexterity (Drastic physical changes that affect self-image and reduce self-confidence).

c. Cognitive Changes

As the aging process progresses, older adults experience various cognitive changes that affect their ability to think and comprehend information. According to Mubarak et al. (in Surbakti, 2022), older adults generally experience a decline in cognitive functions related to thinking speed and short-term memory. Tasks that require mental agility become more difficult to complete compared to when they were still in their productive years. However, not all intellectual aspects decline. For example, verbal abilities and vocabulary tend to remain stable as long as older adults do not experience neurological disorders or certain diseases that affect the brain.

This decline in cognitive function includes several aspects, as explained by Amar (2023), including:

1) Memory (Memory or Recollection)

   The ability to recall information, both new and previously stored, is one of the earliest functions to decline in older adults. This function is related to the processes of receiving, storing, and retrieving information. Elderly individuals tend to experience a decline in their ability to recall recent events, especially if they are not supported by adequate cognitive stimulation (Azizah, in Amar (2023).

2) Intelligence Quotient (IQ)

   While verbal and mathematical skills may be maintained, other abilities such as visual perception, motor coordination, and

imagination decline, particularly when tasks involve time pressure. Changes in psychomotor skills also affect older adults' ability to complete certain cognitive tasks (Nugroho in Amar, 2023).

3) Comprehension Ability

The ability of older adults to grasp meaning and comprehend information comprehensively declines significantly. Factors such as decreased concentration, hearing loss, and weakened sensory perception can be the main reasons why comprehension is no longer as efficient as it was in younger years (Azizah in Amar, 2023).

4) Problem Solving

Older adults face challenges in solving daily problems due to limitations in various cognitive aspects, such as memory, concentration, and comprehension. This condition causes slower decision-making and problem-solving, sometimes requiring assistance from others. This decline is exacerbated by sensory impairments and worsening health conditions (Azizah in Amar, 2023).

d. Spiritual Change

As a person enters old age, their spiritual aspects tend to develop more deeply and reflectively. According to Fowler's theory of spiritual development, around the age of 70, individuals can reach the stage of universalizing faith, the highest phase in the

development of faith. At this stage, a person not only deeply understands spiritual meaning but also embodies it in concrete actions in every aspect of their daily lives through attitudes of compassion, empathy, and justice that serve as examples for others (Mubarak et al., in Surbakti, 2022).

1. Religion or beliefs become an integral part of an older person's outlook on life. Worship is no longer merely an obligation, but rather an expression of personal closeness to the Creator.
2. The mindset and spiritual behavior of the elderly also reflect inner maturity, which is evident in the way they interpret life, show concern for others, and become role models in terms of morals and ethics .

2.2 The Concept of Anxiety in the Elderly

2.2.1 Definition

Anxiety is an emotional response that arises when an individual faces psychological stress that cannot be immediately resolved. According to the American Psychiatric Association (in Said, 2022), this condition is characterized by mental tension, persistent worry, and physical reactions such as increased heart rate and blood pressure. Essentially, anxiety stems from various factors, such as genetic predisposition, past traumatic experiences, and hormonal changes, particularly in women.

In the elderly, anxiety often arises as a reflection of various existential and social concerns. Fear of death, worry about no longer being valued by family, fear of losing one's role and productivity, and anxiety

about the possibility of being isolated or placed in a werdha care home are common triggers for this disorder. When anxiety is not properly managed, it can impact various aspects of an elderly person's life, including emotional well-being and overall quality of life (Ermawati, 2023).

Meanwhile, according to Asmadi in Rahmayanti (2016), anxiety is a natural reaction of individuals when facing pressure, whether originating from physical conditions or emotional or psychological pressure. Anxiety can also be defined as a person's emotional turmoil related to something external and is a mechanism used to cope with problems.

Anxiety in the elderly itself is a complex phenomenon that occurs in the elderly. Anxiety in the elderly is an unpleasant feeling or vague feeling of fear and worry accompanied by various behavioral symptoms, such as fatigue, difficulty concentrating, restlessness, irritability, tense muscles, sleep disorders. Maryam et al. in Rahmayanti (2016) also said that elderly people who experience anxiety often complain of mild symptoms or fear/worry about serious diseases (cancer, heart disease, etc.) that they do not actually suffer from, then often imagine and worry about scary things, and often feel panic about minor problems.

2.2.2 Factors Influencing Anxiety in the Elderly

Anxiety in the elderly is a multifactorial condition that can be influenced by various aspects of life. These factors are complex, including physical condition, life experiences, social support, and individual characteristics such as age and gender. According to Maryam et al. (in Rahmayanti, 2016), several factors increase the risk of anxiety in the elderly,

such as deteriorating health, loss of a spouse, limited access to housing and transportation, financial constraints, and decreased social support.

Furthermore, Rona (2021) suggests that anxiety can be triggered by two main categories: traumatic past experiences and the emergence of irrational thought patterns. Painful memories or events that left a deep emotional impact in the past have the potential to trigger an anxiety response when older adults are faced with similar situations.

Stuart and Sundeen (in Rahmayanti, 2016) also highlighted various individual factors that influence elderly anxiety, including:

1. Age

   Aging has the potential to influence how individuals process psychological stressors. On the one hand, the older a person is, the more mature their emotional responses become. However, with age, individuals also tend to experience heavier psychological burdens, particularly due to the various losses that accompany aging. The accumulation of unresolved thoughts or persistent worries can increase anxiety levels.

2. Gender

   Biological and psychosocial differences between men and women also contribute to susceptibility to anxiety. Women experience more frequent hormonal fluctuations, which impact emotional stability. Furthermore, women tend to be more sensitive to psychological stress and interpret life events in greater detail. This puts elderly women at

greater risk of anxiety than men. Research by Mirani et al. (2021) supports these findings by showing that elderly women experience more anxiety due to increased sensitivity to stressors over time.

3. Health Status

Weakening physical conditions or the presence of chronic illness can compromise the psychological resilience of older adults. Discomfort from pain, limited mobility, or dependence on others can trigger feelings of helplessness. This, in turn, leads to anxiety. Pratama (2011) found that the worse a person's health, the more likely they are to experience anxiety, whether mild, moderate, or severe.

The results of Pratama's study (2011) showed that of the 97 elderly people involved in the study, around 43% (42 respondents) had a history or experienced physical health problems at the time the data was collected. From this group, it was recorded that 4 people (4.1%) did not experience anxiety, 17 people (17.5%) showed symptoms of mild anxiety, 12 people (12.4%) experienced moderate anxiety, and 9 people (9.3%) were in the category of severe anxiety to panic.

4. Marital status

Koramah, in Rudiyanto (2022), notes that losing a spouse is a significant trigger for anxiety in the elderly. The impact of this loss not only affects physical and mental well-being but also creates a sense of helplessness, disruption of daily life patterns, and feelings of sadness and loneliness.

The presence of a supportive social environment plays a significant role in maintaining the mental health of older adults. Lack of attention from family, neighbors, or the community can lead to feelings of worthlessness and anxiety. Pratama (2011) revealed that older adults with low social support are more likely to experience anxiety disorders than those with adequate emotional and social support.

5. Level of education

Education also influences how a person deals with life's challenges. Individuals with higher educational backgrounds tend to have better logical thinking and coping skills . According to Xu (2016), educational attainment can be linked to how individuals adapt to health challenges. Notoatmojo (2014) also stated that a person's educational attainment plays a crucial role in processing information from the external environment.

Wulan (2015) found that the reasons why elderly people choose to live in nursing homes are very diverse, including changes in family structure, internal conflict, lack of family attention, the desire to avoid burdening children, and past personal experiences. These factors can be a significant source of emotional stress for elderly people because they are directly related to the loss of social support and a sense of belonging within the family. For elderly people who live alone and no longer have family, the decision to live in a nursing home may be a realistic option to meet their physical and social needs. However, living alone often gives rise to feelings of loneliness, loss of meaning in life, and anxiety about

the future, especially when elderly people feel they lack a support figure who can provide attention and affection.

On the other hand, according to Wulan (2015), for elderly people who still have families but still decide or are decided to live in a nursing home, a different form of anxiety arises, namely anxiety due to rejection and the feeling of no longer being needed by the family. Thus, the reason why elderly people enter nursing homes, whether because they truly have no family or because of family decisions, is an important factor that influences anxiety levels.

2.2.3 Signs and Symptoms of Anxiety in the Elderly

In the elderly, anxiety often appears in the form of a combination of psychological symptoms, physical changes, and daily behavior . Psychologically, elderly people who experience anxiety will feel a deep fear of things that have not yet or even never happened. Although irrational and stemming from personal assumptions, this feeling of anxiety still has a significant psychological impact on the elderly. (Maryam, 2008)

Common physical symptoms experienced by older adults with anxiety include headaches, irregular heartbeat, chest tightness, high blood pressure, diarrhea, and increased urination. Older adults may also feel uncomfortable sitting still for long periods and exhibit persistent restlessness or anxiety (Rahmayanti, 2016).

Emotionally and behaviorally, older adults experiencing anxiety typically appear irritable, have difficulty calming down, experience sleep disturbances, and exhibit excessively negative thought patterns. They often

imagine the worst possible scenario, such as feeling like they have a serious illness without any real symptoms or medical findings to support this assumption (Rahmayanti, 2016).

Maryam (2008) also stated that anxiety in the elderly can disrupt cognitive function, such as decreased concentration, difficulty remembering information, and increased physical complaints without a clear medical cause. Furthermore, changes in elderly behavior can be seen in increased anxiety, an inability to remain calm, and chronic sleep disturbances that affect the quality of rest.

Prolonged anxiety without adequate treatment can potentially lead to certain physical complaints. Some older adults with chronic anxiety have reported symptoms such as recurring headaches, digestive system disorders like *Irritable Bowel Syndrome* (IBS), and other psychosomatic symptoms that worsen their overall well-being (Rindayati et al., 2020).

According to Jeffrey S. Nevid, et al (in Ermawati, 2023) there are several signs of anxiety, which can be grouped into 3 manifestations of anxiety, namely:

1) Somatic Signs or Physical Signs.

   Anxiety can be seen from the body's response that appears. Some somatic or physical signs that appear when an individual experiences anxiety are: restlessness, nervousness, trembling hands or feet or mouth, feeling like someone is pressing or tying the forehead, sweating profusely, cold and clammy palms, dizziness to the point of fainting, a dry throat that makes it difficult to speak, shortness of breath and, a

pounding or racing heart, a trembling voice, cold limbs, feeling weak or numb, difficulty swallowing, a stiff neck or back, a choking or stifling sensation, stomach ache or nausea, chills, frequent urination, a flushed face, diarrhea.

2) Behavioral Changes or Behavioral Signs.

Signs of behavioral changes due to anxiety. Examples of behavioral changes that may occur include: avoidance behavior, clinging and dependent behavior, and agitated behavior. Avoidance behavior, for example, involves not wanting to meet other people or withdrawing from conversations about a particular topic. Clinging behavior, for example, involves the individual becoming more clingy, fussy, or dependent on others. Agitated behavior, on the other hand, involves reactions such as sadness, crying, or fear.

3) Cognitive Signs.

Cognitive symptoms of anxiety often arise as a result of an individual's mental response to a situation perceived as threatening. Some manifestations include the emergence of thoughts that feel tangled and difficult to focus, a tendency to feel afraid of things that are actually not very important, to the emergence of a feeling of being overwhelmed in organizing thoughts logically. The elderly can also feel trapped in constant worry, haunted by the shadow of bad possibilities in the future that have no definite basis, and believe that something scary will happen, even though there is no concrete evidence to support these fears , feeling threatened by people or events that usually only

care little or do not get attention, fear of losing control, fear of inability to solve problems, thinking that the world is collapsing, thinking that everything is no longer controllable, being unable to dismiss disturbing thoughts, thinking that someone will die soon (even though someone is not medically diagnosed by a doctor), worrying about being left alone, and difficulty concentrating or focusing their thoughts.

2.2.4 Anxiety Levels in the Elderly

Each individual can experience anxiety at different levels, depending on the situation they face and their adaptive capacity. Peplau (in Muyasaroh, 2020) classifies anxiety into four levels based on its intensity and impact on individual functioning:

1. Mild Anxiety

   Mild anxiety generally arises in everyday life situations and often has positive effects. At this stage, individuals typically exhibit mental alertness and increased awareness of their surroundings. A mild anxiety response can encourage more critical thinking, improve focus, and foster creative ideas in problem-solving.

   Physically, individuals may experience slight anxiety, difficulty sleeping, or be easily startled by surrounding noises. However, overall, vital signs such as heart rate, blood pressure, and pupil diameter remain within normal limits. This allows individuals to maintain emotional control and carry out daily activities without significant disruption.

2. Moderate Anxiety

At this level, individuals begin to exhibit a narrowing of their focus of attention. They become more selective about incoming stimuli, focusing their attention only on what they deem important. However, they are still able to complete tasks with guidance. Possible physical symptoms include increased heart rate, mild shortness of breath, dry mouth, and muscle tension. Psychologically, anxiety, emotional tension, and an increased, but still manageable, response to stress may occur .

3. Severe Anxiety

When someone experiences severe anxiety, their ability to think rationally begins to be impaired. Attention narrows to the point of being unable to fully perceive their surroundings. Focus is limited to specific details related to the source of the anxiety. Physical symptoms such as nausea, headaches, tremors, insomnia, and gastrointestinal symptoms such as diarrhea may appear. At this stage, individuals also exhibit an inability to solve problems or learn, and emotions are dominated by profound fear .

4. Panic

Panic is a condition associated with intense fear. The individual experiences a loss of control over their thoughts and behavior. A panicking individual is unable to perform any action even with direction, which is described as being out of control.

During this phase, communication skills decline drastically, motor activity can increase suddenly and undirected, and irrational behavior can

emerge. Panic is a pathological condition. If left untreated, it can recur, leading to exhaustion and even death.

2.2.5 Anxiety Measurement Tools in the Elderly

The severity of anxiety in older adults can be identified through various manifestations, including physical, emotional, and cognitive. Therefore, valid measurement tools tailored to the characteristics of older adults are needed to enable healthcare professionals to determine the most appropriate intervention approach. One widely used instrument to identify anxiety levels in older adults is (Maula, 2020):

1. Geriatric Anxiety Scale (GAS)

   The GAS is a measurement tool specifically designed to assess anxiety symptoms in older individuals. This scale was developed by Segal and colleagues (2010) and has been adapted based on the symptom criteria listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Unlike other general anxiety instruments, the GAS has a specific focus on the affective, somatic, and cognitive dimensions that are more relevant to the condition of older adults (Yochim et al., 2011 in Ermawati, 2023). It differs from other anxiety measures in that it does not fully address the full range of DSM symptoms.

   Specifically, the GAS assesses affective, somatic, and cognitive anxiety symptoms, all of which are common symptoms of anxiety in older adults. This instrument consists of 30 items describing various forms of anxiety that may have been experienced during the past week. It is scored using a four-point Likert scale, with each question ranging

from 0 (not at all) to 3 (all day), except for questions 25-30, which are not scored (Segal, 2013).

The GAS score classification is as follows:

0-18 = not experiencing anxiety/minimal anxiety / borderline

19-37 = mild anxiety

38-55 = moderate anxiety

56-75 = severe anxiety.

The Geriatric Anxiety Scale (GAS) is an anxiety assessment instrument specifically developed to assess anxiety levels in the elderly population. This tool covers the main dimensions that frequently appear in elderly people with anxiety, namely physical symptoms (somatic), emotional feelings (affective), and thinking aspects (cognitive) that are relevant to their psychological characteristics (Yochim et al., 2010).

2.3 The Concept of Social Support for the Elderly

2.3.1 Definition

According to Sarafino (in Salami, 2024), social support encompasses four main forms: emotional support, instrumental support, informational support, and friendship support. In general, social support can be understood as tangible assistance provided by others, which makes a person feel valued, loved, cared for, and have a place in a social group.

Social support refers to the tangible assistance a person receives from their environment, making them feel valued, cared for, loved, and part

of a group or community. This form of care can strengthen a sense of security and increase psychological resilience, especially when individuals face stress or difficult situations .

For older individuals, social support plays a crucial role, especially for those living in environments like nursing homes. One of the most meaningful sources of support is from peers. Peer support refers to an older individual's perception of the assistance provided by peers of the same age or similar maturity level, who can provide a sense of comfort, emotional closeness, and a sense of being valued and loved (Salami, 2024).

2.3.2 Social Support Aspects

According to Azizah's statement in Amar (2023), social support for the elderly can be seen from several dimensions that play a significant role in supporting their psychological well-being. These aspects include:

1) Informational support

This support takes the form of providing information, advice, or input related to the individual's situation. With the right information, older adults can more easily understand problems and devise effective solutions.

Friedman in Rahmayanti (2016), said that information support is communication assistance to provide solutions to a problem, provide suggestions and advice, and social support plays a role in providing feedback.

2) Emotional support

This type of support manifests itself in the form of attention, empathy, and affection shown by those closest to them. Older adults who receive emotional support tend to feel more comfortable, accepted, and loved, thus being better prepared to face the pressures or challenges of life that are difficult to control.

According to Friedman in Rahmayanti (2016), social support in the form of emotions can provide feelings of comfort, feelings of being loved, *support systems* , empathy, and self-confidence so that a person feels valuable without feeling anxious.

3) Instrumental support

Instrumental support includes tangible, direct assistance, such as providing essential goods, caregiving services, or financial assistance. This form of support plays a significant role in reducing stress in older adults, particularly in aspects of daily life that require practical and immediate solutions. Instrumental support plays a crucial role as a bridge to help individuals, particularly older adults, navigate practical issues related to daily needs.

Friedman in Rahmayanti (2016) also revealed that this support is obtained from services in the form of financial and material assistance, such as providing service assistance if financial capacity is insufficient.

4) Judgment

This support relates to feedback or appreciation given regarding the elderly person's condition, both verbally and non-verbally. This assessment can be positive or negative, and its impact is very significant

for an individual. Positive assessment can boost self-esteem and provide a sense of continued appreciation by those around them.

2.3.3 Social Support from Elderly Peers

Social support for the elderly can come from various sources, including family members, siblings, children, caregivers, and peers living in the surrounding community (Amar, 2023). According to Indahsah in Amar (2023), one form of social support that significantly influences the well-being of the elderly is support from peers. Peers play a crucial role as a source of psychological strength that can help the elderly cope with complex and prolonged life pressures. In this regard, they can serve as coping models and make a positive contribution to rebuilding the elderly's self-confidence (Simajuntak & Sulistyaningsih, 2018).

Older adults who have close and positive relationships with their peers tend to exhibit more stable mental and physical health. Warm and supportive social interactions can reduce the impact of stress, including anxiety, often experienced in old age. Through communication and togetherness with peers, older adults can more easily express concerns and cope with the changes and challenges that accompany the aging process (Amar, 2023).

Furthermore, the quality of social support received by older adults significantly impacts their emotional balance. When older adults feel cared for and surrounded by a supportive environment, they tend to have a

calmer psychological state and are less easily burdened by negative thoughts that lead to stress (Amar, 2023).

2.4 The Relationship Between Peer Social Support and Elderly Anxiety

According to Ganster and colleagues (in Yuliastri, 2023), social support from peers reflects a reciprocal relationship between individuals or groups characterized by mutual assistance, respect, and support. This support can take the form of emotional support, the provision of information or input, instrumental support, or constructive advice .

Meanwhile, Sarason (in Yuliastri, 2023) explains that social support from peers involves compassion, caring, and the willingness of those closest to them to be present and provide encouragement in the face of life's stresses. The presence of caring others is considered important because it can be a source of emotional strength when an individual experiences difficulties.

As they age, older adults tend to start thinking about existential issues, which often lead to fear and anxiety (Nugraha, Irawan, & Tania, 2021). This anxiety is part of the psychological process resulting from physical and mental decline .

Previous research conducted by Rahwuni (2018), which examined the relationship between self-confidence and peer social support and anxiety in menopausal women, found that peer social support was significantly associated with anxiety levels. This is indicated by a p-value of 0.000 (<0.05).

As social beings, humans require warm interpersonal relationships to meet various needs, both physical, such as food, shelter, and clothing; as well

as social and psychological needs, such as security, social connection, esteem, and spiritual fulfillment. This becomes increasingly important in old age, when individuals begin to experience declines in many physical, emotional, and cognitive areas. Elderly individuals experiencing anxiety will benefit greatly from peer support, as this support plays a role in maintaining emotional stability and the quality of their social relationships.

2.5 Literature Study

Table 2.1 Literature Study

No	Title	Author Name & Year	Journal Name	Method	Research result
1.	The Influence of Resilience and Social Support on Mental Health of Older Adults Living in the Community: a Cross-Sectional Study	Upasen, R., et al.(2024)	BMC Psychology	Cross-sectional (n = 964), multi-stage random sampling	Elderly people have high levels of resilience, social support, and mental health. Social support and resilience have a direct and significant impact on mental health. Resilience also acts as a mediator between social support

					and mental health.
2.	Effectiveness of a Peer-Based Intervention on Loneliness and Social Isolation of Older Chinese Immigrants In Canada: a Randomized Controlled Trial	Lai, DWL, et al. (2020)	BMC Geriatrics	RCT (Randomized Controlled Trial), n = 60	Peer support interventions significantly reduce loneliness, increase resilience, happiness, and life satisfaction. There was no improvement in the control group.
3.	The Relationship between Social Support and Anxiety among Rural Older People in Elderly Caring Social Organizations : a Cross-	Zhao, L., et al. (2022)	International Journal of Environmental Research and Public Health	Cross-sectional with multi-stage stratified cluster sampling. Sample of 822 elderly. Instruments: MSPSS and GAD-7. Analysis: t-test,	Social support from friends has a significant negative relationship with anxiety. Other factors that influence anxiety are gender, institutional satisfaction,

	Sectional Study			ANOVA, GLM.	and chronic illness.
4.	*Hubungan Antara Dukungan Sosial Dengan Kecemasan Menghadapi Pensiun*	Pratiiwi ,N. Y (2018)	Journal of Psychology: Muhammadiyah University of Surakarta	The sampling technique in this study used *purposive sampling.* This study used a quantitative approach. The data collection tools used were a social support scale and a retirement anxiety scale. Data analysis used Spearman's product-moment correlation technique.	The results of the study show that the correlation coefficient value (rxy) = -0.461 with (sig.) = 0.000 ($p < 0.01$) which means there is a very significant negative relationship between social support and anxiety about facing retirement.
5.	The Effect of Peer Group Education on Anxiety,	Mohammadbeigi, A.,	Iranian Journal of Nursing and	Quasi-experiment with intervention	The results showed no significant differences

	Stress, and Depression in Older Adults Living in Nursing Homes	et al. (2021)	Midwifery Research	and control groups with 70 elderly residents of nursing homes in Qom, Iran using the DASS-21 (Depression Anxiety Stress Scale) questionnaire.	between any demographic variables at baseline ($p > 0.05$). Statistical tests showed that the effects of time ($p < 0.001$) and group ($p < 0.011$) were significant on anxiety, stress, and depression. Conclusion: Peer group education is effective in reducing anxiety, stress, and depression in the elderly community.
6.	*Hubungan Perceived Social Support*	Angraeni, Y., (2023)	Journal of Psychology	Correlational, n = 30, single-stage	The majority of respondents had moderate

	dengan Death Anxiety pada Lansia di Panti Sosial Werda Wilayah Cirebon			cluster sampling	death anxiety (73.3%) and low perceived support (73.3%). There is no significant correlation between *perceived social support* and *death anxiety*.
7.	*Hubungan Dukungan Sosial Sebaya dengan Kecemasan Lansia Pensiunan PNS yang Mengalami Retirement Syndrome*	Suandari, NPNC, et all (2020)	Nursing Media Journal: Makassar Health Polytechnic	Cross-sectional, n = 39, purposive sampling	Most older adults received good peer support (87.2%) and had moderate levels of anxiety (53.8%). There is a significant relationship between peer support and anxiety (r = –

					0.412; p = 0.009).
8.	*Hubungan Dukungan Teman Sebaya dan Kesehatan Fisik dengan Kualitas Hidup Lansia di UPT Dinas Sosial Glenmore Banyuwangi*	Haswita, et al. (2024)	Rustida Scientific Journal of Health, Vol. 11 No. 1	Quantitative observational analytic with cross-sectional approach. Sample of 57 elderly, purposive sampling. Instruments: peer support questionnaire, physical health, and quality of life. *Chi-square statistical test*.	The results of the study showed that there was a significant relationship between support from peers and the level of quality of life of the elderly (p = 0.004). In contrast, physical health aspects did not show a significant influence on quality of life (p = 0.073).
9.	*Hubungan Dukungan Sosial Teman dengan Depresi pada Lansia*	Tamansyah, G., et al. (2023)	Indonesian Health Journal Future Nurse (JKIFN), Vol. 3 No. 2	Quantitative, descriptive correlative, total sampling technique, sample of 44 elderly.	The relationship between social support from peers and depression shows

				Instruments: peer social support questionnaire & PHQ-9. Analysis: Spearman Rank.	significance (p = 0.000), meaning that the better the support received, the lower the level of depression in the elderly.
10.	*Gambaran Tingkat Depresi dan Dukungan Teman Sebaya pada Lansia di Panti Sosial Tresna Werdha Nirwana Puri Kota Samarinda Kalimantan Timur*	Bahtiar, et al. (2023)	Journal of Nursing Innovation, Vol. 2 No. 2	Descriptive quantitative, survey using total sampling. Instruments: Geriatric Depression Scale and peer support questionnaire .	Most of the elderly showed mild (35%) to severe (22%) symptoms of depression, while the majority of them (75%) were recorded as having low levels of social support from peers. Conclusion: many elderly people experience depression

					and have low peer support.

Based on reviewed literature, social support has been shown to reduce psychological distress and improve emotional well-being, particularly among older adults in families. Furthermore, several previous studies have shown that a lack of social support is correlated with increased anxiety symptoms such as fear, feelings of isolation, and sleep disturbances.

These findings reinforce the importance of positive social interactions, particularly from peers, in maintaining the mental health of older adults. This situation prompts the need for further research to understand the extent to which peer support influences the anxiety experienced by elderly residents at the Tresna Werdha Social Care Home Blitar.

Previous research in the journals mentioned above has generally addressed issues for older adults in the community and at home . However, the researchers were interested in examining these issues in nursing homes. Furthermore, many existing studies focused on general social support and lacked specific peer support. Therefore, the researchers wanted to examine the direct impact of peer social support on anxiety in older adults and the importance of peers compared to family and community in nursing homes.

2.6 Conceptual Framework

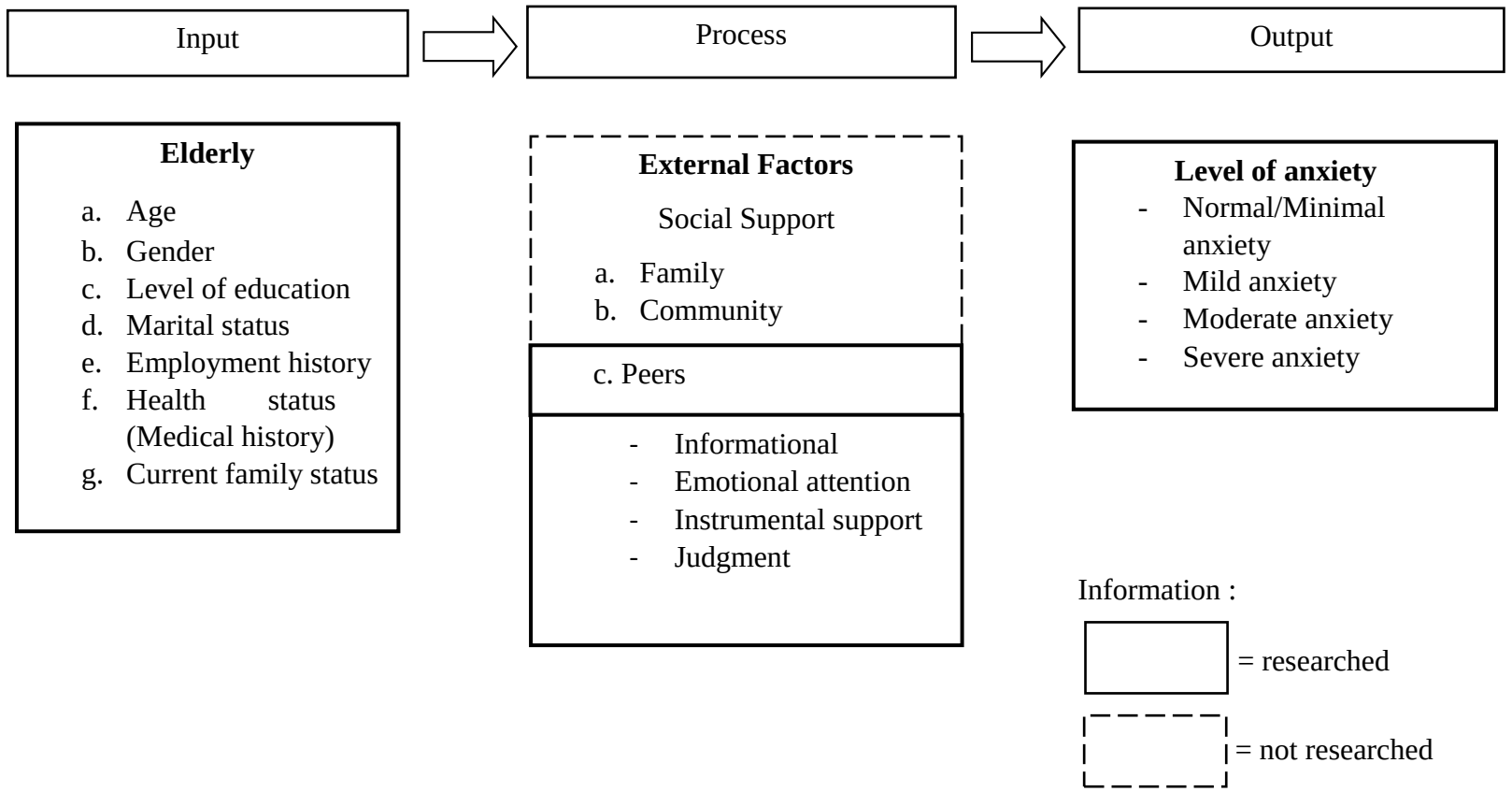


Figure 2.1 *Conceptual Framework*

2.7 Hypothesis

The hypothesis in this study are:

H0 : There is no relationship between peer social support and anxiety in the elderly at the Tresna Werdha Social Care Home (*PSTW*) Blitar

H1: There is a relationship between peer social support and anxiety in the elderly at the x Tresna Werdha Social Care Home (*PSTW*) Blitar