

The Effect Of Therapeutic Group Therapy On The Quality Of Life Of The Elderly

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Abstract

Elderly (elderly) is someone who has reached the age of 60 years and over, which is characterized by a decline in anatomical and physiological health, both naturally and as a result of the disease they are suffering from. Quality of life is a description of an individual's perception of their position in life in society both in the context of culture and the value system in which they live and live, which is related to their life goals, hopes, standards and concerns which includes several aspects, namely aspects of physical, psychological and health. social relations of the elderly with the environment in daily life. The aim of this research is to determine the quality of life of the elderly with the effect of therapeutic therapy for elderly group. This research is Qualitative research with a population of 15 elderly people in UPTD Rumoh Sejahtera Geunaseh Sayang (RSGS) The sampling method is total sampling using the technique... with a total sample of 15 respondents . The data collection tool is WHOQOL-BREF which is carried out using guided interviews. The results of this study showed that elderly people had a moderate (86.7%), low (13.3%) quality of life. It is recommended that health workers continue to provide health promotions regarding the importance of improving the quality of life and health for the elderly.

Keywords: quality of life, elderly, therapeutic

Introduction

The percentage of elderly people in Indonesia in 2020 reached 9.92%, equivalent to 26.82 million older adults. In terms of age groups, the elderly population in Indonesia was dominated by young elderly (60–69 years old), accounting for 64.29%, followed by middle elderly (70–79 years old) at 27.23%, and old elderly (80 years and above) at 8.49% (Central Bureau of Statistics, 2020)

According to Law No. 13 of 1998, an elderly person was defined as someone aged 60 years or older. The term *elderly* referred to individuals who had reached the age of 60 or above, characterized by a decline in anatomical and physiological health, either naturally or due to diseases suffered (Ministry of Health of the Republic of Indonesia, 2014). Aging was not considered a disease but rather a process that caused changes in the body, leading to a decrease in the body's resistance to internal and external stimuli (Kholifah, 2016).

Elderly individuals aged 60 years and above experienced cognitive impairment, which could pose a risk to their independence and quality of life. As people entered old age, they underwent physical, cognitive, and psychosocial changes (Fridolin, 2022).

Most elderly people tended to experience changes in their physical, cognitive, psychological, and social aspects of life. They commonly complained of stiff joints, shortness of breath, body weakness, and fatigue. Low economic conditions, loneliness, and the emergence of various degenerative diseases led to decreased productivity among the elderly, which in turn affected their social lives (Fridolin, 2022).

In general, the diseases most commonly experienced by the elderly were non-communicable degenerative diseases caused by aging factors, such as heart disease, diabetes mellitus, stroke, rheumatism, and injuries. These diseases were chronic and, if left untreated, could lead to physical disabilities, interfere with daily activities, and reduce the quality of life of the elderly (Central Bureau of Statistics, 2021).

Quality of life referred to an individual's perception of their position in life within the context of the culture and value systems in which they lived, and in relation to their goals, expectations, standards, and concerns. It encompassed several aspects, including physical health, psychological well-being, social relationships, and the interaction of the elderly with their environment in daily life. Among elderly individuals who experienced weakness, limitations, or an inability to perform daily activities, a decline in quality of life could occur (Yuliati, 2014).

Based on this description, the author was interested in studying "The Effect of Therapeutic Group Therapy on the Quality of Life of the Elderly at UPTD Rumoh Sejahtera Geunaseh Sayang (RSGS), Aceh Province."

Methods

The type of research used was research with the method. The data were collected through structured interviews. This study employed a design. Data collection was conducted over a period of ... days, starting from (date) at (location). The total sample consisted of 15 elderly participants at (institution/place). Sampling was carried out using the ... technique. The data collection instrument was the WHOQOL-BREF questionnaire, which contained 26 question items developed by the World Health Organization and had been translated into Indonesian.

Results

Table 1. Demographic Data (n=15)

No	Category	N	%
1	Age		
	Elderly (55-65)	4	26,7
	Young Elderly People	7	46,7
	Elderly People (75-90)	4	26,7
2	Gender		
	Male	6	40,0
	Female	9	60,0
3	Status of Marriage		
	Get Married	2	13,3
	Widow	6	40,0
	Widower	7	46,7

4	Level of education		
	Not attending school	4	26,7
	Elementary school	6	40,0
	Junior high school	3	20,0
	Senior high school	1	6,7
	Universities	1	6,7
5	Employment		
	Not working	4	26,7
	Self-employed	1	6,7
	Farmer/Fisherman	5	33,3
	Other	5	33,3
6	Comorbidities		
	Yes	15	100
	No	0	0

Based on Table 1 above, it showed that the majority of respondents were in the young elderly age category (66–74 years), totaling 7 respondents (46.7%). Most respondents were female, with 9 respondents (60%). In terms of marital status, the majority were widows, totaling 7 respondents (46.7%), followed by widowers, totaling 6 respondents (40.0%).

Regarding educational background, most respondents had completed elementary school, totaling 6 respondents (40%). The majority of respondents worked as farmers/fishermen, totaling 5 respondents (33.3%). In addition, all respondents in this study had comorbid diseases, with a total of 15 respondents (100%).

Table 2. Frequency of the Physical Health Domain of the Elderly (n = 15)

No	Physical Health	Pretest		Posttest	
		n	%	n	%
1	High Quality of Life	-	-	4	26,7
2	Moderate Quality of Life	10	66,7	11	73,3
3	Low Quality of Life	5	33,3	-	-
Total		15	100	15	100

Based on Table 2, it showed that in the physical health domain, the quality of life of the elderly before the intervention was mostly in the moderate category, with 10 respondents (66.7%). Meanwhile, after the intervention, 11 respondents (73.3%) were in the moderate quality of life category, and 4 respondents (26.7%) were in the high quality of life category.

Table 3. Frequency of the Psychological Domain of the Elderly (n = 15)

No	Physical Health	Pretest		Posttest	
		n	%	n	%
1	High Quality of Life	-	-	5	33,3

2	Moderate Quality of Life	12	80,0	10	66,7
3	Low Quality of Life	3	20,0	-	-
Total		15	100	15	100

Based on Table 3 above, the results showed that in the psychological domain, the quality of life of the elderly was in the moderate category before the intervention, with 12 respondents (80%). Meanwhile, after the intervention, 10 respondents (66.7%) were in the moderate category, and 5 respondents (33.3%) were in the high-quality-of-life category.

Table 4. Frequency of the Social Relationship Domain of the Elderly (n = 15)

No	Social Relationship	Pretest		Posttest	
		n	%	n	%
1	High Quality of Life	-	-	4	26,7
2	Moderate Quality of Life	9	60,0	9	60,0
3	Low Quality of Life	6	40,0	2	13,3
Total		15	100	15	100

Based on Table 4 above, the results showed that in the social relationship domain, the quality of life of the elderly was in the moderate category before the intervention, with 9 respondents (60%). Meanwhile, after the intervention, 9 respondents (60%) remained in the moderate category, and 4 respondents (26.7%) were in the high-quality-of-life category.

Table 5. Frequency of the Environmental Domain of the Elderly (n = 15)

No	Enviromental	Pretest		Posttest	
		n	%	n	%
1	High Quality of Life	-	-	4	26,7
2	Moderate Quality of Life	13	86,7	11	73,3
3	Low Quality of Life	2	13,3	-	-
Total		15	100	15	100

Based on Table 5 above, the results showed that the quality of life of the elderly in the environmental domain was in the moderate category before the intervention, with 13 respondents (86.7%). Meanwhile, after the intervention, 11 respondents (73.3%) were in the moderate category, and 4 respondents (26.7%) were in the high-quality-of-life category.

Table 6. Frequency Distribution of the Elderly's Quality of Life (n = 15)

No	Quality of Life	Pretest		Posttest		Sig-2t
		n	%	n	%	
1	High Quality of Life	-	-	3	20,0	0,025
2	Moderate Quality of Life	13	86,7	12	80,0	
3	Low Quality of Life	2	13,3	-	-	

Total	15	100	15	100
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Based on Table 6, the results showed that the majority of the elderly's quality of life was in the moderate category before the intervention, with 13 respondents (86.7%). Meanwhile, after the intervention, 12 respondents (80%) were in the moderate category, and 3 respondents (20%) were in the high-quality-of-life category.

The results of the analysis indicated that there was a significant effect of the therapeutic group therapy on improving the quality of life of the elderly.

Discussion

Characteristics of Respondents

Based on age, the majority of the elderly were aged 66–74 years, totaling 7 participants (46.7%). This finding was supported by research conducted by Wikananda (2017), which stated that there was a relationship between age and quality of life among the elderly. Elderly individuals aged 60–70 years tended to have a better quality of life compared to those aged above 70 years.

The study also found that the majority of respondents were female, totaling 9 participants (60%). This result was consistent with data from BPS (2021), which reported that the proportion of elderly women (52.3%) was higher than that of elderly men (47.6%). Gender was one of the factors that could influence the quality of life among the elderly. This was further supported by Wikananda (2017), who found that female respondents (55%) had a better quality of life than male respondents (45%).

In terms of marital status, most elderly participants were widows, totaling 7 respondents (46.7%), followed by widowers, totaling 6 respondents (40%). According to Utami, Karim, and Agrina (2014), elderly individuals with a spouse tended to have a better quality of life, as they received emotional and social support from their partners. The study also revealed that the majority of the elderly had completed elementary school, with 6 respondents (40%). Wikananda (2017) explained that educational level was associated with the quality of life—higher education levels corresponded to a better quality of life. However, this finding differed from Husmiati (2016), who reported no significant difference in quality of life based on educational level.

Furthermore, most of the elderly worked as farmers/fishermen, totaling 5 respondents (33.3%), while 4 respondents (26.7%) were unemployed. This finding did not align with the study by Arda (2020), which stated that working respondents had a higher quality of life than those who were unemployed. However, it was consistent with the findings of Purwandari and Susanti (2017), who found that among 50 unemployed respondents, 31 had a good quality of life. Unemployed elderly individuals might have a better quality of life because they did not experience work-related stress.

Based on the results of this study, it was also found that all elderly participants (15 respondents or 100%) had comorbid diseases, with an average of two types of comorbidities per individual. This was consistent with the study by Retnowati and Satyabakti (2015), which stated that the majority of respondents who had comorbidities (60.0%) still experienced a satisfactory (good) quality of life.

Overview of the Quality of Life of the Elderly

The quality of life of the elderly consisted of four domains: physical, psychological, social, and environmental. In the physical domain, as shown in Table 3, the results indicated that before the intervention, the majority of elderly participants had a moderate quality of life, with 10 respondents (66.7%). After the intervention, 11 respondents (73.3%) were in the moderate category, and 4 respondents (26.7%) were in the high category. Physical health could significantly influence the quality of life of the elderly; when their physical condition was poor, it could trigger a decline in overall well-being. This finding was consistent with the study by Aniyati and Kamalafi (2018), which showed that 46 elderly individuals (86%) had a moderate quality of life in the physical health dimension. Similarly, Umam, Sholehati, and Puranama (2020) found that most elderly respondents were in the moderate quality of life category (61.5%), and 20.9% had a good quality of life.

The results of this study also revealed that before the intervention, 12 respondents (80%) had a moderate quality of life, while after the intervention, 10 respondents (66.7%) remained in the moderate category and 5 respondents (33.3%) moved to the high-quality category. This was in line with the findings of Umam, Sholehati, and Puranama (2020), who reported that most elderly individuals were in the moderate quality of life category (60.4%), while 25.3% had a good quality of life.

In the social relationship domain, before the intervention, 9 respondents (60%) had a moderate quality of life. After the intervention, 9 respondents (60%) remained in the moderate category, and 4 respondents (26.7%) reached the high category. This finding was consistent with the research conducted by Azmi et al. (2018), which reported that the quality of life of the elderly in the social relationship domain was generally good, with 37 respondents (60.7%).

Based on Table 5, in the environmental domain, before the intervention, 13 respondents (86.7%) had a moderate quality of life, while after the intervention, 11 respondents (73.3%) remained in the moderate category, and 4 respondents (26.7%) were in the high category. These results were consistent with the study by Umam, Sholehati, and Puranama (2020), which found that the quality of life of the elderly in the environmental domain was moderate (53.8%), and good (22.0%).

Based on the overall data, the average quality of life of the elderly before the intervention in this study was in the moderate category, with 13 respondents (86.7%). After the intervention, 12 respondents (80%) remained in the moderate category, and 3 respondents (20%) improved to the high-quality category. In the study by Rohmah (2012), it was found that most respondents had a moderate quality of life due to physical, social, and environmental factors that had not yet reached an optimal state of well-being. This finding aligned with the results of the present study, which showed that the quality of life domains—including physical health, psychological well-being, social relationships, and environmental factors—were all categorized as moderate.

Bivariate Analysis

The statistical test results of 15 elderly participants at the UPTD Rumoh Sejahtera Geunaseh Sayang (RSGS) in Aceh Province showed a significance value of 0.025 (< 0.05). This indicated that there was an effect of therapeutic group therapy on the quality of life of the elderly.

Furthermore, the statistical test results on the four domains of quality of life showed that therapeutic group therapy

affected the quality of life of the elderly in the physical, psychological, and environmental domains. However, in the social domain, there was no significant effect between therapeutic group therapy and the quality of life of the elderly, with a significance value of 0.132 (> 0.05).

Therapeutic Group Therapy (TGT) for the elderly was a type of group therapy that provided an opportunity for the elderly to share experiences, help each other, and find ways to face and anticipate life problems. Through this therapy, the elderly were taught effective strategies to manage stress and to build positive social relationships among group members (Townsend, 2015).

The main goal of TGT was to develop empathy and mutual support among group members, so that they could strengthen and encourage one another (Damayanti, 2014).

The advantages of therapeutic group therapy were the openness among group members to exchange information and opinions, the willingness to prioritize group interests over personal interests, and the emotional ability to follow agreed-upon norms. However, the disadvantages of this therapy were related to time limitations, location, and distance among group members, which could affect the quality and frequency of the meetings (Townsend, 2015).

Conclusion

Based on the results of the study conducted on 15 elderly participants, it was concluded that there was a significant effect of Therapeutic Group Therapy (TGT) on the quality of life of the elderly ($sig = 0.025$). This finding was also supported by the analysis results, which showed that before the intervention, the quality of life of the elderly was in the moderate category (86.7%) and the low category (13.3%), whereas after the intervention, 80% of the elderly had a moderate quality of life and 20% had a high quality of life.

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