



The Effect of Self Help Group Intervention on Life Satisfaction of Elderly with Hypertension

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Abstract

The increasing age of the elderly will affect the ability to respond to stressors originating from oneself and the environment outside the elderly. The increasing age of the elderly causes various problems both physical, biological, mental, socio-economic and life satisfaction in the elderly. So this can be minimized with community empowerment activities, one of which is a self-help group (SHG). The aim of this research is to identify the effect of self-help group intervention on life satisfaction of elderly people with hypertension in the Nagrak Community Health Center working area, Cianjur Regency. This research is quantitative research using a quasi-experimental design with a Pretest – Posttest two Group Design approach. The sample was taken using a total sampling technique, namely 36 respondents. This research was analyzed using the independent t test. Based on the research results, the results of statistical tests using the Independent Samples Test show that the resulting P value is $0.000 < 0.05$. So it can be concluded that there is an influence of the self-help group on the life satisfaction of the elderly in the treatment group after the self-help group intervention was carried out in the work area of the Nagrak Community Health Center, Cianjur Regency. Suggestion: future researchers can measure confounding variables as a whole, for example spiritual factors, family support, recreation and others.

Introduction

The elderly or what are often called the elderly are an age group that is vulnerable to experiencing health problems. This problem increases as a person gets older. The increase in age experienced by the elderly causes all systems and functions to decline. One of the functions that has decreased is physiological function. This decrease in function gives rise to non-communicable and infectious diseases. Some of the non-communicable diseases experienced by the elderly include hypertension, arthritis, stroke and diabetes mellitus. Hypertension ranks first among health problems for the elderly. The prevalence of elderly people who experience hypertension in the 2016 Elderly Infodatin data states that those aged 55-64 years are 45.9%, those aged 65-74 years are 57.6% and those aged over 75 years are 63.8% (Kementerian Kesehatan, 2017).

The increasing age of the elderly causes various problems both physically, biologically, mentally and socio-economically. This is what makes it important for a nursing home to be a place for maintenance and care for the elderly, as well as providing long stay rehabilitation which still maintains social life. Previous research states that the quality of life of elderly people who live in nursing homes is lower than elderly people who live at home. According to

(Andriani, 2022) elderly people who live in communities feel happier. This probably happens because elderly people live with extended families and social activities that elderly people can still do.

The life satisfaction that the elderly have can be achieved if the elderly receive attention and interact with their families. Life satisfaction requires important attention for health professionals because it can be a reference for the success of an action, intervention or therapy, one of which is by nursing staff. The task of nurses in providing nursing care in the field of public health efforts, especially the elderly, is that nurses are authorized to carry out public health nursing assessments at the family and community group level, carry out public health nursing actions or health promotion, carry out health education and counseling, and carry out community empowerment (Kluwer, 2010).

One of the community empowerment activities that can be carried out for the elderly is through group therapy. Types of group therapy that nurses can lead and use in dealing with life satisfaction problems in the elderly are task groups, supportive groups, medication groups, intensive problem solving groups, peer support groups, activity therapy, self-help groups (SHG) (Hauschild, 2015). Ahmadi's implementation of a self-help group in Utami's research revealed that a self-help group is a group in which each member shares problems, both emotionally and physically. This activity discusses solving problems faced together, the result is that each member benefits from being given a self-help group method (Utami et al., 2011). Other research related to self-help groups shows that the self-help group method is effective in improving the health status and life satisfaction of the elderly (Sahar et al., 2017).

As an effort to improve the welfare of the elderly by health workers, empowerment is directed at developing the individual and collective power (potential) of the elderly population, so that they can increase their abilities in various activities, both social, economic and political. Empowering the elderly through increasing their ability to remain active in productive activities is one anticipation so that the elderly can reduce their dependence on other people. One form of empowerment for the elderly is by providing knowledge and lifelong education. (Law Number 11 of 2009). An intervention strategy that can be implemented involves the process of elderly groups together with the community as a source of support through the formation of a self-help group. Self help groups or what are known as self-help groups are seen as an alternative strategy for increasing social support which will influence a person's self-efficacy (Aglen et al., 2011).

Based on data from the Nagrak Community Health Center, Cianjur Regency, it shows that the elderly population is 1,892 elderly, consisting of 947 elderly men and 945 spread across four villages, namely Limbangan Sari Village, Sukamaju Village, Nagrak Village and Mekar Sari Village, with a history of hypertension in 166 people. DM disease 28 people. Nagrak Village is the village with the largest number of elderly people. A preliminary study was carried out at Nagrak Community Health Center, Cianjur Regency on 8 elderly people, the majority of elderly people lived with their families. As a result of the interviews, the elderly revealed that their lives in old age received less attention from their families so that the elderly no longer had motivation in their lives. From the above phenomenon, the researchers were interested in identifying the influence of self-help group interventions on the life satisfaction of elderly people with hypertension in the work area of the Community Health Center. Nagrak, Cianjur Regency?.

Methods

This research is quantitative research using a Quasy experimental design with a Pretest - Posttest Control Group Design approach. This research was carried out in the community working area of the Nagrak Community Health Center, Cianjur Regency. This research was conducted from February to June 2023. Data collection techniques for this research included

pre-test, socialization, implementation, post-test. From the results using the Federer formula, the number of samples was 16 samples for each group of 2 groups. To anticipate respondents who dropped out and failed to continue, the sample size was increased by 10%. Therefore, the total samples that will be taken are 36 samples. Sampling in this study was obtained using consecutive sampling technique. Consecutive sampling is a sampling technique that is in accordance with the inclusion criteria set by the researcher. Inclusion criteria in this study: (1) Respondents are willing to sign informed consent (or have it signed by a representative); (2) elderly people with hypertension who live in the working area of the Nagrak Community Health Center, Cianjur Regency; (3) Blood Pressure more than 140 mmHg/90 mmHg; (4) Elderly people do not have complications of hypertension such as stroke; (4) Can read and write.

The data that has been collected is then analyzed through several stages including homogeneity, normality, univariate, bivariate and multivariate tests.

Result and Discussion

Univariate Analysis

Frequency Distribution of Life Satisfaction of the Elderly in the Treatment Group

Table 1. Frequency Distribution of Life Satisfaction of the Elderly in the Treatment Group in the Nagrak Public Health Center Working Area, Cianjur Regency

Life Satisfaction of the Elderly	Before Intervention		After Intervention	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Satisfied	5	27,8%	17	94,4%
Not satisfied	13	72,2%	1	5,6%
Total	18	100%	18	100%

Source: Processed Primary Data, 2024

Based on table 1, it shows that the majority of the frequency of life satisfaction of elderly people in the intervention group before being given the self-help group intervention was in the dissatisfied category of 13 people (72.2%) and after being given the self-help group intervention the majority was in the satisfied category of 17 people (94.4 %).

Frequency Distribution of Life Satisfaction of the Elderly in the Control Group

Table 1. Frequency Distribution of Life Satisfaction of the Elderly in the Control Group in the Nagrak Community Health Center Working Area, Cianjur Regency

Life Satisfaction of the Elderly	Before Intervention		After Intervention	
	Frequency (n)	Frequency (%)	Frekuensi (n)	Percentage (%)
Satisfied	5	27,8%	7	38,9%
Not satisfied	13	72,2%	11	61,1%
Total	18	100%	18	100%

Source: Processed Primary Data, 2024

Based on table 2, the majority of the frequency of life satisfaction for elderly people in the control group in the pre-intervention measurement was in the dissatisfied category, 13 people (72.2%) and after the post-intervention measurement, the life satisfaction of respondents in the dissatisfied category was 11 people (61.1%).

Bivariate Analysis Results

Normality test

Table 2. Analysis of the Normality Test of Life Satisfaction of the Elderly in the Intervention and Control Groups in the Nagrak Community Health Center Working Area, Cianjur Regency

Variable	p-value <i>Saphiro-Wilk</i>	Conclusion
<i>Intervention Group</i>		
<i>Pre Intervention</i>	0,103	Normal
<i>Post Intervention</i>	0,160	Normal
<i>Control Group</i>		
<i>Pre Intervention</i>	0,201	Normal
<i>Post Intervention</i>	0,212	Normal

Source: Processed Primary Data, 2024

Based on 1.3 normality test results, it was found that the test results for the elderly life satisfaction variable in the intervention and control groups before and after the self-help group intervention were normally distributed with a p-value > 0.05.

Homogeneity Test

Table 3. Homogeneity Test of Life Satisfaction of the Elderly in the Intervention and Control Groups in the Nagrak Public Health Center Working Area, Cianjur Regency

Variable	Levene's Test Values	P-value	Conclusion
<i>Intervention Group</i>			
<i>Pre Intervention</i>	0,203	0,659	Homogeneous
<i>Post Intervention</i>	4,000	0,063	Homogeneous
<i>Control Group</i>			
<i>Pre Intervention</i>	8,252	0,111	Homogeneous
<i>Post Intervention</i>	2,963	0,104	Homogeneous

Source: Processed Primary Data, 2024

Based on table 4, the results of the homogeneity test show that the test results for the variable life satisfaction of the elderly in the intervention and control groups before and after the self-help intervention group had a homogeneous distribution with a p-value > 0.05.

The Effect of Self Help Group on Life Satisfaction of the Elderly in the Intervention Group in the Nagrak Public Health Center working area, Cianjur Regency

Table 4. The Effect of Self Help Group on Life Satisfaction of the Elderly in the Intervention Group in the Nagrak Public Health Center working area, Cianjur Regency

Variabel	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	P value
				Lower	Upper			
<i>Pre tes kel. Intervensi</i>	.667	.485	.114	.425	.908	5.831	17	.000
<i>Post tes kel. intervensi</i>								

Source: Processed Primary Data, 2024

Based on table 5, it shows the results of statistical tests using the Paired Samples Test. The resulting P value is $0.000 < 0.05$, where it can be concluded that there is an influence of self-help groups on the life satisfaction of elderly people in the intervention group before and after

the self-help group intervention was carried out in the work area. Nagrak Community Health Center, Cianjur Regency.

The Effect of Self Help Group on Life Satisfaction of the Elderly in the Control Group in the Nagrak Community Health Center working area, Cianjur Regency

Table 5. The Effect of Self Help Group on Life Satisfaction of the Elderly in the Control Group in the Nagrak Community Health Center working area, Cianjur Regency

Variabel	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	P value
				Lower	Upper			
<i>Pre tes kel.kontrol</i>	.111	.323	.076	-.050	.272	1.458	17	.163
<i>Post tes kel.kontrol</i>								

Source: Processed Primary Data, 2024

Based on table 6, it shows the results of statistical tests using the Paired Samples Test. The resulting P value is $0.163 > 0.05$, where it can be concluded that there is no influence of self-help groups on the life satisfaction of elderly people in the control group before and after the self-help group intervention was carried out in the area. work at Nagrak Community Health Center, Cianjur Regency.

Differences in Life Satisfaction of the Elderly in the Intervention and Control Groups Before Giving Self Help Groups

Table 6. Differences in Life Satisfaction of the Elderly in the Intervention and Control Groups Before Giving Self Help Groups

Group		Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
					Lower	Upper
<i>Test post Intervention Group</i>	Equal variances assumed	.827	.050	.225	-.427	.527
	Equal variances not assumed	.826	.050	.224	-.426	.526
<i>Post test Control Group</i>	Equal variances assumed	.218	.275	.215	-.180	.730
	Equal variances not assumed	.200	.275	.206	-.162	.712

Source: Processed Primary Data, 2024

Based on table 7, it shows the results of statistical tests using the Independent Samples Test, the resulting P value is $0.827 > 0.05$, where it can be concluded that there is no difference in the life satisfaction of elderly people in the intervention and control groups before being given self-help groups in the working area of Nagrak Community Health Center, Cianjur Regency.

Differences in Life Satisfaction of the Elderly in the Intervention and Control Groups After Being Given Self Help Groups

Table 7. Differences in Life Satisfaction of the Elderly in the Intervention and Control Groups After Being Given Self Help Groups

Group		Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
					Lower	Upper
<i>Test post Intervention Group</i>	Equal variances assumed	.013	-.100	.113	-.338	.138
	Equal variances not assumed	.032	-.100	.100	-.326	.126
<i>Post test Control Group</i>	Equal variances assumed	.175	.250	.237	-.253	.753
	Equal variances not assumed	.016	.250	.234	-.246	.746

Source: Processed Primary Data, 2024

Based on table 1.8, it shows the results of statistical tests using the Independent Samples Test, the resulting P value is $0.013 < 0.05$, where it can be concluded that there is a difference in the life satisfaction of the elderly in the intervention and control groups after being given a self-help group in the working area of the Nagrak Community Health Center, Cianjur Regency.

Differences in Life Satisfaction of the Elderly in the Intervention and Control Groups

Table 8. Differences in life satisfaction of elderly people in the intervention and control groups before and after the self-help group intervention in the Nagrak Community Health Center working area, Cianjur Regency

Group		Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
					Lower	Upper
<i>Intervention Group</i>	Equal variances assumed	.000	.688	.128	.426	.949
	Equal variances not assumed	.000	.688	.128	.423	.952
<i>Control Group</i>	Equal variances assumed	.000	-.563	.140	-.848	-.277
	Equal variances not assumed	.001	-.563	.140	-.852	-.273

Source: Processed Primary Data, 2024

Based on table 9, it shows the results of statistical tests using the Independent Samples Test, the resulting P value is $0.000 < 0.05$, where it can be concluded that there is a difference in the life satisfaction of the elderly in the intervention group and the control group before and after the self-help group intervention was carried out in the Nagrak Community Health Center working area. Cianjur Regency.

Multivariate Analysis

Before carrying out a multivariate analysis, a bivariate analysis is first carried out on each independent variable and dependent variable with the aim of finding out which variables can

be used as candidate models that will be included in the multivariate analysis. If the bivariate test results have a probability value (p-value) < 0.25, then the variable can be included in multivariate modeling, and vice versa. The results of the bivariate analysis between the independent variable and the dependent variable can be seen in table 1.10 below:

Table 9. Bivariate Analysis Results between Confounding Variables and Dependent Variables

No.	Variable	Intervention Group	Control Group
		P-value	P-value
1	Age	0,056	0,223
2	Gender	1,000	0,964
3	Education	1,000	0,561
4	Work	1,000	0,566

Source: Processed Primary Data, 2024

Based on table 10 above, it can be seen that in the intervention group only the age variable had a p-value (0.056) < 0.25 and in the control group only the age variable had a p-value (0.223) < 0.25. Thus, the age variable can be a candidate model in multivariate analysis. Meanwhile, the variables gender, education and employment were not included as candidate models in the multivariate analysis. However, because in substance the variables of gender, education and employment are very important factors influencing the life satisfaction of the elderly, the variables of gender, education and employment are still included in the multivariate analysis.

Discussion

The Influence of Self Help Groups on Life Satisfaction of the Elderly in Treatment Groups in the work area of Nagrak Community Health Center, Cianjur Regency

Based on the results of statistical tests using the Paired Samples Test, the resulting P value is $0.000 < 0.05$, which can be concluded that there is an influence of self-help groups on the life satisfaction of elderly people in the intervention group before and after the self-help group intervention was carried out in the working area of the Nagrak District Health Center. Cianjur.

The results of this study show that implementing self-help groups (SHG) in the elderly can significantly improve health status and life satisfaction. One of the reasons behind the use of SHG interventions is that older individuals have a structured process that allows them to cope when they outlive close friends and that helps them to initiate socialization and form new friendships (Pulungan & Elisabhet, 2021). This study showed that the control group who did not receive self-help had decreased posttest scores, even though they received usual care. The SHG process can be considered as part of nursing care in the community.

(Stanhope et al., 2014) recently stated that nurses use their understanding of group principles to work with community groups to provide changes for the better. Self-help groups may also offer self-monitoring as a guide to health status maintenance and self-care. This finding would be consistent with reports from Dale B., Soderhamn U., Soderhamn O. (2012) who through their research found that there was a significant correlation between the ability to provide self-care and health status and life satisfaction. Therefore, through SHGs, elderly people can more easily develop relationships and become more aware of the importance of self-health management. This concept is supported by the findings of this study. In groups, older adults can reduce isolation and loneliness because they begin to connect with other people who are aging (McDermott et al., 2014). The implementation of the self-help group in this research was carried out in two groups, namely group I or intervention which was given a self-help group, then given guidance 4 times: group II, which was used as a control group, was given self-help group guidance once (Anggarawati & Sari, 2021).

The Effect of Self Help Group on Life Satisfaction of the Elderly in the Control Group in the Nagrak Community Health Center working area, Cianjur Regency

Based on the table of statistical test results using the Paired Samples Test, the resulting P value is $0.333 > 0.05$, which can be concluded that there is no influence of self-help groups on the life satisfaction of elderly people in the control group before and after the self-help group intervention was carried out in the work area of the Community Health Center. Nagrak, Cianjur Regency. In line with the quote from (Relawati et al., 2015) which states that a self-help group is a group therapy where each member shares problems, both physical and emotional, with the aim of each group member socializing, telling about the problems they are experiencing and sharing experiences with fellow group members.

Research shows that the lives of the elderly are in the satisfying or meaningful category. This is possible, because elderly people who still live with their families tend to be able to carry out all kinds of daily activities with their families by getting direct support from their families, so that one thing that elderly people can do at home is adapt, be fully involved in activities, friends and siblings or children, as well as interactions with the community around where they live (Yuliati et al., 2014). According to (Sitawati et al., 2022) stated that a self-help group will provide an opportunity to become a caregiver who is able to talk about problems and choose what to do, listen to each other, help fellow group members to share ideas and information and provide support. Increase awareness between fellow members so that a feeling of security and prosperity is achieved, knowing that they are not alone.

Differences in Life Satisfaction of the Elderly in the Intervention and Control Groups Before Giving Self Help Groups

Based on the results of statistical tests using the Independent Samples Test, the resulting P value was $0.827 > 0.05$, which can be concluded that there was no difference in the life satisfaction of elderly people in the intervention and control groups before being given self-help groups in the Nagrak Community Health Center working area, Cianjur Regency. The level of life satisfaction of the elderly refers to how the elderly enjoy their life. (Ramdani et al., 2015) stated that the ability of elderly people to enjoy their lives creates positive conditions that enable elderly people to increase their life satisfaction. This is in accordance with the definition of life satisfaction explained by Chaplin (2015) as a subjective condition of a person's personal state in relation to feelings of pleasure as a result of the urge or need that exists within him and is connected to perceived reality. Furthermore, according to (Santrock, 2012) life satisfaction is general psychological well-being or satisfaction with life as a whole.

The life satisfaction of an elderly person is relative and influenced by various factors. (Yusuf, 2002) said that a person will feel satisfied if there is a match between their abilities, skills, attitudes and methods and the demands of the situation, thereby creating psychological harmony. Furthermore, according to (Hurlock, 1997), at all age levels and at every time throughout each age level, there are times of happiness and satisfaction, and times of unhappiness and dissatisfaction. Life satisfaction does not have the same meaning for every elderly person, so to achieve it requires factors that can influence elderly life satisfaction.

Differences in Life Satisfaction of the Elderly in the Intervention and Control Groups After Being Given Self Help Groups.

Based on the results of statistical tests using the Independent Samples Test, the resulting P value was $0.013 < 0.05$, which can be concluded that there is a difference in the life satisfaction of elderly people in the intervention and control groups after being given self-help groups in the working area of the Nagrak Community Health Center, Cianjur Regency. This is in accordance with the opinion from Umar (Britani, 2017) is that elderly life satisfaction is a state of well-being and a pleasant mood that arises when the elderly's desires and needs can be met. Life satisfaction can provide positive encouragement for the elderly to fill their old age so that

they can carry out activities with a feeling of calm and peace. Corinne's opinion (Lundin et al., 2013) explains that well-being has a strong correlation with self-perception of health and states that the term life satisfaction is used to describe well-being.

Differences in Life Satisfaction of the Elderly in the Intervention and Control Groups

Based on the results of statistical tests using the Independent Samples Test, the resulting P value was $0.000 < 0.05$, which can be concluded that there is a difference in life satisfaction for elderly people in the intervention group and the control group before and after the self-help group intervention was carried out in the Nagrak Community Health Center working area, Cianjur Regency. Life satisfaction describes a condition that is typical of the elderly when they experience a lot of pleasure and feel very little emotional displeasure, can accept the reality of life and have an optimistic spirit for life, have the ability to adapt to various conditions within themselves and the environment and still want to improve their life experiences by being active in various existing activities and still having social contacts.

In line with Utami's (2021) research, the implementation of SHG in SHG/self-help groups is a group in which each member shares problems, both emotionally and physically. This activity discusses solving problems faced together, the result is that each member benefits from being given the SHG method (Utami et al., 2011). Other research related to SHG shows that the SHG method is effective in improving the health status and life satisfaction of elderly people with hypertension (Sahar et al., 2017).

Effect after Self Help Group Intervention on Life Satisfaction of the Elderly after controlling for compounding variables

Based on the results of the analysis in the intervention and control groups, it can be seen that all Confounding variables have a probability value (p-value) > 0.05 from the 1st modeling to the 4th modeling. These results indicate that these variables do not have a significant effect on the life satisfaction of the elderly in the Nagrak Community Health Center working area, Cianjur Regency.

The presentation of the results of this research is in line with research conducted by (Celik et al., 2018) which states that a decline in social, mental, psychological and health functions in the elderly is an obstacle to achieving life satisfaction. However, high life satisfaction can be achieved if elderly people continue to carry out daily activities that are considered meaningful, one of these activities is social interaction. Social interactions carried out by elderly people are not only within the family environment but also social interactions outside the family such as community service, recitation of religious studies, social gatherings. Forms of social interaction range from simple ones such as greeting, exchanging information to helping solve problems.

The statement put forward by Ardelt is strengthened by research conducted by (Fitriyadewi & Suarya, 2016) which states that life satisfaction in the elderly will increase if nutritional intake and social interaction in the elderly can be met. Activities to interact or build relationships with other people can maintain communication skills and delay dementia and can maintain mental health, enthusiasm and life satisfaction.

Conclusion

Based on research findings, the results of statistical analysis using the Independent Samples Test show that the resulting P value is 0.000, which is smaller than the significance value α (0.05). These results indicate that there is a significant influence of the self-help group on the life satisfaction of the elderly in the treatment group after the self-help group intervention was carried out in the work area of the Nagrak Community Health Center, Cianjur Regency. Therefore, it can be concluded that participation in a self-help group positively influences the increase in life satisfaction of the elderly within the Nagrak Community Health Center environment. These results provide empirical support for the effectiveness of self-help group

interventions as a method that has the potential to improve the quality of life of elderly people in the community. Based on the results of this research, suggestions were obtained for related parties, including the Health Service, to develop programs related to community empowerment, especially the elderly, with self-help groups as an intervention in increasing life satisfaction for elderly people with hypertension. For Community Health Centers, it can be taken into consideration in developing programs in an effort to improve the health of the elderly, especially for self-help group nurses as a nursing intervention in providing interventions in the community.

References

- Aglen, Bj., Hedlund, M., & Landstad, B. J. (2011). Self-help and self-help groups for people with long-lasting health problems or mental health difficulties in a Nordic context: A review. *Scandinavian Journal of Public Health*, 39(8), 813–822.
- Andriani, L. (2022). Gambaran Tingkat Kebahagiaan Pada Lansia Yang Tinggal Di Komunitas. *Jurnal Keperawatan BSI*, 10(2), 291–297.
- Anggarawati, T., & Sari, N. W. (2021). Peningkatan kualitas hidup lansia melalui self help group Di Rumah Pelayanan sosial lanjut USIA. *Indonesia Jurnal Perawat*, 6(1), 33–41.
- Britani, C. W. (2017). *Kesehatan Spiritual Lanjut Usia Di Getasan Dan Panti Wredha Salib Putih Salatiga*. Program Studi Ilmu Keperawatan FKIK-UKSW.
- Celik, S. S., Celik, Y., Hikmet, N., & Khan, M. M. (2018). Factors affecting life satisfaction of older adults in Turkey. *The International Journal of Aging and Human Development*, 87(4), 392–414.
- Fitriyadewi, L. P. W., & Suarya, L. (2016). Peran interaksi sosial terhadap kepuasan hidup lanjut usia. *Jurnal Psikologi Udayana*, 3(2), 332–341.
- Hurlock, E. B. (1997). *Psikologi perkembangan: suatu pendekatan sepanjang rentang kehidupan*.
- Kluwer, W. (2010). *Community Health Nursing, promoting and protecting the public's health 4 th ed, chapter 14*. Lippincott Williams &Wilkins.
- Lundin, A., Berg, L.-E., & Muhli, U. H. (2013). Feeling existentially touched—A phenomenological notion of the well-being of elderly living in special housing accommodation from the perspective of care professionals. *International Journal of Qualitative Studies on Health and Well-Being*, 8(1), 20587.
- McDermott, O., Orrell, M., & Ridder, H. M. (2014). The importance of music for people with dementia: the perspectives of people with dementia, family carers, staff and music therapists. *Aging & Mental Health*, 18(6), 706–716.
- Pulungan, Z. S. A., & Elisabhet, T. (2021). Teori dan Model Konseptual Kesehatan/Keperawatan Jiwa yang Relevan dengan Terapi Kelompok. *Journal of Health Education Economics Science and Technology (J-HEST)*, 4(1), 7–14.
- Ramdani, R., Daharnis, D., & Syahniar, S. (2015). Kontribusi kecerdasan spiritual dan dukungan keluarga terhadap kepuasan hidup lansia serta implikasinya dalam pelayanan bimbingan dan konseling. *KOPASTA: Journal of the Counseling Guidance Study Program*, 2(2).
- Relawati, A., Hakimi, M., & Huriyah, T. (2015). Pengaruh self help group terhadap kualitas hidup pasien hemodialisa di Rumah Sakit Pusat Kesehatan Umum Muhammadiyah Yogyakarta. *Jurnal Ilmiah Kesehatan Keperawatan*, 11(3).

- Sahar, J., Riasmini, N. M., Kusumawati, D. N., & Erawati, E. (2017). Improved health status and life satisfaction among older people following self-help group intervention in Jakarta. *Current Gerontology and Geriatrics Research*, 2017.
- Santrock, J. W. (2012). *Perkembangan Masa Hidup: Edisi Tiga belas Jilid II. Alih Bahasa: Achmad Chusairi, S. Psi.* Jakarta: Erlangga.
- Sitawati, A. D., Fithriyah, I., Karimah, A., & Kurniadi, Z. (2022). *Mendampingi Orang dengan Skizofrenia.* Airlangga University Press.
- Stanhope, M., Lancaster, J., Jessup-Falcioni, H., & Viverais-Dresler, G. (2014). *Community health nursing in Canada.* Elsevier Health Sciences.
- Utami, T. W., Keliat, B. A., Gayatri, D., & Utami, R. (2011). Peningkatan kemampuan keluarga merawat klien gangguan jiwa melalui kelompok swabantu. *Jurnal Keperawatan Indonesia*, 14(1), 37–44.
- Yuliati, A., Baroya, N., & Ririanty, M. (2014). Perbedaan kualitas hidup lansia yang tinggal di komunitas dengan di pelayanan sosial lanjut usia (The different of quality of life among the elderly who living at community and social services). *Pustaka Kesehatan*, 2(1), 87–94.
- Yusuf, A. M. (2002). *Kiat sukses dalam karier.* Padang: Ghalia Indonesia.