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The Application of Gratitude Group Program to Increase Quality of Life Among Indonesian Elderly in Residential Home X Jakarta

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ABSTRACT

The aim of this study is to determine the impact of gratitude group program on enhancing the quality of life of the elderly living in residential home. Living in residential home can make the elderly feel alienated and limited in doing activities related to their family members or friends. What they feel and perceive can affect their quality of life. According to WHO (1996), quality of life is the individual's perception of their position in life according to the cultural context and value systems in which they live and in relation to their goals, expectations, standards and concerns. One of the techniques to enhance the quality of life is to be grateful. Grateful experiences and expressions can help individuals build personal and interpersonal resources to deal effectively with stress and difficulties. Total subject in this study were 12 people. The research method used was quasi-experimental with randomized matched two-group design. The sampling technique used non-probability sampling, purposive sampling. Data was analyzed using Wilcoxon signed-Rank Test with SPSS 16.00 for Windows. The results showed that score of the elderly quality of life increase significantly in experimental group with gratitude group program ($Z = -2.226, p = 0.026 < 0.05$) than in control group without any treatment ($Z = -0.946, p = 0.344 > 0.05$).

Keywords: *Quality of life, gratitude, elderly, residential home.*

1. INTRODUCTION

Almost five decades (1971-2017), the percentage of Indonesian's elderly population has increased nearly twice to 8.97% (23.4 million) [1]. In the late adulthood, elderly are in the final stages of development with a variety of physical, cognitive and psychosocial changes [2]. Due to the problem of economic factors and the lack of family support, elderly can be neglected or enter a residential home [3]. Based on Kepmensos No. 50 of 2004, residential home (Panti Sosial Tresna Wreda) is a social institution that provide guidance and services for the elderly who are neglected in order to live properly.

The transition of the elderly from home to nursing home is an experience that can be stressful for the elderly because feeling of losing their home, environment, and time with family and friends that previously they owned [4]. For the elderly, nursing home is a safe place to live because of their powerlessness, but there are also some of them feel isolated and helpless because they think unappreciated and not empowered [3]. The elderly feel that residential home make them limited to make social contact with family, friends, and nurses [5]. Most of the residential homes more focus to the physical services like clothing, food, and

shelter than to the psychological aspects of the elderly [3]. Research conducted by Putri et al. [6] in Bandung indicates that elderly who live in nursing homes have lower quality of life than elderly who live with their families.

According to WHO [7], quality of life is an individual's perception of their position in life according to the cultural context and value system in their environment and in relation to their goals, expectations, standards, and problems. Quality of life is a broad concept that is complexly influenced by physical health, psychological conditions, personal beliefs, social relationships, and their relationship with their environment. Low quality of life can be affected by a variety of negative conditions, such as falling, living in nursing homes, and death [8]. Elderly with good quality of life, are able to adapt with life stressors and physical conditions [9].

Gratitude can bring positive emotions that contribute to an individual's health and improving the quality of life [10]. Gratitude is a feeling of thankful and a happy response to receive a gift, whether the gift comes from other people or

a moment of happiness that makes peace and it comes from the beauty of nature [11]. Gratitude is an important aspect of an individual's life [12]. Increasing gratitude can help older people overcome the difficulties associated with age because gratitude can reduce stress and develop personal resources such as resilience [13].

As perviously metioned, being grateful has many positive benefits. However, based on previous studies, the relationship between gratitude and quality of life has not been consistent. Meta-analysis of gratitude intervention conducted by Davis et al. [14] shows that there is weak evidence for the effectiveness of gratitude intervention. A meta-analysis of the effectiveness of gratitude intervention conducted by Dickens [15] shows that based on Cohen's assessment standards, most of the application of gratitude intervention only has a small to moderate effect on positive changes, such as well-being, happiness, life satisfaction, grateful mood, positive affect, and reduce symptoms of depression.

According to Davis et al. [14] to increase the effectiveness of gratitude intervention, it is recommended to modify gratitude intervention using groups. Wong et al. [15] said that the gratitude group program has many advantages when compared to individual program. Therefore in this study gratitude program was conducted in the form of a group to improve the quality of life of the elderly who live in residential home.

2. RESEARCH METHOD

2.1. Participants and procedure

Participants in this study were individuals who live in residential home X located in Jakarta. Participants aged 60-74 years. Participants consisted of men and women, but women elderly were more numerous. Participants had not experience cognitive impairment. Participants were good in communication and able to do activity daily living independently. Measurement of quality of life based using quality of life questionnaire for the elderly (*alpha cronbach* = 0.91) made by Dewi, Rostiana & Rumawas [16]. This is self report questionnaire consist of 7 domains with 39 questions using 5 likert scales, "how healthy is the physical environment around you?". Participants were given quality of life questionnaire assisted by reading. The sampling technique used in this study was purposive sampling. The research method uses randomized matched two-group design. Participants in the control and

experimental groups each consisted 6 people. Participants in the experimental group were given 5 sessions gratitude group program and was held for 3 weeks. Participants in control group only given quality of life questionnaire for pretest and post test. In addition, the observation method was also used by giving attention to behavior that occurred during the session.

2.2. Gratitude Group Program

The treatment was held for three weeks. Each session lasts about 60 minutes in a room and held in group format. Based on the conditions in the field, the elderly who live in residential home generally have difficulty in reading and writing. Therefore, activities in the gratitude group program will be filled with telling about participant's positive experiences. This can be done as the suitability and flexibility of gratitude activities which are generally done with writing activities [17] [18]. The topic in each session based on gratitude group program by Wong et al. [19] Activities in each sessions include grateful recounting and grateful reflection by Watkinds [20]. Grateful recounting is make a gratitude list. Grateful reflection aims to increase positive affect by reflecting how life can be without having something to be grateful for.

In this study, the implementation of the Gratitude group program has been supervised by expert psychologists in the field of positive psychology. The facilitator in this study is a master degree student in clinical psychology program and never changed. The procedures were carried out according to the module.

3. RESULT

After 5 session of gratitude group program, the post test result showed an increase quality of life score of the experimental group (Table 1). The result of the Wilcoxon Signed-Ranked Test were obtained $Z = -2.226$. and $p = 0.026 < 0.05$ indicates that there were significant differences in the quality of life scores in the elderly in the experimental group between before and after joining the gratitude group program (Table 2)

Table 1
Pre-test and Post-test Mean of Experimental Group

	Mean	N	Standar Deviation	Minimum	Maximum
Pre-test Experimental Group	104.83	6	7.026	96	112
Post-test Experimental Group	129.50	6	5.992	120	136

Table 2

Wilcoxon Signed Rank Pre-test dan Post-test Experimental Group

	Z	p
Pre-test Experimental Group – Post-test Experimental Group	-2.226	.026

Based on the Wilcoxon Sign Rank Test non-parametric statistical test results, the mean pre-test of the quality of life of the control group was 106.17, the mean post-test of the quality of life of the control group was 108.33 (Table

3). $Z = -0.946$. and significance ($p = 0.344 > 0.05$) shows that there was no difference in quality of life in elderly in the control group who did not follow the gratitude group program (Table 4).

Table 3

Pre-test and Post-test Mean of Control Group

	Mean	N	Standar Deviation	Minimum	Maximum
pre-test control group	106.17	6	12.384	87	118
post-test control group	108.33	6	13.155	85	124

Table 4

Wilcoxon Signed Rank Pre-test dan Post-test Control Group

	Z	p
pre-test control group – post-test control group	-.946	.344

Based on the results of the wilcoxon sign rank test non-parametric statistical test on pre-test and post-test dimensions of quality of life, there are score differences of the experimental group in several dimensions quality of

life. The differences are in the psychological dimation ($p = 0.026$), social dimation ($p = 0.027$) and psychological dimation ($p = 0.028$) (Table 5).

Table 5

Wilcoxon Signed Rank Pre-test dan Post-test dimation of quality of life

Dimation	Mean		Z	p
	Pre-test	Post-test		
Environment	19.6667	22.3333	-1.897	.058
Independence	11.3333	14.0000	-1.367	.172
Spiritual	13.0000	18.3333	-2.201	.028*
Social	11.83	15.83	-2.207	.027*
Self-empowerment	7.17	9.83	-1.476	.140
Physical	20.83	23.00	-1.367	.172
Psychological	20.83	27.17	-2.232	.026*

* $p < 0.05$

4. DISCUSSION

Five sessions gratitude group program in this study showed a significant improvement in the quality of life score among experimental group. In previous studies, gratitude group programs can reduce psychological stress, enhance life satisfaction and meaning in life [19]. Improving the quality of life of the elderly through garteful activities is also supported by research of Killen and Macaskill [13] about gratitude journals that can improve the quality of life of the elderly. In addition, the effectiveness of the gratitude group program in this study was also supported by control group that was not given

any intervention showing no improvement in quality of life.

Through gratitude, individuals can build the personal and interpersonal resources to deal effectively with stress and the difficulties [21]. It is consistent with the research conducted Valikhani et al. [10], that gratitude can improve the quality of life due to a decrease individuals psychological distress.

In this study, participants finally found personal resources to cope with their difficulties in the residential home. They are thankful and happy because they have a lot of friends

there and they can join the various activities in the residential home such as gymnastics, dance and sing activity (*panggung gembira*), and religious activities. By being thankful for these things, the elderly can overcome their sadness and improve their quality of life.

In this study, the gratitude group program can significantly improve the quality of life of the elderly in the experimental group on the psychological, social and spiritual dimensions. This result is consistent with the research of McCullough, Emmons, & Tsang [22] which suggests that having gratitude can improve individuals in three domains, emotional, prosocial, and spirituality or religiosity. In addition, Wong et al. [19] also revealed that a gratitude group program can cultivate gratitude that fosters four positive things, (a) positive cognition (e.g., positive attentional), (b) positive logic (e.g., joy and contentment), (c) prosocial behavior (e.g., helping others), and (d) more satisfying interpersonal relationships, which improve mental health.

Through observation, participants show changes on psychological aspects, prosocial behavior, and spirituality. Psychological aspects can be seen through their behavior expressing positive emotion more often in each session

5. CONCLUSION

Based on the results of data analysis, it can be concluded that the gratitude group program can improve the quality of life of the elderly who live in residential homes in the experimental group compared to the control group. Gratitude group programs especially increase the quality of life in psychological, social and spiritual dimensions. Consider group program also helps participants to support each other and give some advice to open new perspective.

This study has several limitations. First, the participant's physical health is vulnerable. One of the participants cannot be followed all sessions in a group because she is sick and finally carried out individually. Second, participants are from low socioeconomic status with poor education. Sometimes they lack understanding of the instruction or the quality of life questionnaire. Third, the study was conducted during the Ramadhan. During Ramadhan, there were many guests who held an event and gave some food or money to the elderly in residential home. These things can possibly affect the quality of life of participants

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(e.g., saying I'm feel good, smiling, joking) and less cry when telling their negative experiences. Change in prosocial behavior can be seen through act of kindness towards other participants (e.g., helping each other when walking back to the room after the session, offering help when someone feeling sad). Change in spirituality can be seen through their behavior thankful to their God (e.g., saying Alhamdulillah, Thanks Jesus).

Group program shows significant result to improve elderly quality of life in this study. Yalom & Terrazas [23] suggested that group therapy can help elderly by focusing on client strength, building group cohesiveness and increasing interaction between members. Interaction between members can make individuals feel reconnected with society [24]. In a group of individuals can socialize with peers who have similar stories and there is an opportunity to increase altruism and empathy [24]. The gratitude program that was carried out in groups also shows the same thing. The similarity of participants' stories (e.g., do not have family anymore, do not have enough money, must live in residential home) make participants support each other and give some advice to open new perspective.

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