

Improving The Quality of Life and Resilience of The Elderly with Emotion Regulation Exercises

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ABSTRACT

The quality of life of the elderly will increase if they have psychological resilience to stress. Emotional regulation is the ability of older people to manage emotional responses in dealing with various stressors in life which will increase psychological resilience (the ability to overcome problems/stress) and quality of life. Objective. This research was conducted to find out whether emotional regulation interventions for the elderly have an effect on their quality of life and psychological resilience. This type of research is quantitative with a one group pretest-posttest design. The sample consisted of 36 elderly people who were selected using the purposive sampling method. The research process begins with administrative permits and questionnaire testing. Next, respondents were given emotional regulation training (4 meetings) and their resilience and quality of life were measured before and after the training. The instruments used to measure it are the Resilience Questionnaire (RSOA) and the Quality of Life Questionnaire (WHOQOL-Bref). Data were analyzed univariately using frequency and mean methods, bivariately using Spearman rho correlation. The research results show that emotional regulation training can improve the resilience and quality of life of the elderly.

Keywords: *Elderly; Resilience; Quality of Life*

ABSTRAK

Kualitas hidup lansia akan meningkat bila memiliki resiliensi psikologis terhadap stres. Regulasi emosi adalah kemampuan lansia mengelola respons emosional dalam menghadapi berbagai stressor dalam hidup yang akan meningkatkan resiliensi psikologis (kemampuan mengatasi masalah/ stress) dan kualitas hidup. Penelitian ini dilakukan untuk mengetahui apakah intervensi regulasi emosi pada lansia berpengaruh terhadap kualitas hidup dan resiliensi psikologisnya. Jenis penelitian ini adalah kuantitatif dengan disain one group pretest-posttest. Sampel berjumlah 36 lansia yang dipilih menggunakan metode purposive sampling. Proses penelitian diawali dengan perizinan secara administratif dan uji coba kuesioner. Berikutnya

responden diberikan pelatihan regulasi emosi (4 pertemuan) dan diukur resiliensi serta resiliensi dan kualitas hidupnya sebelum dan setelah pelatihan. Instrumen yang digunakan untuk mengukur adalah kuesioner Resiliensi (RSOA) dan kuesioner kualitas hidup (WHOQOL-Bref). Data dianalisa secara univariat menggunakan metode frekuensi dan mean, secara bivariat menggunakan korelasi Spearmann rho. Hasil penelitian menunjukkan bahwa ada pelatihan regulasi emosi dapat meningkatkan resiliensi dan kualitas hidup lansia.

Kata Kunci : Kualitas hidup; Lansia; Resiliensi

INTRODUCTION

The elderly are an age group that has entered the final stages of their life. In this group, a process called the Aging Process will occur. The World Health Organization (WHO) divides age groups into several sections, namely: a. Middle age (Middle age) aged between 45 – 59 years b. Elderly aged between 60 – 74 years c. Elderly (Old) between the ages of 75 – 90 years d. Very Old Age (Very old) 90 years.

The World Health Organization (WHO, 2011) explains that there are four aspects of quality of life, namely physical health, psychological health, social relationships and environmental conditions. Elderly people are said to have physical health if they are in good shape and free from disturbances in fulfilling daily activities, dependence on medical assistance, disturbances in meeting their needs for rest and sleep as well as experiencing anxiety, contracting disease, lack of energy and fatigue, impaired mobility and reduced work capacity. Meanwhile, an elderly person is said to

have psychological health if the elderly person has positive feelings, appearance and physical image, avoids negative feelings, thinks, learns, concentrates, remembers, self-esteem and individual confidence. The social relationships of the elderly are said to be healthy and adequate if the elderly have social support, personal relationships and healthy sexual activity. Meanwhile, healthy environmental conditions for the elderly are the creation of a healthy and safe environment, freedom, physical safety, activities in the environment, vehicles, security, financial resources, health and social care.

To maintain the health of the elderly so that they remain healthy, happy and productive, it is necessary to pay attention to various activities such as physical, psychological, mental, social and spiritual. In order to realize this health condition, government support is needed in terms of providing facilities and infrastructure as well as support so that the health of the elderly becomes optimal. According to the Central

Bureau of Statistics (2020) in 2020, almost half (48.14 percent) of Indonesian elderly experienced health complaints, both physical and psychological. Elderly people who are unhealthy have the potential to become a burden for both families and the government. For families, the burden they feel is a subjective burden such as fatigue due to caring for them and dependence on their family. The large amount of unproductive time due to caring is also a problem that will result in financial difficulties and the large amount of funds spent to care for sick elderly people is an objective burden felt by the family. For the government, sick elderly people also pose a financial burden due to increased costs of health services, a decrease in the income of unproductive elderly people due to their inability and dependence on other people around them is a problem that greatly affects state finances. The quality of life of the elderly is a balance between physical, psychological and social aspects so that the elderly can live their lives independently and productively and not depend on or burden other people.

Elderly people who experience stress will experience obstacles in achieving prosperity if their resilience is low (Jeste et al., 2013). Resilience is the ability to adapt in the face of difficulties, trauma, tragedy, threats or significant sources of stress.

Resilience is related to quality of life (Afda, 2019) because one of the factors to improve a person's quality of life is having psychological resilience (Strauss, et.al, 2007) and the higher the resilience, the higher the successful aging will be (Simatauw and Soetjningsih, 2020). Resilient individuals will be more resistant to stress and experience fewer emotional and behavioral disorders (Aisyah & Listiyandini, 2015).

Emotion regulation is an individual's ability to regulate, monitor, evaluate and modify emotional reactions to achieve life goals. This ability is needed by every individual to face various stressors in life (Gross, 2006). The advantages of emotional regulation interventions in old age are: (1) The body will move or have movements in response when there are changes in emotions such as laughing, happy and sad. (2) Individuals will be motivated or act driven by their emotions so that elderly people have a feeling of comfort and balance, because emotions can drive physical activity, changes in facial expressions, gestures, body posture and subjective feelings (Coon & Mitterer, 2007).

Emotion regulation plays an important role in the development of the elderly, due to changes in their physical and psychosocial conditions; such as decreased organ

function which results in decreased ability; including independence, can cause elderly people to experience stress and will worsen their physical and mental conditions. Emotion regulation training is needed to help the elderly overcome the psychological problems they experience and increase the positive emotions of the elderly so that the elderly's resilience to stress becomes high.

Several studies have been conducted on the quality of life of the elderly, but only a few link the resilience of the elderly and their quality of life and in accordance with the researcher's roadmap, the theme of resilience and the quality of life of the elderly is the subject of further research.

Several studies related to emotional regulation in the last five years between 2017-2022 were mostly conducted on teenagers and young adults. There has not been much training in elderly regulations; the last research was in 2016 (Muliani, Rachmah and Wulandari).

This research is important because it will increase the independence of the elderly and ensure that the elderly are productive and do not burden other healthy people. In line with this, the aim of this research is to improve the quality of life of the elderly by increasing the ability of the elderly to overcome their psychological problems

using emotional regulation strategies so that the resistance or resilience of the elderly to psychological threats becomes better. Specifically, this research aims to determine the effectiveness of emotional regulation training on the resilience and quality of life of the elderly. The next objective is to determine the increase in the emotional regulation abilities of elderly people after training.

METHOD

This type of research is a quasi-experiment with a one group pretest-posttest design because it compares the quality of life and resilience scores of respondents before and after emotional regulation training. The hypotheses of this research are H0: there is no influence of emotional regulation on the quality of life and resilience of the elderly and Ha: there is an influence of emotional regulation on the quality of life and resilience of the elderly. The research took place for ten years from March–December 2022, in the Duren Sawit area, East Jakarta.

The sample in the research consisted of 36 elderly people in the East Jakarta area using a purposive sampling method because the research was carried out during posbindu activities. The inclusion criteria for the selected sample were: elderly people who were actively participating in posbindu, were in good

physical and mental health when filling out the questionnaire, and were willing to fill out informed consent.

The instrument used to measure the resilience of the elderly is the RS-14 resilience scale which is a development of the Wagnild & Young (1993) instrument which focuses on the ability to survive, adapt to something stressful, able to overcome and overcome, and able to recover from adversity. The questionnaire uses a Likert scale with a value of one to five where a value of one indicates disagreement and a value of five indicates strongly agree for positive question items. Scoring is done by adding up all the scores. And the level of resilience is determined according to the sum results.

Quality of life was measured using the OPQOL-Brief Scale which consists of thirteen questions consisting of four aspects of quality of life plus two questions regarding overall quality of life (WHO, 1996). The number of scores is high, the quality of life is high. Respondent characteristic data was obtained using a self-made instrument. Instrument trials were carried out on 30 – 40 elderly people who were not respondents.

Analysis of the normality of the data shows that the data is normally distributed so that bivariate analysis uses the Chi Square test. Validity and reliability tests on the RSOA and QPOL-Bref were carried out to ensure the suitability of the instruments for the measurements to be carried out. The following are the results of the questionnaire reliability test

Tabel. 1.1 Reliabilitas Instrumen

Instrument	item	(Cronbach's Alpha)	Score Item Valid	Indeks Validitas
RSOA	15	0.864	Reliabile	0,315 – 0,774
OPQOL-Brief	13	0.876	Reliabile	0,313 – 0,775

Based on the table above, in the RSOA questionnaire the value obtained is $\alpha=0.864$ and in the OPQOL-Brief questionnaire the value obtained is $\alpha=0.876$. These two results are reliable because $\alpha>0.8$. The validity test of the two instruments showed

that all QPOL-bref questions obtained a value of $\alpha = 0.313 – 0.775$ ($\alpha > 0.3$) and for the RSOA a valid value of $\alpha = 0.315 – 0.774$ ($\alpha > 0.3$) was obtained. So it can be said that the question items are valid and reliable

RESULT

The following are the characteristics of the respondents in this study.

Tabel 1.2 Responden Characteristic

NO	VARIABEL	FREQUECY	%
1	Age		
	1. Elderly: 60 - 74 year	36	100
	2. Old : 75 - 90 year	0	0
2	Sex		
	1. Male	12	33.3
	2. Female	22	66.7
3	Education		
	1. Senior Hight School	18	50
	2. Elementary	18	50
4	Ethnic		
	1. Betawi	15	42
	2. Java	20	56
	3. Others	1	3
5	Condition Emotion		
	1. Just Emotional	30	83
	2. Happy/senang	6	17
6	Health Condition		
	1. Without Complaint	21	58
	2. There are Complaints	15	42
7	Religious Life		
	1. Worship Regularly	35	97
	2. Less Regularly	1	3

Of the 36 respondents, it is known that all respondents are included in the elderly group (100%) and the majority of 66.7% are female. The percentage of middle and low education levels is the same, namely 50%, the majority are Javanese at 56% and currently the majority are in a stable emotional condition at 83% and do not experience physical disturbances or complaints at 58% and the majority 97% are obedient in carrying out worship.

Elderly Resilience

Analysis of the subject's pre-test and post-test data was carried out using the paired sample t-test method so that a normality test was carried out on both groups of data. The results of the normality test showed that both groups of data were normal ($>0.86 / p > .05$ for the pre-test and $>0.87 / p > .05$ for the post-test)

Table 1.3 Level Of Resilience

(N = 36)

No	Resiliensi	Pre tes				Post tes			
		n	%	Mean	St Dev	N	%	Mean	St Dev
1.	Less (15-35)	0	0	63,2	8,11	0	0	65,14	6,74
2.	Average (36-55)	8	22,2			4	11,1		
3.	Good (56-75)	2	77,8			32	88,9		
		8							
		3	100,0				100,0		
		6				36			

Data obtained showed that 77.8% of respondents had good resilience before

training and this increased to 88.9% after training.

Table 1.4 The Influence of Emotion Regulation on the Resilience of the Elderly

Variabel	Mean	Std. Deviation	Std. Error Mean	Correlation	Sig. (2-tailed)	N
Pre tes_resilience	4,215	,541	,090	,078	,041	36
Post tes_resilience	4,575	,450	,075			36

The results of the analysis show that the alternative hypothesis is accepted, which means there is a difference between the pretest and posttest. This means that there is a relationship between the resilience of the elderly and the emotional regulation training activities they participate in

Quality of Life for the Elderly

Normality test analysis on both groups of data shows normal data (0.889 / $p > 0.05$ for pre-test and 0.868 / $p > 0.05$ for post-test)

The results of the correlation test on pre and post test data on the quality of life of the elderly in table 3.6 show the P value 0.00, which means that the alternative hypothesis is accepted, there is a difference in the quality of life of the elderly before and after emotional regulation training. This can be seen from an increase in the mean test score of 24%.

Tabel 1.5 The level of quality of life of respondents

No	Kualitas Hidup	Pre tes				Post tes				P value
		N	%	Mean	St Dev	n	%	Mean	St Dev	
1.	Hight	26	72,2	49,53	11.658	30	83,3	61,37	10,565	0,00
2.	Less	10	27,8	42,02	10.214	6	16,7	52,26	10,787	

The results of the correlation test on the pre and post test data on the quality of life of the elderly in table 1.5 show a P value of 0.00, which means that the alternative hypothesis is accepted that there is a difference in the quality of life of the

elderly before and after emotional regulation training. seen in an increase in the mean test score of 24%.

Tabel 1.6 Influence of Emotion Regulation on the Quality of Life of the Elderly

N : 36

Variabel	Mean	Std. Deviation	Std. Error Mean	Correlation	Sig. (2-tailed)	N
Pre test_QoL	4,021	,539	,080	,051	,044	36
Post test_QoL	4,581	,415	,065			36

The results of the analysis of quality of life data in table 1.6 show a significance value of 0.044 ($p < 0.05$). The results of the analysis show that the alternative hypothesis is accepted, which means there is a difference between the pretest and posttest. This means that there is an increase in the quality of life for elderly people who complete emotional regulation training.

DISCUSSION

Based on the analysis of the results above, it is known that there was an increase in resilience scores and quality of life for the elderly after respondents took part in emotional regulation training for 4 meetings (6 sessions). This shows that the training provided is quite effective in improving the resilience and quality of life of the elderly. Emotion regulation is a strategy that individuals use to strengthen and maintain their emotions consciously or

unconsciously because emotional regulation is related to how an emotion is felt, identified and expressed (McRae & Gross, 2020; Sheppes, Suri, & Gross, 2015).

Emotional regulation or emotional management training aims to stabilize emotions and can also reduce emotional levels (Makmuroch, 2014), reduce/reduce stress (Karjuniwati, 2019) which is shown by the elderly feeling reduced worry, sleeping soundly and increasing feelings of comfort and relaxation after taking part. a series of emotion management training (Muliani, 2016). Emotion regulation training carried out on the elderly consists of 4 stages; recognizing emotions, expressing emotions verbally and non-verbally, assessing emotions (positive or negative) and changing negative emotions into positive ones by changing perceptions of the stressors experienced. This is in line with (Karjuniwati 2019) and (Greenberg, (2002) who compiled a training program in the order of recognizing the emotions that arise in him; both positive emotions and negative emotions, then expressing the emotions he feels verbally and non-verbally, managing emotions and changing negative emotions into positive emotions (reducing negative emotions and increasing positive emotions).

Reivich and Shatte (2002) stated that one of the factors that influences resilience is emotional regulation. The results of this study indicate that emotional regulation training has an effect on the resilience of the elderly; in line with research by Magfiroh, Sukiatni and Kusumandari (2019) who found a positive/significant correlation between emotional regulation and resilience in teenagers assisted by special children's development institutions and Sukmaningpraja and Santhoso (2016) who found that emotional regulation plays an important role in fostering resilience in semi-based school students. military and (Andriani et al., 2017) which stated that learned emotional regulation will increase resilience or the ability to withstand stress from schizophrenic caregivers.

Another finding from this research is the influence of emotional regulation on the quality of life of the elderly. Research conducted by Rezaei, Kakabraee, and Saeedeh (2019) on cardiovascular patients shows that emotional regulation training can improve positive emotional strategy skills and significantly improve patients' quality of life scores. The results of research by Siregar, Satyadi, and Rostiana (2019) on women with dual roles also show a correlation between emotional regulation and quality of life. Fatimah's (2018) research results concluded that

emotional stability in the elderly is positively and significantly related to their quality of life.

This means that the higher the level of emotional stability of an elderly person, the better their quality of life, and vice versa. Fitriani, Nashori, and Sulistyarini (2021) found that the emotional regulation training provided can improve caregivers' quality of life because the emotional regulation process will reduce psychological pressure and become one of the skills that has an impact on improving quality of life (Patrika, 2018).

CONCLUSION

The elderly's ability to control emotions is trained through an emotional regulation training package. Based on the results of data analysis, it can be concluded that emotional regulation training is effective in reducing stress, increasing resilience and improving quality of life in the elderly. The results of the analysis of pre and post training resilience data show a significance value of .041 ($p < .05$) which indicates that the alternative hypothesis is accepted, which means there is a relationship between elderly resilience and the emotional regulation training activities they participate in.

For respondents, the procedures learned during training can be practiced regularly and used when facing events that cause stress, thereby helping subjects manage negative emotions into positive emotions better and become more enthusiastic. Researchers hope that seniors can take the time to train themselves to regulate emotions according to stages so that seniors can better maintain their emotional balance.

Future researchers can expand their research focus to areas around the elderly to support the implementation of emotional regulation in the elderly, modification of training content for therapy, and others.

REFERENCES

- Afda, R.T. (2020). Hubungan Antara Resiliensi Dengan Kualitas Hidup Pada Penderita Hipertensi. Naskah Skripsi. Fakultas Psikologi Universitas Islam Negeri Sultan Syarif Kasim Riau. Tidak dipublikasikan
- Bowling A, Hankins M, Windle G, Bilotta C, Grant R. (2013). A short measure of quality of life in older age: The performance of the brief Older People's Quality of Life questionnaire (OPQOL-brief). *Archives of Geriatrics and Gerontology*, 56, 1: 181-187. <http://dx.doi.org/10.1016/j.archger.2012.08.012>

- Brockie, L and Miller, E (2017) Understanding older adults' resilience during the Brisbane floods: social capital, life experience, and optimism. *Disaster Medicine and Public Health Preparedness* 11, 72–79.
- Fauziah Julike Patrika, F.J., (2018). Efektivitas Pelatihan Regulasi Emosi untuk Menurunkan Stres dan Meningkatkan Kualitas Hidup Pada Penderita Diabetes Mellitus Tipe II. *Jurnal Psikologi Indonesia : Persona*, 7, (2): 135 -150
- Fitriani, A., Nashori, F., & Sulistyarini, I. (2021). Pelatihan Regulasi Emosi untuk Meningkatkan Kualitas Hidup Caregiver Skizofrenia. *Psychopolitan : Jurnal Psikologi*. 5. 39-51. doi.10.36341/psi.v5i1.1665.
- Gross, J. J., Richards, J. M., & John, O. P. (2006). *Emotion Regulation in Everyday Life*. In D. K. Snyder,
- Imanda, R. N. (2016). Strategi Peningkatan Quality of Urban Life (QoUL) dengan Pertimbangan Tingkat Kepuasan Masyarakat terhadap Kota Tempat Tinggal. *Temu Ilmiah Iplbi*, 193–200. <https://temuilmhiah.iplbi.or.id/wp-content/uploads/2016/12/IPLBI2016-E-193-200-Strategi-Peningkatan-Quality-of-Urban-Life-QoUL-dengan-Pertimbangan-Tingkat-Kepuasan-Masyarakat-0.pdf>
- J. Simpson, & J. N. Hughes (Eds.), *Emotion regulation in couples and families: Pathways to dysfunction and health*. American Psychological Association
- Karjuniwati. (2019). Pengaruh Pelatihan Regulasi Emosi terhadap Pengurangan Stres dan Peningkatan Optimisme pada Penganggur di Yogyakarta. *Jurnal Psikologi Psikoislamedia*, 4 (1): 72 – 83
- Magfiroh, A.L., Sukiatni, D.W., Kusumandari, R. 2019 Hubungan Antara Regulasi Emosi dengan Resiliensi pada Remaja Binaan Lembaga Pembinaan Khusus Anak Kelas 1A, Naskah Prosiding Temilnas XI IPPI, Blitar.
- Maharani, S. T., & Nursalim, M. (2022). Hubungan Antara Efikasi Diri dan Regulasi Emosi Individu terhadap Kemampuan Resiliensi Peserta Didik di SMP Negeri 10 Surabaya. *ejournal.unesa.ac.id* 12, (2) : 705 – 714
- Mahmood, K., & Ghaffar, A. (2014). The relationship between resilience, psychological distress and subjective well-being among dengue fever survivors. *Global Journal of Human-Social Science: An Arts & Humanities*. 14(10), 13-24.
- Muliani, S., (2016). Efektifitas Pelatihan Regulasi Emosi Untuk Menurunkan Tingkat Stres Pada Lanjut Usia. Tesis. Tidak dipublikasikan. Program Studi Magister Psikologi Profesi (S-2) Jurusan Psikologi Klinis Fakultas Psikologi Universitas Muhammadiyah Surakarta.
- Persona: Jurnal Psikologi Indonesia Volume 7, No. 2, Desember 2018 ISSN. 2301-5985 (Print), 2615-5168 (Online) DOI: <https://doi.org/10.30996/persona.v7i2.1701>
- Prayadi, T., & Subroto, M. . (2021). Resliensi Narapidana Seumur Hidup yang Lanjut Usia Elderly Lifetime Prisoner Reliance. *Jurnal Syntax Admiration*, 2(12), 2429-2435. <https://doi.org/10.46799/jsa.v2i12.353>

- Reivich, K., & Shatté, A. (2002). *The resilience factor: 7 essential skills for overcoming life's inevitable obstacles*. Broadway books.
- Simatauw, L.H., Soetjningsih, C.H. (2020). Resiliensi dan Successful Aging Lansia Warga Binaan Pemasyarakatan pada Lapas Kelas IIA Ambon. *Jurnal Bimbingan Konseling Undiksha*, 11(2) : 142-147.
- Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement*, 1(2), 165–178.
- Wang, M., & Saudino, K. J. (2011). Emotion regulation and stress. *Journal of Adult Development*, 18(2), 95–103.