

## The Effectiveness of Logotherapy on Improving the Quality of Life of the Elderly: An Islamic Psychology Perspective

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### Abstract / Abstrak

This study aims to examine the effectiveness of logotherapy in improving the quality of life of the elderly from the perspective of Islamic psychology. Logotherapy, which focuses on the search for life's meaning, was applied to six elderly individuals at a care home in Tasikmalaya Regency. The method used was an experimental design with a one-group pretest-posttest approach, using the WHOQOL-BREF instrument to measure quality of life across physical, psychological, social, and environmental domains. The results showed a significant improvement (.027) with an average increase of 9.75%, particularly in the psychological domain (14.62%). These findings indicate that logotherapy helps elderly individuals find meaning in life and enhances their emotional and social well-being. From an Islamic perspective, the results align with the values of spirituality, patience (sabr), and trust in God (tawakkul). Islam also emphasizes the importance of a supportive environment, in line with the concept of khalifah, where humans are responsible for creating dignified living conditions, including for the elderly. Recommendations include sustained implementation of logotherapy and improved care home facilities.

Penelitian ini bertujuan mengkaji efektivitas logoterapi dalam meningkatkan kualitas hidup lansia dari perspektif psikologi Islam. Logoterapi, yang berfokus pada pencarian makna hidup, diterapkan pada enam lansia di Panti Kabupaten Tasikmalaya. Metode yang digunakan adalah eksperimen dengan desain one-group pretest-posttest, menggunakan instrumen WHOQOL-BREF untuk mengukur kualitas hidup pada domain fisik, psikologis, sosial, dan lingkungan. Hasil menunjukkan peningkatan signifikan (.027) dengan rata-rata kenaikan 9.75%, terutama pada aspek psikologis (14.62%). Temuan ini menunjukkan bahwa logoterapi membantu lansia menemukan makna hidup dan meningkatkan kesejahteraan emosional serta sosial. Dalam perspektif Islam, hasil ini sejalan dengan nilai spiritualitas, sabar, dan tawakkul. Islam juga menekankan pentingnya lingkungan yang mendukung, sejalan dengan konsep khalifah, di mana manusia bertanggung jawab menciptakan kondisi hidup yang layak dan bermartabat, termasuk bagi lansia. Rekomendasi diarahkan pada penerapan logoterapi berkelanjutan dan peningkatan fasilitas panti.

### Keywords / Kata kunci

Logotherapy;  
Quality of life;  
Elderly;  
Islamic psychology;  
Social care homes

Logoterapi;  
Kualitas hidup;  
Lansia;  
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### Introduction

The World Health Organization (WHO, 2021) defines the elderly as those who have reached 60 years of age and above. This age group is expanding as a result of rising life expectancy and demographic changes. According to Indonesia's Central Bureau of Statistics (BPS), there were 29.3 million elderly people in the country in 2021, accounting for 10.82 percent of the total population (Adji, 2022). This number highlights Indonesia's trajectory toward

becoming an aging society. Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN) reinforces this, projecting that the proportion of elderly people in Indonesia will climb to 19.9 percent by 2045 (Hemawati, 2022).

A rise in the elderly population is not a trend limited to Indonesia. According to the WHO (2021), the global population of individuals aged 60 and above is set to double between 2015 and 2050, growing from 12 percent to 22 percent. By 2050, a projected 80 percent of the world's elderly will live in low- and middle-income

countries. This demographic shift underscores the critical need for attention to the elderly, particularly in developing countries that may lack the robust welfare systems required to manage such a large increase in their older population.

The growing group of elderly people contributes to changes in social structure and necessitates the modification of national social policy programs aimed at meeting their various needs (Talarska et al., 2018). Increased life expectancy has also resulted in many elderly individuals living longer than their predecessors. However, longer life does not always equate to a good quality of life. Many elderly people face various physical, psychological, and social challenges that can negatively impact their quality of life. This aligns with Prima et al.'s (2019) statement that the progressive process of aging, disease, and changes in function (physical, psychological, social, economic) will progressively reduce the quality of life for the elderly. Feelings of uselessness, being unwanted, low self-esteem, and anger often emerge in elderly people with a low quality of life (Hurlock, 2017). Conversely, psychologically healthy elderly people can seek out what is good and suitable for their lives, thereby realizing that aging is a natural process (Maghfirah, 2021). This is consistent with Vaarma et al.'s statement (in Kiling & Bunga, 2019) that good psychological abilities are highly instrumental in creating positive feelings, which are the core of quality of life.

According to the WHO (2021), quality of life is an individual's perception of their own life in the context of the culture and value systems in which they live, and in relation to their own goals, expectations, standards, and concerns. Based on this definition, it can be said that both internal (psychological) and external (environmental) conditions have a significant impact on quality of life. Yanti et al. (2019) state that the environment plays a large role because different living situations can affect the process of adjustment or how a person adapts.

For the elderly, quality of life is a multi-faceted concept encompassing age, life expectancy, life satisfaction, physical and mental health, cognitive function, income, living conditions, and social support and networks (Sutikno in Puspanegara & Ronoatmodjo, 2018).

Family social support is a key factor in the life satisfaction of older adults. A study by Riasmini et al. (2019) demonstrated that family support positively influences life satisfaction in

the elderly. This is likely because older adults who live with or near family receive social support from spouses, children, and grandchildren, a benefit not available to those who live alone. Chunkai et al. (2019) found a negative correlation between family support and depression levels in the elderly, noting that those with positive family relationships did not exhibit signs of depression. Nevertheless, some older adults live alone due to being widowed, unmarried, or childless, and therefore lack a caregiver. They may choose to move into a social care home for better care, to avoid being a burden, or to be with peers. Some are also placed there by social services or the community. Iskandar et al. (2022) further identify family problems, a lack of attention, and a lack of care as primary reasons for elderly individuals residing in social care homes.

Initial data, collected from observations and interviews in January 2022 with residents and staff at a Tasikmalaya Regency social care home, showed that the majority of the 50 residents were from low socioeconomic backgrounds, lacked family caregivers, and were widows or widowers without children. Identified issues included cleanliness and comfort. Rooms were shared by multiple people, and the lack of sufficient space resulted in some residents sleeping in beds located in the hallways. Additionally, there was no large common room for gatherings, and some residents received family visits infrequently or not at all. Care and medication for sick residents were provided by the home's staff, based on available supplies, and supplemented by nursing students on practical placements. Social support came from staff, students, fellow residents, and donors who provided food, money, clothing, and medicine during visits. A significant finding was the limited opportunity for recreational outings for independent residents, while most residents were unable to join activities organized by the home due to physical and health constraints.

Six of the social care home residents who were able to engage in two-way communication stated that they persevered and accepted living at the home because the staff were kind and many donors brought gifts. However, they felt they lacked access to the medical treatment they desired, and felt sad and lonely due to the absence of family visits. They also felt there were no activities that could generate income, and expressed feelings of uselessness, being unappreciated, anger, and abandonment. These

conditions can make the elderly unhappy and lead to depression (Rosita et al., 2019).

The Islamic perspective holds that an individual's quality of life is not determined by material or physical factors alone but also includes spiritual, moral, social, and psychological dimensions. The Qur'an and Hadith offer detailed guidance for Muslims to attain a high-quality life by maintaining a balance between this world and the next. Rusmanto (2021) supports this, arguing that the Qur'anic concept of human beings as khalifah on earth means their quality of life is better than that of the general population, based on three internal indicators: their intellect, their heart, and their righteous actions (amal sholeh). Sholeh (2018) further elaborates that an Islamic quality of life involves several components: character (emulating the Prophet Muhammad's traits), righteous deeds (amal sholih), work ethic (sincerity, planning, collaboration, discipline, patience, and evaluation), and speech (being truthful, communicative, simple, and gentle). By adhering to these principles, a person can fulfill their role as a khalifah in a manner pleasing to Allah SWT. This is in line with a verse from the Qur'an that states:

“O believers! When you are told to make room in gatherings, then do so. Allah will make room for you ‘in His grace’. And if you are told to rise, then do so. Allah will elevate those of you who are faithful, and ‘raise’ those gifted with knowledge in rank. And Allah is All-Aware of what you do.” (Q.S. al-Mujadilah: 11)

From the perspective of the Qur'an and Hadith, there are many guidelines that can be applied to improve the quality of life of the elderly. For example, in Surah Al-Isra' (17:23), Allah Almighty says:

“For your Lord has decreed that you worship none but Him. And honour your parents. If one or both of them reach old age in your care, never say to them ‘even’ ‘ugh,’ nor yell at them. Rather, address them respectfully.” (QS, Al-Isra: 23)

This verse teaches the importance of attention and respect toward the elderly, and the necessity of treating them well, especially in their later years. A good quality of life for the elderly in Islam is not only related to physical health but also to spirituality, inner peace, and positive social relationships with family and the community. This aligns with a study by Alfianti

et al. (2022), which found a relationship between religiosity and the quality of life of the elderly in their daily activities. Other studies also show that religiosity is linked to the quality of life of the elderly (Hardianti et al., 2018; Azmi et al., 2021; Anitasari & Fitriani, 2021). Furthermore, the Hadith of the Prophet Muhammad (SAW) also teaches how to honor and care for the elderly with compassion so that they can achieve a good quality of life. In a hadith narrated by Tirmidhi (Hidayat, 2021), the Prophet (SAW) said:

“He is not one of us who does not show mercy to our young ones and does not honor our elders.” (HR. Tirmidzi)

Kiling and Bunga (2019) assert that a high quality of life in older adults contributes to greater life satisfaction. A potential method for enhancing this quality of life is logotherapy, a model developed by Viktor Frankl. This therapy centers on the search for meaning as a means to cope with suffering and foster psychological well-being. Logotherapy prompts individuals to identify their personal values, discover purpose in their experiences, and cultivate a positive perspective on life's difficulties (Bastaman, 2007). Through this, the elderly can uncover meaning and potential in their lives, leading to enhanced mental well-being and happiness.

The effectiveness of logotherapy has been a promising area of research for various age groups and health conditions. Given the elderly's susceptibility to psychological issues like depression, anxiety, and loneliness (Pratiwi, 2016; Setiawan et al., 2020; Kirana, 2021), there is a significant need to further examine how logotherapeutic interventions can improve their overall well-being.

Logotherapy is commonly used for those facing challenges related to guilt, suffering, and death (Guttman, 1996). The suffering of elderly residents in social care homes often arises from being separated from family and feeling discarded and worthless, which can result in feelings of resignation, sadness, and anger. Past research has applied logotherapy in social care homes to address loneliness (Kirana, 2021), major depression (Pratiwi, 2016; Setiawan et al., 2020), and spiritual changes (Putri & Ismayani, 2020). Beyond this, logotherapy has also shown a significant impact on the quality of life of hemodialysis patients (Wahid et al., 2019), post-stroke patients with depression (Imron et al., 2019), and schizophrenic patients (Srilestari et al., 2021). Despite its broad application, research

into logotherapy's effect on the quality of life for the elderly remains limited. One study by Has et al. (2020) on the effectiveness of logo care (logotherapy) with elderly social care home residents concluded that it successfully improved both their sense of meaning and their quality of life.

Given the background outlined, the researchers felt it was essential to offer logotherapy as an intervention to elderly residents in social care homes. The rationale for this is twofold: logotherapy aims to help individuals discover meaning in life, and within Islam, this very search for meaning is a form of worship that can guide a person toward an improved quality of life.

## Method

### Research Design

This study employed a quantitative approach, defined as a systematic scientific inquiry that examines individual components as well as the relationships between variables (Creswell, 2009). The research was carried out using an experimental method with a one-group pretest-posttest design. This design involves a single group of subjects and measures them both before and after an intervention. By doing so, the results of the treatment can be more accurately assessed by comparing the subjects' condition prior to the intervention with their condition afterward (Sugiyono, 2007).

### Instrument

The quality of life of the elderly residents in the social care home was assessed using the Indonesian-translated WHOQOL-BREF tool. The data was collected through face-to-face interviews conducted in the residents' rooms. Measurements were taken on two occasions: once as a pretest before the treatment, and once as a posttest following the treatment. The pretest took place a day before the intervention, and the posttest was administered a day after, as scheduling was a constraint.

### Research Variables

Dependent Variable (Y): Quality of Life. According to the WHO (1997), quality of life is an individual's perception of their position in life, within the context of their culture and value systems, and in relation to their goals, expectations, standards, and concerns. The operational definition of quality of life in this study is the overall collection of factors within four dimensions—physical, psychological, social

relationships, and environment—for elderly individuals, as measured by a translated Indonesian version of the WHO Quality of Life scale. Independent Variable (X): Logotherapy. Logotherapy is a therapeutic process or treatment aimed at helping individuals find meaning in life and spiritual development. The operational definition of logotherapy in this study is the therapeutic process implemented with the elderly to help them find meaning in life.

### Participants

Population is a generalization area consisting of objects or subjects that have certain qualities and characteristics determined by a researcher for study, from which conclusions are then drawn (Sugiyono, 2007). The population in this study was the 50 elderly residents living in the Social Care Home of Tasikmalaya Regency.

A sample is a portion of a population that possesses its same characteristics (Sugiyono, 2007). The sample in this study consisted of residents who met specific criteria: they were elderly (60 years or older) residents of the social care home, had lived there for at least one year, were able to communicate effectively, and had no signs of cognitive decline or dementia, according to the staff. Based on these criteria, a total of 6 respondents were selected using purposive sampling, a technique for choosing a sample based on specific considerations (Sugiyono, 2007).

The demographic data provides a general overview of the participants' names, ages, genders, religions, last occupations, marital statuses, and the length of their stay in the social care home. This reveals the diverse backgrounds of the elderly respondents in this study. Based on Table 1, there were 2 male and 4 female elderly participants, with an age range from 62 to 76 years, and 4 of them had no children. Regarding educational background, there were 4 Elementary School graduates, 1 with a Bachelor's degree, and 1 with a Diploma-3. The length of stay at the social care home ranged from 1 to 7 years; one participant was Christian and five were Muslim.

### Research Administration

The logotherapy intervention was carried out using the Value Awareness Technique (VAT), a method aimed at assisting people in recognizing and understanding their core values. The module for this study was adapted from a logotherapy VAT module, which itself is an evolution of Frankl's original methods (Bastaman, 2007) and was further developed by Wahyuni et al. (2010).



**Table 1**  
*General Characteristics of the Subjects*

Identity	Subject 1	Subject 2	Subject 3
Name	D	Z	T
Age	76 years	67 years	64 years
Sex	Male	Male	Female
Religion	Christian	Islam	Islam
Ethnic	Jawa	Sunda	Sunda
Job	Shopkeeper	Driver	Babysitter
Education level	Elementary School	S1	Did not complete elementary school
Marital Status	Childless widower	Widower	Childless widow
Length of Stay at the Social Care Home	3.5 years	3 years	1 years
	Subject 4	Subject 5	Subject 6
Name	S	E	EN
Age	71 years	70 years	62 years
Sex	Female	Female	Female
Religion	Islam	Islam	Islam
Ethnic	Sunda	Sunda	Sunda
Job	entrepreneur	Shop owner	victualler
Education level	D3	Elementary School	Elementary School
Marital Status	Childless widower	Childless widower	Widower
Length of Stay at the Social Care Home	1.5 years	1 years	7 years

**Table 2**  
*Logotherapeutic Intervention*

Sessions	Objectives	Times
<b>Session 1</b> Building good relationships and identifying problems	a. Establishing a good and comfortable rapport between the therapist and the subject. b. Explaining the purpose and benefits of logotherapy. c. Identifying the problems and consequences that arose during the subject's time at the social care home.	45 minutes
<b>Session 2</b> Stimulation of creative imagination	a. Identifying the reasons for choosing the most meaningful hopes. b. Imagining the meaning present in each reason presented by the client.	45 minutes
<b>Session 3</b> Evoking meaningful situations	a. Choosing meaningful aspects of daily life in the social care home. b. Introducing opportunities that bring a sense of meaning. c. Practicing activities or situations that are meaningful.	45 minutes
<b>Session 4</b> Evaluation	a. The subject is able to attempt implementing meaningful activities in their daily life at the social care home. b. The subject is able to accept separation after the logotherapy sessions are complete.	45 minutes

It is a form of group therapy with an individualistic focus. The intervention was delivered by the researcher under the supervision of the advisor.

The treatment was administered on an individual basis, enabling the researcher to deeply explore each elderly person's unique background, life experiences, and the specific challenges they faced. This was a necessary choice, given the differing characteristics of the residents, physical and health limitations that made group sessions impossible, interpersonal conflicts, and some residents' tendency to isolate themselves. For these reasons, an individual

approach was deemed more therapeutically effective.

## Results

### Quantitative Data Results

Based on the results of the difference analysis using the Wilcoxon Match Pairs Test with the help of statistical software.

As shown in Table 3, the significance value was .027, which is below the .05 ( $\alpha$ ) threshold. This result suggests a significant change in quality of life following the logotherapy intervention, leading to the acceptance of the research hypothesis. The findings indicate that

logotherapy has a positive and significant impact on the quality of life of the elderly by helping them discover meaning and purpose, which in turn enhances their emotional and social well-being.

**Table 3**

*The results of t-test*

	<i>Posttest - Pretest</i>
Z	-2.207 <sup>b</sup>
Asymp. Sig. (2-tailed)	.027

The percentage of change for each factor or domain of quality of life was calculated using the following formula:

$$\% \text{ change} = \frac{\text{data post} - \text{data pre}}{\text{data pre}} \times 100$$

The results of the score calculations and the percentage changes for the entire group of respondents are depicted below:

**Figure 1** shows that the respondents had a moderate level of quality of life, in both the pretest and posttest measurements. Nevertheless, there was a change in the average score, with an increase of 9.75%. This indicates an improvement in the elderly's quality of life after the intervention. The largest score increase was in the psychological factor, at 14.62%. This suggests that improvements in mental and emotional aspects have a very significant effect on enhancing the quality of life of the elderly. This increase may be attributed to various psychologically-focused interventions, such as therapy and emotional support, provided during the research period.

The social factor also showed a significant increase of 12.57%. This reflects that social support and interaction with fellow residents have a positive impact on the elderly's quality of life. Good social interaction helps the elderly feel more connected and less lonely, which in turn improves their overall well-being. Although the increase in the physical factor was lower than the psychological and social factors, at 6.02%, it still indicates an improvement in the physical condition of the respondents. This increase may be linked to health programs and physical activities conducted at the social care home.

The environmental factor showed the lowest increase, at 5.96%. This suggests that the physical conditions and facilities of the social care home did not have as significant an impact on the elderly's quality of life as internal factors did. Nevertheless, this small increase still indicates a change in how the residents perceive

their living environment. This finding demonstrates that internal factors—what the respondents think and feel—have a greater influence on their quality of life than external factors, such as the condition of the home and social relations among residents. The physical domain also experienced a low score increase of 6.02%, which suggests that the respondents were able to accept and cope with the decline in their physical condition as a natural process.

Based on the pretest and posttest calculations, the average quality of life of the respondents was in the moderate category. Even so, the scores show a notable increase. This indicates that the treatment provided contributed to improving the respondents' quality of life.

## Discussions

As the final stage of human development, the elderly face various challenges that can affect their quality of life, whether physically, psychologically, or economically. From an Islamic psychology perspective, old age can be seen as a time full of wisdom and an opportunity to deepen one's closeness to Allah. In the Qur'an, Allah says, "And he whom We grant long life—We reverse his creation. Will they not then understand?" (QS, Yasin:68), which indicates that every phase of life is part of a spiritual journey that must be undertaken with patience (*sabr*) and complete trust (*tawakkul*). Although often marked by physical decline, old age is a chance to draw closer to God and to find deeper meaning in life.

According to Erikson (in Feist & Feist, 2008), elderly individuals who can accept their aging physical condition and live through it calmly will have a better quality of life. In Islam, accepting destiny with patience (*sabr*) and sincerity (*ikhlas*) is a form of worship that is highly valued. Allah says in the Qur'an, "Allah does not burden a soul beyond that it can bear" (QS, Al-Baqarah:286), which teaches us to accept all of His provisions with an open heart. The acceptance of changing physical and psychological conditions in old age is part of strengthening one's mental and spiritual self, which can improve the elderly's quality of life, in line with the principle of reliance on Allah (*tawakkul*) that serves as a foundation for living life.

Psychological factors such as mental health, social relationships, and religious closeness are also very influential on the quality of life of the elderly. As stated by Vaarama et al. (in Kiling &

Bunga, 2019), psychological health is a major determinant of an elderly person's quality of life. In the view of Islamic psychology, good mental health is closely tied to understanding life as a test from Allah and the importance of maintaining a connection with both Allah and others. In this regard, dhikr (remembrance of Allah) and sholat (prayer) can be a source of serenity and strength for the elderly when facing the challenges of old age. As the Qur'an states, "Indeed, by the remembrance of Allah do hearts find comfort" (QS, Ar-Ra'd:28), which teaches that inner peace is achieved through spiritual closeness. The loss of a spouse and adult children no longer living at home can cause the elderly to feel lonely. This, combined with a decline in cognitive function, can lead to stress and depression (Maghfirah, 2021).

If the elderly can successfully navigate their various developmental tasks, they will be better able to accept and adjust to the conditions of old age. According to Rapley (in Rohmah, 2012), quality of life is defined as the degree to which an individual can experience and appreciate the important events in their life, which results in a state of well-being.

Elderly individuals residing in social care homes often face a lower quality of life compared to those living with family. Feelings of loneliness, a lack of adequate health facilities, and difficulties in adapting to the social care home environment can negatively impact their psychological well-being. Islamic psychology highly emphasizes the importance of maintaining family relationships and mutual support. Islam teaches that caring for one's parents is a noble obligation, as stated in the Qur'an: "For your Lord has decreed that you worship none but Him. And honour your parents." (QS, Al-Isra:23). Therefore, improving the social conditions of the elderly in social care homes by creating a more familial atmosphere and facilitating closer ties with their families can be an effective step toward enhancing their quality of life. This aligns with several previous studies which found that the quality of life for elderly people in social care homes is lower than for those living at home with their families (Audina et al., 2018; Rosita et al., 2019; Gultom et al., 2020).

The measurement of the respondents' quality of life using the WHOQOL-BREF before and after the logotherapy intervention showed that a change in the degree of quality of life occurred. This is consistent with research by Has et al. (2020), which found that logocare could enhance

both the meaning in life and the quality of life of the elderly. Additionally, Resmiya and Misbach (2019) also stated that one of the dimensions in their study, finding meaning in life, was a factor that influences an individual's quality of life.

Based on the pretest-posttest scores, the respondents' quality of life remained in the moderate range, but it did show a positive change of 9.7% after receiving logotherapy. This aligns with a study by Pradono et al., (2009), which found that low quality of life is common among the elderly, women, those with low education levels, the unemployed, people living in rural areas, and individuals with low socioeconomic status. The low educational and socioeconomic backgrounds of the female subjects in this study are additional factors contributing to their lower quality of life. This demographic profile of the elderly residents at the social care home is consistent with the findings of Pradono et al., (2009) suggesting that a longer, more sustained intervention is needed to significantly improve their quality of life.

### Physical Factors

Based on statistical analysis, the elderly residents at the social care home showed a moderate physical health condition before the logotherapy intervention. Although there was an increase of 6.02% after the intervention, their physical health status remained at a moderate level. This suggests that the physical health of the elderly requires better attention and care to ensure they can enjoy their old age. Good physical health helps individuals perform daily functions and activities more effectively, which ultimately improves their quality of life. From an Islamic psychology perspective, physical health is a trust from Allah that must be cared for properly. As mentioned in a hadith of the Prophet Muhammad (SAW): "Indeed, your body has a right over you." (Narrated by Bukhari). In this regard, maintaining physical health is not only crucial for quality of life but also a form of spiritual responsibility to Allah.

A healthy physical condition allows the elderly to be fully active and maintain good relationships with the community around them. This is consistent with a study by Ariyanto et al. (2020), which showed that physical activity among the elderly is closely related to their quality of life. In the Islamic view, maintaining good relationships with others is a highly emphasized part of the teachings. Allah says in the Qur'an, "Cooperate with one another in

goodness and righteousness” (QS, Al-Maidah:2). Encouraging the elderly to remain physically active and engage in social interactions also helps them achieve blessings and peace of mind, which are crucial for facing old age.

The moderate physical condition of the elderly respondents, both before and after the intervention, is also related to their declining health and physical state. Nevertheless, they were able to accept this condition as a natural part of aging. From an Islamic psychology perspective, accepting this physical decline is a form of patience (*sabr*) and reliance on Allah (*tawakkul*). As mentioned in the Qur'an: “No soul knows what it will earn for tomorrow, and no soul knows in what land it will die.” (QS, Lukman:34). Thus, Islam encourages its followers to embrace all circumstances with patience, grounded in the belief that every stage of life is a trial and a preordained destiny from Allah.

However, what made them dissatisfied was their access to healthcare services, such as doctors and medicines, which did not meet their expectations. This dissatisfaction highlights the importance of providing more attention to fulfilling the basic needs of the elderly. In Islam, it is a duty for Muslims to help and provide the best for one another, including their physical and mental needs. The Prophet Muhammad (SAW) said, "He who is not concerned with the affairs of the Muslims is not one of them" (Narrated by Muslim). Therefore, it is important for society and relevant parties to give greater attention to the needs of the elderly, both in terms of their physical well-being and healthcare services.

After undergoing logotherapy, one of the elderly individuals became enthusiastic again about exercising, such as walking around the social care home's hallway, and no longer spent the entire day quietly in their room, sleeping, and watching television. Small changes like this show that with the right care and support, the elderly can experience an increase in their quality of life. In Islam, the care of parents and the elderly is a highly encouraged obligation. In the hadith, it is stated that being dutiful to parents is equivalent to faith, jihad, and piety, both when they are alive and after they have passed away (Astuti, 2021). This serves as a form of support from the surrounding environment, both from family and the community, emphasizing the importance of ensuring the elderly can enjoy life better and feel valued as a vital part of society.

### Psychological Factors

Psychological factors play a crucial role in an individual's quality of life, including that of the elderly. According to Vaarama (in Kiling & Bunga, 2019), psychological factors in quality of life are related to psychological health, personal well-being, and life satisfaction. These factors are subjective and encompass one's mental perception of life lived, positive feelings, and cognitive and affective abilities. Positive thinking influences an individual's evaluation of their quality of life. A strong belief in one's own abilities helps individuals avoid depression when faced with failure, allowing them to overcome it well and ultimately improve their quality of life.

For the psychological factor, the quality of life of elderly residents in the social care home was in a moderate state both before and after the logotherapy intervention. The change in score between the pretest and posttest was 14.62%, which was the largest increase compared to the physical, social, and environmental factors. This change is consistent with research by Rohmah et al. (2012), which showed that psychological factors have the most dominant influence on the quality of life of the elderly, accounting for 66.2%.

The average pretest score for the psychological factor was 50.17, which was the lowest score compared to the physical, social, and environmental factors. This indicates that psychological factors had the lowest impact on the quality of life of the elderly at the social care home in Tasikmalaya Regency. This dissatisfaction could be caused by negative thoughts that influence the elderly's assessment of their lives. Based on initial interviews, many elderly residents felt sad because no family members visited, felt abandoned because living at the home was not their choice, and felt useless due to the limited activities they could perform.

The educational background of the elderly, which is predominantly Elementary School graduates, also influences their way of thinking when facing unpleasant situations. They tend to be more sensitive in responding to problems, which can lead to conflicts among residents of the social care home. Moudjahid and Abdarrazak (2019) state that an individual's lack of emotional intelligence in dealing with various life situations can hinder their quality of life. As a result, a person with low emotional intelligence is prone to anxiety, withdrawal, frequent fear, feelings of being unloved, nervousness, sadness, and a



tendency toward depression (Rohmah et al., 2012).

Spirituality also plays a crucial role in psychological health. Individuals with strong spirituality tend to have better coping mechanisms when facing problems. Elderly individuals with a good spiritual condition often draw closer to God and engage in religious practices to overcome feelings of stress and depression (Maulidyah & Setyowati, 2020). This is because spirituality is not only about one's relationship with God but also with oneself, others, and nature (Anggraini et al. in Guslinda et al., 2021). In this context, there are indications that the elderly respondents living at the social care home resorted to resignation and drew closer to religion when sadness and helplessness arose, and this made them feel calm and accepting of their circumstances.

According to Bastaman (2007), worship is a primary source for people to discover meaning in their lives. Maghfirah (2021) also emphasizes that older adults need communication with God to become more accepting and resigned to their circumstances. Cultivating a closer relationship with God can lead to greater happiness in the elderly, as this communication provides them with the strength and endurance needed to navigate their later years. The concept of resignation in Islam is known as tawakkul, which signifies a complete surrender and trust in Allah SWT (Ghoni, 2016). This is consistent with a study by Amir et al. (2021), which found that elderly individuals who participate in religious activities experience significant improvements in their quality of life, cognitive function, and overall aging process.

### ***Social Relation***

The pretest measurement of social relationships among respondents at the social care home showed a score of 58.33, which was the factor with the biggest impact on quality of life compared to the physical, psychological, and environmental factors. After logotherapy, the posttest score increased to 65.67, indicating a significant change with a percentage increase of 12.57%. This demonstrates that social relationships are a factor that causes a change in quality of life from a moderate to a good level.

Social relationships among the elderly at the social care home were generally positive, evidenced by mutual assistance, care for one another, and shared activities. Good relationships were also observed between the elderly and the

social care home staff, as well as with the students on work placements. However, prior to the logotherapy intervention, observations and interviews revealed that some elderly individuals preferred to stay in their rooms, only leaving when necessary. They also expressed suspicion toward other residents and, at times, had conflicts or isolated themselves.

Following the logotherapy, a change in the social behavior of the elderly was observed. They became more willing to socialize for longer with other residents and to forgive past conflicts. This shows that logotherapy can help improve the quality of social relationships among the elderly.

Good social interaction provides many benefits for the elderly. They not only receive emotional support but also feel more involved and purposeful in their social lives. Elderly individuals who have good social relationships tend to have better physical and psychological health and feel more satisfied with their lives. This is supported by research from Park et al. (2019), Siagian and Sarinastiti (2022), and Sari et al. (2025), which all found that good social interaction is closely related to a good quality of life.

In Islam, social relationships are referred to as *hablu min al-nas*. The Qur'an contains verses that provide guidance on how to create harmonious and peaceful relationships among people (Amin, 2022). One of the verses that provides instructions regarding social relationships is in the Qur'an, which means: "The believers are but one brotherhood, so make peace between your brothers. And be mindful of Allah so you may be shown mercy" (QS, Al-Hujurat:10).

### ***Environmental Factors***

The pretest and posttest results for the environmental factor showed the lowest percentage of change at 5.96%. This indicates that the environment had the smallest impact on the quality of life of the elderly in the social care home, both before and after the logotherapy intervention. This finding is consistent with a study by Rohmah et al. (2012), who also found that the environmental factor showed the lowest degree of change in the quality of life for the elderly, at 39.2%. This suggests that while the environment plays a role in quality of life, its influence may not be as significant as that of other factors such as physical, psychological, and social conditions.

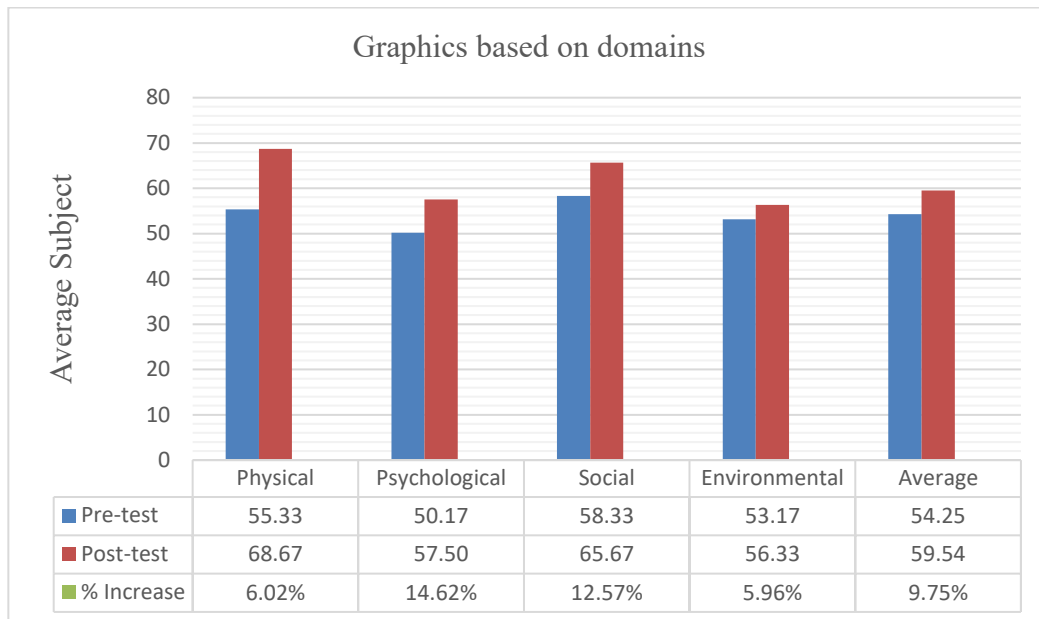


Figure 1. Pretest and Posttest Measurement Results by Quality-of-Life Domain

The desire to return home and live near family, as well as to resume previous activities, was the most common hope expressed by the elderly. This is consistent with Rohmah's (2012) statement that several studies on quality-of-life show that elderly individuals living in social care homes have a lower quality of life than those living at home. At home, the elderly can live independently according to their wishes, not depend on others, be close to family, and engage in income-generating activities to be economically independent. Maghfirah (2021) also states that having sufficient finances for daily needs and a social role can make the elderly feel needed by others. Independence and happiness are factors that increase the quality of life of the elderly.

Maghfirah (2021) also states that psychologically, the elderly can become unstable if they experience rejection, humiliation, and a lack of affection tailored to their needs. Elderly individuals feel accepted when their families embrace the shortcomings caused by declining health and physical functions, and when they receive more attention and understanding. This demonstrates that emotional support from family and a close environment is crucial for maintaining their psychological stability. Another study by Taufik et al. (2021) found that family support and active participation in religious activities affect the well-being of the elderly. This indicates that a supportive family

environment and a religious community influence the well-being of older adults.

### Conclusion

Based on the research conducted to improve the quality of life of the elderly through the application of logotherapy in a social care home in Tasikmalaya Regency, it can be concluded that logotherapy has a positive influence on the quality of life of the elderly. The logotherapy intervention resulted in a significant change in the elderly's quality of life, as reflected in the difference between the pre- and post-intervention measurements. From an Islamic psychology perspective, this improvement in the elderly's quality of life can be linked to the understanding of the importance of patience, gratitude, and the search for meaning in life, all of which are consistent with religious teachings.

Logotherapy has proven effective in improving the quality of life for the elderly, with the most notable improvements seen in their psychological aspect. Psychological factors were the most dominant element in the change in the elderly's quality of life, indicating that understanding the meaning of life and self-acceptance play a crucial role in their psychological well-being. In Islam, this search for meaning is highly relevant to the concepts of tawakkul and sabr, which teach individuals to accept destiny with tranquility and sincerity, while always striving to find wisdom behind every situation. As the Qur'an explains, "Surely

with 'that' hardship comes 'more' ease." (QS, Ash-Sharh:6), providing a perspective that in every stage of life, especially in old age, there is an opportunity to find new peace and meaning.

Although psychological aspects had the greatest impact, social, physical, and environmental factors also influenced the elderly's quality of life, albeit to different degrees. From an Islamic psychology perspective, social factors such as relationships with family and community are crucial for maintaining the social harmony of the elderly. Islam teaches the importance of fostering good relationships with others, including older parents, as reflected in the teachings of the Qur'an and Hadith that emphasize honoring parents. In Surah Al-Isra' (17:23), Allah reveals, "For your Lord has decreed that you worship none but Him. And honour your parents. If one or both of them reach old age in your care, never say to them 'even' 'ugh,' nor yell at them. Rather, address them respectfully." This serves as a testament to the high value Islam places on showing respect and care for the elderly.

The environmental factor, in particular, showed the lowest impact on the quality of life of the elderly in the social care home, most likely due to the limited facilities available. In Islamic psychology, a healthy and supportive environment is crucial for creating well-being. The khalifah concept in Islam teaches that humans are responsible for creating a good environment and maintaining the welfare of all beings, including the elderly. Improving facilities in the social care home is a step that aligns with Islamic teachings, which advocate for enhancing living conditions to be more prosperous and dignified.

## Reference

- Adji, B. (2022, Mei 29). *Terdapat 28 ribu lansia tunggal di Kabupaten Tasikmalaya*. Republika.  
<https://www.republika.co.id/berita/rcnimi409/terdapat-28-ribu-lansia-tunggal-di-kabupaten-tasikmalaya>
- Alfianti, A., Probosuseno, & Supriyati. (2022). Hubungan spiritualitas dan religiusitas dengan kualitas hidup kelompok usia lanjut. *Health Promotion and Community Engagement Journal*, 1(1), 33–44.  
<https://doi.org/10.70041/hpcej.v1i1.5>
- Al-Qur'an dan terjemahannya. (2008). Departemen Agama RI. Diponegoro.
- Amin, M. (2022). Relasi sosial dalam al-qur'an. *QiST: Journal of Quran and Tafseer Studies*, 1(1), 30–47.  
<https://doi.org/10.23917/qist.v1i1.523>
- Amir, S. N., Juliana, N., Azmani, S., Arshad, M. A., & Khan, S. (2022). Impact of religious activities on quality of life and cognitive function among elderly. *Journal of Religion and Health*, 61(2), 1564–1584.  
<https://doi.org/10.1007/s10943-021-01408-1>
- Anitasari, B., & Fitrian. (2021). Hubungan pemenuhan kebutuhan spiritual dengan kualitas hidup lansia: Literature review. *Journal Fenomena Kesehatan*, 4(1), 463–477.  
<https://www.ojs.ikbkjp.ac.id/index.php/JFK/article/view/134>
- Ariyanto, A., Cinta, N. P., & Utami, N. D. (2020). Aktivitas fisik terhadap kualitas hidup pada lansia. *Jurnal Kesehatan Al-Irsyad*, 13(2).  
<https://doi.org/10.36760/jka.v13i2.112>
- Astuti, D., Hartinah, D., & Permana, D. R. A. (2019). Pengaruh pemberian terapi dzikir terhadap penurunan tingkat kecemasan pada pasien post SC. *Jurnal Ilmu Keperawatan Dan Kebidanan*, 10(2), 307.  
<https://doi.org/10.26751/jikk.v10i2.687>
- Audina, I., Candrawati, E., & Adi W., R. (2018). Perbedaan kualitas hidup lansia yang tinggal di panti sosial dengan lansia yang tinggal di rumah. *Nursing News: Jurnal Ilmiah Keperawatan*, 3(2), 91–98.  
<https://doi.org/10.33366/nn.v3i2.927>
- Azmi, R., Emilyani, D., Jafar, S. R., & Sumartini, N. P. (2021). Hubungan religiusitas dengan kejadian depresi pada lansia di Balai Sosial Lanjut Usia Mandalika. *Bima Nursing Journal*, 2(2), 119–126.  
<https://doi.org/10.32807/bnj.v2i2.726>
- Badan Pusat Statistik Jawa Barat. (2018). *Profil lansia Jawa Barat 2017*. Badan Pusat Statistik Provinsi Jawa Barat.
- Bastaman, H. D. (2007). *Logoterapi: Psikologi untuk menemukan makna hidup dan meraih hidup bermakna*. PT. RajaGrafindo Persada.
- Chunkai, L., Shan, J., & Xinwen, Z. (2019). Intergenerational relationship, family social support, and depression among Chinese elderly: A structural equation modeling analysis. *Journal of Affective Disorders*, 248, 73–80.  
<https://doi.org/10.1016/j.jad.2019.01.032>

- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approach*. SAGE Publication Ltd.
- Diahpradnya Oka Partini, P., Nirvana, I. W., & Anda Tusta Adiputra, P. (2018). Karakteristik kanker payudara usia muda di Subbagian Bedah Onkologi Rumah Sakit Umum Pusat Sanglah tahun 2014-2016. *Intisari Sains Medis*, 9(1). <https://doi.org/10.15562/ism.v9i1.163>
- Fadilah, R., & Madjid, A. (2020). Patience therapy to reduce adolescents' anxiety assessed from personality and parenting. *International Journal of Islamic Educational Psychology (IJIEP)*, 1(1). <https://doi.org/10.18196/ijiep.1101>
- Feist, J., & Feist, G. J. (2008). *Theories of personality*. McGraw-Hill.
- Ghoni, A. (2016). Konsep tawakal dan relevansinya dengan tujuan pendidikan islam: Studi komparasi mengenai konsep tawakal menurut M. Quraish Shihab dan Yunan Nasution. *An-Nuha: Jurnal Kajian Islam, Pendidikan, Budaya Dan Sosial*, 3(2), 249–263. <https://staimadiun.ac.id/ejournal3/index.php/annuha/article/view/103>
- Gultom, W. H., Damayanti, N., & Syaiki, A. (2020). Perbandingan kualitas hidup lansia di panti sosial tresna werdha Provinsi Jambi dengan lansia yang tinggal bersama keluarga yang menjadi anggota di Posyandu Puskesmas Putri Ayu Kota Jambi. *Jurnal Psikologi Jambi*, 5(1), 1–11. <https://online-journal.unja.ac.id/jpj/article/view/12025/9331>
- Guslinda, G., Nurleny, N., Nova Fridalni, & Yesi Martina. (2021). Hubungan status spiritualitas dengan kualitas hidup lansia. *Jurnal Kesehatan Mercusuar*, 4(2), 106–110. <https://doi.org/10.36984/jkm.v4i2.173>
- Guttman, D. (1996). *Logotherapy for the helping professional: Meaningful social work*. Springer.
- Hardianti, H., Wiyono, J., & Adi, R. C. (2018). Hubungan tingkat religiusitas dengan kualitas hidup lansia di Kelurahan Tlogomas Kota Malang. *Nursing News: Jurnal Ilmiah Keperawatan*, 3(3). <https://doi.org/10.33366/nn.v3i3.1366>
- Has, E. M. M., Vallentina, T. G., & Hadisuyatmana, S. (2020). The effect of logo care on elderly's meaning of life and quality of life in werdha nursinghome. *Systematic Reviews in Pharmacy*, 11(3), 809–812. <https://www.sysrevpharm.org/articles/the-effect-of-logo-care-on-elderlys-meaning-of-life-and-quality-of-life-in-werdha-nursing-home.pdf>
- Hemawati, R. (2022, Oktober 14). *BKKBN: Jumlah lansia meningkat hingga mencapai 19,9 persen pada 2045*. *Mediaindonesia.com*. <https://mediaindonesia.com/humaniora/529728/bkkbn-jumlah-lansia-meningkat-hingga-mencapai-199-persen-pada-2045>
- Hidayat, F. (2021, November 29). *Orang yang sudah tua namun kurang adab, apakah tetap wajib dihormati?*. *Muslim.or.id*. <https://muslim.or.id/70616-orang-yang-sudah-tua-namun-kurang-adab-apakah-tetap-wajib-dihormati.html>
- Hurlock, E. B. (2017). *Psikologi perkembangan suatu pendekatan sepanjang rentang kehidupan* (Ed. 5). Erlangga.
- Imron, S. W., Sudiyanti, A., & Fanani, M. (2019). Pengaruh logoterapi medical ministry terhadap depresi dan kualitas hidup pasien pasca stroke. *Biomedika*, 11(1), 18–23. <https://doi.org/10.23917/biomedika.v11i1.6168>
- Iskandar, I., Iqbal, M., & Rahayu, M. (2022). Faktor melatarbelakangi lansia memilih tinggal di panti jompo darussa'adah Lhokseumawe, Aceh. *Jurnal MUTIARA NERS*, 5(1), 38–47. <https://doi.org/10.51544/jmn.v5i1.2185>
- Istianah, L., & Wati, I. R. (2020). Pengobatan Kanker dengan Metode Spiritual Religion Zikir Technique (SRZT). *Jurnal Ilmiah SiKep*, 5(1), 101–109. <http://ejournal.poltekkes-smg.ac.id/ojs/index.php/J-SiKep/article/view/2809>
- Kamila, A. (2022). Psikoterapi dzikir dalam menangani kecemasan. *Happiness, Journal of Psychology and Islamic Science*, 4(1), 40–49. <https://doi.org/10.30762/happiness.v4i1.363>
- Kiling, I. Y., & Bunga-Kiling, B. N. (2019). Pengukuran dan faktor kualitas hidup pada orang usia lanjut. *Journal of Health and Behavioral Science*, 1(3), 149–165. <http://dx.doi.org/10.35508/jhbs.v1i3.2095>
- Kirana, K. C. (2021). Gambaran pengalaman kesepian dan penerapan logoterapi pada perempuan lansia warga binaan panti wreda. *Insight: Jurnal Ilmiah Psikologi*, 23(1), 46–



64. <https://doi.org/10.26486/psikologi.v23i1.1409>
- Koentjaraningrat. (1985). *Javanese culture*. Oxford University Press.
- Kreager, P., & Schröder-Butterfill, E. (2007). Gaps in the family networks of older people in three Indonesian communities. *Journal of Cross-Cultural Gerontology*, 22(1), 1–25. <https://doi.org/10.1007/s10823-006-9013-3>
- Kumala, O. D., Kusprayogi, Y., & Nashori, F. (2017). Efektivitas pelatihan dzikir dalam meningkatkan ketenangan jiwa pada lansia penderita hipertensi. *Psymphatic: Jurnal Ilmiah Psikologi*, 4(1), 55–66. <https://doi.org/10.15575/psy.v4i1.1260>
- Leech, N., Barrett, K., & Morgan, G. A. (2015). *SPSS for intermediate statistics*. Routledge. <https://doi.org/10.4324/9781410616739>
- Magaldi, D., & Berler, M. (2021). Semi-structured interviews. In V. Zeigler-Hill & T. K. Shackelford (Eds.), *Encyclopedia of personality and individual differences*. Springer.
- Maghfirah, F. (2021). *Yes we care senior: Cara kita menyayangi lansia*. Dandelion Publisher.
- Maulidiah, R. I., & Setyowati, S. (2020). Hubungan spiritualitas dengan kualitas hidup lansia di Posyandu Lansia Melati Dusun Karet Bantul Yogyakarta. *Jurnal Keperawatan Akper Yky Yogyakarta*, 12(1), 1–8.
- Moudjahid, A., & Abdarrazak, B. (2019). Psychology of quality of life and its relation to psychology. *International Journal of Inspiration & Resilience Economy*, 3(2), 58–63. <http://doi.org/10.5923/j.ijire.20190302.04>
- Nahar, P., & Richters, A. (2011). Suffering of childless women in Bangladesh: The intersection of social identities of gender and class. *Anthropology & Medicine*, 18(2), 327–338. <http://dx.doi.org/10.1080/13648470.2011.615911>
- Nashori, H. F., Diana, R. R., & Hidayat, B. (2019). The trends in Islamic psychology in Indonesia. In *Research in the social scientific study of religion* (Vol. 30, pp. 162–180). BRILL. [https://doi.org/10.1163/9789004416987\\_010](https://doi.org/10.1163/9789004416987_010)
- Nopriani, Y., & Utami, S. (2023). Pengaruh pemberian terapi zikir terhadap tingkat kecemasan pada pasien pre operasi sectio caesaria. *Jurnal Kesmas Asclepius*, 5(2), 67–77. <https://doi.org/10.31539/jka.v5i2.5894>
- Nugrahati, D., Uyun, Q., & Nugraha, S. P. (2018). Pengaruh terapi taubat dan istighfar dalam menurunkan kecemasan mahasiswa. *Jurnal Intervensi Psikologi (JIP)*, 10(1), 33–41. <https://doi.org/10.20885/intervensi psikologi.vol10.iss1.art3>
- Nurlina. (2021). *Efektivitas terapi zikir terhadap penurunan kecemasan pasien kanker [Skripsi]*. Universitas Hasanudin. <http://repository.unhas.ac.id:443/id/eprint/6706>
- Park, H. K., Chun, S. Y., Choi, Y., Lee, S. Y., Kim, S. J., & Park, E. C. (2015). Effects of social activity on health-related quality of life according to age and gender: An observational study. *Health and Quality of Life Outcomes*, 13, 140. <https://doi.org/10.1186/s12955-015-0331-4>
- Pradono, J., Hapsari, D., & Sari, P. (2009). Kualitas hidup penduduk Indonesia menurut International Classification Of Functioning, Disability And Health (ICF) dan faktor-faktor yang memengaruhinya (Analisis lanjut data RISKESDAS 2007). *Buletin Penelitian Kesehatan*, 37(Suplement), 1–10. <http://ejournal.litbang.kemkes.go.id/index.php/BPK/article/view/2188>
- Pratiwi, P. N. (2016). *Penerapan logoterapi untuk menanggulangi gangguan depresi mayor pada lansia di panti werdha budi mulia 1 Cipayung*. (Tesis tidak dipublikasikan). Universitas Persada Indonesia.
- Prima, D. R., Safirha, A. A., Nuraini, S., & Maghfiroh, N. (2019). Pemenuhan kebutuhan lansia terhadap kualitas hidup lansia di Kelurahan Grogol Jakarta Barat. *JURNAL KEBIDANAN*, 8(1), 1–7. <https://doi.org/10.35890/jkdh.v8i1.115>
- Puspanegara, I., & Ronoatmodjo, S. (2018). Faktor-faktor yang berhubungan dengan kualitas hidup lansia di desa Cipasung Kabupaten Kuningan tahun 2017. *Jurnal Kesehatan Reproduksi*, 9(1), 69–78. <https://doi.org/10.22435/kespro.v9i1.892.69-78>
- Putri, D. W. L., & Ismayani, W. (2020). Mengatasi stres dengan pendekatan logoterapi untuk meningkatkan spiritualitas lansia di BSLU Mandalika NTB. *Jurnal Bimbingan dan Konseling Islam*, 10(2), 182–196.

- <http://jurnalfdk.uinsby.ac.id/index.php/jbki/article/view/673>
- Rahmania, F. A., & Rumiani, R. (2022). Gratitude training to improve quality of life for schizophrenic family caregivers. *Jurnal Ilmiah Psikologi Terapan*, 10(2), 116–122. <https://doi.org/10.22219/jipt.v10i2.18664>
- Resmiya, L., & Misbach, I. H. (2019). Pengembangan alat ukur Kualitas Hidup Indonesia. *Jurnal Psikologi Insight*, 3(1), 20–31.
- Riasmini, N. M., Maryam, R. S., & Sahar, J. (2019). Independent family group model improving health status and quality of life of elderlyin community. *Indian Journal of Public Health Research and Development*, 10(2), 1930–1934. <https://www.researchgate.net/publication/342208678>
- Rohmah, A. I. N., Purwaningsih, & Bariyah, K. (2012). Kualitas hidup lanjut usia. *Jurnal Keperawatan*, 3(2), 120–132. <https://media.neliti.com/media/publications/255810-kualitas-hidup-lanjut-usia-cc5cde49.pdf>
- Rosita, A., Fitriangga, A., & Pramana, Y. (2019). Perbedaan tingkat depresi dan kualitas hidup lansia di panti sosial dan yang di rumah bersama keluarga di wilayah kerja Puskesmas Perumnas II. *Bimiki*, 7(2), 2–10. <https://doi.org/10.53345/bimiki.v7i2.18>
- Ruslin, R., Mashuri, S., Sarib, M., Alhabsyi, F., & Syam, H. (2022). Semi-structured interview: A methodological reflection on the development of a qualitative research instrument in educational studies. *IOSR Journal of Research & Method in Education (IOSR-JRME)*, 12(1), 22–29.
- Rusmanto. (2017). Konsep Al-Qur'an tentang kualitas hidup manusia sebagai seorang khalifah dan maslahatnya terhadap makhluk lainnya. *Jurnal Studi Al-Qur'an*, 17(1), 93–110. <https://doi.org/10.21009/JSQ.017.1.05>
- Saifuddin, A. (2019). *Penelitian eksperimen dalam psikologi*. Prenadamedia Group.
- Sari, D. P., Suryati, S., & Dewi, E. P. (2025). The relationship between social interaction and elderly happiness in a social center for the elderly. *Grief and Trauma*, 3(1), 17–26. <https://doi.org/10.59388/gt.v3i1.698>
- Setiawan, A. B., Nur Anganthi, N. R., & Purwandi, E. (2020). Pelatihan pancacara temuan makna dalam menurunkan depresi lansia. *Intuisi: Jurnal Ilmiah Psikologi*, 12(3), 247–259. <https://doi.org/10.15294/intuisi.v12i3.24887>
- Siagian, I. O., & Sarinastiti, T. (2022). Interaksi sosial berhubungan dengan kualitas hidup lansia. *Jurnal Keperawatan*, 14(4), 1247–1252. <https://doi.org/10.32583/keperawatan.v14i4.144>
- Sholeh, M. M. A. (2018). Pengembangan model peningkatan kualitas hidup islami: Studi konseptual. *Prosiding Seminar Nasional seri 8. "Mewujudkan Masyarakat Madani dan Lestari" Yogyakarta, 27 September 2018*. <https://dspace.uui.ac.id/handle/123456789/11447>
- Srilestari, E. E., & Rohmad, D. (2021). The effect of logotherapy interventions on improving quality of life in schizophrenic patients. *Jurnal Keperawatan Malang*, 6(2), 159–165. <https://doi.org/10.36916/jkm.v6i2.141>
- Sugiyono. (2007). *Metode penelitian kuantitatif kualitatif dan R&D*. Alfabeta.
- Talarska, D., Tobis, S., Kotkowiak, M., Strugała, M., Stanisławska, J., & Wieczorowska-Tobis, K. (2018). Determinants of quality of life and the need for support for the elderly with good physical and mental functioning. *Medical Science Monitor*, 24, 1604–1613. <http://doi.org/10.12659/msm.907032>
- Tania, M., Soetikno, N., & Suparman, M. Y. (2019). Gambaran kecemasan dan depresi wanita dengan kanker payudara. *Jurnal Muara Ilmu Sosial, Humaniora, Dan Seni*, 3(1), 230. <https://doi.org/10.24912/jmishumsen.v3i1.3469>
- Taufik, T., Dumpratiwi, A., Prihartanti, N., & Daliman, D. (2021). Elderly muslim wellbeing: Family support, participation in religious activities, and happiness. *The Open Psychology Journal*, 14(1), 76–84. <http://dx.doi.org/10.2174/1874350102114010076>
- Wahyuni, S., Keliat, B. A., & Budiharto. (2010). Pengaruh logoterapi terhadap peningkatan harga diri pada lansia dengan harga diri rendah. *Jurnal Ners Indonesia*, 1(1), 62–72. <https://doi.org/10.31258/jni.1.1.62-72>
- Wahid, A., Astuti, A., & Dewi, M. (2019). Perubahan kualitas hidup melalui logoterapi pada klien yang menjalani hemodialisis. *Jurnal Keperawatan*, 11(1), 9–18. <https://doi.org/10.32583/keperawatan.v11i1.425>

- Wicaksono, H. (2013). Dongke dalam Masyarakat Desa Tanggulangin: Pemahaman Konsep Sehat-Sakit dan Penyakit dalam Kajian Etnosains Terhadap Sistem Medis. *Jurnal Masyarakat & Budaya*, 5(2), 231–254.
- Widianengsih, R. (2021). Hadits tentang dzikir perspektif tasawuf. *Jurnal Penelitian Ilmu Ushuluddin*, 1(3), 166–179. <https://journal.uinsgd.ac.id/index.php/jpiu/article/view/13583>
- Windi, W. A., Taufiq, M., & Muhammad, T. (2022). Implementasi Wilcoxon Signed Rank Test untuk mengukur efektifitas pemberian video tutorial dan Ppt untuk mengukur nilai teori. *Produktif: Jurnal Ilmiah Pendidikan Teknologi Informasi*, 5(1), 405–410. <https://doi.org/10.35568/produktif.v5i1.1004>
- World Health Organization. (1997). *WHOQOL: Measuring quality of life*. [http://www.who.int/mental\\_health/media/68.pdf](http://www.who.int/mental_health/media/68.pdf)
- World Health Organization. (2021, Oktober 4). *Ageing and health*. WHO. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- Yanti, D. E., Keswara, U. R., & Puteri, R. M. (2019). Perbedaan kualitas hidup lansia antara lansia yang tinggal di panti tresna werda dengan yang tinggal bersama keluarga di Kecamatan Natar Lampung Selatan tahun 2018. *Jurnal Dunia Kesmas*, 8(4), 238–288. <https://doi.org/10.33024/jdk.v8i4.2179>

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