

The Effectiveness of Islamic-Based Group Guidance on Depression Level in the Elderly in Tresna Werdha Social Institution Budi Mulia 3 Dki Jakarta

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Abstract

Depression is one of the most common psychological problems in the elderly and if not handled properly will have an impact on the quality of life of the elderly. One effort to treat depression in the elderly can be done by providing guidance. This study aims to identify the effectiveness of Islamic-based group guidance on depression level in the elderly. This research is a quantitative research using quasi experiment design with Non Equivalent control group in 11 intervention group respondents and 11 control group respondents. Intervention given as much as 3 times meeting. Elderly depression was measured using a Geriatric Depression Scale 15 (GDS-15) questionnaire. The result of independent t test showed that there was a significant difference between the intervention group and the control group at the third meeting ($p = 0,003$; $p < 0,05$) and seen from the calculation of eta squared effect size, the value value of 0,37 or the value of $\eta^2 > 0,8$ indicates that with the guidance of Islamic-based groups have a great influence on the rate of depression of elderly.

Keywords: *Elderly, Depression, Islamic-Based group Guidance*

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I. Introduction

The aging process is a natural process that cannot be prevented and is a natural thing experienced by humans who are given the gift of longevity. The Law of the Republic of Indonesia Number 13 of 1998 concerning Elderly Welfare states that, the elderly are someone who reaches the age of 60 years and over¹. World Health Organization (WHO) estimates, starting in 2010 there will be an explosion in the number of elderly population². The results of the 2010 population census show that Indonesia is among the top five countries with the highest number of elderly population in the world, reaching 18.1 million people or 7.6% of the total population³. This is a reflection of the increasing average life expectancy (UHH) of the Indonesian population.

The higher the Life Expectancy Age (UHH), the more likely a person will experience physical, mental, spiritual, economic and social problems. Elderly people who cannot adapt to the changes that occur in themselves will cause the elderly to experience psychological problems⁴. One psychological problem that often occurs in the elderly is a depressive disorder⁵. Depression in the elderly has a serious impact, if this condition is not treated immediately it will reduce the quality of elderly life⁶. Management in dealing with depression can be done by giving pharmacotherapy and psychotherapy⁷. The treatment that is often done is by giving psychotherapy. One field of science that uses psychotherapy techniques is the field of guidance and counseling⁸.

Counseling guidance service is a form of giving assistance whose nature leads to individuals who have problems in their lives⁹. Providing guidance can be done individually or in groups⁸. The method of giving group guidance is effectively applied to the elderly, because in it there is a group dynamics process that can enhance the social interaction of fellow seniors¹⁰. Guidance and counseling services for mental health, especially for the elderly, use religious approaches more often⁹. There are several studies related to the influence of spiritual guidance on mental health problems, one of which is which links the provision of spiritual guidance with mental health in the elderly which states that there is an influence of giving spiritual guidance on reducing the level of depression in the elderly¹¹. Currently a group guidance model has been developed using Islamic teachings as a guide or referred to as Islamic-based group guidance¹². Islamic-based group guidance is a process of giving assistance to individuals through a group atmosphere based on Islamic values¹³.

The results of interviews with officers at the Tresna Wardha Social Institution (PSTW) Budi Mulia 3 DKI Jakarta, obtained data that there were 300 elderly people with 70% Moslem and 30% non-Moslem. Most of the elderly come from the streets because they do not have a family, 40% of Muslims who are Muslim experience depression. Regular religious activities for Muslim seniors, namely recitations held every Monday

and Wednesday. The results of observations of researchers in each room obtained data that in every room there are elderly who show signs and symptoms of depression, such as looking aloof, do not want to hang out with other elderly and sometimes show destructive behavior. This study aimed to evaluate effectiveness of Islamic-Based Group Guidance on the Depression of Elderly Rates in Tresna Werdha Social Institution (PSTW) Budi Mulia 3 Dinas DKI Jakarta Social.

II. Method

This is a quantitative research using a quasi experiment design with Non Equivalent Control Group Design. The population in this study were elderly who lived on the Budi Mulia 3 PSTW, were Muslims and had a depressive disorder totaling 84 elderly. The sampling technique uses non-probability sampling by purposive sampling and then obtained the number of samples as many as 22 respondents with 11 elderly in the intervention group and 11 elderly in the control group. To determine whether or not a sample is representative of the population, the sample must have the following criteria: Inclusion criteria (To have mild or moderate depression, To have good cognitive functions, Male or female sex, Willing to be a respondent) while the exclusion criteria (To have severe depression, Using antidepressant drugs, Having psychotic disorders, Having an infectious disease)

The intervention group and the control group were pretested first using the Geriatric Depression Scale 15 (GDS-15) instrument and then given the questionnaire characteristic of the respondents. Furthermore, the intervention group was given Islamic-based group guidance with the topic of assignments as many as 3 meetings and the control group was asked to regularly attend recitation activities that had been provided in the PSTW for 3 meetings. Then the posttest was performed every time the meeting session was completed, by re-measuring the Geriatric Depression Scale 15 score in the intervention group and the control group. In the intervention group, after 2 weeks the entire meeting session was completed and then followed up by re-measuring the score level of depression in the elderly to find out whether the level of depression of the elderly continued to decline or increased when for 2 weeks was not given Islamic-based group guidance.

Univariate analysis of numerical data using mean and standard deviation, for categorical data using numbers and percentages. Bivariate analysis using paired t test and independent t test.

III. Result

1. Univariate Analysis

Table 1 Frequency distribution of characteristics of elderly people who are depressed in PSTW Budi Mulia 3 DKI Jakarta Social Service (n = 22)

Characteristics		Kelompok				Total
		Intervensi		Kontrol		
		f	%	f	%	
age	60-74	10	45,5	4	18,2	63,6
	75-90	1	4,5	7	31,8	36,4
sex	female	11	50,0	8	36,4	86,4
	male	-	-	11	50,0	13,6
education	Never attended education	3	13,7	7	31,8	45,5
	elementary	6	27,3	2	9,1	36,4
	High school	1	4,5	2	9,1	13,6
	university	1	4,5	-	-	4,5
Marrital status	Widow/widower	11	50,0	10	45,5	95,5
	unmarrit	-	-	1	4,5	4,5
Medical history	yes	9	40,9	7	31,8	72,7
	no	2	9,1	4	18,2	27,3
Length of stay at intitution	< 1 year	9	40,9	6	27,3	68,2
	>5 years	2	9,1	5	22,7	31,8
Following recitation	participate	10	45,5	6	27,3	72,8
	Not participate	1	4,5	5	22,7	27,2

Characteristics of respondents in this study included age, gender, education level, marital status, history of illness, length of stay in the institution, and participation in recitation activities. Based on Table 1 it can be seen that elderly who experience mild or moderate depression on Budi Mulia 3 PSTW 3 DKI Jakarta Social Service are mostly aged 60-74 years (elderly), female, not in school, not having a partner or widow / widower, having history of illness, length of stay in the institution for less than 1 year, and most of them are still able to attend recitals at PSTW.

Table 2 Description of the level of depression of elderly in the combined intervention group and control group (n = 22)

Depression level	group				Total
	Intervention		control		
	f	%	F	%	
mild	5	22,7	8	36,4	59,1
moderate	6	27,3	3	13,6	40,9

Based on table 2, it is obtained data that most respondents have mild depression level, which is 59.1%.

Table 3 Overview of elderly who experience changes in elderly depression level scores (n = 22)

Change in Score	group				Total
	Intervention		Control		
	f	%	F	%	
change	11	50,0	5	22,7	72,7
unchange	-	-	6	27,3	27,3

Based on table 3 it can be seen that most of the elderly who experienced a change in depression level scores were found in the intervention group, which was 72.7%

2. Bivariate analysis

Table 4 Differences in mean score of depression level of elderly before and after in the intervention group (n = 11)

Session	Test GDS 15	Paired Difference		P	t	Eta
		Mean	gap			
1	Pre	8,63		0,004	3,708	0,57
	Post 1	7,63	1,00			
2	Pre	8,63		0,000	12,076	0,94
	Post 2	5,45	3,18			
3	Pre	8,63		0,000	11,900	0,93
	Post 3	4,36	4,27			
Follow up 2 weeks	Pre	8,63		0,000	6,466	0,80
	Post FU	5,36	3,27			

Based on Table 4 it can be seen that in the first, second meeting intervention, up to the third elderly depression level score has decreased, as evidenced by the greater mean value difference since the first to third meeting. The results of the paired t-test analysis showed that there was an influence of Islamic-based group guidance on the change in the level of depression levels of the elderly at the first, second, and third meetings, it was proven that the $p < 0.005$ and eta squared calculation showed $\eta^2 > 0.14$ which indicated that there was a large influence between Islamic-based group guidance on the level of elderly depression.

The results of measurements at the Follow Up meeting after 2 weeks of the elderly were not given intervention showed that the elderly depression level score increased when compared to the score of depression level of the elderly at the time of posttest 3 measurement, but the increase was not as big as the depression level of the elderly at the time before the intervention (pretest) and seen from $p = 0,000$ ($p < 0,05$) proving that there is still influence of Islamic-based group guidance on the level of depression in the elderly.

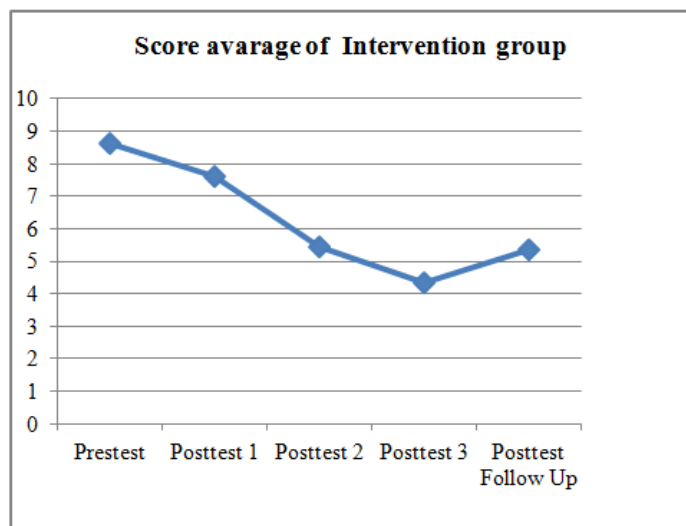


Figure 1. Changes in the average depression score of the elderly in the intervention group

Based on Figure 1, it was explained that before the intervention (pretest) until after the intervention at the 3rd meeting (posttest 3) there was a decrease in the mean curve of the elderly depression level score, then the curve again increased when the measurements were repeated with an interval of 2 weeks after the entire intervention session was finished given.

Table 5 Differences in mean scores of elderly depression levels before and after in the control group (n = 11)

Session	Test GDS 15	Paired Difference		P	t	Eta
		Mean	Selisih			
1	Pre	7,00		0,341	1,000	0,09
	Post 1	6,90	0,09			
2	Pre	7,00		0,053	2,193	0,32
	Post 2	6,54	0,46			
3	Pre	7,00		0,025	2,631	0,40
	Post 3	6,45	0,54			

Based on table 5 it can be seen that the score of depression level of the elderly since the pretest to posttest 3 measurement has decreased slightly. The results of paired t-test analysis showed that there was no influence between taking part in the study activities at PSTW on the level of depression of the elderly at the first and second meetings with $p > 0.05$, while at the third meeting there was already an effect with a value of $p = 0.025$ ($p < 0.05$) and the results of the eta squared calculation obtained $\eta^2 = 0.40$ or $\eta^2 > 0.14$ which showed that at the third meeting there was a large influence between taking part in the study activities at PSTW to the level of depression of the elderly.

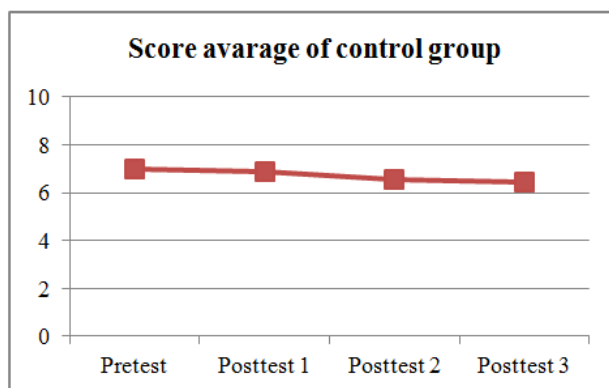


Figure 1. Changes in the average depression score of the elderly in the control group

It can be seen in Fig 3 that there is a slight decrease in the average score.

Table 5 Differences in mean difference in elderly depression level scores between intervention groups (n = 11) and control groups (n = 11)

Test	Group	Mean	difference	P	T	Eta
Pre	I	8,63	1,63	0,034	2,282	0,21
	C	7,00				
Post 1	I	7,63	0,72	0,309	1,043	0,05
	C	6,90				
Post 2	I	5,45	-1,09	0,119	-1,627	0,11
	C	6,54				
Post 3	I	4,36	-2,09	0,003	-3,414	0,37
	C	6,45				

note :

I = Intervention, C = control

Based on table 5 it can be seen that there are significant differences in elderly depression level scores between the intervention group (given Islamic-based group guidance) and the control group (following the recitation activity in PSTW) occurred in posttest 3 or the third meeting intervention proved by $p = 0.003$ ($p < 0.05$) and the results of the eta squared calculation obtained $\eta^2 = 0.37$ or $\eta^2 > 0.14$ which showed that giving Islamic-based group guidance had a large influence on the level of elderly depression.

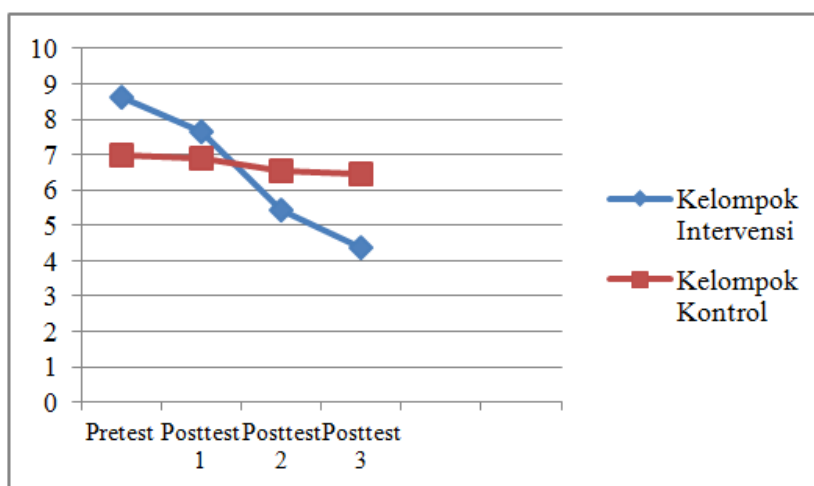


Figure 3 Differences in mean scores of elderly depression levels between the intervention group and the control group

It can be seen in Figure 3 that the decrease in the depression score curve of the elderly in the intervention group was more significant than in the control group.

IV. Discussion

1. Characteristics of Respondent

A. Age

In terms of age, it can be classified based on WHO chronological or biological age, which consists of middle age 45-59 years, elderly 60-74 years, old age 75-90 years and age very old (very old) above 90 years. One of the factors that influence the level of depression in the elderly is age. Age at the elderly stage (60-74 years) is the early age of the elderly starting to decline in terms of physical, psychological, economic, and social. This period is the beginning of the elderly to adapt to various changes that occur, so that the elderly are more prone to depression¹⁴.

The results of this study are in accordance with one study that found most levels of depression occur at the age of 60-74 years (elderly)¹⁵. The results of this study are also in accordance with the research conducted by Kurniawan that the factors that influence the level of depression of the elderly one of them is age, and the most age who experience depression, are aged 60-74 years¹⁶.

B. Gender

Gender affects the incidence of depression in the elderly. Elderly women have a higher risk of depression compared to elderly men. Depression is a psychological problem that can be affected by hormonal changes. Depression in women is associated with hormonal imbalances, this can occur in women who experience menopause. Some elderly women have experienced menopause, this can affect physical and psychological conditions in the elderly. Changes to psychological conditions, such as irritability, anger, feeling depressed, useless, and easy to forget¹⁷.

C. Level of education

The level of education affects a person in the ability to make decisions and face problems. The higher the level of education of a person, the more life experience faced, so that someone will be better prepared to deal with the problems that occur. In general, elderly who have a high level of education can still be productive. The results of this study are in accordance with Kurniawan's study that most of the elderly who are depressed are elderly who are not in school¹⁶. The results of this study are also in accordance with Kurniasari's study that most of the elderly who are depressed are elderly who are not in school¹⁸.

D. Marital status

a. Individuals who do not already have a life partner either separated because of divorce or death will have a major impact on the psychological condition of the elderly because they lose support both emotionally, respectfully, information, and instrumental. This will be more severe if there is no support from family and low economic status¹⁹. Individuals who live alone will be more susceptible to depression when compared to individuals who live with family, so that elderly people who do not have a partner are more at risk of developing depression.

b. The results of this study are consistent with the research of Kurniawan that most of the elderly who experience depression are elderly who do not have a partner. This is also consistent with Sari's study that most of the elderly who are depressed both men and women are widows or widowers^(15,16).

E. Disease History

Physical changes that occur in the elderly physiologically will cause a decrease in body function, so that the elderly are susceptible to disease. Elderly people who have chronic illness for years in general will make the elderly easier to get depressed²⁰. The results of this study are in accordance with the research of Anton, et al. that most of the elderly who experience mild to severe depression are elderly who have the disease²¹.

F. Length of stay

Elderly people who just live in the institution must go through a process of adaptation to the place, social environment, and new lifestyle. Even though the elderly in the nursing home are guaranteed a place to live and their food is not necessarily that they can feel comfortable in the environment and new friends, so that the elderly who have just lived in nursing are more prone to depression¹⁵. The results of this study are in accordance with Sari's study that older people who lived in institutions for less than 1 year were more depressed¹⁵.

G. Study Recitations

In this study, the elderly who had mild to moderate depression levels were still mostly able to attend recitals at the orphanage, while for the elderly who had severe depression level they had never attended recitations at the institution. This is because the elderly with severe depressive disorders prefer to be alone, sometimes doing destructive actions, accompanied by understanding and hallucinating²².

2. Overview of the Elderly Depression Level

The results of this study found that more elderly people who had mild depression than moderate depression. This is consistent with Sari's study of the level of depression in the elderly (elderly) at PSTW Budi Mulia 01 and 03 East Jakarta that most of the elderly experience mild depression¹⁵. The incidence of depression in the elderly can be influenced by several factors. Research by Kurniawan states that factors that influence depression in elderly in nursing homes, including gender, illness, and family support¹⁶.

V. Difference in Difference in Score between Elderly Depression Levels between Intervention Groups and Control Groups.

The results of this study showed that in the intervention group, the group given Islamic-based group guidance and still allowed to attend recitals at PSTW, the depression level score of the elderly at each intervention session experienced a more significant decrease compared to the control group. In the intervention group (given guidance based on Islamic groups and still left to attend recitation activities in PSTW) since the

first meeting until the third meeting, it has had an influence on the decline in the score of depression level of the elderly, while in the control group (only attending recitations at PSTW) there is influence the intervention occurred at the third meeting. The significant difference between elderly depression level scores between the intervention group and the control group occurred at the last measurement measurement (posttest 3) or the third intervention meeting.

The results of this study in accordance with the research of Farida states that giving religious counseling guidance is good for mental health of the elderly, so that it can reduce the level of depression and prevent the occurrence of depression in the elderly. Providing guidance on religious counseling can provide solutions that are in accordance with religious teachings on the problems that occur, so that it can lead to a feeling of comfort and calm in the elderly, with this feeling the elderly will be able to accept whatever physical and psychological conditions that occur naturally and must be lived with pleasure so that the elderly can complete their development tasks optimally. The provision of Islamic religious guidance is a form of effective psychotherapy to deal with psychological problems in the elderly, because by giving spiritual guidance Islam can provide peace of mind and help the elderly to find solutions in solving their life problems and not despair in living life. Guidance carried out in groups with the ideal number of group members, namely 10-15 people, can make the process of giving guidance more effective²³. The number of groups that are too small is not effective for group guidance services because the depth and variety of discussion is reduced and the impact of services is also limited. Conversely, groups that are too large are also not effective, because it will reduce the level of individual active participation in the group²⁴.

The recitation activities carried out in the institution are basically a form of giving Islamic religious guidance, but the number of group members in the recitation is not limited, so the number of group members is quite large, ie 30-50 people in one recitation group, while in Islamic-based group guidance intervention the number of group members is limited to only 10-15 people²³. Judging from the implementation process, Islamic-based group guidance has a standard implementation procedure, which consists of the formation stage, the intermediate stage, the activity phase, and the termination stage, while the recitation process does not have special or flexible standards²³. The content or discussion on Islamic-based group guidance is tailored to the needs or problems of the counselee, while in the recitation activities the discussion or material is delivered freely and not adapted to the needs or problems of the counselee⁸. Some of these things can be the cause of differences in the significance of decreasing elderly depression level scores between the intervention group and the control group.

In the intervention group, measurements of depression levels of elderly people were repeated with a time interval of 2 weeks after the entire intervention session was completed. The aim was to determine whether the depression level of the elderly remained, increased or decreased after all Islamic-based group guidance intervention sessions were given. The results showed the score of depression level of the elderly after 2 weeks increased again, but the increase was not as big as the depression level score when before being given an Islamic-based group guidance intervention. The increase in the level of depression can be influenced by a less comfortable environment, poor interpersonal relationships among elderly people, and feelings of loneliness. With the provision of Islamic-based group guidance, the elderly activities in nursing homes are increasing and the elderly can carry out group dynamics processes that can lead to social interaction between the elderly and mentors, and between senior citizens, so that the elderly can tell what they feel and do not feel lonely¹⁰. In accordance with the research of Sanjaya & Rusdi that the elderly who have good social interaction relationships are not easy to experience feelings of loneliness, so as to prevent the occurrence of depression in the elderly²⁵.

VI. The Effectiveness of Islamic-Based Group Guidance on the Elderly Depression Level

To find out the effectiveness of Islamic-based group guidance on the level of depression in the elderly, it was proven by using the Eta squared test²⁶. The results of the Eta squared test show a strong influence. The results of this analysis indicate that Islamic-based group guidance has strong effectiveness in reducing the level of depression in the elderly. The effectiveness of providing Islamic-based group guidance occurs because the main target of providing guidance is individuals who experience difficulties due to psychological problems that are the source of life's problems, by providing guidance based on Islamic teachings can make individuals gain peace of mind and ease in solving problems⁸. Group guidance is one way that is proven to be well applied to the elderly, because of the group dynamics that are able to overcome the problem of social isolation through interaction between group members.

Recitation activity is a form of providing spiritual spiritual guidance which serves to provide inner peace, eliminate negative emotions, and provide solutions to problems that occur in life, so as to improve psychological conditions in the elderly. The conclusion that is obtained by providing Islamic-based group guidance along with the participation of the elderly in recitation activities can effectively reduce the level of depression in the elderly.

VII. Conclusion

Based on the results of the study and the discussion of the effectiveness of Islamic-based group guidance on the level of depression of elderly people in Budi Mulia 3 DKI Jakarta PSTW it can be concluded that by providing guidance on Islamic-based groups and the elderly still attending recitation activities can reduce the level of elderly depression more significantly, compared to just following course study activities. Decrease in the score of depression level of elderly is unstable so that the provision of Islamic-based group guidance must be carried out routinely.

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