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The Relationship Between Cognitive Function Status and Quality of Life in High Risk Elderly at Uptd Social Service Center Griya Elderly Social Service of West Java Province

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ABSTRACT

High-risk elderly are elderly who reach age (> 70 years). As you get older, the status of cognitive function decreases and also the quality of life. Good, bad status of cognitive function can be seen from the aspects of orientation, language, attention, memory, function construction, calculation, and reasoning. Cognitive function will potentially affect the quality of life in terms of physical, psychological, social and environmental indicators. The purpose of this study was to determine the relationship between cognitive function status and quality of life in high-risk elderly at the Regional Technical Implementation Unit (UPTD) Griya Elderly Social Service Center, West Java Province Social Service. The design of this study uses the correlational method. Data collection tools used the Mini Mental Status Exam (MMSE) questionnaire and the World Health Organization Quality of Life version of Bref (WHOQoL-BREF). Univariate and bivariate data analysis, Spearman's rho to see the relationship between variables. The results showed that most of the respondents (54%) had good global cognitive function status. And most of the quality of life on physical indicators (74%) is good, psychology (76%) is good, social (76%) is good, environment (78%) is good. There is a Relationship between Cognitive Functional Status and Quality of Life in High Risk Elderly in the Regional Technical Implementation Unit (UPTD) Griya Elderly Social Service Center, West Java Province Social Service. With a correlation value of 4 domains at age> 70 years. Physical (0.000),

psychological (0.001), social (0.000), environmental (0.003). Conclusions and suggestions in this study, cognitive function will have the potential for quality of life problems thus respondents need to maintain routine guidance activities facilitated by the orphanage, both physical, mental spiritual, psychosocial, skills, arts and recreation guidance so that cognitive function remains good to quality his life is good.

INTRODUCTION

Elderly is someone who has reached the age of 60 years and over (Kholifah, 2016). According to Minister of Health, 2016, the age limits are pre-elderly (45-59 years), elderly (60-69 years), and high-risk elderly (> 70 years) or (> = 60 years with health problems). In 2020 Life Expectancy (UHH) in the world is 71 years, and in Indonesia 71.7 years, life expectancy is getting longer this will have an impact on the number of elderly (Ministry of Health RI, 2014).

The proportion of elderly people in Indonesia who are > 60 years old reaches the proportion of 10.82% or around 29.3 million elderly people in 2021 (Girsang et al., 2021), in West Java the elderly aged > 60 years reach the proportion of 8.67% or around 4.16 million elderly in 2017 (Partinah, 2017), in Bandung City and Regency elderly aged > 60 years reached the proportion of 8.01% or around 43 million elderly (Indonesian statistical data, 2014 in (Fikriana & Lestari, 2020).

The increasing number of elderly population can certainly cause problems, especially in terms of health. According to (Ministry of Health RI, 2014) there are 10 most common diseases in the elderly, namely hypertension, arthritis, stroke, COPD, diabetes mellitus, cancer, coronary heart disease, kidney stones, heart failure, and kidney failure.

In addition to experiencing health problems, as they get older, the elderly experience various kinds of changes both physically, cognitively, mentally, spiritually, and psychosocially (Kholifah, 2016). In cognitive changes, the elderly experience changes in memory, IQ (intelligent quotient), learning ability, comprehension ability, problem solving, decision making, wisdom, performance, and motivation (Kholifah, 2016). Likewise, the quality of life will change both physical health, psychology, social relationships, and the environment (WHO, 1996 in (Nursalam, 2015).

Based on the results of a preliminary study that was carried out in the period 11-20 April 2022 at the UPTD Griya Elderly Social Service Center, West Java Province Social Service on Jl. Raya Pacet No. 186, Pakundang, Kec. Ciparay has a number of high-risk elderly in the guesthouse, a total of 54 elderly consisting of an age range of 70-97 years. The author took 20 samples of the elderly at the guesthouse to do a preliminary study.

The results of short interviews with the 20 high-risk elderly were asked about time and place orientation, such as day, date, month, year, district, and the name of the orphanage. 20 elderly people could not answer the day, date and month. 14 out of 20 elderly could answer the year, district and name of the orphanage, 6 out of 20 elderly could not answer the district and name of the orphanage, 6 out of 20 elderly complained of dizziness and confusion when asked to remember things, 7 out of 20 elderly complained of pain and aches, 5 of the 20 elderly people find it easy to forget

things like worship, peers, bathing. This indicates a decrease in the status of cognitive function.

Meanwhile, when asked what needs they wanted to fulfill, 11 out of 20 elderly people wanted to be able to work again to be able to earn money like when they were young but had physical limitations, 7 out of 20 elderly people said they wanted to be healthy, and 7 out of 20 elderly people preferred being alone in their room. This is very disturbing to the quality of life of the elderly.

When interviewed about the activities at the UPTD Griya Elderly Social Service Center, West Java Province Social Service, 14 out of 20 elderly people often do physical guidance activities such as elderly exercise, relaxation exercise, and heart exercise. Psychosocial guidance such as self-motivation, self-acceptance, and social support. Spiritual mental guidance such as tausyah, practice of prayer, worship, memorizing letters and prayers. Arts and recreation guidance such as making crafts, carrying out traditional art activities (calung, gamelan, and vocal exercises) and leisurely walks outside the orphanage. However, 7 out of 20 elderly prefer to be alone in the room, not very active in the activities facilitated by the orphanage.

1. Elderly

Aging or growing old is a process of changing body functions including biological, physiological, mental and psychological due to the addition of age which occurs naturally and can affect human health status (Ida et al., 2019). Elderly is someone who has reached the age of 60 years and over (Kholifah et all., 2016).

As in Law No. 13 of 1998 which states that the implementation of national development which aims to create a just and prosperous society based on Pancasila and the 1945 Constitution, has resulted in improving social conditions in society and increasing life expectancy, so that the number of elderly increasing (Kholifah et all., 2016).

Many of the elderly are still productive and able to play an active role in the life of society, nation and state. Efforts to improve the social welfare of the elderly are essentially the preservation of the nation's religious and cultural values. (Kholifah et all., 2016).

2. Cognitive Function

Cognitive function is a process in which all sensory input (tactile, visual and auditory) will be changed, processed, stored and then used for perfect interneuron connections so that individuals (elderly) are able to reason on these sensory inputs. Cognitive function concerns the quality of knowledge one has. Cognitive abilities change significantly as the aging process progresses, but these changes are not uniform. (Ekasari et al., 2018).

In cognitive changes, the elderly experience changes in memory, IQ (intelligent quotient), learning ability, comprehension ability, problem solving, decision making, wisdom, and performance (performance), and motivation (Kholifah, 2016).

From these changes cognitive function has several aspects such as orientation, language, attention, memory, function construction, calculation, and reasoning (Ekasari et al., 2018). As for things that affect cognitive function such as age, gender, mental and emotional status, physical activity, sports, education, and environmental conditions (Wade & Travis 2007 in (Pragholapati et al., 2021).

3. Quality of Life

According to The World Health Organization Quality Of Life or WHOQOL Group 1997, (Netuveli and Blane, 2008 in Ekasari et al., 2018) defines quality of life as an individual's perception of his life in society in the context of culture and existing value systems related to goals, expectations, standards, and concerns.

Quality of life has several domains/indicators, namely several domains of quality of life both physical, psychological, social, and environmental. (Nursalam, 2015). Factors that influence quality of life are physical, cognitive, social and environmental conditions (Akdag et al., 2013).

METHOD

This research was conducted at the UPTD Griya Elderly Social Service Center, West Java Provincial Social Service. This research is included in the type of quantitative research, non-experimental, namely the correlational analytic method with a cross sectional approach. The population of this study was 54 high-risk elderly aged > 70 years. In this study using purposive sampling where as many as 50 high-risk elderly aged > 70 years were used as research samples.

The instruments used were the MMSE (mini mental status exam) cognitive function questionnaire, and the WHOQOL-BREF (World Health Organization Quality of Life version of the Bref) questionnaire. Determination of cognitive function assessment by MMSE, score 0-10; poor global cognitive function, score 11-20; moderate cognitive function, score 21-30; global cognitive function is still relatively good. While determining the quality of life assessment with WHOQOL-BREF, a score of > 50 good quality of life, < 50 or = 50 poor quality of life.

The data analysis used is univariate and bivariate analysis. Bivariate analysis used the Spearman rank test to determine whether or not there was a relationship between cognitive function status and quality of life in high-risk elderly. Research ethics starts from explaining the intent and purpose of further research, seeking approval by providing informed consent, maintaining confidentiality, fairness, and openness.

RESULTS AND DISCUSSION

Univariate analysis

1. Level of Cognitive Function Status in High Risk Elderly at the UPTD Social Service Center Griya Elderly Social Service West Java Province.

Table 4.1 Frequency Distribution of Cognitive Function Status

Cognitive Function Status	F	%
Poor global cognitive function	9	18.0
Moderate global cognitive function	14	28.0
Global cognitive function is still relatively good	27	54.0
Total	**50**	**100.0**

Based on table 4.1, it is known that 54% of respondents with cognitive function status levels in the UPTD Griya Elderly Social Service Center, West Java Province Social Service.

Based on the results of the analysis in table 4.1 Frequency Distribution of Cognitive Function Status shows that respondents who have good cognitive function status are 54%, according to the author's observation that respondents there have good cognitive function status. elderly exercise, relaxation exercise, and heart exercise.

In line with the research results of Handayani & Prasanti, (2021) stated that according to several theories

which stated that gymnastic exercises for 15 weeks in the group given the exercise and in the group not given the exercise (control) showed the result of a significant increase in cognitive function. The benefits of elderly exercise on cognitive, it can be recommended for the elderly to do regular and targeted exercise at least 2 times a week so as to delay the onset of cognitive impairment as they get older.

Meanwhile, respondents who had poor cognitive function status were 18%, because these respondents did not actively participate in guidance facilitated by the orphanage, lack of more assistance, could not be oriented properly such as not knowing the day, date, month, year, season, region, city, then some respondents could not calculate and pay attention properly and there were even respondents who said they could not count at all, apart from that in language most of the respondents were unable to copy pictures and were unable to write in a sentence.

According to the author's observation that the respondents there besides following the physical guidance of the respondents also routinely carried out mental spiritual guidance such as tausyah (memorization of letters and prayers), worship practices, and tadarus. The results of research by Handayani et al., (2013) state that the outcome of the elderly boarding school program is to minimize the decline in cognitive function in the elderly with spiritual activities.

Most of the elderly who do not have supporting activities will experience a gradual process of cognitive decline and cause an increased risk of dementia (senility). Through this activity, cognitive function in the elderly can increase. Another achievement is the increase in the spiritual aspect of the elderly. This increase can be obtained through spiritual activities such as congregational prayers, learning iqra' and prayers.

Wade & Travis 2007 in Pragholapati et al., (2021) explained the factors that influence cognitive function include age, gender, mental and emotional status, physical activity, sports, education, and quality of life. As explained by Ekasari et al., (2018) that cognitive abilities change significantly with the speed of the aging process, but these changes are not uniform.

Based on the characteristics of the respondents in Appendix 8, respondents aged 70-80 years experienced a good cognitive functioning status of 72.7%. Meanwhile, respondents aged 91-97 years experienced a status of 0.0% of poor cognitive function.

In line with the results of a study by Rahmawati et al., (2015) which states that the older you are, the greater and more severe the cognitive dysfunction experienced by the elderly because age is the main factor in the occurrence of cognitive dysfunction.

Based on the characteristics of the respondent in attachment 8, the male respondent has a good cognitive function status of 57.7. Meanwhile, respondents who were female had 25% poor cognitive function status.

In line with the results of the study (Setiarsih & Syariyanti, 2020) stated that women tend to have a greater risk of cognitive dysfunction compared to men, this is due to a decrease in the hormone estrogen in menopausal women, thereby increasing the risk of

neurodegenerative diseases because this hormone is known to hold important role in maintaining brain function.

Based on the characteristics of the respondents in Appendix 8, respondents who were not educated at school had a good cognitive function status of 57.1%. Meanwhile, respondents with an undergraduate degree had a status of 0.0% of poor cognitive function. After being observed by the respondents there, they routinely participate in activities facilitated by the orphanage, both physical guidance and mental spiritual guidance.

However, there are research results as mentioned by (Sari et al., 2019) that subjects with higher education obtained better cognitive function results than subjects with a history of low education, this is because subjects with higher education at the beginning of life are more synapses are formed and vascularization increases in the brain, so that cognitive abilities will be better.

2. Level of Quality of Life (Physical health, psychology, social relationships, and environment) in High Risk Elderly at UPTD Griya Elderly Social Service Center Social Service of West Java Province.

Table 4.2 Frequency Distribution of Quality of Life

Indicator	Not enough		Good		Total	
	F	%	F	%	F	%
Physical Health	13	26.0	37	74.0	**50**	**100.0**
Psychology	12	24.0	38	76.0	**50**	**100.0**
Social Relations	12	24.0	38	76.0	**50**	**100.0**
Environment	11	22.0	39	78.0	**50**	**100.0**

Based on table 4.2 it is known that respondents with a level of quality of life (physical health, psychology, social relationships, and the environment) at the UPTD Griya Elderly Social Service Center Social Service of West Java Province both on physical indicators 74%, psychology 76%, social relations 76%, and environment 78%.

Based on the results of the analysis in table 4.2 Frequency Distribution of Quality of Life shows that in domain 1 the physical health indicator has a good quality of life 74%, according to the author's observation that the respondents there have good physical health. physical activities such as elderly exercise, relaxation exercise, and heart exercise.

In line with the research results of Dewi et al., (2021) stated that regular elderly exercise has a positive impact on improving the organs of the body in improving the quality of life of the elderly. Regular elderly exercise can improve social relationships, improve physical health and mental health.

WHO (1996) in Nursalam's book, (2015) explains the domain of physical health, which is described in theory there are several aspects, one of which is the activities of daily life. While the quality of life is not good at 13%, because the respondent does not actively participate in guidance facilitated by the orphanage, lack of additional assistance, the respondent experiences limited activity in

decreased physical strength, decreased stamina and energy, fatigue, pain and discomfort, and disturbances in resting sleep .

Based on the results of the analysis in table 4.2 Frequency Distribution of Quality of Life shows that in domain 2 psychological indicators that have a good quality of life are 76%, according to the author's observation that the respondents there have good psychological conditions because the respondents routinely participate in activities at the orphanage with good mental spiritual guidance such as tausyah (memorization of letters and prayers), worship practices, and tadarus.

In line with the results of research by Wiyono et al., (2017) stating that the religious counseling approach is very helpful for the elderly in solving religious psychological problems in themselves. The Islamic religious counseling approach is the process of providing assistance to individuals so that they are able to comply with the provisions and instructions of Allah SWT, so that they can achieve happiness in life in this world and in the hereafter. Therefore the handling of psychological problems experienced by the elderly becomes very effective through this approach.

As explained by WHO (1996) in Nursalam's book, (2015) the domain of psychological health described in theory has several aspects, one of which is religious spirituality or personal beliefs, thinking, learning, memory and concentration. While the quality of life is not good at 24%, because the respondent does not actively participate in guidance facilitated by the orphanage, lack of additional assistance, lack of acceptance of body shape and appearance, negative feelings, obstacles in carrying out religious spirituality activities or personal beliefs, decreased thinking, learning, memory and also concentration.

Based on the results of the analysis in table 4.2. The frequency distribution of the Quality of Life shows that in domain 3 the indicator of social relations has a good quality of life of 76%, according to the author's observation that the respondents there have good social relations. psychosocial activities such as self-motivation, self-acceptance, and social support, in the form of lecture activities, group dynamics (self-introduction, experience stories), family support, watching motivational videos, and casual conversation.

In line with the results of Luthfa's research, (2018) states that social relations can improve the quality of life of the elderly, because in social relations there is a reciprocal relationship, in the form of social support from neighbors, friends and relatives which will also have a good impact.

In line with Nofalia's research, (2019) states that social support can lead to an increase in a person's mood and well-being. The condition of being well because of the support from the people around them will cause the elderly to be happy and able to face all the challenges of the aging process they face. Increasing the resilience of the elderly to changes that exist within them will cause the elderly to be able to adapt to the changes that occur so that the elderly can have an optimal quality of life.

WHO (1996) in Nursalam's book, (2015) explains that the domain of social relations described in theory has several aspects, one of which is

personal relationships and social support. While the quality of life is not good at 24%, because the respondent does not actively participate in guidance facilitated by the orphanage, lack of extra assistance, lack of social support because respondents tend to feel alone, rarely associate with peers, stay silent in the room this also causes respondents to often feel lonely.

Based on the results of the analysis in table 4.2 Frequency Distribution of Quality of Life shows that in domain 4 environmental indicators that have a good quality of life are 78%, according to the author's observation that the respondents there have a good environment. (calung, vocals, gamelan) accompanied by leisurely walks outside the orphanage.

WHO (1996) in Nursalam's book, (2015) explains that the environmental domain described in theory has several aspects, one of which is freedom, safety, physical comfort, opportunities to acquire new information and skills, participation and opportunities for recreation.

In line with research by Dewi et al., (2017), a form of elderly service in the fields of arts, culture, sports and recreation shows that active participation in recreational activities is associated with good quality physical health and good quality mental health.

In line with the results of Ningsih & Setyowati's research, (2020) Elderly with a good quality of life is the functional condition of the elderly at optimal conditions, so that they can enjoy their old age meaningfully, happily and usefully. Environmental factors such as respecting the rights of the elderly and understanding the needs and psychological conditions of the elderly and the availability of media or facilities for the elderly to actualize their potential and abilities.

While the quality of life is not good at 22%, because the respondent does not actively participate in guidance facilitated by the orphanage, lack of additional assistance, decreased ability of the respondent to adapt to the environment he lives in, discomfort in the place where the respondent lives, physical discomfort, and lack of involvement in social concern.

Akdag et al., (2013) explained that as found in the theoretical review, factors that affect quality of life include physical, cognitive, social and environmental conditions.

Bivariate analysis

3. Correlation between Cognitive Functional Status and Quality of Life (Physical health, psychology, social relations, and environment) in High-Risk Elderly at UPTD Griya Elderly Social Service Center Social Service of West Java Province

Table 4.3.1 Relationship between Cognitive Functional Status and Physical Health in High-Risk Elderly at UPTD Social Service Center Griya Elderly Service West Java Province Social

Cognitive Function Status	Physical Health				Amount		P value	Correlation Coefficient
	Not enough		Good					
	F	%	F	%	F	%		
Bad	9	100,0	0	0,0	9	100,0		
Currently	4	28,6	10	71,4	14	100,0	0,000	500
Good	0	0,0	27	100,0	27	100,0		
Amount	13	26,0	37	74,0	50	100,0		

It can be seen that the results of the Spearman test for the Relationship between Cognitive Function Status and Physical Health obtained a value of sig = 0.000 (<0.005) meaning that there is a significant relationship between Cognitive Function Status and Physical Health with a close relationship of (r = 500).

Table 4.3.2 Relationship between Cognitive Functional Status and Psychology in High-Risk Elderly at UPTD Social Service Center Griya Elderly Social Service West Java Province

Cognitive Function Status	Psychology				Amount		P value	Correlation Coefficient
	Not enough		Good					
	F	%	F	%	F	%	0,001	457
Bad	8	88,9	1	11,1	9	100,0		
Currently	4	28,6	10	71,4	14	100,0		
Good	0	0,0	27	100,0	27	100,0		
Amount	12	24,0	38	76,0	50	100,0		

It can be seen that the results of the Spearman test for the Relationship between Cognitive Function Status and Psychology obtained a value of sig = 0.001 (<0.005) meaning that there is a significant relationship between Cognitive Function Status and Psychology with a close relationship of 457.

Table 4.3.3 Relationship between Cognitive Functional Status and Social Relations in High-Risk Elderly at UPTD Griya Elderly Social Service Center West Java Province Social Service

Cognitive Function Status	Social Relations				Amount		P value	Correlation Coefficient
	Not enough		Good					
	F	%	F	%	F	%	0,000	547
Bad	8	88,9	1	11,1	9	100,0		
Currently	4	28,6	10	71,4	14	100,0		
Good	0	0,0	27	100,0	27	100,0		
Amount	12	24,0	38	76,0	50	100,0		

It can be seen that the results of the Spearman test on the relationship between cognitive function status and social relations obtained sig = 0.000 (<0.005) meaning that there is a significant relationship between cognitive function status and social relations with a close relationship of 547.

Table 4.3.4 Relationship between Cognitive Functional Status and Environment in High-Risk Elderly at UPTD Griya Elderly Social Service Center West Java Province Social Service

Cognitive Function Status	Environment				Amount		P value	Correlation Coefficient
	Not enough		Good					
	F	%	F	%	F	%	0,003	413
Bad	7	77,8	2	22,2	9	100,0		
Currently	4	28,6	10	71,4	14	100,0		
Good	0	0,0	27	100,0	27	100,0		
Amount	11	22,0	39	78,0	50	100,0		

It can be seen that the results of the Spearman test for the Relationship between Cognitive Functional Status and the Environment obtained a value of sig = 0.003 (<0.005) meaning that there is a significant relationship between Cognitive

Functional Status and the Environment with a close relationship of 413.

The results of the analysis using Spearman's rho are correlations in 4 domains at age > 70 years. In the physical domain, the sig value = 0.000 (<0.005) with a closeness of 500. In the psychological domain, the sig value = 0.001 (<0.005) with a closeness of 457. In the social domain, the sig value = 0.000 (<0.005) with a closeness of 547. In the environmental domain, the sig value = 0.003 (<0.005) with a closeness of 413.

This is in line with the research of Stuart & Meiyanti, (2020) where there is a significant relationship between cognitive function and quality of life in the elderly. With a correlation value of 4 on the physical, psychological, social and environmental aspects of quality of life. The elderly have impaired cognitive function but the elderly can have a better quality of life in terms of physical and psychological aspects because they carry out life-support activities for the elderly such as physical exercise, and at this orphanage apart from routinely holding sports, worship activities are also held for the elderly. As for the social and environmental aspects of this orphanage, it is influenced by the surrounding conditions, such as relations between the elderly in the orphanage and satisfaction with living conditions.

The research results of Theresa & Trihandini, (2013) obtained a hypothesis which states that there is a relationship between cognitive function and the quality of life of the elderly. With a correlation value of 4 domains, physical, psychological, social and environmental health. The elderly have made various efforts to maintain cognitive function and quality of life in old age such as brain exercises, heart exercises, physical fitness exercises, etc.

The results of Putri's research, (2021) support the hypothesis which states that there is a relationship between cognitive function and the quality of life of the elderly. This can be seen from respondents who have a poor quality of life which can be caused by heavy cognitive function factors. because cognitive function is a separate impact on the life of the elderly, changes in cognitive function in the elderly are losing relationships with family and with other people.

The results of another study by Hastuti, RY., Sawitri, E., Ambar W, (2019) support the hypothesis which states that there is a relationship between quality of life and mental health in the elderly. Based on the quality of life of the elderly, the results showed that most of the elderly had a poor quality of life, namely 57.6%, and most of the elderly with probable cognitive impairment, namely 48.2%. The elderly don't have friends and rarely hang out with neighbors, stay alone at home and rarely have anyone visit them, this also causes the elderly to often feel lonely.

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of the research that has been done, it can be concluded: cognitive function status in the elderly aged > 70 years in this study, namely the majority of good 54%, moderate cognitive function status 28%, and poor cognitive function status 18%. Quality of life in the elderly > 70 years in this study, namely the majority have a quality of life in domain 1 physical health indicators good quality of life 74%, and 13% poor quality of life. In domain 2, psychological indicators of good quality of life are 76%, and 24% are poor quality of life. In domain 3, indicators of social relations have a good quality of life, 76%, and 24% have a poor quality of life. In domain 4 environmental indicators good quality of life 78%, and 22% poor quality of life. There is a Relationship between

Cognitive Functional Status and Quality of Life in High-Risk Elderly at the UPTD Griya Elderly Social Service Center, West Java Province Social Service.

For the elderly, they can avoid risk factors that can cause Alzheimer's disease by maintaining guidance activities facilitated by the orphanage, including physical, mental, spiritual, psychosocial, skills, arts, and recreation guidance. And stimulate cognitive function with brain gymnastics (brain gym, reality orientation therapy, memory therapy). UPTD nurses can arrange activities for the elderly, involve the elderly in increasing the physical activity that will be given, determine health problems that occur in the elderly, and make a treatment plan that is appropriate to the health problems of the elderly.For future researchers in several domains of quality of life, especially the elderly, it is necessary to conduct research on sensory indicators, autonomy, past activity, death, and intimacy.For UPTD administrators to be able to maintain cognitive function status and quality of life for the elderly, by carrying out routine guidance activities facilitated by the orphanage, including physical, mental, spiritual, psychosocial, skills, arts, and recreational guidance, or activities to stimulate cognitive function, such as brain gym, reality orientation therapy, and memory therapy (reminiscence therapy). So that his quality of life will be good.

BIBLIOGRAPHY

Akdag, B., Telci, E. A., & Cavlak, U. dkk. (2013). *Faktor-Faktor yang Mempengaruhi Fungsi Kognitif pada Orang Dewasa yang Lebih Tua: Sampel Turki.* Jurnal Internasional Gerontologi, *7*, 137–141.

Baek, M. J., Kim, K., Park, Y. H. dkk. (2016). *The Validity and Reliability of the Mini- Mental State Examination-2 for Detecting Mild Cognitive Impairment and Alzheimer ' s Disease in a Korean Population*. PLOS INE, 11(9) *: e0*, 1–19.

Dharma. (2015). *Metodologi Penelitian Keperawatan (revisi)*. Jakarta : CV. Trans Info Media.

Dewi, E. R., Azizah, N., Tambun, M., dkk. (2021). *Pelaksanaan Senam Lansia Untuk Peningkatan Kualitas Hidup Lansia*. Prosiding PKM-CSR, *4*, 440–444.

Dewi, S. K., Kusnanto, H., Pramantara, I. D. P., dkk. (2017). *Status Partisipasi dan Kualitas Hidup Peserta Pos Pelayanan Terpadu Lanjut Usia*. *11*(1), 28–40.

Ekasari, M. F., Riasmini, N. M., & Hartini, T. (2018). *Meningkatkan Kualitas Hidup Lansia Konsep Dan Berbagai Intervensi*. Jakarta : Wineka Media.

Fikriana, B., & Lestari, D. (2020). *Sikap Lansia Dalam Pemanfaatan Posbindu di Wilayah Kerja Puskesmas Babakan Sari*. Jurnal Sehat Masada, XIV, 98–105.

Girsang, A. P. L., Ramadani, K. D., Nugroho, S. W. dkk. (2021). *Statistik Penduduk Lanjut Usia 2021*. Badan Pusat Statistik.

Guslinda., Nurleny., Fridalni, N. dkk. (2021). *Hubungan Status Spiritualitas Dengan Kualitas Hidup Lansia.* Jurnal Kesehatan Mercusuar, 4(2), 106–110.

Handayani, D. R. S., & Prasanti, M. A. S. M. (2021). *Peningkatan Fungsi Kognitif Pada Lansia Setelah Intervensi Senam Lansia Di Desa Barengkok*. Jurnal Teknologi, 7(2), 150–160.

Handayani, T., H, M. M., & Rachma, N. (2013). *Pesantren Lansia Sebagai Upaya Meminimalkan Risiko Penurunan Fungsi Kognitif Pada Lansia Di Balai Rehabilitasi Sosial Lansia Unit Ii Pucang Gading*

Semarang. Jurnal Keperawatan Komunitas, 1, 1–9.

Hardin, & Safaat, H. (2020). *Hubungan Pelaksanaan Fungsi Perawatan Keluarga Dengan Gangguan Mental Emosional Pada Lansia Yang Menderita Penyakit Kronik Di Puskesmas Benteng Kota Palopo*. Jurnal Lontara Kesehatan, 1(1), 28–36.

Hastuti, R.Y., Sawitri, E., & Ambar W, Y. S. (2019). *Hubungan Kualitas Hidup Dengan Kesehatan Mental Pada Lansia Di Puskesmas Cawas I*. Motorik Journal Kesehatan, 14. No 02(02), 118–122.

InfoDATIN. (2014). *Situasi dan Analisis Lanjut Usia* (p. 7). Kementrian Kesehatan RI Pusat Data dan Informasi.

Kathiravellu, S. C. K. (2016). *Hubungan Status Depresi terhadap Kualitas Hidup Lansia di Wilayah Kerja Puskesmas Petang II Kabupaten Badung Bali Tahun 2015*. Directory Of Open Access Journals Intisari Sains Medis, 6(1), 92–101.

Kemenkes RI. (2017). *Juknis Instrumen Pengkajian Paripurna Pasien Geriatri (P3G)*.

Kemenkes, RI. (2016). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 25 Tahun 2016 Tentang Rencana Aksi Nasional Kesehatan Lanjut Usia Tahun 2016-2019* (p. 96). Kementrian Kesehatan Republik Indonesia.

Khasana, T. M., Kertia, N., & Probosuseno. (2020). *Kualitas Hidup Lansia Hipertensi Dengan Overweight dan Tidak Overweight*. Jurnal Gizi Klinik Indonesia, Vol. 17 No, 43–52.

Kholifah, S.N (2016). *Keperawatan Gerontik*. Kementrian Kesehatan Republik Indonesia.

Layla, J. I., Nurviyandari, D., & Wati, K. (2017). *Penurunan Fungsi Kognitif Dapat Menurunkan Indeks Pendahuluan Hasil Metode.* Jurnal Keperawatan Indonesia, 20 No.2(2), 128–132.

Luthfa, I. (2018). *Perbedaan Kualitas Hidup Lansia Yang Tinggal Bersama Keluarga Dengan Lansia Yang Tinggal Di Rumah Pelayanan Sosial.* Wacana Kesehatan, 3(1), 270–281.

Manungkalit, M. (2021). *Fungsi Kognitif Dengan Kualitas Hidup Pada Lansia*. Adi Husada Nursing Journal, 7 No 1(1), 34–40.

Ningsih, M. A. D. (2016). *Pengaruh Terapi Teka Teki Silang Terhadap Fungsi Kognitif Pada Lansia Dengan Kecurigaan Demensia di Banjar Muding Klod.* Skripsi : Universitas Udayana.

Ningsih, R. W., & Setyowati, S. (2020). *Hubungan Tingkat Kesepian dengan Kualitas Hidup pada Lansia di Posyandu Lansia Dusun Karet Yogyakarta*. Jurnal Keperawatan, 12(2), 80–87.

Noor, C. A., & Merijanti, L. T. (2020). *Hubungan Antara Aktivitas Fisik Dengan Fungsi Kognitif Pada Lansia.* Jurnal Biomedika Dan Kesehatan, *3*(1), 8–14.

Notoatmodjo, P. D. S. (2012). *Metodologi Penelitian Kesehatan*. Jakarta : Rineka Cipta.

Nofalia, I. (2019). *Hubungan Dukungan Sosial dengan Kualitas hidup Lansia. Jurnal Keperawatan,* 17(2), 11–18.

Nursalam. (2015). *Metodologi Penelitian Kesehatan*. Jakarta : Salemba Medika.

Partinah. (2017). *Profil Lansia Provinsi Jawa Barat*. Badan Pusat Statistik Provinsi Jawa Barat.

Pragholapati, A., Ardiana, F., & Nurlianawati, L. (2021). *Gambaran Fungsi Kognitif Pada Lanjut Usia*. Jurnal Mutiara Ners, 14-23, 4(1), 14–23.

Prameswari, A., Ayudia, L., Sya'diyah, H. dkk. (2021). *Hospital Shift Hours and Its Effect on Quality of Life among Nurses: A Comparative Study*. Media Keperawatan Indonesia, Vol 4 No 2, 92–100.

Putri, D. E. (2021). *Hubungan Fungsi Kognitif Dengan Kualitas Hidup Lansia*. Jurnal Inovasi Penelitian, 2(4), 1147–1152.

Rahmawati., Sya'diyah, S. N., & Ashari, A. (2015). *Perbandingan Kemampuan Kognitif Berdasarkan Kelompok Usia Pada Lansia Di Desa Bakung Kecamatan Kanor Kabupaten Bojonegoro.* Asuhan Kesehatan Jurnal Ilmiah Ilmu Kebidanan Dan Keperawatan, 37–42.

Ramli, R., & Fadhillah, M. N. (2020). *Faktor Yang Mempengaruhi Fungsi Kognitif Pada Lansia*. Window of Nursing Jornal, 01(01), 23–32.

Sari, R. V., Kuswardhani, R. A. T., & Aryana, I. G. P. S. dkk. (2019). *Hubungan Hipertensi Terhadap Gangguan Kognitif Pada Lanjut Usia di Panti Werdha Wana Seraya Denpasar*. Jurnal Penyakit Dalam Udayana, 3, No 1, 14–17.

Setiarsih, D., & Syariyanti, I. (2020). *Hubungan Harga Diri Dan Interaksi Sosial Dengan Fungsi Kognitif Pada Lansia.* Jurnal Keperawatan Dan Profesi Ners IJPN, 1(1), 10–17.

Stuart, J., & Meiyanti. (2020). *Hubungan Fungsi Kognitif Dengan Kualitas Hidup Pada Lansia.* Media Ilmu Kesehatan, 9(3), 251–258.

Sudaryono, B., & Agusiady, R. (2022). *Metodelogi Penelitian Kuantitatif*. Yogyakarta : Deepubish Publisher.

Sunarti, S., & Ramadhan, R. (2018). *Pusat Layanan integratif lansia di masyarakat (senior center)*. Jurnal Penelitian Kesejahteraan Sosial, 14, 32–42.

Theresa, R. M., & Trihandini, I. (2013). *Hubungan Antara Fungsi Kognitif Dengan Tingkat Kemandirian Dan Kualitas Hidup Warga Usia Lanjut.* Bina Widya, 24(3), 139–144.

Untari, I. (2018). *Buku Ajar Keperawatan Gerontik Terapi Tertawa & Senam Cegah Pikun*. Surakarta : EGC.

Untari, I., Noviyanti, R. D., & Sugihartiningsih. (2019). *Buku Pegangan Kader Peduli Demensia Pada Lansia*. Jasmine.

Wahyu, D., Saputra, A., & Yusiana, M. A. (2014). *Depresi Berpengaruh Terhadap Penurunan Kemampuan Intelektual Pada Lansia.* Jurnal STIKes, 7(2), 194–203.

Widia, D. K., Novitasari, D., Sugiharti, R. K. dkk. (2021). *Mini-Mental State Examination Untuk Mengkaji Fungsi Kognitif Lansia Mini-Mental State Examination To Assess Cognitive Function In Elderly*. Jurnal Keperawatan Malang, 6 No.2(2), 95–107.

Wiyono, G., Prayekti, & Mujino. (2017). *Peningkatan Mutu Layanan Pesantren Pemberdayaan Lansia "Mukti Mulia."* 1(2), 77–85.

Yeni, F. (2013). *Hubungan Emosi Positif Dengan Kepuasan Hidup Pada Lanjut Usia (LANSIA) di Kota Padang Provinsi Sumatera Barat*. Ners Jurnal Keperawatan, 9(1), 10–21.