

Research Article

Effectiveness of reminiscence therapy on health related quality of life among the old age people residing at a selected old age home, Bengaluru, India

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ABSTRACT

Background and Objectives: The well being of oneself, happiness with one's situation in life and ability to perform and control the different situation of life is HRQoL. Reminiscence therapy is a way for residents of assistant living facilities to become better acquainted with one another and strengthen the personal value and self esteem. The objective of this study was to assess the HRQoL while application of Reminiscence Therapy among the old age people who are residing at a selected old age home in Bengaluru, India.

Materials and Methods: For this study quasi experimental research design was selected and convenient sampling technique was used to collect data from 60 samples staying at old age home by using the SF-36 scale. The samples in experimental group receive 10 sessions of reminiscence therapy each session last for 45 minutes to 1 hour. The experimental group was divided into 6 groups each group having five members for group discussion related to the topics like childhood memories, education pattern, first job and first salary, marriage, first child etc. Post test data was collected after a week of implementation of Reminiscence Therapy. Then the data was analyzed and interpreted.

Results: The findings of the study with regard to pretest HRQoL reveals that 86.7% has poor HRQoL, 13.3 % moderate HRQoL and no one was having good HRQoL in experimental group. In control group 56.7% has poor HRQoL, 43.3% moderate HRQoL and no one was having good HRQoL. But in posttest, only in experimental group there was significant improvement in HRQoL as 83.3% has good HRQoL, 13.3% moderate HRQoL and 3% poor HRQoL.

Conclusion: This study concluded that with significant improvement in the SF-36 Scale score after administration of the reminiscence therapy and seen improvement in HRQoL.

Key words: Health Related Quality of Life (HRQoL), Old age home, Old age people, Reminiscence Therapy

INTRODUCTION

Ageing, growing old is one of the normal developmental phases of life which is crossed by almost everyone. Ageing is the one which cannot be controlled as it a natural process but it is greatly influenced by various factors such as emotion, attitude, family history, lifestyle and chronic medical condition. These factors are also added on ageing which directly made the people to fall in poor HRQoL. [1]. A specialty that focuses on health status and care of older people is geriatrics. The major illness and impairment which begin at this phase of life are known as geriatric giants who cover immobility, instability, incontinence, impairment of intellectual/ memory.

The National Policy differentiates the old age people from other as the people who are at the age of 60 or above. At present time, the number of old age people are rapidly growing and which has given the estimation that between 2000- 2050, the old age people percentages will be double that from 11 to 22. If this situation persists then the developing countries will have to come across the different obstacles i.e. socio economic facets such as pension outlay, health care expenditures, and fiscal discipline, etc which hinder the developmental pathway. [2, 3].

Health is an upmost level of physical, mental and social functioning. HRQoL is relationship among and perception of health, fitness, life satisfaction and well being among these physical, mental and social functioning [4]. One of the essential assessments at this old age is assessment of individual's health status which is affected by disease, disorder or disability [5]. In this new era, new topic is Healthy people 2020. It has given importance on health-related quality of life and well-

being. The goal of this era is to measure the health status of individual beyond the direct measures as like life expectancy, causes of death, and also focuses on the impact of health status on quality of life. So it is very important to have researches so that the HRQoL can be improved [6].

Reminiscence therapy involves the recalling and re-experiencing of one's life events. Recalling these memories can be immensely therapeutic for these old age people who are residing at old age home. This therapy will bring back the old age people from depression; enhance the self efficiency re-start to trust in personal skills and resources. A reminiscence group therapy guides old age people to reevaluate their past life events which strengthen the personal value. There have been a number of studies which are related to improvement of HRQoL with the application of reminiscence therapy [7].

Nursing are a major work force in the healthcare delivery system. They have the responsibility of taking care of individuals, family and community in various settings, which includes old age home also. The nurse can promote independence and self-esteem of patients who feel that life is not worth living. To provide effective nursing care, all nurses should know about the various domains of Health Related Quality of Life so that she can assess the old age people and assist them to improve quality of life with the help of reminiscence therapy. Hence, the researcher felt that there is a need of a study related to reminiscence therapy as it is a cost effective, non-invasive nursing intervention, and an effective strategy which increase self-esteem, reduce depression and improves the Health Related Quality of Life of the elderly [8]. The objective of this study was to assess the HRQoL and to assess the effectiveness of

reminiscence therapy of HRQoL among the old age people, who are residing at a selected old age home.

MATERIALS AND METHODS

Study Area

This study was conducted in Maneyangala Old age Home, Bengaluru, India. This is one of the private residential areas for old age people.

Study Period

Data was collected from the Maneyangala Old age Home, Bengaluru. The data collection period was from 1/05/2017 to 18/05/2017.

Research Design

Evaluative research approach and quasi experimental research was designed to conduct this research. The pre test was carried out to assess the HRQoL in both groups and followed by reminiscence therapy only for the experimental group for 10 sessions. Post test was conducted after a week of completion of last session of the reminiscence therapy. 60 respondents were present in this study where they are divided into two group that is control and experimental group having 30 respondents in each group.

The research design can be presented as:

E	O ₁	X	O ₂
C	O ₁	-	O ₂
E	-	Experimental Group	
C	-	Control Group	
O ₁	-	Assessment	of pre
			intervention score of HRQoL

O₂ - Assessment of post intervention score of HRQoL

X - Reminiscence therapy will be given to samples

Reminiscence Therapy

The reminiscence therapy was designed which consist of 10 sessions. Each session last for 45 minutes to 1 hour. The participants were divided into 6 groups having 5 members in each.

Evaluation process of reminiscence therapy

This reminiscence therapy process had included pretest and posttest design by self administration of Short Form 36 items questionnaire.

Materials used during study period

Since the 10 sessions involves playing songs as well as discussion activities, a laptop with number of songs from different languages (Kannada, Hindi, Telgu and Tamil), paper & pencil are used.

Method: This reminiscence therapy was conducted in two sessions.

- a. **Session 1-** discussion of the pleasurable memories of school life, marriage process and their jobs & first movie in theater. Total three sessions were done.
- b. **Session 2-** The respondent's chosen songs has been played for 45 minutes to 1 hour. Total seven sessions were conducted. Research design is tabulated in Table 1.

Table 1: Research Design

Phase 1	Phase 2			Phase 3	
Selection of tool	Sample	Pre-Test (O ₁)	Intervention (X)	Post test (O ₂)	Analysis and interpretation of data
Review of existing literature. Discussion with experts. Selection of tool SF-36 Demographic Profile Content validity Pre testing Reliability Pilot study	30 elderly respondents in experimental group (reminiscence therapy group) 30 elderly respondents in control group	Measurement of HRQoL before administration of reminiscence therapy was done with SF-36 Scale. Baseline data collected using demographic Performa.	Reminiscence therapy (10 sessions for 10 days) is administered to experimental group in groups of 5 members for 45 minutes to 1 hour. No interventions provided to the control group	Measurement of HRQoL after administration of reminiscence therapy by using SF-36 Scale.	Descriptive statistics, (mean %, mean, frequency, standard deviation) Inferential statistics (Paired t test, independent t test, chi square)

Application of the reminiscence therapy

Day-1

Introduction phase

- Assembled of the all old age people in activity room
- Self introduction and their introduction
- Establishment of rapport
- Explanation of the research topic and taking the consent
- Pre-test
- Discussion regarding the topics which they want to discussion in the following sessions
- Collection of the songs of their time for following session

Day-2

Working phase

Reminiscence therapy process

Session -1

- Assembled all the participants in the activity room and divide them into 6 groups each group having 5 members.
- One of the selected topic that is childhood periods given for discussion
- Finally conclusion of the session

Day-3

Session-2

- Assembled all the participants in the activity room
- Songs of their choice are played one by one. In this session only Kannada songs that to 6 songs were played.
- Discussion and conclusion of the session

Day-4

Session-3

- Assembled all the participants in the activity room

- Songs of their choice are played one by one. In this session only Kannada songs that to 6 songs were played.
- Discussion and conclusion of the session

Day-5

Session-4

- Assembled all the participants in the activity room
- Songs of their choice are played one by one. In this session Kannada and Hindi songs were played.
- Discussion and conclusion of the session

Day-6

Session -5

- Assembled all the participants in the activity room and divide them into 6 groups each group having 5 members.
- One of the selected topic that is marriage process was given for discussion
- Finally conclusion of the session

Day-7

Session-6

- Assembled all the participants in the activity room
- Songs of their choice are played one by one. In this session Telgu and Tamil songs were played.
- Discussion and conclusion of the session

Day-8

Session-7

- Assembled all the participants in the activity room

- Songs of their choice are played one by one. In this session Kannada, Telgu and Tamil songs were played.
- Discussion and conclusion of the session

Day-9

Session-8

- Assembled all the participants in the activity room
- Songs of their choice are played one by one. In this session only Hindi songs were played.
- Discussion and conclusion of the session

Day-10

Session-9

- Assembled all the participants in the activity room
- Songs of their choice are played one by one. In this session Kannada, and Hindi songs were played.
- Discussion and conclusion of the session

Day-11

Session -10

- Assembled all the participants in the activity room and divide them into 6 groups each group having 5 members.
- One of the selected topic that is their job and first theater movie was given for discussion
- Finally conclusion of the session

Day-18

Termination phase

- Present an overview of the key concepts discussion during the 10 sessions.
- Post-test had been done.

The SF 36 Scale is a 36 item scale having 7 domains designed to measure the health related quality of life among the old age people. The scores ranges from high to low as 5-0 or low to high as 0-5 as questionnaire contains positive question as well as negative question. Then obtained scores of each domain are summed up. A higher score indicate good health related quality of life

Table 2: Interpretation of HRQoL	
Health related quality of life index	Interpretation
Below 50%	Poor
50-75%	Moderate
Above 75%	Good

Table 3: Total number of questions: - 36	
Items	Question No.
Positive Questions	1.1, 1.2,1.3.2,1.3.4,7.1,7.4,7.5,7.9
Negative Questions	1.3.1,1.3.3, 2.1,2.2,2.3,2.4,2.5,2.6,2.7,2.8,2.9,2.10, 3.1,3.2,3.3,3.4, 4.1,4.2,4.3, 5.1,5.2, 6.1,6.2, 7.2,7.3,7.6,7.7,7.8

Inclusion Criteria

Old age people who were at the age of 60 years and above, were available, willing to participate and giving consent were only included.

Exclusion Criteria

Old age people who were having sensory deficits and cognitive impairments, psychiatric disorders, sick at the time of study and not cooperative during this study were excluded.

Data collection tool

This tool was having two parts:

Part-I:-Personal Demographic Questionnaire: to describe the old age people’s demographic information such as age, gender, etc

Part-II:-SF-36 Scale

Demographic Performa

It consisted of eleven items in order to elicit data regarding – age, gender, religion, marital status, educational qualification, place of residence, source of income, occupation, types of admission, duration of stay in old age home in years and family member visit.

SF-36 SCALE

It is a scale developed by RAND. This scale is generic, coherent, and can be easily applied to measure quality of life. It is a Short Form health survey scale which has 36 items of eight domains.

While using this scale a researcher has modified the items as per need and verified with the concern specialists. [9]

SF-36 Scale was selected which consists of 36 items of eight different domains. In this case the researcher has modified the 8 domains in 7 domains where the mental health and vitality has been combined. The domains can be categorized as,

- General Health
- Limitation of activities
- Physical health problem
- Emotional health problem
- Social activities
- Pain
- Mental Health & Vitality

The scoring is ranges from 0-5 or 5-0 as this tool consists of positive as well as negative

questions. The scoring technique is also varying like for positive question scoring ranges from 0-5 and for negative question scoring ranges from 5-0.

Ethical Consideration

Permission was obtained from the Institutional Review Board (IRB) Acharya Institute of Technology. The consent was obtained from the participants before their inclusion as sample for study and after explanation of nature and purpose of the study. Privacy, confidentiality and anonymity had been guarded.

RESULTS

Table 4 shows baseline characteristics of 60 participants, majorities were 60-64 age group in both experimental and control group.

Similarly majority of male participants were found in experimental group but in control group female participants were more. Other characteristics are as shown in table 4.

The Table 5 as per the SF-36 tool in experimental group there is increase in score of domains of HRQoL in posttest comparing the pretest score. Those domains are General health, emotional health problem, social activities and mental health. But in the control group, score of all the domains are same in pretest and in posttest. Therefore it has evidenced that some domains of HRQoL has improved after application of reminiscence therapy.

Table 6 shows the paired t-test analysis outcomes of comparison pretest and posttest scores for significance. It was found to be significant (t=14.079, df =29) at 5% level (i.e, P<0.05). The paired t-test was also worked

Table 4: Distribution of demographic variables N= 60					
S.N	Demographic Variables	Experimental Group (30)		Control Group(30)	
		N	%	N	%
1.	Marital Status				
	Single	6	20	12	40
	Married	19	63.3	15	50
	Widower	4	13.3	2	6.7
	Divorced	1	3.3	1	3.3
2.	Education Qualification				
	No Formal Education	5	16.7	6	20
	Primary Education	6	20	2	6.7
	High School	11	36.7	9	30
	PUC	8	26.7	8	26.7
	Degree & Above	-	-	5	16.7

Table 5 : Mean, Standard Deviation pre-test and post-test scores of health related quality of life among old age people in Experimental Group & Control Group N=60

S.N	Domains of HRQoL	Experimental Group(30)				Control Group (30)			
		Pre- test		Post- test		Pre- test		Post- test	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD
1.	General Health	18.9	3.9	25.97	4.49	17.20	3.75	17.20	3.75
2.	Limitation of activities	10	4.41	10	4.41	8.37	5.44	8.37	5.44
3.	Physical Health Problems	0.93	1.11	0.93	1.11	1.73	1.70	0.93	1.11
4.	Emotional Health Problems	1.67	1.12	2.87	0.57	1.73	0.86	1.73	0.86
5.	Social activities	4.4	1.67	6.5	1	3.60	1.56	3.60	1.56
6.	Pain	4.07	2.44	4.07	2.44	4.07	2.43	4.07	2.43
7.	Mental Health	14.87	4.98	25.47	2.5	13.30	3.96	13.30	3.96

Table 6 : Outcomes of paired t-test analysis on comparison of pretest and posttest HRQoL among old age people in experimental group. (N=30)

S.N.	Domains of HRQoL	Paired t-test difference (Enhancement) (N=30)		Paired t-test	P-value
		Mean difference	SD of difference		
1.	General health	7.06	6.30	6.141*	p<0.05
2.	Limitation of activities	-	-	-	-
3.	Physical health problems	-	-	-	-
4.	Emotional health problems	1.20	1.29	5.067*	p<0.05
5.	Social activities	2.10	2.13	5.377*	p<0.05
6.	Pain	-	-	-	-
7.	Mental health	10.60	6.32	9.183*	p<0.05

*Significant at p<0.05 level, 29df; NS-Not significant at 5% level (p>0.05)

for the different domain of HRQoL among old age people and it was found to be invariably significant at 5% (i.e, P<0.05) except limitation of activities, physical health problem and pain. It evidenced that reminiscence therapy is statistically

significant in improving HRQoL among respondents.

The Table 7 shows the association between HRQoL and demographic variables. Out of eleven demographic variables, age in years (Chi-square value=8.461, df=3) and

Table 7: Chi-square analysis for association between HRQoL and demographic variables in experimental group (N=30)

SN	Demographic variables	Respondents (N=30)		Health Related Quality Of Life				Chi square value	P-value
				≤ Median		>Median			
				N	%	F	%		
1	Age in years								
	a. 60-64	11	36.7	2	14.3	9	56.2	8.461, df=3, S	P<0.05
	b. 65-69	5	16.7	3	21.4	2	12.5		
	c. 70-74	5	16.7	4	28.9	1	6.2		
	d. Above 74	9	30.0	5	35.7	4	25.0		
2.	Educational qualification								
	a. No formal education	5	16.7	2	14.3	3	18.8	8.925, df=3, S	P<0.05
	b. Primary education	6	20.0	6	42.9	0	0		
	c. High school education	11	36.7	4	28.6	7	43.8		
	d. PUC	8	26.7	2	14.3	6	37.5		
	e. Degree and Above	-	-	-	-	-	-		

Note: S-Significant at 5 % (P<0.05); NS-Not Significant at 5% level (P>0.05)

educational qualification (Chi-square value=8.925, df=3) were significantly associated with HRQoL. The other variables were not statistically significant at 5% level (P>0.05).

DISCUSSION

Psychotherapy is the informed and intentional stand to assist the people to modify their cognitive aspects, behaviors, emotions etc which is based on the principle of psychology.

Psychotherapy has recently received attention as a strategy to avoid antidepressant drugs and their side effects. One type of psychotherapy that has been studied in this field is reminiscence therapy. This intervention is cost-effective and relatively free from harmful effects that’s why the old age people or senior citizen where impairment appear, especially immobility, instability, incontinence and impairment

intellect / memory, reminiscence therapy is useful to increase life expect and to improve quality of life [10].

The present study reports among 60 participants, majority belongs to 60-64 age group in both experimental and control group. Similarly majority of male participants has been found in experimental group but in control group female participants are more. Similar type of result was found with the study of Lahariya C, et al who has done the research with 200 participants. According to that study 89 males and 111 females were present. Majority of the people were from the age group of 60 to 69. Among these 68.0 were married male and 37.8 were married women. [11].

According to present study HRQoL score in pretest for experimental group where majority of the respondents 26 (86.7%) had poor HRQoL, and none of them had good HRQoL. But in posttest, a majority 25 (83.3%)

had good HRQoL and only 1 (3%) had poor HRQoL. In control group in the pretest, a majority of the respondents 17 (56.7%) had poor HRQoL and none of them had good HRQoL. The same proportion was found in posttest too. The study which was conducted by like Heydari J, et al study where the nursing home resident people has low score for HRQoL comparing with the people who are living in their home [12].

With the application of reminiscence therapy the domains like in General Health, Social activities, Mental Health, Emotional Health Problem has scored high and in Physical Health Problem, Limitation of activities and Pain has scored as like pretest in experimental group. Lima MG has conducted a study where the result was similar to this study. While assessing HRQoL the scores for vitality, Mental Health and General Health were lowest. The main difference was noticed in the area of functional capacity and physical factors [13].

Gaggioli A, et al have conducted a study where it has been shown that reminiscence therapy has been effective therapy for institutionalized elderly. In this study where the people has listen to other, respond to other and felt close to life events of other people has added benefits on quality of life [14]. A similar type of study was conducted in Taiwan by Chiang KJ, et al. This study has included 92 participants in which result has shown positive effects on depression, psychological well-being and loneliness after application of reminiscence therapy comparing to control group [15]. Chos SY, et al have conducted a study and the result reveals that reminiscence therapy enhances old age people's social interaction which directly affects the quality of life [16].

In present study results has reveals that HRQoL is having the association with age in years and educational qualification. The similar result was found in the study of Aqhamolaei T et al in which HRQoL in old people is not only decreased by aging but other factors such as female gender, illiteracy and chronic disease do influence on ageing [17]. Another study by Heydari J. et al has also shown that there is association of HRQoL with residency, marital status and education [7].

CONCLUSION

Reminiscence Therapy was found effective in the improvement of HRQoL among the old age people who were residing at selected old age home. The mean posttest score of HRQoL of respondents of experimental group were higher than the mean pretest scores. There was no significant association between the mean pretest HRQoL and selected demographic variables except age and educational qualification in experimental group.

LIMITATIONS

The study was limited as this study findings could not be generalized because of the sample size was relatively small and only limited to old age home settings.

FUTURE RECOMMENDATIONS

Similar study can be conducted for finding out the long term effects of reminiscence therapy.

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AUTHOR'S CONTRIBUTION

DHN- revised the article for final version of the article along with overall supervision from the beginning; **SR-** developed the study protocol which has included reminiscence therapy protocol as well; **LKS-** performed data collection, and prepared the manuscript and completed final script.

SOURCE OF SUPPORT

None

CONFLICT OF INTEREST

There is no conflict of interest.

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