



A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED REMINISCENCE THERAPY (SRT) ON LEVEL OF PSYCHOLOGICAL WELL BEING AMONG ELDERLY AT SELECTED OLD AGE HOME

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ABSTRACT

Background: Aging is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and the social conditions. “Reminiscence” means to recall and remember the past experiences. A Study was conducted to assess the Effectiveness of Structured Reminiscence Therapy (SRT) on level of psychological wellbeing among Elderly at Selected Old Age Home in Salem was carried out. **Method:** Screening of elderly was done using Mini Mental Status Examination Scale to assess the cognitive function, 50 samples were drawn through purposive sampling technique. The level of psychological wellbeing was assessed by Modified Ryff’s Psychological Wellbeing scale through structured interview schedule and Structured Reminiscence Therapy was administered for 21 consecutive days. Post-test was done on 26th to 28th day of intervention. The data gathered were analysed by descriptive and inferential statistical method. **Results:** The findings revealed that during pre-test, 10(20%), 40(80%) of them had poor, average level of psychological wellbeing respectively. During post-test it was found that 9(18%), 41(82%) of them had average, good level of psychological wellbeing respectively. The mean difference in the level of psychological wellbeing was 11.66 and the estimated ‘t’ value 19.31 which is higher than the table value of 3.496 and significant at $p \leq 0.05$ level which shows that structured reminiscence therapy was effective in promoting level of psychological wellbeing. There is a significant association between the level of psychological wellbeing among elderly and their mode of entry and duration of stay in old age home. Hence the hypothesis (H₂) is retained for the above mentioned variables at $P \leq 0.05$ level. **Conclusion:** Reminiscence therapy is an innovative therapeutic approach and cost effective technique in establishing, maintaining and promoting a good level of psychological wellbeing among elderly.

INTRODUCTION:

Population ageing is pointed to become one of the most significant transformations of the 21st century. There are several challenges faced by elderly which needs to pay more attention. Elderly people come across lots of out dated stereotypes which can lead to isolation and marginalization in lot of communities

Globally, there were 703 million persons aged 65 years or over in 2019. The number of older persons is projected to double to 1.5 billion in 2050. Globally, the share of the population aged 65 years or over increased from 6 per cent in 1990 to 9 per cent in 2019. It suggests that the number of elderly persons is expected to grow to 173 million by 2026.

According to the Longitudinal Ageing Study of India, there will be over 319 million elderly by 2050 in India. The age over 60 years population accounted for 8.6% of population, accounting for 103 million elderly people. Growing at around 3% annually, the number will rise to 319 million in 2050. While 75% of them suffer from one or the other chronic disease, 40% have one or the other disability and 20% have issues related to mental health.

Psychological well-being refers to how people evaluate their lives. There are several psychological and social factors that have been linked to increase individual life expectancy and quality of life in older adults. Psychological well-being has been examined as an indicator of successful adaptation during old and very old age. Psychological well-being studied extensively as there is a need to improve the state of mental conditions of people.

The major problems which oldest people face are lack of economic provisions, poor health conditions, lack of emotional support and illness in the post retirement period. This state of affairs becomes a social economic problem or issue as many people feel it is a problem. The problem of inadequate income after retirement, loss of spouse or ample free time, poor health, social isolation, were family relationship and physically and financially dependency et cetera - all these situations are interrelated or interdependence.

Reminiscence therapy is defined as the use of life histories written, oral to improve psychological wellbeing. Reminiscence therapy is known as life review therapy as a form of talk therapy it encourage the people to revisit the moments from their past RT may use props/sensory stimulation to spark memories. It can work in both one-on one or in group settings; this therapy is used with elderly in order to improve social interaction, individual identity, self-worth, satisfaction, subjective wellbeing and memory.

NEED FOR THE STUDY

The residents living in Old age homes (OAH) often confront problems due to highly institutionalized, depersonalized, and bureaucratic atmosphere in OAHs. Elderly living in such homes face problems of adjustment with tight and rigid schedules, separation from the family, isolation from the social milieu, anxiety over adopting oneself to a new environment, and close encounters with death and ailment in the institutions. A recent study reported that misbehaviour of children (29.8%) and lack of financial support (29.3%) were the most common reasons for living in OAHs.

Older people may experience life stressors common to all people, but also stressors that are more common in later life, like a significant ongoing loss in capacities and a decline in functional ability. Older adults may experience reduced mobility, chronic pain, frailty or other health problems, for which they require some form of long-term care. In addition, older people are more likely to experience events such as bereavement, or a drop in socioeconomic status with retirement. All of these stressors can result in isolation, loneliness or psychological distress in older people, for which they may require long-term care.

The inhabitants of old age homes were suffering from one or other mental health problems, poor subjective wellbeing and depression being the most common. The inhabitants suffering from psychiatric illnesses had one or more associated physical morbidity. Many either overtly or covertly tried avoiding giving details related to personal information.

Reminiscence is the volitional or no volitional act or process of recollecting memories of one's self in the past. It may involve the recall of particular or generic episodes that may or may not have been previously forgotten, and that are accompanied by the sense that the remembered episodes are veridical accounts of the original experiences. The sharing of experience in reminiscence therapy are improving cognitive performance, improving social involvement and interactions, improving quality of life, psychological or emotional well-being, and self-esteem and emotional stability.

Reminiscence therapy is successful in improving comprehension skills, self-esteem and psychological wellbeing of elderly. It is also highly associated with pleasure, security, and a feeling of belonging. Structured Reminiscence Therapy is a nurse limited intervention that has the advantage of cost effective, therapeutic, social and recreational cognitive therapy for elderly in old age home.

OBJECTIVES OF THE STUDY

- To assess the level of psychological wellbeing among elderly before administration of structured reminiscence therapy.
- To assess the effectiveness of structured reminiscence therapy among elderly.
- To find out the association between pre test scores on level of Psychological wellbeing among elderly and their selected demographic variables.

METHOD

RESEARCH APPROACH

The quantitative research approach was used in this study

RESEARCH DESIGN

Pre experimental one group pre and posttest design was used

RESEARCH SETTING

The study was conducted at Bodhimaram old age home in Salem.

POPULATION

In this study the target population comprises of elderly.

The accessible population, in this present study was elderly above 60 years to 80 years residing at a selected old age home in Salem.

SAMPLE

The sample for the present study was elderly aged 60 to 80 years residing at selected old age home in Salem.

SAMPLE SIZE

The sample size of the study was 50.

SAMPLING TECHNIQUE

Non Probability Purposive sampling technique was used for selecting the sample for the study.

INCLUSION CRITERIA

Elderly who are

- At the age group of 60 to 80 years
- Present during the period of data collection
- With normal cognitive function
- Who are willing to participate in the study
- Who can able to understand Tamil

EXCLUSION CRITERIA

Elderly

- Who have chronic physical and mental disorders
- Who were previously exposed to reminiscence Therapy
- With regular practicing of yoga and meditation
- Who are having good psychological well being

SELECTION AND DEVELOPMENT OF RESEARCH TOOL

Structured interview schedule, Standardized Mini Mental Status Examination Scale (MMSE) and Modified Ryff's Psychological Wellbeing Scale were used to collect data.

DESCRIPTION OF THE TOOLS

It consists of three sections

SECTION-A: Demographic variables

It consists of demographic variables of the elderly such as age, sex, education, previous occupation, marital status, and total number of children, hobby, financial support, and frequency of visit by family members, Mode of entry in to the old age home, duration of stay in old age home.

SECTION-B: Standardized Mini Mental Status Examination Scale (MMSE)

This MMSE scale was used in screening cognitive function. It consists of 6 components like orientation, registration, attention and calculation, recall, language, construction. The total score is 30. The

scores more than 20 indicates normal cognitive function and less than 20 indicates cognitive impairment. The MMSE scale was used as a screening tool. The elderly who have scored more than 20 were selected as sample.

SECTION-C: Modified Ryff's Psychological Wellbeing Scale

Modified Ryff's Psychological Wellbeing Scale is to assess the psychological wellbeing of the elderly. It contains 18 items, in which it has 6 subscale items such as Autonomy, Environmental mastery, Personal growth, Positive relations with others, Purpose in life and Self-acceptance with both positive and negative items 3 items in each area. It is a 5 point rating scale with descriptive options such as Strongly agree, somewhat agree, neither agree nor disagree, Somewhat disagree and strongly disagree. The total level of psychological wellbeing minimum score 18 and maximum score 90. The scores are interpreted in to three, 18 – 54 considered as Poor Psychological Wellbeing, 55 – 73 as Average Psychological Wellbeing and 74 – 90 scores as to be Good Psychological Wellbeing.

RESULTS AND FINDINGS

SECTION-A

TABLE - 1: Description of Demographic characteristics:

S. No	Demographic variables	Frequency	Percentage
1	Age in years		
	a) 60 - 65 years	14	28
	b) 66- 70 years	14	28
	c) 71 - 75 years	16	32
	d) 76 - 80 years	6	12
2	Sex		
	a) Male	26	52
	b) Female	24	48
3	Education		
	a) No formal education	9	18
	b) Primary education	18	36
	c) Higher secondary	16	32
	d) Graduation	7	14
4	Previous occupation		
	a) Daily wagers	10	20
	b) Self employed	20	40
	c) Retired from service	18	36
	d) Any other(Specify)	2	4
5	Marital status		
	a) Married	25	50
	b) Unmarried	3	6
	c) Widow/widower	20	40
	d) Divorced/separated	2	4

6	Total number of children		
	a) Nil	7	14
	b) One	16	32
	c) Two	17	34
	d) More than two	10	20
7	Hobby		
	a) Yes	28	56
	b) No	22	44
8	Financial support		
	a) Pensioner	16	32
	b) Dependent on family members	34	68
9	Frequency of visit by family members		
	a) Never	18	36
	b) Occasionally	20	40
	c) Often	12	24
10	Mode of entry in to the old age home		
	a) Voluntary	28	56
	b) Compulsion of family members	22	44
11	Duration of stay in old age home		
	a) Greater than < 1 year	19	38
	b) 1 – 3 years	19	38
	c) Less than 3 years	12	24

Table 1 shows distribution of demographic variables of 50 Elderly. Based on age 28% of Elderly belongs to 60- 65 years and 52% were males and 48% were Females. 18% Elderly had No formal education, 36% had Primary education, 32% had Higher education, 14% of them were Graduates. 20% Elderly were Daily wagers, 50% Elderly were married 4% of them were Divorced/separated. 14% of them have no children. 56% of them had some hobbies and 68% of them were Dependent on family members. 36% of Elderly have never been visited by the family members, 40% of them had occasional visits by family member, and only 24% of them had been often visited by the family members. 56% of Elderly entered voluntarily into the old age home and 44% entered by compulsion of family members.

SECTION B :

Distribution of pretest Scores on level of psychological wellbeing among elderly.

TABLE - 2: Frequency and percentage distribution of elderly according to their pretest scores on level of psychological wellbeing.

Level of Psychological well being	Pre test	
	Elderly n=50	
	f	%
Poor psychological well being	10	20
Average psychological well being	40	80
Good psychological wellbeing	0	0

Table 2 During pretest, 10(20%) of elderly had poor psychological wellbeing and 40(80%) of elderly had average psychological wellbeing and none of the elderly had good psychological wellbeing

SECTION – C:

a) Distribution of posttest scores on level of psychological wellbeing among elderly.

TABLE - 3: Frequency and Percentage distribution of elderly according to their posttest scores on level of psychological wellbeing.

Level of Psychological well being	Post test	
	Elderly n=50	
	f	%
Poor psychological wellbeing	0	0
Average psychological well being	9	18
Good psychological well being	41	82

Table 3 shows that during posttest, 41(82%) of elderly had Good psychological wellbeing, 9(18%) of the elderly had Average psychological wellbeing and none of them had poor psychological wellbeing.

b) Comparison between the pretest and posttest scores on level of psychological wellbeing among elderly.

FIGURE - 1: Frequency and Percentage wise distribution of elderly according to their level of psychological wellbeing during pre and posttest.

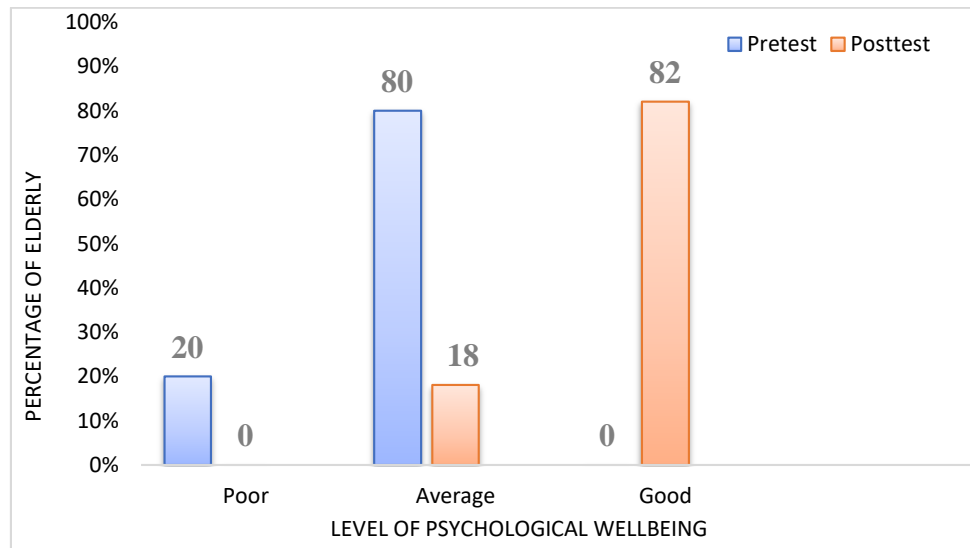


Figure 1 shows that during pretest, 10(20%) of elderly had poor psychological wellbeing and 40(80%) of elderly had average psychological wellbeing, none of the elderly had good psychological wellbeing.

During posttest, 41(82%) of elderly had Good psychological wellbeing and 9(18%) of the elderly had Average psychological wellbeing and none of the elderly had poor psychological wellbeing.

c) Comparison of Mean, SD and Mean difference according to their pretest and post test scores on level of psychological wellbeing among elderly.

TABLE - 4 : Mean, standard deviation and mean difference according to their pretest and posttest scores on level of psychological wellbeing among elderly.

Pretest		Posttest		Mean difference
Mean	SD	Mean	SD	
64.56	7.9	76.22	1.7	11.66

Table 4 shows that, the mean pretest score is 64.56 ± 7.9 and mean post test score is 76.22 ± 1.7 with a mean difference of 11.66. It reveals that the structured reminiscence therapy was much effective in improving psychological well being.

SECTION – D: HYPOTHESIS TESTING

Effectiveness of Structured Reminiscence Therapy on level of psychological wellbeing among elderly.

TABLE - 5 : Mean, SD, Mean difference and Paired -‘t’ value on level of psychological wellbeing among elderly.

S.No	Experimental group	Mean	SD	Mean difference	df	‘t’ value
1.	Pretest	64.56	7.9	11.66	49	19.31*
2.	Posttest	76.22	1.7			

Table value $t = 3.496$ *, Significant at $p \leq 0.05$ level.

Table 5 shows that the mean score on psychological wellbeing before intervention is 64.56 ± 7.9 and after intervention is 76.22 ± 1.7 with a mean difference of 11.66. The estimated paired -‘t’ value 19.31 which is higher than the table value of 3.496 and significant at $p \leq 0.05$ levels. It shows that Structured Reminiscence Therapy was effective in improving psychological wellbeing among elderly. Hence the research hypothesis (H_1) is retained.

SECTION – E: Association between pretest level of psychological wellbeing with demographic variables among elderly.

TABLE - 6 : Chi-square test on pretest scores on level of Psychological wellbeing among elderly with their selected demographic variables

S. No	Demographic variables	Level of psychological wellbeing		df	Chi square value	Table value
		Poor	Avg			
1	Age in years					
	a) 60 - 65 years	2	12	3	0.9855	7.815
	b) 66 - 70 years	4	10			
	c) 71 - 75 years	3	13			
d) 76 - 80 years	1	5				
2	Sex					
	a) Male	5	21	1	0.0198	3.841
b) Female	5	19				
3	Education					
	a) No formal education	1	8	3	4.53866	7.815
	b) Primary education	2	16			
	c) Higher secondary	6	10			
d) Graduation	1	6				

4	Previous occupation a) Daily wager b) Self employed c) Retired from services d) Any other (Specify)	1 4 5 0	9 16 13 2	3	1.445	7.815
5	Marital status a) Married b) Unmarried c) Widow/Widower d) Divorced/Separated	6 0 4 0	19 3 16 2	3	1.5	7.815
6	Total number of children a) Nil b) One c) Two d) More than two	0 4 4 2	7 12 13 8	3	2.131	7.815
7	Hobby a) Yes b) No	5 5	23 17	1	0.18261	3.841
8	Financial support a) Pensioner b) Dependent on family	3 7	13 27	1	0.228	3.841
9	Frequency of visit by family members a) Never b) Occasionally c) Often	2 6 2	16 14 10	2	2.2222	5.991
10	Mode of entry in to old age home a) Voluntary b) Compulsion of family	7 3	21 19	1	60.9942*	3.841
11	Duration of stay in old age home a) < 1 year b) 1 – 3 years c) >3 years	4 1 5	15 18 7	2	6.112935*	5.991

*Significant at $p \leq 0.05$ level

Table 6 reveals that, there is a significant association between the level of psychological wellbeing among elderly and their mode of entry and duration of stay in old age home. Hence the hypothesis (H_2) is retained for the above mentioned variables at $P \leq 0.05$ level.

DISCUSSION

Structured Reminiscence Therapy was effective in improving psychological wellbeing among elderly. This finding was supported by Sharath S and Nuthan Raj (2020) who conducted research study to assess the effect of reminiscence therapy on psychological wellbeing, depression, and loneliness among elderly in selected old age homes of Mysore reported that the posttest mean psychological wellbeing scores of elderly, who have received reminiscence therapy is significantly higher than their mean pretest psychological wellbeing score $t = 15.062$ at 0.05 level of significance.

CONCLUSION

The study was conducted to assess the Effectiveness of Structured Reminiscence Therapy on Psychological Wellbeing among elderly at a selected old age home, Salem. The study findings showed that the Structured Reminiscence Therapy was effective in improving psychological wellbeing. This study intervention would help the elderly to improve the psychological wellbeing and help elderly to lead a happy life.

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