Effect of Group Reminiscence Therapy on the Loneliness, Depression and Life Satisfaction of the Elderly in the Nursing Homes

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ABSTRACT

Objective: The study aimed to examine the effect of group reminiscence therapy among elderly people who living nursing homes.

Methods: This randomized controlled trial was performed in two nursing homes in Turkey. A total of 76 elderly recruited the intervention group (n= 37) and the control group (n=39). The intervention group received reminiscence therapy in the form of group sessions lasting 30-45 minutes once a week for six weeks. The control group had no application. Data were collected using a socio-demographic form, the Loneliness Scale, Beck Depression Scale, and Life Satisfaction Scale.

Results: After reminiscence therapy, Beck Depression Scale and Life Satisfaction Scale mean scores increased in elderly in the intervention group (p<0.05), but there were no significant differences for the UCLA Loneliness Scale mean scores (p>0.05).

Conclusion: At the end of the study, reminiscence therapy was found to be a useful method for reducing depression and increasing life satisfaction in elderly.

Keywords: Memory, aged, nursing homes

Huzurevinde Kalan Yaşlılarda Grup Anımsama Terapisinin Yalnızlık, Depresyon ve Yaşam Doyumuna Etkisi: Randomize Kontrollü Çalışma

ÖZET

Amaç: Bu çalışmada, huzurevinde yaşayan yaşlı bireylerde grup anımsama terapisinin etkisini incelemek amaçlanmıştır.

Yöntem: Bu randomize kontrollü çalışma, Türkiye'de iki huzurevinde gerçekleştirilmiştir. Müdahale grubuna (n= 37) ve kontrol grubuna (n=39) toplam 76 yaşlı katılmıştır. Müdahale grubuna altı hafta boyunca haftada bir kez 30-45 dakika süren grup seansları şeklinde anımsama terapisi uygulandı. Kontrol grubuna ise uygulama yapılmadı. Veriler Sosyodemografik form, Yalnızlık Ölçeği, Beck Depresyon Ölçeği ve Yaşam Doyumu Ölçeği kullanılarak toplanmıştır.

Bulgular: Anımsama terapisinden sonra müdahale grubundaki yaşlılarda Beck Depresyon Ölçeği ve Yaşam Doyumu Ölçeği puan ortalamaları artmıştır (p<0.05). Ancak UCLA Yalnızlık Ölçeği puan ortalamaları arasında anlamlı bir fark bulunmamıştır. (p>0.05).

Sonuç: Araştırmanın sonunda anımsama terapisinin yaşlılarda depresyonu azaltmak ve yaşam doyumunu artırmak için yararlı bir yöntem olduğu bulunmuştur.

Anahtar kelimeler: Hafıza, yaşlı, huzur evleri

Emotional problems such as loneliness, depression, anxiety may be more prevalent for older people living nursing homes as a result of a range of factors including moving to an unfamiliar environment, deterioration of physical health (1) and lack of social contact (2). Pharmacological (such as psychotropic drugs) or non-pharmacological strategies can be used to prevent emotional problems. Psychotropic drugs have many negative effects (such as; insomnia, falls, hyponatremia, depression, fracture, and epilepsy) (3). Therefore, the use of non-pharmacological treatments such as health education, counseling and psychotherapies can be considered for older adult care (4).

Reminiscence therapy is a non-pharmacological method that can be used to reduce emotional problems (such as anxiety, depression and loneliness) in older adults. Reminiscence is defined as a retrospective process involving important events, past experiences, experiences in the life process of the individual (5). This therapy method is one of the independent roles of nurses in the care of elderly adults (6). This therapy technique first emerged as a practice of nursing and elderly care, then used by professional practitioners such as nursing staff, social workers, psychologists and recreational therapists (7). Since reminiscence therapy is not a medicated treatment method, it is an appropriate psychological approach that is generally used in the elderly (8).

Reminiscence therapy can be made as individual or group therapy. In the reminiscence group, elderly individuals share a significant past event with peers (9). These therapy groups there can be various topics such as forgotten holidays, birthdays, marriage, and first love. Group reminiscence therapy can be performed with groups of 6-10. Groups provide sufficient time for the active participation of each of the elderly and promote group interaction. For therapy to be effective, it is recommended that 6-12 sessions be held and each session lasts 30-90 minutes (6).

There are many studies showing that reminiscence therapy has a positive effect on reducing loneliness and depression (10), increasing positive thinking (11), life satisfaction (12), cognitive level (13), and psychological well-being (7).

The psychological and social needs of elderly people living in nursing homes in Turkey are being organized by nurses, psychologists, social service specialists (14). However, when examined, it is observed that psychological services are not provided at satisfactory levels in these institutions (15). The number of research on nursing and other areas of reminiscence therapy is high, but there are very few studies on the subject in our country. The purpose of this study is to examine the effects of group reminiscence therapy on the loneliness, depression and life satisfaction of the older adults in nursing homes.

The following hypotheses (H) were tested in this study:

H_1. Group reminiscence therapy has an effect on decreasing feeling lonely of elderly in nursing home.

H_2. Group reminiscence therapy has an effect on decreasing depression level of elderly in nursing home.

H_3. Group reminiscence therapy has an effect on increasing life satisfaction of elderly in nursing home.

METHODS

Design and Setting
The randomized controlled trial study was carried out as a between February and July 2017 in two nursing homes in Turkey. Power analysis was used to calculate the sample size (G*Power 3.0.10 program). We assumed that $\alpha = 0.05$ and power= 0.95. The calculated sample size was 44 participants (intervention group=22 elderly, control group=22 elderly). For the probability of losses during the study, 80 elderly was recruited in study.

Randomization
Eighty elderly who met the inclusion criteria were numbered with 1 to 80. Participants were randomized to intervention (40) or the control group (40). A total of 4 participants dropped out of the study (Figure 1).

Study Inclusion Criteria
*   65 years and older

*   No diagnosis of dementia or psychiatric disorders by a doctor

*   Do not do any other activity that may change the cognitive and functional state

*   Standardized Mini-Mental Examination Test (SMMSE) score of 23 and above.
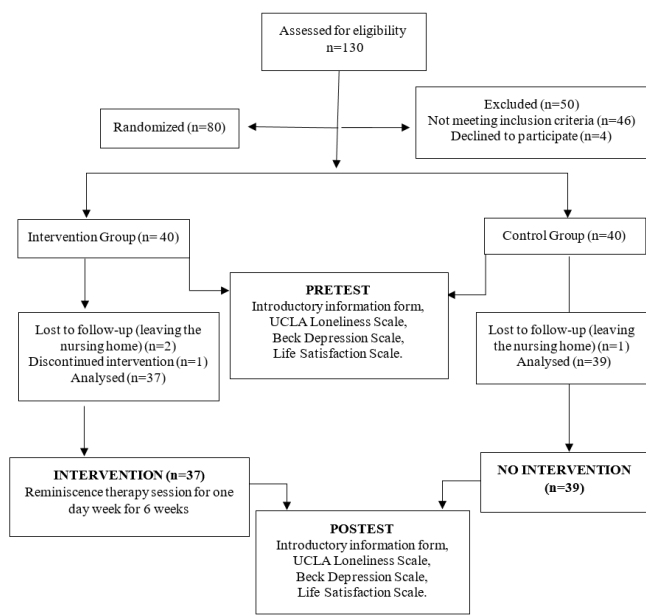
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Figure 1. Consort Flow Chart

Measurement

The data of study were collected using an socio-demographic form that was developed by the researcher and evaluated socio-demographic characteristics and disease history of individuals in the intervention and the control groups, SMMSE, UCLA Loneliness Scale (UCLA-LS), Life Satisfaction Scale (LSS), Beck Depression Scale (BDS). Data collection tools were applied to groups during the first interview (pretest) and at the end of 6 weeks (posttest).

SMMSE test was developed by Folstein et al. and Turkish validity and reliability was performed by Güngen, et al (16). It consists of 11 items that evaluate orientation, recording memory, attention and calculation, recall, and language. The total score is calculated out of 30. The limit value is accepted as 23/24 (23 and below points cognitive dysfunction].

UCLA-LS was developed by Russel et al. and Turkish validity and reliability was performed by Demir (1989). Cronbach's alpha reliability coefficient was 0.96. It measured one's subjective feelings of loneliness and feelings of social isolation. The total score is between 20 and 80 points. High scores indicate that individuals are experiencing more loneliness (17).

Life Satisfaction Scale was developed by Neugarten, et al and Karataş (1988) was adapted to Turkish. It estimated how elderly individuals perceive various aspects of life in this direction. The scale consists of 20 questions, with the expressions "yes" and "no". Cronbach's alpha reliability coefficient was 0.94. Seven points and beloved low life satisfaction, 8-12 points mean life satisfaction, 13 points and over are considered high life satisfaction level (18).

BDS was developed by Beck (1961) and Turkish validity and reliability was conducted by Hisli (1988). Cronbach's alpha reliability coefficient was 0.92. It consists of 21 questions, with each question ranging from 0 to 3 points. The score ranges from 1 to 10 normal, mild to moderate from 11 to 16, clinical depression from 17 to 20; moderate depression between 21-30; severe depression between 31 and 40 points; 41-63 are considered as severe depression (19).

Intervention

The intervention group received reminiscence therapy in-group sessions that took 30-45 min, one time every week for six weeks. The control group had no application. Reminiscence therapy sessions consisted of various topics: school or workdays, favorite plants, and animals, childhood and family life, holidays, special celebrations, friendship, neigh boards, evaluation, and closure respectively in the coming weeks. Every week, elderly was asked how they spent the previous week. Then, objects that make it easier to remember the weekly topic were shown them. They shared positive memories. Each session ended with the announcement of the next week's topic.

Ethical Consideration

The Ethics Committee of Marmara University Health Science Institutes Ethics Council granted ethical approval to our study (Approval date/no=09.01.2017/36). Written informed consent was obtained from older adults.

Data Analysis

All statistical analyses were performed on SPSS 22.0. The Kolmogorov Smirnov normality test was applied for the normality test and all scores were found to meet normality assumptions. The independent sample t-test was used to evaluate scales scores differences between groups. The paired sample t-test was used to evaluate scales scores differences pre and posttest. The statistical significance level was accepted as $p < 0.05$.

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RESULTS

In our study, participants 65.7% of them were male, 68.4% were aged between 65-79 years, 90.8 % were single, 48.7% of primary school graduates, 96.1% had at least one chronic disease.

Them of 47.4% stay in a nursing home for over five years. According to the participants' descriptive characteristics, there were no differences between groups. (p>0.05; Table 1).

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Kolmogorov-Smirnov test results showed that confirmed normality distribution UCLA-LS, LSS, BDS scores intervention and control groups (Table 2).

Table 2. Results of normal distribution intervention and control groups on the scales

	UCLA Loneliness Scale		Life Satisfaction Scale		Beck Depression Scale	
	Z	p	Z	p	Z	p
Intervention	.85	.45	.57	.89	.77	.58
Control	.84	.47	1.15	.13	.88	.41
Z=Kolmogrov Smirnov Z test						

There was no statistically significant difference between the groups' pretest mean scores of all scales (p>0.05) (Table 3).

There was a statistically significant difference between their posttest BDS mean scores of intervention group (p<0.05). The posttest mean score of the intervention group was lower than the pretest. There was no difference pre-posttest UCLA-LS mean score of intervention groups (p>0.05) (Table 3).

There was a statistically significant difference between pre and posttest LSS mean scores of intervention group (p<0.05). The posttest mean score of the intervention group was higher than the pretest. The posttest mean score of the intervention group was higher than the pretest scores. There was no difference pre-posttest UCLA-LS and BDS mean score of control groups (p>0.05) (Table 3).

Table 1. Socio-demographic characteristics of participants (n=76)

Socio-demographic characteristics	Intervention (37)		Control (39)		Statistics
	n	%	n	%	x^2/p
Age					
65-79 age	26	70.3	26	66.7	x^2=.11 p=.73
80 age and over	11	29.7	13	33.3	
Gender					
Male	22	59.5	27	69.2	x^2=.79 p=.37
Female	15	40.5	12	30.8	
Education					
Illiterate	6	16.2	6	15.4	
Primary school graduate	19	51.4	18	46.2	x^2=.30 p=.95
High school graduate	8	21.6	10	25.6	
University graduate	4	10.8	5	12.8	
Having children					
Have children	29	78.4	33	84.6	x^2=.49 p=.48
No children	8	21.6	6	15.4	
Chronic diseases					
Yes	34	91.9	39	100	*x^2=- p=.11
No	3	8.1	0	0	
Length of stay					
1-4 year	19	51.4	21	53.8	x^2=.47 p=.82
5 year and over	18	48.6	18	46.2	
x^2= ki kare test					

DISCUSSION

Living in a nursing home may lead to depression, loss of self-efficacy, and loss of trust in personal skills and resources (9). Reminiscence therapy is one type of psychotherapy that could alleviate feelings of loneliness, anxiety and depression among older adults. The focus of group reminiscence therapy is to create meaningful social interactions through sharing memories with other people. There is evidence that this approach helps to encourage meaningful social interaction (20) and a sense of belonging (21). Through the activities of sharing memories in the group, older people experience positive interactions (22) and a sense of social identity may develop (23).

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Table 3. Comparison of the intervention and control groups according to their UCLA Loneliness, Life Satisfaction, Beck Depression Scale scores (n=76)									
	UCLA Loneliness		**Test value**	**Life Satisfaction**		**Test value**	**Beck Depression**		**Test value**
	Pretest	**Post test**	**t/p**	**Pretest**	**Posttest**	**t/p**	**Pretest**	**Posttest**	**t/p**
	Mean±SD	**Mean±SD**		**Mean±SD**	**Mean±SD**	**Mean±SD**	**Mean±SD**	**Mean±SD**	**Mean±SD**
Intervention	50.67±8.66	48.43±4.81	1.53/.13	18.67±7.03	22.13±5.70	-6.50/.*00	21.43±10.42	18.21±8.76	3.87/.*00
Control	49.84±9.12	47.38±4.53	1.71/.09	19.38±8.40	19.82±7.83	-1.85/.*07	18.94±10.02	19.74±8.38	-1.12/.*26
Test value	**t=.40/.68.**	**t=.97/.33**		**t= .39/.79**	**t=.61/.53**		**t=1.05/.29**	**t=..77/.44**	
*t= paired sample t test, **t= independent sample t test									

This randomized controlled study assessed the effect of group reminiscence therapy on the loneliness, life satisfaction and depression of the elderly living in a nursing home. The study results confirm the hypothesis that "reminiscence therapy increasing the life satisfaction of the elderly in the nursing home". Ching Teng, et al (24) found that group reminiscence therapy improves the life satisfaction of the elders. Refahi and Ghaforiyan (25) find that group reminiscence therapy had a positive influence on the self-esteem and life satisfaction of the elderly. The study results confirm the hypothesis that "group reminiscence therapy decreasing depression level of elderly in the nursing home." This finding is consistent with other research results (9,22,24,25).

The study results do not confirm the hypothesis that " group reminiscence therapy reduces the sense of loneliness of seniors in the nursing home ". The results of the quasi-experimental design study which was performed by Nooripour, et al (26) in reminiscence intervention (12 sessions) indicated that reminiscence decreased loneliness feeling. Sahu, et al (27) find that reminiscence therapy decreasing loneliness of the elderly. These results were due to different our study methodological approaches such as different research groups, number of sessions. Additionally, Syead Elias, et al (28) stated that needs more evidence of the effect of reminiscence therapy on reducing the loneliness of older adults.

Reminiscence therapy is useful to overcome depression among elderly. The nurse can know the personality of each elderly so as to improve the quality of nursing care for elderly (29). The results confirm the hypothesis that "group reminiscence therapy has an effect on decreasing depression level of elderly in nursing home." This finding is consistent with the findings of pre-existing research and systematic rewiev studies on the efficacy of reminiscence

therapies on the rate of depression in the elderly people (22,24,29,30).

LIMITATIONS

This study had several limitations. Firstly, the study was conducted with just two nursing homes. Secondly, there was no follow-up in the study. Thirdly, the duration of the study was a short period of six weeks. Long-term studies can be conducted in different institutions to test the effectiveness of this group therapy program.

CONCLUSION

According to research reminiscence therapy increased to life satisfaction and decrease depression of the elderly living in nursing homes. Reminiscence therapy can be used as a nursing intervention.

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