Effectiveness of Reminiscence Therapy on Self-health Perception and Self-esteem among Elderly Residing at Selected Old Age Homes

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Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

Original Research Article

ABSTRACT

Purpose: To assess the level of self-health perception and self-esteem among elderly residing at old age homes and to determine the effect of reminiscence therapy on the level of self-health perception and self-esteem.

Methods: Quasi-experimental pre-test post-test control group design was carried out on 80 elderly residing at old age homes selected by non-probability convenient sampling technique to test effectiveness of reminiscence therapy. The data was collected by using self-health perception scale consist 32 items and Rosenberg self-esteem scale consist 10 items.

Results: The result showed thatthere was a significant difference in self-esteem in the intervention group after the intervention (p=0.03<0.05) and there was no significant difference in self-esteem of the control group (p=0.83>0.05), whereas in self-health perception there was no significant difference in both intervention and control group (p=0.18 & 0.95>0.05). Between the groups there was no significant difference (p>0.05) found in the protest score of self-esteem and self-health perception between intervention and control group, while there is a significant difference found in post-test of self-esteem (p=0.002) and self-health perception score (p=0.004) between the groups. The obtained p values of chi-square and likelihood ratio test were >0.05. Only a few associations

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were found between both self-health perception and self-esteem with demographic variables that are sex and previous occupation/job in the control group.

Conclusion: Reminiscence therapy proved to be effective in improving self-esteem among elderly residing in selected old age homes at Mangaluru, whereas not shown effectiveness in improving self-health perception.

1. INTRODUCTION

Aging people around the world is increasing very rapidly, and there are more than 900 million people over age 60 years around the world. Based on studies, between 2015 and 2050 the number will be doubled from about 12% to 22% and the number will be 2 billion people [1]. In the 21st century, the rising proportion of elderly people in the population in both developed and developing countries is creating new health care challenges. Old age refers to ages nearing or surpassing the life expectancy of human beings, and is thus the end of the human life cycle. Elderly people often have limited regenerative abilities and are more susceptible to disease, syndromes, injuries and sickness than younger adults. Older age is inevitably accompanied by an increased risk of physical and psychological disorders. The elderly also face other social issues around retirement, loneliness, and ageism [2].

India is a diverse country with geographical and socio-cultural differences and has a rapidly aging population that currently exceeds 100 million people. The demand for services will soon be evident in such places and will make the task of meeting the needs of older people more challenging and urgent. A retirement home – sometimes called an old people's home or old age home, although old people's home can also refer to a nursing home– is a multi-residence housing facility intended for the elderly. Most senior citizens who live alone suffer due to lack of companionship – sometimes exacerbated by lack of mobility due to ill health. Loneliness and isolation are major concerns among elderly Indians above the age of 60. Isolation can result in gradual depression and other mental disorders in the elderly [3]. The majority of old people can carry on normal lives [4]. Some old people may adjust and use them effectively in this situation by disengaging from society or by reinventing themselves in new pursuits. When comparing the other old age, some may have lowering of self-esteem leading to clinical depression, as they never found means of copying with the loss [2].

Self-perceived health is the subjective perception of how healthy physically and mentally a person feels. In elderly this can be low due to poor life satisfaction**.** A study conducted in Taiwan investigated the effects of reminiscence on self-health perception and self-esteem of elderly people staying in long-term care facilities. Each subject underwent pre- and post-tests at a 4-month interval, whereas the experimental group got the weekly intervention. The results showed that improvement of self-health perception in experimental group [5]. Self-esteem is the one's perception about his/her self-worth. Self-esteem includes the growth of self-value feelings by qualification and attractiveness and includes two self-efficacy and self-worth felling parts. The maintenance of a positive self-image is important in helping people to deal with the negative impact of aging on their lives. Self-esteem includes the growth of self-value feelings by qualification and attractiveness and includes two self-efficacy and self-worth felling parts. Prompting self-esteem level and aging life satisfaction followed by their spirit health level is important to reduce aging through different psychotherapy techniques, one of these simple, cheap psychotherapy techniques is reminiscence [6].

According to the American Psychological Association (APA) Reminiscence therapy is defined as recollecting past events in the form of oral, written, or both to improve psychological well-being. The therapy is usually used with older people. This form of therapeutic intervention respects the life and experiences of the individual intending to help the patient maintain good mental health [7]. Generally, reminiscence treatments conduct for six weeks or more, including at least one to two sessions per week and one to two hours. Moreover, reminiscence activities can be implemented in a structured group or unstructured group either individually or in groups. Reminiscence helps in adaptive function in the elderly people; and it is proved in successful adaptation of elderly through maintaining their self-esteem, reframing their sense of identity, and adjusting with their losses experienced in later life [4]. Several studies have

suggested that reminiscence therapy in elders helps to recall and review their past experiences and it is effective in identifying their psychological needs. Reminiscence therapy helps individuals to integrate past experiences, improve self-understanding, and reduce feelings of loss. Reminiscence therapy has been revealed to improve self-esteem and life satisfaction [8]. Elderly population psychological factors have necessity and importance but exiting studies aim to study reminiscence effectiveness on self-esteem and life satisfaction in the elderly.

It is believed that reminiscence therapy can help elderly individuals by increasing self-acceptance and enabling them to solve past conflicts. Most of the old age people staying in old age homes are more vulnerable to lose their self-worth and self-esteem due to various causes like isolation from the family, increased dependency, and poor physical health. Geriatric care facilities mainly focus on their physical health and pay less attention to their psychological problems. Reminiscence is a guided recollection in which older clients are encouraged to remember the past and share their memories with family, peers, or staff. Reminiscence focuses on improving strengths and does not encourage people to stick on losses. This therapy can enhance self-esteem and help people to have better self-awareness and to improve self-health perception.

So, there is a need to do the research on the effect of reminiscence therapy in improving self-esteem and self-health perception in elderly who are residing at old age home and restore their health, improve the activities of daily living and improve the quality of life. The main objectives of this study is to assess the level of self-health perception and self-esteem among elderly who are residing at old age homes, to evaluate the effectiveness of reminiscence therapy on level of self-health perception and self-esteem among elderly who are residing at old age homes.

1.1 Operational Definitions

1.1.1 Reminiscence therapy

According to the American Psychological Association (APA) Reminiscence therapy is recalling past life events in the form of written, oral, or both to improve psychological well-being. The therapy is used with older people. This is a therapeutic intervention, which respects the life of the individual and their experiences, with the aim to help the patient maintain good mental health [9].

In this study, Reminiscence therapy involved six topics of discussion. It is selected based on elderly preferences. These topics are used as a basis for discussion (any 1 topic per session/day). The study participant was talked and discussed their past based on these selected topics of discussion. The topics of discussion were the best memories of childhood, school, job, marriage, partner/children, and holidays. During the session's participants were encouraged to bring photos or objects related to past events. At the end of each session, the theme of the following sessions was disclosed.

1.1.2 Self-esteem

Smith and Mackie's (2010) self-concept or self-worth is what we expect about ourselves and self- esteem is our positive or negative evaluations of the self. Self-worth is that the core of who individual believes him/herself to be, the essence of his/her perception of self (Hewitt, 2009) [10].

During this study, Self-esteem was the sensation of feeling of self-worth and sufferance by the elderly which could be measured by using Rosenberg's Self-Esteem Scale.

1.1.3 Self-health perception

According to American thoracic society, perceived health status is the subjective ratings of health status by the individual. Some people perceive themselves as healthy despite suffered from one or more chronic diseases, while others perceive themselves as ill when no objective evidence of disease is often found [11].

In this study, Self-health perception was how an elderly person's attitude towards their health and this will be measured by using a general health perception scale.

1.1.4 Elderly

According to the law, a "senior citizen" means any person being a citizen of India, who has attained the age of sixty years or above [12].

In this study, the elderly were the people who are 60-70 years old.

1.1.5 Old age home

An old age home is a place where older adults live and are cared for when old age prevents them from looking after themselves in their own homes. Old age homes are the place for

elders who are not able to stay with their families due to lack of caregivers or are destitute [13].

In this study, old age home was the place where the elderly people who are abandoned by their loved ones reside.

2. MATERIALS AND METHODS

2.1 Research Approach

A quantitative research approach was adopted for this study, to investigate the "Effectiveness of reminiscence therapy on self-health perception and self-esteem among elderly residing at selected old age homes, Mangalore."

2.2 Research Design

Quasi-experiment design: Pre-test post-test control group design was adopted for this study.

2.3 Research Setting

The setting of the present study was conducted in old age homes, Mangalore.

2.4 Population

The population included older adults who are staying at selected old age homes, Mangalore.

2.5 Sample

Sample or subject was the elderly people who are 60-70 years of age. The subjects comprised of 80 elderly who are between 60-70 years of age.

2.6 Sampling Technique

The subjects were chosen by non-probability convenient sampling technique.

2.7 Sample Size

Based on the reference article, the estimated sample size is 80(each 40 for the experimental and control group).

2.8 Data Collection Tools

In the current study demographic proforma, Rosenberg's self-esteem scale to assess self-esteem level and self-health perception scale to assess self-health perception were used to collect the data from elderly people.
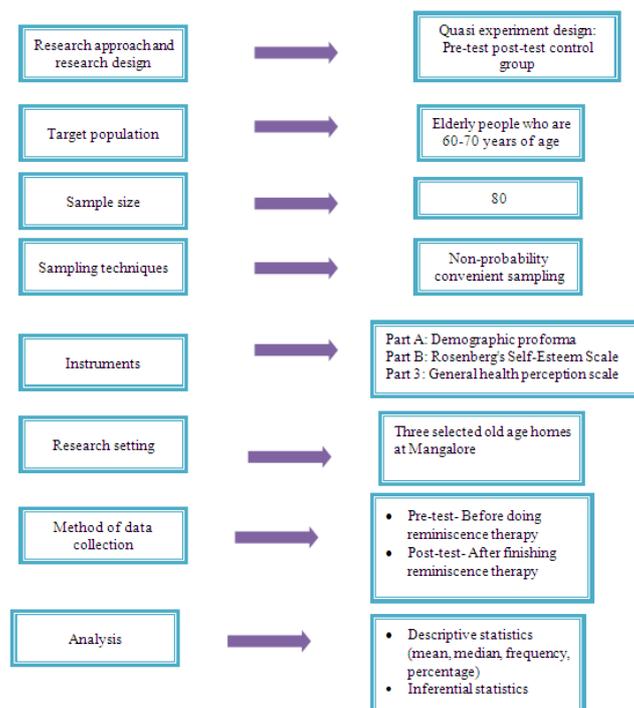

Fig. 1. Diagrammatic representation of methodology of research approach

2.9 Process of Data Collection

Before the data collection, written permission was obtained from the concerned authority of three old age homes. Demographic Performa, Rosenberg self-esteem scale, and Self-health perception scale were given to the participants on the first day to identify baseline data and to assess self-esteem and self-health perception level of both experimental and control groups. Next day the reminiscence therapy was given to the experimental group as 6 sections (each section 1 hour) for 6 weeks and after finishing therapy post-testing was done to both experimental and control group to assess the post-test value of self-esteem and self-health perception by using Rosenberg self-esteem scale and Self-health perception scale. The data collection was ended by thanking the participants for their involvement and cooperation. Then, the collected data were assembled for data analysis.

2.10 Details of the Intervention

Reminiscence therapy is a psychological intervention that involves recalling past events, it encourages elderly people to communicate and interact with a listener. From the first to sixth meeting specific topics will be discussed such as best memory, childhood, school years, job, holiday, etc. to recall the past life memories of the participants. Participants will be asked to bring photos or objects associated to past themes. At the end of each meeting the themes of the following sessions will be disclosed. The researcher also will be bringing materials as cues for reminiscence. After the entire session we will be examining the effectiveness of therapy in improving self-esteem and self-health perception by using specific tools.

3. RESULTS

3.1 Demographic Characteristics of Elderly

The frequency and percentage distribution of demographic variables of elderly residing at old age homes showed that among 80 subjects, Most (62.5%) of them in the intervention group and control group (60%) were under 60-65 years, were females (72.5% in intervention group and 77.5% in control group), having primary education (57.5%, 50%) and (62.5%, 60%) were home wives. Majorities (55%, 52.5%) were widow/widower and have no children in the intervention (47.5%) and control group (47.5%). Most (52.5%) in intervention and control group (55%) stay at old age home due to unavailability of care givers. Majority (50%) in intervention group stays at religious and charity based old age homes, whereas in control group (50%) was in paid one. Majority of elders in intervention (67.5%) and control group (60%) lives in the old age home for 1-5 years and most of them are not visited (87.5%, 70%) by their loved ones. Most (55%) in intervention group spend their free time by talking to inmates, whereas in control group (52.5%) they do other activities. Both in experimental group (100%) and control group (100%) not undergoing any therapies and they undergo regular health check up's (100%, 100%). Majorities (57.5%, 65%) of the elderly in intervention and control group have chronic illnesses and they were on regular medication (57.5%, 65%). Most (42.5%) of them in intervention group are not aware of duration of illness and medicine intake (42.5%), where as in control group majority (42.5%) are having illness and on medication (42.5%) for more than 6 years.

3.2 Effectiveness of Reminiscence Therapy on Self-esteem and Self-health Perception of the Elderly within the Groups

Comparison of changes in post score of self-esteem and self-health perception within the groups were analyzed by using descriptive statistics in terms of mean, standard deviation, and paired t-test. Data presented in Table 1exhibits that there is a significant difference in self-esteem in the intervention group after the intervention ($p<0.05$) and there is no significant difference in self-esteem of the control group, whereas in self-health perception there is no significant difference in both intervention and control group ($p>0.05$).

Comparison between pre and post-test scores on self-esteem and self-health perception between the groups were analyzed by descriptive statistics such as mean, standard deviation, and unpaired t-test. The above table 2 shows that there is no significant difference ($p>0.05$) found in the protest score of self-esteem and self-health perception between intervention and control group, while there is a significant difference found in post-test of self-esteem ($p=0.002$) and self-health perception score ($p=0.004$) between the groups.

**Table 1. Comparison of self-esteem and self-health perception within the group
n=40+40**

Self Esteem						
Observations	Interventional group			Control group		
	Mean±SD	t value	p value	Mean±SD	t value	p value
Pre	14.47+0.96			14.42+0.93		
		-8.84	0.03*		0.29	0.83
post	16.02+0.96			14.40+0.90		
Self Health Perception						
Pre	91.08+3.76			90.12+3.29		
		-13.28	0.18		-2.44	0.95
post	99.62+2.41			90.52+3.26		

*t=paired t test *p<0.05= significant. The Rosenberg Self-Esteem Scale: The total score is 30. The scale score ranges from 15 to 25 are within normal range and scores below 15 indicate low self-esteem. Modified self health perception scale was used to assess the perception towards health among elderly*

**Table 2. Comparison of self-esteem and self-health perception between the groups
n=40+40**

Self Esteem				
Observations	Interventional group	Control group	t value	p value
	Mean + SD	**Mean + SD**		
Pre	14.47+0.96	14.42+0.93	0.23	0.81
Post	16.02+0.97	14.40+0.90	7.75	0.002*
Self Health Perception				
Pre	91.08+3.76	90.13+3.29	1.20	0.23
Post	99.62+2.41	90.52+3.26	14.17	0.004*

*t = unpaired t test * p<0.05= Significant. The Rosenberg Self-Esteem Scale: The total score is 30. The scale score ranges from 15 to 25 are within normal range and scores below 15 indicate low self-esteem. Modified self health perception scale was used to assess the perception towards health among elderly*

The final results shows that, Self-health perception has not improved after reminiscence therapy in both the intervention and control groups(p>0.05). There is a significant difference found on self-esteem after reminiscence therapy in the intervention group (p=0.03<0.05), whereas there is no significant found.

4. DISCUSSION

This study deliberated to compare the effect of reminiscence therapy on self-health perception and self-esteem among elderly residing at selected old age homes. The findings of this study have been discussed with other studies accessible in the literature:

Section A: Demographic variables of elderly residing in old age homes

In the present study, most of the elders in the intervention group (62.5%) and control group

(60%) come under 60-65 years age group. Greater number of elderlies in the intervention group (72.5%) and control group (77.5%) are females. Maximum of elders in the intervention (67.5%) and control group (60%) lives in the old age home for 1-5 years and most of them are not visited (87.5%, 70%) by their loved ones. The similar study was conducted in Chennai revealed that findings of the demographic characteristics of the study were most of the older adults 21(42%) were in the age group of 66 ± 75 years, 33(66%) were female, 23(46%) had been staying at old age home for 1 ± 3 years and 25(50%) were never visited by family members [14].

Section B: Effectiveness of reminiscence therapy on the self-health perception among elderly residing at old age homes

In the present study, the reminiscence therapy had no effect on self-health perception (p>0.05)

of elders in both intervention and control group after 6 weeks of the therapy session.

A similar study was conducted in Taiwan revealed a non-comparable finding with the present study, study shows that there is an improvement in self-health perception (p<0.05) after 4 months of reminiscence therapy in interventional group [5].

Section C: Effectiveness of reminiscence therapy on the level of self-esteem among elderly residing at old age homes.

In this study, there was a significant difference in self-esteem (p=0.03) in the intervention group after reminiscence therapy among elderly residing at old age homes. A similar study was done in Iran showed that Comparable finding in self-esteem (p<0.05) after reminiscence therapy in the interventional group [15].

5. CONCLUSIONS

This study proved thatReminiscence therapy was effective in improving self-esteem among elderly residing at old age homes. The old age people in the intervention group who were administered Reminiscence therapy experienced improvement in self-esteem, but there was no improvement found in self-heath perception.

6. RECOMMENDATIONS

These recommendations have given for further research studies,

- A similar study can be done with a longer duration with a large sample size to get a greater result.
- A similar study can be conducted to discover the effectiveness of this therapy on the elderly with dementia; Alzheimer's to find out the memory improvement.
- Similar study can be done in the elderly with different age groups.
- Comparison of Reminiscence therapy with other therapies can be done.

7. LIMITATIONS

- Study is limited to the elderly who are 60-70years residing at old age homes, Mangaluru.

- Elderly people who are not having serious medical illnesses and psychiatric illnesses are excluded.
- Elderly faced difficulty to understand and respond during therapy due to age-related physical and mental conditions
- Duration of implementation of therapy was short.
- Group reminiscence therapy was felt less effective than individual reminiscence therapy due to less connectivity of some contents during a discussion of the topic.

CONSENT

The researcher guaranteed confidentiality to the participants and consent was taken from them.

ETHICAL APPROVAL

Before conducting the study ethical permission was obtained from the Yenepoya Medical College Research Committee.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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