Effectiveness of the Reminiscence Therapy on Quality of Life and Psychological Well-Being of Elder Women

Savitri Patil[1], Dr. Utalbasha Dhandargi[2], Dr. Deelip S Natekar[3]

[1]M. Sc. Nursing final Year, Shri B. V. V. S Sajjalashree Institute of Nursing Sciences, Bagalkot, Karnataka, India
Email: *savitripatilk[at]gmail.com*

[2]Professor & HOD, Department of Community Health Nursing, Shri B. V. V. S Sajjalashree Institute of Nursing Sciences, Bagalkot, Karnataka, India
Email: *undhandargi[at]gmail.com*

[3]Principal, Shri B. V. V. S Sajjalashree Institute of Nursing Sciences, Bagalkot, Karnataka, India
Email: *deelipsn[at]gmail.com*

Abstract: *Introduction: Aging is associated with changes in biological, physiological, environmental, psychological, behavioral, and social processes.1Quality of life is the degree to which an individual is healthy, comfortable and able to participate in or enjoy life events.2 Psychological well-being implies once own perception of wellbeing and mindfullness.3Reminiscencetherapy is a process of recollecting memories of oneself in the past and can have positive impact on the psychological health of elders.4 Objective: To assess the effectiveness of reminiscence therapy on QOL & PWB among elder women residing in Bagalkot. Method: The study was carried with pre-test post-test control group design. The samples were selected by complete enumeration method. The sample size was 140 elder women with 70 in study group and 70 in control group. Data collection was done with 3 instruments: Structured questionnaire to assess socio demographic profile, QOL BREFF scale and RYFF PWB scale. Data analysis was done with the help of SPSS software v-29. Independent "t" test was used to find out the effectiveness of Reminiscence therapy on quality life and psychological well-being of elder women. Result: The calculated t =6.506value for quality of life before and after intervention was much higher than table't' value (1.645) at α=5 % and DF=138. Hence the intervention of Reminiscence therapy was effective in improving QOL. The calculated t=13.664 value for psychological wellbeing before and after intervention was much higher than table 't' value (1.645) α=5 % & DF=138. Hence the intervention of Reminiscence therapy was effective in improving PWB among elder women. Conclusion: There was a substantial improvement in the Quality of life & Psychological well-being scores of elder women in study group than control group after implementation of reminiscence therapy. Reminiscence therapy is a useful tool in dealing with psychological problems of elders.*

Keywords: Quality of life, psychological wellbeing, Reminiscence therapy, elder women, Aging

1. Introduction

Aging is inevitable process of life. Aging increases maturity with enormous aggregation of life experiences. The moments experienced in life can have a delightful impact on health after attaining the later part of life. Aging is associated with changes in dynamic biological, physiological, environmental, psychological, behavioral, and social processes. Some age-related changes are benign, such as greying hair. Others result in declines in function of the senses and activities of daily life and increased susceptibility to and frequency of disease, frailty, or disability. In fact, advancing age is the major risk factor for a number of chronic diseases in humans.1

Quality of life is the degree to which an individual is healthy, comfortable and able to participate in or enjoy life events. Quality of life of elder women can be seen in 4 perspectives; physical, psychological, social, and environmental.2 Psychological well-being implies happiness or satisfaction. Psychological well-being is similar to positive mental status such as happiness or satisfaction. E. g. I'm happy, very satisfied with my life. It refers to the extent to which people experience positive emotions and feelings of happiness. Sometimes this aspect of psychological wellbeing is referred to as subjective wellbeing.3

Reminiscence therapy is a process of recollecting memories of oneself in the past and can have positive impact on the psychological health of elders.4

Objective
Effectiveness of reminiscence therapy on QOL & PWB among elder women residing in Bagalkot.

2. Materials and Methods

Study design: pre-test post-test control group design. The participants were randomly allocated to two groups; study group (receiving intervention) and control group (not receiving intervention). The sample size was 140 elder women with allocation ratio 1: 1, 70 in study group and 70 in control group. Homogeneity among both the groups was tested with reference to age prior to pre-test.

Setting of the study: The study was conducted in Varadaneshwari Mahila Sangha, Sai mandir, Vidyagiri, Bagalkot. It is located in Bagalkot, Karnataka.

Participants: elder women above 50 years of age. Tough the standard age criteria for elder women is 60 years bur considering the prevalence of disturbed quality of life and psychological well being among women above 50 years the

researcher considered to include the women above 50 years of age in the study.

Interventions:

Table 1: Description of Intervention: Reminiscence Therapy

Days	Time	Group	Sessions	Description
Day 1	60 Minutes	Group 1 (17)	Introduction of researcher & participants. Brief preview of Reminiscence Therapy.	Brief preview of Reminiscence Therapy. The details of reminiscence therapy interventions have been shared with the participants by the Investigator.
Day 2	60 Minutes	Group 2 (17)		
Day 3	60 Minutes	Group 3 (17)		
Day 4	60 Minutes	Group 4 (19)		
Day 5	90 Minutes	Group 1 (17)	Remembering their school days & childhood memories.	SESSION 1: Memory sharing session. The researcher requests each participant to come on the stage and share Any of the following • Their childhood memories • School memories • Memories with childhood friends, teachers • Ethnic day, sports, successful events, peer memories & so on. . .
Day 6	90 Minutes	Group 2 (17)		
Day 7	90 Minutes	Group 3 (17)		
Day 8	90 Minutes	Group 4 (19)		
Day 9	90 Minutes	Group 1 (17)	Jobs and other activities, first salary, appointment, promotions, transfers, retirement and pension.	SESSION 2: Occupational/ Job details or experience being home maker. The researcher requests each participant to come on the stage and to share their job details, like • First day of appointment / experience of being home maker • Feeling with first salary • Work experience, memories with colleagues, promotions, transfers, retirement & pension, • Achievements.
Day 10	90 Minutes	Group 2 (17)		
Day 11	90 Minutes	Group 3 (17)		
Day 12	90 Minutes	Group 4 (19)		
Day 13	90 Minutes	Group 1 (17)	Concentration on family life	SESSION 3: Memories on family life concentration. The researcher requests each participant to come on the stage and to share any of the following, • State of marriage (love/arrange), • Memories with partner, children, relatives, neighbors, society, • Family life balancing, • Recreational activities, traditional celebrations with family & so on…
Day 14	90 Minutes	Group 2 (17)		
Day 15	90 Minutes	Group 3 (17)		
Day 16	90 Minutes	Group 4 (19)		
Day 17	90 Minutes	Group 1(17)	Recalling different items like foods, colours etc. and experiences.	SESSION 4: Recalling different favourite items session. Researcher requests each participant to come on the stage & share their memories regarding different favourite items like, • Favourite foods, snacks, chats, • Favourite colours, • Favourite personality, • Favourite memorable moment, • Favourite experience, etc…
Day 18	90 Minutes	Group 2 (17)		
Day 19	90 Minutes	Group 3 (17)		
Day 20	90 Minutes	Group 4 (19)		
Day 21	90 Minutes	Group 1 (17)	Recalling favourite movies and songs they have experienced. Special talents. (Mimicking, art, singing.)	SESSION 5: Special talent session. Researcher requests each participant to come on the stage and to recall their favourite movies and favourite songs. • Participants are requested to show their special talents like mimicking art, singing dancing & so on…
Day 22	90 Minutes	Group 2 (17)		
Day 23	90 Minutes	Group 3 (17)		
Day 24	90 Minutes	Group 4 (19)		
Day 25	30 Minutes	All Groups	Follow up & Post-test.	Follow up. Assessment of each participant quality of life and psychological well-being by the researcher. • Post-test.

Sample size & Sampling Technique: The samples were selected by complete enumeration method. The sample size was 140 elder women with 70 in study group and 70 in control group. Both the groups were matched with reference to age prior to pre-test.

Criteria for Sample Selection

Inclusion Criteria:
1) Willing to participate in the study.
2) Available at the time of data collection.
3) Able to speak Kannada or English.

Exclusion Criteria
1) Sick at the time of data collection.
2) Suppose to go out of the setting of the study and not able to cooperate throughout the period of study.

3) Involved in any quality of life and psychological well-being improvement programme/Research.
4) Mentally disturbed or not able to follow the instructions.
5) Physically handicapped and not able to cooperate for the study.

Sample Size Estimation
The sample size was calculated by G power software 3.1.9.4 by using the results of pilot study. The effect size = 0.15, Level of significance = 0.05, Power of the test = 0.80, The sample size calculated was **130 (65** in experimental and **65** in control group) Researcher considering the possible attritions or possibility of laps of data and increased the sample size to **142** with 71 subjects in study group and 71 subjects in control group, by enrolling all the available participants. Hence the final sample size was 142 elder women who are the members of Varadaneshwari Mahila

Sangha, Sai mandir, Vidyagiri, Bagalkot. One participant in study group dropped and the data of one participant from control group was incomplete hence finally the data of 140 participants was considered for analysis.

Randomization: random allocation of participants to study group and control group was done by lottery method. Researcher prepared 172 paper chits with participants names. Researcher divided the chits into two groups 71 to study group an 71 to control group.

3. Description Of Data Collection Instrument:

The instrument for present study consists of 3 sections.
Section 1: Socio demographic factors.
Section 2: WHOQOL BREF SCALE (26 items).
Section 3: RYFF PSYCHOLOGICAL WELL-BEING SCALE (42 items).

Section 1: SOCIO Demographic Factors: The Socio demographic factorwas developed by the researcher herself to collect the background information of elder women. The items were; age, educational status, type of family, religion, present occupation, past occupation, family monthly income, socioeconomic status, number of children in family, marital status, and are you currently ill? The items did not have any scoring as they were meant to collect the baseline information from the sample.

Section 2: WHO QOL Bref Scale (26 ITEMS): The WHOQOL quality of life assessment was developed by the WHOQOL Groupin an attempt to develop a quality of life assessment thatwould be applicable cross-culturally. The scale consists of 4 Domains such as, Physical health domain, psychological domain, social relationships domain, Environment domain.

Section 3: RYFF Psychological Well-Being Scale (42 items): The RYFF PSYCHOLOGICAL WELL-BEING SCALE was developed by Psychologist Carol D Ryff to measure the aspects of well-being and happiness. Ryff's scale of Psychological Wellbeing (Carol Ryff, 1989, 1995) were designed to measure six theoretically motivated constructs of psychological wellbeing, they are:

Self-acceptance-a positive attitude towards oneself and one's past life.
Environmental mastery-the ability to manage one's life;
Personal growth-being open to new experiences;
Positive relations with others-having satisfying, high quality relationships;
Purpose in life-believing that one's life is meaningful;
Autonomy-independence and self-determination;

Data Collection:
Data collection was done from 1/4/2021 to 3/5/2021 in "Varadaneshwari Mahila Sangha" Sai Mandir, Bagalkot.

Variables under the study:
Dependent variables: Quality of life and Psychological well-being of elder women.
Independent variable: Reminiscence therapy.

Statistical Analysis
The data was analyzed using SPSS 18 statistical package. The data obtained from the sample, was organized and summarized with the help of descriptive statistics like frequency and percentage, arithmetic mean, and standard deviation. Karl Pearson's correlation coefficient and Cronbach's alpha was used to justify the reliability of tool. Paired t test & Independent t test was used to find the difference between pre-test and post-test QOL & PWB scores, and QOL & PWB domain scores. Chi-square test was used to find the association between selected demographic variables with their post-test QOL and Psychological wellbeing scores. Pearson's correlation was used to find the correlation between QOL & PWB among elder women.

4. Result

The study was begun with selection of 142 elder women who are attending "Varadaneshwari Mahila Sangha" Sai Mandir, Bagalkot. All the elder women were screened for eligibility criteria. Researcher has allocated subjects to study group and control group, and divided the study subjects as 4 groups, G1-17, G2-17, G3-17, & G4-19.

Table 2: Description of study group and control group according to their Socio demographic characteristics, $(N_1=70)$, $(N_2=70)$

S. No.	Socio Demographic factors	Score	Character	Study Group $(N_1=70)$		Control Group $(N_2=70)$	
				F	%	F	%
1	Age In Years	1	50-60 Years	41	58.1%	44	62.9%
		2	61-70 Years	20	28.6%	24	34.3%
		3	71-80 Years	7	10%	2	2.9%
		4	81-90 Years	2	2.9%	0	0
2	Educational Status	0	Illiterate	3	4.3%	7	10%
		1	Primary	27	38.6%	37	52.9%
		2	Secondary	23	32.9%	17	24.3%
		3	PUC	7	10%	5	7.1%
		4	Graduation & above	10	14.3%	4	5.7%
3	Type of Family	1	Nuclear family	26	37.1%	23	32.9%
		2	Joint family	44	62.9%	47	67.1%
4	Religion	1	Hindu	55	78.6%	60	85.7%
		2	Muslim	15	21.4%	6	8.6%
		3	Christian	0	0	4	5.7%

5	Present Occupation	1	House-maker	65	92.9%	50	71.4%
		2	Business	4	5.7%	5	7.1%
		3	Coolie / Labor	0	0	10	14.3%
		4	Private Employee	1	1.4%	2	2.9%
		5	Government Employee	0	0	3	4.3%
6	Past Occupation	1	House-maker	5.7	81.4%	50	71.4%
		2	Business	6	8.6%	3	4.3%
		3	Coolie / Labor	1	1.4%	12	17.1%
		4	Private Employee	3	4.3%	3	4.3%
		5	Government Employee	3	4.3%	2	2.9%
7	Family Monthly Income	1	≤6174	10	14.3%	14	20%
		2	6, 175-18, 496	23	32.9%	29	41.4%
		3	18, 497-30, 830	19	27.1%	13	18.6%
		4	30, 831-46, 128	8	11.4%	7	10%
		6	46, 129-61, 662	3	4.3%	4	5.7%
		10	61, 663-123, 321	6	8.6%	2	2.9%
		12	≥123, 322	1	1.4%	1	1.4%
8	Number of Children	0	0	4	5.7%	4	5.7%
		1	1	7	10%	13	18.6%
		2	2	28	40%	28	40%
		3	3	21	30%	18	25.7%
		4	4	9	12.9%	7	10%
		12	12	1	1.4%	0	0
9	Socioeconomic status	I	Upper	1	1.4%	1	1.4%
		II	Upper middle	6	8.6%	2	2.9%
		III	Middle	30	42.9%	24	34.3%
		IV	Upper lower	23	32.9%	29	41.4%
		V	Lower	10	14.3%	14	20%
10	Marital Status	1	Married	58	82.9%	62	88.6%
		2	Unmarried	0	0	0	0
		3	Living together without marriage	0	0	0	0
		4	Divorced	2	2.9%	1	1.4%
		5	Living separate	1	1.4%	1	1.4%
		6	Widow	9	12.9%	6	8.6%
11	Are You Currently Ill?	0	No	54	77.1%	60	85.7%
		1	Yes	16	22.9%	10	14.3%

Table 3: Assessment of effectiveness of Reminiscence therapy by comparing pre-test and post-test QOL scores of study group & control group, $(N_1=70)$ $(N_2=70)$

Groups	Mean		Standard deviation		Mean diff	Std error	t value	DF	Table value	P value	Significance of difference
	Post Test	Pre Test	Post Test	Pre test							
Study group	101.01	87.16	8.64	8.15	9.03	1.388	6.51	138	1.645	1.96	Significant
Control group	87.3	86.97	10.18	10.79							

P ≤0.05 One tailed, α= 0.05

The calculated t value (6.51) was much higher than table 't' value (1.645) at α=5 % and DF=138. Hence the hypothesis: **H₁:** The elder women of study group who attended reminiscence therapy will have higher QOL scores compared to elder women of control group, was accepted.

Table 4: Assessment of effectiveness of Reminiscence therapy by comparing pre-test and post-test PWB scores among elder women in study group & control group. $(N_1=70)$ $(N_2=70)$

Groups	Mean		Standard deviation		Mean difference	Standard error	Independent t value	DF	Table value	P value	Significance of difference
	Post Test	Pre Test	Post Test	Pre Test							
Study group	187.09	158.6	10.54	13.64	27.343	2.001	13.664	138	1.645	1.96	Significant
Control group	156.46	156.2	13.62	14.94							

P ≤0.05 One tailed, α= 0.05

The calculated t=13.664 value was much higher than table't' value (1.645) α=5 % & DF=138. Hence the hypothesis: **H₂:** The elder women of study group who attended reminiscence therapy will have higher PWB scores compared to elder women in control group, was accepted.

Table 5: Association between posttest QOL of elder women with socio demographic factors, $(N_1=70)$

Sl. No.	Socio demographic variables	Chi square value	DF	P value	Table value	Level of significance	Significance
1.	Age	3.55	3	0.314	7.82	0.05	NS
2.	Education	12.67	4	0.013	9.49	0.05	Significant
3.	Family type	0.245	1	0.627	3.84	0.05	NS
4.	Religion	0.236	1	0.627	3.84	0.05	NS

Sl.	Socio demographic variables	Chi square value	DF	P value	Table value	Significance of association
5.	Present occupation	0.598	2	0.741	5.99	0.05	NS
6.	Past occupation	2.651	4	0.618	9.49	0.05	NS
7.	Family monthly income	2.988	6	0.81	12.59	0.05	NS
8.	Socioeconomic status	2.496	4	0.645	9.49	0.05	NS
9.	Number of children	11.446	5	0.043	11.07	0.05	Significant
10.	Marital status	4.674	3	0.197	7.82	0.05	NS
11.	Illness status	5.185	1	0.023	3.84	0.05	Significant

P ≤0.05 Two tailed

The socio demographic factors; Educational status, number of children and currenct health statushad significant association with QOL of elders.

Table 6: Association between posttest psychological wellbeing of elder women with socio demographic factors. **(N_1=70)**

Sl. No.	Socio demographic variables	Chi square value	DF	P value	Table value	Significance of association
1.	Age	7.77	3	0.051	7.82	NS
2.	Education	7.028	4	0.134	9.49	NS
3.	Family type	2.604	1	0.107	3.84	NS
4.	Religion	1.157	1	0.282	3.84	NS
5.	Present occupation	2.968	2	0.227	5.99	NS
6.	Past occupation	1.782	4	0.776	9.49	NS
7.	Family monthly income	1.818	6	0.936	12.59	NS
8.	Socioeconomic status	1.460	4	0.834	9.49	NS
9.	Number of children	4.596	5	0.467	11.07	NS
10.	Marital status	17.198	3	0.001	7.82	Significant
11.	Illness status	1.773	1	0183	3.84	NS

P ≤0.05 Two tailed

The factors; marital status was significant association with psychological well-being of elders.

Table 7: Correlation between QOL & PWB among elder women of study group, **(N_1=70)**

Study Group	Mean	Standard deviation	r value	P value	Correlation
QOL Pre	87.16	8.152	0.520	0.000	Significant*
PWB Pre	158.63	13.646			

α=0.05.

Table 8: Correlation between QOL & PWB among elder women in control group, **(N_2=70)**

Control Group	Mean	Standard deviation	r value	P value	Correlation
QOL Pre	81.97	10.793	0.46	0.41	Not Significant
PWB Pre	138.23	14.940			

α=0.05.

5. Conclusion

There was a significant difference between mean pretest scores and post test scores of QOL & PWB of study group as compared to control group. There was a substantial improvement in the psychological well-being scores of elder women after implementation of reminiscence therapy. Reminiscence therapy is a useful tool in dealing with psychological problems of elders. Such interventions must be regularly implemented to improve the quality of life and psychological wellbeing of elder women.

6. Limitations of the Study

The study included elder women above 50 years of age only. Only QOL & PWB scores are used to assess the effectiveness of reminiscence therapy. The interventions were administered only for the period of 25 days. Reminiscence therapy was administered by researcher herself.

7. Source of Funding

Nil

8. Conflict of interest

None

References

[1] Understanding the Dynamics of the Aging Process. National Institute of Aging. U. S. Department of Health and Aging. https: //www.nia. nih. gov/about/aging.2019.
[2] Cheraghi P, Cheraghi Z, Doosti-Irani A, Nedjat S, Nedjat S. Quality of life in elderly Iranian population using Leiden-Padua questionnaire: A systematic review and meta-analysis. Int J Prev Med.2017; 8 (1): 55.
[3] RebracashivesLouise. "Basic concepts of psychiatric – mental health nursing", 8th edition; 2011, Wolters Kluwer India PVT Ltd. Page no: 522-534.
[4] Reminiscence therapy. Psychology wiki. https: //psychology. wiki. org/wiki/ Reminiscence therapy.