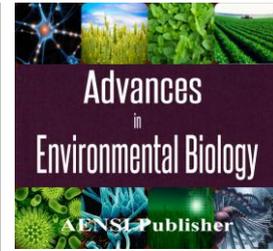




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Effectiveness of the Narrative Reminiscence Intervention on Happiness of Elderly Men That Referred To the Daily Jahandideghan Nursing Homes Center

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ABSTRACT

Introduction: happiness has a considerable effect on the mental health of the elderly. Take action to improve the living conditions of the large number of elderly people can reduce social and economic problems of communities. Reminiscence can be an effective intervention in older age. **Purpose:** determining the effect of narrative reminiscence on happiness of Iranian elderly. **Method:** quasi-experimental study was conducted on 30men 60 to 87 years old. Participants were randomly divided into two groups, group discussion and reminiscence. Happiness scores over 3 stages: first, third and sixth session were measured. Reminiscence intervention was conducted in 3 weeks, two sessions per week, each session with specific topics. Control group at the beginning of sessions of group discussion were held with selected topics each session. Data was collected by Oxford Happiness Questionnaire, a brief psychological examination and demographic data and was analyzed by Fisher's test, chi-square, independent T, paired T, test in 11.5 version of SPSS software. **Findings:** 30 men 60 to 87 years old participated in the experiment with an average age of 67.06 ± 7.94 years. The two groups were matched in terms of demographic. T-test showed that there is no significant difference between scores of two groups after end of intervention. Paired T test also showed no significant difference in intergroup scores between two intervention and control groups in none of the study times. **Conclusion:** narrative reminiscence intervention cannot be an effective way to increase happiness of elderly people.

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INTRODUCTION

The world population is going to aging. The aging of the population in developed countries and in developing countries is as an indicator of global health improvement. Since 1980, the world population has doubled in 60 years. Almost in most of the countries, population growth of people over 60 years is faster than other age groups, but most of the communities were faced by challenges in compliance with this issue. Therefore, any action to improve living conditions can reduce social and economic problems of communities [1]. In Iran also %7.82 of the population is constituted by people over 60 years old so it will be joined together countries with elder population form [2].

Increasing age was associated with loss of function and reducing the physical and psychological capacities and performance and social contributions. However, these changes are not all elderly people dependent and in need of care and protection but these injuries and loss of capability and performance can make people mentally, emotionally and physically vulnerable and in some of elderly people increase incidence of depression [3].

Happiness is scientific name of individual assessment of their lives that the overall judgment or evaluation of specific areas of their lives, their recent emotional feelings about what happened to them are evaluated [4] and it is one of the important criteria of mental health [5]. In ageing mental health and happy feelings are more important than ever because mental health affects the physical health and it is true about opposite of it, however, many elderly people are at risk of psychiatric disease. More than 20% of elderly people suffer from a neurological disorder [6]. Serious symptoms of mental disorder such as depression, anxiety, memory loss,

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changes in sleep pattern, feelings of loneliness and social isolation affects 15 to 25% elderly people [7]. Tendency to stagnation and inactivity in older age makes them lose their happiness, joy and a sense of usefulness [8]. Therefore, key target of mental intervention of elderly people should be in order to preserve and restore the meaning of life even in facing with tragic events of this period. In the meantime reminiscence is one of the cheap and effective actions [9, 10]. There are several types of reminiscence that between them tool and narrative reminiscence has therapy value [11]. This intervention can be used in hospitals and nursing homes and it has positive role in improving the quality of life, memory function and awareness and health promotion of the elderly people [12, 13]. The effect of reminiscence on reducing depression symptoms is one of the things that have been widely studied [14]. Other studies show that reminiscence therapy is effective in improving skills of understanding from current status and enhancing self esteem [10, 15], hopeless and negative feelings treatment such as anxiety [16] and it is accompanied by sense of joy, security, health, sense of belonging, positive ability to remember the good things, prepared for death and the ability to solve problems [17]. Reminiscence in elderly people has significant potential effects to improve the overall aspects of mental health and welfare [3, 18]. The results Bohlmeijer [2007] and colleagues showed that reminiscence intervention has effects on life satisfaction and welfare [18].

Majzobi studied about happiness and life quality with the help of a structured reminiscence that results showed intervention effects on happiness and lack of significant effect on life quality [19]. Momeni [2011] does not consider that narrative reminiscence is effective on reducing the depression of elderly people [20]. The Stinson study [2006], significant decrease in depression and increase self transcendence of older women were not found after the reminiscence sessions [21]. In Wang study [2007], significant difference was not seen between levels of mood status, self confidence and perception of their health after intervention [22].

It can be seen that reminiscence is used in areas such as depression, loneliness, quality of life but it has been studied less in the area of happiness. According to the results of different studies on the effectiveness of reminiscence on different aspects of mental health and shortcomings of other similar studies and also due to cultural differences in reminiscence of our society and its disclosure and its consequences, the researcher decided to do a study with aim of "effects of narrative reminiscence on happiness of elderly people".

Methods:

This study was type of quasi-experimental with control group, that was done on elderly people that referred to Daily Center of Jahandidegan of Gorgan city. This center is a nonprofit center that elderly people are there for a part-time and they come back to home after using the program of center. At first there were references to center and list of participants in the programs was collected and 30 men that were interested in participating in the study were selected.

Inclusion criteria for study included:

Be over 60 years of age, have an acceptable hearing, speak Persian language, literacy, lack of cognitive impairment (up to 20 points based on test MMSE [Mini-mental state examination]), psychiatric participants are not selected by psychiatrist diagnosis, not use psychiatric drugs due to psychological problems, have physical ability to attend and sit in meetings and consent to participate in the study.

And exclusion criteria for study included:

Hearing impairments during the study (such as hearing aid malfunction), the action to take psychiatric drugs due to psychological problems during the study, the absence of more than one session, experience of severe crises of family during the study such as: family bereavement, sudden illness of family members and etc. suffering to acute illness was caused to hospitalization and lack of cooperation during the study.

Sampling began after receiving confirmations from the University Ethics Committee. According to the inclusion criteria and provided a description about the purpose of the research, methods, possibility to exclusion anytime, confidentiality of data and signing informed intentionally, the brief mental status examination of MMSE was done and the top score of 20 individuals were enrolled in the study. After selecting the samples, the intervention was performed in six reminiscence sessions in reminiscence group. Sessions were hold at time that was accepted by participants in 7 and 8 member groups during the 3 weeks and every week two sessions. Duration of each session was between 1.5 to 2 hours in dependent to topic of session. Used reminiscence in intervention groups was narrative type that individuals only expressed their memories in sessions and judgment and interpretation was not done on mentioned topic of participants. Topic of each session which based on Watt - Cappeliez protocol was selected [23]. In the beginning, first session was stated with a welcome to members, introducing leaders to members and members to each other, evaluating purposes, reviewing the structure of the meetings and the basic rules, determining common objectives in collaboration with leaders and members. To save time at the beginning of each session time of retelling memories for each individual was determined. Each person was given 10 to 15 minutes depending on the subject to express his or her subject. Day before each meeting was called to Research Units and time and subject of each session were reminded to them. By starting

session leaders of groups invite participants to retell their memories and individuals started talking voluntarily and session was formed by interests of other participants to express their memories. While one speaker was retelling memories, other group members should listened without any comment and or judgment, unless by permission of leader of group. At the end of the each session after finishing reminiscence by all of the participants, members were appreciated. Then subject of next session was announced by leader of group and the participants were asked to prepare themselves for the next meeting. All six sessions were hold in the same way. In group of group discussion in specified time and date for an hour twice a week according to the mentioned in reminiscence group sessions were hold. Except that in this group individuals engaged in group discussion about issues of the day and interested issue of group and subjects of each session was determined on the same day and based on group choice and then consensus of other members of group, all of the members discussed about it.

At the beginning of the first session questionnaire of demographic information and Rating Scale of Oxford Happiness was completed by participants. Oxford questionnaire was completed by participants of both groups, group discussion and reminiscence group, at the completion of third and sixth session equal by last session.

Tools:

Tools of collecting data in this study included: a demographic questionnaire that included questions about age, sex, education, occupation, financial status, marital status and underlying disease.

A brief mental status [MMSE] was used to determine participants' cognitive status of examination of this test that is given enough narrative. Some studies have recommended score 20 as well cutoff especially in low-literacy populations. The results showed that a brief examination of the cognitive state possesses appropriate psychometric properties for screening cognitive of the elderly who has literate [24]. This test contains questions about the awareness of location and time, consciousness, attention, calculation ability and memory. Obtained scores of it is between zero and 30 respectively, the lowest and highest obtained scores of test that scores over 24 indicate no cognitive problems, scores between 20 to 23 indicate mild cognitive impairment, scores 10 to 19 indicate mean Alzheimer disease and scores between 0 to 9 indicate severe Alzheimer disease [25].

The measurement scale of Oxford Happiness [OXFORD] was used to determine the rate of happiness. This scale has 29 matters. 29-question Oxford questionnaire were posed by Argyle and Lu in order to measure happiness and were normalization by them too. Every question of this test has four choices that was scored zero to 3 and the obtained lowest and highest scores were by questionnaire of between zero to 87 and the high score indicates more happiness [26]. Reliability and validity of the questionnaire has been examined in several domestic and foreign studies that result of them was introducing this scale as strong and valid tool for measuring happiness [27].

Ethical considerations were adhered in this study have included obtaining permission of study from the Ethics Committee of the Medical Sciences University of Kashan and obtaining referral letter from mentioned university to Jahandidegan Center of Gorgan, obtaining written consent from research samples to participate in the study after giving information about purposes of research, roles of participants, right to withdraw from the study at any time and saving information of individuals confidentially during the study. Data analyzing was done by using 11.5 version of SPSS software with Chi-square and Fisher exact test (in order to check the status of qualitative demographic variables in both groups), independent T [in order to check the status of demographic quantitative variables and comparisons of happiness scores of both groups in different times] and paired T was used to check average of changes of happiness scores in different times in each groups. The significant level in all cases was considered less than 0.05.

Findings:

Between 30 participants, 15 member participated in intervention group and 30 member participated in control group. Participants were between 60 to 87 years old that their age average was 67.6 ± 7.94 . Average of psychological and cognitive status score was 26.53 ± 1.36 that significant difference was not observed between two groups. 66.7% of participants were retirement and 30% of them had university education. 50% of participants had moderate financial status and 93.3% of them lives with their wife and children. It can be seen that both groups are homogeneous about demographic information status and there is no significant difference between two groups (Table 1 & 2).

Happiness scores of two groups, group discussion and reminiscence group had no significant statistical difference in early intervention. Also the T-test at the end of the third and sixth meeting between the two groups was not significantly different (Table 3).

Paired T-test was also performed between scores within each group separately at the time of the study. Within both groups, control and intervention groups, at any checking times were not significant difference.

Discussion:

This study was performed by purpose of determining effect of reminiscence on happiness of elderly that was referred to Jahandidegan Center of Gorgan. The findings of research indicate that reminiscence intervention can increase scores of elderly happiness in intervention group but this increasing was not significant statistically

Table 1: The status demographic and (qualitative) background variables in experimental and control Group.

Variable		Group desiccation n= 15 N= (%)	Reminiscence n= 15 N= (%)	p.value
Education	Primary	1(6.7)	2(13.3)	P=0.74 Fisher exact
	Guidance	1(6.7)	3(20.0)	
	High school	8(53.3)	6(40.0)	
	University	5(33.3)	4(26.0)	
Job	Retired	10(66.7)	10(66.7)	P=1.00 Chi-square test
	Free job	5(33.3)	5(33.3)	
Financial status	bad	0(0)	1(6.7)	P=0.46 Fisher exact
	moderate	9(60.0)	6(40.7)	
	good	6(40.0)	8(53.0)	
Marital Status	Widow	1(6.7)	1(6.7)	P=1.00 Fisher exact
	Married	14(93.3)	14(93.3)	
smoking	yes	3(20.0)	5(26.7)	P=0.68 Fisher exact
	no	12(80.0)	10(66.7)	

Table 2: status Quantitative demographic variables in experimental and control Group.

Group variable	reminiscence n =15 mean ± SD	Group desiccation n=15 mean ± SD	p.value*
Age	64.73±3.6	67.07 ±7.9	P=0.87
Number of children	3.33 ± 1.9	3.73 ± 1.5	P=0.60
MMSE score	26.5 ± 1.3	26.6 ± 2.2	P=0.25

* In depended t.test

Table 3: The mean and standard deviation of happiness in both groups before, during and end of intervention.

Group Time	Group desiccation n =15 mean ± SD	reminiscence n =15 mean ± SD	p.value t.test
Before intervention	44.93 ± 9.7	48.07 ± 7.9	P=0.345
The third session	45.40 ± 9.5	47.80 ± 7.9	P=0.462
Sixth Session	45.67 ± 9.3	48.80 ±8.5	P=0.346

Table 4: Mean and standard deviation HAPPINESS scores In each Group at various times

Group Time	reminiscence n=29 Mean ± SD	p.value pair t test	Group desiccation n=30 Mean ± SD	p.value pair t test
1 Before intervention	48.07± 7.97	P=0.634	44.93 ± 9.79	P=0.235
	47.80± 7.94		45.40±9.58	
2 Before intervention	48.07± 7.97	P=0.202	44.93±9.79	P=0.094
	48.80 ± 8.52		45.67 ± 9.36	
3 End of During intervention	47.80± 7.94	P=0.189	45.40±9.58	P=0.512
	48.80 ± 8.52		45.67 ± 9.36	

And in comparison between average of happiness score at different times between intervention and control groups at any studied times was not observed statistically significant difference. It seems that no statistically significant difference of two groups is affected by kind of intervention in group discussion group. Because gathering elderly in one place and collective dialogue about interest topics as mentioned were kind of intervention. Pinquart [2012] findings showed that non-specific interventions for the control group such as socialize and talk about current events can be a positive source for increasing feelings. It was observed during intervention that scores of group discussion group also increased partially [11]. It can be argued that participating elderly people in group sessions which are same in terms of age and sex can be effective in improving their internal assessment of excitement. Also narrative reminiscence can be effective on mentioned findings. Because narrative reminiscence does not do psychiatric assessment of the speaker's content and it mostly has aspect of expressing vents and reviewing memories and past memories. Narrative reminiscence intervention cannot be method with significant effects on positive excitements such as happiness due to its nature and lack of manipulation mental challenges for accepting the past and resolving inner conflicts and ability to cope with the determination of aging [28]. Of course as it was observed that in reminiscence group happiness score had increased trend in compared with group discussion but it seems that for increasing the

happiness of people need to serious and more consistently interventions. Bryant findings [2005] show that in structured reminiscence, creating insight into him/she and present time and imaging past periods are two factors that cause to positive excitement and happiness [29]. Obviously, achieving to these factors require long and more consistently interventions that in narrative reminiscence type, individuals have less access to these two factors. Momeni findings [1390] indicate that narrative reminiscence had no effect on reducing depressive symptoms of elderly women that are in nursing home [20] that is similar with current findings. Studied findings about reminiscence effect on different aspect of mental also have shown different results. Chao [2006] considered that group reminiscence is effective on confident of elderly people but could not find significant effects on life satisfaction and their depressive symptoms [30]. Stinson and Kirk [2005] have been evaluated the organized reminiscence effect on reducing depression and increasing their excellence in elderly women that are in nursing home during three steps, first three weeks and six weeks after starting intervention. At the end of the intervention, significant reduction was observed in symptoms of depression and increasing their excellence in any checking time [31]. Results of Dehkordi [1386] study indicate that reminiscence is effective on life quality of elderly [31]. Lin [2003] stated that difference in structure, content and reminiscence levels can be effective on its treatment outcomes thus researchers must be careful in selecting intervention type and effective factors on results such as sample size, sampling locations such as hospitals and nursing homes and etc [13]. according to different results of reminiscence intervention can be said that function of reminiscence intervention can be affected by different factors that life environment of people such as nursing homes and etc. the cultural structure of a society in which the samples are selected from it are the most important of them, because effect that structure, environment and prevalent cultural norm have in society about disclosure themselves and express honestly the past effects anticipated results to express past memories in group such as resolving past and present conflicts. In this study reminiscence intervention of referred men to Jahandidegan Center could not increase the happiness score significantly, it seems that by doing research with control group that received no intervention and apply other type of reminiscence and changes in the meetings and increasing sessions can reach to better results because reviewing past life is one of the features of the last years of life and elderly people pays attention to review and analyze what happened to them in past times that if this reviewing past years of life leads to a way that elderly people reaches to internal peace by reviewing their life and not blame themselves because of bitter memories and mistakes that had in the past time and not suffer from options that had in the past time and or forced to have.

Conclusion:

According to research results and no significant effect of inside group, it seems that narrative reminiscence cannot be effective method to increase happiness of elderly people.

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