"Effectiveness of Reminiscence Therapy on Self-Esteem, Life Satisfaction and Socialization among Elderly Residing in Old Age Home: A Randomized Controlled Trial"

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ABSTRACT

The Present era is increasing number of elderly people population in developed as well as developing countries is found new health care thread in current situation. As we know that population around the world rapidly increase and this leading factors surely accompanied in older age with the risk of physical and psychological disorders.

The present study title: "Effectiveness of Reminiscence therapy on self-esteem, life satisfaction and socialization among elderly residing in old age home: A Randomized controlled trial." The comparison of senior individuals in the experimental and control groups' levels of self-worth, life satisfaction, & socialisation before and after the intervention is the main objective. In the experimental and control groups, before and after globalisation, compare the elderly's levels of self-worth, life satisfaction, and socialisation. To ascertain the effects of recollection therapy on the degree of self-esteem, life contentment, and socialisation of older participants as well as the associations between pre-intervention self-esteem, life contentment, and socialisation levels and particular demographic factors.

Methods and Material : Researcher adopted A randomized controlled trial. It was carried out on 112 samples. Simple Random sampling method was used. Data analysis was done mainly using descriptive statistics.

Result: Result showed that control group 56(100%) elderly shown low self-esteem and in experimental group majority of elderly 34 (60.71%) have shown normal self-esteem and 22 (39.29%) shown high self-esteem.majority of elderly 20 (35.71%) found extremely dissatisfied and 15 (29.79%) were neutral in control group. In experimental group majority of elderly 44 (78.57%) found satisfied.

Recommendation: Similar study may be conducted larger population.

Keyword: Effectiveness, Reminiscence therapy, self-esteem, life satisfaction, Socialization, elderly

Introduction

The Present era is increasing number of elderly people population in developed as well as developing countries is found new health care thread in current situation. As we know that population around the world rapidly increase and this leading factors surely accompanied in older age with the risk of physical and psychological disorders.

According to the Dignity Health and Security report on the conference on ageing India's aged (2014), India is trending toward an ageing population. From a total estimated 1210 million people, 103 million of them (8.6%) are above the age of 60, while 11 million are over the age of 80, based to the 2011 Census. In rural areas, the elderly constitute about 70% of the population. By 2050, the population younger than 60 would increase by 20%, & the population over 60 and over 80 would increase by 300% and 500%, respectively. This demonstrates how difficult the task is. It is made clear that as the population ages, so too will their problems with psychological support, social interaction, rehabilitation, and sanitary-remedial care.

According to definitions, life satisfaction is a common indicator of a successful person's willingness to adapt to different life situations. Contrary to common belief, life pleasure does not decline with age and generally persists throughout the life cycle (Dyner et al., 1999). The concept or life satisfaction refers to an intellectual conception that a person with such a vision can successfully juggle a variety of life positions. Having a mental image of oneself surviving subjectively while experiencing high wellbeing sensations

Self-worth is related to the perception and assessment that a person has of themselves, whereas socialisation

implies feeling competent and succeeding in managing one's own social and physical surroundings (Kernis, 2006).. Self-worth is a time- and location-specific component, with self-worth feelings deriving from experiences and occupation types (Kernis, 2006). Different ages will experience this feeling in different ways.2007 (Ourerson & Jost). By using various psychotherapy strategies that pay attention to it, it is crucial to prompting self-esteem level, aging life satisfaction, and degree of spiritual health. Reminiscence is one of these straightforward, affordable therapeutic techniques.

Need of the Study

The knowledge of today's time is need to pay attention not only not prolong age life cycles, but also focus on the additional human age (years) which passed in calm, having self esteem, Social life satisfaction and psychological health in the form of more socialize towards society .

The perception that elderly people are dependent, fragile, and a cost to society is pervasive. These along with other ageist views that could result in discrimination must be addressed for the sake of the general public's health as well as society at large since they have an impact on how policies are created and the possibility that older people will age healthily. (2018)

Every individual have their own story of life in different roles and meaningful journey with different pathway throughout their live to reach their present. People of all ages can enjoy reminiscing.

Reminiscence is both science and art and it is normal human nature that individual like to remember own pleasurable memory which give them satisfaction in life and its gives good mental well being

Demographics, physical health, social support, and social engagement were all linked to depression symptoms in these studies. Reminiscence therapy, or programmes where seniors evaluate and recall their earlier experiences, has been linked to an improvement in elderly people's psychological requirements, per several research (Copenhagen, 1995; Nugent, 1995; Rentz, 1995; Sellers & Stork, 1997). Reminiscence therapy is said to be helpful for integrating past events, growing in self-awareness, reducing feelings of loss, or boosting socialisation in both individual and group settings. In the late 1960s, nursing professionals employed it for the first time in senior care.

It is essential to provide seniors with qualified mental health therapy in nursing home settings because of the ageing population and the fact that certain seniors are needing institutional care more frequently. The researcher will assess older citizens' socialisation, satisfaction, and self-esteem.

Aim of the Study

A study to assess Effectiveness of Reminiscence therapy on self-esteem, life satisfaction and socialization among elderly residing in old age home.

Methodology

Researcher adopted A randomized controlled trial. It was carried out on 112 samples (TAUS Group (56) and Reminiscence therapy Group (56) Administration of twice weekly one hour sessions for 6-weeks along with routine treatment.

Only routine treatment. In sampling Simple Random sampling method was used. Descriptive statistics were mostly used for data analysis. Relibility and pilot study was done by using Socio demographic profile, Modified Satisfaction with life Scale and Reminiscence Therapy Schedule.

Result

SECTION I: DEMOGRAPHIC VARIABLES DISTRIBUTION IN EXPERIMENTAL GROUP AND CONTROL

Table-1   **n=56-56**

Demographic	Control group		Experimental group	
	Frequency	**%**	**Frequency**	**%**
1. Age in years				

60-65	**16**	**28.6**	**30**	**53.6**
66-70	**16**	**28.6**	**11**	**19.6**
71-75	**17**	**30.4**	**7**	**12.5**
76-80	**7**	**12.5**	**8**	**14.3**
2. Gender				
a. Male	**28**	**50**	**25**	**44.6**
b. Female	**28**	**50**	**31**	**55.4**
3. Education				
Middle school	**30**	**53.6**	**31**	**55.4**
Primary School	**26**	**46.4**	**25**	**44.6**

Table 1 depicts distribution of elderly as per their demographic data. The research findings revealed that in control group majority of elderly 17 (30.4%) were in age group of 71-75 and in experimental group majority of elderly 3 (53.6%) belongs to age group of 60 - 65 years.

Regarding gender in control group both male and female were 28,28(50%) and in experimental group majority of elderly 31 (55.4%) were female. Majority of elderly 30 (53.6%) had done middle schooling in control group and 31(55.4) in experimental group.

Table 2: Distribution by frequency and proportion of elderly as per demographic data Source of income, Number of children and Habitant. n=56-56

	Control group		Experimental group	
Demographic	Frequency	%	Frequency	%
4. Source of income				
Pensions	33	58.93	37	66.07
Family members	23	41.07	19	33.93
5. Number of Children				
One	8	14.3	8	14.3
Two	13	23.2	20	35.7
Three	28	50.0	7	12.5
Four	7	12.5	21	37.5
6. Habitant				
Rural	24	42.9	26	46.4
Urban	32	57.1	30	53.6

7. Frequency of visit by family members				
Once a week	32	57.1	37	66.1
Once a month	16	28.6	11	19.6
Once a year	8	14.3	8	14.3

Table depicts source of income in control group majority of elderly 33 (58.93%) and in experimental group majority of elderly 37 (66.07%) were pensioner as source of income. Regarding number of children in control group majority of elderly 2 (50%) were having 3 children and in experimental group majority of elderly 21 (37.5%) were having 4 children. Majority of elderly 32 (57.1%) and 30 (53.6%) were urban habitant in and experimental group. In control group most of elderly 32 (57.14%) and in experimental group 37 (66.1%) visited by their family members once in week.

Table 3

Demographic	Control group		Experimental group	
	Frequency	%	Frequency	%
8. Income per Month in Rs.				
5000-10000	**8**	**14.3**	**17**	**30.4**
10001-15000	**40**	**71.4**	**39**	**69.6**
More than 15000	**8**	**14.3**	**0**	**0.0**
9. Duration of stay in old age home				
<1 year	**20**	**35.7**	**35**	**62.5**
1-3 years	**28**	**50.0**	**13**	**23.2**
3-6 years	**8**	**14.3**	**8**	**14.3**
10. Co morbidities				
Diabetics	**4**	**7.1**	**7**	**12.5**
Hypertension	**4**	**7.1**	**5**	**8.9**
No Comorbidities	**48**	**85.7**	**44**	**78.6**

Table depicts in control group majority of elderly 40 (71.4%) and in experimental group majority of elderly 39 (69.64%) were having income from 10001 to 15000 per month. according to how long control group members spent in an old age home majority of elderly 28 (50%) were staying from 1 to 3 years and in experimental group majority of elderly 35 (62.5%) were staying less than 1 year. Majority of elderly 48 (85.7%) in control group and 44 (78.6%) were not having any Comorbidity in experimental group.

SECTION II A- PRE-INTERVENTION LEVEL OF SELF-ESTEEM, LIFE SATISFACTION AND SOCIALIZATION

Table no. 4

Pre -Modified Rosenberg self-esteem scale			
Group	**Parameter**	**Frequency**	**Percent**
Control	**Low Self-esteem**	**56**	**100.0**
Experimental	**Low Self-esteem**	**56**	**100.0**

Table depicts that in control and experimental group all elderly 56 (100%) have shown low self-esteem.

Table-5

Pre-Modified Life Satisfaction Index for the Third Age (LSITA) Scale			
Group	**Parameter**	**Frequency**	**Percent**
Control	**DisSatisfied**	**37**	**66.07**
	Extremely dissatisfied	**13**	**23.21**
	Neutral	**6**	**10.71**
	Total	**56**	**100**
Experimental	**Dis Satisfied**	**35**	**62.50**
	Extremely dissatisfied	**9**	**16.07**
	Neutral	**12**	**21.43**
	Total	**56**	**100**

Table depicts that in pre-test elderly 35 in experimental group and 37 in control groupwere found dissatisfied.

Table-5

Pre-Modified Socialization scale			
Group	**Parameter**	**Frequency**	**Percent**
Control	**Social relationships are fairly satisfying and adequate**	**12**	**21.43**
	Social relationships are unsatisfactory, of poor quality	**44**	**78.57**

	Total	56	100.00
Experimental	Social relationships are fairly satisfying and adequate	16	28.57
	Social relationships are unsatisfactory, of poor quality	40	71.43
	Total	56	100.00

Table depicts that in control and experimental group majority of elderly 44 (78.56%) & 40 (71.43%) respectively found unsatisfactory or of poor quality with social relationship.

SECTION II B

POST-INTERVENTION LEVEL OF SELF-ESTEEM, LIFE SATISFACTION AND SOCIALIZATION AMONG ELDERLY IN EXPERIMENTAL AND CONTROL GROUP

Table no. 6

Post Modified Rosenberg self-esteem scale			
Group	Parameter	Frequency	Percent
Control	Low Self-esteem	56	100%
Experimental	Normal Self-esteem	34	60.71%
	High Self-esteem	22	39.29%

Table depicts that in control group 56(100%) elderly shown low self-esteem and in experimental group majority of elderly 34 (60.71%) have shown normal self-esteem and 22 (39.29%) shown high self-esteem.

Table no. 7

Post Modified Life Satisfaction Index for the Third Age (LSITA)Scale			
Group	Parameter	Frequency	Percent
	Dis Satisfied	12	21.43
	Extremely dissatisfied	20	35.71
	Neutral	15	26.79
	Satisfied	9	16.07
Control	Total	56	100.00
Experimental	Neutral	12	21.43

	Satisfied	44	78.57
	Total	56	100.00

Table depicts that majority of elderly 20 (35.71%) found extremely dissatisfied and 15 (29.79%) were neutral in control group. In experimental group majority of elderly 44 (78.57%) found satisfied.

Table no. 8

Post Modified Socialization scale			
Group	**Parameter**	**Frequency**	**Percent**
Control	Social relationships are fairly satisfying and adequate	47	83.93%
	Social relationships are very satisfactory and extensive	9	16.07%
	Total	56	100%
Experimental	Social relationships are fairly satisfying and adequate	7	12.50%
	Social relationships are very satisfactory and extensive	49	87.50%
	Total	56	100%

Table depicts that majority of elderly 47 (83.93%) found fairly satisfied and adequate social relationship in control group and in experimental group majority of elderly 49 (87.50%) found very satisfactory and extensive with social relationship.

SECTION III

COMPARISON OF THE LEVELS OF SELF-ESTEEM, LIFE SATISFACTION, AND SOCIALISATION AMONG THE ELDERLY IN THE EXPERIMENTAL AND CONTROL GROUPS BEFORE AND AFTER THE INTERVENTION

Table 9

Group	Pre-Modified Rosenberg self-esteem scale	Post Modified Rosenberg self-esteem scale	Wilcoxon	P Value	Sig/Non Sig

					Wilcoxon	P	Sig
Control	**Median**		13.00	13.00	1.603	0.109	Non Sig
	Quartile	1st	12.00	13.00			
		3rd	15.00	14.50			
Experimental	**Median**		14.00	28.00	6.164	<0.001	Sig
	Quartile	1st	12.00	26.00			
		3rd	14.00	32.00			

The above table depicts that in control group Wilcoxon value of pre and post self-esteem scale is 1.603 and p vale is 0.109 which indicates non-significant within the group. In experimental group Wilcoxon value of pre and post self-esteem scale is 6.164 and P value is <0.001 which indicates significant within the group.

Table 10:

Modified Rosenberg self-esteem scale				**Man Whitney**	**P Value**
CONTROL	**Median**		1.00	0.001	<0.001
	Quartile	1st	-1.00		
		3rd	2.00		
EXPERIMENTAL	**Median**		14.00		
	Quartile	1st	13.00		
		3rd	18.25		

The above table depicts that man whitney value in control and experimental group is 0.001 and p value is <0.001.

Table 11

Group			Pre-Modified Life Satisfaction Index for the Third Age (LSITA)Scale	Post-Modified Life Satisfaction Index for the Third Age (LSITA)Scale	Wilcoxon Test	P Value	Sig/ Not Sig
Control	**Median**		44.00	49.00	3.299	0.001	Sig
	Quartile	1st	44.00	32.00			
		3rd	47.00	63.00			
Experimental	**Median**		43.00	87.00	6.157	<0.001	Sig

Quartile	**1st**	42.00	82.00			
	3rd	46.00	94.00			

According to the mentioned data, the control group's Wilcoxon pre- and post-life satisfaction score is 3.299. and p vale is 0.001 which indicates significant within the group. In experimental group Wilcoxon value of pre and post self-esteem scale is 6.157 and P value is <0.001 which indicates significant within the group.

Table 12:

Modified Life Satisfaction Index for the Third Age (LSITA)Scale				**Man Whitney**	**P Value**
CONTROL	**Median**		6.50		
	Quartile	**1st**	-12.00		
		3rd	39.00	317.5	<0.001
EXPERIMENTAL	**Median**		45.00		
	Quartile	**1st**	32.75		
		3rd	51.00		

The above table depicts that man whitney value in control and experimental group is 317.5 and p value is <0.001.

Table 13

Group			**Pre-Modified Socialization scale**	**Post-Modified Socialization scale**	**Wilcoxon**	**P Value**	**Sig/Non Sig**
Control	**Median**		14.50	33.00			
	Quartile	**1st**	13.00	29.00	6.168	<0.001	Sig
		3rd	15.00	35.00			
Experimental	**Median**		17.00	41.00			
	Quartile	**1st**	15.00	38.00	6.167	<0.001	Sig
		3rd	19.00	43.00			

The mentioned table shows that the pre- and post-socialization scale score for the control group in Wilcoxon is 6.168 and p vale is <0.001 which indicates significant within the group. In experimental group Wilcoxon value of pre and post self-esteem scale is 6.167 and P value is <0.001 which indicates significant within the group.

Table 14

Modified Socialization scale				Man Whitney	P Value
Control	Median		16.00	617	<0.001
	Quartile	1st	14.00		
		3rd	20.00		
Experimental	Median		23.00		
	Percentiles	1st	19.50		
		3rd	26.00		

The above table depicts that man whitney value in control and experimental group is 617 and p value is <0.001.

SECTION IV

EFFECTIVENESS OF REMINISCENCE THERAPY ON LEVEL OF SELF-ESTEEM LIFE SATISFACTION AND SOCIALIZATION AMONG ELDERLY

Table 15

Variables	Mean	SD	T value	P value	Remark
Post test exp	26.95	2.37	9.13	<0.00001	Significant
Post test control	13.54	1.76			

The p value in the above table, at the less than 0.05 level of significance, shows that reminiscence therapy significantly improves self-esteem.

So null hypothesis is rejected.

Table 16

Variables	Mean	SD	T value	P value	Remark
Post test exp	81.76	7.58	4.38	0.0025	Significant
Post test control	46	2.35			

The p value in the above table, at the less than 0.05 level of significance, shows that reminiscence therapy significantly improves life satisfaction.

So null hypothesis is rejected.

Table 17

Variables	Mean	SD	T value	P value	Remark
Post test exp	48	2.86	2.26	0.027	Significant
Post test control	35.24	3.27			

The above table depicts that there is significant effectiveness of Reminiscence therapy on Socialization as p value is 0.0025 which is less than 0.05 level of significance.

So null hypothesis is rejected.

Discussion

Study's results were examined in relation to the stated goals. The current investigation was started. "Efficacy of Reminiscence Therapy in Self-Esteem, Life Satisfaction, & Socialization Among Elderly Residening in Old Age Homes: A Randomized Controlled Trial"

In the present study The pre modified life satisfaction index among control and experimental groups were maximum with dissatisfied with 66.7 % and were neutral and extremely dissatisfied with 16.7% each.

But the post modified life satisfaction Index, maximum were in extremely dissatisfied in control group with 50% and in experimental group they were maximum in satisfied group with 83.3 percentage

Statistically, there is no difference between the control and experimental groups in terms of pre- and post-self-esteem, but there is a significant difference between the two groups in the experimental group.

Another study by Shu-Yuan Chao et al. looked at how group memory therapy affected the degrees of depression, the level of life happiness and self-esteem among older nursing home inhabitants. . Twelve seniors participated in the control group's nine weekly, one-hour sessions that served as group therapy and were meant to recall recollections. For the control group, 12 more seniors were enlisted, and they were matched with the experimental individuals according to pertinent factors. One week prior to and one week following the start of therapy, depression, self-esteem, & life satisfaction were assessed.The findings showed that group recollection therapy considerably increased self-esteem but did not statistically significantly affect melancholy or general life satisfaction. In nursing homes, reminiscence clubs may enable older residents to interact socially and develop into support networks. Applications for institutional care in the future can use the paradigm we established here as a model.

Conclusion:

The study's findings demonstrate that there is no significant correlation between education, source of income, and the number of children in the control or experimental groups and the pre-modified socialization scale.Because of the p value, is greater than 0.05. so null hypothesis is accepted.

Recommendation:

Similar Study can be done in larger population

Conflict of Interest

The Researcher confirm that they have no connections to any organisation or organisation that has a stake, financial or otherwise, in the subjects or sources discussed in this book.

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