

The impact of Conventional and Spiritual Reminiscence in a Group Manner by Seniors on their Confidence in Nursing Homes

Ayoob Faridi¹, Jahangir Maghsoodi², Zahra Ghazavi³, Habibollah Hoseini³

¹ MSc in Gerontological nursing, Isfahan University of Medical Sciences, Isfahan, Iran

² Assistant Professor and Faculty member in Nursing and Midwifery School, Isfahan University of Medical Sciences, Isfahan, Iran

³ MSc and Faculty member in Nursing and Midwifery School, Isfahan University of Medical Sciences, Isfahan, Iran

Abstract: Background: Due to the growing elderly population, identifying the risk factors and proper planning to enhance the confidence of this segment of society seems essential. This study aimed to determine the efficacy of conventional and spiritual reminiscence in a group form on self-esteem by seniors in nursing homes in Isfahan done in 2015. This study was a randomized, double and three-stage group. In this study, 64 elderly people living in nursing homes in Isfahan randomly selected and randomly assigned to two experimental and control groups were replaced. The two experimental and control groups dedicated to the Rosenberg Self-Esteem Scale (RSES) responded. Then the researcher under the experimental group for 8 sessions (2 sessions per week for 4 weeks) to normal and spiritual reminiscence to the group's practices. Immediately after the intervention and one month after both experimental and control groups dedicated to the Rosenberg Self-Esteem Scale (RSES) responded. Data were analyzed using SPSS software version 18. Results: ANOVA showed that average scores of confidence in the stages before, immediately after and one month after the intervention groups were significantly different ($p < 0.05$). Scheffe analysis showed that mean scores of confident seniors groups before, immediately after and one month after intervention significantly different ($p < 0.05$). Conclusion: The results of reminiscence and spiritual importance of the elderly in the conventional group approved. More interaction with peers and discuss with them and to share memories by the elderly could be useful in increasing their self-confidence. According to the survey results, the use of conventional and spiritual reminiscence program to enhance the confidence of the elderly is recommended.

[Ayoob Faridi, Jahangir Maghsoodi, Zahra Ghazavi, Habibollah Hoseini. **The impact of Conventional and Spiritual Reminiscence in a Group Manner by Seniors on their Confidence in Nursing Homes.** *Nat Sci* 2017;15(6):68-73]. ISSN 1545-0740 (print); ISSN 2375-7167 (online). <http://www.sciencepub.net/nature>. 7. doi:[10.7537/marsnsj150617.07](https://doi.org/10.7537/marsnsj150617.07).

Keywords: Typical reminiscence, spiritual reminiscence, the elderly, confidence, Isfahan

1. Introduction

The world has been changing demographics and the aging population phenomenon is relatively new (Sayad Pour, 2012). In 2015, about 900 million people worldwide were elderly (zarghami, Sharghi and Olfat, 2015). It is anticipated that by 2050 the world population will double over 65 years which 52 percent in Asia and 40% of the elderly population will live in developing countries (WHO, 2014). According to the latest census in 2011 in Iran, 8.2% of Iran's population, more than 6 million people 60 years and older comprised of (Iran Statistical Center, 2011). According to international estimates, the elderly population compared to other parts of Iran since 1411 and even the global average will grow faster in 1424 than the average growth of the aging population and to the world and five years later, from Asia will outpace (Mirzaei and Shams Ghahfarokhi, 2007).

Access to health structures of the home support centers, rehabilitation hospitals and nursing the country. To respond to this right, short-term and long-term policy planning are required to provide and implement specialized training and service in all

aspects, especially in the public sector guarantee (Chehel Amirani et al., 2015). New pattern of health of the elderly often to physical problems (such as mobility, pain, fatigue and sleep disorders), psychological (such as depression, anxiety, anxiety) and social (such as the inability to play the role of social, marital problems) paid (Janabi, 2014). Studies have shown that 24 percent of older people suffer from moderate depression and 30 percent of major depression and 5-30 percent prevalence of anxiety in older women and older men is 19.2 percent (Phillips & Kinsella, 2005).

Use appropriate measures to promote physical health, psychological and social care of the elderly is high on the agenda of all the international community is located. Including interventions for the elderly have been used to increase confidence reminiscence (Zanjiran et al., 2014).

Interventions and nursing care in the reminiscence categorized as event reminders, feelings and thoughts of the past, in order to facilitate and enhance the quality of life of pleasure or compatibility with current positions used (Sheibani Tazraji and

Pakdaman, 2010). One of the ways is spiritual reminiscence therapy (Kézdy et al, 2010) In this way, the therapist spiritual exploration of the issues that are associated with the recovery of his health, will be invited. The therapist focuses on spiritual matters impartially and without judgment takes place (Richards, Hardman, & Berrett, 2007).

Westerhof et al (2010) in their study of past memories with the aim of integrating character for identity, reduce the symptoms of mental illness and promoting mental health of the elderly have reported. The results Bohlmiyer and colleagues (2009) showed that reminiscence is a positive effect on reducing symptoms of depression in older adults. Shellman et al (2009) studied the effects of integrative reminiscence syndrome in geriatric depression. The results of this quasi-experimental study (non-randomized) showed that after the intervention program, significantly reduced depression among participants in the follow-up to action after three months of intervention effects persisted.

Sotoodeh Navrood et al. (2013) in a pilot study on the elderly in Anzali, the reminiscence group therapy on mental health of older men retired from the city's Cultural Center. The results showed that reminiscence therapy could lead to improved mental health component in older men. Moradinejad and colleagues (2010) quasi-experimental study of 57 elderly people living in nursing homes in Tehran's Shahid Hashemi Nejad, the results showed that reminiscence therapy was effective in improving the elderly mental health.

Due to the effect of reminiscence as an independent therapeutic intervention, low-cost and easy, this question was raised on the Geriatric Depression research team that conventional and spiritual reminiscence together on confidence elderly What is the effect? The aim of this study was to evaluate the effect of conventional and spiritual reminiscence of confidence elderly nursing home was designed in Isfahan. If the effectiveness of this intervention, in addition to providing new evidence in this case, can be as easy and effective intervention in all care for the elderly and families with the elderly.

Materials and methods

This clinical trial study, three-stage (before, immediately after and one month after intervention) and two groups (the experimental group and the control group reminiscence spiritual and conventional) the impact of conventional and spiritual reminiscence (independent variable) on confidence (the dependent variable) was measured. This study was part of a Master's thesis nursing the elderly.

The study population included all elderly residents of Kahrizak Charity Nursing Square in

Isfahan. The highest number of elderly people in nursing homes are kept at the center, thus enabling easier access to the samples. In this study, 64 patients were randomly among the elderly and in accordance with the criteria of this center were selected and randomly divided into two groups (test group reminiscence spiritual normal control group) were enrolled.

The inclusion criteria to participate in the study expressed to be able to express their experiences and memories, having a support system such as family, having vision, hearing, not receiving any treatment of impaired mental ability, memory or thinking, full consciousness of the time, place and person, Iranian, Muslim, non-chronic debilitating disease, do not use medications that affect the public health component, failing to perform any operation within 6 months.

Exclusion criteria were as follows: lack of desire to continue the cooperation of the participants during the study, participate in psychotherapy at the time of the study, faced with acute stress, such as relatives died during the study, hospitalization or acute illnesses, absenteeism at meetings over a meeting, the use of psychiatric drugs affecting public health component (depression, anxiety, sleep, social functioning) during the study.

The data collection tool was a two-part questionnaire. The first part of the elderly demographic characteristics including age, sex, marital status, educational level, duration of stay in a nursing home, the second part of the questionnaire dedicated Rosenberg Self-Esteem Scale (RSES), respectively.

Rosenberg self-esteem questionnaire with 10 statements with Likert scale of 4 degrees. From strongly agree to strongly disagree. I completely agree females scoring methods (number 3) somewhat agree (number 2) somewhat disagree (number 1) and strongly disagree (4) takes place. The scale of 5 questions (questions 2, 5, 8, 6, 9) for reverse scoring and range from zero to 40. Thus, score 10 and minimum score of 40 represents the maximum is self-esteem.

Shahbazzadegan et al. reliability of this questionnaire in the elderly population vary from 850 reported living in a nursing home. Proof and colleagues have reported Cronbach's alpha coefficient of this questionnaire 0.78.

First of all elderly scholar who seemed to have the ability to participate in the study, Invited and the first meeting was held at the conference hall of nursing homes for the elderly were given adequate explanations about the purpose of the gathering. Then between them, and due to the inclusion criteria, 64 patients choose and again at a meeting about the purpose and process of researching

and also explained how to run meetings and planning sessions. After obtaining written informed consent, it was asked during the execution of this study in counseling and psychotherapy. Others do not have and continue their normal life. The demographic questionnaire and Rosenberg self-esteem questionnaire within 45 minutes by asking them direct questions by the investigator, was completed. The sample was randomly divided into two groups randomly as a test group and a control were considered. Then the groups were asked to pay in eight sessions and regular spiritual reminiscence.

These sessions 2 sessions per week (Sunday and Tuesday) and each session lasting 1.5 hours of three o'clock in the afternoon as a group was forming four and a half. Respondents were asked to express their memories during different stages of life, in addition to conventional memories, memories and express your spiritual. Spiritual topics were identified through interviews with elderly people.

Content on the Reminiscence meetings are as follows:

The first session consists of members of the group and therapist referrals and familiarity with each other.

Session II: typical childhood memories expressed by seniors and their memories + Learn the Koran and prayer, going to the mosque and religious circles and religious site with family + Homework sessions later. Assignment of each session was that the elderly should think about the topic of the next session and more readily participate in the discussion.

Session III: Talking about routine memories of young and educated + dating and socializing with

religious people, dedication and sportsmanship, respect for parents + homework after meeting.

Session Four: Provide regular books about marriage and childbirth + mate selection criteria, religious, choosing names for their children and religious education of children + Quranic and religious duty next meeting.

Fifth Session: Job typical expression of memories and experiences and successes of that era + earn solvent, forgiveness and justice + homework after meeting.

Session Six: Memoirs of an ordinary holiday and travel previous periods of life + Kids and Ashura ceremony, partying and partying during Ramadan, Eid al-Adha sacrifice, pilgrimage and other holy places + duty travel to the next session.

Seventh session: providing memories related to certain common occurrence in the life + to help the poor, holy and charitable contribution in the construction of facilities, mosques, schools, roads + homework after meeting.

Session Eight: Conclusions and end of sessions.

Immediately and one month after the General Health Questionnaire in a 45-minute intervention by asking them direct questions by the investigator, was completed.

Findings

In the test group, 15 females and 17 males and in the control group of 18 women and 15 men participated. The mean age of 4.72 ± 69 years old and older men was 5.41 ± 72 . 76 per cent and 68 per cent of older men, older women were illiterate and semi-literate. In Table 2 summarizes the analysis of variance is proposed.

Table 1: Results of analysis of variance ordinary and spiritual reminiscence effect on the general health of the control and test groups

Group	Source of changes	Sum of squares	df	Mean Square	F value	significance level
Experimental group	Test	2405.849	2	1202.935	36.499	0.000
	main effect of group	3065.057	93	32.958		
	remaining error	5470.906	95			
Control group	Test	0.778	2	0.389	0.008	0.992
	main effect of group	4330.712	93	46.567		
	remaining error	4331.490	95			

ANOVA showed that the effect was not significant in the general health of the control group ($p = 0.992$), while the effect is significant in the general health of the experimental group ($p = 0.00$). As well as the results of the control group at three stages before, immediately after and one month after the

intervention, there is no significant difference, but in groups on three stages: before, immediately after and one month after the intervention, there was a significant difference.

Scheffe test was used to compare pairs of groups which results in Table 2 is expressed.

Table 2. Results of Scheffe post hoc analysis in both spiritual and reminiscence normal control group

Group			The average difference	p
Experimental group	Before intervention	Immediately after the intervention.	10.84262*	.000
		A month after the intervention.	10.22064*	.000
	Immediately after the intervention.	Before intervention	-10.84262*	.000
		A month after the intervention.	-.62198	.912
	A month after the intervention.	Before intervention	-10.22064*	.000
		Immediately after the intervention.	.62198	.912
Control group	Before intervention	Immediately after the intervention.	-.18084	.994
		A month after the intervention.	-.19697	.993
	Immediately after the intervention.	Before intervention	.18084	.994
		A month after the intervention.	-.01613	1.000
	A month after the intervention.	Before intervention	.19697	.993
		Immediately after the intervention.	.01613	1.000

Scheffe post hoc analysis showed that mean scores of general health of ordinary and spiritual reminiscence groups before the intervention, immediately after and one month after the intervention there was a significant difference ($p < 0.05$). However, the mean score of general health of the control group before the intervention, immediately after and one month after the intervention, there was no significant difference ($p > 0.05$).

Discussion and conclusion

The aim of this study was to investigate the effect of reminiscence in a group form and spiritual standard by seniors in nursing homes was their general health. The results generally showed that older people significantly after the implementation of reminiscence than the elderly control group had a higher level of public health; so we can say that participation in the program interventions to improve general health and spiritual reminiscence is normal.

The results are consistent with previous studies in this field. The results blessings and colleagues (1385) showed that reminiscence could improve the quality of life of the elderly. The results of Zauszniewski and colleagues (2004) showed that after an average of 6 to 8 sessions reminiscence public health scores in the test group decreased dramatically; in other words, general health has improved with reminiscence.

The results showed that reminiscence Chiang and colleagues in the elderly Experimental group, the short-term, positive (three months) on public health compared with the control group. The findings of this study are consistent with these findings. Chiang (2009). Other research has shown that reducing loneliness in old people's reminiscence activities and reminiscence therapy fruitful activity to fill time alone elderly. R. H. hand, and Wang (2009) showed that reminiscence has been reduced physical disability

score. The results Nemati et al. (2006) showed that the mean score of quality of life after treatment the physical dimension is increased in the intervention group than before the intervention.

Our results with the results of Wang et al (2005), anxiety, sleep disorders, depressive symptoms, including sleep disturbance and agitation, and results Zasnysky et al (2004) in reducing symptoms of anxiety in the elderly, after the intervention of reminiscence line.

In a study by Stinson & Kirk (2005) in the group reminiscence there was no significant increase in depression in the elderly may be due to the low number of 10 sessions to influence depression. Results showed that 12 sessions of reminiscence therapy, geriatric depression has led to improvements, but more sessions or less, the effect is not increased. Elderly personality traits also affect the results of reminiscence.

In a study by Wang et al (2009) after meetings reminiscence significant change in behavior and physical function in elderly patients with dementia was observed components. According to the researchers, the lack of effect on physical function in elderly patients with dementia, reminiscence can be the result of a sudden drop in the health status and performance caused by this disease. The small sample size could also have an impact. Scheler and Stroke (2009) estimated that reminiscence sessions must be done between 6 and 12 sessions while the study, Wang and colleagues of meetings has been less than 6 sessions (according to Majzoobi et al., 2012).

Koons and Sollitz (2007) believe that participation in reminiscence to improve relations elderly person gets a job and family. Because people in reminiscence on positive interactions and high quality focus, this allows them to talk about what is important to them.

According to evolutionary theory Ericsson, reminiscence has a key role in the final stages of life. In addition, as a potential in addressing mental health and reintegration assistance to seniors in obtaining their acts (Zauszniewski, 2000). This is a kind of defense mechanism to reduce conflict and the elderly because it reinforces the ego and as a form of interaction between groups and improve mental well-being (Chiang, 2009). Recall with experience and practice can enhance memory and maintain awareness of its impact on cognitive disorders in the elderly (Hojjati et al., 2011).

When elderly nursing home residents participate in reminiscence find opportunities that new friends and friendly relations have a deeper and be able to communicate. In addition, companies within the group to avoid the decrease in new position through the interaction between the individual and provide social support leads to another. (Sotodeh Navroodi and others, 2013).

Since many of the symptoms of mental illness in the elderly or ignored, or as part of the aging process, are underestimated. This neglect can be difficult to create numerous in older age. Reminiscence by helping the elderly in accordance with the normal aging process and the restoration of the lessons learned can help older people live with increasing confidence and raise self-perception and personality development and gain a sense of integrity and a sense of satisfaction from life earn more positive values. Also according to the beliefs and spiritual practices associated with all aspects of general health during this period, the same spirituality spiritual needs are more pronounced in old age is more important.

The reminiscence of the moral and spiritual vision of becoming aware of other people, causing the elderly to reach a higher level of spiritual understanding, his attitude toward spirituality affected and to develop the skills to identify the spiritual needs and improve public health in the lead. (Sotoodeh Navroodi and others, 2013). Study highlighted the impact of spirituality on anxiety and general health is based interventions (Janabi, 2014). Many studies showed that spirituality is associated with mental and physical health (Moradi Nejad, 2010).

The results are consistent with the above findings. The findings of this study provide new evidence in the different samples which can be used to strengthen the existing literature on the impact of reminiscence on the health of the elderly help. The results of this study and other related studies can be normal to have a positive impact spiritual reminiscence in a group form realized by seniors on general health. It is recommended that the educational package reminiscence of nursing home residents and their families with the elderly, should be used;

according to sex differences, future research will consider this point and highlighting the differences between the sexes in educational settings specific to each gender pay reminiscence that is more consistent with their characteristics. To increase the generalizability of the results of this study, further studies are needed in the form of single case experimental designs and pilots with larger groups with more variables to be controlled.

Since the implementation of the research is faced with its own limitations, this study also was not an exception. Among the limitations of this study can be pointed out that participants in the study of cultural, social and emotional differed was trying random selection of this problem be controlled. The possibility that participants were not present at the meeting in due course whenever possible with an adequate description of the initial meeting, cooperation has focused.

Acknowledgement:

We thanks and appreciate all those who helped the research team on this study, and especially thanks from the elderly care center staff in Isfahan and seniors of this center.

References:

1. Tabarraey, R., Fathi Ashiani, A. and Rasoolzadeh Tabatabaei, K. 2008. The share effect of religious orientation on mental health compared with demographic factors ". *Psychology and religion*, 1 (3), 37-62.
2. Jenabi, 2015.. "The effectiveness of group therapy on life satisfaction and mental health history" thesis. Islamic Azad University - Marvdasht Islamic Azad University - Faculty of Education and Psychology.
3. Chel Amirani, N., Sahaf, R. and others, 2015.. "The validity and reliability of Farsi version of the" World Health Organization quality of life of people with disabilities »(WHOQOL-DIS) in elderly people with disabilities", *Journal of Rehabilitation Winter 2015*, Volume 16, Number 4, 334 - 344.
4. Hojjati, H. and Sharifinia, H. 2011. Effect of reminiscence therapy on self-esteem and life satisfaction of the elderly "Address: Nursing and Midwifery, Volume IX, Issue V, p. 351.
5. Zanjiran, Sh. and Borjali, A. 2014. The effectiveness of group therapy on quality of life and general health of women living in nursing homes, "Journal of Medical Sciences Volume 21, Number 127.
6. Sotoodeh Navroodi, Pouragha, R. 2013. The effectiveness of reminiscence group therapy on mental health of men "seniors, *Journal of Economic Research: Spring 2013*, Volume 22, Number 85, 61 - 67.
7. Sheibani, F. and Pakdaman, Sh. 2010. "The effect of music therapy, reminiscence and desired activities on reducing loneliness in old people", *Journal of Applied*

- Psychology, fall 2010, Volume 4, Issue 3 (15); 55 - 68.
8. Sayadpour, Z. 2012. "Memory, age and excitement in old age", developmental psychology, psychology of Iran, 8 (32), pp. 417-418.
 9. Zarghami, E. and Sharafi, A. 2015. "Characteristics affecting the quality of life of nursing home residents of nursing homes in Tehran Shemiranat area", Journal of Iranian Architecture Studies Spring and Summer 2015, Volume 4, Number 7; 111 - 126.
 10. Moradinejad, S. and Sahbaei, F. 2010. "The effect of reminiscence on Elderly Mental Health" magazine: Elderly: Fall 2010, Volume 5, Number 17, 60 - 66.
 11. Statistical Center of Iran, 2011. "Population and Housing Census". Available at: <http://www.amar.org.ir/Default.aspx?tabid=133>. Accessed Apr4, 2015.
 12. Majzoobi, M. and Momeni, Kh. 2012. "The effectiveness of a structured reminiscence therapy on quality of life and happiness of the elderly" developmental psychology: Iranian psychology, Title, Issue 34.
 13. Malakooti, K. and Mirabzadeh, A. and others. "Reliability, validity, factor analysis and GHQ (GHQ) 28 items in the Iranian elderly". Iranian Journal of Ageing. 2006; 1 (1): 11-21.
 14. Mirzaei, M. and Shamsi, Gh. 2007. "The population of the elderly in Iran based on censuses, 1946-2006," Journal: elderly, Volume 2, Issue 5, pp. 326 -331.
 15. Nemati, Sh. and Dehkordi, B. 2006. Effect of reminiscence therapy on quality of life shahrekord., University of medical sciences Volume 1 Number 9. 75 – 81.
 16. Niazi, M. and Menati, R. et al. 2015. The relationship between general health and emotional intelligence of nurses working in hospitals in Ilam Journal: Sadra Medical Sciences: Summer 2015, Volume 3, Number 3, 179 – 190.
 17. Bohlmeijer E, Kramer J, Smit F, Onrust S, Van Marwijk H. 2009."The effects of integrative reminiscence on depressive symptomatology and mastery of older adults". Community Mental Health Journal; 45(6): 476-484.
 18. Chiang K. The effects of reminiscence therapy on psychological well-being depression, and loneliness among the institutionalized aged. International Journal of Geriatric Psychiatry. 2009; 25(4): 380-388.
 19. Chiang KJ, Chu H, Chang HJ, Chung MH, Chen CH, Chiou HY, et al. 2009. "The effects of reminiscence therapy on psychological well-being, depression, and loneliness among the institutionalized aged", International Journal of Geriatric Psychiatry; 25(4): 380-8.
 20. Kinsella K & Phillips DR, 2005, "Global Aging: The Challenge of Success", Population Bulletin, Population Reference Bureau; 60(1): 1-5.
 21. Richards, P. S., Hardman, R. K., & Berrett, M. (2007). *Spiritual Approaches in the Treatment of Women with Eating Disorders*. Washington: American Psychological Association.
 22. Shellman, J. M., Mokel, M., & Hewitt, N. (2009). The effects of integrative reminiscence on depressive symptoms in older African-Americans. *Western Journal of Nursing Research*, 31(6), 772-786.
 23. Stinson CK & Kirk E, 2006. "Structured reminiscence: an intervention to decrease depression and- increase self-transcendence in older women", *Journal of clinical nursing*; 15(2): 208-18.
 24. Wang JJ, Yen M, OuYang WC. "Group reminiscence intervention in Taiwanese elders with dementia". *Archives of Gerontology and Geriatrics* 2009; 49(2): 231.
 25. WHO. Ageing and Life Course. 2014. Available at: <http://www.who.int/ageing/en>. Accessed Apr 4, 2014.
 26. Zauszniewski JA, Eggenschwiler K & Preechawong S, 2006. "Effects of teaching resourcefulness skills to elders", *Aging Ment Health*; 10(4): 404-12. 2 - 10.
 27. Kézdy, A.; Martos, T.; Boland, V. & Horváth, K. (2010). Religious doubts and mental health in adolescence and young adulthood: The association with religious attitudes. *Journal of Adolescence*; 11, 1-9.
 28. Chiang, K. (2009). The effects of reminiscence therapy on psychological well being, depression, and loneliness among the institutionalized aged. *International Journal of geriatric psychiatry*. 25(4): 380-388.
 29. Kunz, J.A. & Soltys, F.G. (2007). *Transformational Reminiscence: Life story work*. NewYork: Springer publishing.
 30. Wang JJ, Hsu Ych, Cheng SF. The effects of reminiscence in promoting mental health of Taiwanese elderly. *International Journal of Nursing Studies* 2005; 42(1)31.
 31. HSU YCH, Wang JJ. Physical, affective and behavioral effects of group reminiscence on depressed institutionalized elders in Taiwan. *Nursing Research Journal* 2009; 58(4): 294-299.
 32. Zauszniewski JA. Focused reflection reminiscence group for elders, *Journal of Applied Gerontology* 2004; 23(4): 429.
 33. Wang JJ, Yen M, OuYang WC. Group reminiscence intervention in Taiwanese elders with dementia. *Archives of Gerontology and Geriatrics* 2009; 49(2): 231.