Assessment of the Quality of Life among the Elderly before and after Reminiscence Therapy in Selected old age home of Ajmer

Dr. Monika Nehra[1], Dr. Mahendra Khanna[2]

[1]PG Student, Department of Community Medicine, J.L.N. Medical College, Ajmer, India
[2]Associate Professor and Head, Department of Community Medicine, J.L.N. Medical College, Ajmer, India

Abstract— *In the present study to assess the effect of reminiscence therapy on psychological well-being, depression, and loneliness among elderly in selected old age homes of Mysore. a non-equivalent pre-test and post-test control group quasi experimental design was adopted. The samples were selected by adopting the non-probability convenience sampling technique. The sample consisted of 70 elderly staying in selected old age homes of Mysore, out of which 35 each in experimental and control group. The tool used for the data collection was Standardized geriatric depression scale to assess depression, Standardized Affect balance scale to measure psychological well-being, and Standardized UCLA loneliness scale to assess loneliness. On day1, 2, & 3 psychological well-being, depression, and loneliness were pre tested both in experimental and control group. On day 4, 6, 8, 10, 12, &14 the reminiscence therapy were administered to experimental group. On day 22, 23, &24 post test was conducted respectively in both groups. Both descriptive and inferential statistics were used to analyse the data. Findings of the study revealed that there is a significant reduction in the post test mean depression, and loneliness scores of elderly in experimental group than the control group as evident from the 't' value 5.365, and 9.268 with post-test df 't'(68) at 0.05 level of significance, and also there is a significant gain in the post test mean psychological score of elderly in experimental group than the control group as evident from the 't' value 4.763 with post-test df 't'(68) at 0.05 level of significance. There was no significant association found between psychological well-being, depression, and loneliness of elderly in old age homes and their selected personal variables viz. age, gender, marital status, education level, income, visits by family members and other chronic medical illness. The findings revealed that, pre-test depression, and loneliness scores of elderly in old age homes was more compared to post-test depression, and loneliness scores and also pre-test psychological well-being score of elderly in old age homes was less compared to post test in experimental group.*

Keywords— *Psychological well-being, Depression; Loneliness, Reminiscence therapy.*

I. INTRODUCTION

Ageing is a universal process and it affects each human being in the world physically and psychologically. It is an inevitable phenomenon marked by the gradual loss of cellular functions leading to the deterioration of various organ systems in the human body. Ageing is a process that begins with conception but in practice. It phases in life when body functions begin to decline in due to a the loss of adaptive response to stress and in increasing risk of age related disease like therby, walkers, wheel chairs, and modifications to the living environment (e.g., handrails, ramps) important for maintaining independence. Although ageing itself is not a disease, it predisposes individuals to a higher risk of multiple diseases due to a diminished immune response and reduced regenerative capacity. It is a by product of demographic transition, the change from

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high fertility mortality rates. The mental health of elderly people, especially the high incidence of geriatric depression, has become an issue of increasing concern with the rapid growth of the ageing population(Karam GE 2012). The World Health Organization (WHO) defines healthy ageing as "the process of developing and maintaining the functional ability that enables well-being in older age" (World Health Organization, 2015). Functional ability encompasses the capabilities that allow individuals to meet their basic needs, learn, grow, make decisions, be mobile, build as well as contribute society and maintain relationships. This phenomenon is more evident indeveloped countriesbut recently it seems to be increasing more rapidly in developing countries. The United Nations estimates put the number of the 60 plus at 600 million, as almost 10% of the world population and this number is expected to go up by 2 billions by 2050. (Hazra, 2009).The size of the elderly rosein absolute terms during the last century from12 millionin 1901to approximately71 millionin 2001 and is likely to reach 113 million in 2016, Yet another feature of ageing in India is the fact that the proportion of elderly is much higher in the rural areas than in the urban areas.

II.   AIMS AND OBJECTIVES

AIM:

1. Assessment of quality of life among elderly in selected before and after Reminiscence therapy.

OBJECTIVES:

1. To identify socio-demographic variables of elderly in old age home.

2. To assess the pretest level of quality of life among elderly in selected old age home.

3. To evaluate the post test level of quality of life after reminiscence therapy among elderly in selected old age home.

4. To determine the effectiveness of reminiscence therapy in improving quality of life among elderly in selected old age home.

5. To find association between the post-test level of quality of life among elderly with selected socio demographic variables.

III.   METHODS

This chapter details the methodological framework employed in the study, encompassing the research approach, research design, variables, settings, population, samples and sample size, sampling technique, development of the tool, content validity, reliability, data collection procedure, plan for analysis, and ethical issues. Each section is meticulously outlined to ensure clarity and comprehensiveness.

1.   Research Approach:

The research approach outlines the overall strategy and direction of the study. This study adopts a quantitative approach, utilizing structured and systematic methodology to explore the research questions. The applied form of research employed here aims to determine the effectiveness of a program, treatment, practice or policy. Specifically, this study evaluates the effectiveness of reminiscence therapy on the quality of life among the elderly. Consequently, an evaluation approach is essential to test the effectiveness of these interventions.

2.   Study Design:

This study adopts a community-based quantitative design to evaluate the effectiveness of reminiscence therapy as an intervention tool for improving the quality of life among the elderly. The research does not include a control group; instead, it utilizes a single-group pretest-posttest design. All subjects undergo a pretest to assess their baseline quality of life. Following this, they receive the reminiscence therapy intervention. After the intervention, a post test is administered to measure any changes in their quality of life. In the absence of a control group, each subject serves as their own control. The analysis focuses on comparing the pretest and posttest data to identify any significant differences and determine the impact of the reminiscence therapy. This self-controlled approach allows for an assessment of the therapy's effectiveness by evaluating the changes in the subjects' quality of life before and after the intervention.

3.   Study Duration:

The study duration spans from August 2023 to July 2024, covering a period of one year. This timeframe allows for comprehensive data collection,

intervention administration, and analysis of the outcomes.

4. Study Setting:

The study was conducted in various old age homes within the Ajmer district. The specific settings included:

- a) Apna Ghar Ashram
- b) Sahil Old Age Home
- c) Ojasvini Old Age Care Home
- d) Amrapur Old Age Home

These locations provide a diverse and representative sample of the elderly population in the region, ensuring a comprehensive evaluation of the effectiveness of reminiscence therapy on their quality of life.

5. Study Population:

The study population consists of elderly individuals residing in old age homes within Ajmer district. The participants were selected based on the following inclusion and exclusion criteria:

Inclusion Criteria

- Elderly individuals who are above 60 years of age.

Exclusion Criteria

- Bedridden individuals.
- Terminally ill individuals.

These criteria ensure that the study focuses on elderly residents who can actively participate in the reminiscence therapy intervention.

6. Sample size and Sampling technique:

The estimated sample size n is calculated as the solution of

$$n = \frac{\sigma^2 \left(z_{1-\frac{\alpha}{2}} + z_\beta \right)^2}{d^2}$$

Where $z_{1-\alpha/2}$= Standard normal variate at a level of significance = set to a level of 0.05 at 95% confidence interval and equal to 1.96.

z_β = Standard normal variate at a statistical power = 1.28 for power of 90% power.

σ^2 = variance for an outcome variable

d = Expected mean difference between Pre and Post test.

From a study done by Kalpana (2023). Therefore, the sample size was

$$n = \frac{51 * (1.96 + 0.84)^2}{(3.2)^2} = 53$$

During the study, some participants may not have give the response. So, a total of 10% response rate was added to make it approximately 57.

1. Statistical Analysis:

The study's information was in Microsoft Excel and assessed utilizing STATA version 14. Summary statistics for continuous variables were provided as either mean ± standard deviation (SD) or as the median interquartile range (IQR), while categorical variables were depicted using frequency and percentage values. To compare continuous variables based on their data distribution, appropriate statistical test was performed. The relationship between two categorical variables was examined using Chi-square test. A significance level of p-value < 0.05 was utilized to determine statistical significance. The data's normality was assessed using the Kolmogorov-Smirnov and Shapiro-Wilk tests.

2. Ethical Approval

Ethical considerations were rigorously addressed throughout the study of assessing the quality of life among elderly clients. Each participant was fully informed about the study's objectives, and confidentiality was assured and strictly maintained. Participants were free to withdraw from the study at any time without providing a reason. These ethical standards were carefully upheld throughout the research process. Additionally, prior approval was obtained from the Institutional Ethics Committee of J.L.N. Medical College and written informed consent was secured from each participant.

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IV.   RESULTS

Improvement of Quality of life among elderly based on before and after reminiscence therapy

Quality of life	Mean	SD	Range	Mean difference (95% CI)	P-value
Before reminiscence therapy	58.88	4.56	48 to 70	13.58 (12.10, 15.06)	<0.001 (S)
After reminiscence therapy	72.46	5.73	59 to 83		

Table summarizes the improvement in the quality of life among the elderly before and after reminiscence therapy. Before the therapy, the mean quality of life score was 58.88 with a standard deviation of 4.56, ranging from 48 to 70. After undergoing reminiscence therapy, the mean score increased to 72.46, with a standard deviation of 5.73 and a range of 59 to 83. The mean difference between the scores before and after therapy was 13.58, with a 95% confidence interval ranging from 12.10 to 15.06. This improvement is statistically significant, as indicated by a p-value of <0.001. This data suggests that reminiscence therapy effectively enhances the quality of life for elderly individuals.

Table - Associated variables related to the difference in mean quality of life

Variables	Category	Beta coefficient	P-value
Age (Years)		0.17	0.264 (NS)
Gender	Male	0.15	0.920 (NS)
	Female	1	
Education	Illiterate	4	0.162 (NS)
	Literate	5	0.056 (NS)
	Primary	5.22	0.063 (NS)
	Secondary	1.42	0.587 (NS)
	Senior secondary	5.38	0.062 (NS)
	Graduation	1	
Religion	Hindu	-4.62	0.258 (NS)
	Muslim	-4.2	0.375 (NS)
	Christian	1	
Nature of previous occupation	Unemployed	1	
	Unskilled	-0.01	0.998 (NS)
	Semi skilled	-2.18	0.324 (NS)
	Clerical	-2.72	0.350 (NS)
	Semi professional	-1.14	0.595 (NS)
	Professional	-3.47	0.276 (NS)
Marital status	Married	1	
	Widow	4	0.019 (S)
	Divorce	1.83	0.444 (NS)
Source of financial status	Independent	1	
	Dependent on children	-2.41	0.259 (NS)

	Dependent on relatives & friends	-4.61	0.122 (NS)
	Dependent NGO/Government	-3.69	0.138 (NS)
Duration of stay (year)		0.12	0.719 (NS)
Average sleep per day (hours)		-0.23	0.608 (NS)
Chronic illness	Yes	-2.05	0.188 (NS)
	No	1	

Above table provides a detailed regression analysis of variables related to the difference in mean quality of life before and after reminiscence therapy.

V.   DISCUSSION AND CONCLUSION

- **Age (Years)**: The beta coefficient is 0.17 with a p-value of 0.264, indicating that age does not have a statistically significant effect on improvement of quality of life.

- **Gender**: The beta coefficients are 0.15 for males and the reference category is females. The p-value is 0.920, suggesting no significant impact of gender on the quality of life.

- **Education**: The coefficients for different education levels compared to the reference group (Graduation) range from 4 for the illiterate group to 5.38 for the senior secondary group, with p-values ranging from 0.056 to 0.063. These p-values are just above the conventional threshold for statistical significance (0.05), indicating that education level may have some influence, but it is not statistically significant.

- **Religion**: The coefficients are -4.62 for Hindus and -4.2 for Muslims, compared to Christians (reference group). The p-values (0.258 and 0.375) suggest that religion does not significantly affect improvement in quality of life.

- **Nature of Previous Occupation**: Compared to the unemployed reference group, all categories (Unskilled, Semi-skilled, Clerical, Semi-professional, Professional) have negative coefficients with p-values ranging from 0.276 to 0.998, indicating no significant impact improvement in quality of life.

- **Marital Status**: The beta coefficient for widowed is 4.00 with a p-value of 0.019, which is statistically significant. This suggests that being a widower is associated with a significant improvement in the quality of life. The coefficient for divorcees is 1.83 with a p-value of 0.444, shows no significant effect.

- **Source of Financial Status**: The coefficients for different sources of financial support compared to the independent reference group (Dependent on children, Relatives & friends, NGO/Government) have p-values ranging from 0.122 to 0.259, indicating that financial status does not significantly influence improvement in quality of life.

- **Duration of Stay**: The coefficient is 0.12 with a p-value of 0.719, suggesting no significant impact of the duration of stay in the old age home on quality of life.

- **Average Sleep Per Day**: The coefficient is -0.23 with a p-value of 0.608, indicating that the amount of sleep per day does not significantly affect the quality of life improvement.

- **Chronic Illness**: The coefficient is -2.05 with a p-value of 0.188, showing no significant impact of chronic illness on the quality of life difference.

In summary, the only variable with a statistically significant association with the improvement in

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quality of life is marital status, specifically being a widow, which is associated with a notable increase in quality of life in old age home. All other variables did not show significant effects in this analysis.

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CONFLICT OF INTEREST

None

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