

Remembering the Good Old Days Can Improve the Quality of Life of Senior Adults



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Executive Summary

Can the health status of senior adult nursing home residents be improved by having them remember the good old days in the presence of young people? The authors of this research study say “yes.” The goals of this research study were to determine the effectiveness of transmissive reminiscence therapy (TRT) with institutionalized senior adults in the metropolitan Toledo area of NW Ohio. TRT involves placing senior adults in the social role of teacher/ mentor and having them transmit knowledge, life lessons, and moral instruction to the young via story telling and oral history (Watt & Wong, 1991).

When nursing home residents were intentionally placed in the role of teacher/mentor they reported the following:

- Significant improvements in general health, social functioning, energy level, and general well being. No improvements were detected in the control group of nursing home residents who did not receive the TRT.
- Those senior adults who did not receive the TRT (i.e. control group) reported a decrease in general health and increased bodily pain during the time the study was conducted. The nursing home residents who received the TRT reported increased limitations in daily activities during the time the study was conducted.

Living in an institutional setting separates senior adults from the community at large and reduces their opportunities to enjoy an active and meaningful role in society. Using young people to administer TRT puts senior adults back into a meaningful social role of teacher and mentor. It appears that remembering the good old days while teaching younger people important lessons about life is a simple and effective method of improving the self-reported health status of senior adult nursing home residents. As a larger percentage of U.S. population continues to age, health promotion experts and health care providers are searching for practical and inexpensive ways to promote health and prevent disease in the elderly. If one-on-one, transmissive reminiscence therapy (TRT) does indeed improve the mental and physical well being of the elderly, TRT could prove to be a valuable, simple, safe, and inexpensive health intervention.

Introduction

At any given time, approximately 5% of this nation's older adults are institutionalized in nursing homes or extended care facilities (United States Census Bureau, 2000). Being admitted to an extended care facility usually means leaving behind many aspects of one's previous "life" as an independent adult. The institutionalized senior adult must deal with multiple losses. These individual losses can be related to health, function, social roles, possessions, privacy, independence, and autonomy. The new living situation within an extended care facility also leads to a detachment from the larger community, at least in amount and frequency of social contact as well as the limited interaction with young people.

Today, institutionalized elderly adults have few opportunities to develop meaningful, long-term relationships with young people. Having limited opportunities to interact with the young was not the case for senior adults 100 years ago. In the decades past, the lives of many elderly adults were intertwined with the lives of the younger members of the extended family. These intergenerational relationships of the past often found the senior adult occupying a social role of power and prestige as the "holder and transmitter" of knowledge, wisdom, and advice. Through this ego supportive social role of mentor, many senior adults of years gone by were able to pass on their cultural heritage and personal legacy. Not having a meaningful social role in modern society may contribute to feelings of uselessness, loneliness, depression, and low self-worth in the institutionalized elderly population (Stevens, 1993; Taylor & Turner, 2001). Each of these national trends is common to the institutional settings of Northwest Ohio.

If institutionalized senior adults could somehow once again occupy an ego supportive social role of prestige and power with young people, perhaps senior adults would experience an improved sense of usefulness and well-being. Testing this "usefulness hypothesis" was the broad goal of this research study.

The Research Questions

The specific aims of this exploratory study were to: 1) use one-on-one Transmissive Reminiscence Therapy (TRT) sessions to build relationships between young adults and the institutionalized elderly and, 2) test the health promoting effects of one-on-one TRT in a population of senior adults residing in a nursing home. The investigators hypothesized that the nursing home residents who received TRT would benefit from the ego supporting aspects of TRT and that these benefits would translate into improvements in health as measured by the SF-36 General Health Survey.

Methodology

A group of 101 nursing home residents from the Toledo, Ohio area were divided into experimental and control groups. Senior adults in the experimental group received the TRT. Senior adults in the control group did not interact with college students and received only their usual and customary social interaction. Prior to the TRT intervention, both groups of senior adults were given the SF-36 survey. Student facilitators of the reminiscence therapy then conducted five, 45-minute sessions of TRT with participants in the experimental group. Following these sessions, follow up SF-36 surveys were distributed to all senior adult participants. During the intervention period, 10% of the senior adult participants withdrew from the study due to health reasons. A total of 91 senior adults (49 experimental/42 controls) completed valid matched pretest and post-test surveys.

Participants

Based on criteria provided by the investigators, a sample of 101 nursing home residents was selected by the Nursing Director and the Activity Coordinator at two nursing homes in Toledo, Ohio. Fifty-one of the senior adults were assigned to the experimental group and were matched with an undergraduate student from the University of Toledo, Toledo, Ohio. The remaining 50 nursing home residents were assigned to the control group.

To participate in the study, institutionalized senior adults had to meet certain criteria: 1) be at least 65 years-of-age, 2) live full-time in the extended care facility/nursing home, 3) be physically and mentally healthy enough to engage in extended periods of coherent conversation and, 4) have no mental impairments that would hinder access to long-term memory. Nursing home residents were excluded from the study if they had any of the following: 1) a diagnosis of Alzheimer's disease; 2) any cognitive or psychological impairment that would prohibit meaningful, coherent conversation; 3) any psychiatric diagnosis that would hinder meaningful, coherent conversation or access to long term memory; 4) a diagnosis of any terminal illness; or 5) were taking any medication that would interfere with or impair thinking, memory, and mental abilities.

Student Facilitators

The investigators conducted training sessions with the 51 college students/facilitators prior to introducing them to their senior adult partners. The students were trained in interviewing techniques and were taught how to conduct transmissive reminiscence sessions. During class sessions, students were taught how to prompt senior adults to recount past events for the purposes of sharing personal wisdom and lessons learned

from the past. As part of this classroom training, students engaged in role-play and learned to customize their communication style to the needs of the senior adult and to the unique physical environment of the nursing home (e.g. talking with greater volume, placement of desks, beds, and wheelchairs to minimize communication barriers, body posture, eye contact and gestures). As described previously, the goal was to put the senior adult in a teach/inform/mentor social role of power. Students/facilitators were also taught how to keep the conversation in a transmissive reminiscence mode using written interview prompts and sample questions when needed.

Data Collection

Prior to the start of the TRT intervention, pretest data were collected from experimental and control group participants using the Short Form 36 General Health Survey (SF-36). The SF-36 survey was developed to assess patient outcomes in health care delivery systems. This 36-item questionnaire comprehensively measures an individual's health from his/her perspective. The survey can be self-administered or administered by an interviewer, in person or by phone. The SF-36 is designed to measure eight health variables: general health, physical functioning, limitations due to physical health, and limitations due to emotional problems, social functioning, bodily pain, energy/fatigue, and emotional well-being. Persons taking the survey can score between 0-100 on each of the eight categories of health listed above. Higher scores represent better health (Ware, Snow, Kosinski, and Gandek, 1993). The survey required an average of 15 minutes to complete.

After pretest survey data were collected, the college students/facilitators conducted five TRT sessions with senior adults in the experimental group. Each TRT session lasted an average of 45 minutes. The TRT sessions for the experimental group were conducted one time per week for five weeks. The senior adult participants in the control group received no visits by the college students/facilitators. One week after the five reminiscence sessions were completed, all senior adult participants involved in the study completed post-test SF-36 surveys.

Findings

Results

During the intervention period, 10 senior adult participants (10%) withdrew from the study due to health reasons. A total of 91 participants completed both the pretest and post-test, 42 from the control group and 49 from the experimental group. The sample participants were predominantly female (81%) and were an average of 78 years old.

The average scores for each health category of the survey and the standard deviations for the experimental and control groups are presented in Table 1. After the TRT sessions concluded, the investigators examined the differences between pretest and post-test survey scores. When the changes between pretest and post-test scores were analyzed statistically, the investigators found that the senior adults who participated in reminiscence therapy reported significant improvements in four areas of health: general health status, social functioning, energy level, and emotional well-being. Those receiving the therapy also reported one negative result – more difficulty completing daily activities due to emotional problems.

The senior adults, who did not receive the TRT, experienced no significant positive changes in any health scores over time. Those who did not receive the TRT reported significant negative changes in two areas: a decline in general health status and an increase in bodily pain.

Table 1
Mean Scores and Standard Deviations for SF-36 Outcome Variables

Outcome Variable/Group	N (Valid Cases)	Pretest	Posttest
<u>General Health</u>			
Experimental Group	49		
Mean		54.49	56.78*
Standard Deviation		14.05	15.16
Control Group	42		
Mean		51.57	49.07 ^H
Standard Deviation		13.40	11.49
<u>Physical Functioning</u>			
Experimental Group	49		
Mean		47.81	48.86
Standard Deviation		13.26	11.94
Control Group	42		
Mean		47.26	45.07
Standard Deviation		10.98	9.63
<u>Limitations Due to Physical Health</u>			
Experimental Group	49		
Mean		49.78	48.65
Standard Deviation		11.10	10.45
Control Group	42		
Mean		47.71	48.16
Standard Deviation		14.66	12.93
<u>Limitations Due to Emotional Problems</u>			
Experimental Group	49		
Mean		53.04	47.92 ^H
Standard Deviation		12.33	10.39
Control Group	42		
Mean		45.83	44.55
Standard Deviation		10.03	11.82

Table 1 continued**Mean Scores and Standard Deviations for SF-36 Outcome Variables**

Outcome Variable/Group	N (Valid Cases)	Pretest	Posttest
<u>Social Functioning</u>			
Experimental Group			
Mean	49	59.51	61.22*
Standard Deviation		14.31	13.07
Control Group			
Mean	42	51.88	51.21
Standard Deviation		12.73	11.82
<u>Bodily Pain</u>			
Experimental Group			
Mean	49	51.18	48.59
Standard Deviation		13.11	10.89
Control Group			
Mean	42	49.74	47.83 _H
Standard Deviation		14.73	12.76
<u>Energy/Fatigue</u>			
Experimental Group			
Mean	49	50.12	54.12*
Standard Deviation		13.38	12.82
Control Group			
Mean	42	49.14	46.17
Standard Deviation		15.64	12.71
<u>Emotional Well-being</u>			
Experimental Group			
Mean	49	55.59	59.67*
Standard Deviation		15.19	14.68
Control Group			
Mean	42	45.69	43.12
Standard Deviation		11.88	9.96

Notes:

* - Indicates a statistically significant positive change from the pretest to the posttest, $p < .05$._H - Indicates a statistically significant negative change from the pretest to the posttest, $p < .05$

Discussion

The results from this research study suggest that involving metropolitan Toledo nursing home residents (and by extension nursing home residents in general) in TRT sessions with college students improved the perceived health status of the senior adults. The results from this study also suggest that having college students serve as facilitators for a short term of one-on-one TRT is an effective method for building intergenerational relationships and improving students' attitudes and perceptions regarding aging.

Although no other studies could be found that specifically tested one-on-one TRT as conducted in this study, the results of the current study are supported by some related research. Chyle, Kinney, Riley & Shank (1991) reported that Life Satisfaction interventions, including reminiscence, employed by trained therapeutic recreation specialists in long-term care facilities had significant positive outcomes. Ferguson (1980) and Fry (1983) reported that reminiscence therapy interventions promoted significant improvements in psychological well-being and depression. Cook (1991) reported a trend toward improved mental health in a reminiscence group within a nursing home but that trend was not statistically significant. Haight, Michel, and Hendrix (2000) measured the impact of a life review intervention in nursing home patients over a 3-year period and reported a trend toward significant improvement for depression, life satisfaction, and self-esteem.

One unexpected result of the current study was the significant negative change scores for the TRT group in the survey category dealing with limitations in daily activities due to emotional problems (e.g. "accomplished less than you would like due to emotional problems such as feeling depressed or anxious.") This result cannot be easily explained. Since the SF-36 questions on this subscale deal with interference with regular daily activities, it is possible that the senior adult participants thought that the 5 sessions of reminiscence therapy interrupted their structured daily routines and impeded some of their regular daily activities. Having a college student visit five different times for 45 –50 minutes each time may have been perceived as a major intrusion by the institutionalized senior adults whose daily schedules are typically highly regimented. It should also be noted that the control group participants experienced a negative change in scores on this variable as well, although the change was not as large or statistically significant.

Another unexpected result was that the senior adults in both the experimental and control groups scored highest on the social functioning sub-scale of the SF-36 at baseline. As a rule, the nursing home setting is perceived by many, particularly younger adults, as an undesirable location to live out the last years of one's life. This negative perception of nursing home living may also be relevant to many mentally healthy senior adults who must share the same living environment with growing numbers of cognitively impaired elderly adults. As Goffman (1961) pointed out, highly structured institutionalized environments designed to meet the needs of whole blocks of

people are not conducive to the development and maintenance of a healthy concept of self. Put simply, when the needs of many must be met, the needs of individuals are often overlooked. However, in the case of the nursing homes in this present study, the residents surveyed viewed themselves as socially healthy even before the TRT intervention began. Perhaps the social environments of these facilities are conducive to the social health of the residents or perhaps the nursing home residents have redefined the meaning of home, friendship, and social life to adapt to their new environment. Further research is needed to study the factors that influence social health and senior adults' perceptions of social health within nursing home settings.

Implications of the Findings

General

As a larger percentage of U.S. population continues to age, health promotion experts and health care providers are searching for practical and inexpensive ways to promote health and prevent disease in the elderly. If one-on-one, transmissive reminiscence therapy does indeed improve the mental and physical well being of the elderly, it could prove to be a valuable, simple, safe, inexpensive, and easily replicable therapeutic modality. The results of this exploratory study should encourage researchers in this field to continue to explore the efficacy of TRT.

Policy Implications and Recommendations

The results from this study suggest that a short term of TRT conducted by novice practitioners has beneficial effects for the recipients of the therapy. A longer term of TRT conducted by trained practitioners may have even more of a positive impact on various health outcomes in institutionalized elders. Further, the results of this exploratory study should encourage researchers in the fields of health promotion, recreation therapy, and social gerontology to continue to explore the efficacy of transmissive reminiscence therapy (TRT).

Nursing home administrators who are interested in improving the quality of life of their residents may want to consider developing partnerships with local high schools, colleges, universities, and church groups. With just a few hours of training and rehearsal, high school and college students can be equipped with the knowledge and skills to be good TRT facilitators.

In regards to intergenerational relationships, it appears that TRT is an ideal way for students to build meaningful relationships with institutionalized senior adults. High school teachers, college professors, and leaders of community-based youth programs should be encouraged to start TRT programs as a way of increasing the amount of intergenerational contact experienced by young people. By doing so, the lives of both the young and the old are enriched.

Conclusion

The results from this research study suggest that one-on-one, transmissive reminiscence therapy conducted by novice student facilitators helped to improve the quality of life of senior adult nursing home residents. Remembering the good old days may one day be just what the doctor orders.

Acknowledgements

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References

- Chyle, C., Kinney, W.B., & Shank, J. (1991). Benefits of therapeutic recreation: A consensus view. Ravensdale, WA: Idyll Arbor, Inc.
- Cook, E. (1991). "The effects of reminiscence on psychological measures of ego integrity in elderly nursing home residents." Archives of Psychiatric Nursing, 5, 292-298.
- Ferguson, J. (1980). Reminiscence counseling to increase psychological well being of elderly women in nursing homes. Unpublished doctoral dissertation, University of South Carolina.
- Fry, P. (1983). "Structured and unstructured reminiscence training and depression among the elderly." Clinical Gerontologist, 1(3), 15-37.
- Goffman, E. (1961). Asylums: Essays on the social situation of mental patients and other inmates. Garden City, NY: Doubleday.
- Haight, B.K., Michel, Y., & Hendrix, Shirley. (2000). The extended effects of the life review in nursing home residents." International Journal of Aging and Human Development, 50, 151-168.
- Stevens, E.S. (1993). "Making sense of usefulness: An avenue toward satisfaction in later life." International Journal of Aging and Human Development, 37, (4), 313-325.
- Taylor, J. & Turner, R.J. (2001). "A longitudinal study of the role of and significance of mattering to others for depressive symptoms." Journal of Health and Social Behavior, 42, 310-325.
- United States Census Bureau. (2000). Census 2000. Washington, DC: United States Department of Commerce.
- Ware, J.E., Snow, K.K., Kosinski, M., Gandek, B. (1993). SF-36 Manual and Interpretation Guide. Boston, MA: The Health Institute, New England Medical Center.
- Watt, L.M., & Wong, P.T. (1991). "A taxonomy of reminiscence and therapeutic implications." Journal of Mental Health Counseling, 12, 270-278.