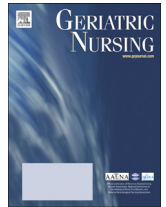




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GAPNA Section

Reminiscence: Improving the quality of life for older adults

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Recently a Clinical Nurse Specialist (CNS) on a busy oncology unit was encouraging a 90 year-old gentleman to drink his prescribed supplement when he started talking about the days he had spent on a ship during World War II as a navy officer. He talked about the fact that he had been young and that he had visited many places. During this time he had met his wife of over 60 years who was now dead. While he drank his supplement, his face sparkled with excitement as he talked about how they met, how they danced, and how she laughed at his jokes. The nurse left him to care for other patients but noticed that he had drank all his supplement in a much shorter time and now he was sleeping peacefully with a look of contentment on his face. Reminiscence, once thought to be detrimental to older adults, is now an evidence-based therapeutic intervention for older adults.

Structured reminiscence is a planned process of interaction between individuals in which past events are recalled and individuals talk about their life. Reminiscing is an independent nursing intervention used in a variety of settings including long-term care, assisted living, and independent living.¹ Administered in both group and individual settings, reminiscence recall is intended to prompt forgotten memories, increase emotional awareness, and cultivate social interaction in older adults.²

In 2007, Bohlmeijer et al, in a meta-analysis of 15 controlled outcome studies, concluded that reminiscence could have potentially positive outcomes for psychological well-being in older adults.³ The recommendation was that there was a need to develop well-defined protocols. A review of both qualitative and quantitative studies on reminiscence's effect on the well-being of older persons determined that no standardized protocol existed for reminiscence and that it was difficult to determine the strength of studies because the studies could not be replicated. One problem experienced by nurses is how to organize, facilitate, and evaluate reminiscence groups for older people. Hence, there is a need for

further research on reminiscence to determine how to use this as an intervention to improve the well-being of older adults.

After synthesis of the literature, a protocol for structured group reminiscence was developed (Table 1) as a suggested intervention for older persons. One of the strengths of this protocol is that it was developed based on research from earlier studies and the nursing process. The protocol is detailed to expedite replication for future studies and to enhance use in the clinical setting. The themes focus on important "firsts," such as first job, first day of school, and first toy. The protocol also stresses positive memories, such as favorite foods, favorite holidays, and favorite friends. Each session has a specific theme, with the last session focusing on "closure" through evaluation of previous sessions and the provision of refreshments. Although the protocol was implemented in group sessions the topics can also be implemented in individual settings.

In 2006 and 2007, the protocol was implemented in research studies to determine whether there was a decrease in depression after structured reminiscence sessions. The sessions were implemented twice weekly for 6 weeks with women older than 60 years in assisted living facilities with a positive decrease in depression and increase in self-transcendence with use of objective screening tools, The Geriatric Depression Scale and the Self-transcendence Scale. In 2010 *Stinson's Protocol for Structured Reminiscence* was implemented with over 5000 senior adults (males and females) by Ulla Peterson (Linnaeus University, Department of Health and Caring Sciences, Kalmar, Sweden) at the Karolinska Institutet in Stockholm, Sweden showing a significant decrease in depression.

If the protocol is used, there should be an evaluation phase. The facilitator should document benefits obtained from the reminiscence sessions. Objective screening should be conducted before and after the conclusion of reminiscence sessions to evaluate the benefits of intervention. Participants in the reminiscence sessions should be given an opportunity to reflect on sessions and offer input about refinement of the protocol. Only through evaluation can nurses document and refine protocols to improve the quality of life for older adults.^{4–7}

The advanced practice nurse is in an excellent position to inform and educate other health care workers about the benefits of Reminiscence. In long-term care facilities or assisted living facilities, activity directors, social workers, nurses, and certified nursing assistants can incorporate Reminiscence into their daily activities or do as a structured group activity. Hospice nurses and workers can also be trained to utilize these skills in the care of their patients. Use of the protocol and reporting of the results can help to promote this researched activity that can improve the quality of life for older adults.

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Table 1
Stinson's protocol for structured reminiscence.

Week	Sessions	Themes/Activities
Week 1	Session 1	Introduction of leaders and members Concentrate on personal background. Encourage members to bring a picture of an animal or stuffed animal that represents them. Have them introduce themselves and tell why the animal reminds them of herself. Have extra stuffed animals available.
	Session 2	Remembering the past through songs from the 1920's to 1960's Play different songs in chronological order. See if members recognize songs and discuss any special memories associated with songs. Have members talk about a song that might have special meaning to them and why it has special meaning to them. Encourage clapping and singing.
Week 2	Session 3	Sharing photographs Have a show-and-tell of personal memorabilia. Give time to explain attachment associated with pictures. Discuss families. Discuss friends. Talk about fun times.
	Session 4	Discussing work/home life or volunteer activities/first job Pass around picture – cards with specific occupations/Children/volunteer activities from 1920's to 1960's. Specifically ask questions to get people to talk about "paths not taken." Encourage participants to bring any memorabilia from career or occupation (badges, pictures, etc.).
Week 3	Session 5	Remembering favorite holiday Discuss holidays. Bring scents and cues associated with past. Sing songs of holidays. Talk about foods of holidays. Talk about clothes of holidays. Talk about traditions of holidays.
	Session 6	Remembering school days/first day Discuss first day of school. Have participants talk about school days. Show pictures of schools 1920s–1960s. Discuss what was worn and teachers.
Week 4	Session 7	Remembering first toy/toys of childhood Bring toys from the past. Discuss first toys. Discuss most unusual toys. Discuss favorite toys. Discuss toys made at home. Show pictures of toys.
	Session 8	Remembering first date/spouse/weddings/marriage Discuss first dates. Discuss proposals. Discuss weddings. Discuss marriages. Play songs from the past. Show short clip of old movie with "courting." Bring wedding pictures.
Week 5	Session 9	Remembering family/pets Discuss children, pets, and family. Encourage pictures to remind of memories.
	Session 10	Remembering foods Discuss favorite foods of childhood, favorite foods at holidays, and favorite smells. Discuss recipes. Have participants bring recipes and discuss memories associated with recipes.
Week 6	Session 11	Remembering first friend/old friends Talk about friends. Bring pictures. Explain who the friends are in pictures. Discuss fun times. Discuss fun memories. Discuss friends in assisted living facility.
	Session 12	Closure Have participants talk about experiences of being in group. Share any last thoughts about topics discussed previously. Serve refreshments. Give certificates.

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