



Research paper

Effect of reminiscence therapy on the sleep quality of the elderly living in nursing homes: A randomized clinical trial

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ABSTRACT

Introduction: Poor sleep quality is a common problem among the older people living in nursing homes. Our study aimed at assessing the effect of individual reminiscence therapy on the sleep quality of elderly Turkish people living in nursing homes.

Methods: This was a randomised controlled trial with 22 people in the intervention group and 24 people in the control group. The intervention group received reminiscence therapy once a week for 12 weeks in the form of individual sessions lasting 25–30 min. The control group had no intervention.

Results: Study data was collected by using an introductory information form and the Pittsburgh Sleep Quality Index (PSQI). While there was no statistically significant difference between the pretest PSQI median scores ($p > 0.05$) of both groups, PSQI median score had a statistically significant decrease after 12 weeks of reminiscence therapy ($p < 0.05$).

Conclusion: Reminiscence therapy appeared to increase the sleep quality of the elderly living in nursing homes.

1. Introduction

Aging is a process experienced by every living being without exception and it causes a change and decrease in all functions. As a person's functional capacity decreases, their chronic diseases also increase and changes occur in their physiological, psychological, emotional, cognitive and social states [1]. Aging-related changes can affect sleep. In addition to the changes that occur in sleep with aging, the disruption of sleep hygiene and increased number of diseases and prescribed medication can also affect sleep quality in the elderly [2]. It is known that sleep disorders are more common among the elderly living in nursing homes [3].

The causes of sleep disorders for older people who are staying in nursing homes include traumatic life stories, domestic problems, concerns regarding the present and future, the presence of disturbing events throughout the day, dreams and nightmares [4]. In addition, over napping of older people who are staying in nursing homes during the day can also affect sleep quality negatively [5]. Moreover, it is also reported that psychological problems have a significant role in causing the sleep disorders of older people who are staying in nursing homes [4]. Unless the sleep disorders of older people who are staying in nursing homes are treated, they experience fatigue, irritability, increased pain sensitivity, muscle tremor, anxiety, depression, and disruption in general health and mental functions [6]. Therefore, it is important to treat the sleep disorders of older people and increase their

sleep quality.

Sleep disorders, which are common in the elderly, are treated with two methods, namely pharmacological and non-pharmacological methods [7]. Pharmacological treatment methods mainly include the use of hypnotic medications, particularly benzodiazepines and non-benzodiazepines, melatonin receptor antagonists and antidepressants. Non-pharmacological methods are easily accepted by the elderly, have no side effects, and can be applied to those who do not want medication [8]. Such methods include stimulus control, sleep hygiene training, sleep limitation, relaxation techniques, cognitive-behavioral therapy, bright light exposure, and massage [9,10]. One of the non-pharmacological methods that can be used for decreasing the sleep problems of the elderly is the reminiscence therapy [11]. Reminiscence means recalling past periods and focusing on enriching daily life [12,13]. Reminiscence therapy is conducted by nursing professionals either with an individual or group by sharing past activities, events and experiences with other individuals in the group or other people, generally with the help of music or voices recorded from the past, photos and other familiar objects. According to Stinson, reminiscence therapy, as defined by Nursing Interventions Classification (NIC), is an intervention based on recalling past events with the purpose of increasing institutionalized people's adaptation to present time, quality of life and satisfaction with their institution [14]. According to NIC, reminiscence therapy is derived mainly from nursing information system, care plan manuals and nursing books. Reminiscence therapy, which is one of the independent

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nursing functions recommended by NIC, is particularly recommended as an intervention for the care of institutionalized older adults [14].

The literature indicated that reminiscence therapy had positive effects on the problems faced by the elderly. Many studies found that reminiscence therapy decreased depression [15] and anxiety [16], and increased well-being [17,18] and self-esteem [15]. In addition, reminiscence therapy increased hope and life satisfaction [15,18]. Since the reminiscence therapy literature appeared to show positive effects, it was considered that it might also have a positive effect on the sleep quality of the elderly.

We found a limited number of studies in literature assessing the effect of reminiscence therapy on sleep quality. Two of those studies reported that reminiscence therapy had a positive effect on sleep quality [11,19]. However, there are also studies that reported that reminiscence therapy had no effect on sleep disorders [20,21]. Therefore, this study aimed at further assessing the effect of reminiscence therapy on the sleep quality of the elderly. The hypothesis of the study is: Individual reminiscence therapy applied to the older people who are staying in nursing homes affects their sleep quality.

2. Methods

2.1. Design and setting

This study was conducted as a randomized controlled trial between April and September 2017 to assess the effect of individual reminiscence therapy on the sleep quality of the elderly living in a nursing home in Turkey. The study was conducted with a total of 46 elderly people (22 intervention group and 24 control group) in home care in Aksaray, Turkey.

2.2. Participants

Out of the 107 institutionalized older adults living in the nursing home during the study period 53 were excluded from the sample for not either meeting the study inclusion criteria or not consenting to participate in the study (Fig. 1). The power of the study was calculated using the results of a similar study [22]. The result of the power analysis using individual sleep scores suggested that the study should include at least 18 subjects at the 90% power and 5% type I error levels. Based on this analysis, study sample planned to recruit 36 participants, with 18 subjects in the intervention and control groups each. Considering the possible losses during study, a sample of 54 subjects were recruited and 28 participants were randomised to intervention group and 26 to the control group. During the study, three participants left the facility and seven subjects discontinued the sessions; they were excluded from the study. The study was completed with a total of 46 participants.

The participants' medical records of the older people who staying in the nursing home were reviewed and then a list made of those who were not diagnosed with dementia or psychiatric diseases by a physician. All the listed individuals were discussed with the psychologist and a new list obtained after the names of the individuals who scored above 24 in the Mini Mental Test conducted by the psychologist, independently from the study. The numbers of the people in the new list were uploaded into a computer program for randomization. After this upload, the program automatically divided the individuals into either the intervention or the control group [23].

Study inclusion criteria:

Consenting to participate in the study:

- Aged 65 and above;
- Not diagnosed with dementia or psychiatric diseases by a physician (After reviewing the patients' medical records, those diagnosed with dementia or psychiatric diseases were excluded from the sample. In addition, we received the list of the individuals who scored above 24 in the Mini Mental Test made by the entity's psychologist

independently from the study. The researcher did not apply the Mini Mental test or a test for assessing psychiatric status).

- Planning to stay in the institution for at least 3 months;
- Had no other activity that could change cognitive and functional condition;
- Able to speak and understand the Turkish language.

2.3. Measurement

Study data was collected by using the "Introductory Information Form" prepared by the researcher and "Pittsburgh Sleep Quality Index (PSQI)" through the face-to-face interviews. PSQI was applied to the intervention group before and after the reminiscence therapy. PSQI was applied to the control group during the first interview and at the end of 12 weeks.

Introductory Information Form contained 38 questions; 14 were open-ended and 24 were closed. The form had questions on individuals' demographics (gender, age, education status), medical status (chronic diseases, medication), daily life activities (need of help for daily life activities, daily life activities requiring assistance), and the institution (length of stay, activities and daily activities in the institution etc.).

PSQI, developed by Buysse et al. [24], assesses the sleep quality over the last month. It contains 24 questions, 5 of which are used only for clinical data and not included in assessment. The other 19 questions are self-rated by the individual to assess sleep quality. PSQI has seven components and their total score is the PSQI score. Each item gets a score between 0 and 3 so the total score is between 0 and 21. A PSQI score higher than five indicates poor sleep quality. The validity and reliability of this index for Turkish population was studied by Ağargün et al. [25], and its Cronbach's alpha reliability coefficient was 0.80.

2.4. Procedures

In our study, we first determined the dates suitable for the intervention group and researcher and planned the date and time of individual reminiscence therapies, which would take 12 weeks. While preparing this schedule, we considered subjects' time schedules for their regular visits to health facilities and the arrival of their visitors. At this stage, the researcher informed the participants that their regular attendance in sessions would affect the intervention outcome.

According to literature, reminiscence therapy is conducted in the form of group or individual sessions that take 30–60 min 1–2 times a week for 6–12 weeks. In our study, we conducted reminiscence therapies in individual sessions that took 25–30 min for 12 weeks. One topic was discussed every week. Weekly topics included: introduction in the first week; childhood and family life, school days, starting work and work life (a day at home for housewives), a fun day out of the home, marriage (friendship for the singles), plants and animals they loved, babies and children, food and cooking, holidays and travelling, special days and celebrations, assessment and closure, in the following weeks respectively.

Weekly reminiscence therapy sessions started with asking the person how he spent the previous week. Next, objects that facilitated recalling the weekly topic were shown. Then, he was asked to share the positive memories he recalled. The researcher took the old objects or their photos, which facilitated recalling the weekly topics, to the institution. Participants were given time to think, and the researcher summarized the discussion at the end of each session. Each session ended by announcing the following week's topic.

The pretest and posttest of the study was made by a person who had no information on the individuals included in the intervention and control groups. The study data were assessed by a statistician who had no information on study groups.

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