



A COMPARATIVE STUDY OF THE EFFECT OF GROUP MEMORY TELLING AND GROUP TALK ON THE LEVEL OF HAPPINESS OF THE ELDERLY LIVING IN THE ELDERLY NURSING HOME

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ABSTRACT

Background and Objective: One of the basic concepts in positive psychology is happiness. Happiness is the most fundamental human issue for all generations and the most important motive for human goals. Memory telling is an easy and accessible way for improving mental health and increasing happiness. The current study was conducted aiming at comparing the effect of group memory telling in the form of group talk on the level of happiness of the elderly living in the nursing home for the elderly mother of Sabzevar.

Materials and Methods: The method of the present study is a double-grouped randomized clinical trial and a research population covers all elderly living in the nursing home for the elderly mother of Sabzevar. 41 elderly people were selected using availability sampling method. The research subjects were randomly assigned to the control and intervention groups. Memory telling was held one session a week, and each session was one hour and continued for 8 weeks. To eliminate the effects of the group, a group discussion on daily issues was held every week for one hour and 8 weeks for the control group. Happiness rate was measured using Oxford Happiness Questionnaire (OHQ) in two steps before and immediately after intervention. SPSS software version 16 was used to analyze the data. The statistical tests used included: Mann-Whitney, T-test, Wilcoxon and Shapiro Wilk.

Findings: The research findings demonstrated that the mean score of happiness before intervention in the intervention group was 15.66 ± 15.53 and 26.55 ± 25.14 for the control group. The mean score of happiness after intervention changed and it became 48.97 ± 27.15 in the intervention group and 54.15 ± 26.88 in the control group. The value of P-value for the happiness variable after intervention was 0/537. Considering the results obtained through Wilcoxon test and in the two groups (intervention and control) and in the variable of happiness rate, the value of p-value was 0.05, it was found that the result obtained from the intervention in the memory telling group did not have any significant difference with the result achieved via intervention in the group talk group.

Conclusion: According to the findings of this study, there is no difference between the effect of group memory telling and group talk on increasing the level of happiness in the elderly. Then, what can be important and helpful in increasing the happiness of the elderly is to form a group and having joint talks.

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Introduction

The phenomenon of increase in the elderly population is considered one of the most significant economic, social and health challenges of the 21st century (1).

One of the key and basic concepts in positive psychology, which is itself one of the new branches of psychology, is happiness. (2). Happiness is the most fundamental human issue for all generations and the most important motive for human ends (3).

According to 50% of people, the sense of happiness is considered to be the most important issue of life (4). In a study that has been conducted in Thailand, 49.7% of the elderly respondents reported a low level of happiness (5).

The sense of joy and mental health in the old age is more important than any other period, because mental health has a direct effect on physical health and, the other way round is also true (6). Since the increase in age and lack of health impair the process of achieving the goals, it reduces the happiness of the elderly (7).

Happy people are of hope, success experience, sense of belonging and high levels of social interests and higher quality of life. Happiness is communicable in the sense that happiness in one person can create happiness in another person (8). The living environment of the elderly is one of the most important and influential factors in their health and longevity (9). Sending the elderly to the nursing home is the starting point of the sense of loneliness and the decline of happiness in the elderly. The majority of elderly people do not have a positive view of such centers and they consider them the symbol of isolation and a clear evidence of the family and society's inclination to reject themselves. Insofar as some elderly people after years of living in such homes have not got used to them and are still waiting for a revolution to emerge and come out of them (7). The decline of happiness is more visible in the elderly living in a nursing home. In the eyes of many elderly, elderly nursing homes are like prisons, where the elderly should spend their lives in despair and despondence until the time when they die (10).

Memory telling is one of the effective types of psychotherapy with almost no adverse effects. Memory telling consists of reminding the past events, emotions and thoughts for the sake of adaptation to changes and increasing one's quality of life. The American Nurses Association (ANA) supports this technique as a standard nursing intervention and suggests memory telling as a caring method for the elderly nursing homes. The Nursing Intervention Classification System (NIC) refers to memory telling as an intervention to help recall the past events and thoughts that contributes to the joy, improvement of the quality of life, and adaptation with current situation and describes it as an intervention in caring of the elderly.

Memory telling is an easy and accessible solution to improve mental health and the promotion of happiness, does not have any harmful side effect, and is economically feasible. Moreover, memory telling gives independence to the nurses and helps them to use low-cost interventions in the nursing process (6). The current research was conducted to compare the effect of group memory telling with group talk on the level of happiness of the elderly living in the nursing home for elderly mother of Sabzevar.

. A number of studies have been conducted in this regard, which include the following:

The study conducted by Mullashahi et al. (2014) demonstrated that group memory telling reduces the sense of loneliness of the elderly (11). The research that has been done by Majzooobi et al., in 2012 revealed that structured group memory telling did not have any significant effect on the quality of life of elderly people, but increased their happiness rate (12). The study by Yousefi et al. (2013) has shown that group memory telling increases the sense of vitality in the elderly (6). In the research of Chiang et al. (2010) it has been showed that group memory telling is effective in reducing depression, promoting psychological well-being, and reducing the sense of loneliness (13).

Shwu-jian liu et al. (2007) have shown that group memory therapy significantly increased life satisfaction, reduced loneliness and increased self-esteem in the elderly, but the decrease in depression was not statistically significant. (14).

Since in the past studies, the intervention has only been made on the intervention group and no intervention has been made on the control group to eliminate the effect of the formation of the group, thus one cannot surely state that the research results are due to the intervention. Accordingly, considering the importance of the problem, the researcher seeks to compare the effect of group memory telling with group talk on the happiness of the elderly living in the nursing home for the elderly mother of Sabzevar.

Materials and methods:

Study method and research population: The current study is a double-grouped randomized clinical trial. The research population comprised of all the qualified elderly living in the nursing home for the elderly mother of Sabzevar.

Sample size with 95% confidence coefficient and 95% test power, and according to the predictions that ten percent of people may be excluded, sample size has been calculated 20 for each group.

The criteria for entering the study consisted of the willingness to participate in the research, being 60 or higher, the ability to speak Farsi language and having at least one month stay record at the nursing home. The existence of visual impairment and hearing disorders to an extent that may cause problems in communication, mental illness and experiencing stressful events in the last three months (such as the loss of a spouse or other loved ones) caused some subjects not to be included in the study. Furthermore, in the face of reluctance to continue cooperation after the beginning of the study, having an acute illness and hospitalization during the study, two sessions or more absence, experiencing social and familial crises during the study, leaving the nursing home and death excluded the sample from the study.

Data collection tools consisted of informed consent form, demographic information questionnaire and happiness questionnaire. The demographic information questionnaire included information such as age, length of stay in the nursing home and the number of the elderly's monthly visits.

The Oxford Happiness Questionnaire (OHQ) was developed in 1989 by Argyle, Martin and Crossland. The method of making this questionnaire was that the researchers, in consultation with Aaron T-Beck, decided to reverse the statements of the Beck Depression Inventory, which resulted in 21 statements that added 11 more statements and the total number of statements turned 32, and finally after few revisions the ultimate number of statements was 29.

To assess the validity and reliability of the test, a sample of 142 Iranian men and 227 women completed the questionnaire. An examination of the inner consistency of the Oxford Happiness Inventory showed that all of the 29 statements of this inventory have a high correlation with the overall score. Cronbach's alpha was 91% for all samples (15).

The researchers have used this questionnaire in Iran, and an acceptable evidence of its validity and reliability has been provided (16).

Implementation method: After completing the written informed consent form, demographic information questionnaire and happiness questionnaire, the research samples were divided into two groups of intervention (memory telling) and control (group talk).

The subjects in each group were divided into 3 classes of 6-8 persons and each session was held separately.

Meetings were held weekly at Nursing Home for Elderly Mother of Sabzevar.

. Group memory telling was conducted in groups composed of 8-6 elderly, with a leader and a leader's assistance.

The Sessions Process:

The sessions were held for 8 weeks, with a 60-minute session each week.

The topics discussed in the sessions in the intervention group included: childhood experiences, old foods, memories of the revolution, New Year's Eve (Nowrooz), marriage, my family and Ramadan.

At the beginning of each sessions, the attendance of the members of the group was checked. Then a summary of the previous session was presented in 5 minutes. Then for inciting the memory a number of old pictures were searched in the Google and displayed in printed form. Sometimes questions were used as a means for inciting the memories. Then, each member of the group was asked to tell his memory as to the subject of the session within a 5 to 10 minute period. Then the subject of the next meeting was told to the members of the group.

The process of organizing meetings in the control group who hold group talks was that the rules in the first meeting were like those of the intervention group, but in the second to eighth sessions were as follows:

First the attendance of the members was checked, and a summary of the previous session was presented in 5 minutes and then, each member of the group was asked to comment on daily issues in 5-10 minutes.

After doing the intervention and in the eighth session after the elderly left for their resting place, the questionnaire was again filled via a personal interview (the person filling the questionnaire was aware that the elderly was in the intervention group or had no control) with the research samples.

The collected data were analyzed using parametric and non-parametric tests using 16spss software.

Findings:

According to the statistical T-test, the following results were obtained as to the separated groups: The mean score of happiness in the intervention group before the intervention was 15.66 ± 15.53 while this score was 26.55 ± 25.14 for the control group. The P-value for the happiness before the intervention was 0.110. Because the value of p-value was 0.05, this implies that the two groups shared the score of happiness before the intervention.

Based on the results of statistical tests, the mean score of happiness after intervention in intervention group was 48.97 ± 27.15 and it was $54.15 \pm 26/78$ for the control group. The P-value for the happiness variable after the intervention was 5,373. Thus, the Null hypothesis was confirmed for each happiness variable. To put it otherwise, despite the fact that the mean score of happiness after intervention in the intervention group was lower than the mean score of happiness in the control group, this difference was not significant. This is to say that the two groups were matched in terms of happiness score after intervention. The Wilcoxon test was used to find out if this increase the intervention and control groups was due to the intervention or not and the following results were obtained:

The p-value obtained from the Wilcoxon test for the happiness variable in the intervention group before and after the intervention was 0.002. This showed that there is a significant difference between the mean happiness before and after the intervention in the intervention group. In other words, research intervention (memory telling) in this group was effective on this variable.

The P-value obtained from the Wilcoxon test for the happiness variable in the control group before and after the intervention was 0/008. This showed a significant difference between the level of happiness before and after the intervention in the control group. Said differently, the research intervention (group talk) in this group was effective on this variable (happiness).

Considering the results obtained through Wilcoxon test, as well as the fact that in the two groups (intervention and control) and in the happiness variable, the p-value was 0.05, it becomes evident that the result obtained from the intervention of the researcher in the intervention group (memory) was the same with the result obtained from the intervention in the control group (group talk). In other words, the intervention through holding group talks was as effective as holding the memory telling sessions.

Discussion and Conclusion:

Since the intervention of group memory telling is itself consisted of two parts of the memory and formation of the group, the researcher arranged group talks to remove the effect of the group in the control group. The results obtained from the statistical tests show that the increase in the mean of happiness in the intervention and control group in both groups was due to the group's influence and the formation of group meetings, not memory telling.

In the study conducted by Kooshyar et al. (2012), it was shown that memory telling does not have any effect on the elderly disability criteria, which is consistent with the result of the present study. In the current research, the members of the control group received only the ordinary care that was provided in the nursing home (17).

In the research conducted by Sahebdel and colleagues (2011), it has been showed that group counseling has succeeded to increase the sense of control and accountability in the elderly, and to be effective to some extent in satisfying their needs. On the other hand, it has been demonstrated that these sessions can increase mental health in the elderly. The result of this study is consistent with the present study and shows that the formation of group meetings can play a positive role in improving the psychological state of the elderly (18).

In the study by Zhuo et al. (2012), it has been shown that memory telling has no effect on the depression symptoms of the elderly participating in the research, which is consistent with the result obtained in this study (19).

Stinson et al. (2006) found in their research that memory telling did not reduce the depression of women who participated in the study, which is consistent with the results of the present study (20).

In the study by Debor et al. (2008), it has been showed that group meetings could reduce the elderly's problems, which is consistent with the current study.

The study by Yousefi et al. (2014) shows that memory telling increases the happiness of the elderly participating in the research, which does not match the results of this study. This difference can be due to the length and number of sessions (6 sessions per three weeks), since the research and the meetings have been short in research, and the results cannot be used for documentation. Moreover, using different protocols for memory telling sessions can be another reason. Furthermore, the research population of the current study is composed of elderly people living in their personal home, so the elderly people participating in the research may engage in the memory telling after completing the sessions, at home and with their families or friends, and through this their happiness will increase, but the elderly who live in the elderly nursing home do not leave for any other place after the end of the session (6).

The results of the study conducted by Majzoobi et al. (2012) also show that structured group memory telling has resulted in the increase of the happiness of the elderly participating in the research, and these results do not match the results acquired in the present study (12). This inconsistency can be due to the low number of participants (24 people), the use of different tools to measure the happiness of the elderly (McGrill and Joseph's Happiness and Depression, 1993), or because of doing research on the elderly who have been referred to the elderly center for part-time presence. The elderly people who are at a nursing home in a part time form may talk to family members about their sessions at nursing home, increasing their happiness.

This increase in happiness can also be due to the fact that the elderly at home have been able to relate the memories of other people and themselves. On the other hand, no intervention has been made in the control group of the current research to eliminate the group effect. It was better to have group meetings in the control group to determine if happiness increases in the control group. In particular, it turned out that this is a positive result of the study of the group or of memory telling.

In their studies, Chiang et al. (2010) concluded that memory telling is of a positive effect on psychological well-being, depression and loneliness. The findings of the aforementioned study are not consistent with the findings of this study. This could be due to the following: 30% fall in the research subjects (out of 130 samples, 38 samples were excluded), conducting research on the elderly living at personal Home (the elderly living at home are less lonely than the elderly living in the nursing home, and on the other hand, elderly people participating in this research in the home environment can relate their memories and other elderly people. And this has reduced their sense of loneliness), doing research on men, using different questionnaires (using different questionnaires yields different results in measuring variables). Moreover, in this study, there is no intervention to eliminate the effect of the group in the control group (depression and loneliness may be due to the impact of group and group sessions, as they increase their interactions with other people by forming group meetings for the elderly. Thus, their depression and loneliness decrease (13).

The finding of the study conducted by Chen et al. (2012) show that group memory telling can reduce the symptoms of depression in the elderly. The results of the latter study is not consistent with the present study. This inconsistency can be traced back to the fact that in this study, the local memory telling protocol has been used and the protocol change could lead to different results. On the other hand, no intervention has been made to eliminate the group effect in the control group, which may be resulted from the effect of group meetings on the elderly, since the group meetings can reduce the sense of loneliness and secretion. This research has been conducted on the elderly living in the community, which can also affect the results of the research, since these elderly people, after finishing their meetings and returning home in the family, may relate their memories and other people. (22, 23).

Researchers have found that we can persuade the patients by convincing them to change their thoughts and ultimately their feelings via creating conversations and group interactions. On the other hand, since nurses have a very high understanding of group processes, they can be good leaders for groups and group processes (24).

It seems that the group is able to provide an environment akin to that of the home for the elderly living in the nursing home and would increase the relationship between the elderly in the elderly's home and break their isolation and loneliness and increase their happiness. It can also help them build successful relationships with others (25).

Klausner believes that group talks will meet the needs of the members of the group by creating an appropriate environment and increase the sense of responsibility and achievement among members of the group, which will in turn reduce the anxiety and tension of the members, as well as improve their performance. Providing the need for loving and being loved in the group is done in the best way in the group. Moreover, the group can provide a good environment for achieving a successful identity and feeling of peace (26).

Man is a social being and needs support, peace and the confidence that is provided in the group work and collaboration with others. By sharing one's words with others in groups, humans can see their problems more clearly. The elderly group therapy is an opportunity for mutual support as well as a means to help patients cope effectively with stress and compromise with life-saving resources. The members of the group begin new friendship in the absence of old friends, and also increase their respect and confidence (23).

In line with the results achieved, one can say that participating in group meetings and increasing the actions and reactions that occur between individuals in the group can improve the health of the elderly.

Research Limitations: There were a number of limitations in this study including: single gender survey (women), large number of questionnaires, the other elderly peoples insistence on taking part in the sessions, the movement of elderly people from one group to another, as well as their insistence for participation in all groups, the interruption of the sessions with weekly physical therapy sessions and occupational therapy, the elderly's concern over their properties that were by their bed and could be lost during their absence. Moreover, the illiteracy of most research samples also caused further complication for filling questionnaires. The lack of familiarity of research samples with the role of a counselor (researcher) and the presence of a man in the initial sessions reduced their willingness to cooperate.

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