A STUDY TO ASSESS THE QUALITY OF LIFE AMONG ELDERLY BEFORE AND AFTER REMINISCENCE THERAPY IN A SELECTED OLD AGE HOME AT ERODE.

BY

30083642

A DISSERTATION SUBMITTED TO THE TAMILNADU Dr.M.G.R. MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SCIENCE IN NURSING

MARCH – 2010

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ACKNOWLEDGEMENT

"Gratitude unlocks the fullness of life. It turns what we have into enough, and more. It turns denial into acceptance, chaos into order, confusion into clarity.... It turns problems into gifts, failures into success, the unexpected into perfect timing, and mistakes into important events. Gratitude makes sense of our past, brings peace for today and creates a vision for tomorrow"

- MELODIE BEATTIE

I am greatly and sincerely indebted to GOD THE ALMIGHTY, for showering upon his Blessings and Abundant grace that have brought me thus far in my life.

At the very outset, I remember my Dad, Mr.MUTHIAH JAYAKUMAR and my mom, Mrs. RAMANI RAJAKUMARI, the special personalities behind me. A word of thanks and gratitude is not sufficient for their concern, support, inspiration, and fervent prayers at every stage of my study that helped me reach the my goal.

I express my thanks to Dr.J.K.K. MUNIRAJAHH, Founder, Managing Trustee of Annai JKK Sampoorani Ammal College of Nursing for the facilities he had provided me in this institution enabling me to do this study.

It is my proud privilege to express my profound sense of gratitude and heartful thanks to the great person Dr.JEYA SEELAN MANICKAM DEVADASON, Pioneer in Nursing Research, Annai JKK Sampoorani Ammal College Of Nursing, for laying the strong sprit of research in me, through his efficient guidance, untiring and patient, encouragement and valuable suggestions through out the study.

I am extremely thankful to Dr. Mrs. TAMILMANI, Principal, Annai JKK Sampoorani Ammal College of Nursing for the excellent guidance, valuable suggestions and the moral support she extended at every stage of the study.

I extend my deep sense of gratitude to Prof. Mrs. JESSIE SUDHARSANAM, Annai JKK Sampoorani Ammal College Of Nursing for her constant help, encouragement, inspiring motivation, valuable suggestions and guidance.

I am immensely grateful to express my thanks to the panel of experts namely Dr.MUNIRAJU, Dr.Mrs,TAMILMANI, Mrs.LALITHA VIJAY, Mr.SENTHIL, Ms.SOPHIA for validating the tool amidst their busy schedule and for their valuable suggestions for this study.

I deeply indebted and grateful to Prof. Mr. DHANAPAL my statistics professor who had given me this knowledge over statistics, and for their guidance in statistical analysis.

I extend my sincere gratitude to the staff of library Mr.JAYARAJ, Mr. EBENEZER, office staff Mrs. RUTH and Mr. RAVIDASS for their help during the course of my work.

I am greatful to the Library staff of the Tamilnadu Dr. MGR Medical University , Chennai and at CMC College of Nursing, Vellore.

I also extent my sincere thanks to Mr.SETHURAMAN, Mr. V.MOHANRAJ and Mr. M. PALANISAMY, Mr.T.JAGANRAJ for their laborious effort in getting this research computerized.

I owe debt of thanks to my loving my brother and sister Mr.SAMUEL RATHINA KUMAR, Ms.KAVITHA who stood by me at all times of need and helped me in various way to achieve my goal.

I convey special thanks to Ms.SOUNDARI, Ms. LEELA and all my friends and classmates for their constant help and encouragement.

I thank my loving aunt Mrs.BEAULAH KALAIMANI, M.A., M.Ed., M.Phil, for valuable suggestions and editing the study.

I convey my special thanks to Mr. HARIKUMAR and destitutes of old age home for their cooperation and help during the study period.

My research could not have been completed with out unrelenting support of these good hearted people. A bonquent of gratitude to all of them.

30083642

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CHAPTER – I

INTRODUCTION

"Even to your old age and gray hairs I am he; I am who will sustain you.
I have made you and will carry you; I will sustain you and I will rescue you".

-ISAIAH 46:4

BACKGROUND OF THE STUDY

Ageing is a universal process and it affects each human being in the world .It is a by product of demographic transition, the change from high fertility mortality rates .This phenomenon is more evident in developed countries but 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, in the 10% of the world population and this number is expected to go up by 2 billions by 2050. (Hazra, 2009).

Old age is an unavoidable reality and is a community need. Aging occurs at different dimensions, such as social, behavioural, psychological morphological and molecular. The elderly face several problems like physical health problems, financial problems. The identified problems in an elderly are feeling of neglect and loss of importance in the family and environmental problems. These problems further strengthen the feelings of loneliness, feelings of unwantedness, feeling of inadequacy, obsolescence of skill and education. Expertise on these aspects is somewhat interdependent and inductive in nature. Each one of these aspects may affect the quality and quantity of the problems in other categories.

Aged population has been categorized into the population older (55-64 yrs), the elderly (65-74yrs), the aged (75-84), the extreme aged (85 older) or the young old (60-74yrs) the middle (75-84yrs) and the older (85 older). More than three fourth of India's geriatric population is young old (60-74yrs) the rest old (over 74yrs). (Rao)

Old age is viewed both as a stage, in the life span of an individual and also as a segment of a population in society. The public considers 50yrs and above as old age where as substantial proportion of persons who are in their 60's do not look upon themselves as old. Psychologists consider age 60 as the demarcating line between middle and old age, where as socialists often set the boundary of old age at 50.

Reverent references to the elderly are observed in Indian mythology. Long life cherished old age was viewed with defence and the elderly played an important role of advisors and counselors .on the other hand ,the family and community looked after them regardless of their productive capacity Hindu scriptures the aged were described to be in the last two stages of 'vanaprasths' and 'sanyasa' .These 'varnashramas' involved ,growing old gracefully ,casting off family ties,indulging in social service and a retreat to a quiet life. The scriptures recommended right 'sadachar' to get one's longevity enhanced with peace and happiness (Khan 1989).

Many verses and traditions in QUR'AN clearly dictate how one should deal with aging parents .in chapters 17 (Al-Asra). It is exhorted and your lord has decreed that your worship none but him and that you be dutiful to your parents .If one of them attain old age in your life, say not to them a word of disrespect nor shout at them, but address them, in terms honour" (Irfan,2001).

In the Holy Bible, health and longevity are linked to living according to God's word and being obedient to his commands. "The Righteous shall flourish like the palm tree ,he shall

grow like a cedar in Lebanon'' (Pslams 92:12) Old age is not considered a curse ,but a blessing ,and long life is felt to be a gift from God.

Puenetes, W.J. (1998) conducted a study on in-corporating simple reminiscence techniques into acute care nursing practice in USA. The result shows that these intervention encourage the client to perceive stressful situation in terms of over lapping past, present & future time spheres & consequently to cope more effectively watchstraps.

Cook, EA (1998) conducted a study on effect of reminiscence on life satisfaction of elderly female nursing home residents. In this study the efficacy of reminiscence group is increasing life satisfaction in elderly female nursing home.

E. Erikson's (1982) in developmental therapy & R.N. Butter's (1981) theory of reminiscing provided the theoretical frame work for the study. It was hypothesized that reminiscing would increase life satisfaction when measured by the life satisfaction. Index A (Neugarter et al., 1961).

NEED FOR THE STUDY

The Indian scenario of ageing population brings to light that India's population of just over one billion in the year 2000 continues to grow at about 1.5% per annum and is expected to exceed one and a half billion in the year 2000 continues to grow at one and half billion by mid century .The 2001 census of India states that there are 76.6 million people over the age of 60, accounting for 7.4%of the total population of India .The share of the elderly in India constitutes 13% of the world's total elderly population .It is projected that the number of the older persons will be 94.8 million in 2011 and 143.7 million by 2021 .Further ,63%of the total elderly population is in age group of 6o-69 years ,26%in age group of 70-79 years and 11%in age of 80 years and above and it has been projected that by 2050,the number of

elderly people would raise to about 324 million .India has acquired label of an “ageing nation” with 7.7%of its population being more than 60 years old. (Hazra, 2009)

According to 1901 census there were only 12million population above the age of 60years in India. In the next fifty years the population of aged increased to 20million .But in the next fifty years it is increased almost three times and reached around 77million in 2001.

According to recent statistics related to elderly people in India, it is observed that as many as 75%of elderly persons are living in rural areas .About 48.2% 0f elderly persons are women, out of whom 55%were widows. A total of 73%of elderly persons are illiterate and dependent on physical labor, one-third is reported to be living below the poverty line i.e;66% of older persons are in a vulnerable situation with out adequate food ,clothing or shelter .About 90% of elderly form the unorganized sector. They have no source of income .India is one of the few countries in the world in which the sex ratio of the aged favours male .

Erode ranks first in elderly population - the elderly population age 60-64years (3.95%), 65-60years (2.7%) 70-74 years (2.11%), 75-79 years (1.11%), above 80 years (1.25%). (C.P Prakasm 2008)

Urbanization, migration break-up, the joint family system, generalization gap and change in the role of women in contemporary society, have altered the position and the status traditionally enjoyed by elderly people. These changes cause the increase in the number of old age homes. Currently, there are many old age homes in India. Many of the elderly complain about their quality of life as being marked by poverty, ill health and emotional insecurity with changes in dimensions of health, Efforts to improve quality of life of can be directed either at improving the deficient life dimension or at adjusting the person’s expectations to conform more closely to objective reality. (United National 1999).

Report states in India there 80 million on above 60years of age constituting 8% of the total population .This is likely to reach 179 million by 2026 forming 13.3% of the population.

Bagchi (1998) explain that the effort today is not to heal, but to protect and probe aging. According to him the aged person should be as healthy as possible and reasonably meaningful conforming to the WHO slogan. “It is not sufficient to add years to life but it is more important to add life to years. In the light of this existing need, the health care climate demands nurses to determine the quality of life in the elderly and develop supportive care to assist them in attaining and maintaining maximum quality of life in addition to protecting them during the stress of aging.

The alarming issue is not merely that of an increase in the grading population but that of the quality of life lived by them. The increase in age brings with it the likely hood health changes that may erode the quality of life of older adults (WHO) 2001.

Aging of population is a major aspect of the process of demographic transition. It is generally expressed as older individuals forming large share of the total population. Such an increase is considered to be an end product of demographic transition or demographic achievements with a decline in both fertility and mortality rates and consequent increase in the life expectancy at birth and older ages. The elderly in the developing world is attributed to their increasing numbers and deteriorating conditions. The lives of many older people are affected more frequently by the social and economic insecurity that accompany demographic and development process. The growth of individualism and desire of the independence and autonomy of the young generation affect the status of the elderly. The studies show that the socio economic condition of older women is more vulnerable in the context of the demographic and the socio cultural change. The situation of the elderly poverty has been a consistent phenomenon in the third world as the older population is deprived of the basic needs respond. They are marital status, work status, living arrangements of the elderly and dependency. Then

look into how close interactions between these factors affect the overall living of the elderly by using an index of life for the Indian states. It is clear that position of the elderly in terms of material and social well being is better positioned in the states of north India rather than south India. (Prasad, Syam 2007)

The older population faces a number of problems and adjusts to them in varying degrees. These problems range from absence of ensured and sufficient income to support themselves and their dependents to ill health, absence of social security, loss of social role and recognition and the non-availability of opportunities for creative use of free time. The needs and problems of the elderly vary significantly according to their age, socio-economic status, health, living status and other such background characteristics. As people live longer and into much advanced age (say 75 years and over), they need more intensive and long term care, which in turn may increase financial stress in the family. Among the several problems of the elderly in our society, economic problems occupy an important position. Mass poverty is the Indian reality and the vast majority of the families have income far below the level, which would ensure a reasonable standard of living. (Raju 2002)

Disability in old age is frequent and lower the QOL of life whilst straining limits the resources for assistance, care and rehabilitations. Difficulties arise in basic activities like bathing, and dressing 20% of those in 70, 50% over 85.Common difficulties include problems with the using of telephone, house keeping and handling money. Inability to go out to unaided affects ,8% of those over 75and 28% over 85.Between 75and 84, 33%have problems in hearing conversations and 20% having hearing problems while a passage is read out. Osteoarthritis, respiratory function detoriation and dementia decline in mental ability and diabetes complications leading to disability, Alzheimer's disease and Parkinson's disease, in continence of urine and faecal and even worser disability. Depression is often the result of disability built also makes it worse, 10% to 15% of people over 65 living at home depressed. (Krishnan.K, Vijayalakshmi.S., 2008)

Elderly are the treasure to the our society .They have worked hard all these years for the development of the nation as well as community .They posses a vast experience in different walks of life. The youth of today can gain from the experience of the senior citizens in taking the nation to greater heights .At this age of their life ,they need to be taken care of and made to feel special. Indian Government provides several benefits through its schemes in various sectors of development. With various tax benefits, travel and health care facilities provisions for them, Indian Government has created reasons for elderly to feel happy. Health care alignments and treatment, medical insurance, health scheme, special programmes. travel benefits – by train, ship or air housing facilities –old age home, recreational centers, government -policies, pensions financial planning, loans, retirement benefits, FAQs-medical policies, savings, self employment schemes and others like help lines heritage home care services, home care nursing. (Government of India)

Reminiscence activity was an activity programme designed to have therapeutic value for the institutionalized elderly. Nursing home residents utilize their life experiences to teach an oral history class to third –grade students .The implementation of this program in long – term care setting resulted in improved self-esteem among the nursing home residents and heightened community under standing and involvement.(Anderson A.J 2002)

Peter Coleman believes that in addition to the analytical role of life review reminiscence can also lead to the passing of knowledge or attitudes. He calls this phenomenon as informative reminiscence.

Erickson's theory predicts that reminiscing was an important part of satisfactory adjustment in old age. A questionnaire on reminiscing was administered to elderly institutionalized veterans, along with scales to assess the dimensions of ego adjustment. Those men who reminisced most frequently achieved higher scores on measure of ego integrity . (Boylin.W et.al 1987)

Reminiscence in skilled hands may be a useful adjunct when caring for older individuals. The individual may benefit psychologically from a feeling of increased self-esteem and control. Staff must clearly establish a modality in which to utilize reminiscence; goals must be set. Problems that may result from uncovering certain memories must be carefully dealt with and may even require the assistance of a skilled psychotherapist. Additional research is necessary to improve our understanding of this potentially useful inter- actional tool. (Priefer BA, Gambert SR1984)

Reminiscing was an important step in the direction of spiritual maturity and wholeness for the person in early old age. Reminiscence that is shared between persons results in Christian concept of cure .It is an act of loving care that heals and helps an shaping the totality of existence . Therapeutic reminiscence not only enhances the cure of souls in early old age; it also helps to close the gap between the depressing expectations of younger generations and the reality of continued growth in the last life. (Clements.M 1981)

Reminiscence helps in generating stimulation, conversation, and maintaining memories of departed loved ones. Openness to experience predicted total reminiscence frequency and reminiscence for addressing life and death. Existential concerns, and in particular low desire to seek new challenges, added significant additional predictive power for total reminiscence frequency and for such uses as generating stimulation, preparing for death, and ruminating about the past. The discussion draws the implications of the finding that the combination of personality traits and existential concerns predicted the overall reminiscence frequency together with the intrapersonal functions of reminiscence. (Cappeliez, O'Rourke 2002)

The need to provide quality mental health care for elders in nursing home settings has been a critical issue, as the aging population grows rapidly and institutional care becomes a necessity for some elders. The purpose of this quasi-experimental study was to describe the effect of participation in reminiscence group therapy on older nursing home residents'

depression, self-esteem, and life satisfaction. Residents of one ward were assigned to the reminiscence therapy group intervention, while residents of the other ward served as controls. Nine weekly one-hour sessions were designed to elicit reminiscence as group therapy for 12 elders in the experimental group. Another 12 elders were recruited for a control group matched to experimental subjects on relevant criteria. Depression, self-esteem, and life satisfaction were measured one week before and after the therapy. Results indicated that group reminiscence therapy significantly improved self-esteem, although effects on depression and life satisfaction were not significant. Reminiscence groups could enhance elders' social interaction with one another in nursing home settings and become support groups for participants. The model we created here could serve as a reference for future application in institutional care. (Chao, et.al., 2006).

Simple or positive reminiscence is simply the resulting of past accomplishment and good feeling. This kind of remembering performed either through direct questioning or in the free flowing conversations that is frequently seen in social interactions among the elderly.

Reminiscence helps to recall past positive events childhood memories, work, marriage, past social accomplishment and most memorable moments, Through this reminiscence, elderly people can recall these past events and can find quality of life in that so it may lead to hope in their life.

There were few studies to find out the quality of life of elderly in old age home through reminiscence. (Haight.B, & Gibson 2005; Kuntz J.A 2007) And only countable number of studies in Indian nursing studies. So the researcher has decided to study the effectiveness of reminiscence in the life of the elderly to improve their quality of life.

STATEMENT OF THE PROBLEM

A study to assess the quality of life among elderly before and after reminiscence therapy in a selected old age home at Erode.

OBJECTIVES

- To assess the quality of life among the elderly before and after reminiscence therapy .
- To test the association between mean difference in quality of life and background factors among elderly.

HYPOTHESIS

H_1 - There will be a significant difference in the quality of life among the elderly before and after reminiscence therapy.

H_2 - There will be a significant association between mean difference quality life and back ground factors among elderly.

OPERATIONAL DEFINITIONS

1) Quality of life: It refers to the level of satisfaction in life as experienced and expressed by the individual in physical, social, environmental and spiritual domains. Quality of life was measured by items in the standardized interview schedule (WHO BREF SCALE). QOL was measured in terms of QOL of scores.

2) Reminiscence: It refers to the thinking about or relating of past experience. It is used as a nursing intervention to enhance life .In this study reflection on elderly issues related to the events in childhood, work, marriage, social accomplishment and most memorable

moment were done. Each day one area was focused using the probe specified in the reminiscence therapy guide for elderly.

3) Elderly: It refers to those individuals who belongs to the age group of 60 years and above and who fulfilled sample selection criteria.

4) Old age home: An old age home refers to structured building where in persons aged 60 years and above stay on payment.

5) Background factors: It refers to those factors and issues that are thought to influence the quality of life. Variables selected were sex, age, educational, religion , marital status, previous occupation ,source of income, length of stay ,sleep, daily activities ,chronic illness.

ASSUMPTION

1. The response of the elderly to the items in the interview schedule will be true measures of quality of life.
2. Permission will be granted by the administrator of the old age home, to obtain adequate information.
3. Elderly persons will be willing to participate in the study.

DELIMITATION

The study was limited to

1. Elderly in the selected old age home only.
2. Reminiscence related to activities like childhood days, work, marriage, social accomplishment, most memorable moment only.
3. Samples selected non- random method.

CONCEPTUAL FRAMEWORK

Polit and Hungler (1995) State that conceptual framework is interrelated concepts on abstractions that are assembled together in some rational scheme by virtue of their relevance to common scheme. It is a device that helps to stimulate research and extension of knowledge by providing both direction and impetus. The present study is aimed at determining the effectiveness of reminiscence among the old age people.

The conceptual framework of this study was derived from von Bertalanflty general system theory (1968). This theory is a system consisting of a set of interacting components with in the boundary. The boundary filters the type and continuous exchange of matter, energy and information open systems. It has varying degrees of interactions with environment through which the system receives input and gives back output.

Input: Though the process of selecting the system regulates the types and the amount of input received, some types of inputs are used immediately in their original state. Input refers learner/target group with their characteristics level of competencies learning needs and interest. In this study, input refers to background factors of the elderly and reminiscence guide, nurse teacher and the pretest QOL.

Throughput: Denotes the different operational procedures in the overall programme implementation. In this study it was the process of reminiscence intervention on elderly client. Five session of reminiscence were done based on guide. The areas of reminiscence included, childhood days, work, marriage, social accomplishment and most memorable movement.

Output: After processing the input, the systems return the output to the environment in an altered state affecting the environment. The information are continually processed through the system and released as output in an altered state. Post test quality of life among elderly was assessed.

Feed back: It refers to the environment response of the system .Feed back may be positive, negative or neutral .Statistical tests were employed to test the difference in QOL of life before and after reminiscence among elderly.

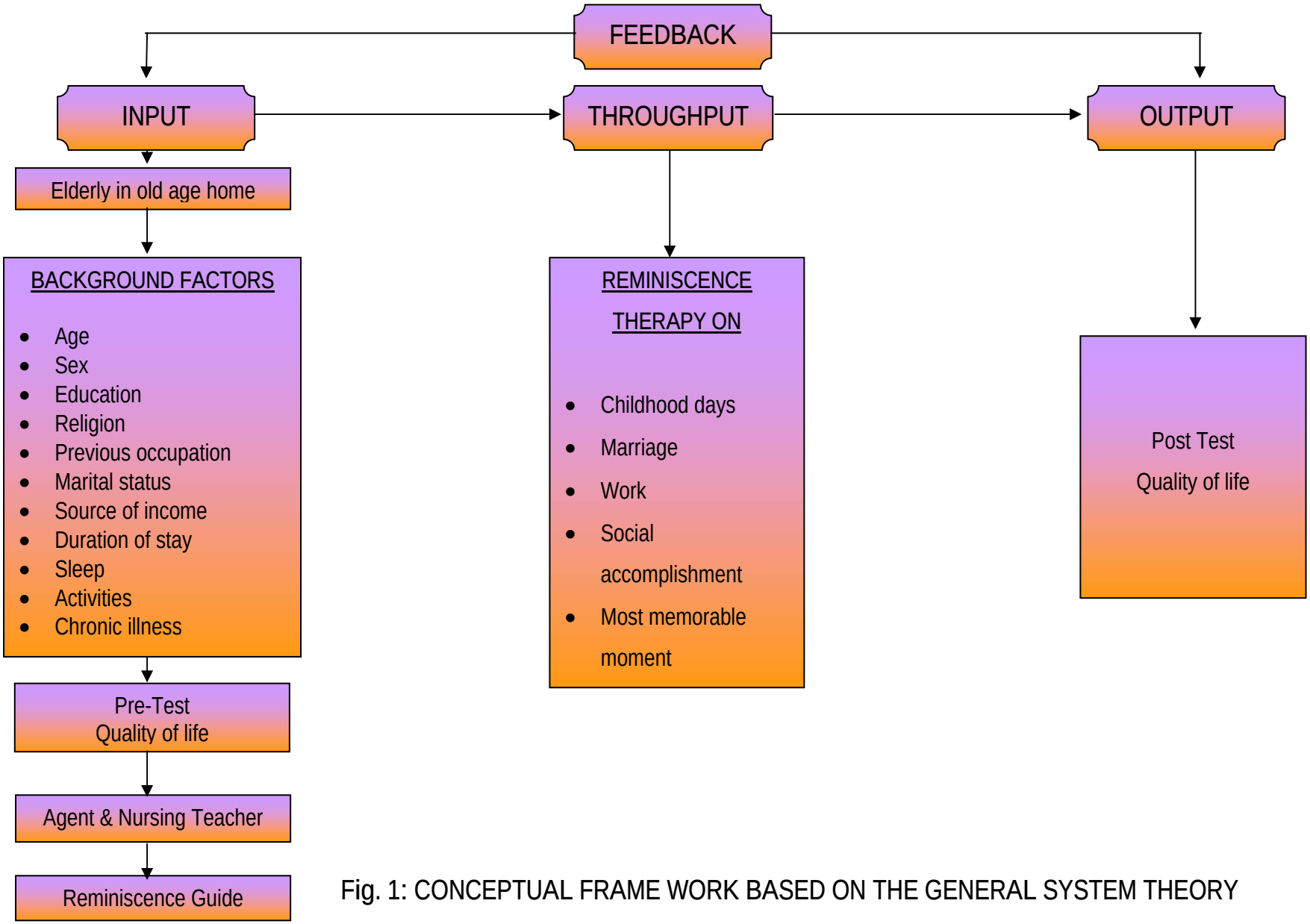

Fig. 1: CONCEPTUAL FRAME WORK BASED ON THE GENERAL SYSTEM THEORY

CHAPTER – II

REVIEW OF LITERATURE

Literature review serves a number of important functions in research process. It helps the researcher to generate ideas or to focus on a research approach, methodology, meaning tools and even type of statistical analysis that might be productive in pursuing the research problem. Review of literature in the study is organized under the following headings.

I. Reviews related to quality of life among elderly.
II. Reviews related to reminiscence in elderly

I. REVIEW RELATED TO QUALITY OF LIFE

Salati.M, et.al., (2008) Measured the residual quality of life (QoL) in elderly patients who have under gone major lung resection for lung cancer. From July 2004 through August 2007 a total of 218 patients, 85 of whom were elderly (70 years), had completed preoperative and postoperative (3 months) quality of life measures assessed by the Short Form 36v2 health survey. QoL scales were compared between elderly and younger patients. Furthermore, limited to the elderly group, they compared the preoperative with the postoperative SF36v2 measures and the physical component summary (PCS) and mental component summary (MCS) scores between high-risk patients and low-risk counterparts. The postoperative SF36 PCS (50.3 vs. 50, *P*=0.7) and MCS (50.6 vs. 49, *P*=0.2) and all SF36 domains did not differ between elderly and younger patients. Within the elderly, the QoL returns to the preoperative values three months after the operation. There was no significant difference between elderly higher-risk patients and their lower-risk counterparts postoperatively.

Nilsson, (2007) conducted a cross sectional study in rural Bangladesh and Veitnam to assess the health quality of life elderly and found that there were similarities between the two countries. Advanced age, being a woman, belonging to poor households and having a poor self reported health status were significantly associated with poor health related quality of life. Illiteracy was additionally found to be a significant determinant of poor health related quality of life in Bangladesh

Hitt , Lie, (2007) conducted a study to assess the effect of exercise program on quality of life of older people who had a fall. The investigators gave exercise training interventions like difficult stretching, muscle strengthening and balance training for (10-60) three times a week under the supervision of the physical therapist where as education intervention pamphelets containing information on fall prevention, preventive exercise and safety improvements that could be made around the home were given to the exercise education group and found that quality of life of the exercise training group was greater than those of the exercise education group.

Breeze, et.al, (2006) In Britian found that, excess risk of poor quality of life for independent people was 62%. Having a low socio-economic position in middle age as well as in old age exacerbated the risks of poor outcomes in terms of quality of life of elderly in old age. Among people living with some one other than spouse, the excess risk from renting ranged from 24% to 93% which affected the quality of life of elderly .

Chaosy, Liuhy, (2006) conducted a quasi –experimental study on the effectiveness of group therapy in nursing. Home random sampling was used to recruit participants .Residence of one ward was assigned to the reminiscence therapy group intervention while the residents of the other ward served as controls .One-hour sessions were designed to elicit reminiscence group therapy for 12 elders in the experimental group. The other 12 elders were selected for a

control group. Depression, self esteem and life –satisfaction were measured one week before and after therapy .

Soghia ,(2006) conducted a study to assess the relationship between quality of life and socio demographic characteristic among older people in iron and found that the quality of life of elderly was moderate. He also found that there was no difference in quality of life based on age, living arrangement or marital status.

Goswni, et.al ,(2004) conducted study to "assess self rated health status of aged in a rural area in "Britian" and found, that majority of respondents rated their health status as "not healthy" (61.6% males and 71.6% females). The proportion of male respondents reporting themselves to be not healthy was 65.8% among illiterates compared to 54.2% among literates. However there was a significant difference in the quality of life of those with a serious illness and those without serious illness ($p<.05$). Owner had a higher quality of life than those who continued to rent their property. There was no relationship between the number of state or occupational pensions that the household received and the individuals quality of life ($p>.05$). There was difference in the quality of life of those who lived in a household that received income from another source and those who did not receive

Antony. L (2005) Conducted the study to assess the quality of life before and after laughter therapy in old age homes 30 samples were selected QOL tool was used .Intervention Laughter therapy was given for a week. After the inter vention there was significant difference in quality of life. Statistical significance in all domains .Findings suggested that laughter therapy was effective for oldage people.

Xavier, et.al., (2004) It was found that more than half of the studied sample (57%) defined their current quality of life with positive evaluations, where as 18% presented a negative evaluation and 25% defined their current lives as neutral or having both values. The

main source of reported daily well- being was the involvement with rural or domestic activities among the interviewed. Lack of health was the main source for the not presenting well being. Although there was each interpersonal variability regarding what each subject considered as loss of health.

Carrilo.G, et.al ,(2003) aimed to identified a set of factors related to quality of life across the dimensions of physical, social and emotional functioning and general health perception in an elderly from the state of mordos, Quality of life was analyzed in four dimensions – physical social and emotional functioning and general health perception. The factors associated with the dimensions of quality of life were physical functioning, gender, illness, in last year, age, tobacco consumption and activity level. In social functioning only health check–up was significant, as protector factor of good social quality. In emotional functioning the associated factors were, gender, illness and medical – check – up in the previous year for the dimension of health perception. The variables were gender illness, hospitalization in the previous year and activity, and all of them were statistically significant $P<0.05$.

Carrol,et.al., (2002) examined the performance of the WHO QOL BREF with WHO QOL – 100 by cross sectional study in 23 countries (n=11830) and found that WHO QOL BREF had good to excellent psychometric properties of reliability and performed well in preliminary tests of validity. The result indicated that WHO QOL BREF was sound, and the cross culturally valid assessment of quality of life was reflected by its four domains, - physical, psychological, social and environmental

Kitamura, et.al, (2002) tried to explore the quality of life and its correlates in a community population in Japanese rural area. The correlation of the different aspects of quality of life, life satisfaction and self confidence with personality traits and early experiences were examined, using 220 inhabitants in a rural community of Japan. Health perception was better

in people aged 55 or over than in those under 55 Among the current predictor variables, the Eysenck personality questionnaire the extraversion score was correlated with good health perception, the older men's life satisfaction and the women's self coincidence and the by choticism score with the older life satisfaction.

Barbara. K, et.al, (2000) Aimed the study to find the therapeutic effects of the life review beyond one year. This analysis followed fifty-two of 256 subjects who lived for at least three years in a nursing home. These participants received either a life review or friendly visit and took part in four repeated testing's to determine the lasting effects of the life review at two and three years. Measures of integrity (life satisfaction, psychosocial well being, self-esteem) and despair (depression, hopelessness, and suicide intent) were used as pretest, posttest, and retest. Results showed a trend toward continued and by year three significant improvement over time in those who received the life review on measures of depression ($t = -2.20$, $p < .03$), life satisfaction ($t = 2.51$, $p < .02$), and self-esteem ($t = -2.31$, $p < .03$).

Rajan, (2000)Conducted study in Kerala. The reasons why the elderly approach old age homes were, no one to take care of them (67%) children away from the family (1%) problems with children (8%) own preference (24%) He also said that 82% of inmates reported that the quality of life in old age home was alight and only 1% of the elderly said that environment in old age home is bad and 16% said that they liked the environment very much

Kavith A.K., (2000) did a comparative study on the quality of life among senior citizens living in home for the aged and compared the quality of life among the senior citizens in family set up. The sample size was 100 and the research approach was comparative survey. The modified WHO standardized tools were used by the investigator. The above mentioned study found that the over all mean score regarding quality of life was found higher among the senior citizens living in family set up than the senior citizen living in old age homes .

Kim, (2000) studied that the quality of life among elderly with chronic illness, was found to be higher in males than females. He also studied that the general characteristic affecting the self efficiency of elderly patients with chronic pain were employment, age between 60-70, well educated married and rich or having their own income, The quality was higher among those who lived with their children. These findings suggest that the three aspects of the quality of life are discrete in their psychological correlates and the interventions as health education and care should take in to account the individual's psychosocial attributes

II. REVIEWS RELATED TO REMINISCENCE THERAPY IN ELDERLY

Hodges., Schmidt .R, (2009) Study explores the experiences and perceptions of the telling of life stories of past –war immigrant living in multicultural residential aged-care setting in Australia, study aims to shed light on what participants feel about life stories and prospects of involvement in the order provide insight and understanding for opium programmer facilitation and better resident care. Semi structured interviews were conducted with the four participants .Data were audiotape and transcribed .Immersion in life stories allows the re-experiencing and sharing of past emotions and sensations .Engagement in occupational reminiscence enhances understanding a person's lived life experience, which adds meaning to one's life

Hu Li Zazhi, (2009) Reminiscence therapy helps elders recall memories of old times through activities designed to achieve self-healing .The qualitative case in this research was a 70year –old woman who had lived in a military village for 40 years .Semi structured questionnaires were used for the interview and data was recorded and transcribed word for word .Analytical method used the three major patterns of reminiscing over objects, vertical and horizontal life. In the perspective of vertical life, the author explored the subject's life experiences through each life stage childhood, adolescence, middle age and aged.

Shinrigaku Kenyu (2009) examined the effect of individual reminiscence therapy in Japanese community-dwelling older adult with out dementia. 57 samples were taken. Participants in the reminiscence group completed five or six sessions of individual reminiscence therapy .Participant's depression ,life satisfaction and self esteem were assessed before and after the sessions .The results showed that the reminiscence group had a significant improvement in self esteem .Thus the individual therapy can be a tool to maintain or improve self esteem for Japanese older adults with out dementia

Morita (2007) study aimed to clarify characteristics of contents of life review in reminiscence therapies in cancer patients by age, gender and stages of disease. The main concern of 40years old was "about children" .For 50 years old it was how to confront death and for 60years old death related to "anxiety" and new discoveries .For 70 year old "resignation adout death" and evaluative reminiscence of their lives were most important for 80years old the main concern was relation ships with others. There appeared to be considerable differences in the focus of life review by age disease stage, and clinicians found these differences when using life-review therapy in order to the individual.

Nomura. N; Hashimoto. T, (2006) conducted an experimental study on the effectiveness of group reminiscence therapy in a Japanese elderly community .The population of this study were 2 men and 46 women, mean age =81.9 years. The reminiscence group and control group consisted of 22and 26 participants, respectively. They completed the assessment of anxiety, insomnia, depression, life satisfaction , self esteem before and after the intervention in 12 weeks follow-up .Participants in the reminiscence group took one hour sessions weekly. The result showed that the intervention was effective.

Bohlmerjer, et. al., (2005) Reminiscence may help in resolving conflict from the past and making up the balance of one's life. Life review may be further enhanced by creative expressions of memories in stories, poems or drawings .In this way people are encouraged to

create and discover metaphors ,images and stories that symbolically represent the subjective and inner meaning of their lives. A new intervention, which combines reminiscence and creative expressions aimed at early treatment of depression.

Hideak, Hitoshi, (2004) evaluated the mid-term efficacy of life review activities on the quality of life of the elderly by a randomized controlled trial, and to identify the factors that should be taken into consideration. Life review activities among 97 eligible elderly persons, Group life review activities were conducted in the intervention group and discussion activities about health were conducted in the control group. In both the intervention group and the control group, life satisfaction, self-esteem, depression, and hopelessness were evaluated using self-rating scales at three points: at baseline, immediately after completion of the 8 weeks of sessions, and 3 months after completion of the intervention. Repeated measures analysis of covariance showed significant differences between the two groups in scores for depression ($p = 0.04$) and hopelessness ($p = 0.04$). Regarding the factors that were associated with depression and hopelessness, 3 months after completion of the intervention, depression and hopelessness of a more severe nature at baseline and having greater unresolved conflicts in the past were extracted by multiple regression analysis. The results suggested that group life review activities have a role in assisting the developmental stage of old age and supporting mental health, and have mid- to long-term effectiveness in maintaining and improving the QOL of the elderly.

Wang. JJ,(2004) conducted a comparative study of reminiscence on self esteem, self health perception depressive symptoms ,and mood status of elderly people residing in long term care facilities at home. Aquasi-experimental design was conducted using pre-intervention test and the purposive sampling. Rosenberg's self esteem health perception scale and emotional rating scale were used as study instruments. Each subject was administered to pre and post experimental test at four months interval .All subjects under went weekly individual reminiscence intervention. 48 subjects ,completed the study with 25 instutionalized elderly

people and 23 home based elderly people .The independent 't' test was conducted to measure the difference were found between group in mood status post test (t=5.96,p<0.001) and significant differences were noted in self-health perception ,depression symptoms and mood status (t=2.56,2.83 ,-3.02 p=0.018,0.09,0.007) between pre and post intervention test in the institutionalized group .These result suggested that reminiscence is especially appropriate for elderly people.

Webster .J.D, (2003) conducted a study on reminiscence and auto biographical memory .The sample size was 985 .A total of 392 men (38.8%) and 591 women (60.1%) with two persons not reporting their gender completed the reminiscence functions scale as a part of original four studies .The eight related factors were studied .Further, multi dimensional scaling indicated that original factors could be arranged in a circular and more closely related.

Molinari .V, et.al., (2001) conducted study on relationships between reminiscence functions and attachment styles; reminiscence and personality factors; and attachment and personality were examined in forty patients attending a geropsychiatric outpatient clinic. They were administered the Reminiscence Functions Scale, NEO-FFI, and the Relationship Questionnaire. Compared with insecurely attached older patients, securely attached older patients scored higher on the reminiscence function. Consistent with prior research, relationships were found between the extraversion personality factor and conversation reminiscence; and between the openness personality factor and both identity and problem-solving reminiscence functions.

Cully. A, et.al., (2000) conducted a study to examine the relationships between the frequency and functions of reminiscence, personality styles, and psychological functioning. There is little research on the psychological factors that correlate with reminiscence, especially in relationship to clinical constructs such as depression and anxiety. Seventy-seven healthy older adults completed the following self-report scales: Reminiscence Functions Scale,

NEO-Five Factor Personality Inventory, Beck Depression Inventory, State–Trait Anxiety Inventory, and the Templer-McMordie Death Anxiety Scale were used. Using canonical correlation techniques, results indicated that individuals with negative psychological functioning frequently reminisce as a way to refresh bitter memories, reduce boredom, and prepare for death. The study provides implications for both researchers and clinicians. Contrary to previous studies, results indicate that depressed and anxious older adults commonly use reminiscence and therefore may be appropriate candidates for reminiscence treatment.

CHAPTER – III

METHODOLOGY

This chapter includes research approach, research design, variables, settings, population, samples and sample size, sampling technique, development of tool, content validity, reliability, data collection procedure and plan for analysis and ethical issues.

RESEARCH APPROACH

The research approach is the most essential part of any research. The entire study is based on it. The research approach used in the study, is applied form of research to find out a well programme, treatment, practice or policy as effective as possible. In this study effectiveness of reminiscence on quality life among the elderly was evaluated. Therefore an evaluation approach was essential to test the effectiveness of interventions.

RESEARCH DESIGN

The investigator has selected the pre-experimental design as suitable method for study. There is a treatment group with out a control group. All the subjects are given the pre-test, received the reminiscence therapy and post test.

In the absence of a control group, subjects act as their won controls and pre-treatment and post treatment data are analyzed for differences.

RESEARCH DESIGN IN NOTIFICATION

E - O1 X O2
E = Experimental group O_1 = Pre test X = Reminiscence therapy O2 = Post test

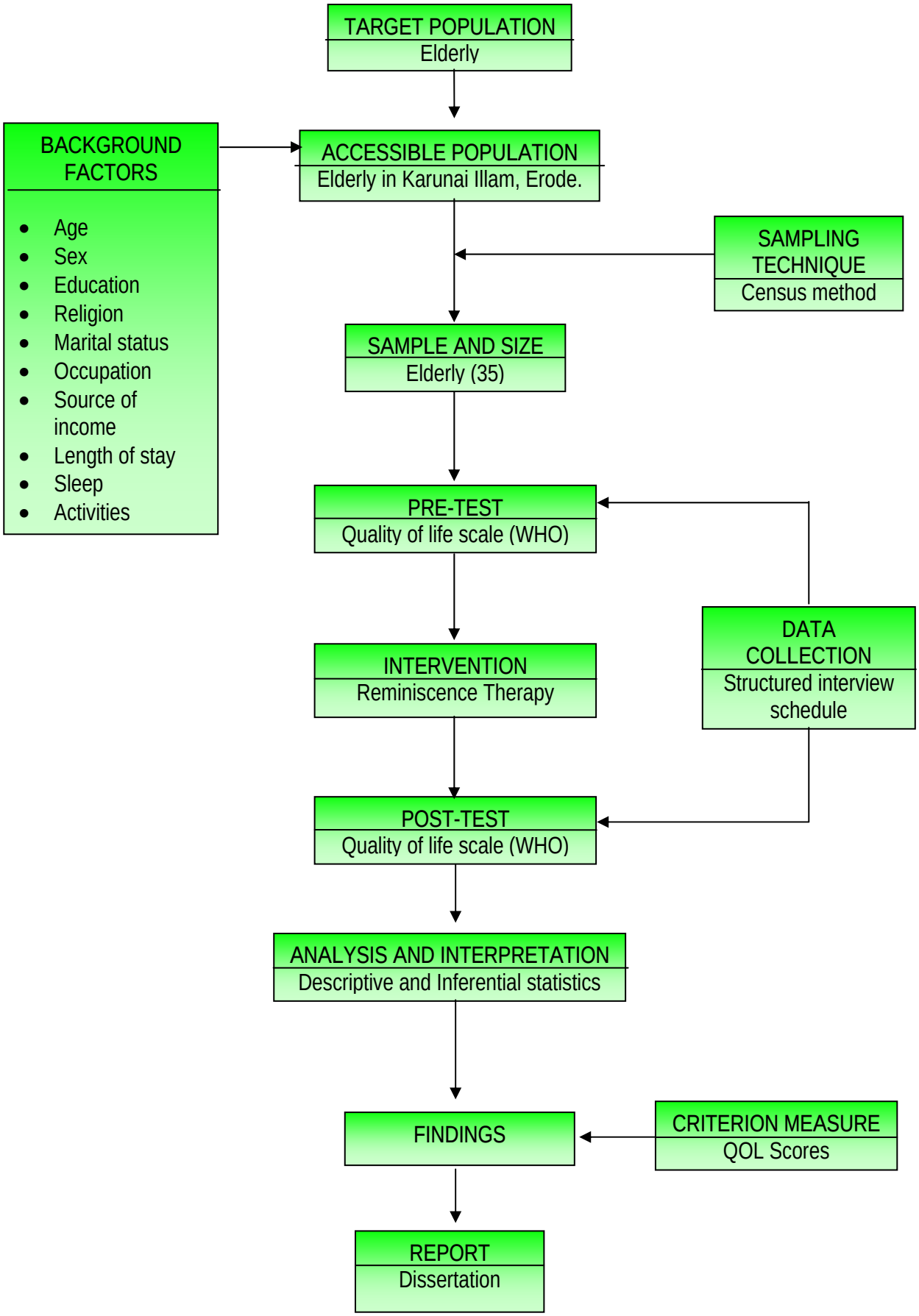

Fig. 2: SCHEMATIC PRESENTATION OF RESEARCH DESIGN

VARIABLES

A variable is a characteristic, which can be taken on different values. The categories of variables discussed in the present study were

Independent Variable : Reminiscence therapy.

Dependent variable : Quality of life

SETTING

According to Polit and Hunger (1997), setting refers to the physical location and condition in which data collection takes place in the study. The setting was selected based on acquaintance of the investigator with the institution, feasibility of conducting the study, availability of the sample, Permission and proximity of the setting to investigation

The study was conducted at an old age home named, Karunai Illam, Erode.

POPULATION

Target population was the aggregate of cases about whom the researcher would like to make generalization. The elderly individual are target population . Accessible population is the aggregate of cases that conform to the designed criteria and which is accessible to the researcher. The elderly inmates of Karunai Illam were the accessible population for this study.

SAMPLING TECHNIQUE & SAMPLE SIZE

All the elderly individual were included in the study who fulfilled the sampling criteria using the enumeration method 35 elderly individuals were included in the study.

SAMPLING CRITERIA

The study samples will be selected by the following inclusion and exclusion criteria.

Inclusion Criteria

- Elderly individuals who were above 60 years of age.
- Elderly individuals who could understand Tamil.
- The participants willing to participate in the study.

Exclusion Criteria

- Bed ridden individuals
- Terminally ill individuals.
- People who were suffering with dementia (Elderly)

DESCRIPTION OF THE TOOL

The tool developed for the study was on interview schedule with two sections.

Section – I: This section includes Back ground factors items such as sex of the client, age, marital status, education, occupation, source of income, length of stay, sleep, daily activities, chronic illness.

Section – II (WHO-QOL SCALE): With best efforts, the investigator traced out the standardized tool for quality of life developed by WHO QOL BREF (1995) .The same was used among elderly. It was 5 point scale.

REMINISCENCE INTERVENTION

Reminiscence is an independent nursing therapy used by variety of health and social care professionals, involving re-collection of previous events and feelings which aim to facilitate pleasure, quality of life or adaptation of new circumstances through the process of group reminiscence therapy. The reminiscence intervention consists of issues related to childhood days; work, marriage , social accomplishment , and most memorable moments. Pre-test on quality of life is done by interview method. The clients were encouraged to reminiscence on the specific areas listed in the reminiscence guides. Discussion on specific issues was made between the groups. There were seven groups each group consists of five clients. Five sessions on 5 issues will be conducted separately for each group as specified in the reminiscence guide. Each day one issue was reminisced by the elderly.

SESSIONS	SECTIONS
I	Childhood days
II	Work
III	Marriage
IV	Social accomplishment
V	Most memorable moment.

VALIDITY OF THE TOOL

The tool used in this study was WHO quality of life scale .The back ground factors were validated by 5 experts including three nursing experts, one psychiatrist and one clinical psychologist. The experts were requested to check the relevance, sequence and adequacy of the items in the interview schedule. The tool was first drafted in English. Tool was translated to Tamil by a Tamil language expert. Language validity was established by retranslation of tool in to English.

RELIABILITY OF THE TOOL

The reliability of an instrument is the degree of consisting with which it measures the attribute and it is supposed to be measuring over a period of time. The reliability of the interview tool was established by Interator method among 10 members .The reliability coefficient (r=0.78) was high.

PILOT STUDY

The pilot study was a small scale version or trial run of the major study. The function of the pilot study is to obtain information for improving the project assessing its feasibility.

Prior permission of the authorities was obtained. The pilot study was conducted in Karuni Illam among 5 elderly who were not induced in main study sample, who fulfilled the criteria of sample selection with regard to the setting, with the co-operation of the people and the availability of the samples, the study was found to be feasible. The structured interview scheduled found to be appropriate for the study. To make the decision regarding the type of analysis, statistical tests were taken.

DATA COLLECTION

Formal permission was obtained from the authorities concerned. The study samples were selected by census sampling technique among them who satisfied the sampling criteria. A total of 35 elderly were recruited in the study. The participants of study were organized in seven groups with the help of the incharge of the old age home. The purpose of the study was explained. The samples were screened based on the inclusion and exclusion criteria.

Informed consent was obtained from the elderly persons. Confidentiality of shared information was assured. The pre-test was conducted in the group. The quality of life was assessed by the interview method which took 30 minutes for each person. The intervention was done in 30 min for each group for five days. Seven groups with 5members in each group reminisenced the issues related to childhood, marriage, work social accomplishment and memorable moment. On 6th day post test was conducted.

PLAN FOR DATA ANALYSIS

Data analysis is the systematic organization and synthesis of research data and testing of the research hypothesis using that data.

The data collected from subjects were grasped and analyzed using descriptive and inferential statistics. The following plan for analysis was developed.

- Data on background factors were analyzed by using frequency percentage distribute on.
- Data regarding the pre and post test quality of life among elderly were analyzed using mean, SD, range, MD, and “t” value.
- Data regarding mean difference in quality of among elderly in relation to their selected variables, in relation to their background variables were analyzed by Linear Regression.

ETHICAL ISSUES

Ethical considerations were taken into account for the purposes of the study to assess the quality life of elderly clients. Each individual client was informed about the purpose of the study and confidentiality was promised and ensured . The client had freedom to leave the study at his / her will without assigning any reason. These ethical issues were ensured in the study.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

Polit (2004) states that statistical analysis is a method of rendering quantitative information and elicits meaningful and intelligible form to research data. Analysis is and interpretation of data of this study was done using descriptive and inferential statistics. Analysis was done using SPSS, Version 10. A probability of 0.05 was considered as the level of significance.

The objectives of the study:

1. To assess the quality of life among the elderly before and after reminiscence therapy.
2. To test the association between mean difference in quality of life and back ground factors among elderly.

The findings were organized and presented in the following orderly sections:

Section – I : Data on background factors of the elderly.

Section – II : Data on quality of life before and after reminiscence therapy.

Section – III : Data on association between the mean difference in quality of life and selected factors among elderly.

SECTION – I : DATA ON BACKGROUND FACTORS OF THE ELDERLY

TABLE – 1

Frequency and percentage distribution of data on background factors of elderly

(n = 35)

Background Factors	*Frequency*	*Percentage*
Sex		
a. Male	13	37.1%
b. Female	22	62.9%
Age in years		
a. 61-65 years	10	28.6%
b. 66-70 years	7	20.0%
c. 71-75 years	18	51.4%
Education		
a. Illiterate	23	65.7%
b. Literate	12	34.3%
Religion		
a. Hindu	34	97.1%
b. Muslim	--	--
c. Christian	1	2.9%
d. Any other	--	--
Duration of stay in home		
a. 1-3 years	18	51.4%
b. >3 years	17	48.6%
Sleeping hours per day		
a. <8 hours	13	37.1%
b. 8 hours	9	25.7%
c. >8 hours	13	37.1%
Chronic illness		
a. Yes	14	40%
b. No	21	60%

Table 1, reveals the frequency and percentage distribution of elderly in relation to the back factors.

Regarding sex, majority of the elderly were females 22 (62.9%) and least 13 (37.1%) were males.

Regarding the age, majority of the elderly were above 70 years 18 (51.4%) and above 65 years 57 (20%) and least above 60 years 10 (28.6%).

Regarding the education, majority of the elderly were illiterate 23 (65.7%) and least 12 (34.3%) were literate.

Regarding the religion, majority of the elderly were Hindus 34 (97.1%) and least 1 (2.9%) were Christian.

Regarding duration of stay, majority of the elderly were with in one to 3 years 18 (51.4%) and least 17 (48.6%) were above 3 years.

Regarding sleep, majority of the elderly were 13(37.1%) above 8hours and 13(37.1%) were 8 hours and least 9 (25.1%) were below 8hours.

Regarding chronic illness, majority 21 (60%) not having chronic illness and least 14(40%) were having chronic illness.

It was inferred that majority of elderly were females, above 70years illiterates, Hindus , staying in old age homes between 1to3years, slept more than 8 hours, and no chronic illness.

Figure 3, reveals the frequency and percentage distribution of nature of previous occupation among the elderly.

Regarding the previous occupation, the majority of the elderly were skilled 21 (60.0%) and unskilled 11 (31.4%) and least 3 (3.8%) were unemployed.

It was inferred that majority of elderly performed skilled occupation previously.

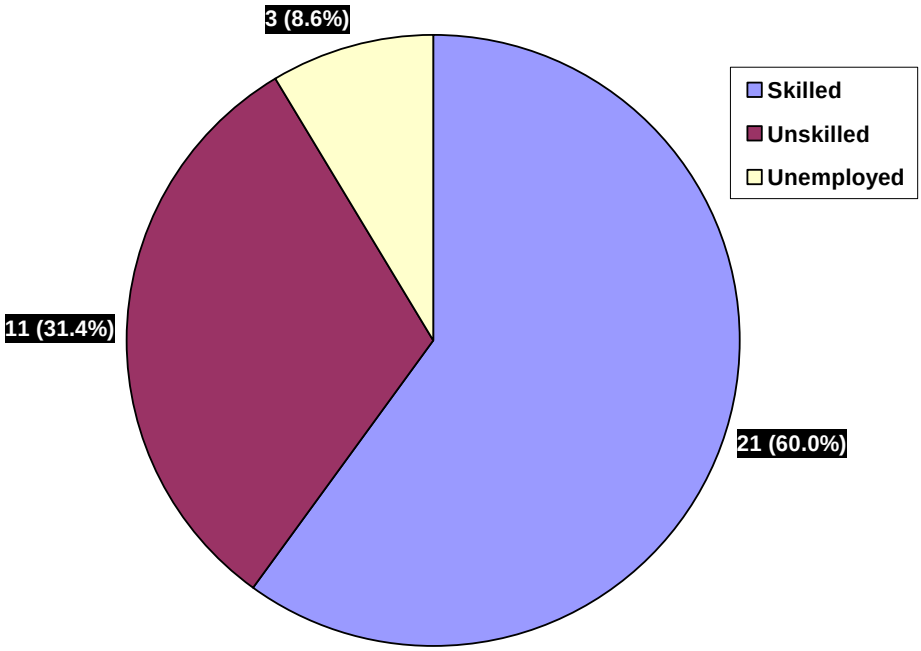

FIG. 3: Frequency and percentage distribution of nature of previous occupation among elderly.

Figure 4, reveals the frequency and percentage distribution of marital status among the elderly.

Regarding marital status, majority of elderly 16 (45.7%) were married and least 4 (11.4%) were widows(er) and 4 (11.4%) were never married.

It was inferred that majority of elderly were married.

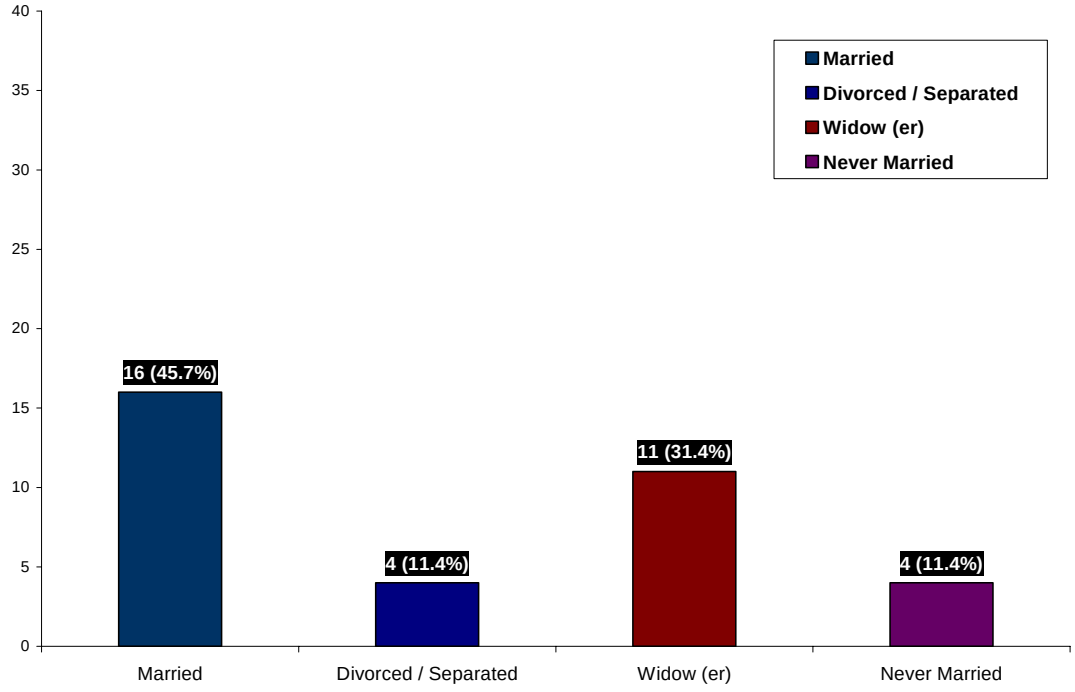

Fig. 4: Frequency distribution of marital status among elderly.

Figure 5, reveals the frequency and percentage distribution of source of income of elderly .

Regarding the source of income, majority of elderly 34 (97.1%) were dependents on old age homes and least 1 (2.9%) were pensioners.

It was inferred that majority of elderly dependent on old age homes for income.

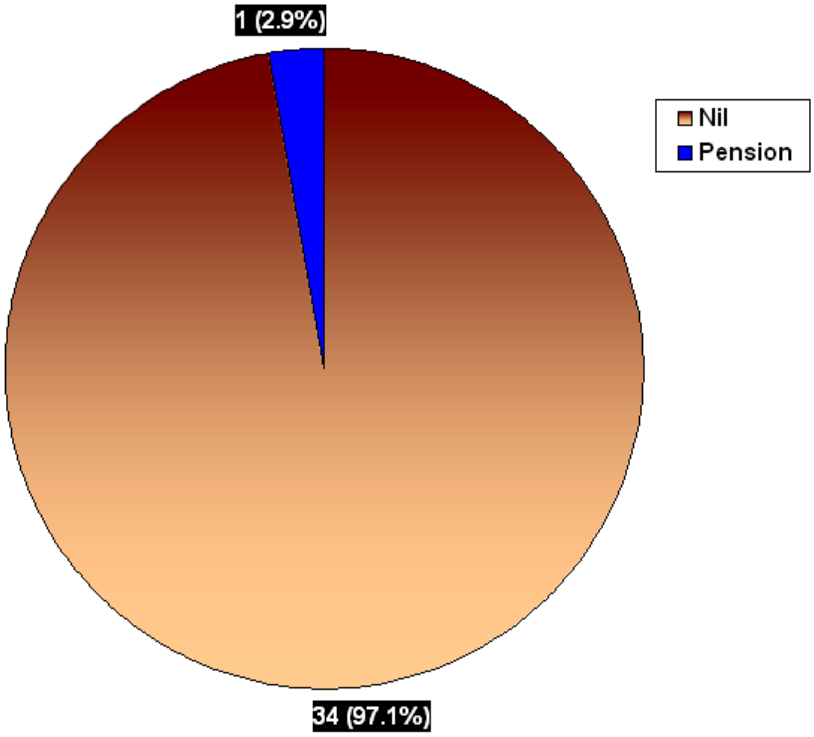

Fig. 5: Frequency percentage distribution of source of income among elderly.

Figure 6, reveals the frequency and percentage distribution of activities per day of elderly.

Regarding activities of the elderly, majority 29 (82.9%) were doing other work, 5 (14.3%) are doing gardening and least 1 (2.9%) were doing exercises.

It was inferred that majority of elderly were doing other works than exercises and gardening.

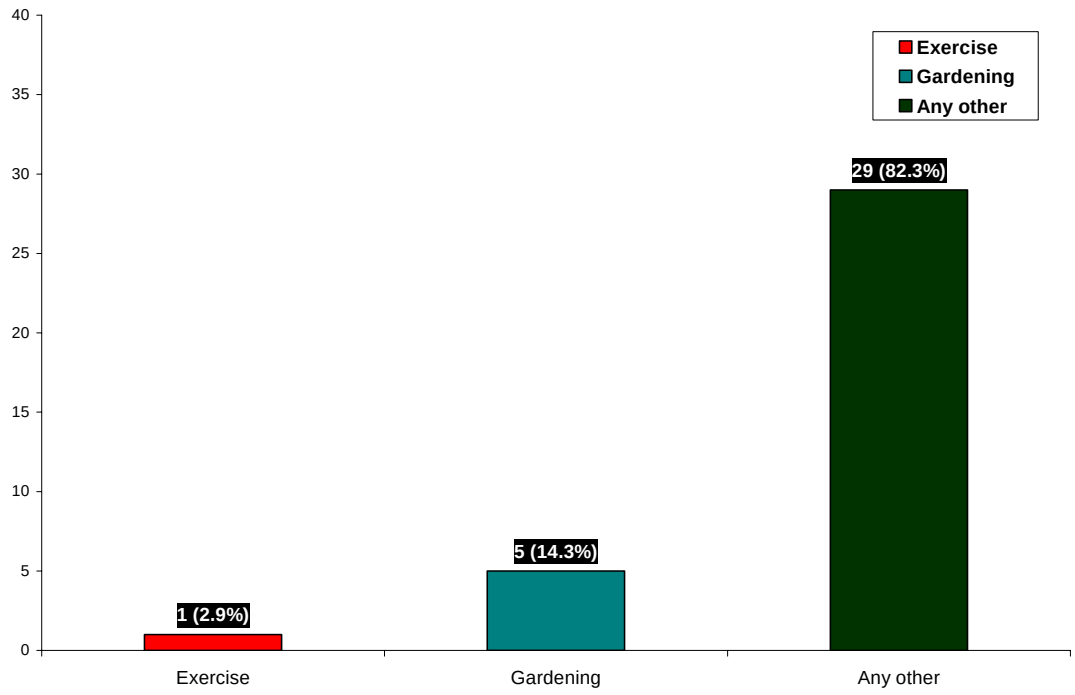

Fig. 6: Frequency and percentage distribution of activities per day among elderly.

SECTION – II: DATA ON QUALITY OF LIFE BEFORE AND AFTER REMINISCENCE THERAPY AMONG ELDERLY

For the purpose of this study the following null hypothesis was stated.

H_{01} : There will be no significant difference in the quality of life among the elderly before and after reminiscence therapy.

TABLE – 2

Mean, range, mean difference and "t" value on pre test and post test quality of life among elderly

(N = 35)

Quality of life	Maximum Score	Mean	Range	SD	Mean Difference	"t" Value
Pre Test	125	59.91	43-86	10.04	7.18	-7.057 (p=0.02) S
Post Test	125	67.09	47-90	8.71		

S = Significant

Table 2 reveals the mean, range, mean difference and "t" value on pre test and post test quality of life among elderly.

The obtained post mean QOL 67.09 (SD = 8.71) was more than pre test quality of life 59.91 (SD = 10.04). The obtained mean difference was 7.18 and "t" value t = - 7.057 (P = 0.02) was significant. Therefore, the null hypothesis Ho1 was rejected .

It was inferred that reminiscence therapy was effective

SECTION – III: DATA ON ASSOCIATION BETWEEN THE MEAN DIFFERENCE QUALITY OF LIFE AND BACKGROUND FACTORS

For the purpose of this study the following null hypothesis was stated

H_{02} : There will be no significant association between mean difference quality of life among elderly and background factors such as age, sex, education, religion, occupation, marital status, source of income, duration of stay in home, sleeping activities and chronic illness.

TABLE – 3

Data on association between the mean difference in quality and background factors among elderly client

Test	*Standardized co-efficient (beta)*	*"t" value*	*Significance (p)*
Sex	-0.428	-1.772	0.090(NS)
Age in years	0.252	0.151	0.882(NS)
Education	-3.813	2.974	0.213(NS)
Religion	0.224	1.050	0.305(NS)
Previous occupation	0.127	0.651	0.521(NS)
Marital status	0.046	0.271	0.830(NS)
Source of income	-0.217	-1.063	0.299(NS)
Duration of stay in home	0.035	0.162	0.873(NS)
Sleeping	0.056	-0.258	0.799(NS)
Activities	0.082	.355	0.726(NS)
Chronic illness	0.70	-0.334	0.742(NS)

(NS) Non Significant

Table 3 reveals the standardized co-efficient and “t” value regarding quality of life and background factors among elderly based on linear regression.

The obtained “t” values t=-1.772 (p=0.090); t=0.151 (P=0.882); t=2.97 (p=0.213); t=1.050(p=0.305); t=0.651(p=0.521); t=0.271(p=0.830); t=-1.063(p=0.299); t=0.162(p=0.873); t=-0.258(p=0.799); t=0.355(p=0.726); t=-0.334 (p=0.742) .regarding age ,sex, education, religion, occupation, marital status, source of income, duration of stay, sleep, activities, chronic illness were not significant.

None of the background factors influenced the mean difference in Quality of life among elderly.

Therefore, it was inferred that reminiscence therapy was independently effective.

CHAPTER – V

SUMMARY, FINDINGS, DISCUSSION, IMPLICATIONS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

The essence of any research project is based on study findings, limitations, interpretation of the result and recommendations that in-corporate the study implications. It also gives meaning to the results obtained in this study.

SUMMARY

The primary aim of the study was to assess the quality of life before and after reminiscence among elderly in old age home.

The objectives of the study were,

1. To assess the quality of life among the elderly before and after reminiscence therapy
2. To test the association between mean difference in quality of life and background factors among elderly.

The study attempted to examine the following research hypothesis:

H_1 - There will be a significant difference in the quality of life among the elderly before and after reminiscence therapy.

H_2 - There will be a significant association between mean difference quality life and background factors among the elderly.

A review of literature enabled the investigator to develop the conceptual framework. Literature review was presented in the following headings. Review related to quality of among elderly and Review related to reminiscence in elderly.

The conceptual framework adopted for the study was based on Von Bertanlanffy's general system theory. This model helped the investigator to assess the quality of life before and after reminiscence.

The research approach adopted for the study was a pre-experimental design, one group pretest post test design. Independent variable in the study was reminiscence therapy. Dependent variable was quality of life. Associated variables for this study were age, sex, education, religion, source of income, previous occupation, marital status, duration of stay in home, sleeping hours per day, activities per day, chronic illness.

The tool used for data collection was structured interview schedule (WHO QOL-BREF Scale). The validity of the tool was established by 5 experts. The reliability of the tool by inter-rater method. The pilot study was 5, study conducted in Karunai Illam, Erode The study was found feasible.

The main study was conducted in Erode, Karunai Illam, census sampling method used to select the samples was 35. . Informed consent was taken from study samples and pre test was done on quality of life .The intervention reminiscence therapy was given. Post test was done on 6th day. The data gathered were analyzed using SPSS (10 Version) Software at the level of 0.05 significance based the objectives of the study

CHARACTERISTICS OF STUDY SAMPLES

Majority of elderly were females 22(62.9%), above 70years were illiterate23 (65.7%), Hindus 34(97.1%), staying in old age home between 1to3years 18(51.4%), equally slept more than 8 hours and 8 hours 13(37.1%), had no chronic illness21(60%),skilled occupation 21(60%),married 16(45.7%),dependent on old age homes 34(97.1%),doing other work than exercises and gardening 28(82.9%).

MAJOR FINDINGS

The findings of the study are presented under the following headings:

Objective – 1: To assess the quality of life among the elderly before and after reminiscence therapy.

- There was a significant increase in quality of life after reminiscence therapy t = -7.037 (P < 0.02)

Objective – 2: To test the association between mean difference in quality of life and background factors among elderly.

- The was no significant association between background factor such as age t=-1.772 (p=0.090); sex t=0.151 (P=0.882); education t=2.97 (p=0.213); religion t=1.050(p=0.305); occupation =0.651(p=0.521); marital status t=0.271(p=0.830);income t=-1.063(p=0.299); duration of stay t=0.162(p=0.873); sleep t=-0.258(p=0.799); activities t=0.355(p=0.726); chronic illness t=-0.334(p=0.742) and mean difference in QOL among elderly.

DISCUSSION

The result of the study was discussed according to the finding of the study.

Finding – 1: Findings on quality of life before and after reminiscence among elderly clients.

- There was a significant increase in quality of life after reminiscence therapy t = -7.037 (P < 0.02)

The above findings were supported by studies conducted by Wang. JJ (2005) where there was better mood status in post test among experimental group compared to the control group. Hideak, Hitoshi (2004) stated that there was better improvement in mood (p=0.04) and hopelessness (p=0.04) after three months intervention in experimental group.

Finding – 2: Finding on association between the quality of life before and after reminiscence and background factors among elderly.

- There was no significant association between age (P > 0.05), sex (P > 0.05), education (P > 0.05), religion (P > 0.05), previous occupation (P > 0.05), marital status (P > 0.05), source of income (P > 0.05), duration of stay (P > 0.05), sleeping hours (P > 0.05), activities per day (P > 0.05), chronic illness (P > 0.05).

IMPLICATIONS

The findings of the study have the following implications in nursing.

Nursing Practice

- Nurses have responsibility to improve the quality of life among the elderly.
- Reminiscence and life review questions can help to improve the quality of life of the elderly .
- Present study motivates the nursing personnel about the importance of reminiscence therapy.
- Reminiscence therapy can be made an integral part of geriatric nursing.
- Reminiscence therapy is cost effective.
- Reminiscence therapy promote socialization and sharing of issues among the elderly.

Implications in Nursing Administration

- The administrators can arrange reminiscence group for elderly patients / clients to share their feelings by providing sessions.
- Nursing administrative authorities should plan a protocol to administer reminiscence therapy to elderly clients.
- Nursing educators should provide adequate training to nursing students regarding reminiscence therapy.
- Nursing administrators can include reminiscence as intervention measure in geriatric nursing / geriatric care.

Implications in Nursing Research

- The study will be valuable reference and pathway for future researchers.
- Reminiscence is a good nursing interventions for elderly / old aged people. Therefore more research studies can be conducted in this area.

LIMITATIONS

1. Period of reminiscence therapy was only five days.
2. Only five issues were reminisced.
3. Generalization is possible only to the study sample.
4. Marital probe is not applicable to unmarried.

RECOMMENDATIONS

1. Similar study can be conducted as comparative study between elderly in old age home and elderly residing in their homes.
2. Similar study can be conducted as comparative between elderly male clients and female clients.
3. A similar study can be conducted in large groups.
4. Similar study can be conducted as long term study.
5. Similar study can be conducted to elderly stay in their family.

CONCLUSION

The reminiscence is effective in elderly clients, therefore it can be used as intervention for elderly Reminiscence improves QOL.

REFERENCES

BOOKS

1. Basvanthappa B.T (2000) "Nursing Research" Jaypee brothers, Bangalore.
2. Cary.s. Kart et.al ,(1985), "Aging and Health"Ohio,Addision Wesley publishing companyPp-1-330.
3. Denise F.polit,Cheryl TatanoBeck(2006)"NursingResearch'Lippincott company.
4. Dr.Mrs.K.Lalitha (2007), "Mental Health and Psychiatric Nursing",V.M.G House publications.
5. Gail.W.stuart,Michile T.Lara, "principles and practice of Psychiatric Nursing", 7th edition ,Mosby publications .Pp-866.
6. Garland(2001) "Life review in health &Social care" Hove ,East Susx Brunner – Routledge.
7. Gibson .F.(2004) 'The past in present,using reminiscence in health and social', Health professional press.
8. Gupta .C.B (1991),'An Introduction to Statistical Methods' ,New Delhi ,vikas publishing company.Pp211-215.
9. Helen .C. Anderson et.al(1971), "Geriatrics Nursing" The C.V.Mosby company ,5th edition ,Pp-1-340.
10. Herbert Joyer ,Jave Oyer. "Aging and communication" London,university park publishers Pp 1-119.
11. Jenni Keith , (1985). "Old people as people" ,Canada,Little Brown company publishers ,Pp-1-129.
12. Kaplan and Sadock'S (2007) "Synopsis of Psychiatry" 10th edition ,B.I publishers, New Delhi.Pp63-76

13. Khan M.Z(1989), "Voluntary services for the Aged", New Delhi. Department of social work, Jamia Milla Islamia University .

14. Mahajan B.K (1999), Methods of Biostatistics,New Delhi ,Jaypee publishing company.

15. Mary Ann Boyd , "Psychiatric Nursing" 11th Edition,Mosby publications Pp 194-205.

16. Polit and Hungler , (1999) 'Nursing Research' –principles and methods, Philadelphia,J.B Lippincott company publishers.

17. Reichard .S et.al (1962) "Aging Personality" New york ,Wiely publications Pp 1-69.

18. Watson's (2002), " Clinical Nursing and Related Sciences",Lippincott publications,Philadelphia.

19. Webster J.D (2002), "Critical advance in reminiscence work" New york springe.

JOURNALS

1. Anupam Hazara,(2009) "Status of elderly", journal of Social welfare,Vol.56,No.7 Pp:5-13.

2. Banies.S, Saxby (1987), 'The British journal of Psychiatry' vol.151 Pp:222-231.

3. Baron .R), "Moving , Moody.L ,and Monk.G (1970of the past in to the present" 'American Journal of Nursing' ,vol.70 ,No.11,Pp:2353-2357.

4. Bramlett M.H.,Gueldner S.H(1993), "Reminiscence: available optionto enchance power in elders" vol7 NO.2Pp:68-72.

5. Burnside I, and Haight B.(1994) " Reminiscence and life review" Analysing each concept" Journal of advanced Nursing, vol 17 Pp:855-862.

6. Charles N.Lewis Ph.D,(1971) "Reminiscencing and self concept in old age"The journal of genrontology' ,vol.26,No.2 Pp:240-243.

7. Dreer L.E., et.al (2007) " Development of nursing home vision –related to quality of life questionnaire for older adults'', Aging and Mental health.vol.11,No.6, Pp:772-733.

8. Gopalakrishnan.K, Vijayalakshmi.S,(2008), " Disability in older people" 'Nightingale times' vol 30 No.11Pp:30-32.

9. Hagemaster,JN(1992), Life history: Aqualitative method of research" Journal of Advanced nursing.vol.17 Pp:1122-1128.

10. Hidalgo,et.al ,(2007) Functional status in the elderly with insomnia, Quality of life research ,Vol.16, No.2,Pp:279-286.

11. Kitamura.T.,et.al (2002),Quality of life and its correlates in the community population in Japanese rural area ,Psychiatry clinical Neurosciences , vol.56, No.4,Pp:431-441.

12. Kovabc (1991), "Reminiscence: Exploring the origins process,and consequences", Nurse Forum, vol26.No3,Pp:14-20.

13. Mary Green (1984) "Aspect of old age" The British Journal of social work,vol.7NO.3, Pp:30-320.

14. Phileppe Cappeliez,Norm 'O'Rourke, 'Journals of Gerontology series' vol.57 Pp:166-172

15. Prakash I.J,(2003) "Aging" Emergency issues ,Report, Bangalore university.

16. Prasad syam "Economics of Aging life of elderly,vol.12, No.

17. QOL BREF SCALE(2005)-Quality of life Research publisher –springer Netherlands vol.14.No.4.

18. Saxena .S ,et.al, (1998) "WHO QOL –Hindi questionnaire for assessing of life in health care setting India. 'The National Medical Journal of India',Vol.11,Pp:160-165.

19. Siva Raju(2002), 'Problems of older people', India.

20. Wang J J(2004), "The comparative effectiveness among institutionalized and non institutionalized elderly people in Taiwan of reminiscence therapy ad a

APPENDIX – I

LETTER SEEKING PERMISSION FOR CONTENT VALIDITY

From,

30083642,
II year Msc (Nursing),
Annai J.K.K Sampoorani Ammal College of Nursing,
Komarapalayam – 638183,
Namakkal District.

To,

Through,

The Dean,
Annai J.K.K Sampoorani Ammal College of Nursing,
Komarapalayam – 638183,
Namakkal District.

Respected Madam/Sir,

Sub : Requisition for opinion and suggestion of experts for content validity.

I 30083642, II year Msc (Mental Health Nursing) student of Annai J.K.K Sampoorani Ammal College of Nursing. Komarapalayam, under the Tamil Nadu Dr. M.G.R medical university, Chennai. In partial fulfilment of university requirement for the award of master of science in nursing degree, I am conducting research on the following topic, "A study to asses the quality of life among elderly before and after reminiscence therapy" in a selected old age home at Erode.

Here with I enclosed tool for its content validity and I request you to kindly examine and give your valuable suggestions and opinions

Thanking you,

Date :
Palce :

Your's sincerely
(30083642)

APPENDIX – II

CONTENT VALIDITY CERTIFICATE

I, hereby certify that I have validated the tool of. 30083642, II year M.Sc., Nursing student of Annai J.K.K Sampoorani Ammal College of Nursing, Komarapalayam, who is undertaking the following study "A STUDY TO ASSESS THE QUALITY OF LIFE AMONG ELDERLY BEFORE AND AFTER REMINISCENCE THERAPY IN A SELECTED OLD AGE HOME AT ERODE"

Date : Signature of the Expert

Place : Designation

APPENDIX – III

LETTER FOR SEEKING PERMISSION TO CONDUCT THE STUDY

From

30083642
II year M.Sc (Nursing),
Annai J K K Sampoorani Ammal College of Nursing,
Komarapalayam- 638183,
Namakkal District.

To

Mr. Harikumar
Director
N.L. Karunai illam
K.K. Nagar
Erode - 2.

Through

The Dean,
Annai J K K Sampoorani Ammal College of Nursing,
Komarapalayam- 638 183,
Namakkal District.

Respected sir/ madam,

Sub: Seeking permission to conduct the research study.

I am **30083642**, II year M.Sc nursing student of Annai J K K Sampoorani Ammal College of Nursing, under the Tamil Nadu Dr. M G R Medical University, Chennai.

As a partial fulfillment of university requirement for an award of Master of Science in Nursing Degree, I am conducting a research on the following topic: **"A study to assess Effectiveness of Quality of life before and after Reminiscence therapy in selected old age home in Erode district".**

I would like to conduct the research in your esteemed institution. Please grant permission for the same.

Thanking you

Place:
Date:

yours sincerely,
30083642

N.L.KARUNAI ILLAM
(Home for Destittutes
Old Age & Handi Cafts)
88/2, K.K.Nagar,
Chennimalai Road, ERODE - 9.

APPENDIX – IV

LIST OF EXPERTS

1. Dr. MUNIRAJU, MD,DPM
   Psychiatrist,
   Govt. Head Quarters Hospital,
   Erode.

2. Dr.Mrs.Tamilmani, M.Sc., (N),
   Principal,
   Annai JKK Sampoorani Ammal College of Nursing,
   Komarapalayam.

3. Mrs.LALITHA VIJAY, M.SC., (N),
   HOD-Psychiatry Nursing,
   Gokulum college of Nursing.
   Salem.

4. Mr.N.SENTHILKUMAR,
   Clinical Psychiatrist,
   Govt. Head Quarters Hospital,
   Erode.

5. Ms.SOPHIA, M.Sc., (N),
   Lecturer,
   Department of Psychiatry,
   Annai JKK Sampoorani Ammal College of Nursing,
   Komarapalayam.

APPENDIX – V

INTERVIEW GUIDE ON QUALITY OF LIFE AMONG ELDERLY

(BACKGROUND DATA)

PART-1

Instructions

This section deals with back ground issues and the level of quality of life of respondents the interview schedule will pose questions listed below and place a tick mark (✓) in check box against correct response given by the respondent.

1) Sex

a) Male ☐

b) Female ☐

2) Age in years

a) 61-65yrs ☐

b) 66-70yrs ☐

c) 71-75yrs ☐

3) Education

a) Illiterate (cannot read or write) ☐

b) Literate (can read or write) ☐

4) Religion

a) Hindu ☐

b) Muslim ☐

c) Christian ☐

5) Nature of previous occupation

a) Skilled ☐

b) Unskilled ☐

c) Un-Employed ☐

6) Marital status

a) Married ☐

b) Widow (er) ☐

c) Divorce ☐

d) Never married ☐

7) Source of income

a) Pension ☐

b) Children ☐

c) Interest from deposit ☐

d) Nil ☐

8) Duration of stay in old age home?

a) 1 to 3 years ☐

b) >3 years ☐

9) Average sleep per day?

a) <8 hours ☐

b) 8 hours ☐

c) >8 hours ☐

10) Activities done presently in a day?

a) Exercise ☐

b) Gardening ☐

c) Playing ☐

d) Watching T.V ☐

e) Any other ……..(specify) ☐

11) Are you treated for any other chronic illness? (Eg: BP, Diabetes)

a) Yes ☐

b) No ☐

QUALITY OF LIFE QUESTIONNAIRE (BREF)

PART II

1. How would you rate your quality of life?
    a. Very poor ☐
    b. Poor ☐
    c. Neither poor nor good ☐
    d. Good ☐
    e. Very good ☐

2. How satisfied are you with your health?
    a. Very dissatisfied ☐
    b. Dissatisfied ☐
    c. Neither satisfied nor dissatisfied ☐
    d. Satisfied ☐
    e. Very satisfied ☐

3. To what extent you feel that physical pain prevents you from doing, what you want to do?
    a. An extreme amount ☐
    b. Very much ☐
    c. Neither satisfied nor dissatisfied ☐
    d. A little ☐
    e. Not at all ☐

4. How much do you need medical treatment function in your daily life?
    a. An extreme amount ☐
    b. Very much ☐

c. A moderate amount ☐

d. A little ☐

e. Not at all ☐

5. How much do you enjoy life?

a. Not at all ☐

b. A little ☐

c. A moderate amount ☐

d. Very much ☐

e. An extreme amount ☐

6. To what extent do you feel your life to be meaningful?

a. Not at all ☐

b. A little ☐

c. A moderate amount ☐

d. very much ☐

e. An extreme amount ☐

7. How well you able to concentrate?

a. Not at all ☐

b. A Little ☐

c. A Moderate amount ☐

d. Very much ☐

e. An extreme amount ☐

8. How safe you feel in your daily life?

a. Not at all ☐

b. A little ☐

c. A moderate amount ☐

d. Very much ☐

e. An extreme amount ☐

9. How health is your physical environment?

a. Not at all ☐

b. A little ☐

c. A moderate amount ☐

d. Very much ☐

e. An extreme amount ☐

10. Do you have enough energy for you daily life?

a. Not at all ☐

b. A little ☐

c. A moderate amount ☐

d. Very much ☐

e. An extreme amount ☐

11. Are you able to accept your bodily appearance?

a. Not at all ☐

b. A little ☐

c. Moderately ☐

d. Mostly ☐

e. Completely ☐

12. Do have you enough money to meet your needs?

a. Not at all ☐
b. A little ☐
c. Moderately ☐
d. Mostly ☐
e. Completely ☐

13. How available to you is the information that you need in your day-to-day life?

a. Not at all ☐
b. A little ☐
c. Moderately ☐
d. Mostly ☐
e. Completely ☐

14. To what extend do you have the opportunity for leisure activities?

a. Not at all ☐
b. A little ☐
c. Moderately ☐
d. Mostly ☐
e. Completely ☐

15. How well are your able to get around?

a. Very poor ☐
b. Poor ☐
c. Neither poor nor good ☐
d. Good ☐
e. Very good ☐

16. How satisfied are you with your sleep?

    a. Very dissatisfied ☐
    b. Dissatisfied ☐
    c. Neither satisfied nor dissatisfied ☐
    d. Satisfied ☐
    e. Very satisfied ☐

17. How satisfied are you with your ability to perform your daily living activities?

    a. Very dissatisfied ☐
    b. Dissatisfied ☐
    c. Neither satisfied nor dissatisfied ☐
    d. Satisfied ☐
    e. Very satisfied ☐

18. How satisfied are you with your capacity for work?

    a. Very dissatisfied ☐
    b. Dissatisfied ☐
    c. Neither satisfied nor dissatisfied ☐
    d. Satisfied ☐
    e. Very satisfied ☐

19. How satisfied are you with yourself?

    a. Very dissatisfied ☐
    b. Dissatisfied ☐
    c. Neither satisfied nor dissatisfied ☐
    d. Satisfied ☐
    e. Very satisfied ☐

20. How satisfied are you with your personal relationship?

a. Very dissatisfied ☐
b. Dissatisfied ☐
c. Neither satisfied nor dissatisfied ☐
d. Satisfied ☐
e. Very satisfied ☐

21. How satisfied are you with the support you get from your friends?

a. Very dissatisfied ☐
b. Dissatisfied ☐
c. Neither satisfied nor dissatisfied ☐
d. Satisfied ☐
e. Very satisfied ☐

22. How satisfied are you with the condition of your living place?

a. Very dissatisfied ☐
b. Dissatisfied ☐
c. Neither satisfied nor dissatisfied ☐
d. Satisfied ☐
e. Very satisfied ☐

23. How satisfied are you wit your access to health services?

a. Very dissatisfied ☐
b. Dissatisfied ☐
c. Neither satisfied nor dissatisfied ☐
d. Satisfied ☐
e. Very satisfied ☐

24. How satisfied are you with your transport?

    a. Very dissatisfied ☐
    b. Dissatisfied ☐
    c. Neither satisfied nor dissatisfied ☐
    d. Satisfied ☐
    e. Very satisfied ☐

25. How often do you have negative feeling such as blue mood, despair, anxiety, depression?

    a. Completely ☐
    b. Mostly ☐
    c. Moderately ☐
    d. A little ☐
    e. Not at all ☐

Scoring Procedure:

Part I	:	No Score
Part II	:	Total score – 125
75% - 100%	:	Good
50% - 74.9%	:	Fair
0% - 49.9%	:	Poor

APPENDIX – VI

Kjpath;fspd; tho;f;if juj;ij gw;wp Neh;fhzYf;fhd topfhl;b

gFjp - I

Fwpg;gPL

fPNo nfhLf;fg;gl;Ls;s tpdhf;fs; Kjpath;fis gw;wpAk;> mth;fs; tho;f;ifj; juj;ijg; gw;wpAk; mwptjw;fhf nfhLf;fg;gl;Ls;sd. mjpy; jFjpahd ,lj;jpy; (✓) rhp FwpaPl;bid ,lTk;. ePq;fs; jUk; ,e;j nra;jp ahUk; mwpahjgb gj;jpug;gLj;jTk;.

1. ghypdk;

m) Mz; ☐

M) ngz; ☐

2. taJ (tUlq;fspy;)

m) 61-65 taJ tiu ☐

M) 66-70 taJ tiu ☐

,) 71-75 taJ tiu ☐

3. fy;tp

m) gbf;fhjth;fs; ☐

(vOj;jwpT kw;Wk; gbg;gwpT ,y;yhjth;)

M) gbj;jth; ☐

(vOjNth my;yJ gbf;fNth mwpe;jth;)

4. kjk;

m) ,e;J ☐

M) ,];yhk; ☐

,) fpwp];jth; ☐

<) NtW VNjDk; ☐

5. Kd;dh; nra;j njhopypd; jd;ik

m) jpwik tha;e;j ☐

M) jpwik ,y;yhj ☐

,) Ntiy vJTk; nra;atpy;iy ☐

6. jpUkz tho;f;ijjuk;

m) kzkhdth; ☐

M) tpthfuj;jhdth; / jdpj;J tho;gth; ☐

,) tpjit ☐

<) kzkhfhjth; ☐

7. tUkhdk;

m) Xa;T+jpak; ☐

M) Foe;ijfsplkpUe;J ☐

,) Ke;ija Nrkpg;gpypUe;J tUk; tl;b ☐

<) vJTk; ,y;iy ☐

8. KjpNahh; ,y;yj;jpy; jq;fpapUf;Fk; fhyq;fs;?

m) 1-3 tUlq;fs; ☐

M) %d;W tUlq;fSf;F NkYk; ☐

9. xU ehSf;fhd Rkhuhf vt;tsT Neuk; cwq;FtPh;fs;?

m) 8 kzp Neuj;jpw;F Nky; ☐

M) 8 kzp Neuq;fs; ☐

,) 8 kzp Neuj;jpw;Fk; Fiwthf ☐

10. jw;NghJ xU ehspy; nra;Ak; nray;fs;

m) clw;gapw;rp ☐

M) Njhl;lNtiy ☐

,) tpisahl;L ☐

<) njhiyf;fhl;rp ghh;j;jy; ☐

c) NtW VNjDk; _____ (Fwpg;gpLf) ☐

11. ePq;fs; NtW VNjDk; Neha;fSf;F kUj;Jtk; vLj;Js;sPh;fsh?

(v.fh. ,uj;j mOj;jk;> rh;f;fiu Neha;)

m) Mk; ☐

M) ,y;iy ☐

II. tho;f;if juj;ij gw;wpa Ngl;b fhz topfhl;b

1. cq;fSila tho;f;ifj; juj;ij vg;gb kjpg;gpLfpwPh;fs;?

m) kpf Nkhrk; ☐

M) Nkhrk; ☐

,) ed;whfTkpy;iy / NkhrkhfTkpy;iy ☐

<) ed;whfapUf;fpwJ ☐

c) kpf ed;whfapUf;fpwJ ☐

2. cq;fs; cly;eyj;ij gw;wp ve;j msTf;F jpUg;jpahf ,Uf;fpwPh;fs;?

m) kpfTk; mjpUg;jp ☐

M) mjpUg;jp ☐

,) jpUg;jpAkpy;iy / mjpUg;jpAkpy;iy ☐

<) jpUg;jp ☐

c) kpfTk; jpUg;jp ☐

3. ePq;fs; nra;a Ntz;baij nra;tjw;F> typ ve;j mstpw;F jilahf cs;sJ?

m) kpfTk; mjpfkhf ☐

M) mjpfkhf ☐

,) XusT ☐

<) rpwpjsT ☐

c) ,y;yNt ,y;iy ☐

4. jpdrhp tho;f;ifapy; nray;gb cq;fSf;F kUj;Jt rpfpr;ir ve;j msTf;F Njitg;gLfpwJ?

m) kpfTk; mjpfkhf ☐

M) mjpfkhf ☐

,) XusT ☐

<) rpwpjsT ☐

c) ,y;yNt ,y;iy ☐

5. ePq;fs; tho;f;ifia ve;j mstpw;F re;Njh\khf mDgtpf;fpwPh;fs;?

m) ,y;yNt ,y;iy ☐

M) rpwpjsT ☐

,) XusT ☐

<) mjpfkhf ☐

c) kpfTk; mjpfkhf ☐

6. cq;fs; tho;f;if ve;j msT mh;j;jk; cilajhf cs;sJ vd;W Njhd;WfpwJ?

m) ,y;yNt ,y;iy ☐

M) rpwpjsT ☐

,) XusT ☐

<) mjpfkhf ☐

c) kpfTk; mjpfkhf ☐

7. cq;fshy; ve;j mstpw;F ftdk; nrYj;j KbfpwJ?

m) ,y;yNt ,y;iy ☐

M) rpwpjsT ☐

,) XusT ☐

<) mjpfkhf ☐

c) kpfTk; mjpfkhf ☐

8. cq;fs; jpdrhp tho;f;ifapy; ve;j msT ghJfhg;ig czh;fpwPh;fs;?

m) ,y;yNt ,y;iy ☐

M) rpwpjsT ☐

,) XusT ☐

<) mjpfkhf ☐

c) kpfTk; mjpfkhf ☐

9. cq;fs; Rw;Wr;#oy; vt;tsT MNuhf;fpakhf cs;sJ?

m) ,y;yNt ,y;iy ☐

M) rpwpjsT ☐

,) XusT ☐

<) mjpfkhf ☐

c) kpfTk; mjpfkhf ☐

10. jpdrhp tho;f;iff;F NghJkhd rf;jp ,Uf;fpwjh?

m) ,y;yNt ,y;iy ☐

M) rpwpjsT ☐

,) XusT ☐

<) mjpfkhf ☐

c) kpfTk; mjpfkhf ☐

11. cq;fs; cly; Njhw;wj;ij cq;fshy; Vw;Wf;nfhs;s Kbfpwjh?

m) ,y;yNt ,y;iy ☐

M) rpwpjsT ☐

,) XusT ☐

<) mjpfkhf ☐

c) kpfTk; mjpfkhf ☐

12. cq;fs; Njitfis G+h;j;jp nra;J nfhs;Sk; mstpw;F gzk; cs;sjh?

m) ,y;yNt ,y;iy ☐

M) rpwpjsT ☐

,) XusT ☐

<) mjpfkhf ☐

c) kpfTk; mjpfkhf ☐

13. jpdrhp tho;f;ifapy; cq;fSf;F Njitahd ve;j mstpw;F fpilf;f $bajhf cs;sJ?

m) ,y;yNt ,y;iy ☐

M) rpwpjsT ☐

,) XusT ☐

<) mjpfkhf ☐

c) kpfTk; mjpfkhf ☐

14. nghOJNghf;F nray;fspy; <LgLtjw;F ve;j msT re;jh;g;gq;fs; cs;sJ?

m) ,y;yNt ,y;iy ☐

M) rpwpjsT ☐

,) XusT ☐

<) mjpfkhf ☐

c) kpfTk; mjpfkhf ☐

15. cq;fshy; vt;tsT ed;whf elkhl KbfpwJ?

m) kpf Nkhrk; ☐

M) Nkhrk; ☐

,) ed;whfTkpy;iy / NkhrkhfTkpy;iy ☐

<) ed;whfapUf;fpwJ ☐

c) kpf ed;whfapUf;fpwJ ☐

16. cq;fs; J}f;fk; Fwpj;J vt;tsT jpUg;jpahf ,Uf;fpwPh;fs;?

m) nuhk;g mjpUg;jp ☐

M) mjpUg;jp ☐

,) jpUg;jpAkpy;iy / mjpUg;jpAkpy;iy ☐

<) jpUg;jp ☐

c) nuhk;g jpUg;jp ☐

17. jpdrhp tho;f;ifapy; eltbf;iffis nra;Ak; cq;fs; jpwik Fwpj;J vt;tsT jpUg;jpahf ,Uf;fpwJ?

m) nuhk;g mjpUg;jp ☐

M) mjpUg;jp ☐

,) jpUg;jpAkpy;iy / mjpUg;jpAkpy;iy ☐

<) jpUg;jp ☐

c) nuhk;g jpUg;jp ☐

18. cq;fs; Ntiyf;Fhpa jFjp Fwpj;J ve;j msT jpUg;jpahf ,Uf;fpwPh;fs;?

m) nuhk;g mjpUg;jp ☐

M) mjpUg;jp ☐

,) jpUg;jpAkpy;iy / mjpUg;jpAkpy;iy ☐

<) jpUg;jp ☐

c) nuhk;g jpUg;jp ☐

19. cq;fis Fwpj;J vt;tsT jpUg;jpahf ,Uf;fpwPh;fs;?

m) nuhk;g mjpUg;jp ☐

M) mjpUg;jp ☐

,) jpUg;jpAkpy;iy / mjpUg;jpAkpy;iy ☐

<) jpUg;jp ☐

c) nuhk;g jpUg;jp ☐

20. cq;fs; jdpg;gl;l cwTfs; Fwpj;J vt;tsJ jpUg;jpahf ,Uf;fpwPh;fs;?

m) nuhk;g mjpUg;jp ☐

M) mjpUg;jp ☐

,) jpUg;jpAkpy;iy / mjpUg;jpAkpy;iy ☐

<) jpUg;jp ☐

c) nuhk;g jpUg;jp ☐

21. cq;fs; ez;gh;fsplk; ,Ue;J fpilf;Fk; MjuT Fwpj;J vt;tsT jpUg;jpahf ,Uf;fpwPh;fs;?

m) nuhk;g mjpUg;jp ☐

M) mjpUg;jp ☐

,) jpUg;jpAkpy;iy / mjpUg;jpAkpy;iy ☐

<) jpUg;jp ☐

c) nuhk;g jpUg;jp ☐

22. ePq;fs; thOk; ,lj;jpd; epiy vt;tsT jpUg;jpahf ,Uf;fpwPh;fs;?

m) nuhk;g mjpUg;jp ☐

M) mjpUg;jp ☐

,) jpUg;jpAkpy;iy / mjpUg;jpAkpy;iy ☐

<) jpUg;jp ☐

c) nuhk;g jpUg;jp ☐

23. kUj;Jt trjp fpilf;Fk; tpjk; Fwpj;J vt;tsT jpUg;jpahf ,Uf;fpwPh;fs;?

m) nuhk;g mjpUg;jp ☐

M) mjpUg;jp ☐

,) jpUg;jpAkpy;iy / mjpUg;jpAkpy;iy ☐

<) jpUg;jp ☐

c) nuhk;g jpUg;jp ☐

24. cq;fSila Nghf;Ftuj;J vt;tsT jpUg;jpahf ,Uf;fpwPh;fs;?

m) nuhk;g mjpUg;jp ☐

M) mjpUg;jp ☐

,) jpUg;jpAkpy;iy / mjpUg;jpAkpy;iy ☐

<) jpUg;jp ☐

c) nuhk;g jpUg;jp ☐

25. vjph;kiwahd czh;r;rpfs; mbf;fb Vw;gLfpwjh?

(cjhuzkhf> Nrhfk;> ,ayhik> gjl;lk;> kdjsh;r;rp)

m) ,y;yNt ,y;iy ☐

M) rpwpjsT ☐

,) XusT ☐

<) mjpfkhf ☐

c) kpfTk; mjpfkhf ☐

APPENDIX – VII

REMINISCENCE THERAPY GUIDE FOR ELDERLY

Today life expectancy has increased and death can be delayed through improved medical technologies. But with increased longevity, individuals are at greater risk from a number of aging related diseases and disabilities.

The quality of life of elderly can be greatly improved and life can be prolonged by the use of various individual and environmental resources.

Reminiscence in skilled hands may be a useful adjunct and caring for elderly individual may benefit psychologically a feeling of increased self esteem and control .Reminiscence helps to recall past positive events in life through recall past events and can find quality of life in that so it leads to hope in their life .

OVER ALL OBJECTIVES:

1. To assess the level of quality of life of elderly.
2. To intervene with reminiscence therapy among elderly .
3. To assess the quality of life of elderly after the intervention with reminiscence therapy .

The following table shows the sections in the reminiscence therapy.

SESSIONS	SECTIONS
I	Childhood days
II	Work
III	Marriage
IV	Social accomplishment
V	Most memorable moment.

PRE-ASSESSMENT

The researcher introduces herself to the group .The outline of the programme is described to the participants .The purpose of the reminiscence therapy and the quality of life scale can be explained .An interview is done to assess the participants existing level of life.

After pre assessment section, the researcher thanks the clients for their participation .The next sessions timings and arrangement are fixed and consulted with the participants .The participants of the study who were selected by census sampling are assured of the confidentiality of their participation and information shared .

OBJECTIVES

1. To enable the researcher to establish a rapport with the participants .
2. To get the participants more acquantied with other members of the group
3. To help the participants to understand the importance of quality of life

PROCEDURE

The researcher introduces herself on the following lines .I am "30083642" doing my M.sc Nursing ,at komarapalayam .I have to carry out a research project .I have selected the topic related to quality of life .The study involves the assessment of quality of life of elderly persons above the age of 60years as a part of the study ,I am here to give suitable therapy to improve the quality of life .Later ,I need to find out whether the therapy has improved the quality of participants .You are going to be my study subjects. I will be giving you a set of questions to get answers from you .Yours answers will give me an idea about the level of quality of life of yours. I have planned a teaching programme on reminiscence ,After implementing the teaching once again I will be giving you some questions to answer .So, I request you to participate actively in this programme .This programme duration is 30 min for each session and totally there were five sessions . In each session the discussion topic will be introduced by me and you can share and discuss the information.

If you actively participate in all these sessions , you can gain more. I request your co-operation.

Thank you.

STEPS OF PROCEDURE – (REMINISCENCE)

1. Select the elderly (participants) as per criteria.
2. Each group will have 5 clients.
3. The client is briefed about the purpose and procedure of the therapy
4. Informed consent will be taken elicit response shared on the probe, one a day.
5. The client will be made to sit in a circular fashion facing each other.
6. The investigator will be the moderator to guide the therapy.
7. The investigator will pose the questions in the probe to the group and guide each member will have to respond individually, while other members listen.
8. Each member will have an opportunity to express his or her rexperience.
9. The client will have be given discussion on that aspect.
10. The investigator will be vigilant enough to shift the focus away from any negative reminiscence or emotions of the group.
11. The investigator will conclude the group exercise gracefully.

REMINISCENT PROBE

Childhood

- Narrate the most interesting event in your child hood?
- Tell about your most liked games?
- Explain your favourite memory in school?

Work

- Narrate the interesting event in your work?
- Tell about a funny experience in your work area?
- Explain your favourate memory in work place?

Marriage

- Narrate almost interesting event in your married life?
- Give an example of sacrifice you and your spouse made for the family sake?
- Explain the positive role of your friends in your life?

Social Accomplishment

- Narrate any satisfying event of helping others?
- Explain any joyful event with your friends or neighbours?

Most memorable moment in life

- Narrate the most interesting event in life ?
- Explain any successful religious prayer or activity?

POST ASSESSMENT

After the reminiscence sessions, the participants will be interviewed with a quality of life questionnaire and responses will be discussed with in the group. Participants will be thanked for their whole hearted participation.

APPENDIX - VIII

gioa epidTfspd; CLUty;

I. Foe;ijg;gUtk;

1. Foe;ijg;gUtj;jpy; ele;j Rthu];akhd epfo;Tfis tptupf;fTk; ?
2. ePq;fs; tpisahLk;NghJ> ele;j ,dpikahd epfo;itg; gw;wp $wTk;.
3. cq;fSf;F gpbj;j gs;sp epidTfis tptupf;fTk; ?

II. Ntiy

1. cq;fs; Ntiyapy; ele;j Rthu];akhd epfo;r;rpfis tptupf;fTk; ?
2. cq;fs; Ntiy ,lj;jpy; ele;j Ntbf;ifahd mDgtq;fis $wTk;?
3. cq;fs; Ntiyapy; gpbj;j epidTfis tptupf;fTk; ?

III. jpUkzk;

1. cq;fs; jpUkz tho;tpy; kpfTk; Rthu];akhd epfo;Tfis tptupf;fTk;?
2. ePq;fSk; cq;fs; tho;f;ifJizAk; cq;fs; FLk;gj;jpw;fhf nra;j jpahfj;jpw;F cjhuzk; nfhLf;fTk;.
3. cq;fs; tho;tpy; cq;fs; ez;gu;fs; Mw;wpa ey;y gq;fspg;ig (gzpia) $wTk;?

IV. r%f Mw;wy;

1. mLj;jtUf;F cjTtjpy; jpUg;jp mile;j epfo;r;rpia tptupf;fTk;.
2. cq;fs; ez;gu;fs; kw;Wk; Rw;wj;jhUld; ePq;fs; fopj;j kfpo;r;rpfukhd epfo;r;rpfis tptupf;fTk;.

V. kpfTk; kwf;f Kbahj epfo;r;rp

1. cq;fs; tho;tpy; ele;j Rthu];akhd epfo;r;rp vd;d?
2. ePq;fs; nra;j gpuhh;j;jid my;yJ nraypy; ntw;wp ngw;wij tpthpf;fTk;.

ABSTRACT

A Study to assess the quality of life among the elderly before and after reminiscence therapy in Karunai illam ,Erode district was done by 30083642 in partial fulfillment of the requirement for the award of the Degree of Master of Science in Nursing at Annai J.K.K.Sampoorani Ammal college of Nursing ,under Tamil Nadu DR.M.G.R Medical University, Chennai, March -2010.

The objectives of the study were, to assess the quality of life among elderly before and after reminiscence, to test the association between mean difference in quality of life and back ground factors among elderly .

The Hypothesis of the study were,

H_1 : There will be significant difference in the quality of life among the elderly before and after reminiscence therapy

H_2 : There will be significant association between mean difference in quality of life and back ground factors among elderly.

The investigator organized the review under 2 sections :

- Reviews related to quality of life among elderly.
- Reviews related to reminiscence in elderly.

The conceptual framework was based on vonbertanlanffy's general system theory.The research design used was pre-experimental design, The sample size was 35 elderly residing in Karunai illam ,Erode district . The census sampling method was used to select the samples .The data were collected by standardized structured interview schedule .

The data collection tool was validated by 5 experts. Reliability was established by interrator method (r=0.78) The main study was conducted in Karunai illam , Erode .The data collected were tabulated , analysed and interpreted using SPSS package (version 10).

The findings of the study revealed the effectiveness of reminiscence therapy on quality of life among elderly .There was no significant association between the mean difference in quality of life and background factors among elderly.

The study concluded by stating the fact that, the QOL of life among the elderly after reminiscence was effective.

Implications, Limitations and Recommendations of the study were clearly spelt.