



Reminiscence on the Happiness of Retired Elderly People in Department Of Education in Mashhad in 2018

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A B S T R A C T

The aging process is associated with physical, psychological and social changes and this causes the elderly to lose their happiness and vitality. Since the reduction of happiness is one of the consequences of old age, this study was conducted with the aim of the effect of reminiscence on the happiness of retired elderly. This is a quasi-experimental study that was conducted in the fall of 2018. Samples were 90 retired men over 60 years of education retired. Sampling was done by available method, samples were randomly assigned to intervention and control groups. Reminiscences were performed for six group sessions twice a week for the intervention group at the Mashhad Education Retirement Center. Data collection tools were personal information form and Oxford Happiness Questionnaire. Data analysis was performed using descriptive and inferential statistics by SPSS software version 21. The mean happiness score of the elderly in the intervention group increased from 48.82 ± 3.51 before reminiscence to 56.51 ± 6.14 after. And in the control group it changed from 47.66 ± 6.99 before reminiscence to 49.68 ± 7.96 after. The mean score of happiness after Guider memory was significantly different between the intervention and control groups ($p < 0.001$). This study showed that group reminiscence can promote happiness in the elderly. Because reminiscence is an attractive, simple, and inexpensive intervention, it can be used to reduce anxiety in the elderly. It is suggested that this intervention be used in nursing homes to create a fun atmosphere.

Keywords: Reminiscence, Happiness, Elderly, Retirement.

INTRODUCTION

Aging is an inevitable biological process that affects all people and is accompanied by various pleasant and unpleasant experiences (Fakari, Hashemi, & Fakari, 2013; Shallcross, Dickson, Nunns, Taylor, & Kiemle, 2019). Social, economic developments and scientific advances in recent years have increased life expectancy and reduced mortality rates, and consequently a significant increase in the elderly population. The world's elderly population is estimated to double in the next 40 years (Elias, Neville, & Scott, 2015; Tarugu et al., 2019; Yen & Lin, 2018). This increase in population in developing countries is far greater than in developed countries. Iran, as one of these developing countries, is no exception to these demographic changes. According to the Statistics Center of Iran, the elderly population of Iran has increased from 6.4% in 1996 to 9.1% in 2016 (Yazdanbakhsh, 2016). Due to the rapid increase in the number of elderly, the issue of health, well-being and providing their comfort and well-being in

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society is gaining new and broader dimensions every day. However, the aging process is associated with various physical changes, psychological changes such as worry and anxiety about the future and social changes (Elias et al., 2015; Tarugu et al., 2019).

In addition to old age, there is another variable called retirement. Retirement is an important period of transition in life that is accompanied by significant changes in lifestyle and social roles. The pension system varies from country to country and several factors play a role in retirement. In Iran, age is considered for most government jobs. In Australia, one of the most important factors in retirement is physical and mental health; As people have announced, they will work after 70 years. The legal retirement age in Norway is 67 years. However, in most cases, retirement follows old age, and the World Health Organization reports the onset of old age at 60-65 years. In fact, retirement means being separated from a role that has been around for many years and is taking on a new shape. Old age is associated with retirement with losses such as loss of performance, loss of friends, loss of freedom, which can make it difficult for a person to live happily (Keshavarz-Afshar, Jahan-Bakhshi, Anisi, Azad-Marzabadi, & Ghahvehchi-Hosseini, 2016; Rahnejat et al., 2017).

It seems that a wide range of retirees have not been able to adapt to old age and retirement, and as a result, they have suffered from a variety of psychological problems. Happiness is one of the most important criteria for mental health. Studies have shown that vitality decreases with age (Elias et al., 2015; Rahnejat et al., 2017). Findings also showed that more than 90% of the elderly had moderate happiness and their happiness was related to economic status (Almasi, Mahmoudiani, & Jafari, 2015). In other words, happiness in retired elderly also decreases with decreasing income. On the other hand, the tendency of the elderly to stagnate and stagnate, causes them to lose their happiness, vitality and sense of usefulness. Happiness generates energy, vitality, movement and dynamism, and like a shield, it can protect a person against stress and problems and ensure a person's physical and mental health (Elias et al., 2015). Given the benefits of happiness, all societies want the happiness, prosperity and health of their members and seek to achieve this desire by the factors that affect it. The results of a study in Kahrizak nursing home showed that watching movies in groups has led to improved happiness in the elderly (Hosseini, Khodabakhshi-koolae, & Taghvae, 2016).

There are a variety of psychological interventions for the elderly with mental health problems such as anxiety, depression, and social isolation, the most important of which are psychological interventions such as cognitive therapy, narrative therapy, and problem solving therapy, book therapy, film therapy, and reminiscence. In the elderly, reminiscence can affect various aspects of social and mental health. The study of Musavi, Mohammadian, and Mohammadinezhad (2017), Showed that reminiscence has an effect on mental health and anxiety of the elderly.

Reminiscence is an intervention that is often used for the elderly, which is used in the classification of nursing interventions and care as a reminder of past events, feelings and thoughts, in order to create and promote mental and social health by creating a happy and active atmosphere goes. Reminiscence is a specific and attractive preventive and therapeutic intervention for the elderly. By remembering the past and its memories, people feel more valued

and worthy. In fact, a person who successfully recreates the story of his life achieves a sense of cohesion (Yazdanbakhsh, 2016).

Reminiscence has been shown to increase happiness and reduce depression. Reminiscence has also been effective in the depressive symptoms of the Chinese elderly (Huang et al., 2015). The results of meta-analysis of clinical trial studies showed that reminiscence can be used as routine care in the elderly with depressive symptoms (Yazdanbakhsh, 2016).

A review of studies shows that limited research has been conducted with different communities in the field of memory of the elderly and with goals such as the effect on depression, anxiety of people living in nursing homes or teachers (Hosseini et al., 2016; Song, Shen, Xu, & Sun, 2014; Yazdanbakhsh, 2016). In addition, many studies in the field of aging have sought to identify predictors (Elias et al., 2015; Yousefi, Sharifi, Tagharrobi, & Akbari, 2014). Given that the population of Iran is also aging and many elderly people are retired and the elderly face various psychological problems that lead to their sadness and unhappiness, this study aims to determine the effect of reminiscence on the happiness of the elderly. Retired Iranian education was done.

METHODOLOGY

The present study is a quasi-experimental study conducted in the winter of 2018. The study population consisted of all retired men over 60 years old who referred to the Education Retirees Center in Mashhad. The sampling method was that first, among the elderly who referred to the retirement center who had the inclusion criteria, the samples were selected by available means, then the samples were randomly or in other words through a lottery with a card. Which was prepared according to the number of people in the intervention and control group and by selecting the desired card, they were placed in the intervention and control group. Inclusion criteria were at least six months after retirement, age between 60-75 years (young elderly), relative physical and mental health to participate in the group with acceptable hearing according to the individual, higher cognitive assessment score Of the seven shortened cognitive satisfaction tests for participating in the study, as well as living with a spouse. Exclusion criteria included not attending more than one reminiscence session, severe family crisis during the study, such as the loss of a family member, and intolerance of the group. The sample size was estimated based on Yazdanbakhsh (2016), study with 95% confidence interval and 95% statistical test power and based on the following formula, 34 people in each group were estimated. In order to consider the possible loss, in this study, 45 people in each group and a total of 90 people were determined the sample size.

The data collection tool in this study was a questionnaire consisting of three sections that was completed as a self-report. The first part of the elderly person's personal information included age, level of education, duration of retirement, number of children and having a job after retirement. The second part was the Oxford Happiness Questionnaire and the third part was the abbreviated cognitive test.

Oxford Happiness Questionnaire: This questionnaire was developed by Argyle and Lu in 1989. It has 29 four-choice questions that are scored from zero to three (0 strongly disagree, 1 strongly

disagree, 2 strongly agree, 3 strongly agree) and the sum of the options score is the score of the whole scale, which ranges from zero to 87, the higher the score indicates the more cheerful (Argyle, Martin, & Crossland, 1989). This questionnaire has been psychometric measured in Iran. The internal consistency of the questionnaire showed that all 29 of them have a high correlation with the total score and the reliability of this instrument by Cronbach's alpha method was 0.9 (Alipoor & Noorbala, 1999). In this study, the reliability was calculated using Cronbach's alpha coefficient of 0.85.

Shortened Cognitive Test (AMT): The shortened cognitive test is designed to screen cognitive disorders in the elderly. This test was first developed by Hedkinson in 1972 and has 10 questions. The correct answer to each question will get a score of 1 and the wrong answer will get a score of zero, and the total score will be the sum of the correct answers. The range of scores is between 0-1. The cut-off point of this questionnaire is 8-7. This test has been psychometric in different countries. In Spain, the sensitivity is 100% and the specificity is 53% and the cut point is between 7-8. Psychometrics have also been performed in Iran and the cut-off point 7 has been reported (Bakhtiyari et al., 2014).

The intervention was performed by holding reminiscence sessions. One of the patterns of reminiscence is reviewing life based on different periods of life (Yazdanbakhsh, 2016). In another model, memories are designed based on important life events.

The content of reminiscence sessions in this study was based on important life events such as important non-professional, professional and important events after retirement.

After obtaining permission from the Ethics Committee of the Vice Chancellor for Research and Technology of Mashhad University of Medical Sciences and receiving a letter of introduction, he referred to the Education Retirees Center in Mashhad. First, the characteristics of elderly retirees were examined. The elderly who met the basic criteria for inclusion in the study were identified and their contact numbers were extracted from their files. Then they were contacted and if they had other inclusion criteria and also wanted to participate in the study, they were selected as the sample. These individuals were then randomly assigned to control and intervention groups. Written informed consent and cognitive assessment test were completed before being placed in the groups. Then, for conducting research, the samples were invited to refer to the Retirement Center. Transportation facilities and basic facilities such as easy access to sanitation were provided at the location. In addition, it was very unlikely that the intervention and control group members would meet each other in the center. Because the clients came to the center for some administrative work and there was not enough opportunity and a suitable place for long conversations in the center.

The first day of the questionnaires were completed. Then, the days of holding group meetings of 5 to 8 people were determined. Reminiscence sessions were six sessions, two days a week for 45 to 60 minutes. Two months after the reminiscence sessions, the questionnaires were completed in the post-test phase. In all meetings, the researcher played a leadership role. Also, the assistant researcher of the master of nursing was present in all sessions to review and take care of the condition of the elderly participants in the study.

Table 1. Structure of group reminiscence sessions

Meeting	Content of meetings
First session Fateful life events	Familiarity with the goals of the meetings, creating a friendly atmosphere for expressing memories. A life-changing event is an experience you have had throughout your life that has made significant changes in your life.
second session Family history	Welcome, an overview of the memories of the previous session. Who were your family members, who had a great positive or negative impact on shaping your life? Who helped you the most in life and contributed to your progress?
third session Professional memories	Welcome, an overview of the memories of the previous session. Expressing work memories. What effect has work had on individual roles in society and the family?
fourth Session Experiences with stress	Welcome, an overview of the memories of the previous session. Love is an emotional attachment to a special person, place or thing. What are the main loves of your life? Have you fallen in love or hated someone in your life?
fifth meeting The meaning and purpose of life	Welcome, an overview of the memories of the previous session. You achieved the goals you had during your life. You tried for those goals that you did not achieve.
Sixth Session	Welcome and conclusion Evaluate your memories (pleasant and unpleasant).

Data were analyzed by SPSS software version 21. First, with the help of descriptive statistics, frequency percentage, mean, standard deviation, amplitude of changes were determined. Qualitative variables were Chi-square test. Therefore, parametric tests were used. Significant differences were reported in cases that were $p < 0.05$.

RESULTS

The mean age in the intervention and control groups was 68 years. All retirees were married and had children. More than 57% of the samples in the intervention group had a post-retirement job and 42% of them did not have a second job after retirement. The demographic characteristics of the samples are presented in Table 2.

Table 2. Demographic characteristics of retired elderly in the intervention and control groups

		Intervention group		control group		Test result
		Mean	Std. deviation	Mean	Std. deviation	
Age		68.02	3.46	68.64	4.60	t=0.72
						df=88
						P=0.472
Number of children		2.35	1.22	2.53	1.32	t=0.66
						df=88
						P=0.512
Education	Diploma	35.6	16	24.4	11	X ² =1.96
	Associate Degree	31.1	14	28.9	13	df=2
	Bachelor's	33.3	15	46.7	21	P=0.372
Employment status after retirement	Yes	19	42.2	26	57.8	X ² =2.17
	No	26	57.8	19	42.2	df=1
						P=0.144

The mean happiness score of the elderly in the intervention group increased from 48.82 ± 3.51 to 56.51 ± 6.14 after the intervention and in the control group from 47.66 ± 6.99 before recollection to 49.68 ± 7.96. Also, the mean changes of happiness score in the intervention group were 7.68 ± 5.43 and in the control group were 2.02 ± 6.70. Independent t-test showed that the mean score of happiness after reminiscence intervention was significantly different between the intervention and control groups (p = 0.0001). Also, the mean changes in happiness score in the two groups of the elderly were significant (p = 0.0001).

In addition, paired t-test showed that there was a significant difference between the mean scores of happiness before and after in both intervention (p = 0.0001) and control (p = 0.04) groups (Table 3).

Table 3. Comparison of the mean happiness score of the elderly before and after the reminiscence intervention in the intervention and control groups

	Before intervention		After intervention		variation		Paired t-test
	Mean	Std. deviation	Mean	Std. deviation	Mean	Std. deviation	
Intervention	48.82	3.51	56.51	6.14	7.68 ±	5.43	t=9.49
							df=44
							P=0.0001
Control	47.66	6.99	49.68	7.96	2.02	6.70	t=2.02
							df=44
							P=0.042
Independent T-test							
t	0.99		4.54		4.40		
Df	88		88		88		
p	0.32		0.0001		0.0001		

CONCLUSION

The present study was conducted to investigate the effect of reminiscence on the happiness of retired elderly people in Mashhad. Findings showed a significant effect of reminiscence on the happiness of the elderly in the study, which showed the effectiveness of reminiscence intervention on the happiness of retired men in education. This finding was consistent with the findings of previous studies. As Changizi and Panahali (2016), conducted a study to investigate the effect of group narrative therapy on the happiness of the elderly in Tabriz, the results of the study showed that group narrative therapy has been effective in promoting happiness in the elderly. Nori pourlayavali, Alikhani, Hoseynian, Soheylizadeh, and Mohammadifar (2016), also conducted a study with the aim of the effectiveness of group reminiscence on the happiness of the elderly. Findings showed that group reminiscence increased happiness and life expectancy of the elderly.

Since the characteristics of happy people are the opposite of those of depressed people, and the scores of the Beck Depression Inventory and the Oxford Happiness Questionnaire confirm this, in other words, the higher the depression, the lower the happiness (Alipoor & Noorbala, 1999). Many studies have examined the effect of memory on depression. In this regard, the findings of Chiang et al.'s study showed that in older people, reminiscence has led to

a reduction in depression and improved social relationships in them (Nori pourlayavali et al., 2016). In fact, this study shows that reminiscence has a relatively lasting effect on people's mood and has been able to improve social relationships in them. On the other hand, the findings of a study showed that happiness in the elderly is related to their income (Almasi et al., 2015). However, the present study showed that in the elderly and retirees who have lower incomes, reminiscence was able to provide happy and enjoyable conditions for them.

Also, the study of Chiang et al. (2010), Who studied the effect of reminiscence on the life satisfaction of the elderly in care centers, showed that life satisfaction had improved in all three times in the intervention group at intervals of 1, 8 and 12 weeks.

It should be noted that the results in the control group were also significant; This means that in the control group, without any intervention, it led to the improvement of happiness in the samples. This may be due to the fact that study retirees in the control group also had the opportunity to be noticed by others; It took them out of their current passive state and made them feel happy. Findings of the study also showed that the elderly who are supported by others (except family and friends) will enjoy higher social health and happiness. Belonging to others gives meaning to life. In fact, the support that an elderly person receives from others makes him feel that he belongs to the community and those around him and has dignity and value. The findings of this study showed that group reminiscence can promote happiness in the elderly. Since the elderly are interested in expressing memories, this feature can be used to promote their vitality and subsequently improve their mental health. Elderly group reminiscence is an easy, convenient and low-cost intervention, so this group intervention can be easily used to improve the mental health of the elderly in different elderly communities. It is recommended that this treatment intervention be easily performed by nurses in nursing homes and wards. For future studies, it is also suggested that reminiscence in the elderly be done as longitudinal studies to determine its effect and persistence over time.

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