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Effect of Reminiscence Therapy on Reducing Depression in the Elderly

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Abstract

The prevalence of depression in the elderly population is estimated to be 1-2%, female prevalence 1.4%, and male prevalence 0.4%. Depression in the elderly is very common and significantly reduces the quality of life of the elderly. This study aims to determine effect of reminiscence therapy on reducing depression in the elderly. This type of research is a quantitative study with a quasy experiment with control group design. The population in this study were all elderly people who were in Rukun Warga 08, Delima Village, Binawidya District, Work Area of Sidomulyo Community Health Center Inpatient Pekanbaru City. The sample of the study was elderly people who experienced depression as many as 22 people who were divided into 2 groups, namely the control group and the intervention group with 11 people in each group. Determination of the sample is based on the inclusion and exclusion criteria. Inclusion criteria were elderly aged 60 years with mild to moderate depression (geriatric depression score), good and cooperative awareness, and not taking antidepressant drugs. Analysis of the data using the wilcoxon test statistical test. The results of the study in statistical tests showed that there were differences in depression scores in the elderly before and after reminiscence therapy, so it can be concluded that there is an effect of reminiscence therapy on reducing depression in the elderly. There needs to be a commitment from nursing staff in implementing reminiscence therapy as a nursing intervention to prevent and reduce depression in the elderly.

I. Introduction

Elderly is an event that cannot be prevented by anyone because every year there is an increase in age and must be experienced by everyone who is blessed with a long life (Rantung, 2019). The elderly population in Indonesia continues to increase, based on population statistics in almost five decades, the percentage of elderly people in Indonesia has approximately doubled (1971-2020), namely to 9.92 percent (26 million) in which the elderly about one percent more women than elderly men (10.43 percent versus 9.42 percent) (Badan Pusat Statistik, 2020).

All elderly people in Indonesia, young elderly (60-69 years) far dominate with a magnitude that reaches 64.29 percent, followed by middle age (70-79 years) and old age (80+ years) with respectively 27.23 percent and 8.49 percent (Badan Pusat Statistik, 2020). According to the Badan Pusat Statistik Provinsi Riau (2020), the number of elderly residents in Riau Province in 2020 is 417,628 people consisting of those aged 60 years to more than 75 years. Meanwhile, based on the Pekanbaru City Health Office Profile in 2019

Keywords

reminiscence therapy; reducing depression; elderly

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for the Sidomulyo Inpatient Community Health Center Work Area, there were 4,872 elderly people consisting of men and women (Dinas Kesehatan, 2019).

The increasing number of elderly people every year requires serious attention and treatment because the elderly experience physical, biological and psychological decline which is closely related to economic, social and cultural problems. The economic condition of the population is a condition that describes human life that has economic score (Shah et al, 2020). Social changes that occur in the elderly are cognitive and psychomotor decline. The decline in these two functions causes the elderly to experience psychosocial aspects related to the personality of the elderly while the psychological changes that occur in the elderly include short-term memory, frustration, loneliness, fear, death, depression, and anxiety (Rohmawati, 2017).

Depression is a mental disorder that shows symptoms of depressed mood, loss of pleasure or interest, feelings of guilt or low self-esteem and reduced self-confidence, eating or sleeping disorders, lack of energy, and decreased concentration. Changes in roles and a decrease in social interaction and job loss can make the elderly vulnerable to mental problems including depression (Rantung, 2019).

The prevalence of depression in the elderly population is estimated to be 1-2%, female prevalence 1.4%, and male prevalence 0.4%. One study showed that the prevalence of depression in the elderly varies between 0.4-35%, the average prevalence of major depression is 1.8%, minor depression is 9.8%, and clinical symptoms of depression are 13.5%. About 15% of the elderly do not show obvious symptoms of depression and depression occurs more in the elderly who have a medical illness. Several environmental conditions were also associated with higher rates of depression, people living in cities were twice as depressed as in rural areas, people living alone, divorced people, poor economic conditions, homeless, and out of work for six months or more three times more often depressed than the general population.

Depression in the elderly is very common and significantly reduces the quality of life of the elderly. Depression is often considered a normal part of the aging process so it is often not a cause for concern. Further consequences that can be experienced by depressed elderly people are an increased risk of getting various diseases, so it often coexists with diabetes mellitus, hypertension, metabolic syndrome, coronary heart disease, cancer, asthma and cognitive impairment, and dementia (Maramis, 2014).

This study aims to determine effect of reminiscence therapy on reducing depression in the elderly.

II. Research Method

This type of research is a quantitative study with a quasy experiment with control group design. Quantitative study means collecting and analyzing numerical data to describe characteristics, find correlations, or test hypotheses (Asyraini et al., 2022; Octiva et al., 2021). Quantitative study is aimed at discovering how many people think, act or feel in a specific way. Quantitative projects involve large sample sizes, concentrating on the quantity of responses, as opposed to gaining the more focused or emotional insight that is the aim of qualitative research (Pandia et al., 2018; Pandiangan et al., 2018).

Population is the number of living people that live together in the same place. A city's population is the number of people living in that city. These people are called inhabitants or residents. The population includes all individuals that live in that certain area (Pandiangan, 2015; Pandiangan, 2022). The population in this study were all elderly people who were in Rukun Warga 08, Delima Village, Binawidya District, Work Area of

Sidomulyo Community Health Center Inpatient Pekanbaru City. Sample is a group of people, objects, or items that are taken from a larger population for measurement. The sample should be representative of the population as a whole (Octiva, 2018; Pandiangan, 2018; Pandiangan et al., 2021). The sample of the study was elderly people who experienced depression as many as 22 people who were divided into 2 groups, namely the control group and the intervention group with 11 people in each group. Determination of the sample is based on the inclusion and exclusion criteria. Inclusion criteria were elderly aged 60 years with mild to moderate depression (geriatric depression score), good and cooperative awareness, and not taking antidepressant drugs. Exclusion criteria were elderly who had attempted suicide, diagnosed with cognitive disorders or mental disorders other than depression, abused alcohol or drugs, geriatric depression scale scores indicated severe depression, and consumed anti-depressant drugs. The intervention group was given reminiscence therapy and health education related to depression, but the control group was only given health education.

The implementation of reminiscence therapy was carried out in Rukun Warga 08, Delima Village, Binawidya District, Work Area of Sidomulyo Community Health Center Inpatient Pekanbaru City, with an intervention time of 4 weeks starting from March to April 2022. This reminiscence therapy consisted of 6 sessions including the first session, self-introduction (host and members); second, remembering old songs; third, share old photos; fourth, remembering happy times during times of growth; fifth, remembering lifetime achievements and sixth future hopes. The instrument used in this study was geriatric scale depression. Before being given therapy, respondents will have their depression scale measured using a geriatric depression scale instrument, and will be measured again after giving therapy.

Analysis of the data using the wilcoxon test statistical test. Wilcoxon test statistical test is used to compare two independent samples, while Wilcoxon signed-rank test is used to compare two related samples, matched samples, or to conduct a paired difference test of repeated measurements on a single sample to assess whether their population mean ranks differ (Octiva et al., 2018; Pandiangan et al., 2022; Tobing et al., 2018).

III. Results and Discussion

3.1 Results

The results of statistical tests on the effect of reminiscence therapy on reducing depression in the elderly using the wilcoxon test can be seen in the table below:

		Ν	Mean Rank	Sum of Rank	Z	P Value
Postest -	Negative Ranks	5 ^a	3.00	15.00	-2.236	0.025
Pretest	Positive Ranks	0 ^b	.00	.00		
	Ties	6 ^c				
	Total	11				

Table 1. Wilcoxon Signed Ranks Test R	Results in the Control Group
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Based on the results of the calculation of the wilcoxon signed ranks test, it can be seen that there are 5 respondents who experienced a decrease in depression scores in the control group after being given health education about depression and there were 6 people who did not experience a decrease in depression scores. It can be seen that the Z value obtained is -2.236 with a p value of 0.025 (p value<0.005). There is a difference in

depression scores in the elderly before and after being given health education, so it can be concluded that there is an effect of health education on reducing depression in the elderly.

		Ν	Mean Rank	Sum of Rank	Ζ	P Value
Postest -	Negative Ranks	11 ^a	6.00	66.00	-2.994	0.003
Pretest	Positive Ranks	0^{b}	.00	.00		
	Ties	0^{c}				
	Total	11				

Table 2. Wilcoxon Signed Ranks Test Results in the Intervention Group

Based on the calculation of the wilcoxon signed ranks test, it can be seen that all respondents experienced a decrease in depression scores after being given reminiscence therapy. It can be seen that the Z value obtained is -2.994 with a p value of 0.003 (p value <0.005). There are differences in depression scores in the elderly before and after reminiscence therapy, so it can be concluded that there is an effect of reminiscence therapy on depression reduction in the elderly.

3.2 Discussion

The results of statistical tests show that there are differences in depression scores in the elderly before and after reminiscence therapy, so it can be concluded that there is an effect of reminiscence therapy on depression reduction in the elderly.

Reminiscence therapy is one of the nursing psychotherapy that can be given to the elderly. Reminiscence therapy is a therapy to remember the past that encourages clients to review the past and pleasant past experiences (Susanto et al., 2020). Reminiscence stimulates a person's thoughts and memories in his life, by recalling life stories, it will make us feel satisfied with life (Hermawati and Permana, 2020).

Reminiscence therapy is a therapy in which participants can express their feelings to others so that they feel confident in the elderly, and the elderly feel valued. This will certainly increase the elderly's coping to be more adaptive (Dewi, 2018). When the elderly experience depression, the coping of elderly individuals will certainly decrease, and often show a response to adaptive malformations, therefore reminiscence therapy can be given as an effort to reduce depression in the elderly.

Research conducted by A et al. (2014); Chen et al. (2012); Moon and Park (2020); Zhou et al. (2012) showed that reminiscence therapy was effective in reducing depressive symptoms in the elderly. This reminiscence therapy can be used as an alternative nonpharmacological therapy for the elderly in reducing symptoms of depression and can improve the quality of life of the elderly. The results of research Ilham et al. (2020); Rahayu et al. (2015); Rahayuni et al. (2015) showed that there was an effect of reminiscence therapy on stress levels in the elderly. This reminiscence therapy is a form of nursing intervention that relies on memory, where this therapy motivates the elderly to recall the experiences of success that have been experienced by the elderly which can lead to feelings of happiness, pleasure and pride (Ilham et al., 2020). If the elderly have feelings of joy and pride, then the elderly will not experience depression in their lives.

According to the researcher's assumption, reminiscence therapy can reduce depression scores in the elderly because this therapy is given in groups for 4 weeks. The elderly communicate with each other and tell each other about pleasant past experiences with their group friends. This can increase happiness and self-confidence in the elderly. Elderly people feel valued by their friends because their friends want to listen to stories of past experiences that have been experienced. In this therapy the elderly are also seen to share and motivate each other so that elderly coping can improve and this will definitely affect depression scores in the elderly.

IV. Conclusion

The results of the study in statistical tests showed that there were differences in depression scores in the elderly before and after reminiscence therapy, so it can be concluded that there is an effect of reminiscence therapy on reducing depression in the elderly. There needs to be a commitment from nursing staff in implementing reminiscence therapy as a nursing intervention to prevent and reduce depression in the elderly.

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