Influence of Reminiscence Group Therapy toward Depression Scores in Elderly in the Age of Service and Administration (BPPLU) in Bengkulu Province

Shinta[1], Rizanda Machmud[2], Basmanelly[3]
[1]Student Nursing Master Program, Faculty of Nursing, Andalas University
[2,3]Faculty of Nursing Lecturers, Andalas University, Indonesia

Abstract:- Depression in the elderly is a feeling of sadness, helplessness, and pessimism associated with suffering. To overcome depression can be done with a Reminiscence group therapy. The group approach can have a greater influence on each group member because of the award given. Reminiscence therapy is a psychological therapy specifically designed for the elderly to improve public health status. Reminiscence therapy is the desired process to regain memories of an elderly person in the past. The aim of this study was to determine the effect of the therapy of the Reminiscence group on depression scores in BPPLU in Bengkulu Province. The research design uses quasi-experimental pre-test and post-test design with group control. A sample of 64 people, consisting of 32 intervention groups and 32 control groups. Reminiscence group therapy was given as many as 6 sessions. The results showed that depressed conditions given therapy in the Reminiscence group decreased significantly obtained p value = 0,000 while the elderly who did not get decreased slightly but did not mean p value = 0.0184. The results of the study are expected at BPPLU to be able to carry out reminiscence group therapy in collaboration with health centers and mental hospitals.

Keywords:- Depression, Elderly, Reminiscence group Therapy, Bibliography: 93 (2003-2016).

I. INTRODUCTION

Progress in the field of health, increasing socio-economic and increasing welfare will increase life expectancy. Elderly individuals experience changes both anatomically, biologically, physiologically and psychologically. Symptoms of physical deterioration include slacking of the skin, wrinkles, graying, reduced hearing and vision, fatigue, movement slow and less agile, the problem will be potential health problems in general and mental health (Mass.et, al , 2011). Problems with the elderly are one of the depression to overcome this, so therapy is needed.

Mauk (2010) states that psychodynamics that is common in the elderly is anxiety, loneliness, guilt, depression, somatic complaints, paranoid reactions, dementia. Thus the elderly can experience psychosocial problems depression can be caused by physical illness, stress, lack or lack of social support and inadequate economic resources. Depression is a state of loss of pleasant general activity

The prevalence of depression in elderly in the world ranges from 8-15% and the results of a meta-analysis of reporting countries in the world to get the average prevalence of depression in the elderly is 13.5% The prevalence of depression in the elderly undergoing treatment in hospitals and nursing homes by 30-45 % (Whendari, 2013). In the community the prevalence of depression in the elderly varies more from 20-35%. The prevalence of depression in the elderly in the old care unit reaches 25% and is accompanied by stressors such as chronic diseases and inability to dementia, chronic pain, death of spouse, preexisting depressive disorder and placement in an institution or institution (Frazer et al, 2005)

Rahardjo (2010) states that in Indonesia the elderly who suffer from chronic diseases that it is possible that as many as 74% of the elderly in Indonesia have the potential for depression. The high incidence of depression in the elderly shows that depression is a psychosocial problem that needs to be sought for recovery.

According to the research results of Wulandari (2011) the prevalence of depression in elderly people living in the community reached 60% with (40% mild depression, 20% moderate depression).

Elderly people who experience depression are found signs and symptoms in general have never felt happy in life, changes in eating behavior, sleep disorders, disruption in activity, lack of energy, have life beliefs useless and not confident, the ability to think in solving problems effectively decreases, indirect self-destructive behavior such as abuse of alcohol / drugs, nicotine and other drugs and have thoughts of wanting to commit suicide (Syamsuddin, 2010)

Nurses are required to provide quality nursing care for elderly people who are depressed through the assessment phase, diagnosis of nursing, intervention planning, implementation and evaluation. In elderly people who are depressed need an appropriate effort to restore the state of depression so as not to have an impact on the physical and social elderly and the occurrence of mental disorders. Thus the elderly who are depressed can be given psychosocial interventions (Miller, 2004)

Reminiscence therapy is a cost effective intervention to reduce depression in women who live in care for a long time, because this therapy is relatively easy to implement and the procedure has no side effects bro. Therefore

Reminiscence Therapy needs to be implemented in special elderly people who are depressed as one of the interventions to prevent and restore a severe depression condition (Jones, 2003).

The advantages of reminiscence compared to other interventions are methods that use memory to protect mental health and improve the quality of the elderly (Irawan, 2013)). Reminiscence therapy is a therapy that gives attention to therapeutic memories in the elderly.

Elderly is a concern of the government with the existence of the Trisna Werda Social Institution (PSTW) in Indonesia as well as in the Old and Middle Agencies and Service Centers (BPPLU) under the Social Service.

The results of a preliminary study on the elderly conducted at Bengkulu's Elderly Service and Sponsorship Center (BPPLU) on January 9, 2017. The number of elderly as many as 60 people consisted of 25 women and 35 men. The results of interviews with 10 elderly people showed a different perception, where 8 elderly people felt they were useless, lacked attention and affection from the family, liked to withdraw from friends and were not confident, had not been visited by their families, elderly often angry, unable to control himself, unable to accept complicated problems.

This phenomenon is supported by the background of the elderly who live in BPPLU, namely 80% with a background of being unable (neglected). The incidence of depression in the elderly who is quite large requires an effort specifically aimed at treating depression in the elderly including nursing interventions.

Based on the background and the above phenomena, the researcher was interested in conducting a study entitled "The Influence of the Reminiscence group therapy on depression scores in the elderly at BPPLU.

II. METHOD

A. Research Design

This research is quantitative by using a quasi-experimental design with a pre-test and post-test design with group control approach which aims to see and compare interventions conducted before and after treatment using a control group (Arikunto, 2009)

B. Settings and Samples

This study was conducted on elderly people with depression in BPPU Bengkulu Province fulfilling inclusion criteria. Sampling was done by Simple Random Sampling with a total sample of 62 people, 32 people for intervention and 32 people for the control group. Samples were selected based on inclusion criteria, namely 60 years or older, willing to be respondents, having a depression diagnosis (depression score using the Geriatric Depression Scale instrument (GDS). Research first explained the goals and benefits felt by the client and then carried out pre-tests in the intervention group and control, research time from June to July 2017.

C. Ethical Considerations

This research was approved by the Research Ethics Committee of the Medical Faculty of Padang Andalas University (No.191 / KEP / FK / 2017). Prior to data collection, the researcher sought the consent of the participants, including an explanation of this research conducted with voluntary commitment from the elderly having the choice to accept or reject and all personal information kept confidential. Information is only used for research purposes and will be discarded after publishing research results.

Data analysis was processed with a statistical program which included univariate analysis to find out the respondent's characteristics including age, sex, education, marital status, income, work experience and physical illness experienced. Bivariate analysis to determine the condition of depression. The Reminiscence group therapy was given to the intervention group to look at the condition of the department in the elderly at BPPLU in Bengkulu Province.

III. RESULTS OF THE STUDY

A. Univariate Analysis

In this study, gender, education, marital status, income, work experience of physical illness experienced were categorical data which were analyzed by calculating the frequency distribution. while the age measuring scale is in numerical form and analyzed using central tendencies to get the mean, median, standard deviation and minimum-maximal values. Equality of age characteristics of the elderly between the group who received the Reminiscence Group Therapy and the group that did not get was analyzed using the independent sample t-test.

	Group name	n	Mean	SD	SE	Min-maks	P Value
Elderly Age	Intervensi	32	72,47	9,353	1,653	60-96	0,822
	Control	32	72,88	3,982	704	65-79	

Table.1

Based on table 1 it is known that the average age of the elderly as a whole is 72.47 years old with a young age of 60 years and the oldest 96 years. the characteristic of this elderly age is that the elderly are mostly in the elderly group, namely the group 65-79 years.

The analytical results concluded that the average age of the elderly there was no significant difference between the elderly in the group who received the Reminiscence group therapy and those who did not get the Reminiscence group, meaning both groups had the same or homogeneous variant (p value α α 0.05).

B. Characteristics of Depression Elderly

Variable	Category	Group Intervensi (32)		Kontrol (32)		Jumlah		p value
		n	%	N	%	n	%	
Gender	Man	22	68,8	14	43,8	36	56,3	0,078
	Woman	10	31,3	18	56,3	28	43,8	
Education	No school	9	28,1	20	62,5	29	45,3	0,05
	Elementary school	11	34,4	7	21,9	18	28,1	
	Junior high school	3	9,4	3	9,4	6	9,4	
	High school	4	12,5	1	3,1	5	7,8	
	Higher education	5	15,6	1	3,1	6	9,4	
marital status	Single	0	0	3	9,4	3	4,7	0,115
	Mate	9	28,1	12	37,5	21	32,8	
	Widower widow	23	71,9	17	53,1	40	62,5	
Income	Retired	6	18,8	1	3,1	7	10,9	0,011
	Help	4	12,5	0	0	4	6,3	
	There is no	22	68,8	31	96,9	53	82,8	
Work experience	Work	8	25,0	1	3,1	9	14,1	0,026
	Does not work	24	75,0	31	96,9	55	85,9	
Physical illness experienced	Chronic	17	53,1	19	59,4	36	56,3	0,801
	Acute	15	46,9	13	40,6	28	43,8	

Table.2

Explaining the results of the test analysis of statistic characteristics based on (sex, education, marital status, income, work experience of physical illness experienced) in the elderly who were depressed found no significant differences between the groups who received reminiscence therapy and those who did not Reminiscence group, this means that both groups have the same or homogeneous variant (p value $\geq \alpha$ 0.05). There are no homogeneity characteristics, namely income and work experience because the value is ≤ 0.05, but it does not affect the results of the study because in this study the equality test was seen in depression before the intervention group and the dick group.

C. Bivariate Analysis

This section will explain depression before and after therapy Reminiscence group in the intervention and control groups, equality of depression in the intervention and control groups, depression difference in the elderly before and after the intervention and control groups.

Variable	Jenis Kelompok	n	Mean	SD	Min-Maks	95% CI	p value
Depression Before Reminiscence	Intervention	32	14,44	3,926	7-19	13,02-15,85	0,236
	Control	32	13,28	3,795	6-19	11,91-14,65	
	Total	**64**	**13,86**	**3,874**	**6-19**	**11,91-15,85**	

Table 3:- Analysis of Elderly Depression Before Given Therapy for Reminiscence Groups in Intervention and Control Groups at BPPLU, Bengkulu Province (n=64)

Based on table 3, the average depression of the elderly in the intervention group before being given therapy. The Reminiscence group was 14.44 (95% CI: 13.02-15.85), with a standard deviation of 3.926 and a minimum value of 7 and a maximum of 19. Average depression in the elderly in the control group was 13.28 (95% CI: 11.91-14.65) with a standard deviation of 3.795 and a minimum value of 6 and a maximum of 19. Based on the equality test p value> 0.236 alpha> 0.05, meaning between the intervention group and the control group before being given therapy the Reminiscence group was equivalent.

Variable	Jenis Kelompok	n	Mean	SD	Min-Maks	95% CI	p value
Depression After Reminiscence	Intervention	32	8,19	3,053	2-15	7,09-9,29	0,000
	Control	32	13,19	3,737	6-19	11,84-14,53	
	Total	**64**	**10,69**	**4,220**	**2-19**	**7,09-14,53**	

Table 4:- Analysis of Elderly Depression After Being Given Therapeutic Reminiscence in Intervention and Control Groups at BPPLU, Bengkulu Province (n=64)

Based on table 4, the average depression in the elderly was obtained after being given the Reminiscence group therapy was 8.19 (95% CI: 7.09-9.29), with a standard deviation of 3.053 and a minimum value of 2 and a maximum value of 15.

The average depression after being given the Reminiscence group therapy in the control group 13.19 (95% CI: 11.84-14.53) with a standard deviation of 3.737 and a minimum value of 6 and a maximum value of 19. Statistical results obtained p value 0.05 , meaning there are significant differences between the intervention group and the control group

Group type	Depresi	n	Mean	SD	SE	95% CI	*p value*
Intervention	Before	32	14,44	3,926	7-19	13,02-15,85	0,000
	After	32	8,19	3,053	2-15	7,09-9,29	
	Difference	32	6,28	1,955	0,346	5,535-6,965	
Control	Before	32	13,28	3,795	6-19	11,91-14,65	0,184
	After	32	13,19	3,737	6-19	11,84-14,53	
	Difference	32	0,09	0,390	0,069	-0,047-0,234	

Table 5:- Analysis of Depression in Elderly People Before and After Therapy in the Reminiscence Group at the BPPU in Bengkulu Province (n=64)

Based on table 5, it was found that the elderly were given therapy. The Reminiscence group had an average depression in the elderly before therapy. The Reminiscence group was 14.44 with a standard deviation of 3.926, while after therapy the Reminiscence group was 8.19 with a standard deviation of 3.05. The mean value difference between the measurements before and after being given therapy The Reminiscence group was 6.28 with a standard deviation of 1.955. Statistical test results were obtained (p value = 0,000 <α = 0.05), meaning there were significant differences in depression in the elderly between before and after getting therapy Reminiscence group in the intervention group.

Elderly who did not get Reminiscence Group Therapy on average elderly depression before intervention was 13.28 with a standard deviation of 3.795 while after intervention was 13.19 with a standard deviation of 3.73. The mean value of the difference between the measurements before and after the intervention was 0.09 with a standard deviation of 0.39. Statistical test results were obtained (p value = 0.184 <α = 0.05), meaning that there were no significant differences in depression in the elderly between before and after therapy in the Reminiscence group in the group that did not receive Reminiscence Group therapy.

IV. DISCUSSION

A. Characteristics

Based on the results of the study showed that the average depressed elderly at BPPLU averaged 72.47% (60-96 years), most of the elderly were male (56.3%), marital status widowed / widowed (62, 5%) and chronic illness (56.3%) almost half of the elderly depressed were not in school (45.5%), almost all of the elderly had no income (82.8%) and did not work (85.9%).

These results are consistent with Suandana, W. (2011) stating that increasing age is easy for someone to experience depression. This is caused by physiological factors that experience setbacks in various abilities such as visual abilities, thinking, remembering and listening.

Miller, (2004) states that 80% of elderly people aged 65 years and over will experience depression.

Segal, J., et al. (2009) stated that coping on elderly women is better than elderly men in dealing with problems. Elderly women are more able to emit their emotions and feelings so that the burden and psychological pressure that exists can be reduced.

Tamher, (2009) states that the psychological state of the elderly in Indonesia is generally better than the elderly in developed countries, including signs of depression (men 4.3% and women 4.2%). It can be assumed that women are better able to deal with problems than men who tend to be more emotional.

This was concluded that older men were more than women because in general depression in the elderly men is the same but often depression in men is more difficult to know men are more closed or unwilling to receive help because of depression in those undiagnosed and not treated. in neighborhoods detecting depression in men and in women is much easier.

According to Azizah, (2011) the level of education has an important role in dealing with problems experienced by an elderly person. Someone who has insufficient knowledge that will affect their ability and readiness in dealing with problems that occur.

Concluded with the average level of education of the elderly is not school, education can affect someone in receiving information, someone's intelligence is the ability of individuals to solve a problem and adjust to the environment around influenced by the ability to think, the ability to capture, language skills, analyzing a problem and general knowledge about these things are obtained in many schools.

Blazer's study (2003) caused depression in the elderly, namely losing as if they were widows or widowers, had few friends and had few relatives and family. Potter & Perry (2009) stated that one of the tasks of the development of the

elderly is being able to adapt to losing their life partner. Struat & Sundeen (2007) states that individuals who experience divorce or no partners are among the high risk groups experiencing psychological problems.

It was concluded that the elderly who still had a life partner made it possible to alleviate their psychological problems. It could be concluded that the elderly living in social care would experience psychological problems, namely losing their spouse.

Raharjo, (2010) states that in Indonesia about 74% of elderly people aged 60 years and over suffer from chronic diseases namely hypertension, diabetes, osteoporosis, rheumatism and heart disease which must continue to take medication throughout their lives so that they have the potential to experience depression concluded that chronic diseases that require treatment and care that is long enough and very disturbing the lives of the elderly, so that it becomes embarrassed, frustrated and hopeless with the condition of the disease they experience, unable to carry out activities as usual because the disease is experienced in chronic, there is physical obedience the elderly must need help from others with changes in the elderly can trigger psychosocial problems depression.

B. Depression in the elderly before being given therapy for reminiscence groups in the intervention group

The average depression in the elderly before reminiscence therapy in the intervention group was 14.44 with (7-19) and the control group 13.28 and the control group 13.28 (6-19) this indicates depression in the moderate group. Based on GDS the elderly feel dissatisfied with life (62.5%). Elderly people often feel bored (59.4%). Having a bad mind that interferes constantly (53%). Often worried about the future (53.1%). Often feel hopeless (68.8%). Life feels unhappy (62.5%). Often cries because of trivial things (56.3%) Don't like to gather in social gatherings (78.1%) The mind is still easy to think of something like before (53.1%).

Niusha et al. (2012) stated that the average elderly before being given therapy was depressed while this happened because the problems experienced by the elderly were only buried and not disclosed to others. Causing major depression is characterized by the elderly feeling disappointed, sad, failed, stressed, angry and withdrawing from their social environment, then continuing with depression.

Based on the opinion above, it can be concluded that the elderly who experience depression can occur due to a decrease in interest in carrying out various activities. Elderly people with depression will be more dominated by feelings of sadness, helplessness, uselessness and unhappiness. This feeling can appear unnoticed by the individual concerned. This negative feeling can only be known if the person concerned has conveyed it with others.

C. Depression in the Elderly After Given Reminiscence Group Therapy

The average value of depression in the intervention group (previously 14.44 to 8.19) and the control group (previously 13.28 and afterwards 13.19). There was a decrease of 6.25 and 0.09. The results of this study indicate a higher decrease in moderate depression in the elderly intervention group compared to the control group.

Chiang, et al (2009) stated that reminiscence therapy can reduce depression and negative feelings in the elderly. Frazer, et al (2005) concluded that reminiscence therapy is effective for reducing depression. Jones, 2003 states that Reminiscence Therapy is a cost effective intervention to reduce depression in the elderly and easy to implement. Lubis (2010) states that the Reminiscence group therapy is a therapy aimed at recovery of depression in the elderly. In this activity, the therapist will help the elderly recall positive aspects and things that are meaningful to the elderly who have experienced the elderly at the time of their current master.

D. It can be concluded that reminiscence group therapy is more effective in developing the behavior of the elderly.

Reminiscence Group Therapy which focuses on the exploration of success achieved by the elderly strongly supports the recovery of depression in the elderly. In the process of therapeutic activity, of course the therapist can motivate and facilitate the elderly to recall the experience of success or joy experienced by the elderly, so that. cause feelings of happiness, pleasure and pride during the process of therapy. This feeling of happiness and pride is then integrated with the abilities and success of the elderly at this time (old age) seen from the decrease in depressive symptoms in the elderly. After the therapeutic process of the Reminiscence group is completed the elderly have had the provision to start social relations with other people. Elderly also begin to recognize the abilities they have, so that feelings of limitations due to advanced age can be minimized.

E. Differences in Depression in the Elderly Before and After Given Reminiscence Group Therapy

Moderate depression in the intervention group before being given therapy The Reminiscence group was 14.44 and after therapy was 8.19. The difference in change before and after therapy is 6.28 with a value of p value = 0,000. These results indicate that there was a decrease in the value of moderate depression in the elderly after being given therapy by the Reminiscence group in the intervention group. That is, moderate depression in the elderly intervention group experienced a significant decrease after being given Reminiscence Group therapy, the value of moderate depression measurement decreased after the elderly received therapy in the Reminiscence Group

Ones (2003) has stated that Reminiscence therapy is effective for reducing depression in the elderly who are old care units. Decreased depression value in the control group but only a little, this case in the elderly who did not receive

the Reminiscence treatment the condition of depression did not experience a significant decrease. In this elderly there was no nursing intervention specifically aimed at efforts to reduce the condition of depression. In this elderly nursing intervention is given to the phenomena that exist in the elderly with depression.

Based on the opinions above, it can be concluded that Reminiscence Therapy needs to be implemented in the elderly, especially those who are depressed because of one of the interventions to prevent or restore the incidence and past of the elderly. Reminiscence Group Therapy directly or indirectly has provided opportunities for the elderly, especially the elderly, to be supported to get a support system from other people. The stay in the social support is very important, considering that the majority of the elderly who live in the area are those who have no relatives (family). because of that the support system that is owned by the elderly that is being replaced is only fellow elderly colleagues.

V. CONCLUSION

The characteristics of the elderly are 72.47 years old. Most of the elderly are depressed with male gender, almost the majority of the elderly are not in school, most of the elderly are widows, almost all elderly people have no income, almost all elderly people do not work and most of the elderly suffer from chronic diseases. Reminiscenec group therapy given to the elderly reduces depression.

Based on the conclusions above, this study is that social services, especially instantiation in BPPLU, in addition to seeking physical health services for the elderly are also expected to prioritize the psychosocial services of the elderly, especially depression.

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