



University of St Augustine for Health Sciences  
SOAR @ USA

---

Occupational Therapy Collection

Faculty and Staff Research

---

Spring 1-23-2017

## Effect of Life Review on Quality of Life for Older Adults Living in Nursing Homes

Rene' Wren

University of St. Augustine for Health Sciences, [rwren@usa.edu](mailto:rwren@usa.edu)

Follow this and additional works at: <https://soar.usa.edu/ot>

 Part of the [Nursing Commons](#), [Occupational Therapy Commons](#), and the [Physical Therapy Commons](#)

---

### Recommended Citation

Wren, R. (2018). Effect of life review on quality of life for older adults living in nursing homes. *Physical and Occupational Therapy in Geriatrics*, 34(4), 186-204. <https://doi.org/10.1080/02703181.2016.1268236>

This Article is brought to you for free and open access by the Faculty and Staff Research at SOAR @ USA. It has been accepted for inclusion in Occupational Therapy Collection by an authorized administrator of SOAR @ USA. For more information, please contact [soar@usa.edu](mailto:soar@usa.edu), [erobinson@usa.edu](mailto:erobinson@usa.edu).

## **Effect of Life Review on Quality of Life for Older Adults Living in Nursing Homes**

**Rene' Wren**

**University of St. Augustine**

### **Abstract**

**Aim:** To examine the effects of life review on daily activities, social participation, outlook on life, and perceptions of living in a nursing home measured by life satisfaction and quality of life in older adults.

**Method:** The study design was a two-phase quasi-experimental pre-post-tests including development and testing of a life review protocol. Nine residents, age  $\geq 65$ , participated in a life review group once weekly for 6-weeks. Outcomes were analyzed using the Life Satisfaction Index-Z (LSI-Z) and pre-post surveys.

**Results:** LSI-Z scores improved post-intervention and survey outcomes indicated participation in ADLs, socialization, outlook on life, and living in a nursing home perceptions improved for all participants.

**Conclusion:** The study demonstrates the effectiveness of a life review protocol to improve ADLs, social participation, and enhancing perceptions of outlook on life and living in a nursing enhancing QOL and life satisfaction for older adult nursing home residents.

*Keywords:* Life review, life review group, life review intervention, reminiscing, storytelling, older adults, nursing home residents, skilled nursing facility, quality of life

Older adults over the age of 65 in the United States will number 68 million by 2020 (Chiang, Lu, Chu, Chang, & Chou, 2008). The World Health Organization (WHO) states that many older adults face special physical and psychological challenges, reporting that 20% of adults age 60 and older suffer from neurological and mental disorders with 6.6% of all disability attributed to psychological disorders (WHO, 2013). Older adults who live in nursing homes deal with comparatively poorer quality of life (QOL) than those of normal aging elderly (McKee et al., 2005). Psychosocial interventions and activities within nursing home environments to increase life satisfaction are oftentimes undervalued (McKee et al., 2005). Restricted social networks and opportunities for social interaction negatively influence the well-being and QOL for nursing home residents (McKee et al., 2005). Older adults living in nursing homes value being socially active and regard the social aspects of independence as important to life satisfaction (Borg, Hallberg, & Bloomqvist, 2006).

During the later stages of life, older adults have distinctive needs, such as opportunity for social participation, engagement in ADL's, and avenues offering psychosocial support. If neglected, these needs can develop into worries and psychological issues that may lead to occupational depravity (Watt & Cappeliez, 2000). In order to meet these needs, occupational therapists use psychosocial interventions, such as cognitive-behavioral therapy, problem-solving therapy, and life review and reminiscence therapy to assist older adults in engaging in occupations that are meaningful and purposeful (Chippendale & Bear-Lehman, 2012). If unmet, feelings of vulnerability can manifest and lead to depression, loneliness, and/or isolation springboarding intense frailty, and a decrease in overall health (McKee et al., 2005). In times of stress,

older adults can become overwhelmed, making it difficult to adapt to present situations, thus becoming “stuck” and unable to move forward with life (Puentes, 2001). Being able to adjust to change is an important task for older adults (Korte, Bohlmeijer, Westerhof, & Pot, 2011) and if unable to adapt psychologically, might lead to fewer occupational interests and impaired performance.

In a study by Hersch et al., (2012), researchers developed the occupation-based cultural heritage intervention (OBCHI). The study looks in detail at the connection between an older person and the environment, which could contribute to a person’s perception of quality of life and influence activities of daily living. Hersch et al., (2012) suggested that utilizing the OBCHI during the initial transition period to long-term care living will ease the effects of stress and improving quality of life. Hersch et al., (2012) stated that relocating from a familiar environment to an unfamiliar environment can require social and environmental adjustments and adaptations and require older adults to consider how life will differ in the new environment. Adaptive strategies that were used in the past to adjust to current situations can influence the ability to integrate successfully into the new environment (Hersch et al., 2012). However, occupations that were once a part of life and brought satisfaction may be discounted by older adults or even discontinued when in a nursing home.

Psychosocial interventions such as life review and reminiscing have been considered effective in promoting quality of life of older adults in western cultures (Wang, 2004). Oftentimes, nursing home residents spend time talking about the past, which can make them feel more in control of their lives. Reviewing ones past may enrich mastery in the later stage of life through recall of coping mechanisms from past difficulties (Bohlmeijer, Roemer, Cuijpers, & Smit, 2007).

Principles of reminiscence and storytelling uniquely focus on an analytical review of life experiences and identify the participant's current and future desires (Thompson, 2011). Puentes (2001) studied the occurrence of simple reminiscence for adaptive coping during stress related times for four nursing home residents' ages 65 and older. Puentes conducted 30-minute interviews to explore the impact of the nursing home experience upon daily function using the Stokes/Gordon Stress Scale (SGSS). The unit of measure was the number of sentences devoted to simple reminiscence. The frequency of simple reminiscence was calculated as the percent of sentences referring to simple reminiscence in relationship to the total number of sentences in the interviews. Puentes found that the frequency of simple reminiscence varied widely among the participants and current stressors such as dependency upon others were consistent regarding death, slowing down, loss of friends, dependency, and uncertainty although some of the participants viewed these events as natural from aging. The results concluded that life events were identified as stressful and the individual's response to stress played an important role between coping styles and the use of spontaneous simple reminiscence (Puentes, 2001).

Wang (2004) examined two groups (institutionalized [n=25] and non-institutionalized [n=23]) for comparative effects of reminiscence on self-esteem, self-health perception, depressive symptoms, and the mood of elderly people living in long-term care or at home. Findings indicated a significantly improved mood status in the institutionalized group post intervention as compared to the non-institutionalized group. Wang suggested that the depressive environment, low morale, and lack of socialization among institutionalized residents might contribute to mood. The intervention provided participants social opportunity to express themselves. The study results indicated that reminiscence therapy, due to the social aspects, was effective in promoting and improving quality of life.

Life review, through reminiscing about the past, occurs naturally and is a process that helps to resolve past conflicts to bring balance to life (Bohlmeijer, Smit, and Cuijpers, 2003). Life review promotes meaning and purpose for older adults so that acceptance of one's life can be achieved through review and interpretation of the past creating a new and positive outlook on the future (Scott and DeBrew, 2009). Through life review strategies, individuals can link events from younger years resulting in awareness of an apparent connection between past, present, and future self and is a technique used to improve adaptation and self-integration of older adults and participation in the intervention significantly improves self-esteem (Chiang et al., 2008). Life review is demonstrated as beneficial in the reduction of adverse psychological symptoms for older adults (Jones, Lyons, & Cunningham, 2003).

Life review is a therapeutic technique that older adults can find peace and well-being through reflective thoughts and storytelling, and is the recalling and telling of life events and experiences from the earliest memories to the present progressing through the life span (Butler, 2009). Bohlmeijer et al. (2007) found that in a life review intervention, older adults actively seek the reframing of negative events and seek integration of important life events into a meaningful life story. Although the terms life review and reminiscence activities have been used synonymously, Haight and Haight (2007) suggest the terms are two distinct activities. Reminiscence is a spontaneous and random recalling of memories, whereas life review is a structured evaluation that provides opportunities for the participant to share stories from each stage of life adding meaning and promoting acceptance and resolution (Haight and Haight, 2007). The purpose of life review is to use the past to promote stability and points to the possibilities of change and development of one's self (Coleman (2005).

Occupational therapy core principles promote engagement in life through occupations. The occupational Therapy Practice Framework-3<sup>rd</sup> edition (OTPF) reiterates the profession's core belief in the positive relationship between occupation and health and its view of people as occupational beings (AOTA, 2014). There is overwhelming support of the use of life review as a psychological intervention to promote occupation, stability, and well-being for older adult nursing home residents with impaired cognition as well as psychological disorders to improve issues such as depression, stress, and mood. However, the literature on life review and the psychosocial aspects of living in nursing homes among those individuals who do not have cognitive impairments is lacking. Moreover, a gap in the literature exists regarding older adults self-perception of living in a nursing home environment and how that perception can affect meaningful occupations and engagement in social activities (Hersch et al., 2012). The purpose of this study was to develop and test a structured, evidenced-based life review group protocol to meet the psychosocial and occupational health needs of older adults living in a nursing home in order to improve quality of life. This study sought to answer the question, "Does a life review program positively affect quality of life for older adult nursing home residents?"

### **Method**

The study was a quasi-experimental pre-post design with quantitative and qualitative data. This was a two-phase study including development and testing of a life review protocol. During phase one, the development of the life review protocol to be used in this study was derived from best current evidence. Questions asked during the life review group sessions were derived from studies by Hermanns et al., (2009), Butler (2009), and Stinson (2009). Phase two involved the testing of the life review protocol with older adults living in a nursing home environment. Each life review group session was audiotaped and later completely transcribed.

### **Phase I: Protocol Development**

The first step in developing the life review protocol was to engage in a systematic review of the literature using various search engines: OT Seeker, CINAHL, PubMed, and Google Scholar. Key search terms and Boolean phrases included: life review, life review group, life review intervention, reminiscing, storytelling, older adults, nursing home residents, skilled nursing facility, quality of life. Forty-one articles met inclusion criteria: published after 2000, English language, peer-reviewed, and Sackett level of evidence 1-IV. The articles found spanned multiple disciplines including nursing, occupational therapy, psychology, psychiatry, gerontology, and aging and human development. Articles were excluded if the study involved children eighteen years old or younger and those who were in the later stages of Alzheimer's disease.

Among those articles found, 25 were selected for relevance to the topic of life review and specific to older adults living in a nursing home to distinguish a gap in the literature and to support this study. Those 25 articles meeting criteria were from several countries including the United States, Taiwan, Canada, United Kingdom, Germany, and Switzerland. The articles included seven randomized control trials; six of the articles using an experimental design and one using a cross-sectional descriptive study design. Additionally, there were six systematic reviews with three of those articles using a meta-analysis design. Other evidence included four cross-sectional cohort designs, three longitudinal cohort designs, two qualitative phenomenological research designs, and one each of a descriptive correlational design, quasi-experimental design, and case design using a grounded theory method approach.

### **Synopsis of Evidence**



In a randomized control trial with equal size treatment and control groups, Chippendale and Bear-Lehman (2012) utilized the “Share Your Life Story” protocol, which involved writing techniques and exercises, and encouraged life review reflection through participants writing about their lives outside of the sessions. In this study, forty-five older adults residing in four senior residences, engaged in an 8-week life review writing intervention within a group format. Results indicated a significant positive change on the Geriatric Depression Scale (GDS) scores between pre- and post-tests for the treatment group ( $\chi = 2.70$ ,  $SD = 4.09$ ) compared to the control group ( $\chi = 0.32$ ,  $SD = 2.41$ ). Not only did the study findings indicate a reduction in depression and positive changes in mood but also noted that participants reportedly enjoyed the group format, suggesting that it provided stimulation and that they looked forward to participating in the group each session. The authors concluded that life review and reminiscence group interventions promote leisure participation and social interaction for the older adult population and determined that life review group approaches provides added therapeutic benefits of social support from peers living in a senior residence facility (Chippendale & Bear-Lehman, 2012).

Stinson (2009) developed a protocol; “Stinson’s Protocol for Structured Reminiscence,” to address a problem experienced by practitioners that surrounds the organization, facilitation, and evaluation process of reminiscence group interventions. The protocol was based on a group format with four stages: assessment, planning, implementation, evaluation to give structure to the process. The process included a 6 week, twelve-session intervention timeline involving themes, which focused on important firsts, stressed positive memories, and gave opportunity for closure at the end of the intervention period. Stinson suggested that props be used to illicit group interaction and prompt memory recall (Stinson, 2009).

In a descriptive qualitative study, Xiao et al, (2011), examined the effectiveness of a life review program for Chinese patients with advanced cancer. The program involved three life review sessions in which participants reviewed their life and created a life review booklet. The sessions focused on stages of life and addressed life themes. The study suggested that in Chinese society, it is considered taboo to talk about death causing bad luck. Thus, patients are reluctant to communicate feelings related to death. However, the findings indicated that the life review sessions encouraged participants to openly talk about death providing emotional relief. Providing opportunity for participants to review their entire life, gave the ability to resolve past conflicts and plan for the future (Xiao et al., (2011).

Based on literature, Haber (2006) suggests that life review is theme related, an evaluative 6-week or more process to examine the meaning behind memories, and provides ongoing self-analysis. Haber states that for life review to be effective on the psychological health of the participants, the process should transition throughout the life span starting at birth to present, provide a listening ear, and allow participants time to evaluate and process the experience. Group sessions could benefit older adults by helping them to form new peer friendships and adjust to living in a new environment such as a nursing home (Haber, 2006).

During the life review process, participants are asked questions related to the themes posed during the sessions. In two studies (Hermanns et al, 2009 and Butler, 2009) life review sessions were conducted with nursing students and older adults through guided individual interviews. In both studies, the researchers utilized questions as a guide from Haight's (1988) "Life Review Guide" (as cited in Hermanns et al, 2009 and Butler, 2009) during the interview sessions. Butler (2009) reported that facilitators of life review interventions should adapt session questions as needed by asking additional questions, omitting questions that do not apply, or

rewording questions as needed. For their study, Hermanns and colleagues (2009) adapted the questions by allowing the students to omit questions related to sensitive topics such as sex and placed questions from Haight's guide into another theme section.

The above evidence was synthesized for developing the current study's protocol group. Characteristics included group format, verbal discussions, and 6 weeks in duration, once a week frequency and weekly themes were based on different stages of life. A group format was chosen to encourage socialization and engagement in peer relationships. Weekly prompts were used to illicit memory recall. The weekly questions were formulated taking into consideration the specifics of the group members and weekly themes. The effectiveness of the life review protocol was evaluated through oral dialogue within a group process related to socialization, ADL participation, outlook on life, and perceptions of living in a nursing home to improve life satisfaction and quality of life.

## **Phase II: Protocol Testing**

The study design was quasi-experimental using a pre-test and post-test data collection. The study was conducted in a nursing home in the Southwestern United States. Permission was granted from the administrator of the facility and approval was secured through the affiliated university's Institutional Review Board (IRB). Informed consent was obtained from all participants. The life review intervention was conducted in a group format with the author as the group facilitator. For this study, the author developed the life review group intervention protocol utilizing the "Stinson's Protocol for Structured Reminiscence" (Stinson, 2009) as a guide. After review of the evidence, a need was determined to develop a life review protocol based on a group process that would build on current evidence.

**Participant recruitment and selection.** Participants were recruited at a nursing home through personal invitation. Inclusion criterion included residents who were English speaking, 65 years old or older, and had a score equal to or greater than 25/30 on the Mini Mental State Exam. Exclusion criteria included residents who live in the memory care unit because of possible cognitive impairments, a score less than 25/30 on the MMSE, and those scheduled for discharge prior to the end of the six-week intervention period.

Sixteen residents were identified from a daily current resident sheet as potential participants who would possibly meet the inclusion criteria. Of those sixteen residents, eleven potential participants signed an informed consent and agreed to participate. However, two potential participants did not meet inclusion criteria; one participant scored less than 25/30 on the MMSE and one participant discharged from the facility after the first intervention session. Demographic information was ascertained from the baseline questionnaire including age, gender, ethnicity, as well as length of residency. The length of residency was significant as an individual's perception of living in a nursing home can change over time. Participants ranged in age from 65 to 82 years of age. The majority of the nine participants were female with two being male; eight individuals were Caucasian and one Hispanic. Length of residency at the nursing home ranged from two months to eight years. Pseudonyms were assigned to all participants for data analysis. Participant demographics are presented in Table 1.

Table 1. Participant Demographics

**Procedures.** The group intervention was conducted one time a week over a period of six weeks. The sixty-minute sessions were audio recorded for later transcription and analysis. The group facilitator maintained short handwritten notes during the group sessions, which were

reviewed later with the audio recorded sessions, to assure data collection was complete and accurate.

To ensure confidentiality, participants were asked to not write their names on any assessment forms. Instead, the participants were asked to write the last four digits of their telephone number, for ease of recollection, in the top right hand corner of all forms. Only the participants had access to these telephone numbers. This coded number served to de-identify the participants in data analysis. During each session, participants were reminded that information disclosed should not be discussed outside the group to maintain confidentiality. A statement of “Shared Respect and Confidentiality” was included on the participant consent form.

The intervention group sessions consisted of a weekly topic, memory prompt, and related questions to provide organization, facilitation, and structure to the life review group as well as guidance through the process (Stinson, 2009; Chippendale & Bear-Lehman, 2012). The six topics (childhood, adolescence, family and home, adulthood, remembering the past through song, summary of life) progressed through the life span. Memory prompts were used to elicit recall of the past. Participants were asked to think of memories related to the week’s topic, asked a topic related question, and one participant was called on to start sharing. The facilitator interjected only when needed to keep the conversation going or to encourage participation of all group members. All participants were allowed to share stories from their pasts, engage socially, and support interactions during conversations. The sessions’ process is presented in Table 2.

Table 2. Life Review Sessions’ Protocol

**Instrumentation.** The Mini Mental State Exam (MMSE) was used to establish baseline cognitive eligibility during participant recruitment. Permission was obtained from Psychological Assessment Resources (PAR) to utilize the MMSE. The MMSE is a cognitive screening tool

that evaluates the cognitive ability of people with dementia and classifies a resulting score level of 24-30 as functional (Folstein & Folstein, 1975). Therefore, for this study, the MMSE inclusion criteria was equal to or greater than 25/30 to ensure the ability of all participants to perform the outcome assessments and to engage in a rich discussion during the life review group sessions.

Satisfaction with life was measured using the Life Satisfaction Index-Z (LSI-Z) and was conducted prior to the life review intervention and after the sixth life review session. The LSI-Z is a standardized assessment with thirteen closed-ended statements. The LSI-Z self-report is a rational estimation of the level of psychological well-being of a person and is valid and reliable for assessing over-all life satisfaction for older adults (Wood, Wylie, and Sheafor, 1969). The Life Satisfaction Index-Z (LSI-Z) has a total score ranging from zero to 26 with a higher score indicating a higher overall life satisfaction.

The pre- and post-intervention survey was designed for this study with questions related to ADL, social participation, and perceptions regarding outlook on life and living within a nursing home environment that affect quality of life. The nursing home environment can directly influence older adult's behavior and occupational skills and those obstacles within the environment can affect their future expectations and interactions (Duellman, Barris, and Kielhofner, 1986). The survey consisted of four open-ended self-reported questions: "What social activities do you currently participate in?" "What is your outlook on your life?" "What self-care activities, such as taking a bath, getting dressed, and using the toilet, are you participating in everyday?" and "How do you feel about living in a nursing home?" Based on the research by Chippendale and Bear-Lehman (2012), Stinson (2009), and Butler (2009), the survey questions related to self-perceived life satisfaction, ADL and social participation, and

overall outlook on life have good validity since these variables have a direct correlation to quality of life. Open-ended survey questions were chosen so the researcher could gain greater insight into the participant's thoughts and ideas prior to the life review intervention and after the intervention.

### **Data Analysis**

For quantitative data analysis, the researcher ran descriptive statistics on the LSI-Z data for pre and post percent change in aggregate and individual scores. A qualitative content analysis was performed on the data from the audiotaped life review group sessions, informed by qualitative methodology (Portney & Watkins, 2000). After each life review group session, the audiotapes were transcribed and compared to that week's handwritten notes taken by the researcher to ensure accuracy of the participant's narratives. The researcher revisited the data throughout the entire process keeping detailed notes of participants repeated statements and phrases. To avoid a positive bias, the researcher looked for examples in which participants statements were negative or neutral.

The transcriptions were read in their entirety multiple times by this researcher and a research mentor independently of each other. A weekly dialogue regarding interpretation of the data was ongoing. This process produced discrete statements, and phrases using the participants own words. Identified statements and phrases were assigned codes and placed into categories based on differences and similarities. The categories were organized into common subthemes, which were then placed into four overarching themes. The researcher and research mentor meet for a final discussion regarding the analysis to resolve any inconsistencies.

### **Results**

Of the sixteen participants recruited from the nursing home who volunteered to participate, eleven meet inclusion criteria. One participant was excluded based on the resulting Mini Mental score and one participant was lost due to discharge prior to the end of the intervention period. The final sample number of participants in the Life Review group intervention was nine (n=9). All nine participants were present at all six life review group sessions and were included in the analysis.

### **Emerging Themes**

All life review group sessions were audiotaped and transcribed after each session by the researcher in order to look for emerging themes throughout the ongoing content analysis process. The transcripts revealed insights into participant's perceptions of life events, and feelings about the past, present, and future. All participants talked distinctively about experiences and memories that shaped, formed, and influenced them throughout the years. Four themes emerged which included: dealing with loss, lessons learned, overcoming fears, and changing times.

Dealing with loss-participants communicated insight into their past lives and expressed feelings related to loss of loved ones, independence, and their homes. Ann spoke about losing her brother to Polio and stated, "That one event has affected me my whole life." Funny stories were told including one about a favorite toy. "I had a doll that I loved and one day my brother decided to do surgery on her and cut her stomach open and that was the end of my doll" (Sue). On the other hand, Tom talked about illness stating, "My health started going downhill and I'm not able to do everything I used to do. My kids sold my house that my wife and I lived in for



forty years.” These memories reflected feelings of how each participant dealt with loss over the years.

Lessons learned-participants discussed experiences that taught lessons throughout life and how some of those lessons were hard ones to learn. “I worked in the fields with my family picking cotton by hand at a very young age. It was hard work but looking back, it taught us how to depend on each other and that hard work makes you tough and determined in life,” stated Alice. Sue shared a story about learning a lesson through receiving a gift at Christmas time stating, “We were so poor that some years my siblings and I received one toy for all of us to share. One year, we got a little red wagon. We took turns riding and pulling it. We played with that wagon for years and enjoyed it so much. Mother taught us the importance of sharing and taking turns.”

Overcoming fears- Participants discussed feelings of fear during war times and how they dealt with those fears. Janet reported, “My husband was sent three times to fight during WWII. Each time he left, I was so fearful that I would receive one of those letters from the government that told me he had been killed. I loved getting letters from him, not only because he wrote such sweet things, but also because it meant he was still alive. I went to live with my mother-in-law every time he was deployed.

Changing times-Memories were shared that reflected feelings regarding how times have changed through the years. “We had big families back then because it took all of us to work in the gardens so we could sell the goods to make money. Now days, people only have one or two kids” (Linda). Mike stated, “My grandparents lived with us. People don’t do that anymore.”

Figure 1: Themes With Participant Statements reflects additional statements made by the participants during the life review sessions regarding each theme.

### Figure 1. Themes with Participant Statements

#### **Life Satisfaction Index-Z Outcomes**

The Life Satisfaction Index-Z mean score pre-intervention was 12 (SD= 7.5) and post-intervention was 21 (SD= 11.6). All nine participants had increased scores. This increase in scores indicates an increase in life satisfaction after participation in the life review intervention. Figure 2 illustrates the pre and post-intervention LSI-Z results for the nine participants.

#### Figure 2. Pre/Post-intervention LSI-Z Score Results

The pre-intervention LSI-Z scores ranged from six for Mary and Tom, to eighteen for Linda indicating a twelve-point range. This could be due to the amount of time of residency between the participants. During data analysis, it was noted that Mary and Tom have lived at the nursing home the shortest amount of time reporting living at the facility for two and six months. On the other hand, Linda has lived at the facility much longer; eight years.

The range in scores post-intervention was from fifteen for Ann to twenty-four for Janet and Betty. These scores indicate a nine-point range between the participants after the life review intervention. Moreover, the post-intervention score results indicate that the greatest change in life satisfaction occurred for Tom who has lived at the nursing home only six months with a pre-intervention score of six to twenty-one post-intervention indicating a fifteen point shift.

#### **Qualitative Responses to Survey Outcomes**

Data was collected through a pre- and post-intervention survey. The remarks from the participants provided qualitative feedback and served as key indicators of the participant's thoughts on participation in occupations, outlook on life, and life within a nursing home environment. Participants provided answers to the post-intervention survey, which revealed self-perceived changes in quality of life after their involvement in the life review group.

On the pre-intervention survey, in response to question one (What social activities do you currently participate in?), only three out of the nine participants reported engaging in social activities throughout the week; “eating with friends in the dining hall, playing bingo, going to exercise group, and attending church activities” (Sue, Mary, Janet). Of the remaining six, four participants stated limited social interaction by going to eat in the dining hall periodically throughout the week. Two participants reported no involvement in facility activities with responses from Mike stating “I used to go down for activities but not now” and Linda, “I’m not really interested in their games.” However, on the post-intervention survey, Mike stated, “I go to the church services and exercise groups now with my friends.” Linda stated, “I’ve become more active and joined the women’s study club” to the same question on the post-intervention survey and Janet stated, “Anything they have to offer.” Eight out of the nine participants reported on the post-survey participating in additional activities than they did prior to the life review group and reported engaging in previous activities more often throughout the week. For instance, Alice reported, “I go to Walmart now each week with the group on the bus.” Only one participant reported minimal involvement in social activities before and after the life review intervention.

In response to question two, “What is your outlook on life,” on the pre-intervention survey, only four out of nine participants answered the question in a positive way with such responses as “my future outlook is positive and bright” (Sue). On the other hand, three participants responded with a guarded but somewhat optimistic answer including “I hope it changes for the good” (Alice), “I’m optimistic” (Betty), and “Sometimes it’s not good but I guess it’s getting better” (Ann). Two participants responded to the question negatively such as “My outlook on life is not good at the present” stated from Mary. In comparison, on the post-intervention survey, Mary reported, “Life is good.” In fact, 7 out of 9 participants reported

having a more positive outlook on life on the post-intervention survey. Mike said, “I feel better prepared to move on with life itself,” Linda said, “Life is really good and I have more friends now” and Betty said, “Socially, it’s much better in general.”

Question three on the pre-intervention survey, (What activities of daily living, such as bathing, dressing, and toileting, are you currently participating in everyday?) evoked answers such as “I brush my teeth and feed myself daily but need help with just about everything else” (Sue), and “I go to the bathroom by myself every time I need to but that’s about it” (Ann). Only 4 of the 9 participants stated that they engage daily in three activities including grooming, dressing, and self-feeding with responses such as “I need help with everything but I feed myself, brush my teeth, and wash my face every day” (Alice) and “I just don’t have energy to get a bath everyday but I change my clothes” (Mary). However, on the post-survey, all nine participants revealed that they engage in multiple daily self-care activities. Answers included, “I do my own bath with just a little help, and get myself dressed before breakfast” (Alice), “I sponge off, get dressed, and go to the toilet by myself and I am happy I am able to” (Mary), “I don’t wait for staff anymore to get my clothes for me. I get up, go to the bathroom, get dressed, and go down to breakfast” (Mike), and “I get my own cloths and things ready for my bath” (Sue).

Lastly, in response to question four on the pre-intervention survey, “How do you feel about living in a nursing home?”, only two of the nine participants stated they did not mind living in a nursing home. “My kid’s say it’s for my own good” (Alice) and “It’s what’s best for me because I’m not safe to live alone” (Sue). Seven of nine of the participants reported negative feelings regarding living in a nursing home. Pre-intervention, Mike said, “Of course, I don’t like living in a nursing home. I’m used to living by myself” but, on the post-intervention survey stated, “I have learned to slow down, take a look around, and be more aware of the good in this

new place going forward.” Tom said prior to the intervention, “I hate it and I want to go home” and “It’s getting better, I’m happier, and I’m getting what I need” after the life review group intervention. Moreover, on the post-intervention survey, seven of the nine participants reported that life is better, they are happier, and have a more positive attitude regarding living in a nursing home.

## **Discussion**

### **Improving Psychological Well-being**

The life review intervention introduced in this study was found to improve the psychological well-being of older adult nursing home residents. The intervention generated transcripts full of insights into participant’s perceptions of their lives. The participants discussed both good and bad experiences and events that happened throughout their lives that influenced beliefs, principles, and values. As the intervention progressed through the weeks and participants became more comfortable with one another, they spoke more openly about their pasts, their current situations, and their hopes for the future. By the end of the life review intervention, all nine participants were able to engage in the process and were supportive of one another facilitating rich conversations about their lives.

The life review weekly session topics progressed through the lifespan. This protocol allowed themes running throughout the weekly conversations to be identified as the participants discussed the weekly topics. For instance, the topics of childhood and adolescence elicited discussions regarding losses in their lives and the effects of those losses to their childhood and teenage years. Participants talked about differences in dating and clothing from when they grew up to now and offered advice to teenagers of today about lessons they have learned over the years. While sharing stories from their adulthood, there was commonality in strategies for

overcoming fears during situations that the participants encountered during life such as leaning on loved ones and family. Participants discussed how times have changed regarding topics such as family interaction and home life but that it is more important than ever to share the past with future generations.

### **Practice Considerations**

As previously discussed, the notion of health care providers utilizing life review strategies to address the psychological needs of older adults residing in nursing homes is pivotal to the overall health of older adults residing in nursing homes. It is important to consider holistically, the mental health of residents and how not addressing these issues can have an impact on the physical and psychological health of older adults. If psychological needs are not addressed with opportunities for socialization, engagement in meaningful and purposeful activities, and avenues offering psychosocial support, often time's, issues such as social isolation and depression may arise.

Life review interventions fall within the scope of occupational therapy practice since occupational therapists focus on occupations that affect life roles, habits, and routines. Within the context of the nursing home environment, social participation and interaction can play a key role in achieving wellness and may contribute positively to the overall satisfaction with health. Therefore, the use of life review interventions such as the protocol offered in the current study, gives credence to holistic client-centered care and is an occupation-based intervention strategy that facilitates enhanced wellbeing and quality of life.

For the older adult nursing home residents in this study, the life review protocol presented is an effective intervention for improving psychological health and overall well-being. The results from the gathered data show improvement in life satisfaction and quality of life for

all nine participants. Participant feedback provided additional support of the psychosocial benefits of life review as an occupational therapy intervention. The participant's remarks served as key indicators of the participant's thoughts on participation in occupations, outlook on life, and life within a nursing home environment. Participants reported enjoying the sessions and having made friends and new relationships. Several comments during session 6 indicated feelings of acceptance and resolve of past conflicts.

Korte et al., (2011) found that life review for older adults was directly related to coping skills and enhances feelings of mastery and improved life satisfaction. Borg, Hallberg, and Blomqvist (2006) reported life satisfaction as a well-being measure for quality of life relating to social interactions, health, physical environments, and decreased performance of daily tasks. Similar to Borg, in this study, all nine participants had overall increased scores on the LSI-Z indicating a greater life satisfaction. As with the Korte et al. (2011) and Borg et al. (2006) findings, this study added to the existing evidence that supports the use of life review for improving life satisfaction among older adults.

The results of this study are consistent with literature regarding quality of life and life review. In comparing quality of life perception, the results indicated that 8 out of 9 participants reported increased social participation, 7 out of nine participants reported a positive outlook on life, 6 out of 9 participants reported increased independence with ADL's, and 7 out of 9 participants reported a more positive perception of living in a nursing home environment post intervention. The results are similar to the findings by Swann (2009), who found that by offering the opportunity to engage in life review activities; older adults are provided a means for purposeful occupation yielding a sense of security in unfamiliar surroundings. The current study

findings could indicate that Mary and Tom may not have had time to adjust to the social and environmental changes of the new environment.

The improvements found in quality of life coincide with the results reported by Chippendale and Bear-Lehman (2012). They found that by utilizing life review strategies, occupational therapists could provide intellectual stimulation and meet a need for leisure participation, directly linking health and quality of life. In the current study, the life review intervention allowed participants to talk about their past with their peers to add clarity to memories and life events, helped them to bring meaning to their current situation, and gave them the opportunity to face guilt and regrets to emerge feeling good about themselves and the future.

### **Limitations**

The main limitation of this evidence-based occupational therapy study was the six-week intervention. Since Bohlmeijer et al., (2007) suggested that older adult's habits and routines take longer to influence a longer-term intervention might be better suited. Due to the short duration of this intervention, it unknown whether participants will be able to sustain positive outcomes over time. However, even though the intervention was over a short period, positive results were noted.

Another limitation was the small number of participants. The population of the facility in which this study took place had 109 residents at the time of implementation of the Life Review intervention. There were nine participants included in this study. A larger sample might be more representative of the general population at the facility regarding the positive effects of a life review program on quality of life.

### **Implications for Occupational Therapy Practice**



This study adds to the literature supporting life review as an effective intervention for improving psychosocial issues by helping older adults create positive outlooks to enhance overall life satisfaction (Chiang et al., 2008). By utilizing life review intervention, occupational therapists can provide emotional relief while helping older adults resolve issues and struggles to help bolster quality of life and psychosocial health (Butler, 2009). Since occupational therapists provide services to older adults who live in a nursing home setting, including opportunities for socialization and avenues to reminiscence about the past can provide psychosocial avenues promoting occupation and adaptation to the environment.

### **Future Research**

Areas of research that would strengthen the use of life review with older adults include investigating the long-term effects that participating in the group process has on social and ADL participation. Studies that investigate how life review affects perceived outlook on life and the environment of a nursing home has on perceived quality of life is warranted. Additionally, portions of the occupation-based cultural heritage intervention (OBCHI) developed by Hersch and colleagues (2012) could be used to identify areas of occupation that are lacking due to maladaptation by older adults within the nursing home environment.

As the field of occupational therapy continues to expand its knowledge base, it is imperative that occupational therapy practitioners utilize life review strategies within treatment sessions to support best practices with the older adult population. Since in a nursing home setting, older adults need to feel included in life and remain socially active within the environment for overall health and well-being, those who are able to remain engaged in social

activities will be more able to achieve a positive self-image, social integration, and life satisfaction (McKee, 2005).

### **Conclusion**

This study revealed important information regarding older adults need for social participation, resolution to past experiences, and finding meaning in their present situations. The life review protocol described in this study resulted in an improvement in quality of life and life satisfaction for the older adult nursing home participants. Post data analysis suggest that life review is an effective psychosocial intervention that can improve engagement in Activities of Daily Living, social participation, outlook on life, and enhance perceptions of living in a nursing home. Life review can be implemented by occupational therapists to enhance the overall health and wellbeing of older adults residing in a nursing home.

### References

- American Occupational Therapy Association, (2014). Occupational therapy practice framework: Domain and process (3rd ed.) *American Journal of Occupational Therapy*, 68(Suppl. 1), S1-S48. doi: 10.5014/ajot.2014.682006
- Bohlmeijer, E., Roemer, M., Cuijpers, P., & Smit, F. (2007). The effects of reminiscence on psychological well-being in older adults: A meta-analysis. *Aging & Mental Health*, 11(3), 291-300.
- Bohlmeijer, E., Smit, F., & Cuijpers, P. (2003). Effects of reminiscence and life review on late-life depression: A meta-analysis. *International Journal of Geriatric Psychiatry*, 18, 1088-1094. doi: 10.1002/gps.1018
- Borg, C., Hallberg, IR., & Bloomqvist, K. (2006). Life satisfaction among older people (65+) with reduced self-care capacity: The relationship to social, health and financial aspects. *Journal of Clinical Nursing*, 15(5) 607-618.
- Butler, F. (2009). Telling life stories. *Journal of Psychosocial Nursing*, 47(11) 21-25.

- Cappeliez, P., & Robitaille, A. (2010). Coping mediates the relationships between reminiscence and psychological well-being among older adults. *Aging & Mental Health*, 14(7) 807-818.
- Chiang, K., Lu, R., Chu, H., Chang, Y., & Chou, K. (2008). Evaluation of the effect of a life review group program on self-esteem and life satisfaction in the elderly. *International Journal of Geriatric Psychiatry*, 23, 7-10. doi: 10.1002/gps.1824
- Chippendale, T., & Bear-Lehman, J. (2012). Effect of life review writing on depressive symptoms in older adults: A randomized controlled trial. *The American Journal of Occupational Therapy*, 66, 438–446. doi.org/10.5014/ajot.2012.004291
- Coleman, P. (2005). Uses of Reminiscence: Functions and Benefits. *Aging and Mental Health*, 9(4), 291-294.
- Duellman, M., Barris, R., & Kielhofner. (1986). Organized Activity and the Adaptive Status of Nursing Home Residents. *The American Journal of Occupational Therapy*, 40(9), 618-622.
- Folstein, M., Folstein, S., & McHugh, P. (1975). Mini-mental status: A practical method for grading the cognitive state of patients for the clinician. *Journal of Psychiatric Research*. 12(3)189–198. doi:10.1016/0022-3956(75)90026-6.
- Frank, G. (1996). Life Histories in Occupational Therapy Clinical Practice. *The American Journal of Occupational Therapy*, 50(4), 251-264.
- Haber, D. (2006). Life review: Implementation, theory, research, and therapy. *International Journal of Aging and Human Development*, 63(2) 153-171.
- Haight, B.K., & Haight, B.S. (2007). *The handbook of structured life review*. Baltimore, MD: Health Professions Press.

- Hermanns, M., Mastel-Smith, B., Lilly, M., Deardorff, K., & Price, C. (2009). Teaching theoretically based interventions: Use of life review. *International Journal for Human Caring, 13*(4) 44-49.
- Hersch, G., Hutchinson, S., Davidson, H., Wilson, C., Maharaj, T., & Watson, K. B. (2012). Effect of an occupation-based cultural heritage intervention in long-term geriatric care: A two-group control study. *American Journal of Occupational Therapy, 66*, 224-232.  
doi: 10.5014/ajot.2012.002394
- Jones, C., Lyons, C., & Cunningham, C. (2003). Life Review Following Critical Illness in Young Men. *British Association of Critical Care Nurses, Nursing in Critical Care, 8*(6), 256-263.
- Khachiyants, N., & Kim, K. (2012). Mini-Mental status examination mapping to the corresponding brain areas in dementia. *Applied Technologies and Innovations, 7*(2) 55-58.
- Korte, J., Bohlmeijer, E., Westerhof, G., & Pot, A. (2011). Reminiscence and adaptation to critical life events in older adults with mild to moderate depressive symptoms. *Aging & Mental Health, 15*(5), 638-646.
- McKee, K., Wilson, F., Chung, M., Hinchliff, S., Goudie, F., Elford, H., & Mitchell, C. (2005). Reminiscence, regrets and activity in older people in residential care: Associations with psychological health. *British Journal of Clinical Psychology, 44*, 543-561.  
doi: 10.1348/014466505X35290
- Portney, L., & Watkins, M. (2000). *Foundations of Clinical Research: Applications to Practice*. Upper Saddle River, New Jersey: Prentice-Hall.

- Puentes, W. (2001). Coping styles, stress levels, and the occurrence of spontaneous simple reminiscence in older adult nursing home residents. *Mental Health Nursing, 22*, 51-61.
- Scott, K., & DeBrew, J. (2009). Helping older adults find meaning and purpose through storytelling. *Journal of Gerontological Nursing, 35*(12) 38-43.
- Stinson, C. (2009). Structured group reminiscence: An intervention for older adults. *The Journal of Continuing Education in Nursing, 20*(11) 521-528. doi: 10.3928/00220124-20091023-10
- Swann, J. (2009). Life-skill stations: Tools for reminiscence and activity. *Nursing & Residential Care, 11*(2) 96-98.
- Thompson, R. (2011). Using Life Story Work to Enhance Care. *Nursing Older People, 23*(8), 16-21.
- Wang, J. (2004). The comparative effectiveness among institutionalized and non-institutionalized elderly people in Taiwan of reminiscence therapy as a psychological measure. *Journal of Nursing Research, 12*(3) 237-244.
- Watt, L., & Cappeliez, P. (2000). Integrative and instrumental reminiscence therapies for depression in older adults: Intervention strategies and treatment effectiveness. *Aging & Mental Health, 4*(2) 166-177.
- Wood, V., Wylie, M., & Sheafor, B. (1969). An analysis of a short self-report measure of life satisfaction: Correlation with rater judgments. *Journal of Gerontology, 24*(4), 465-469.
- World Health Organization. (2013, September). Re: Mental health and older adults [Online fact sheet]. Retrieved from <http://www.who.int/mediacentre/factsheets/fs381/en/>

Xiao, H., Kwong, E., Pang, S., & Mok, E. (2011). Perceptions of a Life Review Programme Among Chinese Patients With Advanced Cancer. *Journal of Clinical Nursing, 21*, 564-572. doi: 10.1111/j.1365-2702.2011.03842.x

Table 1

*Participant Demographics for the Final Sample (n = 9)*

Participant	Age	Gender	Ethnicity	Length of Stay
1 = Janet	65	Female	Caucasian	1 year
2 = Alice	68	Female	Caucasian	3 years
3 = Sue	67	Female	Caucasian	2 years
4 = Mary	72	Female	Caucasian	2 months
5 = Ann	71	Female	Hispanic	1 year
6 = Mike	76	Male	Caucasian	4 years
7 = Linda	82	Female	Caucasian	8 years
8 = Tom	80	Tom	Caucasian	6 months
9 = Betty	75	Female	Caucasian	7 years

*Note.* Two participants dropped out due to Mini-Mental inclusion criteria and discharge prior to end of intervention period.



Table 2

*Life Review Session's Protocol*

Session	Topic	Memory Prompt	Question
1	Childhood	Picture of antique tricycle and red rider wagon	“What was life like for you as a child?” (Hermanns et al., 2009, p. 46). What is the first thing you can remember in your life? Go back as far as you can (Butler, 2009, p. 23)
2	Adolescence	Picture of an antique toy milk truck	“When you think about yourself and your life as a teenager, what is the first thing you can remember about that time?” (Butler, 2009, p. 23). “What people were important to you as a teenager? Tell us about them?” (Hermanns et al., 2009, p. 46)
3	Family and home	Old picture of a family	“What was the atmosphere like in your home? Who were you closest to in your family?” (Butler, 2009, p. 23). “How did your parents get along?” (Hermanns et al., 2009, p. 46)
4	Adulthood	Pictures of popular actors from the 1930s, 1940s, and 1950s	“What was life like for you in your 20’s and 30’s?” (Hermanns et al., 2009, p. 46). “What kind of person were you?” (Butler, 2009, p. 23)
5	Remembering the past through song	Lyrics to the song “You Are My Sunshine”	“Is there a song that has special meaning to you? Can you share with us why it is so special?” (Stinson, 2009, p. 524)
6	Summary of life	Display of all the prompts	“As a whole, what kind of life do you think you have had?” (Hermanns et al., 2009, p. 46). “What are your greatest achievements?” “Do you have any other words of wisdom you would like to pass on?” (Butler, 2009, p. 23)

Dealing With Loss	Lessons Learned	Overcoming Fears	Changing Times
<ul style="list-style-type: none"> <li>•“My parents divorced when I was very young and it affected me my whole life.”</li> <li>•“As you get older, you don’t think about what you’ve gained, you think about what you’ve lost.”</li> <li>•“I lost my brother to Polio.”</li> </ul>	<ul style="list-style-type: none"> <li>•“The lessons I’ve learned have made me stronger today.”</li> <li>•“I have learned that people are way more important than things.”</li> <li>•“My bicycle was more important than a Cadillac because it was my ticket to freedom.”</li> </ul>	<ul style="list-style-type: none"> <li>•“I was scared that something would happen to my mother but you learn to overcome your fears as you go along in life.”</li> <li>•“When my husband went off to war, I was fearful I would never see him again.”</li> <li>•“I have had fears throughout my life, but now I deal with fears of uncertainty in my later years.”</li> </ul>	<ul style="list-style-type: none"> <li>•“We used to go to the drive-in movie theaters and soda shops to have fun.”</li> <li>•“I remember a time when smoking was cool.”</li> <li>•“We all ate at the table together for every meal.” They don’t do that now.”</li> </ul>

Figure 1. Themes with Participant Statements

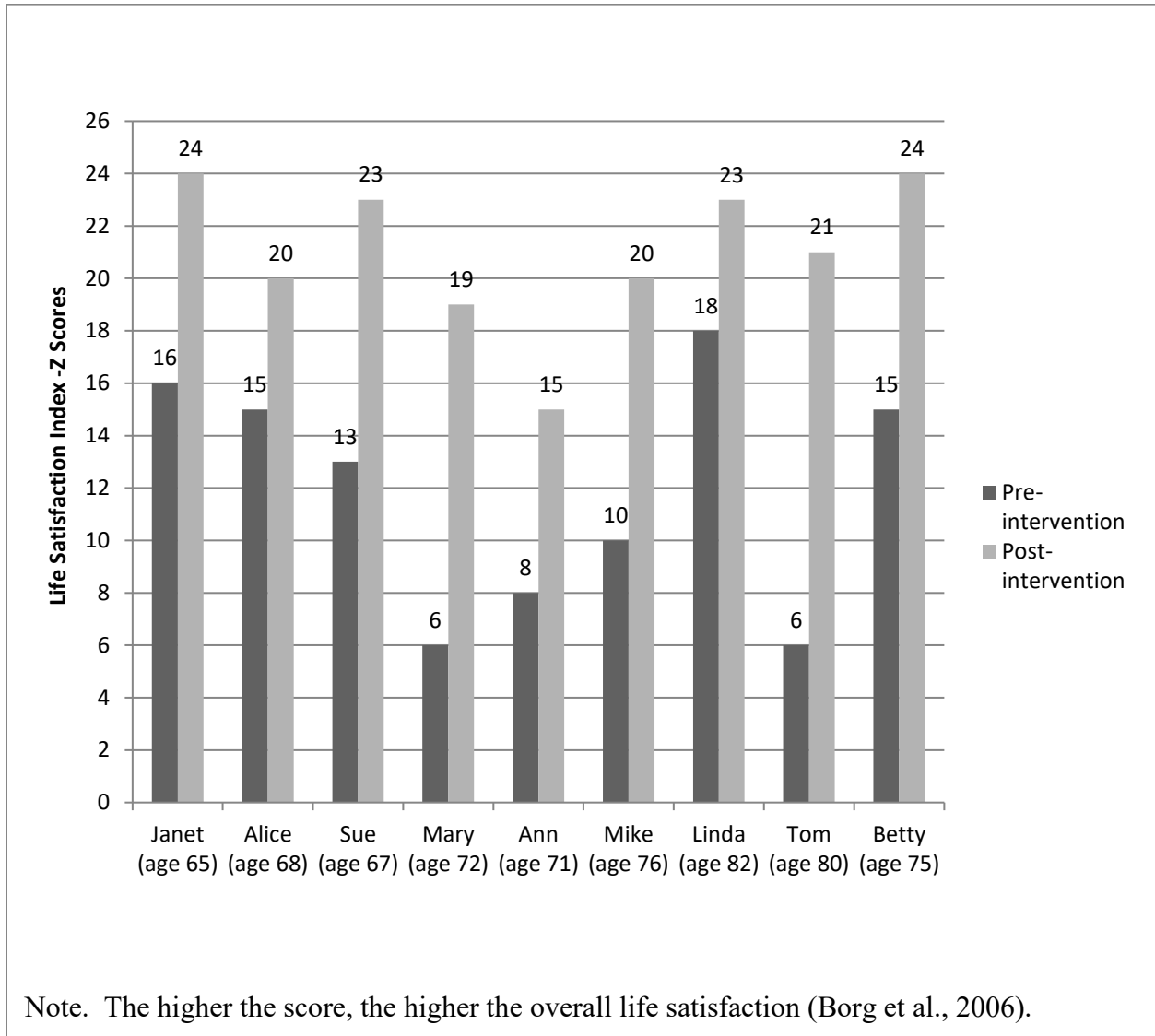


Figure 2. Pre/Post-intervention LSI-Z Score Results

