Reminiscence work with older people: the development of a historical reminiscence tool

Sigrun Huld Thorgrimsdottir RN, MS
Clinical Specialist, Department of Mental Health Gerontological Nursing, National University Hospital of Iceland, Reykjavik, Iceland

Kristin Bjornsdottir RN, EdD
Professor, Faculty of Nursing, University of Iceland, Reykjavik, Iceland

Submitted for publication: 7 December 2013
Accepted for publication: 7 March 2015

Aims and objectives. (i) To explore how reminiscence workers in older people’s care define their work and (ii) to describe the development of a historical reminiscence tool containing historical developments from the older person’s passage through life, intended to support reminiscence work.

Background. Reminiscence work refers to the recall of past occurrences in a client’s life with the intention of enhancing well-being, social skills and self-image.

Design. The design of the historical reminiscence tool was informed by the model of intervention design developed by van Meijel et al. starting with problem definition followed by the accumulation of building blocks for the intervention, the design of the intervention and, lastly, a validation of the intervention.

Method. Two studies were designed to develop the historical reminiscence tool. Study 1 was a focus group interview, conducted in 2008, aimed at generating knowledge about current practice and to develop the historical reminiscence tool. Eighteen women who identified themselves as reminiscence workers participated in three focus groups. Study 2 was a telephone survey, conducted in 2012 by the first author, serving the purpose of validation. The results provided information about the use of such a historical reminiscence tool.

Results. Participants understood reminiscence work primarily as meaningful activity, working with personal experience and honouring the individual’s memories and life story. The historical reminiscence tool containing information about important historical events and everyday life in the period 1925–1955 was welcomed by the participants. They provided numerous suggestions for improvement of the draft.

Conclusion. Reminiscence work in Iceland is of the social or meaningful activity type rather than a therapy. A historical reminiscence tool containing pertinent historical information was considered helpful in strengthening reminiscence workers’ knowledge of the social and historical background of their clients and person-centred care.

Implication for practice. Reminiscence tools, such as books or electronic sources containing historical information pertaining to aging individuals, can enhance the care of older people.
What does this research add to existing knowledge in gerontology?

- The use of reminiscence in the care of older persons in general and people diagnosed with dementia in particular has been advocated in the literature, but descriptions of the interventions used are lacking.
- Three main categories of reminiscence work have been proposed: simple or social reminiscence, life review and life review therapy.

What are the implications of this new knowledge for nursing care with older people?

- Reminiscence workers in older people’s care describe the aim of their work primarily as simple or social reminiscence.
- A historical reminiscence tool containing historical and ethnological information pertinent to the period when older persons were growing up and throughout their adult life is considered helpful by reminiscence workers.

How could the findings be used to influence policy or practice or research or education?

- Social reminiscence in older people’s care setting should be used to strengthen self-image, improve social relations and bring joy into daily existence.
- It is important to educate and train workers in older people’s care to use this method in their daily care work.
- A historical reminiscence tool, such as the one described in this paper, is useful, but needs to be updated regularly.
- More research into the benefits of social reminiscence’s on older adult’s well-being is needed.

Introduction

In this paper, we will describe the development of a historical reminiscence tool intended to facilitate reminiscence work in the care of older persons in Iceland. Definitions of reminiscence work vary somewhat, from emphasising the process of recalling the remote past (Burnside & Haight, 1994) and of thinking or telling someone about past experiences that are personally significant (Pincus & Forsmeier, 2012) to valuing people’s reminiscences through social and creative activities (Arigho, 2006). We understand reminiscence work as an intervention to help older persons recall life events and situations in order to further their well-being.

The historical reminiscence tool developed in this study is a book containing historical information and stories of daily life from the period when older people in Iceland were growing up and of their early adult life. The book is seen as an important source both for staff conducting formal reminiscence work and for those providing daily care in institutional settings and in home care. Although the content of the book is pertinent to the situation in Iceland, we believe that the process of designing this intervention and the understanding of reminiscence work developed in this study will be of interest to nurses in other countries and aid them in facilitating such work. Insights into the historical and social background of the older person will aid professionals in providing meaningful care by honouring their clients’ memories and life stories and by fostering an environment in which older persons’ voices are heard in daily care.

The project was influenced by the current emphasis on person-centredness in health and social care. The first author has extensive experience in older people’s care. She has used reminiscence work in her practice and has found it to be a helpful way of promoting person-centredness. Having knowledge of her clients’ background, that is the historical situation at the time of their growing up and during their adult life, has been foundational for her reminiscence work. At the same time, she noticed that many of her co-workers lacked such knowledge and became interested in making it accessible to them. Such a project has received increased urgency in recent years as the workforce in older people’s care has been changing, from consisting largely of housewives to include young people and newly arrived immigrants. Consequently, many of the current workers have less knowledge and understanding of the background and life course of their clients – a situation calling for the intervention described here.

The aim of reminiscence work, as approached in this project, is primarily to enhance well-being among older persons in their daily life, rather than to ‘treat’ particular
health issues such as depression, low self-esteem, low sense of mastery, to name a few common purposes of such work. We believe that reminiscence work has both recreational value for the older person and existential and emotional value both for them and the carer. Such work can strengthen social relations, enhance individual self-esteem and create bonds of a personal nature between them. In the following section, we provide an overview of the development of reminiscence work and of studies on the impact of such work. We then describe the development of the intervention to which we refer to as a historical reminiscence tool.

Background

In 1963, Robert Butler, an American psychiatrist, published an article on the possible positive psychological effects of reminiscence work with older adults (Butler, 1963). Butler’s article brought reminiscence to the fore as an intervention to further older adults’ psychological well-being. Reminiscence intervention with these ends in mind was then developed in the 1970s, particularly in the United States and Britain. At this time, such work was nearly always defined as a therapy or treatment, often with clearly stated outcome goals (Burnside & Haight, 1992, 1994; Jonsdottir et al., 2001). In Britain, the focus of reminiscence work gradually moved from stressing its therapeutic value towards being described as a meaningful activity in which professionals and older persons worked together to enhance general well-being (Bender et al., 1999; Age-Exchange website, 2013). Reminiscence and life story approaches have also been used to enhance person-centred care such as in the Danish project ‘Tid til fortid’ (‘Time for the past’). This project was conducted in a nursing home in the working-class Nørrebro area in Copenhagen and led to considerable changes in daily life in terms of activity, homelike surroundings, quality of life and work satisfaction (Kjer & Swane, 2003).

Theoretical underpinnings for reminiscence work have mainly drawn on Erik Erikson’s theory of developmental stages and Butler’s theory of old age as characterised by a more or less spontaneous life review, influenced by the knowledge of approaching death (Butler, 1963). Butler differentiated life review from ordinary reminiscence in that the former contained an evaluation of the life lived, a working out of conflicts and preparation for death. Butler saw life review as consistent with Erikson’s theory in that it could lead to either integration and acceptance of the life lived, or to despair and rejection of life or aspects of it. Later research has found that life review is not reserved for the last years of life, but engaged in by some individuals throughout the lifespan, while other individuals apparently never review their life (Westerhof et al., 2010).

In the Netherlands, an approach identified as ‘integrative reminiscence’ has become widespread. It aims at helping older adults to find meaning in life and to come to terms with the life lived in the face of approaching death (Bohlmeijer et al., 2009; Willemse et al., 2009). One of the goals is to help participants use more positive types of reminiscence, as depressed individuals tend to ruminate over losses and defeats in their life.

In a recent review, Westerhof et al. (2010) identified three categories of reminiscence work: (i) simple (or social) reminiscence, (ii) life review or (iii) life review therapy. The first category is characterised by sharing memories, often predominantly happy ones, from childhood, youth and early adult years. The purpose can be therapeutic or meaningful activity for clients. Simple reminiscence (the focus of this study) is mostly conducted in groups, but also on individual basis. Life review as an intervention is characterised by more structured interviews, and it is limited in time and contains more evaluation of the life lived. It is used as a therapy only. Life review therapy contains elements from other methods, frequently cognitive behavioural therapy. The therapy is used with individuals with serious mental health problems and aims to modify reminiscence content, trying to encourage more positive reminiscence instead of negative.

The impact of reminiscence work has been explored in many studies, systematic reviews and meta-analyses. A recent meta-analysis of 128 studies explores the effects of reminiscence therapy on several variables (Pinquart & Forsmeier, 2012). The largest effects were on depression in participants with depressive symptoms or chronic physical disease – both conditions common in frail older adults. Life review therapy proved more effective than the other two types of intervention.

Person-centred care

In the last decades, increased emphasis has been placed on maintaining the older persons’ dignity and respecting their views in their care. We draw on Kitwood (1997), who argued that the biomedical model tends to ignore or minimise social, psychological and biographical aspects of living with dementia. Although Kitwood focused on people with dementia, we believe that his ideas are relevant to frail older persons in general. The concept of personhood is an important mainstay of Kitwood’s theory, defined by him as ‘a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being’ (p. 8). This means that the social environment is important in conserving and indeed strengthening personhood.
Reminiscence work is one of the interventions that Kitwood recommended and considered useful. Reminiscence work is especially important for nursing if it is part of an overall way of caring – that is, in person-centred care, or in care that integrates what has been termed here ‘life story approach’ (Kitwood, 1997; Kjer & Swane, 2003). In light of the positive impact of reminiscence work, we believe that such work should be integrated in daily care of older people (Bornat & Chamberlayne, 1999).

The study

Aims

The aims of this study were (i) to describe how workers who identify themselves as reminiscence workers in older people’s care define their work and (ii) to describe the development of an intervention in the form of a historical reminiscence tool intended to support reminiscence work in older people’s care.

Design

In designing the historical reminiscence tool, we followed the Utrecht Model of Developing Interventions developed by van Meijel et al. (2004, 2006), which starts with the definition of the problem followed by an accumulation of building blocks for the tool, the actual design of the intervention and a validation of its usefulness. As other authors who have applied this model for intervention development have noted, its strength lies in the emphasis placed on close collaboration with those for whom the intervention is intended (Cooney et al., 2012; Van Hecke et al., 2011). Two studies were conducted to enhance the development of the tool. A focus group study was conducted among reminiscence workers to gain knowledge of current practice in reminiscence work among older persons and for input from them in the development of the tool. Later a telephone survey among all nursing homes, assisted living homes and day care centres in Iceland was conducted to validate the usefulness of the tool in the care of older persons.

We now turn to describing the process of developing the historical reminiscence tool.

Phase 1: Problem definition

The problem that the historical reminiscence tool is intended to address was identified in the introduction above, namely lack of historical knowledge among care workers and workforce changes. The articulation of the problem developed from the first author’s extensive knowledge of older people’s care, reminiscence work and theoretical development such as Kitwood’s theory of person-centred care.

Phase 2: Building blocks for intervention design

We have already provided an overview of reminiscence work above (in the Background), but in this section, we will briefly introduce work that was developed along the same lines as the intervention described here. A review of existing interventions and their evidence base is of key importance in the Utrecht Model. We will then turn to the needs analysis and an analysis of current practice.

Although a search using the keywords ‘reminiscence therapy’, ‘historical knowledge’ and ‘staff training’ yielded no results, it does not mean that researchers are unaware of historical aspects; historical interest is evident in many papers. Much of the British and Scandinavian reminiscence work focuses on knowledge about historical background and the daily life of older adults (Osborn, 1993; Dahl, 1999; Bornat, 2002; Savill, 2002). Irene Burnside (1995), an influential promotor of reminiscence in older people’s care, advises the use of a ‘timeline’ in reminiscence work – that is a line dotted with important historical events during the client’s lifetime. Based on this information, the worker is able to connect the person’s life story with these events. The ‘Recall’ project in Britain contained information on life in London East End from the early and middle twentieth century. It was used in reminiscence groups as a reminiscence trigger and as a means to bring focus to discussions (Bornat, 1998; Bender et al., 1999). Although the main purpose of the tool described in this study was to educate reminiscence workers about their clients’ past, it was also seen as useful in reading aloud in groups of older persons and then discussing the content in. Interestingly, Recall was used all over Britain, even if it focused on a special social and cultural group, the ‘East Enders’.

Needs analysis

Since the end of the Second World War, care of older persons in Iceland has changed from being mostly a family affair to being predominantly located in institutions and provided by strangers. Another important change is that of work force composition from being predominantly middle-aged housewives to younger people and newly arrived foreign nationals. Since 1990, immigration has been increasing rapidly, with immigrants coming most frequently from East European countries, but also from Thailand and the Philippines (Statistics Iceland 2012). Many immigrant women work in older people’s care, and the period just prior to our research (2004–2008) was marked by a rapid increase of staff of
foreign origin, with some even speaking almost no Icelandic. Concurrently, we discerned that young Icelanders had less knowledge about their country, its history, geography and folklore than the older generation. These changes led the authors to believe that care staff lacked knowledge of their clients’ background. We also hypothesised that the older adults feel the need for personalised care and for contact with persons that understand their life experiences.

**Current practice analysis**

**Study 1 – focus group study.** The focus groups were used to enhance knowledge of current practice in reminiscence work in Iceland and to aid in the development of the historical reminiscence tool. In what follows, we describe the approach used in conducting the focus groups and the findings. We will present the findings that relate to reminiscence work as it is conducted in Iceland in this section, but findings that relate to the development of the historical reminiscence tool will be presented later.

**Sample –** The participants in the focus groups were health and social care workers, all of whom were working in older people’s care and using reminiscence in their work. We contacted staff at all larger care institutions in the capital area and asked them whether they were conducting reminiscence work. We were provided with contact information for the reminiscence workers, whom we consequently contacted and asked to participate. Of the 25 workers contacted, 18 women participated in the three focus groups that were formed. At the time, reminiscence work in Iceland was mostly confined to the capital area. This meant that those 18 women constituted a very large proportion of Icelandic reminiscence workers at the time, and many of them were pioneers in the field and had taught the others. Those who did not participate did that mostly because of practical reasons. There was no obvious difference between them and the participants. The participants were nurses, occupational therapists, social workers, nurse aides and deacons, all working in older people’s nursing or care. They identified themselves as reminiscence workers because they used reminiscence in their work with older people. Some of them used this as a part of their work role, while others were using it on their own initiative.

**Data collection and analysis –** The focus groups were held in a seminar room at the University of Iceland. The second author conducted the groups, following a list of questions, while participants were also asked to describe their practice and relate the content of the historical reminiscence tool to their practice in reminiscence work. The questions followed were firstly about the historical reminiscence tool. All participants had received a draft of the tool. They were asked whether they thought the tool was useful in reminiscence work and whether they would like some changes as to choice of subjects, length of the manuscript and so on. They were also asked, in the context of the purpose of their reminiscence work, the use and importance of factual truth in reminiscence work and empowerment issues as who ‘owns’ and controls the reminiscence content.

Each meeting was tape-recorded and transcribed verbatim. The analysis of the transcripts from the focus groups was based on Kvale’s (1996) guidelines for analysing qualitative interviews. The text was first broken into ‘natural meaning units’ and then read and reread to find central themes. Both authors participated in the analysis. The first author developed the initial themes that were then refined in conversations between the authors.

**Ethical considerations –** Ethical approval for this study was sought from the Bio-ethics Committee in Iceland, but such an approval was not considered necessary (FS – 07-009). Throughout the research process, emphasis was placed on protecting confidentiality. Names or other identifications of participants in the focus groups and their clients and workplaces were removed.

**Findings –** The findings from the focus groups revealed that formal reminiscence work among older persons in Iceland was almost exclusively of the simple reminiscence type. None of the participants had used reminiscence for a therapeutic purpose. This made sense because most of the participants had learnt about reminiscence in Britain or Denmark, where this type is most common. We will now present the four main themes concerning current practice that emerged from the analysis.

**Experiencing a common background –** All participants described how their reminiscence work focused on the common background of the older persons that they work with. Reminiscing about ‘how it was in the old days’ created, as they explained, joy and strengthened self-image. One participant put it this way:

I remember this old guy . . . he was very confused, but in the past he had been the owner of a . . . well, it was a very chic and popular store and many of the women could remember that . . . for a while he was like a king there.

The participants believed that the information provided in the historical reminiscence tool would be helpful in
reminiscence work and some of them stated that it had already done so as this quotes reflects:

I did not know much about fishing and life at sea ... it is not good when you have to ask all the time, was it like this, was it like that, it hinders good conversation flow.

A number of participants mentioned that reminiscence work was often conducted apart from general care which meant that care staff did not benefit from the insights gained into their client’s background and life course during group work.

Exploring happy and difficult memories – Participants thought that reminiscence work should focus mainly on enjoyable memories rather than on losses or disasters. They all said that in their experience people tended to reminisce mostly about positive experiences in spite of the older generation having experienced much hardship and poverty. The participants tried to focus on such memories when leading the groups, but sometimes people would recollect sad events, even if the theme was positive, like Christmas. Memories carrying a social label of some sort did not surface in ordinary reminiscence groups:

I don’t think that someone who had had relations with the foreign soldiers during the occupational years [a highly stigmatized activity in Iceland] would open up about this. I think that this is just a closed book for that person.

Participants stated that the important thing was to enjoy the reminiscence group, with one participant stating explicitly that ‘we are not doing therapy here’. These caveats notwithstanding, the participants concluded that some information about the difficult events and aspects of the clients’ lives had to be forthcoming as well, because as one participant explained:

People must realise that life then was very hard, it was not very easy as it maybe is more so nowadays.

Furthering social relations – Participants said that when reminiscence is part of care work, people start talking together, a phenomenon that is not very common in care environments. Older persons in the reminiscence groups would discover that they had attended the same school, if not been in the same class, or that they had been neighbours for a time. Such chance meetings are of course more common in small societies like Iceland.

Participants also said that they liked to get to know their clients better through reminiscence work and that they valued the new information that they received through such work. They deliberated that this information material would serve as an effective tool in encouraging conversations about old times between care staff and clients.

Respecting personal memories – Participants had not given the issue of respecting personal memories much thought. They had considered it obvious that personal memories carried an intrinsic ‘truth’ and that no other person than the owner of such memories could doubt or edit them in any way:

I just think that the person is telling the right thing.

The persons concerned remember the situation or event in a way particular to them, and they should be free to do so. This could lead to arguments among the group members and sometimes to an informative project and further activity outside the group meeting:

... and maybe the day after, one overhears them saying that they have remembered something new, and then telling a story about whatever it was to each other.

When asked about confidentiality, participants stated unanimously that they had not given this point much thought.

Phase 3: Intervention design

The actual design of the tool commenced when the first author wrote a first draft of the information material, which in due course was presented in the focus groups for critical comments. The content was based on annals from the twentieth century and an ethnologist who was working at the National Museum of Iceland provided consultation. Information was limited to the period 1925–1955, corresponding to the childhood and young adult years in older adult’s lives. This chronological delimitation was appropriate at the time of research, but it was also understood that the material would need to be regularly updated. Besides an annal of the period, the text dealt with specific subjects, such as Life at sea, School life, Entertainments, Food and drink; specific memorable situations/events, such as The Occupation years, The Althing anniversary festival (1930, a 1000 years anniversary of the Icelandic Althing) and so on. At the end of each chapter were some ideas on how to use that information in a reminiscence group.

The participants in the focus groups were asked to read or browse through the material before the focus group meetings in order to decide whether this was something that they could use, whether they liked the design of the draft and whether
they thought that the information provided was appropriate. They responded very favourably to the content which they considered very helpful in reminiscence work. They even indicated that they would like it to contain more information – some more ‘meat on the bones’, as one of them put it. In light of this feedback, the first author then augmented the information in the draft using a broader field of documentation that contained a rich selection of quotations from both fictional and non-fictional literature, popular songs and not least personal reminiscences and biographies, which are very common in Iceland. As mentioned above, the participants were concerned that the material should not dwell on the darker side of daily life or on negative historical events. They criticised some parts of the information for focusing too much on these aspects. As a result, the first author deleted a chapter with the working title ‘Traumatic and criminal events of the period’ that contained tales of natural catastrophes, serious accidents and criminal acts such as murder, arson, rape and major robberies. It should, however, be noted that reminiscence workers will meet with traumatic or negative memories. People will bring them up, and should have access to professional help if the situation seems to call for that. We will now describe the main theme, bridging the generational and cultural gap.

**Bridging the generational and cultural gap**

Participants were aware of how much Icelandic society had changed from the time when old Icelanders were children and young adults, and said that it was very useful to have easy access to information about this period. One young participant said that:

… reading this was like getting the best pieces from the chocolate box … of course I am a good deal younger than many working with reminiscence, so the period is, for me, far away in time.

Another middle-aged participant said that:

… even if I am getting on a bit, I don’t remember for instance the occupation years [during World War II].

Some participants did not think that young care staff would benefit from the information material as one of them put it:

They don’t want to listen to this, this ‘hard days talk’ as they call it, when we are talking about the old times with no fruit in the shops except apples and oranges at Christmas … this is so remote from all they know and they really don’t want to know.

On the other hand, the participants thought that the material could be valuable as information for immigrant care workers and even proposed that it could be used in connection with their acquisition of the Icelandic language.

**Intervention validation**

**Study 2**

A telephone survey was designed to validate the use of the historical reminiscence tool and to evaluate its perceived usefulness. The first author conducted this in early 2012.

The staff at all Icelandic nursing homes, assisted living homes and day care centres were contacted, 88 homes/centres in all, 24 of which were in the Reykjavik area. In each instance, information was given either by head nurses or directors or by persons who were directly responsible for organising activities and diversional work with the clients. The latter persons tended to be occupational therapists in the Reykjavik area, but in rural areas they often had no special training. The survey was conducted as an open-ended conversation guided by two questions: (i) Were the carers conducting reminiscence work of any sort and (ii) did they know about the historical reminiscence tool and/or were they using it in their work with clients, either directly in reminiscence work or in some other way?

Of 88 centres, 43 were engaging in reminiscence work, either at the time or at an earlier time and planned to use it in the near future. The historical reminiscence tool was being used in various ways in 27 centres, either to gain information before reminiscence group meetings or in choosing topics or reminiscence props for the meetings. Some participants mentioned that the historical reminiscence tool was getting a little dated, as not many Icelanders alive in 2012 were born before 1920 and those born before 1925 were rapidly becoming few and far between. The remaining 45 centres reported that reminiscence work was not included in their care programme, although many of them knew about reminiscence, were interested in using it and even had plans do so in the near future.

The reasons given for not doing reminiscence work were many. Lack of time was a common reason, but also reasons that reflected misconceptions of the nature of reminiscence work and for whom it is intended. Examples of these misconceptions included the notion that in order to conduct reminiscence work, the carer had to have access to a special room or that the work was solely for people with dementia. According to the findings of the telephone interviews, some 25 homes/centres did not show any interest in reminiscence work. The reasons were not always given, but in some cases reminiscence work was not considered to fit with clients’ needs and preferences.
Validity

Iceland is a small society. It means that people are bound to form acquaintances, and such relations can affect validity in several ways. Many of the participants in the focus groups knew each other personally, which may have influenced their input – for example if they disagreed with each other but hesitated to do so openly. The majority of the participants also knew the first author personally and might therefore have hesitated to criticise her work, not least because she was present in the groups. The same limitations apply to the telephone survey, which the first author carried out. There is no doubt that some of the respondents knew her and that she was the author of the book in question. In order not to provoke feelings of guilt (e.g. over not having heard of the book), special care was taken to formulate the survey questions as neutrally as possible.

Discussion

At the time of study, reminiscence work in Iceland was of the activity type, focusing on social bonding and enjoyable memories of past times. Reminiscence workers saw this work as enhancing social bonds and communication among the older persons they work with and strengthening their sense of self and pride. They did not consider the work as therapy, nor did they see themselves in the role of a therapist. This type of activity resembles what Westerhof et al. (2010) identified as ‘simple reminiscence’. The main effect of such intervention is an increased sense of happiness – a phenomenon not to be undervalued in an institutional environment where, according to Dr. Bill Thomas (1994), one of the three enemies of client well-being is boredom. The reminiscence workers who participated in the study seemed somewhat apprehensive of painful or negative reminiscences, and that through their work they might open a ‘can of worms’ and not be able to deal with the consequences. Likely, this fear of sensitive and negative disclosure relates to the understanding of reminiscence work as an enjoyable activity rather than a therapeutic intervention. Such fear may, however, also point to a certain neglect of older adults’ mental health needs which tend to be overlooked and even neglected in their care (Garner, 2003; Vantrallie, 2005).

Reminiscense has become a widespread activity in older people’s care in Iceland. At the time of the evaluation, nearly half of the older people’s care centres were using reminiscence work and several of the other half were either interested in doing so or planning to in near future. This interest may relate to a growing awareness in many countries of, and need for, person-centred methods of care, more homelike as opposed to institutional environments of care, and more respect for older adults’ autonomy and dignity in care (Koren, 2010).

The historical reminiscence tool was received favourably by the participants who said that it could be used as for preparing reminiscence groups, for example choosing a topic, as a reminiscence trigger in the groups and by reading aloud and then discuss the content and the memories stimulated. It could also be argued that would be an important contribution to an education programme aimed at strengthening reminiscence work. Recently such a programme was developed in Ireland and was aimed at preparing nurses and care assistants to use reminiscence when caring for people with dementia living in long-term care (Cooney et al., 2012). The historical timeline and the Recall project in Britain suggest that a historical reminiscence tool of this kind may be useful for reminiscence workers and care staff in general.

It became apparent during the evaluation that the tool needs to be updated regularly. The next step in the development will be to develop a website that can be updated on a regular basis, without too much cost. This website could also well be a part of a general website dealing with ageing from the perspective of person-centred ideology; Icelandic ageing services today seem to be moving in that direction, as witness three nursing homes that have recently adopted the Eden ideology and many others are revising their care regulations in order to become more person-centred and/or to better protect their clients’ autonomy. Reminiscence plays a large part in this development as the validation findings of this study point to. It seems likely to us that a historical reminiscence tool of a similar kind would be helpful in reminiscence work in general and that reminiscence workers everywhere can benefit from our experience.

Strengths and limitations

This study is firmly grounded in current practice in older people’s care in Iceland and reflects the views and experiences of a large proportion of practitioners who have used reminiscence in their practice. At the same time, the evidence base for this practice needs further exploration.

Conclusion

Reminiscence work has become an important part of older people’s care. The nature of such work, as described by the participants in this study, was mainly social activity rather than a mental therapy. The emphasis on reminiscence has created a need among caring staff for training and access to information pertaining to the historical developments that shaped the lives of those who are growing old. A historical reminiscence tool, containing historical information related to the upbringing and adult years of old adults, is helpful in doing
Implications for practice

- Providing appropriate historical reminiscence tools enhances person-centered care of older people.
- A book or electronically based information and narratives related to the past is important to enhance person-centered care of older people.
- Support must be provided to update reminiscence-related sources.

Acknowledgements

We would like to thank the participants of the focus groups for their time and many helpful comments.

Contributions

Both authors meet at least one of the following criteria [recommended by the ICMJE (http://www.icmje.org/ethical_1author.html)] and have agreed on the final version: substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; drafting the article or revising it critically for important intellectual content.

Funding

The research received grants from the University of Iceland Research Fund, the research fund of the Icelandic Nurses Association, the research fund of the Icelandic Gerontological Society, Baugur Group Fund, and Margrétar Bjorgulsdóttir memorial fund.

Conflict of interest

No conflict of interest has been declared by the authors.

References


