Effects of Narrative Therapy for Nursing-Home Residents

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Abstract. The purpose of this study was to examine the effects of narrative therapy for nursing home residents. The participants of this study were 36 elderly in S senior care center nursing home, who were older 65. Nineteen elderly were randomly assigned to 3 experimental groups. Each experimental group participated 8 sessions twice a week for 60-90 minutes narrative therapy. Data were analyzed using frequency, descriptive, independent t-test, X² test, with IBM SPSS statics 18.0. Nursing-home residents’ fear of death anxiety was significantly decreased in the experimental group (t=2.969, p=0.013). The study finding suggests that a follow up program for nursing-home residents to maintain or reduce their death anxiety.

Keywords: Narrative therapy, Death Anxiety, Nursing-home Resident, elderly, Quasi-experimental study

1 Introduction

Death anxiety is multidimensional concepts that can have different causes, leading a person to react differently to the idea of death as a state, and also to the process of dying. Likewise, attitudinal and emotional reactions could be different when dealing with oneself or with other people [1].

Narrative therapy is a particular ways of understanding people’s identities and was developed to help clients define their problem, map the effects of the problem within their context, evaluate the psychological and social effects of the problem, and identify outcomes that stimulate the re-authoring of client’s experiences. Re-authoring conversations support clients’ descriptions of their life stories in a way that includes the neglected, but potentially significant, experiences that may have been overlooked within their dominant story lines [2]. One important principle in narrative therapy is always to ask questions ‘to which you genuinely do not know the answers’ [3].
2 Methods

2.1 Research design

This was a quasi-experimental design and involving repeated measures with pre and post-tests. The study was conducted using neither randomization nor a control group.

Table 1. Quasi-experimental research design

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>The experiment</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental Group</td>
<td>FODS measured</td>
<td>Treatment: narrative therapy</td>
<td>FODS measured</td>
</tr>
<tr>
<td>Control Group</td>
<td>FODS measured</td>
<td>No treatment</td>
<td>FODS measured</td>
</tr>
</tbody>
</table>

2.2 Samples

An analysis of the parameters required in a paired t-test analysis to reach a power of 80% with a medium effect size (r=0.25) and an alpha value of 0.05 with 2 independent variables [4] revealed that the minimum required sample size was 32 subjects.

2.3 Measurements

**Fear of Death Anxiety Scale**

The death anxiety was measured using the Korean version of the Fear of Death Scale [5], which was originally developed by Collect and Lester [1]. The Korean version of Collett-Lester's Fear of Death Scale comprises four sub-scales that provide multidimensional information on the "Fear of one's own Death", the "Fear of one's own Dying Process", "Fear of Other people's Death" and the "Fear of other people's Dying Process". In total, it contains 36 items. The answers are given on a 1 (nothing) to 5 (much) Likert scale. Scores are obtained for the total scale and for each sub-dimension, calculating the average of the respective answers. The highest mean scores indicate greater fear of death or the dying process. The overall Cronbach’s α coefficient of the scale in previous research was 0.912[5], and for the current sample was 0.844

2.4 Data Collection

Data were collected between July, 2010 and February, 2011. Institutional Review Board approval was obtained prior to the implementation of this study. After receiving a detailed explanation of the study, all research participants provided written informed consent. Each experimental group has 8 sessions Narrative therapy, 60-90 minutes long.
and held twice a week. Self-reporting questionnaire were collected by a care giver who was trained to administer the study measures.

2.5 Narrative therapy

Narrative therapy was done by the researcher who was trained for narrative practice at Narrative Therapy Centre in Adelaide, Australia and obtained doctoral degree as a psychiatric mental health nursing. A subject of the eight session’s narrative therapy was as below.
- Understanding and living our lives through our own stories
- Externalizing conversations: Naming the problem about death anxiety
- Tracing the history of the problem about death anxiety
- Exploring the effects of the problem about death anxiety
- Situation the problem about death anxiety in context
- Discovering unique outcomes: Listening for times when the problem has had less or no influence
- Tracing the history and meaning of the unique outcome and naming an alternative story
- Outsider-witness groups and definitional ceremonies

2.6 Data analysis

Data were analyzed using SPSS version 18.0 (Chicago, IL, USA). Frequency distributions and descriptive statistics were applied to the demographic characteristics of the sample.Paired t-test was used to examine mean differences of death anxiety between pre-test and post-test. The level of statistical significance was set at p<0.05 for all of the statistical tests

3 Findings

3.1 General characteristics of the subjects

A summary of demographic data for the experiment and control groups can be seen in Table 2. Participants were predominantly female, none educated experience, married, and have protestant. The groups were well-matched for gender, education level, marital status, and religion.
3.2 Effects of Narrative Therapy between Experimental and Control Groups.

As presented in Table 2, the experimental groups’ pre-test Fear of death anxiety score was 83.45±12.46 and post-test score was 77.14±5.17 and after treatment the fear of death anxiety score significantly decreased (t= 2.969, p= 0.046). There was no significant change in the control group. It was indicating that the Narrative therapy effectively reduced death anxiety for nursing home residents.
Table 3. Effects of Narrative Therapy between Experimental and Control Groups

<table>
<thead>
<tr>
<th>Variables</th>
<th>Group</th>
<th>Pre-test Mean±SD</th>
<th>Post-test Mean±SD</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of Death</td>
<td>*EG</td>
<td>83.45±12.46</td>
<td>77.14±5.17</td>
<td>2.969</td>
<td>0.046</td>
</tr>
<tr>
<td></td>
<td>†CG</td>
<td>84.96±9.25</td>
<td>83.89±8.28</td>
<td>1.911</td>
<td>0.153</td>
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<tr>
<td>Death of Self</td>
<td>*EG</td>
<td>19.97±4.06</td>
<td>17.55±1.74</td>
<td>4.615</td>
<td>0.012</td>
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<tr>
<td></td>
<td>†CG</td>
<td>20.67±3.44</td>
<td>19.67±3.44</td>
<td>1.375</td>
<td>0.257</td>
</tr>
<tr>
<td>Death of Others</td>
<td>*EG</td>
<td>24.72±2.60</td>
<td>23.76±2.10</td>
<td>0.402</td>
<td>0.670</td>
</tr>
<tr>
<td></td>
<td>†CG</td>
<td>24.56±2.95</td>
<td>24.70±3.12</td>
<td>0.976</td>
<td>0.380</td>
</tr>
<tr>
<td>Dying of Self</td>
<td>*EG</td>
<td>14.55±3.10</td>
<td>12.72±1.83</td>
<td>3.565</td>
<td>0.032</td>
</tr>
<tr>
<td></td>
<td>†CG</td>
<td>15.85±2.09</td>
<td>15.59±2.34</td>
<td>1.935</td>
<td>0.149</td>
</tr>
<tr>
<td>Dying of Others</td>
<td>*EG</td>
<td>24.21±5.17</td>
<td>23.10±2.69</td>
<td>0.247</td>
<td>0.781</td>
</tr>
<tr>
<td></td>
<td>†CG</td>
<td>23.89±4.08</td>
<td>24.04±4.08</td>
<td>0.442</td>
<td>0.644</td>
</tr>
</tbody>
</table>

*EG: Experimental Group, †CG: Control Group

4 Conclusions

This study was to examine the effects of narrative therapy for nursing home residents. The participants of this study were 36 elderly in S senior care center nursing home, who were older 65. Nineteen elderly were randomly assigned to 3 experimental groups. Each experimental group participated 8 sessions twice a week for 60-90 minutes narrative therapy. Data were analyzed using frequency, descriptive, independent t-test, X2 test, with IBM SPSS statistics 18.0. Nursing-home residents’ fear of death anxiety was significantly decreased in the experimental group (t=2.969, p=0.013). The study finding suggests that a follow up program for nursing-home residents to maintain or reduce their death anxiety.

References