



## Implementation of Reminiscence Therapy in Elderly with Dementia Nursing Diagnosis of Memory Disorder at Panti Werdha Damai Ranomuut Manado

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### ABSTRACT

Decreased brain function causes dementia, a condition that lasts a long time and is progressive. Dementia is a degenerative disease that generally attacks people over the age of 60. The elderly are an age group that is in the final phase of life. This elderly group will experience the aging process. Memory Disorders are an inappropriate thinking process, and lack of knowledge, factors, inability to remember information or behavior. The purpose of this study was to obtain an overview of the application of reminiscence therapy in elderly people with dementia with memory problems. This type of research is descriptive with a case study method. The criteria for case study subjects are elderly clients with dementia with memory problems, willing to be research subjects. The results of subject I did not show that reminiscence therapy was successful, while subject II showed that reminiscence therapy was successful in elderly patients who had memory problems. The conclusion of the case study of the Application of Reminiscence Therapy in Elderly Dementia with Memory Disorder Nursing Problems showed an improvement in memory. The suggestion that can be given is to conduct further research so that nursing problems of memory disorders related to the aging process or disease process can be resolved.

## **INTRODUCTION**

The World Health Organization (WHO) estimates that by 2050, the population aged 60 years and over will double and 400 million people aged 80 years and over will be available. This is a result of global population aging (WHO, 2025).

The World Health Organization (WHO) defines elderly (ELDERLY) as someone aged 60 years and over. Elderly is an age group in the final phase of life. This group of people with old age will experience the aging process. (Arna, Dessy, & Yessy, 2024)

Getting old is the gradual loss of tissue's ability to repair or replace itself to maintain normal structure and function, so that the body cannot withstand certain damage known as aging. Dementia, a degenerative disease in the brain, is one of the diseases caused by aging. (Siyoto, Muhith, Abdul, & Sandu, 2016). Decreased brain function causes Dementia, or senile dementia, is a long-lasting and progressive condition. Dementia can disrupt daily activities such as washing, dressing, eating, maintaining personal hygiene, and toilet activities, as well as other social activities. Dementia is a degenerative disease that commonly attacks people over 60 years of age. According to. (Yelni & Afrida, 2023).

The number of dementia cases is increasing rapidly worldwide, with around 46.8 or 50 million people diagnosed worldwide, with 20.9 million in Asia Pacific. There are around 10 million new cases each year, or every 3 seconds 1 person in the world experiences dementia. The incidence of dementia is estimated at around 1.2 million in 2016, and is expected to increase to 2 million in 2030 and 4 million in 2050. (Yelni & Afrida, 2023).

In Indonesia itself, the number of people suffering from dementia is estimated at around 1.2 million in 2016, and is expected to increase to 2 million in 2030 and 4 million in 2050. (Yelni & Afrida, 2023).

From the results of the study conducted, the number of elderly people in the Damai Ranomuut Werdha Panti who experienced disorders in increasing was 10 elderly people and one of the factors that causes Memory Disorders is age, so that they experience Dementia (Senility), for that the role of nurses is needed in carrying out Reminiscence Therapy.

The role of nurses in Reminiscence Therapy can be carried out in groups with the help of facilitators who have experience as nurses in Reminiscence Therapy, such as choosing a comfortable place, determining the right time, providing media such as photos or other memorable items, encouraging and listening to parents to tell stories, and sharing their past experiences with group members (AZ-Zahra & Risa, 2023).

Research conducted by Mohammadian and Moham-madinezhad (2017) examined the impact of integrative group Reminiscence Therapy on the mental health of Iranian female elderly with a sample size of 46 people. The results showed that Reminiscence Therapy had a significant impact on the mental health of the elderly, including depression, anxiety, insomnia, social function, and psychology. As a result of this treatment, cognitive function scores also increased. Researchers argue that Reminiscence Therapy can help older adults

adjust to the aging process by helping them rethink and clarify previous experiences. In addition, studies have shown that Reminiscence Therapy interventions improve psychological well-being. The theory supported by researchers is that Reminiscence Therapy, one of the therapy modalities, can be given to older adults to increase their zest for life and self-confidence and prevent significant cognitive decline. All of this can be achieved by telling their own life experiences. Research evidence shows that Reminiscence Therapy is successful in elderly dementia patients who experience Memory Disorders,

## LITERATURE REVIEW

### *Definition of Elderly*

The World Health Organization (WHO) defines elderly as someone aged 60 years and over. Elderly is an age group in the final phase of life. This group of people with old age will experience the aging process (Arna, Dessy, & Yessy, 2024).

### *Definition of Dementia*

Dementia is a degenerative disease that commonly affects people over 60 years of age. Decreased brain function causes dementia, or senility, which is a long-lasting and progressive condition. Dementia can disrupt daily activities such as washing, dressing, eating, maintaining personal hygiene, and toilet activities, as well as other social activities (Yelni & Afrida, 2023).

### *Etiology*

Dementia is caused by damage to brain cells that interferes with the ability of brain cells to communicate with each other. Thinking, behavior, and feelings can be affected when brain cells cannot communicate normally. Factors that cause dementia based on its type are:

1. *Vascular Dementia*

Reduced blood flow to the brain can cause damage and death of brain cells. This can occur due to narrowing and blockage of small blood vessels in the brain, a single stroke, where blood flow to a certain part of the brain is suddenly cut off, or many scratches, which cause small but serious damage to the brain.

2. *Mixed Dementia*

Alzheimer's disease and vascular dementia which generally occur in older people, and it is possible for both to appear together. Because both of these conditions are considered to be the cause of Dementia, the disease is often referred to as mixed Dementia. Currently, researchers are still having difficulty determining the cause that contributes to mixed Dementia.

3. *Dementia with Lewy Bodies*

In brain cells, Lewy bodies can develop into small protein clumps called alpha-synuclein. These clumps damage cell function and communication, and eventually brain cells will die.

4. *Frontotemporal Dementia*

The main factor causing this is abnormal protein clumps in the front and sides of the frontal and temporal lobes of the brain. This protein clumping damages nerve cells in the frontal and temporal lobes, causing brain cell death (Yustisia & Nova, 2023).

### ***Signs and Symptoms***

The signs and symptoms that occur in Dementia patients can be understood in three stages (Putri, Latif, & Nurhaliza, 2023).

*Early stage:* Because Dementia develops gradually, this stage is often overlooked. Some of the symptoms that may occur are Forgetfulness, losing track of time, getting lost in familiar places

*Middle Stage:* As dementia progresses to the middle stage, symptoms and signs become more pronounced and may include: Becoming forgetful of recent events and people's names, confusion when living at home, increasing difficulty communicating, needing assistance with personal health care, behavioral changes, such as wandering and asking questions repeatedly

*Late Stage:* The late stage of dementia is when a person is completely dependent on something and does not move at all. Physical signs and symptoms, as well as serious memory impairment, become more pronounced and may include: Unaware of time and place, vaving difficulty identifying friends and family, having an increased need for help with self-care, having difficulty walking, experiencing behavioral changes, including aggressive behavior.

### ***Reminiscence Therapy***

#### a. Definition

The method used to remember and talk about one's life experiences is known as Reminiscence Therapy. This therapy is used for elderly people who are lonely, have cognitive disorders, and are in psychological recovery. Reminiscence Therapy is a type of therapy that motivates a person to recall their past events and experiences and gain the ability to solve their problems. After that, this therapy can also be delivered to families, groups, or staff (Martina & Evi, 2023).

#### b. Benefits of Reminiscence Therapy

Reminiscence Therapy helps elderly people recall pleasant past times, giving them a sense of meaning as individuals who were once important to others. Related to memory, well-being, mood, social interaction, self-esteem, and cognitive function. Additional studies have shown that reminiscence therapy is not only a fun and beneficial activity for residents of senior centers, but also beneficial for caregivers (Tawang & Junianti, 2019).

#### c. Purpose of Reminiscence Therapy

Help with cognitive orientation, Help with social interaction, Reduce or prevent depression, Reduce chronic pain, Increase life satisfaction, Improve staff / resident / family relationships (Tawang & Junianti, 2019).

- d. Types of Reminiscence Therapy Groups include:  
*Simple or Positive Reminiscence* : This type of therapy is telling pleasant past events by the therapist asking questions directly. The goal of this type of therapy is to help clients adapt to loss and improve the memory of the elderly.  
*Evaluative Reminiscence* : This type is a therapy in resolving conflicts.  
*Offensive Defensive Reminiscence*  
 This type of therapy is telling unpleasant past events, which often lead to destructive behavior and emotions (Tawang & Junianti, 2019).
- e. Reminiscence Therapy Media  
 Reminiscence Kit (a box containing tools or objects that can help in remembering the past; such as magazines, cooking tools, and cleaning) Photo albums, music, and videos (Tawang & Junianti, 2019).

Tabel 1, Standard Operating Procedure (SOP) Reminiscence Therapy

NO	Procedure
	<b>Pre-interaction</b>
1.	Identify the patient using at least two identifiers (full name, date of birth, and/or medical partner number)
2.	Explain the purpose and steps of the procedure
3.	Perform 6-steps hand hygiene
	Working stage
4.	Determine the most effective reminiscence method, namely reviewing life events, story telling)
5.	Discuss the affective qualities that accompany memories empathetically
6.	Provide feedback
7.	Use active listening techniques
8.	Use visual aids (such as music to stimulate audio, photo albums to stimulate memories)
9.	Use direct, open-ended questions about past events.
10.	Provide support and empathy for clients
11.	Limit the duration of therapy according to attention span, response and willingness to continue.

Standard Operating Procedure (SOP) Reminiscence Therapy (PPNI, 2021).

## METHODOLOGY

The method used in this final project report is: Case Study. The subjects in this study were two Dementia patients at Panti Werdha Damai Ranomuut Manado. The focus of the study is the elderly who experience memory disorders. The instruments used were the Mini Mental State Examination (MMSE) and Short Portable Mental Status Questionnaire (SPMSQ), and SOP for

the implementation of Reminiscence Therapy and observation of characteristics. The study was conducted for 3 days on June 2-4, 2024.

## **RESEARCH RESULT AND DISCUSSION**

### ***Case Study Subject Overview***

#### ***Subject I***

Client Mrs. J.T is 69 years old, Protestant Christian, female. The client entered the Panti Werdha Damai Ranomuut Manado in 2012. The client entered the shelter accompanied by her child, the reason for entering the shelter was because there was no one at home to look after the client. During the assessment on June 2, 2024 at 10:00-12:00 WITA, Subjective data was obtained: the client said he often forgot people's names and forgot the faces of people he had just met, the client said he could not remember previous events, the client said he could not remember behavior that the client had done before, Objective data: the client seemed to be forgetful, the client looked confused, and looked restless, general condition: moderate with a level of consciousness compos mentis, TTV: BP: 130/90 mmHg, N: 97 x / minute, R: 20 x / minute, SB: 36 ° C, KATZ INDEX assessment with a score of E Independence in all matters except bathing, dressing, going to the toilet and one additional function, namely eating, Bartel Index with a value of 60, namely severe dependence, SPMSQ assessment error 4 moderate intellectual impairment, MMSE assessment 19 moderate cognitive impairment / disorders, depression level assessment 4 no depression, no disorders in elimination, good personal hygiene.

#### ***Subject II***

Client Mrs. Y.L is 81 years old, Protestant Christian, female. The client entered the Panti Werdha Damai Ranomuut Manado in 2022 accompanied by her child, the reason for entering the shelter was because the client wanted to live in the shelter. During the assessment on June 2, 2024 at 12:00-14:00 WITA, Subjective data was obtained: the client said he often forgot to remember events that had been done before, the client said he often forgot to put things that had just been stored and forgot the names of people he had just met, the client said he could not learn new things Objective data: the client seemed to forget, the client looked confused, and looked restless, general condition: moderate with a compos mentis level of consciousness, TTV: BP: 120/90 mmHg, N: 86 x / minute, R: 20 x / minute, SB: 36.4 ° C, KATZ INDEX assessment with a score of A independence in terms of eating, continent (defecating and urinating), moving, going to the toilet, dressing, and bathing, Bartel Index with a value of 95, namely mild dependence, MMSE assessment with a value of 25 moderate cognitive damage / impairment, SPMSQ assessment error 4 mild intellectual impairment, the client has no difficulty sleeping in at night but the client has difficulty sleeping during the day, the client consumes food provided by the orphanage 3 times a day with a morning menu of porridge, lunch and dinner of rice, fish, vegetables, elimination of defecation 2 times a week and urination 2-3 times a day and there are no disturbances in elimination, personal hygiene is good.

Based on a Case Study conducted by researchers for 3 days regarding the Application of Reminiscence Therapy on Mrs. J aged 69 years and Mrs. Y aged 81 years at the Panti Werdha Damai Ranomuut Manado, the results showed that there were changes before and after the Reminiscence Therapy was given for Memory Disorders in both subjects.

In this study, both subjects were selected because they met the inclusion criteria. and in the elderly age limit according to WHO (Azhar, 2023) subject 1 is included in the elderly age limit category (elderly) while subject 2 is included in the old age category category (Old). with the start of the aging process, degenerative diseases will occur in the brain, causing the elderly to experience memory disorders in remembering.

In this study, researchers determined the two dementia subjects based on the results of the MMSE (Mini Mental State Examination) assessment which is a cognitive function assessment consisting of 30 questions that evaluate attention and orientation, memory, registration, remembering, calculation, language and drawing ability with the results of the interpretation of subject 1 score 19 (moderate cognitive damage/impairment) and subject 2 score 25 (mild cognitive damage/impairment), researchers also assessed the intellectual and mental functions of the elderly in the form of an SPMSQ (Short Portable Mental Status Questionnaire) assessment consisting of 10 questions about: orientation, memory in relation to self-care ability, distant memory and mathematical ability, the results obtained for subject 1 score 4 (mild intellectual damage) and subject 2 score 5 (severe intellectual damage) And in the application of Reminiscence Therapy, researchers used the PPNI Standard Operating Procedure.

In subject I, Reminiscence Therapy Implementation was carried out for 3 days, the results of the first day and the last day showed that there was no change in remembering. verbalization of remembering factual information decreased, Verbalization of the ability to learn new things increased, verbalization of the ability to remember events decreased, and verbalization of forgetting experiences remained unchanged.

In Subject II, Reminiscence Therapy Implementation was carried out for 3 days, the results obtained on the first day and the third day showed changes such as Verbalization of learning new things increased on the last day there was an increase in verbalizing the ability of factual information increased, verbalization of the ability to remember events increased,

The results of the study on subject I did not show a decrease in Memory Disorders but in verbalization of the ability to learn new things increased. According to the researcher, this was because subject I was not cooperative and lacked activity due to limited activities. While in subject II there was a decrease in Memory Disorders because subject II was cooperative and often socialized with the elderly in the shelter and often did activities so that when given Reminiscence Therapy subject II experienced an increase in memory. From the results of the study conducted by Andi Darma Effendi, there are several factors that influence memory decline, one of which is physical activity. Regular physical activity has been shown to reduce the risk of dementia, including Alzheimer's disease, by 50% (Effendi, Darma, Mardijana, Dewi, & Rosita, 2014). The results of this study

are in line with research conducted by (Musafi, et al., 2017) which states that many elderly people before Reminiscence therapy were given were in the mild cognitive function category (one hundred and four people) and after Reminiscence therapy was given were in the mild cognitive impairment category (one hundred and thirteen people). The results show that Reminiscence Therapy affects the cognitive function of the elderly. By helping them rethink and clarify previous experiences, this Reminiscence therapy can help the elderly adjust to the aging process. In addition, research has shown that Reminiscence Therapy interventions improve psychological health. One method of therapy is Reminiscence therapy, which can be given to the elderly to increase their zest for life and self-confidence and prevent memory decline. To achieve this, they can tell their own life experiences (Musafi, et al., 2017).

### **CONCLUSIONS AND RECOMMENDATIONS**

Based on a Case Study conducted for 3 days regarding the Application of Reminiscence Therapy in Dementia Elderly on Mrs. J and Mrs. Y at the Damai Ranomuut Manado Nursing Home, the results of the assessment on both subjects before and after being given the Application of Reminiscence Therapy for Memory Disorders in Dementia Elderly Subject I did not show that Reminiscence therapy was successful because Subject I was not cooperative and lacked activity while at the nursing home, while Subject II showed that Reminiscence therapy was successful in elderly patients who experienced Memory Disorders.

### **ADVANCED RESEARCH**

This study has certain limitations; therefore, future research is recommended with broader scope and approach to obtain more optimal results.

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