

Your Own Life Magazine: A reminiscence intervention for personalized care for older persons

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Abstract

Background: As dementia is a progressive disease and not possible to treat, much of the care is focused on maintaining well-being. Interventions using reminiscence are often used to evoke memories and improve well-being. The Dutch voluntary organisation Humanitas developed an intervention where older adults are interviewed about their past life, resulting in a printed life story magazine about their lives. The aim of this study is to evaluate the process and perceived effectiveness of the intervention for persons with dementia.

Methods: Semi-structured interviews were conducted with twenty participants. The participants were persons for whom the magazine was created, informal caregivers, volunteers, formal caregivers, and professionals. A conventional content analysis was performed on the answers to the semi-structured interviews.

Results: The perceived effectiveness of the life story magazine is reported as that it serves as a legacy and as a means that enhances conversation and interaction, enhances recollection of memories, and personalises care. The current implementation was facilitated by the communication, whilst barriers were the amount of information, the amount of time it took to digitalise photographs, and figuring out how to work with the program to create the life story magazine. For future implementation, participants saw possibilities to involve all stakeholders in the process of creating the magazine, to include the magazine in the procedure when a patient is admitted in a nursing home, and to offer to read the magazine as an activity.

Conclusion: This study provides insight into the implementation of a life story magazine for older individuals and its effectiveness for all stakeholders. The findings demonstrate that the life story magazine provides perceived favourable benefits and can contribute to person-centred care.

Background

Interventions using reminiscences are often used in care for people with dementia to evoke memories, stimulate mental activity and improve well-being. In this way it contributes to personalized care (O'Shea et al., 2011). The Dutch voluntary organization Humanitas developed an intervention where older adults are interviewed about their past life by volunteers, resulting in a printed magazine about their lives that is created online. The intervention has already been successfully used and is currently being implemented. Humanitas would like to know more about the intervention processes and the perceived effects of their intervention. Therefore, the process and the perceived effectiveness of the intervention on people with dementia is evaluated.

Dementia is a chronic progressive debilitating disease that is largely a disorder of old age (National Collaborating Centre for Mental Health, 2007). It is characterised by widespread impairment of mental functioning, progressive memory loss, language difficulties, confusion, and disorientation. These impairments are often accompanied by behavioural and psychological disturbance. The behavioural disturbances that are associated with dementia are symptoms of disturbed perception, altered mood, behaviour and thought content. Psychological disturbances can express in various ways. Examples of such symptoms of psychological disturbances are depression, apathy, agitation, disinhibition, wandering and aggression.

At the present, the number of people living with dementia worldwide is estimated at 50 million. This number increases with 10 million people every year (World Health Organization [WHO], 2020). In the Netherlands, more than 280,000 people have dementia (Alzheimer Nederland, 2017). Dementia is one of the major causes of disability and dependency among older people worldwide. The physical and psychological burden of dementia does not only impact people with dementia, but also their caregivers, families, and society at large (WHO, 2020).

As dementia is a progressive disease and still not possible to treat, much of the care is focused on maintaining well-being (Koopmans, van der Steen, Zuidema, & Hobbelen, 2010). Maintaining and promoting a sense of well-being among people with dementia is strengthened by creating a supportive social environment, thereby enabling people to communicate and connect with others (Schweitzer & Bruce, 2008). Psychosocial interventions have the ability to improve well-being of people with dementia and of those who care for them (Brodaty, Green, & Koschera, 2003). Integrating psychosocial interventions with medical and nursing care

models is key to person-centred care (O'Shea, 2007). Person-centred care involves recognizing a person with dementia as a unique individual. It requires personalization in caring for and working with a person with dementia. It promotes values including sharing and working together, building good relationships, focusing on a person's strengths, and recognizing the importance of a person's biography, which shapes and influences their current presentation (Kitwood, 1997).

A part of memory that remains intact in dementia for a relatively long time is the autobiographical memory system (Dempsey et al., 2014). Most people with early dementia are able to retrieve personal memories and share them. Even in later phases of dementia, they can still recall feelings associated with specific memories, so positive feelings as well. When the disease progresses the memory, including the autobiographical memory, deteriorates. The almost complete absence of autobiographical memory could lead to a disconnection of past and present, which could contribute to the person's loss of a clear sense of personal identity (Woods, O'Philbin, Farrell, Spector, & Orrell, 2018).

Reminiscence is a psychosocial intervention commonly used in dementia (Woods et al., 2018). Reminiscence interventions can be used to enhance person-centred care and has proven to be effective for people with dementia (Woods et al., 2005). Using personal memories helps to move the focus from being solely on a person's dementia to who the person actually is as a person. Reminiscence interventions involve the discussion of past activities, events, and experiences, usually with the help of a range of memory triggers. These triggers may include household and familiar items and artifacts from the past, such as photographs, music, and archive sound recordings. These memories can be recorded in a life story book. This offers a good opportunity for personalization, if the life story book includes memories or cues for memories that are related to the life of a specific person. The creation of a life story book is a common approach that provides a rich and tangible object to support reminiscence (McKeown, Clarke, & Repper, 2006).

The last decade there is increasingly evidence that reminiscence interventions are effective in improving cognitive functions and decreasing feelings of depression in people with dementia (Huang et al., 2015). Life story books are often used as a tool for the process of recollecting autobiographical memories. Systematic literature review of Elfrink, Zuidema, Kunz, and Westerhof (2018) found that such books in dementia care have significant improvements on autobiographical memory, depression, mood, and quality of life of people with dementia, as well as on the quality of the relationship and communication between people

with dementia and their caregivers. The online version of life story books is increasingly being used and researched. Philbin (2019) showed that the use of online life story books has been found to be effective for people with dementia to build and strengthen their relationships with family and care professionals.

The creation of life story books differs per study. In most studies, both the participant and partner or relative were involved in the process of creating life story books. In some cases, a professional caregiver helped with the process and in other cases the participant was not involved in the process (Elfrink et al., 2018). The number of sessions involved in creating a life story book varied from 3 (Subramaniam & Woods, 2016) to 16 (Subramaniam, Woods, & Whitaker, 2014) with a median of six sessions. The number of weeks it took ranged from 9 days (Crook, Adams, Shorten, & Langdon, 2016) to 12 weeks (Subramaniam et al., 2014). The time per session varied between 15 minutes (Hashim et al., 2015) to 120 minutes (Ingersoll-Dayton et al., 2013). No information was found about the actual use and current implementation of the life story books (Elfrink et al., 2018).

With advances of technology, there can be increased access to tools for reminiscence interventions (Lazar, Thompson, & Demiris, 2014). The use of technology has three major advantages. First, technology makes it easier to document and retrieve personal memories and to compose the end product of these reminiscence interventions. Second, technology provides different media for storage and retrieval of memories. Photographs, movies, sound, and music can be included. Third, technology makes it possible to update and adjust the intervention by adding new memories. A recent study shows that even though technology-based reminiscence interventions enhance self-worth of older adults and increase emotional connection, older adults reported that they encountered problems with managing the technology aspects of the interventions (Ingersoll-Dayton, Kropf, Campbell, & Parker, 2018). Older adults are less confident when using technology, but acceptance of technology is increasing and, therefore, using technology in creating an online life story magazine is expected to be less of an issue in future implementations (Anderson & Perrin, 2017). However, for Humanitas, technology is a medium for creating the magazine. The life story magazine of Humanitas is a printed magazine, therefore only photographs and text can be used. Next, updating is not possible unless the magazine is reprinted. Nevertheless, a printed magazine has been a conscious choice by Humanitas, because this way older adults do not have to make use of technology.

The life story magazine as designed by Humanitas is a unique intervention because it creates a magazine online in a rather structured process. Furthermore, the life story magazine

is shaped by a person with dementia and/ or family with the help of a volunteer who eventually creates the life story magazine. Conducting a process evaluation on the life story magazine provides information about working with such magazines. First, it would be meaningful to assess how those involved in the process of a life story magazine intervention perceived the effectiveness of the magazine. By asking the involved stakeholders about the added value of the intervention, more insight into relevant outcome measures for future studies can be obtained. Besides the fact that it is important to look at what does work theoretically, it is also important to look from the user's perspective. Second, it appears that there is a lack of knowledge about the actual use and current implementation of life story books (Elfrink et al., 2018). Therefore, third, the question remains how to best implement life story magazine interventions for people with dementia. The results of this study contribute to theoretical knowledge about these life story magazine interventions, including the current and possible future implementation. Hence, the main objective of this study is to provide a process evaluation of the life story magazine intervention as designed by Humanitas by involving various stakeholders. The sub-aims of this study were to gain insight into 1) perceived effectiveness and 2) current implementation and 3) future implementation of the life story magazine.

Methods

Design

For this research, a process evaluation is conducted. Semi-structured interviews were conducted with stakeholders involved with the printed life story magazine, including individuals for whom the magazine was created, informal caregivers, the volunteers that created the magazines, formal caregivers, and professionals. In this way, the different perspectives of the different parties involved are included and a broad view is sketched. A total of 20 interviews were conducted.

Intervention

The life story magazine is a printed magazine to bundle memories such as life events, anecdotes, recipes, and poems in a way that suits the individual's situation and lifestyle. Memories can be included as text, photographs, and pictures. A volunteer collects material for the life story magazine based on a standardized questionnaire together with the individual for

whom the magazine was created and possibly the partner and/ or family. Multiple topics are discussed during the standardized questionnaire, e.g., hobbies, living, daily schedule, eating and drinking, and family and friends. Collecting material takes approximately 10 to 12 hours divided over 6 to 10 weeks. The number of sessions in which material is collected can be determined by the individual and volunteer. The collected material is digitalized and processed in a specially designed format. The pages of the format can be filled and edited with personal texts and photos or it is possible to choose from varied theme images. Templates can also be used, and these can be adapted to the individual his/ her wishes. The volunteer is supported by the project coordinators and the helpdesk of the publisher in processing of data and the layout of the life story magazine. The volunteers did not receive training on dementia, the process, conversation techniques or on how to use the design program. See Appendix A for an example of pages from the life story magazine.

Participants

For this process evaluation, the target was to evaluate 5 cases. However, due to COVID-19, projects to create new magazines have been cancelled or postponed. In addition, some participants from previous completed magazines are unfortunately deceased. As a result, it was not possible to achieve the target of 5 cases or to interview participants with dementia. The participants who were able to participate in this research were selected via convenience sampling by the national project leader of Humanitas Jacqueline Kremer. A total of 20 interviews were conducted with individuals for whom the magazine was created (n=4), informal caregivers (n=3), volunteers (n=6), formal caregivers (n=3), and professionals (n=4). The group of individuals for whom the magazine was created will be referred to as clients in the remainder of this study. The different stakeholders were not involved with the same client. The group of professionals refers to employees of Humanitas and a care institution.

The group of clients were all females and their ages ranged between 76 and 100. The group of informal caregivers were all females and their ages ranged between 52 and 67. The group of volunteers consisted of three females and three men and their ages ranged between 17 and 72. The group of formal caregivers were all females and their ages ranged between 51 and 57. The group of professionals consisted of three females and one male and ranged between 52 and 72.

The selected group of clients (n=4) did not have dementia. From the group informal caregivers (n=3), two informal caregivers were caring for a parent with dementia. The other informal caregiver was caring for a parent without dementia. Two of the formal caregivers were home care workers, the other formal caregiver was a coordinator of informal care.

Next to these interviews, three professionals working at Humanitas were interviewed, namely: the national project leader, a chief editor, and a board member. Furthermore, one professional working at elderly care home Careaz was interviewed, namely a member of the client council.

Materials

Per stakeholder group, a semi-structured interview with a topic list was created. The interview topics for the group clients and the group informal caregivers were similar. The interview topics focused on how the intervention was perceived, facilitators and barriers, use of the magazine, and the added value, e.g., “Does the magazine add value to you? If so, how?”. For the stakeholder group volunteers the interview topics slightly differed. These topics focused on the practicalities of the creation process, time management, perceived relationships with and between people with dementia and their informal caregivers, e.g., “How realistic was the time schedule?”. The interview topics for the stakeholder group formal caregiver focused mainly on the added value and the implementation of the intervention in care, e.g., “What do you think are options for implementing the magazine?”. To obtain more insight into the implementation of the magazine, different stakeholders were asked about the intervention and the context (facilitators and barriers) of the implementation, e.g., “What went well during the creation process?”. Lastly, specific questions about the perceptions of all stakeholders on the added value of the intervention were incorporated in order to learn more about the perceived effectiveness of the magazine, e.g., “What added value does the life story magazine have?”. See Appendix B for the topic lists.

Procedure

Every interviewee was approached by the project leader of Humanitas Jacqueline Kremer. The participants were informed that the aim of this study was to evaluate the process of the intervention and then gave their verbal informed consent. The study was approved by the

Ethics Committee of the Faculty of Behavioural, Management, and Social sciences of the University of Twente (request number 210522). The interviews took place online with the platform Zoom or at the interviewee's home. All interviews were audio-recorded after approval of the participants. Interviews with clients (n=4) took between 20 and 30 minutes and those with informal caregivers (n=3) between 30 and 40 minutes. Interviews with the volunteers (n=6) took between 15 and 30 minutes and interviews with formal caregivers (n=3) lasted between 20 and 30 minutes. Interviews with professionals (n=4) took between 20 and 30 minutes. All interviews were conducted one on one, except for one interview where both the client and her caregiver were present. The interviews were conducted between April 14 and May 20, 2021.

Analysis

A conventional content analysis was performed on the answers to the semi-structured interviews, so coding categories were derived directly from the text data (Hsieh & Shannon, 2005). After transcribing the interviews, the exact words from the text that appeared to capture key concepts were highlighted. Key concepts generally consisted of items that were mentioned by multiple stakeholders, however important items mentioned by one interviewee or a few are included as well. The key concepts were merged under different codes. Names for the codes were based on the questions from the interviews. Related codes were sorted into categories. The categories were named after the categories from the interview. The categories were sorted into an overarching theme, based on sub-aims of this study. The main themes (added value, current implementation, future implementation) appeared to have 12 categories. At last, exemplars for each code are identified from the data. In the results, the categories with its codes per theme are listed before they are discussed.

Results

The interviews went well. The participants first introduced themselves and then the interviews were conducted. The atmosphere of the interviews was pleasant. The interviewees were pleased to help provide data for this study. In addition, the interviewees are enthusiastic about the life story magazine, which makes them delighted to talk about it. In the following sections, a paraphrased summary is provided for the sub-aims of this study, namely evaluation

of perceived effectiveness, current implementation, and future implementation of the life story magazine.

Perceived effectiveness of the life story magazine

The first aim of this study was to obtain insight into the perceived effectiveness of the life story magazine. In this study, the term effectiveness means the added value that the intervention has for the different stakeholders. Therefore, the information on the theme added value was used. Four categories on the theme added value were distinguished. First, added value of clients with its codes *legacy*, *conversation*, *recollection of memories*, and *personalised care*. Second, added value for informal caregivers with its code *legacy*. Third, added value for volunteers with its code *favour*. And fourth, added value for formal caregivers with its code *personalised care*. An important note is that interviewees were not only asked about added value for themselves, but also for other stakeholders. The results for this theme will be discussed per category, which will appear in the text below in bold. The different codes will be explained per category. The codes will appear in the text below in italics. The code scheme for perceived effectiveness of the life story magazine can be found in Table 1.

The category **added value for clients** can be distinguished into two types. First, the added value for clients without dementia and second, the added value for clients with dementia. For clients without dementia, the added value was described by all stakeholders, including clients themselves, as *legacy*. According to a client, “I am happy that my life has been recorded for my children and grandchildren”. The added value for clients with dementia was described by informal caregivers of a parent with dementia as a meaningful means to start a *conversation* with the parent. An informal caregiver described the life story magazine as “it is nice that there is a means to start a conversation”. Next, the informal caregivers felt as if the magazine enhances the *recollection of memories* of clients with dementia: “The photographs allow her to recognize and name things. By telling the story, she experiences the moment”. Overall, the life story magazine was viewed as a tool which can be used as *personalised care* for clients with dementia in a nursing home. An informal caregiver of a parent with dementia mentioned that “The care learns through the magazine how to approach my mother”. Furthermore, according to a formal caregiver, “The care is better tailored, it is made personal”.

The **added value for informal caregivers** was described by all stakeholders as that the life story of their loved one was written down and recorded for *legacy*. An informal caregiver

stated, “I am happy that my mother’s life has been recorded for posterity”. The **added value for volunteers** was defined as doing a *favour* for someone else: “You can do something for the other, that makes me happy” (volunteer). The **added value for formal caregivers** was explained by all stakeholders as a means to make *personalised care* easier. A life story magazine can help formal caregivers acquire a holistic view of a person in care instead of knowing only medical related information. According to a formal caregiver, “I get to know the client faster, which makes tailoring the care easier”.

Table 1*Code scheme for perceived effectiveness of life story magazine*

Theme	Category	Code	Narratives
Added value	Added value for clients	Legacy	“I am happy that my life has been recorded for my children and grandchildren.” (C) “My mother can leave her life story in the form of something tangible.” (ICG) “The participant has his own life on paper, which he can also leave to his family.” (V)
		Conversation	“For my mother it is nice that there is a means to start a conversation.” (ICGD)
		Recollection of memories	“The photographs allow her to recognize and name things. By telling the story, she experiences the moment.” (ICGD)
		Personalised care	“The care can be better tailored to the information from the magazine.” (ICGD) “The care learns through the magazine how to approach my mother.” (ICGD) “The care is better tailored, it is made personal.” (FCG) “With the help of the magazine, healthcare workers can better connect with the participant.” (V)
	Added value for informal caregiver	Legacy	“I am happy that my mother’s life has been recorded for posterity.” (ICGD)
	Added value for volunteers	Favour	“You can do something for the other, that makes me happy.” (V) “You let the participant shine.” (V)
	Added value for formal caregivers	Personalised care	“I get to know the client faster, which makes tailoring the care easier.” (FCG)

Note. C = Client; ICG = Informal caregiver; V = Volunteer; ICGD = Informal caregiver of person with dementia; FCG = Formal caregiver.

Current implementation of the life story magazine

The second aim of this study was to find out how the current implementation of the life story magazine is evaluated by the stakeholders. The theme current implementation with three categories was used. First, process of creating the magazine with its codes facilitators, barriers, delivery of material, considerations on design, use of technology, and achievable timeframe. Second, end result with its codes positive feedback and points of improvement. Third, current use of magazine with its codes frequency and activity. The code scheme for current implementation of the life story magazine can be found in Table 2. The codes will be explained per category. Categories will appear in the text below in bold and codes will appear in italics.

Clients, informal caregivers, and volunteers were pleased with the collaboration during the **process of creating the magazine**. Since the volunteers have the largest share in the process of creating the life story magazine, they were the group with the most input for the categories facilitators and barriers. During the interviews, the volunteers mentioned that they look back positively on the entire process of creating a magazine. *Facilitators* mentioned by every volunteer, as well as every client and informal caregiver, was the communication during the process of creating the life story magazine. In any case, it clicked well between the stakeholders and the conversations were easy to get and keep going. In addition, the agreements were generally clear as well. However, *barriers* mentioned in one case was that there were no clear agreements about the submission of photographs, which sometimes made communication difficult. Other barriers were creating order in the amount of information giving by the client or informal caregiver, the amount of time it took to digitalise all the photographs and figuring out how to work with the program to create the life story magazine. A barrier mentioned by an informal caregiver was the guaranteeing of privacy. According to the informal caregiver, “The volunteer has a lot of personal information about my mother and the handling of this information should be better organized, I think”, however, she had no ideas about how privacy could be guaranteed. Other clients and informal caregivers had no barriers to the creation process.

In general, the *delivery of material* was done by the clients and informal caregivers together. The clients provided the stories and informal caregivers digitalized the photos and delivered them to the volunteers who were responsible for uploading the stories and photographs into the program and creating the life story magazine. However, when the client has dementia, informal caregivers or family provided the stories because it was not possible for the client with dementia to tell the storylines correctly. It differed among the cases whether the

client with dementia was present during the interviews between the informal caregiver and volunteer. Volunteers indicate that they consider it is desirable for a client with dementia to be present, this way volunteers have an idea for whom they are creating the life story magazine.

As clients and informal caregivers determined what was put in the magazine, only they had input for the category *considerations on design*. It differed across the cases whether the person had considerations regarding the design of the life story magazine. People either had no considerations, or they wanted the magazine to be personal. For example, the magazine was made personal by adapting the layout to the taste of the client. The clients and informal caregivers were pleased with the opportunities to personalise the magazine and therefore consider the magazine as personal already. The purpose of the consideration of making it personal differed. Clients without dementia wanted the magazine to be personal for posterity: “I wanted the magazine to be personal, so that future grandchildren know who I am”. Whereas magazines for clients with dementia needed to be recognizable with regard to layout, text, and photographs. According to an informal caregiver of a parent with dementia, “We chose themes that are important to my mother because it has to be recognizable to her”.

Volunteers were the only ones who made use of the program to create the magazine. Therefore, they were the only ones to discuss the *use of technology*. The volunteers indicated that they used different forms of technology. Besides internet used to create the magazine, since the program is a website, they used internet for background information, pictures, and photographs. Furthermore, some of the participants used technology since they had to digitalize photographs.

The predicted time span was 10 to 12 hours of conversations divided over 6 to 10 weeks. Every client, informal caregiver and volunteer indicated the predicted time span for conversations as an *achievable timeframe*. According to a client, “We succeeded in time”. In general, most of them mentioned they needed less time for conversations. Most of the stakeholders mentioned that the magazine was finished between 6 and 10 weeks, whilst some said the start-up of the process of creating the magazine was delayed due to unforeseen reasons, such as illness. However, when the process had started, the magazine was finished between the predicted 6 to 10 weeks. In general, persons were satisfied with the amount of time it took to create the life story magazine. A volunteer mentioned “Making the magazine was easy within the indicated weeks”.

Overall, clients and informal caregivers are satisfied with the **end result** of the magazine. In general, the *positive feedback* is that they are happy that their life or the life of their loved one has been recorded. *Point of improvement* according to an informal caregiver is the amount of text: “There is too much text in the magazine. That is not attractive to read for someone with dementia”. A recommendation from another informal caregiver is to add a few blank pages at the end of the magazine: “ It would be nice if there were a few blank pages where the family could add information”. However, in general, clients and informal caregivers had no points for improvement about the end result.

The **current use of the magazine** differs across the cases. The *frequency* of using the magazine varies. While every client and informal caregiver mentioned that the magazine was used a lot in the beginning and now less, clients with dementia still use the magazine intensively and clients without dementia do not. The *activity* with regard to the use of the magazine differs as well. Clients without dementia use the magazine mainly by themselves to run-through, while the magazine for persons with dementia is used with others as a means to start a conversation. Formal caregivers do not make use of the magazine in the current implementation, while clients and informal caregivers are positive about the use by formal caregivers.

Table 2*Code scheme for current implementation of life story magazine*

Theme	Category	Code	Narratives
Current implementation	Process of creating the magazine	Facilitators	<p>“The conversations went well. It clicked immediately.” (C)</p> <p>“The conversations with the volunteer went very well, everything was clear.” (ICG)</p> <p>“The conversations went well.” (V)</p>
		Barriers	<p>“It was difficult to choose the right (amount of) information.” (C)^a</p> <p>“The participants sometimes come up with a deluge of information, then you need the strength to say stop.” (V)</p> <p>“Collecting photos was difficult. Everything hung on the wall and had to be digitized first.” (V)</p> <p>“Collecting the photos is difficult. Everything must be digitized before they can be used.” (V)</p> <p>“I found the program Jilster difficult.” (V)</p> <p>“I had problems with the program Jilster at the beginning.” (V)</p> <p>“The volunteer has a lot of personal information about my mother and the handling of this information should be better organized, I think.” (ICG)</p>
		Delivery of material	<p>“I have provided all the information. Family helped with the photos.” (C)</p> <p>“My mother provided the information, I did the photos.” (ICG)</p> <p>“Together with my sister, we provided the information and photos. My mother was there but did not help.” (ICGD)</p> <p>“The participant has provided all information.” (V)</p>
		Considerations on design	<p>“I wanted the magazine to be personal, so that future grandchildren know who I am.” (C)</p> <p>“We chose themes that are important to my mother because it had to be recognizable to her.” (ICGD)</p>
		Use of technology	<p>“I used technology to digitize the photos.” (V)</p> <p>“I used the program Jilster to design the magazine.” (V)</p>

		“I have used the internet for background information, pictures, and photos.” (V)
	Achievable timeframe	“We succeeded in time.” (C) “It was created within a few weeks.” (ICG) “The magazine was finished in time.” (V)
End result	Positive feedback	“I like that my life has been written down.” (C) “My mother’s life history is briefly described.” (ICGD)
	Points of improvement	“There is too much text in the magazine. That is not attractive to read for someone with dementia.” (ICGD) “It would be nice if there were a few blank pages where the family could add information.” (ICGD)
Current use of the magazine	Frequency	“In the beginning I picked up the magazine every week, now less often.” (C) “In the beginning the magazine was used a lot, now a little less but still intensively.” (ICGD)
	Activity	“I use it myself to run-through.” (C) “It is mainly used to run-through.” (ICG) “The magazine is mainly used to talk to my mother.” (ICGD)

Note. C = Client; ICG = Informal caregiver; V = Volunteer; ICGD = Informal caregiver of person with dementia.

Future implementation of the life story magazine

The third aim of this study was to gain understanding of the possible future implementation of the life story magazine. In order to do so, information of the theme future implementation with its category's necessary resources, future implementation, physical magazine, digital magazine, and target group was used. The category necessary resources consists of the codes knowledge, volunteers, and input of family. The category future implementation includes the codes involvement of all stakeholders, procedure, and activity. The category physical magazine involves the code habituation. The category digital magazine consists of the codes finished magazine and use of video. The last category target group includes the code healthcare workers. The code scheme for future implementation of the life story magazine can be found in Table 3. Again, categories will appear in bold, and codes will appear in italics.

Necessary resources to implement the life story magazine were discussed with formal caregivers and professionals. Both stakeholders mentioned three key resources that were seen as necessary. First, *knowledge* for healthcare workers about the life story magazine. With healthcare workers, both employees on the work floor and employees of the board are intended. According to a professional, "Healthcare needs to gain knowledge about how useful the life story magazine is". Second, *volunteers* are required: "Volunteers who have time to make a magazine are necessary" (formal caregiver). Third, *input of family* is needed to create a magazine. A formal caregiver mentioned that "Time and energy from the family is needed to make a magazine".

Possibilities for **future implementation** were discussed with formal caregivers and professionals during the interviews. It was recommended by a professional to have *involvement of all stakeholders* in the process of gathering information for the magazine. According to the professional, "I think it may be important to involve the health care professional in gathering information for the magazine. So, conversations with the volunteer, participant, family, and care worker. This way, the formal caregiver is more involved with the magazine from the start". Both stakeholders thought that the magazine must be created when people are on the waiting list to be admitted to an elderly home, so that the magazine is ready when people come to live in the home. So, the care can be properly personalized to the patient in a short time and immediately. According to a formal caregiver, the connection with the patient from the start is important. The first weeks of a newly admitted patient are often chaotic and emotional. Connection between formal caregivers and a newly admitted patient can reduce the chaos and

negative emotions. However, it is important that there is time for the family to create a magazine. For them, the time before admission to a care home is stressful and chaotic as well. If it is not possible before the admission, it must be done as soon as possible after the admission. A formal caregiver suggested that the magazine should be included in the *procedure* when a patient is admitted: “It should be a task in the procedure whereby health care workers convert the information from the magazine into the care plan” (formal caregiver). Furthermore, formal caregivers thought that offering to read the magazine should be seen as an *activity*, for which moments are scheduled.

The possible forms of the life story magazine were discussed with the clients and informal caregivers. In general, the interviewees were for a **physical magazine**. The main reason was that it is a *habituation* for clients to physically hold a magazine. The participants are of an older generation and have not grown up with technology. They have no need to learn how to deal with technology either: “For my mother, having physical control is better. She also doesn't want to learn the technology anymore” (informal caregiver). Moreover, clients found a **digital magazine** with possibilities to add information unnecessary because they thought of the magazine as a *finished magazine*. According to a client, “The digital version is not necessary for me. I don't have to add anything. The magazine is finished for me”. However, an informal caregiver thought that a digital magazine could be favourable if the magazine is well connected to the participant, for example by having a familiar person narrate the life story with *use of video*.

Formal caregivers mentioned that the **target group** of the use of the life story magazine could be expanded. Currently, the use of the magazine is mainly focused on formal caregivers, but it would be useful to allow *healthcare workers* as activity supervisors, living room supervisors, and volunteers to view the magazine as well. They are not allowed to view the dossier of the patient because of privacy, so they know little to nothing about the patient. By giving them access to the magazine, they can better tailor the activities to the patient.

Table 3

Code scheme for future implementation of the life story magazine

Theme	Category	Code	Narratives
Future implementation	Necessary resources	Knowledge	“Healthcare needs to gain knowledge about how useful the life story magazine is.” (P)
		Volunteers	“Volunteers who have time to make a magazine are necessary.” (FCG)
	Input of family	“Time and energy from the family is needed to make a magazine.” (FCG)	
Future implementation		Involvement of all stakeholders	“I think it may be important to involve the health care professional in gathering information for the magazine. So, conversations with the volunteer, participant, family, and care worker.” (P)
		Procedure	“The magazine must be included in the procedure when the participant is admitted.” (FCG)
		Activity	“Offering the magazine can be seen as an activity, for which moments are scheduled.” (FCG)
	Physical magazine	Habituation	“For me, it is a habit to physically hold a magazine.” (C) “For my mother, having physical control is better. She also doesn't want to learn the technology anymore.” (ICG)
	Digital magazine	Finished magazine	“The digital version is not necessary for me. I don't have to add anything. The magazine is finished for me.” (C)
		Use of video	“I think that digital can be very nice if that version is well connected to the participant, for example by having a familiar person narrate the story in a video.” (ICGD)
	Target group	Healthcare workers	“It would be helpful to allow activity supervisors, living room supervisors, and volunteers to also view the magazine.” (FCG)

Note. P = Professional; FCG = Formal caregiver; C = Client; ICG = Informal caregiver; ICGD = Informal caregiver of person with dementia.

Discussion

Humanitas has already been successfully using the life story magazine and the intervention is currently being implemented. Humanitas would like to know more about the processes and the perceived effects of their intervention. The aim of this process evaluation was, therefore, to gain insight into perceived effectiveness, current implementation, and future implementation of the life story magazine.

Firstly, regarding the perceived effectiveness of the life story magazine, the results can be distinguished into two categories. First, perceived effectiveness for clients with dementia and second, perceived effectiveness for clients without dementia. For the perceived effectiveness for clients with dementia, informal caregivers reported that the life story magazine enhances connection and interaction with their parents and informal caregivers felt as if the magazine enhances the recollection of memories of clients with dementia. Hence, the life story magazine seems to mainly serve the social functions of reminiscence during the intervention (Westerhof, Bohlmeijer, & Webster, 2010). The findings correspond with findings reported in the systematic literature review of life story books of Elfrink et al. (2018) where life story books in dementia care have significant improvements on the relationships between participants, relatives, and care staff and, to be more specific, in partner affirmation, engagement, fullness of life as a couple, social interaction, and communication. Furthermore, all stakeholders agreed on the view of the magazine as a tool to personalise care for clients with dementia in nursing homes. This view corresponds with research of Woods et al. (2005) that showed that reminiscence intervention can be used to enhance person-centred care and has proven to be effective for people with dementia. Moreover, this process evaluation showed that all stakeholders agreed that the life story magazine can help formal caregivers to acquire a holistic view of a person in care, instead of knowing only medical related information. This view can contribute to more person-centred care, which corresponds with the findings of the systematic literature review of Elfrink et al. (2018).

The second category of perceived effectiveness of the life story magazine is the perceived effectiveness for clients without dementia. For this category, clients reported that the life story magazine serves as a legacy. This finding corresponds with findings reported by Gibson (2011), in which people with and without memory loss describe life story work as invaluable legacy, which gives satisfaction and shared pleasure between generations. However, in this study legacy was not mentioned as an added value for clients with dementia. Furthermore, this process evaluation showed that all stakeholders agreed that the life story

magazine serves as a legacy for informal caregivers as well. This result corresponds again with the findings of Gibson (2011). Moreover, volunteers reported that they are mainly happy that they can do someone a favour. This finding has not been identified in previous research because there are to my best knowledge no previous research done on the perceived effectiveness for volunteers.

Secondly, evaluating the implementation of life story magazine provided insights into the current implementation. In general, clients, informal caregivers, and volunteers were pleased with the process of creating the magazine, especially with the collaboration and communication. Nonetheless, barriers for volunteers were creating order in the amount of information, the amount of time it took to digitalise all the photographs and working with the program to create the life story magazine. However, volunteers did not mutually agree on the barriers. For some, the barriers mentioned were not barriers. Others mentioned only one barrier. Only one informal caregiver mentioned a barrier, namely guaranteeing of privacy. The other informal caregivers had no barriers. Part of the findings are in line with the findings reported by Elfrink et al. (2021) where connection was perceived as a facilitator and the amount of time it took to digitalise all the photographs was as a barrier. Elfrink et al. (2021) also reported that privacy was seen as a condition and possible risk. The other findings creating order in the amount of information and working with the program to create the life story magazine as barriers have not been identified in previous research. However, according to Lazar et al. (2014), technology should make it easier to document personal memories and to compose the end product of reminiscence interventions, such as life story magazines.

It is questionable whether it is best to leave the digital aspect of creating the magazine to volunteers because of the barriers. However, informal caregivers can perceive a high burden (Prevo et al., 2018), so it might be helpful to unburden them. Older adults can encounter problems with managing technology aspects of the intervention (Ingersoll-Dayton et al., 2018). Nonetheless, formal caregivers often do not have, or feel if they do not have, time to be involved in interventions like this (Peeters, Werkman, & Francke, 2012). Perceived work and time pressure of formal caregivers could hinder implementations in dementia care (Groot Kormelinck et al., 2020). Hence, it is good to leave the digital aspect of making magazines to volunteers, despite the barriers. However, a training or instruction manual could possibly facilitate working with the program to create life story magazines. This recommendation can also be useful for similar interventions that work with different programs.

For the barrier guaranteeing of privacy, the question arises what could be done about this ethical issue. In order to outsource the production of the magazine and therefore to create the magazine by a third party, the client or informal caregiver will have to provide personal information. At Humanitas, the client or informal caregiver and volunteer sign an agreement that personal data will be transferred. Furthermore, volunteers at Humanitas sign various documents regarding privacy of information. In addition, volunteers provide the Declaration of Conduct. Also, the program, in which the magazine is created, is protected by a password created by the client and/ or informal caregiver. However, volunteers sometimes store personal information outside of the program. Therefore, a possible addition could be that the client's personal information is stored in a secure environment on the volunteers' computer. This could be described in a guide, explaining how personal information should be stored. It can be concluded that it is of importance to protect privacy with different procedures in order to handle personal information in the best possible way, and also to make this known to clients and informal caregivers. Similar interventions could adopt the procedures to guarantee privacy used by Humanitas. In the end, the client and/ or informal caregiver always have the ultimate choice of what they want to share and with whom.

Furthermore, the delivery of material is positively evaluated, while it was mutually valued to have the client present during the interviews. This is in line with the finding that the more an activity is tailored to the interests and abilities of people with dementia, the more they will be engaged (Trahan et al., 2014). Overall, all clients and informal caregivers are satisfied with the end result of the magazine, however, point of improvement is the amount of text. Nevertheless, this point was only mentioned by one informal caregiver and was not a point for the other informal caregivers. This finding of point of improvement corresponds with previous research. More specifically, Bourgeois, Fried-Oken, and Rowland (2010) reported that reducing the amount of text can keep a memory book functional. In addition, a recommendation by two informal caregivers is to add a few blank pages to include new information. For clients and other informal caregivers this was not necessary. This recommendation corresponds with research of Ingersoll-Dayton et al. (2016) and Scherrer, Ingersoll-Dayton, and Spencer (2014). Both researches already included blank pages for future information. In addition, it meets the advantage of technology mentioned by Lazar et al. (2014) that new memories can easily be added using technology. This is also partly the case with blank pages. Furthermore, it emerged that those who use the magazine are mainly clients themselves and informal caregivers. Formal caregivers do not make use of the magazine in the current implementation, while clients and

informal caregivers are positive about the use by formal caregivers. No information about actual use was found in previous research, e.g., by whom it is used, of the life story books after the process of creating it (Elfrink et al., 2018).

Finally, the third aim was to gain insight into future implementation of the life story magazine. Knowledge for healthcare workers, time of volunteers, and input of family emerged as necessary resources by all stakeholders to make implementation of the life story magazine achievable. These necessary resources are new findings and have not emerged before in previous research. Possibilities for future implementation were to involve all stakeholders in the process of creating the magazine, include the magazine in the procedure of healthcare workers when a patient is admitted to a nursing home, and offering to read the magazine as an activity. Involving all stakeholders is in line with the findings that engagement of all stakeholders will lead to better processes, greater support, greater understanding, and ultimately more effective effort (McMurray, 2007). Including the magazine in the procedure and offer to read the magazine as an activity corresponds with the results of Elfrink et al. (2021) where it was mentioned that the magazine could be integrated in care by linking it with the electronic medical record, as well as reading the magazine could become a group activity in care homes, for example to get to know each other. Furthermore, all formal caregivers agreed that healthcare workers as activity supervisors, living room supervisors, and volunteers should be able to view the magazine, since they are not allowed to view the dossier of the patient because of privacy. This expansion of the magazine its users has not been encountered in previous research. However, it is important to take privacy into account when expanding the target group. It will be necessary to consider how and where healthcare workers can view the magazines. When the magazine is available for anyone to read, it has consequences for the privacy of the client.

Clients and informal caregivers preferred a physical magazine over a digital magazine because clients have not grown up with technology and are used to physically hold a magazine. Older persons are less confident when using technology, but acceptance of technology is increasing and, therefore, using technology in creating an online life story magazine is expected to be less of an issue in future implementations (Anderson & Perrin, 2017). However, one informal caregiver thought that a digital magazine could be useful by using narrated videos.

One could question whether the advances of technology are meaningful for an intervention like this. With technology, there can be increased access to tools for reminiscence interventions (Lazar et al., 2014). First, technology makes it easier to document and retrieve personal memories and to compose the end product of these interventions. Second, technology

provides different media for the storage and retrieval of memories. Third, technology makes it possible to update and adjust the intervention by adding new memories. This process evaluation showed that there is a wish to be able to add information to the magazine. In addition, it appears that some view a digital version of the magazine with the use of different media positively. However, most of the clients prefer a physical magazine. Therefore, discussions about the pros and cons of a digital magazine are not easily resolved. However, a combination of a physical and digital magazine might be possible by using a QR code. With the use of a smartphone, the QR code can be scanned from a physical magazine. This way, various media, such as videos and music, can be played on the smartphone. In addition, the question arises how unsatisfactory it is that the magazine cannot be supplemented digitally, when there is the possibility of empty pages. Therefore, the advances of technology might not be necessary to make a well-functioning reminiscence intervention like life story magazines.

According to the systematic literature review of Elfrink et al. (2018), the creation of life story books differs per study. This applies to persons involved in the process of creating the life story books, number of sessions involved, number of weeks it took, and time per session. Generally, Humanitas is in the middle for every aspect of the creation process. Despite the diverse differences in previous research, the chosen format for the life story magazine as designed by Humanitas seems to work well. This process evaluation showed that the stakeholders are satisfied with the intervention. The life story magazine matches the stakeholders well. Only a few specific points require extra attention.

Before this study, there was a lack of knowledge about the actual use and implementation of life story books (Elfrink et al., 2018). However, during this study it has become apparent that mainly clients and informal caregivers use the life story magazine. The intervention has not or hardly been implemented in the care that clients receive. Nevertheless, formal caregivers and professionals do have clear ideas about how to implement the magazine. These findings add substantially to the understanding of the actual use and implementation of this kind of reminiscence interventions.

Strengths and limitations

A number of strengths about this study should be mentioned. First, by questioning multiple stakeholders, it is believed to have included a diversity of perspectives which resulted in a broad view. Second, the semi-structured interviews provided valuable and detailed

information. Third, the performed conventional content analysis ensured that direct information from the participants was used without imposing preconceived categories or theoretical perspectives. Fourth, during the data analysis, there was a point in the research process where no new information was discovered, and data saturation was reached. Lastly, the process of this research has been described and the categories with examples have been discussed, which can contribute to the transferability of this study.

Some limitations should be taken into account. First, the 20 participants in this study were selected via convenience sampling by the national project leader of Humanitas. As it is not possible to know whether the 20 participants are representative, this may lead to potential bias. It might have been that the participants of this study were the most enthusiastic ones of the project of Humanitas. Second, since only two informal caregivers are caring for a parent with dementia and none of the clients have dementia, it is not possible to make reliable statements about this group. Third, 20 independent interviews instead of complete cases may have led to an incomplete picture. Fourth, a challenge of conventional content analysis is failing to develop a complete understanding of the context. This can result in finding that do not correctly represent the data (Shannon & Hsieh, 2005). Lastly, this research is conducted by one researcher. This only view on the subject and data might have led to potential bias.

Recommendations for future research

There are a few valuable next steps for future research on life story magazine interventions. First, as the participants were selected by the national project leader of Humanitas, a next step for future research would be to recruit participants by researchers themselves. Second, since only two informal caregivers are caring for a parent with dementia and none of the clients have dementia, future research should focus on the life story magazine as designed by Humanitas for people with dementia to gain a better understanding about their perceived effects. Moreover, to get a complete picture of their perceived effects, complete cases should be included. A randomized controlled trial makes it possible to study whether the perceived effects of people with dementia actually appear, like Elfrink, Zuidema, Kunz, and Westerhof (2017) have done. Third, since the life story magazine is not yet implemented in care for persons with dementia, it might be interesting to study the effect of life story magazines on person-centred care in nursing homes when the life story magazine is well implemented, and eventually on the perceived effects of people with dementia. This effect could be researched by

a cluster randomized trial, as is done by O'Shea et al. (2011). This type of design is able to evaluate whether the new standard of care is affecting patient outcomes.

Recommendations for practice

This process evaluation has shown that the life story magazine as designed by Humanitas works well. However, a few points of the intervention need extra attention. This process evaluation seems to confirm the need for a broader discussion on the ethical question regarding privacy of the life story magazine. Additionally, it seems that there is a need to facilitate the technology of digitalizing photographs and the technology of creating the magazine. A training or instruction manual could possibly facilitate working with technology. Furthermore, this study showed that the amount of text is of importance for people with dementia. This should be pointed out to volunteers, so they can discuss the amount of text with clients and informal caregivers. Lastly, there should be the possibility to add blank pages for additional future information to the life story magazine. The choice to add these blank pages can be left with clients and informal caregivers. The recommendations have emerged from the research into the intervention as designed by Humanitas. However, these recommendations can also be applied to other forms of life story magazines.

Conclusion

This process evaluation provides insight into the perceived effects, intervention processes, and the implementation of the life story magazine as designed by Humanitas. By using multiple stakeholders, a diversity of perspectives is included which resulted in a broad view on the magazine. This process evaluation showed that the different stakeholders are satisfied with the life story magazine, it matches the stakeholders well and only a few specific points require extra attention. Furthermore, it became apparent that mainly clients and informal caregivers are using the magazine. The intervention has not or hardly been implemented. Nevertheless, formal caregivers and professionals have a clear view on how to implement the life story magazine. Taken together the results of this study and previous research, it can be concluded that the life story magazine is a valuable intervention for clients and informal caregivers. The magazine has multiple important perceived benefits and can also contribute to personalized care. However, further research on the intervention for people with dementia is

needed to gain a better understanding about their perceived effects. To get a complete picture of the perceived effects, complete cases should be included. When the life story magazine is well implemented, it might be interesting to study the effect of the life story magazine on person-centred care, and eventually on the perceived effects of persons with dementia. In order to maximise the life story magazine, the mentioned barriers and points of improvement can be incorporated. The findings of this study add substantially to the understanding of the actual use and implementation of this kind of reminiscence interventions. Therefore, this process evaluation can be used by Humanitas, as well as by other life story magazine interventions, to improve the life story magazine and as a starting point to implement the life story magazine in (dementia) care to personalise care.

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Appendix

Appendix A

Teuntje

Maak kennis met mij en leer me beter kennen.



Teuntje Heuman-Tasch

Opgegroeid in
Groenlo

Geboren op
2 oktober 1938

Heeft twee dochters
en twee zoons

Houdt van lezen,
televisie kijken,
borduren en haar gezin

Unieke editie
Juni 2020
Mogelijk gemaakt door Humanitas

Inhoudsopgave



- | | |
|----------------------------------|---|
| 04 Interesses | 14 Mooie herinneringen met Dinie |
| 05 Favoriete muziek | 15 Familie tradities |
| 06 Levensverhaal | 16 Kalender |
| 07 Beste vriendin | 17 Creatief |
| 08 Fotomuur | 18 Mijn schatkist |
| 10 Stamboom | 20 Wonen met Dinie |
| 12 Kalender | |
| 13 Karnemelksesaus recept | |



| Mijn karakter

EERLIJK

HARDWERKEND

TROUW

RUIMHARTIG

ZOETEKAUW

LIEF

CREATIEF

"Ik kan er erg van genieten
als mijn kinderen op bezoek
komen. Ik kan hier eindeloos over
doorpraten."

Interesses

Dit vind ik wel / niet leuk

- ✓ BORDUREN
- ✓ JAZZ MUZIEK
- ✓ POETSEN IN HUIS
- ✓ BEZOEK VAN FAMILIE

- ✗ HONDEN
- ✗ LANG MOETEN WACHTEN
- ✗ AFHANKELIJK ZIJN
- ✗ GEDOE



Mijn verhaal

Maak kennis met Teuntje Tasch



Mijn naam is Teuntje Heuman, Mijn meisjesnaam is Tasch. Ik ben geboren op 12 oktober 1938, als dochter van Harm en Truida. in Groenlo, Ik ben de middelste dochter van een gezin van 5; met 4 meisjes en 1 jongen.

Van kinds af aan

Mijn jeugd bracht ik door in Groenlo. Ik heb niet zoveel meegekregen van de Tweede Wereldoorlog. Ik ging naar de lagere school en daarna naar de Huishoudschool. Mijn eerste baan was op kantoor in het meisjesinternaat. Ik werkte daar maar kort, want op 5 april 1958 ging ik trouwen met Berend, in Winterswijk. Het was een gelukkige tijd, met onze vier kinderen: Bernd, Fenne, Elsa en Ruud. Berend werkte bij Van Gend & Loos. Hij zorgde voor het laden en lossen van de vracht. En later voor het bezorgen van pakjes. Het was een sterke man. Hij hield ook van kaarten. Dat deed hij met zijn broer en vrienden op de zaterdagmiddag. Ik ging dan meestal borduren.

Helaas overleed Berend al op jonge leeftijd. Ik was zelf nog maar 46 jaar. Hij was al langere tijd ziek, wat zwaar op mij drukte. Hij was alles voor mij. De kinderen waren allemaal al uit huis. Het was vreselijk; ook de kinderen hadden het er erg moeilijk mee. Ik mis hem nog elke dag en heb nog elke dag verdriet. Maar het was fijn voor Berend. Hij heeft veel pijn geleden. Ik droom nog wel veel over hem en herinner me hoe hij met Bernd fietste, of hoe hij lachte met zijn broer, als hij jarig was. Maar inmiddels leef ik al net zo lang

zonder hem als met hem. Ik voel nog veel liefde maar word ook vervuld met weemoed als ik aan hem denk.

Gelukkig kwam Fenne, ze was toen 23, mij wel helpen in de laatste maand van Berends ziekte. Zij was mijn grote steun en toeverlaat. Best raar om dat van je dochter te zeggen, maar zij heeft me er doorheen gesleept. En staat ook nu nog dag en nacht voor me klaar, met haar gezin. Fenne komt dagelijks een praatje maken en boodschappen doen. Een keer per week gaan we samen naar het graf van papa. Daarna eten we meestal een gebakje samen.

Fenne werkt in de thuiszorg en heeft ook kinderen. Zij gaf me mijn eerste kleinkind, Hinke. Als ze komt verwen ik haar nog steeds met een gevulde koek van de bakker. Ik zie dat ze er van geniet.

Mijn jongste zoon, Ruud, verhuisde een paar jaar geleden naar Engeland met zijn gezin. Hij ging bij een krant werken, trof een Engelse vrouw, Susan en trouwde met haar. Hij heeft zelfs al een kleindochter, Sue van zijn zoon Ruud. Een prachtmeid! Ik ga een keer per jaar met Fenne en haar gezin op bezoek. Ik ben een trotse overgrootmoeder.



Appendix B

Interview topics for client and informal caregiver

Participation:

- Considerations to participate

Creation process:

- Timeframe
- Experiences
 - Looking back in general
 - To do together with someone
 - Meet expectations
 - What went well
 - Possible obstacles/ setbacks
- Contact with volunteer
 - First contact
 - Collaboration
 - Trust
 - Conversations
 - Share all important information freely
 - Clarity about agreements
- Materials added
 - Helped by people

Considerations about design:

- Had certain design considerations

Use/ functionality:

- Frequency of use of the life story magazine in general
 - Frequency of use initial period
 - Frequency of use last week
 - Frequency of use weeks before
- Use general:
 - When is it used? Conversations, activities, other moments
- Life story magazine:
 - Advantages and disadvantages of physical magazine
 - Opinion about the possibilities: photographs, images, text
 - Opinion about possible alternative aspect: multimedia (including film, sound, music, etc.)

End result:

- Overall satisfaction with the end result
- Meet expectations
- Positive points
- Points of improvement
 - User-friendliness

- Design
- Other things

Added value of life story magazine:

- Added value? What? Why?
- Other possibilities how life story magazine can contribute to own life
- Contribute to the received care
- Added value for future
- Activities in response to the magazine, difference between then and now

Formal caregiver involvement:

- Involvement of care
- Activities of formal caregiver with magazine

Interview topics for volunteer

Motivation participation:

- Reasons to participate
- Expectations
- Looking back

Creation process:

- Experiences
- Added value for you, as volunteer
- Added value for client
- What went well
- Obstacles/ setbacks
- Presence of partner/ informal caregiver
 - Division of roles? Contribution?

Timeframe:

- Realistic
 - Done within 10 to 12 hours?
 - Done within 6 to 8 weeks?
- Time-intensive?

Contact with clients:

- Introduction
- Contact
- Clarity of agreements
- Conversations
- Collaboration

Technology:

- Technology used

Interview topics for formal caregiver and professionals

Life story magazine of client:

- Seen the magazine?
- Used the magazine?
 - If so, how?
 - If so, during which activities?
- Impression of the magazine
- Benefits of the magazine
- Added value for the client
- Added value for formal caregivers
- Relationship between client and formal caregivers (on an emotional basis) changed
 - Any positive points
 - Any negative points

Future implementation:

- Added value magazine for care older adults in general
- Contribution magazine to care for people with dementia
- Opportunities for implementing and applying the magazine in healthcare
 - Possible ways
 - Necessities
 - Support in use
 - What is missing
 - Possibilities of placement of magazine in healthcare
 - Other possibilities for applying the magazine