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Original Article

Investigation of the Effect of Music on Happiness in the Elderly Residing at the Retirement Homes in Kermanshah in 2019

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Abstract

Background and aims: Aging is increasing rapidly both in Iran and across the world. One of today's challenges is the need for psychotherapy and improvement of mental health among the elderly. Therefore, a way should be sought out for improving happiness, especially among the elderly. This study was aimed to investigate the effect of music on the happiness of the elderly residing at the retirement homes in Kermanshah, west Iran in 2019.

Methods: The population of this empirical study of pretest-posttest design including an intervention group and a control group, consisted of all elderly people residing at the retirement homes across Kermanshah in 2019. Participants were selected based on inclusion criteria using convenience sampling and then randomly assigned to intervention group (n: 31) and control group (n: 31). To collect data, the Oxford Happiness Questionnaire (OHQ) was administered to both groups. Afterwards pieces of Kurdish folk and Arnd Stein's relaxing music authorized by the Ministry of Culture and Islamic Guidance were played for the intervention group through three 45-50-minute sessions per week, and the control group continued their daily activities as before. After one month, the posttest was administered to both groups. Data were analyzed by paired *t* test and covariance analysis run in SPSS software.

Results: The results demonstrated that after a period of music therapy, there was a significant difference in happiness and its dimensions between the two groups. The mean±standard deviation score of happiness was 74.16±10.32 at pretest and 96.90±5.42 at posttest. Mean life satisfaction score was 19.35±4.62 at pretest and 27.48±2.41 at posttest. Mean self-esteem score was 17.77±2.87 at pretest and 23.16±1.81 at posttest. Mean Subjective well-being score was 12.94±1.57 at pretest and 15.35±1.40 at posttest. Mean satisfaction score was 10.94±2.11 at pretest and 13.16±1.59 at posttest, and mean positive mood score was 13.16±2.16 at pretest and 17.74±1.06 at posttest. The paired *t* test results showed that the mean score of elderlies residing in Kermanshah retirement homes improved after a music therapy program in terms of happiness dimensions including life satisfaction ($P<0.001$), self-esteem ($P<0.001$), subjective well-being ($P<0.001$), satisfaction ($P<0.001$), and positive mood ($P<0.001$).

Conclusion: This study demonstrated that music improved happiness in the elderly at retirement homes. Thus, we can use music as a non-medicinal, inexpensive tool for enhancement of happiness along with other therapies at retirement homes and hospitals.

Keywords: Elderly people, Happiness, Music

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Introduction

Aging is a gradual process that is associated with physiological changes and reduced physical and mental abilities to do daily routines (1). Aging is a decrease in mental and physical strength that occurs over time. The chronological age of 60 years has been accepted as the starting point of old age. Aging is rapidly increasing across the world including Iran (2). Aging is one of the inevitable events that occur in human life; one of the most important issues in every society is how to deal with this phenomenon. In all human societies, the elderly make up a substantial proportion of the population (3).

Aging often occurs with an increase in incidence of chronic diseases, including hypertension, heart disease, diabetes, urinary incontinence, and insomnia (4). Most of the problems that the elderly face are physical problems, mobility impairments, and mental health problems. On this basis, one of the most important issues that older people face is mental health issues, which has a significant impact on their quality of life.

Although prolonged human life is considered as one of the major human advances, unfortunately most people who reach old age suffer from several diseases and serious health issues including negative emotions such as depression, anxiety, stress, low self-esteem, low quality of life, and social isolation (3). Physical and psychosocial capabilities mitigate at advanced ages, leading to a decline in happiness in the elderly (5).

Another consequence of aging is declined happiness. *Health* is one of the blessings God has bestowed us with, a component of which is mental health.

The World Health Organization puts great emphasis on happiness as one of the health components and considers certain concepts such as self-satisfaction, life satisfaction,

and well-being as indicators related to positive feelings, namely, joyfulness, relaxation, vivacity, and happiness.

In other words, well-being or satisfaction is an important psychological feature a healthy person must enjoy (6).

From a psychological perspective, there are two types of happiness; one type of happiness is realized through tangible living conditions such as education, job, financial and welfare facilities, which is called objective happiness. The other type of happiness is influenced by inner states and personal perceptions, referred to as subjective happiness. Happiness produces energy, vivacity, movement and dynamism, and can protect the person against stress and problems and guarantee his/her physical and mental health (7).

Happiness is one of the most influential variables in human life. Happiness is the meaning of life or contributes to its meaning. Given the benefits of happiness, all societies seek out happiness, prosperity and health of their members and seek to achieve this desire by the factors that affect it. Therefore, it can be argued that happiness includes important rules that can be recognized by the effect of emotions on all aspects of human behavior and development (6).

As age advances, psychological and social activities gradually decline, which in turn increases depression, feelings of hopelessness, isolation, low self-esteem and even death. With proper planning, the elderly can enjoy a happy and enjoyable old age. For example, non-pharmacological methods can have an effective role in promoting the elderly's health (8).

Aging is one of the critical stages in the psychological development of humans and brings about certain physical, cognitive and social changes. Today, with the advancement of health and medical technologies, human life expectancy has increased compared to a few decades ago, but occupational troubles, the complexities of modern life and perceptual overload have reduced the time and possibility to care for the elderly in their own families.

As a result, they are kept away from home, e.g., in retirement homes. This separation from the core of the family can affect their mental health, happiness and life satisfaction. Scientific studies also show that despite the favorable impact of medical and health conditions on life expectancy, prolonged age has increased mental disorders (9).

Studies have also revealed that mood and mental disorders are more common among the elderly living in nursing homes than the elderly living at their own homes (10). The mental and general health of older people may be affected by factors such as social isolation, poverty, feelings of uselessness and dependence, which affect their sense of well-being and put their mental health at risk.

These factors can collectively lead to a decline in the quality of life of the elderly. Enriching the elderly's leisure time in a desirable and efficient way with appropriate activities plays an essential role in helping them adapt to the changes related to aging (11).

As a positive inner experience, happiness has drawn the attention of many psychologists in the last three decades and is one of the indicators of mental health that result from cognitive and emotional evaluation of life. Happiness consists of several fundamental elements, including emotional (happy mood), social (good social relationships and social support), and cognitive (specific information processing and interpretation leading to happiness and optimism) (12).

The most important characteristics of happy people are positive emotions and high self-esteem.

People with happy and optimistic moods tend to believe that bad events belong to the current moment and the current place and will have no impact on other aspects of life. Happy people experience more positive events by valuing their skills. They are better at making decisions about their future because of the use of strategies such as seeking out information on security risk (13).

Music is an art that transmits human emotions, perceptions and cognition without the need for speech. Use of music is convenient and accessible for humans, because rhythm and melody, as two fundamental elements of music, exist in human nature. Studies have highlighted music as a therapeutic tool especially for the elderly, arguing that music therapy acts as a natural antidepressant and, if carefully selected, can reduce depression (14). Music and melodic sounds are the most important and common means of communication (15). Music therapy is the method of using music in a timely manner to respond to emotional, mental, and social desires. Music therapy methods and programs are beneficial for people at any age and for all diseases (16). The relaxing property of music has long been known and music has consistently been used for its calming and invigorating impacts on humans. Today, psychotherapy and mental health of the elderly is one of the most important health subjects, so it is critically important to seek out ways to increase their happiness.

On this basis, effective steps can be taken to improve the elderly's mental health, quality of life and life satisfaction. This study was conducted to investigate the effect of music on happiness among the elderly living in retirement homes in Kermanshah, west Iran in 2019.

Materials and Methods

The present quasi-experimental study of pretest-posttest design included one intervention group and one control group. The study population consisted of the elderly living in retirement homes across Kermanshah.

A total of 62 elderly people were selected using a convenience sampling method. Inclusion criteria were volunteering to participate in the study, age of at least 60 years, being aware of time and place, and no cognitive and hearing impairment or deafness. The only exclusion criterion was simultaneous participation in another recreational or music therapy program that none of our participants fulfilled. To compare the mean happiness

scores between the participants of the two groups, sample size was calculated using the following formula:

$$n = \frac{2\sigma^2 \left(Z_{1-\alpha/2} + Z_{1-\beta}\right)^2}{\delta^2}$$

where

n = Sample size, Z = Standard normal distribution function, α = The error of the first type (0.05), 1-β = Test power (80%), σ = Standard deviation, and δ = The minimum significant difference between two mean values, which was considered as accuracy.

Finally, 31 individuals were assigned to each group given an attrition of 10% (17).

Opaque sealed envelopes with random sequence were used to randomly divide the participants into two groups of pretest, posttest and control.

To this end, a total of 62 cards (31 cards labeled as *M* to represent music therapy group and 31 cards labeled as *C* to represent control group) were inserted into 62 envelopes. The participants were assigned to either of the two groups by picking out either of the corresponding cards.

The data collection tool consisted of a two-part questionnaire, the first part of which addressed demographic characteristics, which was codified by reviewing the literature; the second part was the Oxford Happiness Questionnaire (OHQ) (7).

The OHQ consists of 29 items that are rated on a 4-point Likert scale. The minimum and maximum attainable scores on the questionnaire are 0 and 87, respectively. The higher score on the OHQ the respondent attains, the higher level of happiness he/she enjoys. The validity and reliability of the questionnaire have been investigated in various studies in Iran and other countries.

Alipour and Agah Heris validated the OHQ with 369 participants, all 29 items of which had a high correlation with the total score, and Cronbach's alpha for the whole questionnaire was calculated at 91%. Its convergent and divergent validity was also confirmed. The results of that study confirmed the reliability and validity of the OHQ to measure happiness in Iranian population (18). Argyle and Lu (19) reported a Cronbach's alpha coefficient of 90% for the questionnaire in a sample size of 347 individuals, and Alipour and Noorbala reported its Cronbach's alpha coefficient as being 93% in a sample size of 101 Iranian respondents (2). After receiving the institutional approval to conduct the study, the researcher referred to the retirement homes across Kermanshah and explained the goals and procedure of the study to the officials of the retirement homes and potential participants.

Sixty-two people (31 women and 31 men) were selected from the elderly who met the inclusion criteria and volunteered to participate in the study by convenience sampling, and then they were randomly divided into two groups after providing informed consent to participate in the study.

All participants filled out the questionnaires before the intervention (pretest), and then three 45-50-minute sessions were held per week with the participation of the intervention group to play Arnd Stein's and Kurdish folk music authorized by the Ministry of Islamic Guidance.

Simultaneously the control group did their daily activities without any intervention. Both groups filled out the questionnaires again (posttest) one month after completion of the intervention. Finally, data were analyzed by SPSS version 22 using paired *t* test and analysis of covariance. Throughout the study, ethical principles were strictly observed, some of which were as follows:

The researcher introduced himself to all participants and then explained the objectives of the research to them, obtained informed consent to participate in the study from them, and told them that they could withdraw from the study whenever they wished, interventions had no physical or financial harm to the elderly, the results were provided to the participants and related officials, the participants were assured about the confidentiality of their information, the research findings were used only for scientific purposes, and at the completion of the intervention all participants were appreciated by giving gifts.

Results

Data on a total of 62 individuals were analyzed, of whom around 51.6% in the music therapy group and about 48.4% in the control group were men. The chi-square test results showed no significant difference in gender distribution between the two groups ($P = 0.958$). The mean age of participants was 72.94 ± 5.35 years in the music therapy group and 74.26 ± 5.50 years in the control group.

The results of one-way analysis of variance showed no significant difference in mean age between the two groups ($P = 0.733$). About 77.4% of the participants in the music therapy group and around 74.2% of the participants in the control group were widows/widowers.

The Fisher's exact test results showed no significant difference in marital status between the two groups ($P = 0.638$). About 58.1% of the participants in the music therapy group and around 45.2% in the control group were illiterate or had elementary education level.

The Kruskal-Wallis test results did not show a significant difference in the distribution of education level between the two groups ($P = 0.078$). About 45.2% of the music therapy group and around 35.5% of the control group had 4-6 children.

The Kruskal-Wallis test results did not show a significant difference in the distribution of children's number between the two groups ($P = 0.555$). Regarding grandchildren number, approximately 35.5% of the control group had 1-5 grandchildren and about 38.7% of the music therapy group had 6-10 grandchildren.

The Kruskal-Wallis test results showed no significant difference in the distribution of grandchildren's number between the two groups ($P = 0.550$).

The paired *t* test results showed that the mean scores on

happiness ($P<0.001$) and its dimensions life satisfaction ($P<0.001$), self-esteem ($P<0.001$), Subjective well-being ($P<0.001$), satisfaction ($P<0.001$), and positive mood ($P<0.001$) significantly increased after the music therapy program compared to the scores attained at pretest (Table 1).

According to the paired *t* test results, the mean posttest scores on happiness ($P=0.324$), and its dimensions life satisfaction dimensions ($P=0.869$), self-esteem ($P=0.477$), subjective well-being ($P=0.500$), satisfaction ($P=0.034301$), and positive mood ($P=0.109$) did not change significantly compared to the pretest scores (Table 2).

The results of analysis of covariance showed that according to the effect size values, 67% of variance in happiness scores, 61% of variance in life satisfaction scores, 22% of variance in self-esteem scores, 51% of variance in Subjective well-being scores, 7% of variance in satisfaction scores, and 74% of variance in positive mood scores were due to differences between the studied groups (Table 3).

Table 1. Participants' mean scores of happiness and its dimensions before and after music

Variable	Time	Number	Mean	Standard deviation	*t* test	*P* value
Happiness	Pretest	31.00	74.16	10.32	18.670	<0.001
	Posttest	31.00	96.90	5.42		
Life satisfaction	Pretest	31.00	19.35	4.62	13.494	<0.001
	Posttest	31.00	27.48	2.41		
Self-esteem	Pretest	31.00	17.77	2.87	12.776	<0.001
	Posttest	31.00	23.16	1.81		
Subjective well-being	Pretest	31.00	12.94	1.57	9.404	<0.001
	Posttest	31.00	15.35	1.40		
Satisfaction	Pretest	31.00	10.94	2.11	8.958	<0.001
	Posttest	31.00	13.16	1.59		
Positive mood	Pretest	31.00	13.16	2.16	13.470	<0.001
	Posttest	31.00	17.74	1.06		

Table 2. Mean pretest and posttest scores of happiness and its dimensions in control group

Variable	Time	Number	Mean	Standard deviation	*t* test	*P* value
Happiness	Pretest	31.00	82.10	10.47	-1.002	0.324
	Posttest	31.00	83.45	13.94		
Life satisfaction	Pretest	31.00	21.97	4.53	-0.166	0.869
	Posttest	31.00	22.00	4.52		
Self-esteem	Pretest	31.00	19.71	2.73	-0.720	0.477
	Posttest	31.00	20.42	6.58		
Subjective well-being	Pretest	31.00	13.65	1.68	0.682	0.500
	Posttest	31.00	13.55	1.80		
Satisfaction	Pretest	31.00	11.81	1.64	-0.964	0.343
	Posttest	31.00	12.74	5.64		
Positive mood	Pretest	31.00	14.97	2.17	1.650	0.109
	Posttest	31.00	14.74	2.05		

Table 3. Results of analysis of covariance on comparison of the mean posttest scores of happiness and its dimensions between the two groups by controlling the effect of pretest scores

Variable	Groups	Pretest		Posttest		Analysis of covariance	
		Mean	Standard deviation	Mean	Standard deviation	Pretest's effect	Group's effect
Happiness	Music therapy	74.16	10.32	96.90	5.42	$P<0001$ $\eta^2=0.676$	$P<0001$ $\eta^2=0.669$
	Control	82.10	10.47	83.45	13.94		
Life satisfaction	Music therapy	19.35	4.62	27.48	2.41	$P<0001$ $\eta^2=0.560$	$P<0001$ $\eta^2=0.607$
	Control	21.97	4.53	22.00	4.52		
Self-esteem	Music therapy	17.77	2.87	23.16	1.81	$P<0001$ $\eta^2=0.308$	$P<0001$ $\eta^2=0.218$
	Control	19.71	2.73	20.42	6.58		
Subjective well-being	Music therapy	12.94	1.57	15.35	1.40	$P<0001$ $\eta^2=0.694$	$P<0001$ $\eta^2=0.507$
	Control	13.65	1.68	13.55	1.80		
Satisfaction	Music therapy	10.94	2.11	13.16	1.59	$P<0001$ $\eta^2=0.052$	$P=0.039$ $\eta^2=0.070$
	Control	11.81	1.64	12.74	5.64		
Positive mood	Music therapy	13.16	2.16	17.74	1.06	$P<0001$ $\eta^2=0.658$	$P<0001$ $\eta^2=0.742$
	Control	14.97	2.17	14.74	2.05		

Discussion

The aim of this study was to investigate the effect of music on the happiness of the elderly living in retirement homes in Kermanshah in 2019. Our results showed a significant change in happiness level in the intervention group after the intervention, which indicates the favorable effect of music on happiness. These results are in agreement with previous research findings.

Available evidence shows that music therapy, as a low-cost and accessible method, can be used to increase happiness level, improve the quality of life, and reduce depression.

Aghdamizaheh et al studied the effect of selective music on the restless behaviors of elderly people with Alzheimer's disease living in nursing homes in Tehran (20). Prior to the selective music therapy program, there was no significant difference in the occurrence of restless behaviors between the intervention and control groups. However, after the intervention, a significant decrease in the rate of restless behaviors was observed, which is consistent with the present study's findings. Music therapy is a non-invasive intervention to improve the restless behaviors of the elderly with Alzheimer's disease and to promote mental health. Such programs can be implemented by nurses in nursing homes (20).

Other studies have shown positive effects of music therapy as well. Music has sedative effects that reduce medication, stress and anxiety, leading to relaxation and mitigating depression. The study of Tahan et al showed that music could be used to relieve pain, anxiety, and depression and to improve low self-esteem. It also helps to concentrate and improve mood and prevents hallucinations, delusions and obsessive thoughts. Deviation from the disease may also result from focus on music (16).

Asgari et al also found that music was effective for anxiety and self-efficacy in the elderly (21). The results of the present study showed that most of the elderly in both intervention and control groups had relatively low levels of happiness before the intervention, but after the intervention, the level of happiness in the intervention group increased and reached a standard level according to the OHQ guide.

Overall, music can be used as a non-pharmacological, complementary, and inexpensive method without side effects to enhance the happiness level of the elderly by the elderly's mental health professionals. This study suffered from certain limitations, among which were lack of possibility of blinding and lack of follow-up to investigate the stability of music's impact on improvement of happiness in the participants.

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Conflict of Interests

The authors declare no conflict of interests.

Ethical Approval

The protocol of the study was registered as IR.IAU.KHUISF.REC.1398.134 at the Ethics Committee of the Islamic Azad University, Isfahan (Khorasgan) Branch.

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