



## Feature Article

## Geriatric Rehabilitation and Resilience from a cultural perspective

Darlene Yee-Melichar, EdD<sup>a,\*</sup>, Andrea Renwanz Boyle, PhD<sup>b</sup>, Linda J. Wanek, PhD<sup>c</sup>, Sarah B. Pawlowsky, MSPT, DPT<sup>c</sup>

<sup>a</sup> Gerontology Program, San Francisco State University, 1600 Holloway Avenue, San Francisco, CA 94132, USA

<sup>b</sup> School of Nursing, Dominican University of California, San Rafael, CA, USA

<sup>c</sup> Physical Therapy Program, San Francisco State University, San Francisco, CA, USA



## ARTICLE INFO

## Article history:

Received 31 July 2014

Accepted 4 August 2014

Available online 10 September 2014

## Keywords:

Geriatric rehabilitation

Resilience

Cultural perspective

Healthcare interventions

Caregiving

Case studies

## ABSTRACT

Resiliency is a key aspect to aging successfully. Promoting healthy lifestyles, strong social bonds, enhancements to one's environment, accessibility to quality care and rehabilitation are critical in a positive aging experience. Issues of personal, social, medical, and rehabilitative care are addressed in the context of resiliency from a cultural perspective. Various research studies explore resiliency through the progression of aging within changing environments, medical needs, and social conditions. Findings suggest that a strong connection to culture, accessibility to medical attention, and comprehensive assessment of a patient's background can effectively improve the rehabilitation for an aging individual. This article addresses aspects of caregiving that are essential in raising cultural sensitivity and resiliency, discussing three case studies (i.e. fall risk; stroke; congestive heart failure) in the geriatric patient. Resiliency in culture and rehabilitation has a connection needed to advance the quality of care and quality of life for an aging patient population.

© 2014 Elsevier Inc. All rights reserved.

## Resilience from a cultural perspective

The scientific community has begun to recognize resilience as a central component for success in later life. Although there is no universal definition for resilience, it is a key factor of aging well. Resilience as part of the aging process has received inadequate attention with more research needed on the multidimensional and cultural perspectives of resilience in older people.

Resilience, associated with the ability to cope with stresses, is defined as a capacity to flourish in spite of adversity<sup>1</sup> as well as the maintenance or improvement in health following challenges.<sup>2</sup> Comprised of multiple factors such as sociological, psychological, biological, and social elements including social support,<sup>2(p166)</sup> resilience is characterized by personality traits and personal attributes including high self-esteem, determination, humor, curiosity, creativity, optimism, and a sense of purpose.<sup>3</sup> Resilience in elders has also been connected with responses to difficult events that have been learned over time.<sup>3</sup>

Van Breda has defined “resilience as the strengths that people and systems demonstrate that enable them to rise above adversity” and described ways to build resilience.<sup>4</sup> According to Neill, “cultural

resilience refers to a culture's capacity to maintain and develop cultural identity and critical cultural knowledge and practices.”<sup>5</sup> Bowen defined “community resilience as the ability of a community to establish, maintain, or regain an expected or satisfactory level of community capacity in the face of adversity and positive challenge.”<sup>6</sup>

Europe and the United States contain such diverse populations that an understanding of cultural and other differences is crucial. Grundy<sup>7</sup> examined older Europeans and proposed a variety of interventions to increase resiliency and minimize vulnerability. The interventions included the promotion of healthy lifestyles, strong social relationships, environmental improvements (i.e., reducing the risk of falls, street crime, influenza immunization), and access to quality acute care and rehabilitation. In a recent study<sup>3</sup> involving data from over 1000 women living in the United States related to the Women's Health Initiative, researchers aimed to understand how resilience might change over the lifespan. Results indicated that resilience appeared to relate to other healthy aging determinants and the way one ages (within a cultural and/or other context) may change the way that resilience is expressed.<sup>8</sup>

Bauman, Adams, and Waldo examined resilience in the oldest-old in a series of three separate studies conducted in Europe identifying common strategies used to overcome hard times.<sup>9</sup> Baltes and Baltes<sup>10</sup> noted common traits in resilient older women included flexibility, tolerance, independence, determination, and

\* Corresponding author. Tel.: +1 415 338 3558; fax: +1 415 338 3556.  
E-mail address: [dye@sfsu.edu](mailto:dye@sfsu.edu) (D. Yee-Melichar).

pragmatism as did LaFerriere and Hamel-Bissell<sup>11</sup> in their ethnographic study of six elderly women aged 87–93 who lived in northeastern Vermont for an average of 70 years. Talsma studied elders in the Netherlands finding three dimensions of resilience: physical functioning, psychological functioning, and well-being.<sup>12</sup> The concept of resilience was identified as an important variable in the above studies despite the presence of cultural variability. Findings suggest that a strong connection to culture, easy accessibility to medical attention, and in-depth assessment of a patient's background can effectively improve the conditions of living and resilience for an aging individual.

Researchers have also identified a number of cultural issues relevant for elders that are associated with an increased need for resilience. These include: 1) material factors such as food and shelter; 2) health factors, 3) social linkages, 4) cultural values – especially those of independence, and 5) cultural change (i.e., having to adapt to new cultures or changes in culture).<sup>13</sup> Growing older is not a uniformly “good” or “bad” practice; rather consideration of the aging process should be looked at from a cultural perspective, life experience, and local circumstance.<sup>5</sup> Specifically, this consideration should include resilience and the cultural impact on resilience and the individual's reaction to later life, the overall picture of their individual experience.

### Prior research examining the impact of culture on resilience

Gunnestad examined resilience in a cross-cultural perspective with a study about: 1) protective factors, 2) different ways of creating resilience, 3) resilience and vulnerability from culture, and 4) minority and majority cultures and biculturalism.<sup>14</sup> Although this discussion is not specific to older people, it examines cultural, familial, and social issues which both aid and hinder the development of resilience in children. The author outlined protective factors and processes which help to create resilience as: 1) Network factors (external support), 2) Abilities and Skills (internal support), and 3) Meaning, Values, and Faith (existential support).<sup>14</sup>

According to this study,<sup>14(p2-3)</sup> “Network factors” include external support from family, friends, neighbors, teachers, etc. “Abilities” include internal support such as physical and mental strength, temperament and emotional stability, intellect and appearance. “Skills” include communication skills, social and emotional skills. “Meaning, Values, and Faith” include existential support such as perception of values and attitudes. The author stated that culture is contained in all three protective factors which are interrelated.<sup>14</sup> Culture, an integral part of meaning, value, and faith, affects the way we form external support and determines what skills are appreciated.

Gunnestad<sup>14(p3)</sup> also described the need to create resilience which occurs when protective factors initiate certain processes within the individual. The author examined resilience and vulnerability in different cultures: Latino, North American Indian First Nation, and South African youth. The author illustrates how the culture over a long period of time has developed behavior that generates resilience.<sup>14</sup>

Rutter further identified different ways of creating resilience.<sup>15</sup> These included: 1) building a positive self-image; 2) reducing the effect of risk factors; and 3) breaking a negative cycle and opening up new opportunities. Those immigrants and their succeeding generations who master the rules and norms of their new culture without abandoning their own language, values and social support seem more resilient than those who just keep their own culture and cannot acclimate to their new culture or those who become highly acculturated. It can be seen that if you take the culture from a people, you take their identity and strength – the resilience factors – which makes them vulnerable.

Katzko et al examined and compared a sample of elderly Spanish participants ( $n = 83$ ) and elderly Dutch participants ( $n = 74$ ) to gain an idea of the cross-cultural content of self-concept,<sup>16</sup> a critically important aspect of resilience. Data suggest that the participants look to continue meaningful lives after family and career goals are met. Overall, the results of the study<sup>16</sup> indicated that in both cultures, the elderly participants maintain a “still-healthy” image of themselves and often look for opportunities with which to fill their day-to-day existence with meaningful activities.

### Model programs in geriatric rehab and resilience from a cultural perspective

Lewis summarizes the role of Alaskan elders in the cultural resilience of Native communities.<sup>17</sup> Lewis commented on cultural resilience, examining the obstacles that specific societies face in establishing and maintaining their various traditions and social norms.<sup>17</sup> He explored resilience and cultural resilience within the elderly community and defined the typical roles of elders (i.e. grandfather as a mentor). “Cultural Identity” is an important topic since elders rely upon it to maintain status within their community.<sup>17</sup>

Regarding the maintenance of a community's resiliency, Lewis highlights the peoples of Native Alaska to show how a culture preserves its identity. While Alaskan Natives make a positive effort to speak and teach their native language and folklore to their children, they also face the challenges of their out-migrating youth and their reliance on imported goods. Tensions between personal and communal resilience address the elders' desire to maintain independence and identity within their culture. Lewis concludes<sup>6</sup> that the issue of resilience sparks innovative efforts within specific cultures to sustain its identity. In his article,<sup>18</sup> Moody describes how different cultures view geriatric care by featuring a Chinese family opting out of traditional medical care and choosing herbal treatments to remedy their aging relative's pain caused by cancer.<sup>18</sup> The family attributed this decision to their cultural values, while their doctor and health care team was left shocked and in disagreement.

Moody also describes a study by the Fan Foz and Samuels Foundation which surveyed elders of different ethnicities about their views on aging.<sup>18</sup> Common ideas between cultures included: shared belief of fatalism, reluctance to communicate with health care professionals, and the belief that health care professionals did not want their opinion in relationship to care. The study<sup>18</sup> predicted they would find differences among cultures, finding instead a number of significant cultural similarities.

Consedine, Magai & Conway<sup>19</sup> considered resilience among individuals from six ethnic groups: African Americans, Jamaicans, Trinidadians, Bajians, US-born Whites, and Immigrant Europeans, predominantly Russians and Ukrainians from the former Soviet Union. The mean age of sample participants was 73.8 years. For the purposes of the study,<sup>19</sup> resiliency was defined as functionality relative to health impairment. It was concluded that “later life is associated with both gains and losses; aging brings with it a variety of challenges in coping with losses in physical, social, and economic realm.”<sup>19(p124-125)</sup>

This research data<sup>19</sup> suggested that resilient members of African descent (African Americans, Jamaicans, Trinidadians, and Bajians) were more likely to manifest patterns of adaptation characterized by religious beliefs, while resilient US-born Europeans and immigrant Europeans were more likely to benefit as a result of a nonreligious social connectedness. Social networks, religion, emotions, and emotion regulation were identified as among the key proximal components underlying ethnic difference in later life adaptation and in resilience.

Download English Version:

<https://daneshyari.com/en/article/2648853>

Download Persian Version:

<https://daneshyari.com/article/2648853>

[Daneshyari.com](https://daneshyari.com)