



Feature Article

The ability of older people to overcome adversity: A review of the resilience concept

Gisela van Kessel*

International Centre for Allied Health Evidence, University of South Australia, Adelaide, Australia

ARTICLE INFO

Article history:

Received 23 August 2012

Received in revised form

22 November 2012

Accepted 1 December 2012

Available online 14 January 2013

Keywords:

Older adults

Psychological resilience

Well-being

Concept

Social support

ABSTRACT

Resilience has been recognized as the ability to bounce back from adversity and regain health. This review seeks to explore the validity of the current understanding of resilience as it applies to older people and its application as guide for interventions. One mixed method, 19 qualitative and 22 quantitative papers were located through a systematic search of nine databases. Results confirmed a number of themes of personal resources. Older people who have the ability to use personal resources and see the world beyond their own concerns are more likely to be resilient. In addition a number of environmental factors were identified including social support from community, family and professionals as well as access to care, availability of resources and the influence of social policy and societal responses. Nurses can facilitate resilience of older people by maintaining or enhancing social support and facilitating access to care and resources.

© 2013 Published by Mosby, Inc.

1. Introduction

Using resilience as a lens to reflect on practice can support nurses and researchers to take a salutogenic approach to health. Antonovsky's salutogenic model describes a move away from an exclusive disease orientation toward a health promotion approach that encourages the use of personal and environmental resources for maintaining health.¹ The use of resilience to implement a salutogenic approach can support nurses to actualize a commitment to the goals of health promotion and wellness by enhancing their ability to impact on factors that may increase the resilience of populations.² A focus on older people adds to this strengths-based approach by directing attention to the enabling factors elicited from the knowledge and experience of older people. Thus, an awareness of resilience as it applies to older people, enables a health promotion approach to advocate and influence enhanced health outcomes.

1.1. What is resilience?

There are numerous conceptualizations of resilience from many different disciplines, all conveying their own nuances. Psychological resilience in a broad sense is defined as "a process whereby people bounce back from adversity and go on with their

lives."³ (p227) Individual resilience has been categorized into different types including health, physiological, emotional, dispositional and psychological.⁴ These understandings of resilience are underpinned by a number of theoretical explanations such as developmental theory from observations with resilience in children or theories on the psychology of coping and the physiology of stress.⁵ Resilience is thought to be a dynamic process within each individual, changing over time in response to life experiences.⁶ A substantial number of characteristics of the individual associated with resilience have been established (see the work of Polk for an extensive review).⁷ There is also an increasing body of work identifying environmental resources such as access to care,^{8,9} availability of resources⁹ and the actions of professionals^{9,10} as influential to the experience of resilience. The dynamic process of resilience may involve the negotiation and navigation of these internal and external resources.^{11,12} Alternatively, resilience is understood as a process of adaptation when challenged by an adversity.¹² However, much of the concept development has been dominated by investigating middle aged adults with a specific disease process, or children, so there is some ambiguity regarding the validity of the concept for older people.

To have utility, concepts should identify key features of the social world and are "an idea that is expressed in words."¹³ (p111) Turner suggests that concepts need to be defined precisely to direct researchers to the same phenomenon.¹⁴ (p5) When the conceptualization of an idea remains ambiguous there is an incomplete set of operational definitions, leading to a lack in clarity

Conflict of interest: None.

* Tel: +61 8 8302 2551; fax: +61 8 8302 2853.

E-mail address: gisela.vankessel@unisa.edu.au.

regarding what will have to change to produce a different result. Designing interventions for older people that support their resilience relies on conceptual and operational clarity. One way to foster this, is to sensitize the concept through a process which refines it meaning, reshaping and identifying the common aspects within a diversity of others features.¹³ (p118,119)

The resilience concept has under gone a number of sensitizing processes.^{2,3,15,16} However, apart from one early study in 1990,¹² empirical resilience research in older people appears to have commenced around 2000. This relatively recent body of research has not been incorporated into these reviews. Thus, previous concept analyses have been founded predominately on a body of research in children. There has been some research into conceptualizing resilience in older people but this has been done on a specific sample of women over 85.^{7,12} Previous conceptualizations have drawn on the researchers own findings¹² or inductively from the experience of clinicians and researchers⁷ or narrative reviews.^{2,3,16} A systematic review is an alternative method of summarizing current evidence to facilitate the transfer of knowledge to nurses and increase their confidence in the concept of resilience for use in management and practice with older people.^{17,18}

The aim of this paper is to facilitate the transfer of current research findings into practice through a systematic search of the literature. The paper defines resilience in older people and summarizes findings of elements of resilience with validity for older people, to provide nurses with a framework for identifying older people with lower potential for resilience, recognizing specific adversities and implementing interventions to strengthen resilience.

2. Method

2.1. Search procedure

A database search was conducted using Ageline, PsychArticles, PsychInfo, Psychological and Behavioral Sciences collection, CINAHL Sociological abstracts Medline and Web of Science from inception to February 2012. Search terms included truncation of *resilience*, with the use of the Boolean operator AND between *later life* OR *elder (with truncation)* OR *older*. Reference lists were screened for further publications.

2.1.1. Selection criteria

Publications needed to meet the criteria that participants were over the age of 50 and were based on a definition or theory of resilience. All languages and all empirical forms of publications were considered. A process of screening titles, abstracts and full texts was used to exclude publications if they did not meet inclusion criteria. Papers were also excluded if a proxy for resilience was used e.g. well-being or resilience appeared as a conclusion and explanation for a method which used other variables and theoretical frameworks.

2.2. Analyses

A data extraction form was developed to record identification features, study characteristics, participant characteristics, definitions and findings. Sources were examined for possible influences such as historical, international and author discipline patterns.

Hsieh and Shannon suggest that a summative content analysis can be conducted to explore word usage and discover the range of meanings that resilience has in academic use.¹⁹ Analyzing the definitions of resilience consisted of identifying and quantifying words and then analyzing the use of the words.¹⁹ Word frequency counts in the definition used by each study were calculated using NVivo 9.

Quantitative data was extracted and subjected to a descriptive statistical analysis. Qualitative data was explored with a directed content analysis, which can be used to validate or extend a concept.¹⁹ The directed content analysis used a deductive process to identify key elements to be used as the initial coding categories¹⁹ from the initial themes by Wagnild and Young.¹² The author then highlighted text in the qualitative papers and this highlighted text was then allocated to the predetermined codes. The text that could not be categorized into the predetermined codes was given a new code. The new codes were then reported as emerging themes. The trustworthiness of the analysis was established through the table of results which enabled an audit trail back to the original studies. The qualitative and quantitative findings are synthesized in the discussion.

3. Results

3.1. Results of the search

A total of 142 possibly relevant articles were found after duplicates were removed. Screening excluded 100 articles on the basis of not investigating resilience empirically, exploring resilience of other populations, not peer reviewed and not containing data about definitions and measurement. The remaining 42 articles were dominated by western research particularly USA and UK based. Researchers were represented by the disciplines of medicine, psychiatry and social work but there was a bias toward nursing and psychology. Participants were predominately Caucasian and female. One mixed method study, 19 qualitative and 22 quantitative papers were included Fig. 1.

3.2. Resilience definitions

Two key elements of resilience were identified: ability ($n = 16$) and adversity ($n = 14$). Adversity was not consistently identified but where it was, it included experience of being old ($n = 7$), poor health ($n = 7$), bereavement ($n = 6$), retirement ($n = 2$), dying ($n = 2$), living in a rural setting ($n = 2$) and one each related to experiencing disaster, identifying as indigenous, being a woman, experiencing poverty, transitioning from hospital and working as a maid. In all papers, including the qualitative literature, the nature of the adversity was determined by the research question. Other common ideas that appeared in definitions used to frame the included research were life, individual, adaptation, bounce, capacity, personality, physical, process, protective and psychological.

3.3. Qualitative findings

Twenty papers utilized a qualitative method. This included one mixed method design.²⁰ Methods used included interview ($n = 15$) case study ($n = 3$), storytelling ($n = 1$) and timeline analysis ($n = 1$). Fourteen studies were based in the USA with two each in the UK and Sweden and one each in the Netherlands and New Zealand. Six studies explored the meaning given to resilience by women only^{7,12,21–24} while only one study explored the experiences of exclusively of men.²⁵

The body of qualitative research confirms the original themes by Wagnild and Young¹² of equanimity,^{8,22,26,27} self-reliance,^{7,20,21,23,27,28} existential aloneness,²⁶ perseverance²⁹ and meaningfulness.^{12,20,25,30} These themes were used to develop the Resilience Scale but it was ten years later when the body of research into resilience and older people began in earnest. Fifty per cent of qualitative research into the resilience of older people has been conducted in the last three years.

Download English Version:

<https://daneshyari.com/en/article/2650209>

Download Persian Version:

<https://daneshyari.com/article/2650209>

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