

Title:

Acculturative Stress and Resilience Among Older Filipino Americans

Reimund Serafica, PhD

School of Nursing, University of Nevada, Las Vegas, Las Vegas, NV, USA

Session Title:

Exploring Resilience Among Asian Immigrants Toward Improving Global Healthcare

Keywords:

Acculturative stress, Asian immigrants and Resilience

References:

Birman, D., Simon, C. D., Chan, W. Y., & Tran, N. (2014). A life domains perspective on acculturation and psychological adjustment: A study of refugees from the former Soviet Union. *American Journal of Community Psychology*, 53(1-2), 60-72.

Dong, X., Chen, R., Wu, B., Zhang, N. J., Mui, A. C. Y.-S., & Chi, I. (2016). Association between elder mistreatment and suicidal ideation among community-dwelling Chinese older adults in the USA. *Gerontology*, 62(1), 71-80.

Isasi, C. R., Ayala, G. X., Sotres-Alvarez, D., Madanat, H., Penedo, F., Loria, C. M., . . . Siega-Riz, A. M. (2015). Is acculturation related to obesity in Hispanic/Latino adults? Results from the Hispanic community health study/study of Latinos. *Journal of Obesity*, 2015, Article ID 186276.

Kim, W., Kang, S.-Y., & Kim, I. (2015). Depression among Korean immigrant elders living in Canada and the United States: A comparative study. *Journal of Gerontological Social Work*, 58(1), 86-103.

Oppedal, B., & Idsoe, T. (2015). The role of social support in the acculturation and mental health of unaccompanied minor asylum seekers. *Scandinavian Journal of Psychology*, 56(2), 203-211.

Ward, C., & Geeraert, N. (2016). Advancing acculturation theory and research: The acculturation process in its ecological context. *Current Opinion in Psychology*, 8, 98-104.

Abstract Summary:

This study explored the interplay between acculturation, acculturative stress, and resilience, and their collective impact on physical and mental health self-evaluation among older Filipino Americans.

Content Outline:**(1) INTRODUCTION**

1.1 Description of older Filipino immigrants in the United States

1.2 Types of older Filipino immigrants

1.3 Reasons for migration to United States

(2) BODY

2.1 Differences in roles between established older adult immigrants and recent older adult immigrants

- 2.1.1 Relationship between acculturative stress and physical health among older adult immigrants
- 2.1.2 Relationship between acculturative stress and mental health among older adult immigrants
- 2.1.3 Relationship between acculturative stress and resilience among older adult immigrants
- 2.1.4 Effects of resilience to global health scores among acculturating older adult immigrants
- 2.2 Definition of terms
 - 2.2.1 Definition of acculturative stress among older adults
 - 2.2.1 Definition of resilience among older adults
- 2.3 Literature Review
 - 2.3.1 Current state of science regarding older adults' levels of resilience
 - 2.3.2 Current state of science regarding older adults' acculturative stress
- 2.4 Description of the study
 - 2.4.1 Aim(s) of the study, demographic characteristics of the participants. Ethical procedures, recruitment methods, data collection methods, and data analyses
- 2.5 Results of the study
 - 2.5.1 Demographic statistics of the participants
 - 2.5.2 Relationships between resilience and acculturative stress
 - 2.5.3 Relationships between resilience, acculturative stress, and mental health scores
 - 2.5.4 Relationships between resilience, acculturative stress, and physical health scores
- (3) IMPLICATIONS
 - 3.1 Study's results consistent with the results of other studies in older adult immigrants
 - 3.2 Implications of significant relationships among variables of acculturative stress and resilience among older adults
 - 3.3 Limitations of the study and opportunities for future research
 - 3.4 Implications of current findings to nursing research, practice, and education, and policy making
- (4) CONCLUSIONS
 - 4.1 Relevance of findings to clinical and demographic characteristics of immigrants with advanced ages with chronic conditions, and inadequate acculturative stress and resilience assessment.
 - 4.2 Relevance of findings to interdisciplinary and collaborative team efforts to design future interventions towards older adult immigrants in reducing acculturative stress and increasing resilience.

Abstract Text:

Background:

Acculturation is a multidimensional process of individuals adapting to a new country (Isasi et al., 2015; Oppedal & Idsoe, 2015) Evidence suggests that level of acculturation is among the most important factors in predicting the health status of an immigrant (Ward & Geeraert, 2016). Successful acculturation can differ across immigrant groups depending on resilience, generational status, age, years of residence, cultural affiliation,

and other demographic factors (Birman, Simon, Chan, & Tran, 2014). Previous studies have found that older immigrants undergo acculturation experiences different from their younger counterparts (Dong et al., 2016). Understanding the relationship between aging and stress is critical, particularly for the aging immigrant population in the United States (Kim, Kang, & Kim, 2015).

Purpose:

The aim of this study was to explore the interplay between acculturation, acculturative stress, and resilience, and their collective impact on physical and mental health self-evaluation among older Filipino Americans.

Methods:

The study was cross-sectional from older Filipino immigrants, 55 years and older (N = 123) who were living in the western part of the United States. The data were collected through four surveys (ASASFA, SAFE, CD-RISC-10 and Global Health instruments) and a demographic questionnaire. The first phase of the analysis provided descriptive statistics and assessed the reliability of the scales' variables. The second phase used regression models to examine the relationship between acculturation level and acculturative stress and resiliency and documented the role of those variables in influencing health outcomes later in life. Finally, we conducted a mediation analysis by using the medflex package in R to assess the significance of acculturative stress and resiliency in explaining the relationship between the level of acculturation and health self-evaluation in later life.

Results:

Participants' mean age was 67.6 years (SD = 10.01, range = 55–96). Almost all (99%) were born in the Philippines, and the mean length of stay in the United States was 25.3 years (SD = 17.67). About 74% were female and 78% were married. The mean years of education completed was 12.6 (SD = 3.85), and more than a third (38%) had a household income between \$25,000 and \$49,999. The regression results indicate that our predictors explained about 25% of the variation in acculturative stress and resilience. Although not statistically significant, the estimates for gender show that, compared to men, women reported average lower acculturative-stress scores (by 6.16 points) and lower resilience scores (by 0.64 points). Compared to nonmarried older adults, married older adults reported lower acculturative stress (by 5.03 points on average) and resilience. We also document the statistically significant influence of the level of acculturation on both acculturative stress and resilience. Compared to older immigrants with lower levels of acculturation, those with higher levels of acculturation reported lower acculturative-stress scores (1.36 points average difference; $p < .001$) and higher resilience (0.41 points average difference; $p < .001$). We found that the percentage of variance in physical health scores explained by our predictors increased significantly from 12% in Model 1 to 16% in Model 3. The regression estimates in Model 1 show that women had, on average, physical health scores that were 3.64 standard deviations lower than those of men. We also observed significantly lower physical health scores among older age groups. Although statistically nonsignificant, older adults with higher levels of education reported physical health scores that were 0.45 standard deviations higher than the scores of older adults with lower levels of education. The regression estimate for levels of acculturation showed that older adults with higher levels of acculturation reported, on average, physical health scores that were 0.07

standard deviations above the sample's average. We did not observe substantive changes in the influence of acculturation level on physical health after including acculturative stress in Model 2 and resilience in Model 3, and its influence remained statistically nonsignificant across all three models. The remaining influence of acculturative stress and resilience, although statistically nonsignificant, indicates that higher levels of acculturative stress contributed to poorer physical health, whereas greater levels of resilience positively influenced physical health.

The percentage of variance in mental health scores explained by our predictors increased sharply, from 9% in Model 1 to 24% in Model 3. The regression estimates in Model 1 show that women had mental health scores that were 0.87 standard deviations higher than those of men. We observed significantly lower mental health scores among older age groups. Although not statistically significant, older adults with higher levels of education reported health scores that were 1.29 standard deviations higher than the scores of older adults with lower levels of education. The regression estimates for acculturation level showed that older adults with higher acculturation levels reported mental health scores that were 0.09 standard deviations higher. Similar to the models predicting physical health scores, we did not observe substantive changes in the influence of acculturation level on mental health after including acculturative stress in Model 2 and resilience in Model 3, and its influence remained statistically nonsignificant across all three models. The remaining influence of acculturative stress and resilience demonstrated that higher levels of acculturative stress were related to significantly worse mental health status, whereas greater levels of resilience were related to better mental health. Our mediation analysis revealed a statistically significant positive, indirect effect of acculturation level, which suggests that it influenced both the physical and mental health of older adults, primarily by reducing their acculturative stress and increasing resiliency.

Implications:

These findings might further indicate collaborative ways to decrease the acculturative stress of older adult immigrants by promoting social integration and educating health care practitioners to assess the level of stress of their older adult immigrant patients. The same can be said about strengthening older adults' resiliency. Proper referrals and quality, targeted counseling, such as culturally sensitive cognitive therapy to improve well-being, might enhance resiliency among older immigrant adults. Another research area that could help develop the practice within the nursing field would be to identify culturally sensitive interventions that can be used with family members and health providers to enhance resilience among acculturating older adults in a new country of residence.

Conclusions:

Older immigrants with higher level of acculturation reported lower level of acculturative stress and higher level of mental health scores. Older immigrants with higher levels of acculturative stress showed poorer mental health status, whereas older adults with greater levels of resilience were related reported with better mental health. Integrating assessment of acculturative stress and resilience into clinical decisions is an important component of nursing practice.