The Quality of Life Matters: The benefits of Ethnic Nursing Homes-A Systematic Review

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Global Migration and Population Shifts

- Rapid growth of older minority populations.
- A result of global migration and population aging in most western countries.
- Demand for quality long term care for ethnic elders in U.S. and other developed countries.

Figure 1. The change of the proportion of elders in nursing homes and general population in US based on the race. (Feng, Fennell, Tyler, Clark, & Mor. 2011)

Clinic Practice Question

Compared with traditional nursing homes, do ethnic nursing homes provide ethnic elders with better quality of life at the end of their lives?

Review Methods/PRISMA Diagram

Conclusions

- The physical environment, organizational structure among staff, leadership and involvement of the local ethnic community provide a good person-environment fit, home-like environment, and builds high resident morale, self-esteem, and a high level of resident satisfaction.
- Provide enjoyment, a sense of security and compassion.
- Reduce stress of transition to institutional care.
- The ethnic elders are grateful for the availability of the option to live in such residential facility.
- The creation of an ethnic unit within the traditional nursing home setting is feasible once specific needs and goals are identified.

Figure 3. Meal time: A Chinese elder at a traditional nursing home. (Wu & Barker 2008)

Barriers to Quality Long Term Care for Ethnic Elders at the Traditional Nursing Homes

- Current mainstream services are not providing appropriate care to meet the cultural and language needs of minority ethnic elders.
- Access: the nursing homes discriminate on the basis of race in admitting patients.
- Difficult Transition to Institutional Care.
- Inefficient Communication: different language and nonverbal communication result in needs not being cared for, and behavioral and emotional problems.
- Discrimination: racial discrimination in U.S. long term care home environments resulted in a low level of self control and greater psychological stress.
- Isolation: low social engagement levels, which associated with a lower psychosocial well-being and quality of life.
- Misleading Assessment and Misdiagnosis due to language barriers, different ways of communicating distress, conceptual differences about illness, unwillingness to share information, and bidirectional bias caused by racial stereotyping or prejudice, and lack of training.
- Foods: Institutionalized, impersonal foods linked to a decreased quality of life and nutritional status for ethnic elders. The Chinese residents did not consider the institution’s “Special Asian diet” to be Chinese food.

References available upon request (Ying.L.Wohlberg@uth.tmc.edu)