THE BOARD ROOM

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Strengthening Resilience Among Residents in Long-Term Care

The word "resilience" comes from the Latin word *salire,* which means to spring up, and the word *resilire*, which means to spring back. Resilience is defined as the ability to spring back or recover from a physical, emotional, financial, or social challenge. If you are resilient, you are better able to respond to the changes and challenges that you encounter, and adapt and adjust to get through them. Individuals who are resilient can move beyond the challenge and emerge stronger. Similar to the philosophy of "what doesn't kill you makes you stronger," resilience is critical to recovery — or to dying successfully. A successful death has been described as the feeling that our life has been well lived, that we have completed what we wanted to do during the time given.

Factors That Influence Resilience

Resilience is a personality trait as well as a learned behavior that develops over time as challenges are experienced and successfully managed. There also is some evidence to support a genetic predisposition to being resilient. Prior research has shown that being exposed to stress can cause alterations in brain structures associated with cognition, mood, and behavior within the hypothalamic-pituitary-adrenocortical (HPA) axis. The response to stress then impacts neurotransmitters, neuropeptides, and hormones. Some individuals respond with resilience; others decompensate when exposed to the same type and level of stress.

It is never too late to learn, build, or strengthen our resilience. Those of us who are fortunate enough to practice geriatrics have the opportunity to hear from our older patients in this regard.

The serotonin gene, solute carrier family 6 neurotransmitter transporter (SLC6A4), is most commonly associated with resilience. Several additional genes, which are believed to be involved with prefrontal cortex reactivity associated with fear and other stressors, have also been associated with resilience (*Nat Rev Neurosci* 2009;10:446–457).

In addition to the basic personality aspect of resilience, it comprises the lifelong accumulation of learned experiences, and the ways in which an individual has coped with challenges over time. Further, it is never too late to learn, build, or strengthen our resilience. Those of us who are fortunate enough to practice geriatrics have the opportunity to learn from our older patients in this regard. These individuals have lived long lives, and often they have experienced many physical, emotional, economic, or psychological challenges. We can learn from our resilient residents, then teach and model resilience to those who may not be as naturally inclined.

Learning From the Masters

I have had the opportunity to work in a continuing care retirement community from its opening day in 1984 through today. Overall, the first residents were an amazing group of individuals. They were professional men and women, all of whom had attended at least some college. I met true leaders, such as the first black woman to graduate from the Wharton School of Business, the first female physicians to graduate from Johns Hopkins medical school, and numerous nurses, teachers, and leaders within the local community. Their stories of what they had endured to succeed were amazing, as were their accomplishments. In addition to overcoming the challenges of military service and the Depression, these individuals had persevered through world wars and the loss of siblings and close friends.

The Teachers

Among the first move-ins were a very special group of schoolteachers. This group included 15 women, 65 to 82 years old. Most of these women were single and were planning for their retirement years. Living frugally had enabled them to sell their homes and make this move. Some of my first and best lessons about resilience came from these individuals. One particularly outstanding woman, Miss Walker, became a dear friend, mentor, and adopted grandmother to my children over the years. Miss Walker had been not only a teacher but a school principal as well, and had been promoted to superintendent of the Baltimore school system.

In our many talks, she shared with me her life challenges, and I noted how these stories reflected the resilient and amazing woman she was. She described how, at age 16, she endured the loss of her 18-year-old brother when he was electrocuted as he repaired a wire while employed with the gas and electric company. They had been extremely close, and his death was devastating for her and her family. Further, she told me of her first and only love who was killed during the war — another loss and another challenge. She talked of acknowledging these losses, accepting them, and making her peace with how she would deal with them. Although she loved children, she never had any of her own; she considered the children she taught to be her own. This type of parenting was sufficient for her, and she talked of it without sadness or regret.

Over the years Miss Walker had significant health problems. As a young adult she had fallen and fractured her right wrist, which was set inappropriately, and she subsequently developed nerve compression. Because she couldn't use the hand for anything more than gross functional activities, she learned to do everything with her left hand — again accepting and adjusting to this new loss. In her later years, she was faced with significant cardiovascular disease that required daily monitoring and medical management; she was amazingly adherent to any and all treatment, and was appreciative of the care provided. At age 91 she had a fall and fracture, and decided not to have surgery. She had to move out of her apartment into the nursing home section of the facility, which she did gracefully — again demonstrating resilience as she accepted what happened and made the best of the situation. She accepted the help of friends and colleagues, and asked them to bring her things from her apartment that were important to her. She died peacefully, not long after the hip fracture.

Miss Walker had many qualities and characteristics I have known to be associated with resilience: positive interpersonal relationships, social connectedness with a willingness to work with others, strong internal resources, an optimistic or positive perspective about life, experience with overcoming challenges encountered throughout the life span, realistic expectations, achievable goals and consistent work toward those goals, high self-esteem and high self-efficacy, a sense of purpose in life, a sense of community and belief in a higher power, creativity, and a sense of humor and curiosity. I've strived to teach these characteristics to the residents I encounter throughout my practice.

Evaluating, Teaching Resilience

Given the importance of resilience for residents' ability to cope, recover, and succeed in dealing with specific challenges or age-related life events, it is critical as practitioners that we assess resilience and know what resources we have to work with toward recovery. Talking with individuals about past experiences may be the most comprehensive way to uncover prior evidence of resilience. However, these shared stories may be difficult to evaluate in terms of assessing resilience. Several qualitative measures of resilience online may help:

- Resilience Measure (www.resilienceresearch.org/files/CYRM/Adult%20-%20CYRM%20Manual.pdf)
- Brief Resilience Scale (*Int J Behav Med* 2008;15:194–200)
- Physical Resilience Scale (*Gerontologist* 2011;51:643–52)
- Connor-Davidson Resilience Scale (www.connordavidson-resiliencescale.com/)

GENERAL INTERVENTION STRATEGIES TO STRENGTHEN RESILIENCE

- Acknowledge the loss and vulnerability experienced by the individual.
- Identify the individual's source of stress.
- Attempt to help stabilize or normalize the situation.
- Help residents take control — give them two choices, and let them pick.
- Provide resources for change.
- Promote self-efficacy.
- Collaborate with residents to encourage self-change by taking them to a new activity.
- Strengthen the resident's problem-solving abilities as appropriate, based on cognitive status.
- Address and encourage positive emotions.
- Listen to the resident's stories, and encourage past review of recovery from stressors (get this information from families as well).
- Help the resident derive meaning from the adverse or challenging event.
- Help the resident find the benefit to the adverse or challenging event.
- Assist the resident in transcending the immediate situation and giving it purpose.

These tools measure different characteristics of resilience. The individual is asked to describe how often he or she displays each characteristic. Examples of items from these different measures include:

- If something is worth starting, I'm going to finish it.
- I depend on myself to find a way through anything.
- I am determined.
- I accept new challenges.
- I believe I will recover.

In situations in which the resident has low levels of resilience, a resilience-enhancing approach can be implemented that underscores seeking resources and sources of natural support within the resident's environment.

Some general approaches to strengthening resilience are shown on page 8. These approaches are focused in three areas:

1. Developing dispositional attributes of the individual, such as vigor, optimism, and physical robustness.
2. Improving socialization practices.
3. Strengthening self-efficacy, self-esteem, and motivation through interpersonal interactions as well as experiences.

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These three areas are not necessarily mutually exclusive. For example, interventions that strengthen physical robustness may improve socialization practices and strengthen self-efficacy. Encouraging an older adult to participate in a dance class because he or she enjoys dance and previously excelled in this activity may also increase socialization and strengthen self-efficacy and self-esteem.

It is important not to oversimplify an intervention to strengthen resilience or ignore the larger context in which the individual lives. Multifaceted approaches to optimizing resilience are needed. For instance, recommending participation in a dance class for an individual who lives in a community in which such activity is considered frivolous or an insufficient source of physical activity may result in decreasing self-esteem, which can have a negative impact on resilience. Carefully consider risk-oriented strategies and interventions to ensure older adults are not exposed to experiences that might decrease resilience.

Environmental interventions are another way to strengthen resilience. An appropriate environmental intervention might include ensuring chairs, beds, and toilets are at a height that facilitates successful transfers. Social networking systems that provide older adults with enjoyable and meaningful activities, such as being part of a research study or support group, are likewise important and useful interventions to consider when trying to strengthen resilience.

Conclusion

Resilience, which emphasizes the older individual's capacity to respond to a challenge or adversity, is an important aspect of successful aging. Helping older adults build their own resilient characteristics and implementing interventions in times of physical, emotional, social, or economic crises not only supports them through challenging situations but also facilitates personal growth beyond the immediate event through the post-traumatic or post-challenge period. A focus on resilience is particularly critical for older adults — it may be impossible to eliminate the many losses that they endure or their continued and often daily challenges regarding functional, physical, mental, and cognitive health. Coping with these inevitable challenges in a resilient fashion can truly enhance their quality of life.

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