Uncovering strengths within community dwelling older adults: What does it mean for health care practice?

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This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1111/HSC.12924](https://doi.org/10.1111/HSC.12924)

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We would like to acknowledge the older adults who participated and continue to participate in the community dwelling research programme.

There are no conflicts of interest for any of the authors.

Key words; community dwelling, older adults, older people, positive psychological interventions, strengths, wellbeing

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Article type : Original Article

Title: Uncovering strengths within community dwelling older adults: What does it mean for health care practice?

Abstract

The aim of this paper is to present the psychological strengths we identified from interviews with community dwelling older adults.

Data for this paper is drawn from participants in a community dwelling older adult study (Ref detail later as needs to be anonymised for review). The latter involved qualitative in-depth interviews with the participants exploring their wellbeing.

All participants were community dwelling and living in a region in the North Island of New Zealand. Interviews took place between March 2017 to September 2017. Thirty seven older adults between the ages of 66-99 took part in semi-structured interviews and all interviews were audio-recorded. Interviews ranged from 1 – 3 hours.

Analysis was informed by the Values in Action Character strengths framework.

We were able to identify strengths within the VIA conceptual framework comprising; cognitive strengths, emotional strengths, social and community strengths, protective strengths and transcendental strengths. Throughout this study we found that participants experienced difficulties in identifying and talking about their strengths. In many ways this may reflect participants' strength of humility; demonstrating modesty in talking about themselves.

This study has highlighted the challenges older adults experienced in identifying their own strengths. However, the study has demonstrated how narratives can be one way of uncovering psychological strengths with older adults. In particular, these findings highlight the range of strengths, e.g. bravery, gratitude, hope, humour, kindness, perseverance, spirituality, that older adults have and give a voice in highlighting these. However, more practical ways of making strength based practices workable in daily practice, for example in clinical assessment and health promotion programs are required.

Key words; community dwelling, older adults, older people, positive psychological interventions, strengths, wellbeing

What is known about this topic:

Activating psychological strengths can have positive outcomes for older adults.

Inner strength can be viewed as a personal resource for older adults.

There are fewer studies that focus on older adults' strengths.

What this paper adds:

Older adults over 65 years of age, experience difficulty in identifying and talking about their strengths.

Reflecting with older adults on their life stories proved a useful means of identifying their strengths.

Using the VIA character strengths framework highlighted the range of strengths that older adults draw upon.

1. INTRODUCTION

Strength based approaches are advocated as an alternative to a deficit and disease model of ageing (World Health Organization, 2015). Focusing on and activating strengths may enable older adults to deal more effectively with some of the losses associated with ageing, such as changes in their living situation (Janssen et al., 2012). As a result, older adults may experience better self-rated health with greater strength use (Viglund et al., 2013). Working with a person's strengths supports positive outcomes, such as coping, recovery, and finding new purpose and meaning in living (Gottlieb et al., 2013). Bringing strengths into the foreground of the conversation allows the negative bias associated with ageing and the perceived burden of an ageing society (Wiles & Jayasinha, 2013, Bauman et al., 2019) to be challenged.

Despite the call to promote strength based approaches, particularly when working with older adults (Lundman et al., 2012; World Health Organization, 2015), there is a lack of clarity as to how to identify psychological strengths. Lundman et al., (2010) developed a theory of 'inner strength', viewed as "a central personal resource that promotes wellbeing and helps people to overcome adversities" (pp.266). The theory comprising the domains of connectedness, firmness, flexibility and creativity. Applying this theory to explore the inner strength of community dwelling older women, they found women with higher inner strength, as measured using the *Inner Strength Scale* (Lundman, et al., 2011), had better physical health, and their social relationships were more satisfying. Subsequent studies have found stronger inner strength is associated with less risk of experiencing depression and feeling lonely in older women (Boman et al, 2015., 2017).

Janssen, Regenmortel and Abma, (2011) do not provide a definition of what they mean by strength, but identified sources of strength that give rise to resilience in older people receiving long-term community care. Resilience in the context of their research is about adapting to growing old and the losses that may arise, without any further impact on subjective wellbeing and health (Janssen, et al., 2011). They refer to three domains from which sources of strength are found. The *individual domain* denotes qualities within the older person, beliefs about their competency, their efforts to control, and their capacity to analyse and understand their situation. The sources of strength in this domain include acceptance of vulnerability and asking for help. The *interactional domain* includes cooperating and interacting with others to achieve

goals and sources of strength, for example, giving to others. Finally the *contextual domain* relates to the broader political-societal level, encompassing available care and material resources. The three domains are inter-related and activating the sources of strength have been found to be important in developing or enhancing a sense of mastery, despite age-related losses (Janssen, Abma, & Van Regenmortel, 2012).

Concentrating on strengths allows the individual to achieve more than focusing on the absence of distress or disorder (Seligman, 2011). Illness impacts on strengths and life satisfaction (Lundman et al., 2011), and being able to develop strength based interventions can contribute to enhanced wellbeing and limit ill-being (Peterson, Park & Seligman, 2006). There is emerging evidence from studies focusing on identifying and using character strengths, that people who use their strengths on a regular basis have higher levels of wellbeing (Bauman, et al., 2019, Litman-Ovadia & Levy, 2012., Wood, Linley, Maltby, Kashdan, & Hurling, 2011).

Character strengths

Character strengths are psychological strengths the individual considers to be their own, and are connected and relate to their values, interests and identity. The strengths that an individual would rate as highest, essential and energising are referred to as signature strengths (Niemiec, 2019). Many character strengths are associated with positive outcomes, not only for the individual but for others, including the wider collective good (Niemiec, 2018). For example, kindness can involve caring about and supporting other people, and fairness can involve ensuring equity in providing services to disadvantaged populations. In younger people, character strengths have been found to buffer against challenges and stress, and have been associated with increased thriving (Park & Peterson, 2009). Park and Peterson (2009) contend that building a good life involves identifying your character strengths and fostering the use of them. These authors refer to Values in Action (VIA: www.viacharacter.org) research and how using your strengths contributes to optimal development across the lifespan (Peterson & Seligman, 2004).

The Values in Action survey (Peterson & Seligman, 2004) has been used in hundreds of studies to identify character strengths. For example, Park, Peterson and Seligman (2004) investigated the relationship between character strengths and life

satisfaction among 5,299 adults completing the VIA survey online. These authors found a relationship between certain character strengths (hope, zest, gratitude, love, curiosity) and life satisfaction; life satisfaction being the cognitive aspect of 'subjective wellbeing' (Diener & Chan, 2011). However, there is no data on the age range or location of participants, and participants had to be able to complete the VIA online, which may have limited participation among older adults. A more recent study across 75 nations had limited participation from older adults, with the mean age of participants being 35.69 years ($SD = 13.24$) (McGrath, 2014). The majority of studies investigating strengths are limited by samples not representative of older adults and indeed Bauman et al., (2019) acknowledge how character strengths relate to wellbeing in older adults has not been explored fully. Proyer et al., (2014) have started to fill the gap in this evidence, finding positive outcomes in older adults who are using their signature strengths 'in a new way'. Interventions training older adults to use specific strengths, such as humour and optimism, have demonstrated some improvements in wellbeing (Salces-Cubero, et al., 2018), as have other studies integrating strength components (Ho, Yeung, & Kwok, 2014, Bartholomaeus, Van Agteren, Iasiello, Jarden, & Kelly, 2019).

Whilst the field of social work has adopted strength-based practices, criticism has been made that focusing on strengths does not always happen in practice (Staudt et al., 2001; Saint-Jacques, Turcotte, & Pouliot, 2009). For example, within nursing adopting strength-based approaches to care when working with older adults has been limited. In New Zealand assessment processes using the interRAI-Minimum Data Set for people over 65 years were recommended in the New Zealand Positive Ageing Strategy (MOH 2015), however this approach is recognised as limited from a strengths-based perspective (Moyle, Parker & Bramble, 2014). There has nonetheless been a growing interest and adoption of a capabilities approach, viewed as a strength-based approach, in dementia care internationally (Moyle, Parker & Bramble, 2014). The need to expand clinical assessments to shift from a deficit, problem based approach, to incorporating strengths has been acknowledged (Rashid & Ostermann, 2009).

The evidence so far indicates that identifying and using strengths can impact positively on health and wellbeing. However, there is a gap in the literature as to how older adults identify their own strengths and how and when they use them.

2. THE STUDY

2.1 Aim

The qualitative study is part of a larger study exploring the wellbeing of community dwelling older adults (Ref detail later as needs to be anonymised for review). The aim of this paper is to present the psychological strengths we identified from interviews with older adults.

2.2. Design

Data for this paper are drawn from a qualitative interview study exploring wellbeing among community dwelling older adults (ref here). However, during the interviews participants experienced difficulties in responding to questions about their accomplishments and/or achievements. For example, tell me about your achievements in life? How would you describe yourself to someone else? We wanted to explore this further changing our approach at this part in the study by asking participants to reflect on their strengths. For example, responding to the question, in thinking about the strengths that you have, what would you identify? What would you say you are good at? Participants still found responding to these questions difficult, as demonstrated through comments such as: “well I have never thought about that”. Questioning about strengths came nearer the end of the interview once an in-depth understanding of the participant and their life had been gained. Given this context towards the end of the interview, this situation gave us a unique opportunity to reflect in action (Boman, et al., 2015) with them, identifying what could be strengths drawn from their own narrative. For example, Nellie had talked about the issues she had faced in being an advocate for people in her retirement village and standing up to the management. On being asked about her strengths Nellie found it difficult to identify any strengths. Reflecting on how she had dealt with the management and been an advocate for other people, the researcher suggested that this demonstrated some of her strengths, such as her perseverance and courage in standing up and addressing the issue. Another example, is how the researcher reflected on what had been shared in the interview, by saying, “you

sound as if you are the type of person who likes to make things happen for people? Response, yes I am a people's person." This fits with Bauman et al (2019) assertion that character strengths are "reflected in thoughts, feelings and behaviour".

2.3 Sampling and participants

Participants for the individual interviews were recruited via local and national community organisations and local retirement villages. Adults aged > 65 years were eligible to participate if they were 1) fluent English speaking, 2) living in the community, and 3) not living in a care home. Snowballing methods were used to maximise participation rates.

Information about the study was sent to potential participants by email or posted information sheets and flyers. Interested respondents were contacted with a phone call from a member of the research team to provide further information and arrange an interview date and time. All individual interviews took place at the participant's home and were audio-recorded. A total of 37 participants took part in the individual interviews;

2.4 Data collection

Interviews lasted between one and three hours in duration (mean, 65 minutes) and were conducted either by an experienced nurse researcher (n=23) or a psychologist (n=14). All interviews were audio recorded and transcribed by an external transcription service. Demographic data were also collected including age, gender, marital status, ethnicity, and type and number of long term conditions. No further personal data reflecting education or other social determinants were collected. The interviews took place from March 2017 to September 2017.

2.5 Ethical considerations

All participants received an individual participant information sheet and were able to sign a consent form before commencing the interview. Approval to conduct the study was obtained via the University of Auckland Ethics Committee (Ref. 018277).

2.6 Data analysis

The analysis to identify strengths identifying the *processes* reflecting strengths in use was conducted concurrently with the well-being analysis. The first phase of the strengths analysis was to read each interview as a separate case and from that spot the strengths (Niemec, 2018) in use. We wanted to be able to identify strengths that could be integrated into future interventions, so we compared our analysis with the character strengths identified in the VIA. The VIA is also a framework that would fit with a holistic view of health (WHO, 2015) and had been used in previous intervention studies with older adults (Bartholomaeus, Van Agteren, Iasiello, Jarden, & Kelly, 2019). Consensus on identified strengths and how they fitted the VIA framework (Table 1) was conducted by (insert initials later) and reviewed by (insert initials later).

2.7 Rigour

Participants reviewed their individual transcripts within two weeks of the interview, providing any feedback on the interview, raising questions or asking for changes to be made prior to analysis. Feedback did not alter the findings. The overall findings of the original wellbeing study and an overview of all the strengths identified were presented at a group meeting with participants who were able to attend the planned day and the feedback was confirmatory.

3. Results

We were able to identify strengths within the VIA conceptual framework comprising; cognitive strengths, emotional strengths, social and community strengths, protective strengths and transcendental strengths (Table 1). Of the 37 participants, 21 were women over the age of 66 (Range 66-92, mean 73). Four were married, 10 were widows, 6 divorced and 1 participant was single. Of the 16 men over the age of 71 (Range 71-99, Mean 83), 11 were married, 4 were widowers and 1 participant was divorced. Of the 37 participants, three had no long term conditions that they identified, but it became apparent during the interview that they had health issues but did not want to state what these were during the interview. Of the remaining 34 participants, their long term conditions ranged from 2-4. The majority of the participants were NZ European (n32)

When presented at the group meeting ($n = 22$) participants were surprised by the range of strengths and discussed the challenges they had experienced in talking

about these as individuals. Challenges included being asked questions that they had not considered before. Importantly, the research team acknowledging at the group meeting how the 'taken for granted' approach of being involved in the study demonstrated participant strengths within the VIA, such as 'curiosity' about the study, and 'generosity' in giving their time and allowing us into their homes. Some examples from the participants' data (names used are pseudonyms) are provided, as are details of their age and marital status (M – Married, W-widow, widower, D-Divorced).

3.1. Cognitive strengths

Cognitive strengths are those strengths that reflect wisdom and knowledge. Love of learning and being engaged in trying new things was evident when participants talked about being engaged in activities. Jane provides an example of this as follows;

The art thing that we do at the moment, that's really new but that's amazing and not something we've ever done since primary school. Doing that together, that's positive. Learning. Yes, certainly new interests developing, not getting stale. (Jane, 72, M).

Jane's account reflects both creativity and curiosity in thinking of ways to do different things in her life.

3.2 Emotional strengths

Emotional strengths that reflect bravery, honesty and zest were demonstrated as participants talked about their lives and the challenges they had, and indeed were still facing in their lives. Bravery, meaning not shrinking from challenge of difficulty (Niemiec, 2018) was shown in a number of ways, such as dealing with loss in their lives, whether this was from loss of limbs, partners, children, or health in general. Betty talked about her life as a mother and we see her bravery in managing the challenges she was facing in her life:

Being left with five children to bring up on my own, it makes you, you have to carry on. And you find these things in you that you didn't think you had, and I can only say, as I said before, when your back's against a wall, that's when I fight, and that's it. (Betty, 84, W)

Having to carry on illustrates the persistence Betty displayed and her fighting spirit ensuring she could manage as a solo parent. With bravery came the strength of self-determination to carry on and persist despite the difficulties participants were encountering. Bernard reflects on the challenges of relearning how to use his computer again after a long period of illness.

I've got my computer going again, I've just been on that this morning, but I'm really, when I first bought it, I don't know where I am, I'm pressing buttons all over the show. But I shall beat it. (David, 88, W)

Despite the effort involved, David's determination to overcome and relearn his computer skills is evident.

Nellie had encountered challenges in addressing some of the policy developments within her village that were impacting negatively on herself and other people. She talked about her fear of attempting to address the issue, but demonstrated bravery to overcome her fear as the following illustrates;

I had written a letter way back in November. I was doing it for myself and then different people heard that I was doing it and they said well could you make it a more general thing and include us which I did and sent it to the residents committee and one of the owners and to the board. I sent a copy to each. They just were not replying or handling it. I think they were taking advantage of the elderly who you know, they'll get over it. We're frail, it's just something that's going to happen and they've just got to bear with it. But we find it doesn't have to happen. (Nellie. 85. W)

Nellie's experience in attempting to address negative policies within the village, reflects her challenging the image of older adults being powerless, despite acknowledging the risks involved for her.

3.3. Social and community strengths

Social and community strengths were evident reflecting humanity and justice, encompassing love, kindness and being with people the participants cared about. Social intelligence, meaning awareness of other people's feelings and oneself (Niemiec, 2018), is demonstrated by Miriam:

You might die of a complication caused by Parkinson's, but it doesn't kill you like cancer does. And I'm going to live another 20 years, or more, I hope, as long as my health is good. I don't want to be around if I'm going to be a burden to anybody. If I lose my mind, I don't want to be here.
(Miriam, 78, W)

Miriam's view of herself illustrates a realistic attitude about her life, and also her concern for others in not wanting to be a burden.

Helping others in a number of ways revealed an overriding belief about the importance of contributing to others, and for some participants their larger community, as Eileen commented:

I do quite a bit of driving for people in the village. A lot of people know me, and word of mouth spreads, and occasionally I get a call to say, oh, you couldn't take me to, got an appointment at the hospital. I've got about six regulars.

I drive their car, so it's no cost to me, only time, and I'm very, very, very happy to do that So, I enjoy doing that very much, because I think, you know here I am maybe one of these years I may not be able to drive. And so, I'm able to do these things, and help them out. So, yes, that's very important for me. (Eileen. 80. Widow).

Doing favours and good deeds was demonstrated across all of the interviews, although for some this had become more problematic as their own health deteriorated.

3.4 Protective strengths

Protective strengths encompass forgiveness, humility, prudence and self-regulation. Humility, meaning letting one's accomplishments speak for themselves (Niemec, 2018), was a constant theme across all our interviews reflecting modesty. Participants were reluctant to talk about their accomplishments and achievements. Bob and his wife were contributing in so many ways to their community, yet his response when questioned about his achievements and how he would describe himself included the following:

Just common. Well I don't wish to be in the limelight. (Bob, 72, M)

Aileen recognised how talking about accomplishments and strengths was not something that most people did. However, during the reflection she identified the following strengths:

I'm a trustworthy person and that I care for other people, yeah. It's often not something that you yourself talk about, it's what other people talk about. (Aileen, 73, Widow)

Bob and Aileen illustrate that focusing on positive accomplishments was not a norm, or something that they felt was an appropriate approach for them.

Self-regulation, meaning being disciplined and having control (Niemec, 2018) was apparent as participants talked about their health and ways in which they were trying to maintain their health and mobility, despite the presence of medical conditions that for some were extremely challenging. For Andrew maintaining his physical activity was important and valued:

I go to the gym a couple of times, or at least twice a week. And I only do a limited amount of work there, and then I also spend about 20 minutes twice a week in the swimming pool, hot pool. And then of course, like

today, I've been out with a walking group this morning. So try and keep moving, and actually when I was towards the end of the working life I started, I joined theWalking Club atthere, and was there for several years. So I've kept up the walking side as much as possible. (Andrew, 87, W).

Despite having limited mobility Reg had still been attempting to complete a daily walk but his deteriorating health was troubling him:

I can't do my exercises without feeling exhausted all the time. When Joan is walking with me it's no trouble at all, but I am struggling. (Reg, 99.M)

Keeping some degree of mobility, particularly walking as both Andrew and Reg illustrate, was a strength that all our participants valued.

3.5. Transcendental strengths

Transcendental strengths reflect, humour, hope, gratitude, appreciation of beauty and spirituality. Whilst a number of our participants referred to their spirituality in relation to God, this was more about how they gained strength from their belief system in praying and how this supported them. As Dana illustrated:

I also pray you see. Being a Christian I pray and I believe that we hand everything over to God and He then takes care of it all and He does. (Dana, 75, W)

Dana's strong belief system was something that she felt connected her to a higher being, gave her purpose and enabled her to cope with her life, having been happily married for 52 years and now a widow of eighteen months.

A common strength across all our interviews was a sense of humour, meaning the ability to laugh and make others laugh (Niemiec, 2018). Participants spoke about how they enjoyed and took pleasure in laughter in their lives.

I think you need a sense of humour. I think I've got one. The feedback I get from people, I feel I am doing okay. If I can get someone to laugh, well that's okay. (Vivian, 83, D)

Alan who had recently celebrated his 90th birthday talked about his frustration at not being able to do something that he had enjoyed for a long time. The activity he could no longer complete he associated with contributing to society, enhancing a sense of purpose in his life and feeling of value. In dealing with his frustration he talked about his sense of humour:

"I usually make some type of joke about it."

*Researcher. Is that something you kind of think that you've always had?
You've always used humour to help you?*

Yes, I think it is the most important thing you can do is get people laughing. (Alan, 90, M)

Being able to have more laughter in their lives was also spoken about by some of the participants as Dana illustrates;

I wish I could find more laughter. I love laughter. (Dana, 75, W)

Humour as a strength was about seeing the lighter side of life, laughing, and a means of coping, creating a positive mood.

Creating a positive mood was also about being hopeful, or optimistic (Niemiec, 2018), about their lives as participants spoke about ageing. As a strength hope and being optimistic reflect a view of the future no matter how short they thought their lives would be:

I want to be independent for the rest of my life. I certainly don't want to be here once I haven't got quality of life but I know that that's not always possible. I've sussed out where I want to go if I do have to have care but I'm hoping that won't happen. (Noeline, 85, W).

While Noeline refers to being hopeful about her independence, she acknowledged the challenges having already made decisions and plans for her future. In a different way of thinking about the future, Mary reflects a general attitude about the time available that is no longer confined by a working role.

That you've got something to look forward to. Things that are planned, that are going to be in the future that you can look forward to. You still want to do things, you don't want to just sit around and do nothing. Just have an interesting book to read, and that's something that you can go back to every day. So that's something important to me, to have a good book to read. Reading the newspaper every day is something that's important, something that you can actually, you've got all the time in the world to do so you don't have to sort of flick through it and then go to work. (Mary. 75. W).

Mary attaches importance to planning future activities and values activities that she can now spend more time in doing.

4. Discussion

Throughout this study we found that participants, that is older adults over 65 years of age, experienced difficulties in identifying and talking about their strengths. In many ways this may reflect participants' strength of humility; they were demonstrating modesty in talking about themselves. Other research has identified how modesty is higher in retired people (Bauman, et al, 2019), meaning their valuable contribution within society may not be acknowledged. As such, there are shadow sides to strengths, meaning that either under use or overuse of a strength, such as humility, may lead to negative outcomes (Fredidlin, Littman-Ovadia, Niemeic, 2017; Niemiec, 2018; Rashid et al, 2009) limiting a positive view of ageing. A further example of a

shadow side is overuse of the strength of perseverance, such as persisting with a problem without considering what support may be available. The challenges encountered by our participants may reflect the experience of translating strengths into words and needing support in doing this. Perhaps the language of reflecting on strengths is associated more within the context of working life, and framed within performance reviews, career counselling and job interviews. In our study we were able to provide the support for spotting strengths by reflecting with the participant during the interview. All of our participants were achieving and accomplishing things in their lives and their strengths were embedded in their life stories as a part of their lives.

Although, two of our participants were facing significant health issues and experienced the most difficulty in talking about their strengths. Lundman et al., (2010) argue that medical conditions associated with severe symptoms resulting in fatigue, breathlessness and mobility have a negative impact on daily living and inner strength. They identify the need to intervene early with older adults who may be at risk of decreased inner strength (Lundman et al 2010).

In line with Martinez-Marti's and Ruch, (2017) and Lundman et al., (2010), the strengths we identified are similar, including strengths of gratitude, hope, humour and love. These are strengths associated with positive affect and a positive outlook on life. Zest, meaning enthusiasm and energy for life, is a strength associated with positive affect (Niemic, 2018), and was found with most of our participants who were wanting to live their best lives as they age, and having ways in which they were achieving this. Indeed, the research on resilience and acknowledging the resourcefulness and expertise that older people have (Roy & Giddings, 2011; Wiles et al, 2013), all contribute to a more positive view of ageing.

The importance of health professionals paying attention to older adults psychological strengths and capacities, rather than just their frailties and weaknesses, represents a salutogenic approach (Antonovsky, 1987), supporting healthy ageing. There is more evidence in other professions, such as social work, of a strength-based approach to working with people, and within mental health the recovery model is a strengths-based approach (Mental Health Commission, 2001). However, the language of strengths within other health disciplines, including nursing, requires further research

to understand how strength-based approaches can be translated in practice, and what impact such an approach may have when working with older adults. .

Narratives embedded within a life course approach may be one way of uncovering strengths, even at the end of life, strengths including seeking help for support, appreciation of care, use of humour (Nakashima, & Canda, 2005). These strengths are similar to the ones we identified in our study. Certainly, the VIA survey used in other studies may be an approach that could be used, although the time commitment of 40 minutes in completing the survey has been identified as a disadvantage (Höfer, et al., 2019),

There is also a need to identify if nurses working in specific specialities such as, palliative care, already adopt strength-based approaches within their practice, as this may fit more with the holistic approach advocated in health promoting palliative care practice (Rosenberg & Yates, 2010). A key question is how a health professional can support a client or patient to translate their strengths into actions, behaviours and habits, so that further challenges in life can be met (Rashid & Ostermann, 2009). Taking one of our participant's comments on humour as an example and how she would like more laughter in her life, illustrates the potential for building on strengths.

According to Niemiec (2018) each of the character strengths are important and the interviews and the stories participants shared illustrate some of their strengths. The question remains as to how can we identify strengths with older adults and what approaches may provide the best fit with them as co-participants and researchers in the process?

Whilst we have offered an important contribution to the literature on strengths regarding older people, the study has several limitations. In particular, the lack of cultural diversity within our sample, as the majority of our participants were New Zealand European. We did not collect any other data on social determinants that may have influenced the range of strengths we identified. Research is also required to consider how culture influences strengths and we recommend that a methodology for this needs to be specific to a particular culture and context. Indeed, we already have examples within New Zealand of the positive benefits of culturally specific approaches to investigating issues with people that can be learnt from (Gott et al, 2016).

5. Conclusion

This study has highlighted the challenges older adults experienced in identifying their own strengths. However, the study has demonstrated how narratives can be one way of uncovering psychological strengths with older adults. In particular, these findings highlight the range of strengths, e.g. bravery, gratitude, hope, humour, kindness, perseverance, spirituality, that older adults have. Not wanting to boast about their strengths may be an age cohort effect, and focused community groups may generate strength based conversations and develop community engagement in the process. More practical ways of making strength based practices workable in daily practice, for example in clinical assessments and also as approaches older adults can use themselves is required.

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WISDOM And KNOWLEDGE	COURAGE	HUMANITY and JUSTICE	TEMPERANCE	TRANSCENDENCE

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COGNITIVE STRENGTHS	EMOTIONAL STRENGTHS	SOCIAL and COMMUNITY STRENGTHS	PROTECTIVE STRENGTHS	TRANSCENDENTAL STRENGTHS
<p>LOVE of LEARNING</p> <p>Mastering new skills and topics, systematically adding knowledge</p>	<p>BRAVERY</p> <p>Valor not shrinking from threat, Challenge, difficulty or pain; speaking up for what is right</p>	<p>LOVE</p> <p>Both loving and being loved, valuing close relations with others, genuine warmth</p>	<p>HUMILITY</p> <p>Modesty, letting ones accomplishments speak for themselves</p>	<p>HOPE</p> <p>Optimism, positive future mindedness, expecting the best and working to achieve it</p>
<p>CREATIVITY</p> <p>Original, adaptive, ingenuity, seeing and doing things in different ways</p>	<p>PERSEVERANCE</p> <p>Persistence, industry, finishing what one starts, overcoming obstacles</p>	<p>KINDNESS</p> <p>Generosity, nurturance, care, compassion, altruism, doing for others</p>	<p>SELF-REGULATION</p> <p>Self control, disciplined, managing impulses, emotions and vices</p>	<p>HUMOUR</p> <p>Playfulness, bringing smiles to others, lighthearted-seeing the lighter side</p>
<p>CURIOSITY</p> <p>Interest, novelty-seeking, exploration, openness to experience</p>	<p>HONESTY</p> <p>Authenticity, being true to oneself, sincerity without pretense, integrity</p>	<p>SOCIAL INTELLIGENCE</p> <p>Aware of the motives and feelings of oneself and others, knows what makes other tick</p>		<p>SPIRITUALITY</p> <p>Connecting with the sacred purpose, meaning, faith, religiousness</p>
<p>PERSPECTIVE</p> <p>Persistence, industry, finishing what one starts, overcoming obstacles</p>	<p>ZEST</p> <p>Vitality, enthusiasm for life, vigor, energy, not doing things half-heartedly</p>			

Table 1. Adapted from, Values in Action Classifications of Character Strengths and Virtues

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Waterworth, S;Raphael, D;Gott, M;Arroll, B;Jarden, A

Title:

Uncovering strengths within community dwelling older adults: What does it mean for health care practice?

Date:

2019-12-15

Citation:

Waterworth, S., Raphael, D., Gott, M., Arroll, B. & Jarden, A. (2019). Uncovering strengths within community dwelling older adults: What does it mean for health care practice?. HEALTH & SOCIAL CARE IN THE COMMUNITY, 28 (3), pp.932-940. <https://doi.org/10.1111/hsc.12924>.

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