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Cultural Diversity and mental health: The relationship between leisure experiences and wellbeing in an ageing Italian community in Australia

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Abstract

One of the population health implications for Australia’s ageing population is that a larger proportion of the Australian community will be retired and have more time for leisure pursuits. Meaningful leisure activities for this group are thought to be a factor in promoting positive mental health. However, a search of health literature revealed a paucity of research on how older adults make use of their leisure time, what meaning these pursuits have to them, and whether their chosen leisure activities are health enhancing and promote wellbeing. Australia’s population is diverse with many cultures represented. As the population ages, mental health workers will be called upon to provide culturally-appropriate mental health services to clients from a range of ethnic groups. Literature on how people of culturally diverse backgrounds understand leisure activities is also limited. This paper reports on a study carried out in an Italian community in a large regional centre. The participants were selected based on the following criteria; aged 65 years and over, born in Italy, independently living in the community, ambulant, and retired from paid workforce. This study explored how a well-elderly group from an ethnic community derived meaning from their leisure activities and how this impacted on their mental health. Establishing the relationship between leisure and mental health in an ageing ethnic community is
important because it sheds light on potential intervention strategies that can be used to maintain the mental health of people living independently in the community. Participants were interviewed using semi-structured questions about their perceptions of leisure, the meanings they derived from these activities, and their perceived impact of these activities on their health. Participant observation was also used to add trustworthiness to the data. Themes arising from the interviews and participant observation will be related to the participants’ sense of health. Results also revealed how older Italians engaged in leisure activities. Implications of the research findings will be directed towards mental health practice with older ethnic clients in community settings. The promotion of healthy lifestyles and positive mental health for Australia’s ageing population will also be discussed.

Project Background and Aims

Introduction

In the development of Australia’s thriving multicultural society, Australians have successfully identified and valued difference and diversity (Hocking & Whiteford, 1995). The 2001 Australian census was a true testimony to this fact, which determined that there were over 200 different ancestries reported of people from culturally diverse backgrounds, of which 22 percent were born overseas (Australian Bureau of Statistics [ABS], 2004). International migration to Australia was at its peak in the 1950s. That was 50 years ago, and now Australia’s ethnic communities are ageing (Australian Institute of Health and Welfare [AIHW], 2004), as is the general population. It is projected that Australia’s population aged 65 years and over will reach 5.4 million by the year 2031, representing 22 percent of the total population (compared with 12 percent in 1999; ABS, 2002).

Australia’s cultural diversity and its increasing ageing population pose many challenges for current and future healthcare practice trends, especially in mental health practice. As retired people of culturally diverse backgrounds in Australia have more leisure time and are living longer (AIHW, 2004), it is imperative that “older people enjoy a quality of life, and experience well-being, not just quantity of life” (Stanley & Cheek, 2003, p. 58). It is thought that meaningful leisure activities can
provide quality in one’s life as one ages. Reid (as cited in Suto, 1998) defines leisure as “those activities [not pertaining to work] which produce intrinsic rewards and provide the participant with life-enhancing meaning and a sense of pleasure” (p. 274).

According to the ‘National Practice Standards for the Mental Health Workforce’ (Commonwealth Department of Health and Ageing, 2002), five professions constitute the majority of the mental health workforce: psychiatry, psychology, mental health nursing, social work and occupational therapy. In particular, occupational therapy in a mental health practice context uses leisure activities as an important therapeutic medium during intervention with clients with mental illness (Fine, 2000; Heasman & Atwal, 2004; Ivarsson, Carlsson. & Sidenvall, 2004; Miller & Butin, 2000; Pan, Chung & Hsin-Hwei, 2003; Peiris & Craik, 2004; Shimitras, Fossey & Harvey, 2003). It is well documented in leisure and occupational therapy research that leisure activities increase one’s physical, social, and mental health (Neumayer & Hocking, 2005), as well as being “health-sustaining, self-actualising, and re-creative” (Neumayer & Hocking, p. 323) during intervention.

As Australia’s ethnic minority groups are ageing (AIHW, 2004), there is a strong need for research into leisure, culture and health, as literature across various professional and scientific fields has not considered this relationship within an Australian context nor has it been considered from a health professional perspective. Furthermore, mental health workers today are being faced with increasing challenges in service demand and the delivery of culture-appropriate practice (Bonder, Martin & Miracle, 2004; Fitzgerald, Mullavey-O’Byrne & Clemson, 1997; Iwama, 2003; Watts & Carlson, 2002; Wittman & Velde, 2002). Such research has the potential to realise the importance that leisure can have to one’s health and wellbeing and so impact on and build healthy public policy regarding the need for leisure and community services for Australia’s ageing population. The purpose of this research paper is to present preliminary results of a qualitative investigation into the subjective leisure experiences of older Italian community members living in the Barwon-Southwestern Region of Victoria, and how those experiences were related to their own health and wellbeing. In addition, the paper will take a particular emphasis on how the research was conducted with this ethnic minority group.
Method

Approval from the Deakin University Human Research Ethics Committee (DUHREC) Subcommittee – Health and Behavioural Sciences was given on June 22, 2005 to commence this qualitative research investigation. A phenomenological study design was chosen as the most appropriate approach in this research investigation (DePoy & Gitlin, 1998; Law, 2002) as leisure itself is a unique phenomenon. Phenomenological research aims to elicit life experiences and their meanings through people’s perceptions and interpretations of their lives (Barber, 2004; DePoy & Gitlin; Law; Stanford University, 2003).

Participants

Ten participants (5 men and 5 women) voluntarily consented to be involved in this research investigation. The mean age of the participants was 71.8 years. All of the participants were members of ‘Club Italia (Geelong) Inc.’, a major Italian club in Geelong, Victoria whose main objectives are to “promote, foster and maintain Italian activities, to promote the welfare of Italian migrants and their families, and to promote social, sporting and cultural events” (Club Italia, 2002). All of the participants were recruited by responding to letter invitations posted on the club’s noticeboards. The inclusion criteria for the participants to be involved included the following: aged 65 and over; born in Italy; living in the Barwon-Soutwestern Region of Victoria; retired and not in paid workforce; independent at home, living without community supports (e.g. district nursing services); ambulant; have English communicational skills (however this criterion was not mandatory as the principal researcher [First Author] fluently speaks the Italian language), and the participant may or may not have chronic disease or illness. If they did have chronic health issues, the disease process must not have functionally restricted their lifestyle (e.g. dependent on oxygen tank). There was a large geographical spread of where each of the participants came from in Italy, ranging from the Alpine region in the North to the farming region in the South of Italy (e.g. Region of Sicily).

Procedure
Participant observation begun periodically from March, 2005 through to July 2005. Visits to Club Italia by the principal researcher normally occurred on Tuesdays, Thursdays and Sundays when most members frequented the club on a weekly basis to engage in leisure activities such as bocce, bingo, card games, and socialising in general. On Tuesdays, an average of 12 members were voluntarily rostered to teach various secondary school groups the art and skill of playing bocce at the recently-constructed bocce stadium located at the rear of the club. Thursdays were dedicated to a weekly bocce competition with at least 30 members attending (during Winter). Each Sunday was the main day for leisure and socialising activities at Club Italia.

During this observation time, a strong rapport developed with members, making visits to the club increasingly enjoyable and engaging for the principal researcher. A fluent knowledge of the Italian language made interaction with members dynamic and significant for the investigation as the principal researcher evolved into an active participant-researcher. Semi-structured interviews commenced in mid-July with the 10 participants, and were all completed by the end of the month. Participant observation ceased on the last day of interviewing in July. A Plain Language Statement and a consent form were given to each participant prior to each interview, with written consent given by all to be voluntarily interviewed as well as having the interviews audiotaped for data collection purposes. Working with people from a different culture meant that the principal researcher adjusted his approach to this research. On reflection, working with people from a different culture meant that the research process was adjusted. Before interviews began, regular visits to the club as a participant-observer were undertaken to become familiar with how the club functioned. This process assisted with the principal researcher becoming accepted within the community. A fluent knowledge of the Italian language added to the richness and quality of developing rapport with participants. Not all participants were fluent in English. Being fluent in Italian also de-stigmatised the interview process for some participants who had never been in a research project before. Being fluent in Italian also assisted the principal researcher to immerse himself in the club’s culture as an active participant-observer.

There were several considerations that the principal researcher had to make with working with older people from a culturally diverse background different to his
own ethnic background that impacted on the ability to conduct the research investigation. For example, according to the club’s committee, Club Italia and its members had never been approached in the past to conduct research of any kind. Therefore, extra cultural sensitivity was adhered to with regards to approaching members, using the formal tense in the Italian language during dialogue (normally used when a younger person is talking to an older person as a sign of respect), as well as acknowledging gender differences towards being interviewed by a younger male person. As the ethnic background of the principal researcher acknowledged similar culturally sensitive issues, he was naturally aware of these issues, however proceeded with respect at all times during the data collection phase of the investigation.

There were 14 semi-structured interview questions which aimed to discover the meanings behind the leisure experiences of each participant, as well as relating leisure with health. Each interview took 30 to 45 minutes (approximately). Four of the interviews were completed entirely in the Italian language. Various private rooms at Club Italia were used. Four male participants were interviewed in the main “Conference Room” whereas five participants (4 of them were female) preferred to be interviewed in the ‘Committee Room’. The first room required participants to walk up a case of stairs to be interviewed, whereas the second room did not require the participants to walk too far from where they were enjoying a game of bingo. Originally, all interviews were to be conducted in the first room, as it would maintain the privacy and confidentiality of all participants. However, a female participant suggested that the ‘Committee Room’ should be used, as she believed that her husband would become suspicious of the interviewing process. The principal researcher immediately took an empathetic, flexible and culturally sensitive approach to the situation, with the participant suggesting the new venue for her interview. Nine participants were interviewed on the club’s premises, and one was interviewed at home.

Data Analysis

This paper presents preliminary research findings. Findings were analysed by transcribing all of the recorded audio information from the semi-structured interviews. Thematic analysis of the preliminary findings was aimed at searching for
the relationship between three variables: (1) leisure activity(ies), (2) subjective experience (meanings derived from participating in leisure) and (3) health benefit(s) when they occurred in sequence throughout the transcription, with each sequence being separately coded.

Results and Discussion

There were 41 relationships found between (1) leisure activity(ies), (2) subjective experience and (3) health benefit(s) in the data. In the analysis of the 41 relationships, several themes were identified.

Leisure Activities Engaged by Older Italians

Firstly, the main types of leisure activities that were related with subjective experiences and health benefits by the participants were: leisure in general (broader concept of leisure not specifically defined) (9 out of 10 participants), bocce (6 out of 10 participants), socialising (4 out of 10 participants), walking (3 out of 10 participants) and gardening (2 out of 10 participants). Other leisure activities were also experienced but were not directly related to subjective experiences and health by the participants. The preliminary results provide new information regarding how ageing ethnic groups in Australia engage in leisure. Current research suggests that leisure is beneficial to health in general (Csikszentmihalyi & LeFevre, 1989; Coleman & Iso-Ahola, 1993; Neumayer & Hocking, 2005), as well as mental health (Fine, 2000; Passmore, 2003), and the preliminary findings support this view. A surprising finding in this investigation was the direct relationship between the leisure activity of bocce with positive subjective experiences and perceived health benefits from a majority of the participants.

Subjective Experiences derived from Engaging in Leisure

There were well-defined positive subjective experiences elicited from thematic analysis of the relationship of leisure activities and health, which was found to be directly related to the three major concepts of leisure theory, namely, ‘intrinsic motivation’, ‘freedom to suspend reality’ and ‘internal control’ (Bundy, 1993;
Söderback & Hammarlund, 1993). None of the participants related engaging in leisure activities as a negative experience. Most of the subjective experiences of leisure were categorised under the broader concept of ‘intrinsic motivation’, which has been described in leisure research as the ‘essence’ of leisure (Unger and Kernan, 1983). For example, common subjective experiences such as “[Leisure] makes you feel happy, contented” (Participants 5 & 7), “I enjoy doing them (leisure activities)” (Participants 1, 4, 5, 7, & 8) as well as “[I engage in leisure activities] for fun” (Participants 1, 4, 7, & 9) denoted the ‘intrinsic motivation’ concept of leisure. The next major category was ‘internal control’, which Passmore and French (2003) described as an underpinning concept in the theoretical development of leisure, and this was demonstrated in the data. Participants demonstrated this concept through examples such as “I like to keep myself busy” (Participant 3) and “…having no commitments is what I enjoy about retired life” (Participant 8).

Health benefits from Engaging in Leisure

Not surprisingly, leisure activities coupled with their positive subjective experiences were found to promote a vast array of health benefits. For example, with the meaningful leisure activity of going fishing, Participant 7 described his experience as the following, “…I don’t go there to catch fish. I go there to relax. If I catch a fish, it’s a bonus”. Furthermore, participants believed that the actual ‘doing’ component of leisure was related with living longer, such as Participant 1 who said, “…I’m 74 and I have to do something (relating to leisure activities in context) to live longer”. Participants also felt better when they participated in leisure activities as well as acknowledging that leisure increased their mental and physical health and strength respectively. For example, Participant 10 stated, “It [leisure] helps my health, it improves...makes me feel better...physically and mentally also”. Remaining active, continuing to move and the physical nature of bocce specifically was a standout leisure activity which was related to the participants increased physical health. Descriptions of relaxation were also found to be a major health benefit for the majority of participants. Participant 2 described such a relationship by saying, “…It [leisure] relaxes you and when you enjoy doing things like that, it’s good for your health”. Furthermore, socialising and being with friends was identified as not only being fun, but healthy as well. A unique finding in this investigation was found with
relation to happiness, enjoyment and ‘suspension from reality’ (Bundy, 1993) which are historically known as subjective experiences of leisure. However, participants in this investigation applied these experiences in context towards health benefits in their own right, such as the following quotes from Participants 6 and 7 respectively, “…you go out and forget about everything that you have to do…you pass the day more freely, more serene”, and “…it [leisure] gives me confidence. It takes my mind away”. Finally, three participants linked remaining inactive at home and lying down with feeling ‘depressed’, and highlighted how they engaged in leisure activities to combat such feelings related to ill-health and wellbeing.

Conclusion

As this paper has explored only preliminary findings into the subjective experiences of leisure categorised by older Italians living in the community, limitations exist regarding the detail of thematic analysis provided. However, triangulation through 2 methods of data collection was achieved to increase the rigour of the investigation. The overall purpose of the larger project that this paper has been based on is to explore the meanings of leisure to the individual. The findings hope to build on the theoretical development of leisure to promote the application of leisure in healthcare practice.

It is imperative that mental health workers are aware of the contributions that allied health professionals (such as occupational therapists) provide to the treatment of people with mental illness as well as the promotion of people’s health who are ageing and living independently in Australian communities. This investigation has particularly focussed on the exploration of an ethnic minority group to explore the importance of diverse and culturally appropriate leisure activities to ageing members of an ethnic community and the meanings these leisure activities have for their health. Integrating culturally sensitive practice techniques in healthcare will aid in improved and appropriate outcomes (in line with respecting one’s ethnicity), as well as the promotion of healthy lifestyles and the maintenance of successful older and healthy Australians living independently in the community.

Acknowledgements
This paper was based on preliminary findings from the first author’s Honours Research Project in the Faculty of Health & Behavioural Sciences, School of Health and Social Development, Occupational Science and Therapy, Deakin University.

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