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DEMENTIA IN THE SOUTH ASIAN IMMIGRANTS: A SYSTEMIC LITERATURE REVIEW

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Statement of the Problem: Dementia, now increasingly being recognized as an end-of-life disease, needs to be detected early and managed well to delay the transition to declining health and frailty for as long as possible. Factors like poor health status, poverty, and barriers to health care access, put ethnic minority groups such as the South Asians, at an even greater risk of severe and early onset dementia compared to the white population. Moreover, the cultural norms of these communities also influence their knowledge, beliefs and help-seeking behaviors. The disease goes underdiagnosed, and associated health care services remain highly underutilized among these ethno cultural minority communities. Dementia, from this perspective, has been highly under-studied.

Aim: The purpose of this study is to provide a critical appraisal of the empirical research on dementia, i.e., knowledge of norms and beliefs, pathways to a diagnosis, the experience of caregiving and the provision of services within South Asian immigrant communities in the western countries.

Methodology: The databases Google Scholar, Web of Knowledge, Psych-info, Pub Med and Ovid were searched for peer reviewed articles, published in the English language, using the inclusion criteria.

Findings: The common themes of awareness, beliefs and perceptions, dementia diagnosis, health services utilization and caregiving among South Asians emerged from the 15 peer-reviewed articles.

Conclusion & Significance: The majority of the studies reported a limited understanding of symptoms and causes; delayed diagnosis; lower Service utilization and, unwillingness to access formal caregiving for dementia among South Asians as compared to the general population. Interestingly, there is a huge gap in the literature from the USA despite the presence of a large South Asian diaspora whereas; the UK is found to promote and lead the research in this area. Recommendations are made for further research to understand the reasons for these differences, not just their occurrence.

ALL THE WORLD'S A STAGE: EXPERIENTIAL LEARNING TO HARNESS, SOCIAL POWER, EMBRACE CHANGE

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Although statistical data varies, according to The Institute of Medicine (2000) and The Joint Commission, (2004-2015), the outcome is clear: communication error is the most frequently cited root cause category of sentinel events in the healthcare industry. Studies of various risk-adverse environments demonstrate that Kahneman's human factor concept of high communication load, applies to healthcare. High communication load, defined as the combination of time pressure, workload stress, distractions, interruptions, differences in training, social/cultural differences, fatigue, and degree of professional experience, affects one's ability to process information, and can lead to miscommunication. Stress has been identified as a key experiential factor that programs and modifies brain development. Neuroscience studies reveal the complex mosaic of mental processes that participate in human memory and cognition: a smile from 10 feet away causes a chemical release of dopamine and so-called "happy hormones," while a frown perceived, even briefly, can cause a cascade of stress-inducing adrenocortical hormones. A sense of safety is key to internalize feelings of stability and trust, which necessarily precedes any creative or innovative thinking. As healthcare teams are formed with members who often have never met, but must quickly join to perform complex tasks, it is no wonder that miscommunication exists. The mandate to inculcate highly effective communication among healthcare professionals has been a concern for over 15 years, with little measurable change in outcomes. Experiential learning through the use of various improvisational games has been used successfully in the business realm since the early 90s, as a tool to teach spontaneity, collaboration, creativity, and communication. It is incumbent upon healthcare teams to create better working relationships among individuals within health organizations and institutions. Properly facilitated, applied experiential (improvisational) exercises provide a safe, fun, environment for learning.