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The intercultural caring-coping patterns of disaster-displaced families in temporary shelters

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Article Info	ABSTRACT
	This integrative research review sought to explore the concepts of caring and coping in the context of the disaster-displacement phenomenon. It intended to describe and characterize the process of human flourishing amidst crisis through the caring and coping experiences of people living temporarily in emergency shelters after having been forcefully displaced following a devastating disaster event. This review adopted the 11-step method introduced by Tawfik and his colleagues in 2019. Three databases were utilized which included CINAHL, PubMed, and ProQuest. Papers needed to be published in English, with full-text availability for their inclusion. A total of 16 references met the inclusion criteria for the final review. To construct a logical and coherent integration of the important points, four categories of themes were developed: i) disaster impacts on daily life patterns and cultural lifeways; ii) caring patterns during disaster displacement; iii) coping patterns during disaster displacement; and iv) cultural learnings for disaster-based practitioners. It was noted that despite the challenges of crises, disaster victims often recover naturally and return to their previous levels of functioning. Resilient caring-coping mechanisms enable people to flourish in adversity, with culture and traditions playing a vital role in shaping their adjustment and adaptation to current circumstances.

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1. INTRODUCTION

The necessity to depart from the comfort of one's home and familiar surroundings can arise when communities face overwhelming events that exceed their ability to cope and resolve. For instance, disasters that are naturally impactful in severity drive people to flee and seek safe refuge as far away from their homes as immediately as possible. Until and unless the disaster sequelae have waned and cleared up, displaced populations are advised to remain in their temporary encampments. As a result, the evacuation and displacement phenomena have increasingly become commonplace in this day and age. Every year, it is estimated that about a million people are compelled to abandon their homes to escape from the threat and danger of potential and actual disasters [1]. Evacuation shelters help provide temporary respite for affected populations amidst the burden of living with limited available resources. In the same manner, the presence of these evacuation sites aids in the facilitation of people as they prepare for their re-entry back to their communities as they transition toward recovery [2].

However, it is noteworthy to emphasize that, while evacuation centers offer protection from the harrowing threats of disasters, they may not always provide the most ideal location for individuals and families to thrive on a long-term scale. Several studies reveal that some degree of harm (both socially and

psychologically) was reported in displaced populations after failing to return to their original communities for an extended period, e.g., they tend to get affected with illness at twice the rate than those who have not been displaced [1], [3]–[5]. Incidentally, specific groups are placed at a higher risk of vulnerability through the course of their stay in transitional shelters, given the nature of their societal positions and/or physiologic conditions. Those with low socio-economic positions, aged, and infirmed are characteristically more susceptible to contagion while living in congested living quarters [6], [7]. Women, especially young menstruating girls, may not find a safe and supportive private space to maintain their feminine health measures [8]. Likewise, people coming from distinct cultural, ethnic, and indigenous groups are also found to be more vulnerable when they are exposed to carers who are inexperienced and unfamiliar with their traditional norms and practices [1].

The risk of panethnic or cultural neglect and exploitation may be higher in emergency shelters whose structures and processes are not sensitive to protecting the rights and dignity of the evacuees. Panethnicity accounts for the dynamism between culture and identity, which considers several intersecting "coethnics" and expanding intercultural patterns or frames of reference for individuals having shared intercultural or socio-political experiences in their present communities [9], [10]. Deeply ingrained panethnic beliefs and principles have the potential to be undervalued and disregarded, primarily when service and care delivery in temporary accommodations are based on a universal, non-culture-specific orientation. To the extent possible, shelter managers need to orchestrate a well-developed evacuation center plan with processes that promote respectful and dignified living among its housed evacuees [11]. Distribution of assistance and services to all hosted families and/or their communities must be done equitably and impartially. Especially in the aspect of psychosocial support, evacuees' needs must be attended to as promptly as possible to reduce the experience of suffering and distress, which are refractory to the caring, coping, and adaptation of individuals at a time when they are most vulnerable and lacking in terms of capacitating resources [1].

Germane to the understanding of the phenomenon of internal displacement is the need to examine how people thrive and surmount the challenges associated with having to settle in provisional shelters following exposure to an actual or potential disaster threat. Social dynamics in the context of familial and cultural interactions are necessarily going to be re-structured and re-framed given the changed environment the evacuees are now being thrust into. Necessarily, new patterns of behaviors and lifeways are expected to emerge as individuals consciously grapple with the realities of their present state. The turn of events such as these is expected to impact not just the physiologic well-being of the displaced populations but also their social, psychological, spiritual, and cultural systems. Hence, this integrative research review seeks to explore the concepts of caring and coping in the context of the disaster-displacement phenomenon. It intends to describe and characterize the process of human flourishing amidst crisis through the caring and coping experiences of people living temporarily in emergency shelters as depicted in the various available literature. This review further aims to gather critical points in building and understanding the concepts of caring and adaptation as a basis for developing sound nursing responses for integration into the disaster preparedness and mitigation framework.

2. METHOD

An integrative research review was used to explore the phenomena of caring-coping patterns in families living in temporary shelters due to an actual or potential disaster threat. A systematic integrative review is defined as a structured review to outline the evidence on practice issues and questions utilizing a thorough and comprehensive study plan [12]. The fundamental steps to conduct the review effectively begin with framing and developing the research question and identifying relevant and related literature [13], [14]. The quality of included studies is then appraised, the evidence summarized, and the results interpreted [13], [14]. Specifically, this review adopted the method Tawfik *et al*. [12] introduced to properly and succinctly conduct a systematic integrative review. For practical reasons, only the crucial steps were narratively expounded, to wit:

(i) Step 1: formulation of research question and objectives. As in the case with other study methods, the research question of an IRR needs to have feasibility, novelty, and relevance [12]. Hence, the research question needs to manifest clarity and well-defined construction. Methley *et. al.* [15] cited two popular tools that are usually used in the formulation of research questions: the PICO method (population, intervention/exposure, comparison, outcome) and the SPIDER method (sample, phenomenon of interest, design, evaluation, research type). PICO is recommended for quantitative data searches (e.g., clinical trials) while SPIDER is generally used for searches involving qualitative and mixed methodologies [12]. For this particular review, the PICO approach was utilized because it is more sensitive than the SPIDER approach [15]. Hence, the PICO question: "*How are intercultural caring-coping patterns among families living in temporary shelters post-disaster emergencies explicated in the literature?*" was posed. (P: families living in

temporary shelters, I: intercultural caring-coping patterns, C: none, O: improvement conditions in intercultural caring and coping among disaster-displaced families).

(ii) Step 2: preliminary research and idea validation. A preliminary search is generally recommended to obtain scientifically-relevant articles, ascertain the validity of concepts, minimize repetition of already researched questions, and assure that there is a sufficient body of literature needed in the generation of analysis [12]. Tawfik *et al.* [12] suggested that a simple search in PubMed or Google Scholar with search terms is initially conducted. While doing this step, researchers become cognizant of the relevant papers to read to gain deeper insight and identify gaps to better formulate the research question or purpose. Hence, the corresponding author (RIG) pursued the IRR on the topic because the initial search showed promising bodies of literature with the potential to provide a better understanding of the concept of intercultural caring-coping patterns in the disaster-displacement phenomenon.

(iii) Step 3: establishment of inclusion/exclusion criteria. In this review, the search was confined to the period from January 2000 to January 2022. Papers needed to be published in English, with full-text availability for their inclusion. Articles that were duplicated, unrelated, abstract-only, and with no full texts were automatically excluded. In addition to using the two databases, manual extraction of resources was also utilized using the Google Scholar engine.

(iv) Step 4: identification of the keywords/search term, search strategy. The keywords/search terms used for this review were "intercultural caring-coping patterns in post-disaster emergencies". (v) Step 5 and Step 6: searching databases, importing all results to a library, and exporting to an excel sheet. Using the aforementioned search terms, three databases were utilized: CINAHL, PubMed, and ProQuest. Based on the AMSTAR guidelines, at least two databases must be searched in the SR/MA. However, if the searched databases are increased, more accurate and comprehensive results are yielded [12], [16]. The keywords "caring-coping patterns in post-disaster emergencies" generated a total of 670 results in ProQuest. On the other hand, there were 12 relevant articles in PubMed and 164 in CINAHL EBSCO. Hence, the records identified through the search databases totaled 846 references. All collected articles which have (i) similar titles and authors that are published within the same year and (ii) similar titles and authors that are published under the same journal publication will be excluded. All remaining references following this step needed to be exported using an MS Excel file that contains essential information for further screening. These include the authors' names, publication year, journal, DOI, URL link, and abstract [12].

(vi) Steps 7 and 8: title, abstract, and full-text screening. To reduce the possibility of including articles that are not relevant to the search, the eligibility criteria will serve as the primary basis for selecting the final articles for inclusion. It is preferable to have a minimum of three reviewers independently scrutinize the articles to diminish the potential of committing errors. The third reviewer shall act as the arbiter whenever two authors have differing opinions in a particular review [12]. In this review, the corresponding author facilitated the title, abstract, and article reviews. To establish appropriateness and minimize bias, the assistance of two more independently-outsourced reviewers was sought (TLP and NDA). The two outside reviewers were colleagues and researchers from the corresponding author's institution. They were asked to do the initial title and abstract screening. The corresponding author then served as the third reviewer in situations where the two independent reviewers could not decide whether to include or exclude papers.

(vii) Step 9: manual search. Materials that may have been inadvertently excluded during the first search using the online engine [17]. To maximize this manual search, there are five methods to follow: looking at the references of the included studies/reviews, corresponding with original authors and experts, and exploring all related articles/cited articles in PubMed and Google Scholar [12]. Hence, in addition to using the two databases, manual extraction of related resources was also utilized in this review using the Google Scholar engine. The researchers were able to extract 11 relevant references from the manual search.

(viii) Step 10: appraisal of searched articles. A data-checking step must also be integrated into the review process. This is done by comparing all individual articles with the corresponding content and information listed in the extraction sheet for similarity and completeness of data. This dramatically reduces human error and possible bias. To do this step, it may be recommended to enlist 2-3 more independent reviewers who are not involved in the initial extraction and screening. However, if there are limitations in terms of resources, the original reviewers may perform this task but are advised to be assigned to a different set of articles than the ones previously assigned to extract [12].

(xi) Step 11: analysis, discussion, and interpretation of results. When commencing the data analysis phase, it is helpful for the researcher to construct a review matrix [18]. It provides a structure for the analysis and synthesis of data. It usually makes use of a table that outlines all important data extracted from each of the references [18]. In this review, the constant comparison method was utilized to code and categorize the data extracted from each of the references. The constant comparison method consists of four phases: data reduction, data display, data comparison, and conclusion drawing and verification [19], [20]. The discussion of the results is generally facilitated by comparing and contrasting the data extracted from the review of the

background literature narrated in the introduction, the theoretical framework, and those of similar research [21]. Comparing what is similar and different in the review findings and the literature helped to offer context and clarity to the conclusions that followed [22]. In this particular phase, the co-author (AOB), who served as the study's supervisor, contributed to data analysis, interpretation, and the drafting of the article. In order to uphold objectivity during the review process, the researchers conducted an exhaustive and systematic search of the literature across multiple databases, guaranteeing the inclusion of all pertinent studies. The study also engaged two (2) external experts in the field to perform peer review, assessing the methodology and findings of the systematic review to detect and rectify any potential biases or inaccuracies. To ensure transparency and reproducibility, the researchers also meticulously documented every phase of the review, encompassing search strategies, data extraction, and analysis, and made these records accessible to the wider audience.

3.   RESULTS AND DISCUSSION

Searches identified 846 potential citations. A further 11 potential studies were identified and manually extracted from the Google Scholar search engine. After an initial screening of the titles and abstracts, 112 full studies were assessed for possible inclusion in the review. However, only 16 references met the inclusion criteria, see Figure 1.

To develop a logical and coherent appreciation of the important points of each of the references, major themes were constructed. The findings related to the topic of interest were categorized under the following headings: i) disaster impacts on daily life patterns and cultural lifeways; ii) caring patterns during disaster displacement; iii) coping patterns during disaster displacement; and iv) cultural learnings for disaster-based practitioners. These major themes emerged in the analytical review of the screened articles.

3.1. Disaster impacts on daily life patterns and cultural lifeways

By their unpredictability, disaster emergencies usually strike when people are least prepared or have less likely to take any pre-emptive actions and strategies against a particular hazard; that may be climatic or anthropogenic in origin. By then, unprecedented destruction to lives and properties is usually sustained, especially in communities with significantly high levels of vulnerability. Hence, experiences with disasters may come with traumatic impacts either in the physical or psychological health domains. When structuring recovery efforts, priority must be placed not only on the rebuilding of damaged infrastructures but more so on rehabilitating the lives and mindsets of the people affected [23], [24].
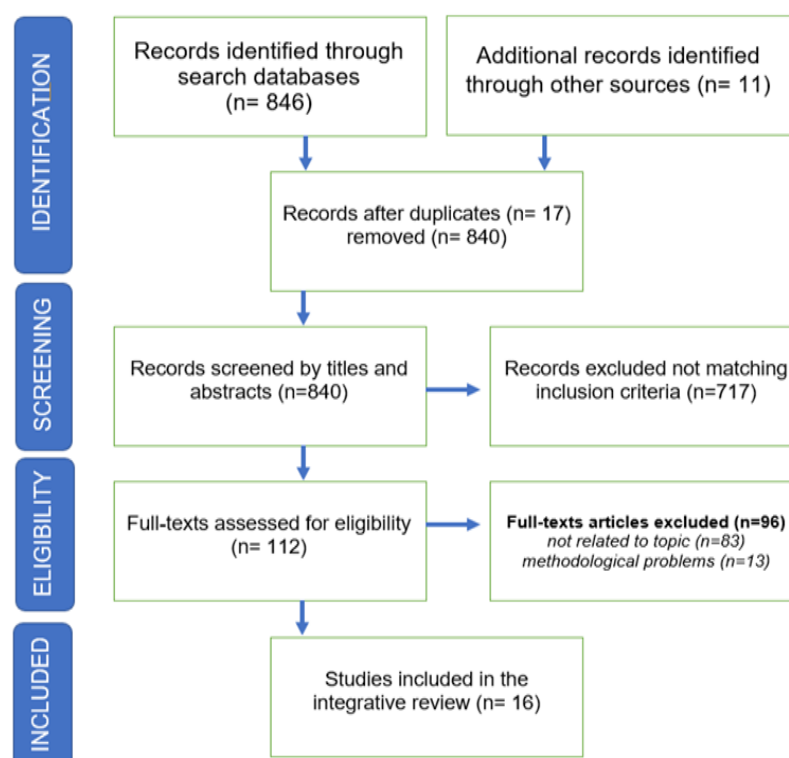

Figure 1. The flow of papers through a study using the PRISMA model

The material loss that often accompanies typhoons and flooding, the interference in the normative functioning, the discursive impact on social support networks caused by consequent evacuation, and the loss of livelihood opportunities are just some of the stressful circumstances confronting evacuees as a result of disaster emergencies [25], [26]. These adversities negatively impact their psychosocial adjustment [27] and have the potential to magnify the experience of the traumatizing stress initially felt at the time of the disaster itself [28]. So much so that when disaster survivors are displaced, they tend to sustain a distracted sense of cultural structure and social community framework, which would have normally buffered the adverse sequelae of the disaster experience [28], [29].

Cultural dynamics have been seen to impact disaster recovery both positively and negatively [30]. Therefore, local cultural practices have to be put in place and considered when addressing the needs of disaster victims if they are to be supported effectively toward recovery and reintegration. They are not merely to be seen as passive receivers of aid and support. If anything, studies assert that communities will have better chances of thriving if they are allowed to have a hand in the reconstruction of their houses using their socio-cultural wherewithal instead of passively just receiving donated tents and relief items [31], [32].The experience of actively helping build their new homes gives disaster-affected individuals a sense of persistence, success, and dependence [33]. In essence, these allow survivors to see themselves as the personification of resilience.

Disasters affect vital community systems and lifeways more complexly than can be expressly acknowledged. Krüger et al. [34] highlighted distinct cultural patterns in the perception, production, and management of disaster risks that may be oblivious to an outsider's point of view. These may include ethnic, behavioral, and design structures that promote people's capacity to live with naturally built risks in their home environments. These distinct patterns may come in the form of religious traditions, social organization, and traditional mores and norms. For instance, in the post-disaster phase, women in Middle-eastern countries who are practicing Islam may be affected by a decreased presence of female staff because they may be reluctant to ask for relief goods if they are distributed mainly through men, or they may not avail of a much-needed health intervention if there are only male doctors dispensing such service in their temporary shelters [35]. There are also specific issues with privacy in population-dense evacuation centers. Young menstruating girls, pregnant women, and breastfeeding mothers may not find very suitable safe spaces to attend to their needs in shelters with very constricted living quarters. In Afghanistan, where women are restricted from being unnecessarily displayed to men outside of their household, religio-cultural considerations must be accorded such that daily activities in evacuation centers are still done in a manner that respects their traditional gender roles and positions in society [36].

Other than its impact on culturally-based conventions, disaster displacement also has far-reaching ramifications on vulnerable populations' routines and daily functioning. Calamities and other disasters can incite stress and trauma in the elderly, eventually exacerbating their pre-existing medical conditions [37]. When exposed to the chaos of catastrophic crises, elderly adults (especially those who have mental health issues like Alzheimer's disease) may become critically overwhelmed and incapacitated to protect their safety and well-being without the assistance of a significant other. This is understandably the reason why there is almost always a spike in emergency department visits and inpatient confinement among older adults immediately following a disaster incident [37].

Hence, local community processes have to be seriously taken into perspective when planning for post-disaster strategies among those who are temporarily accommodated in transient shelters. Social and familial dynamics cannot be taken to the sidelines because these are inherent structures in the lives of disaster victims. Where these cultural lifelines are intentionally or unintentionally dismissed, one's adaptive capacity to habituate to harsh situational conditions can be acutely compromised.

3.2. Caring patterns during disaster displacement

During the recovery period following a disaster, the use of culture-related factors like family ties and bonds, social networks, and community work structures are seen to engender more fruitful and effective social outcomes [38]. Programs and services that are mainly community-based tend to reinforce the importance of catalyzing renewed sense of hope and confidence, particularly in people struggling with the sequelae of major catastrophic events [39]. This becomes even more compelling in the disaster-displacement experience, where families are suddenly thrusted into an unfamiliar environment that abounds with chaos and uncertainty. Besides prioritizing the re-establishment of infrastructural lifelines, individuals also need to feel caring acts and gestures from others and towards others if collective healing is to be achieved because, oftentimes, temporary shelters can be seclusive. For this reason, social sharing approaches need to be set in place to facilitate cohesion and fellowship among community members.

Knowledge of the community's local practices allows the disposition of culturally-acceptable caring behaviors in times of great crises. For instance, in the Hurricane Katrina experience, the integration of Afrocentric norms in the designed community-based programs led to the enhancement of growth, cohesion, and resiliency among the African-American disaster victims [40]. In essence, culture impacts how individuals experience disasters, shape coping strategies, and determine the acceptability of external assistance [41], [42].

Since shelters can be isolating, mutual support may subsequently weaken. This can be abetted by placing enough systems that allow disaster personnel to operate in ways that respect the IDP's character and pacing [43]. Understanding the community's social structure helps acknowledge the need not to rush people's recovery process. Otherwise, loss of trust may ensue. Similarly, social relationships among shelter residents benefit positively when they are maintained or reconstructed. Conflicts are better resolved and prevented in the context of cohesive social networks. Likewise, disaster victims need to have enough time to process the imminent changes associated with their displacement and how balance can be struck, given their long-held customs and traditions [43]. Cultural negotiation facilitates the learning of new patterns of behavior that are adaptive to the present milieu.

The displacement process from disasters also incites a loss of identity [25], [44]. Given this context, IDPs expressed their appreciation for gestures that emphasize active listening, sympathetic support, informational sharing, and initiation of a "number of good talks" that explores how they are bearing with their stresses and traumas [45]. Marutani et al. [43] pose that allowing disaster victims (especially islanders) to accept their feelings until they regain their sense of comfort will foster the retention of a sense of identity.

Since most transitionary shelters do not have living spaces that are large enough for all evacuees, residents become compelled to be in close proximity to people within and outside of their domestic spheres. These cramped conditions, in a way, have positive implications. The emotional ties of families are necessarily strengthened in these times of great adversity. It lays the groundwork for individuals to find stability to cope with the stresses and uncertainties of displacement [46]. With close relatives and friends around, evacuees are better able to assess their conditions in the centers. They receive much-needed care and emotional support to move forward with life despite dismal circumstances. Among Filipinos, the practice of extending assistance, or "tabang" (in the Visayan dialect) is a noteworthy and highly valued caring trait [46]. Tabang often comes from close kins, relatives, and friends offered to family members who are in an unfortunate situation (e.g., disasters, death, and injury, among others). Tabang usually comes in the form of monetary help or relief items such as rice, canned goods, clothes, and tents, among others.

In the Philippines, Abad [47] regarded the process of cooperation in times of disaster emergencies as a shared coping mechanism based on the cultural practice of bayanihan. Etymologically, the word is derived from the Filipino word bayan, which means town or community. "Bayanihan" therefore translates to "being a bayan": that which is referring to a spirit of communal unity and accomplishing things together as one people [48]. Bankoff [49] describes bayanihan as "toiling on another's behalf and assuming another's burdens". In essence, the observance of this cultural convention represents Filipino solidarity and caring at its finest. Being with and not leaving another person in his distress is one thing, but sharing the burden and partaking in the struggle to make things lighter is benevolence exemplified. This spirit of oneness helps cocreate collective healing opportunities for communities beleaguered with hardships. Cox and Cox [50] look at Bayanihan as "a cultural immune system that heals over wounds … allowing life to carry on".

The value of bayanihan is intensely palpable in post-disaster periods. It helps survivors to thrive, repair their homes, regain their losses, and repossess their resources [51]. IDPs expressed that social support from families and friends reinvigorated their sense of hope, made them feel more assertive, and enabled them to address the challenges needed in sourcing their basic needs [51], [52]. Through bayanihan, relationship even among strangers are bridged [53]. This system of caring for one another is becoming a national expression of "team spirit and sharing of labor" [51].

Certainly, evacuation centers are rife with unfriendly conditions. There are traditional gender roles that have to be temporarily set aside to pave the way for the restoration of order and normalcy [46]. Some conventional caring norms need to be superseded by atypical patterns of conduct to achieve some relative degree of recovery. For example, in the reconstruction of homes, both men and women are constrained to work together and share the labor if they were to build shelters for their families. This runs contrary to traditional standards where men are expected to perform hard and manual work. This is also the same with food preparation and caring for children. Women typically oversee these functions. In temporary shelters, however, gender ceases to matter because either men or women will have to attend to these chores as warranted [46]. This shows that the traditional display of machismo tends to be set aside in instances where human survival is the foremost priority. Similarly, incorporating nursing homes into community disaster

preparedness efforts and assigning them an emergency priority status akin to hospitals is advisable particularly for the elderly members of the community [54].

3.3. Coping patterns during disaster displacement

Unprecedented disruptions in the typical community systems and lifelines confront victims in more ways than usual during large-scale disaster events. When people are constrained to stay in evacuation centers, they often contend with unkind living standards, which include having an insufficient supply of potable water, limited choices in available food for consumption, constant power outage, and poor sanitary condition, among others. Hechanova *et al.* [55] highlighted that water source is of paramount concern in temporary resettlements because, often, there is only one reservoir for an entire community, and that water flow would usually come in trickles. In such a case, residents would need to bear long queues to get their supply, which usually lasts only for a day or two. The same study also pointed out several other pressing issues in evacuation sites: overcrowding in makeshift quarters, poor security leading to the prevalence of crimes, the presence of disease-carrying vectors and pests, and the need to commute long distances from the center's location to important work sites and town centers [55]. With the onset of the global COVID-19 pandemic, these problems are made even more compounded. Internally displaced persons (IDP) report the added burden of having to wear facemasks all day in non-well-ventilated shelters and the need to adhere to social distancing protocols in already cramped evacuation sites [56]. Thus, the present disaster-displacement phenomenon endures a more complicated and multi-layered set of challenges and setbacks [56], [57]. This necessarily requires that IDPs be enabled to mount a strong sense of personal coping abilities in order to thrive and rise above their situation.

By default, the disaster-displacement experience is fraught with predicaments, especially in the aspects of logistics, safety, and well-being, as well as in the financial affairs of the burdened population. Along with the consequent loss of vital personal resources, researchers have also begun to look at essential associations between people's incurrence of losses in times of disaster and their coping behaviors vis-à-vis their cultural context. More recently, research on Hurricane Katrina recognized the value of affirming African Americans' unique cultural practices and traditions as crucial determinants in their coping journey [39]. Ethnocentric habits such as community conversations, prayer and worship, and dialogic processes were found to be important predictors in reducing the stress associated with abrupt relocation [39], [42].

In the Philippines, the need to factor in all vital socio-cultural constructs in the post-disaster management programs comes after recent experiences of successive typhoons where disaster program planners have been drawn to explore how and why individuals react to hazards the way they do [46]. It is deemed that social and cultural drivers help shape people's responsiveness patterns to disasters; these, in turn, allow them to adapt favorably (or otherwise) to the changes and challenges present in their environmental systems [46], [55].

In general, it is contended that people have a predilection toward religious coping approaches when exposed to stressful life events such as disaster emergencies [58]. Positive religious coping is viewed as having a grounded relationship with the creator, a prevailing state of spirituality with a deep sense of connectedness in spirit with others, and a firm conviction that life has meaning [58], [59]. Conversely, negative religious coping is the opposite concept: where a person has difficulty establishing a secure relationship with God, has a bleak perception of the world, and is struggling to find meaning in one's existence [59]. Scholars have maintained that religion and spirituality promote a favorable impact on the coping experience of people suffering from traumatic encounters [60]. In fact, positive religious coping has been attributed to better psychological adaptation; negative religious coping, on the other hand, is associated with a marked decline in a person's emotional and physical state [61]. As in the case of Hurricane Katrina, victims who have ascribed to positive religious coping were seen to show lessened risks for post-traumatic stress disorder and major depressive symptoms while manifesting signs of improved quality of life [59]. In another study, Lawson and Thomas [62] stressed that the more common spiritual coping mechanisms utilized by victims at the time of Hurricane Katrina had themes that included constant communication with the divine, bible reading and devotionals, and helping others. Hence, the study asserted that spirituality has indeed facilitated emotional resilience in people beset with traumatic ordeals.

Other than employing faith-based processes, disaster-displaced individuals have also found merit in the acts of helping others as a way to achieve a sense of personal coping [63]. As people begin to extend help to those less fortunate than themselves, they develop the capacity to "adjust and cope with tragedy" [62]. This finds support in literature with studies suggesting that when humans are in the midst of an almost insurmountable threat, it is still inherent upon them to offer a helping hand which, in one way or another, strengthens their self-esteem and facilitates emotional healing [64].

The ability to cope with and deal with the stresses of disaster is also partly linked with the community's sense of collective identity. For Filipinos, protective factors against disaster crises include a

generally positive outlook and disposition [55]. This optimistic countenance reflects resilience, unity in the face of adversity, hopefulness, and gratitude [65]. In essence, this state of cultural dynamism and cocreation enhances human relationships. This paves for the experience transculturalism. Transculturalism, in the context of daily living, is manifested in a group's customs, rituals, stories, and symbolism which allows communicative caring and supports group cohesion, cocreation, and harmony [66].

Similarly, another striking feature in the Filipino experience of disaster coping is the continued display of a sense of humor despite hardships. In essence, this allows people to still smile or laugh, albeit with life's struggles. Studies posit that humor palliates the effect of stress [67], [68]. Having a good sense of humor helps buffer the negative impact of stress on a person's mood [69]. Moreover, Bankoff [70] describes having a sense of humor in the context of the Filipino's eagerness to "unpack unnecessary burdens" in life and take things and situations as lightly as can be. This has become creatively so, such that it has become customary to integrate threats (e.g., disaster hazards) into daily existence: an attitude frequently purporting some form of "normalization of threat" [34], [49].

There are also other protective coping systems emerging in times of disasters; these include having to depend on strong immediate family, extended families, and community support [55]. In most Asian families, for instance, disaster resiliency stems from profoundly entrenched family bonds and ties [67]. Conventional support systems in the Philippines are best exemplified by the traditional act of "*bayanihan*". Hence, in times of disaster emergencies, Bayanihan is the communal engagement to help build back the community and participate in social system processes [67].

In Japan, vulnerable disaster-displaced populations are placed in transient housing arrangements called kasetu. In this type of setup, it was common to hear cases of kodokushi (death alone which oftentimes goes unnoticed). Support for the elderly residents who live alone in the kasetu comes from community volunteers and students whose regular visitations were directed at checking out the health status of the former and allaying the signs of worries and concerns that they have [24]. This networking system gives the opportunity for volunteer groups to render supportive care and promote positive coping among displaced community members [24].

In essence, disaster experience is replete with counter-coping mechanisms by victims in order to successfully overcome distress and re-establish integration back into society. While coping may be intrinsically incumbent, a good body of literature points out the need to look at culture as a factor that enhances the coping experience.

3.4. Cultural learnings for disaster-based practitioners

Being cognizant of the socio-cultural backdrop of disasters is one of the crucial, pivotal developments in the present-day disaster readiness and responsiveness stratagem. Mechanisms in the disaster mitigation process have now adopted a more comprehensive perspective that acknowledges not only the integration of technical responses but also of the social, cultural, economic, and political systems involved in disaster management [46], [71]. This impels disaster responders and practitioners to have the cultural competency to blend techno-clinical strategies along with empowerment models to bring about resiliency, vigor, and perseverance among victims traumatized by disasters [39]. Responders leverage their professional expertise to encourage the public to adopt a proactive stance in disaster response, addressing often overlooked dimensions of care such as spirituality, emotions, mental health, and culture within both individual and community contexts [72].

Considering that today's societal profile is rife with diversity in terms of race and socioeconomic categories, service providers (e.g., nurses) are expected to come across multiple challenges in responding to the needs of disaster-displaced populations in a culturally appropriate manner [29]. Culturally-competent caring involves knowing the nuances of how traumatic symptoms can be manifested across different cultures and how engagement strategies are influenced by people's ethnic backgrounds [73]. Cultural competency has been pointed out as a crucial predictor of life-saving advances and resiliency in communities affected by catastrophe [38], [43], [72], [73].

In disaster nursing, practitioners are expected to utilize cultural features such as bonds and relationships to disseminate important information to locals [43]. This is because when ethno-centered rules and characters are acknowledged, residents become more manageable and are better able to offer compensative help [43]. Clustering of IDPs in campsites also has to be done in a way where those who originate from the same geographical locations are placed alongside or near together to preserve social and ethnic cohesion [74].

For Japanese nurses, the provision of culturally sensitive care needs to span from normal times up until the post-disaster period. To this effect, a comprehensive community diagnosis needs to be formulated so that geographical areas and health programs are consistent throughout, even before the onset of climatic hazards [43], [75]. If such is the case, nurses can better offer health-crisis management instead of the usual disaster-emergency response, which is more limited in scope [43].

Similarly, disaster responders are also urged to consider the religious perceptions and religious coping strategies of disaster victims in the conceptualization of response [59]. This gives a better understanding of the community's potential worldview and predicts how individuals may most likely interpret and respond to a disaster incident [59]. In the case of African-Americans, the act of helping others was seen to be grounded on faith-based intentions [62]. This means that spirituality was a driving force in their efforts at extending assistance in times of disaster. The ability to help others allows individuals to gain improved self-esteem, which, in a way, was facilitative of emotional healing.

Furthermore, disaster responders also need to recognize gender-role orientations in affected communities. There are instances when women victims are not comfortable being in the presence of a responder from the opposite sex. These scenarios may strain community-building efforts and impair collective healing. Hence, cultural sensitivity demands that responders are aware of these proprieties. There is also gender-based domestic tasks that men and women tend to assume. Responders need to understand these social dynamics and design implementation plans that are consistent with these considerations.

4.   CONCLUSION

The disaster-displacement phenomenon is bound with intricate layers of socio-economic-cultural considerations to bring about an effective recovery process and movement forward for affected community residents and families. Despite the burden of crises, disaster victims tend to naturally regain their bearing and bounce back to their previous levels of functioning. Caring-coping mechanisms allow people to thrive amidst great adversities. Central to these healing processes is the role of culture and traditions, which are seen to significantly influence how people can adjust and adapt to their present realities. Disaster experiences are viewed differently across different cultures. Hence, the kind of coping required for these events is necessarily impacted by the peoples' worldviews and belief systems.

Unfortunately, there is still a long way ahead in the cultural dispensation of care in disaster emergencies. Anecdotal narratives and recent works have shown that nurses often lack sufficient preparedness and training in cultural competence. Nevertheless, the ongoing scholarships in this field demonstrate increasing efforts to create a significant amount of knowledge base and competency capacitation among nurses and other allied practitioners. Hence, there is enough reason to believe that transcultural care in disaster response is surely making enough headway to advance the needs and welfare of displaced populations in times of profound distress.

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