

Growing old in a foreign context – older immigrants' experience of everyday life in residential care facilities

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ABSTRACT

Aim: The aim of the study was to illuminate older immigrants' experiences of moving to a residential care facility.

Background: Increased immigration will lead to a future increase in the number of older immigrants in residential care. In order to adjust nursing care to their needs it is important to acquire knowledge of their situation.

Methods: Semi-structured interviews with seven immigrants living in residential care in Sweden were analysed using a qualitative manifest content analysis.

Findings: Older immigrants' experience of everyday life in residential care facilities was: Trying to adjust to relocation to residential care, Feeling alienated by communication difficulties, and Trying to stay connected by keeping ties to the origin and past, with internal variation seen as subcategories.

Conclusion: Older immigrants, who move into residential care are vulnerable and experience a major transition as they move from a familiar social and cultural environment into a place mainly designed for older Swedes. There is a great risk that they will become alienated and highly dependent on their relatives if not nursing care interventions with specific focus on their needs are developed.

KEY WORDS: Everyday life; Immigrants; Older; Residential care

INTRODUCTION

Since World War II Sweden has shifted from an emigration to an immigration country. In 2008 the immigrants represented 169 nationalities (1) and the number of foreign-born continues to rise. In January 2012 more than 1.4 million people in Sweden were born abroad. Just over half of them come from European countries and 30 percent from Asia (2). The immigrant population is gradually growing older (3) and yet we have limited knowledge concerning their needs when becoming in need of nursing care.

Older persons with foreign background often receive less care than native Swedes (4) despite having more severe problems (5) and poorer health than their Swedish peers (6). Health care personnel also seems to be poorly prepared to meet immigrants, for example one study showed that more than 80 percent of child health nurses (n=270) were poorly prepared to meet families from foreign cultures. They had no written guidelines, support or help and could not have direct communication with the patients without an interpreter (8) and it is reasonable to assume that similar problems exist in the nursing care of older people.

The nature of nursing care includes respect for human rights, values, customs and beliefs of the individual, family and society (9). At the same time there is a wide variation in the group of older people in general, for example in terms of background and living situation (10). The magnitude of variation is even greater among immigrants as they do represent different religions, social classes and communities (3). Both the immigrants' length of stay in Sweden (10) and their age at the time of immigration (11) have shown to play a significant role. An older population, which is very culturally and ethnically diverse, thus poses new challenges in the provision of nursing care (12). The Social Service Act (13) however emphasizes that residential care facilities should be adapted to older peoples' specific needs. There are only a few studies focusing on older immigrants experience when entering residential care, but they indicate that they encounter different problems (4), for example difficulties to communicate with others (14).

Late life is in general a period of multiple transitions which can be described as a period beginning with the starting point of change,

through a period of instability, discontinuity, confusion and distress to a new beginning of stability, however often at a lower level than before (15). Having to grow old in a country that is not your birth country further adds to the transitions. Firstly, the change in terms of declining health in old age and secondly, having to move into residential care because of new disabilities. These transitions can also be viewed as part of the larger developmental transition into old age, which will induce other transitions, in that late life is a period of multiple transitions. Transition processes can be either healthy or unhealthy and one important goal for nursing care is to facilitate healthy transitions (15). Transition to the care and environment of a residential home has been identified in the literature as the most significant relocation affecting older people (cf. 16). Lee and colleagues (16) concludes from their literature review that there is a need for research to identify the dynamic processes of how older people come to terms with residential living with special emphasis on the adjustment experiences of older people with different ethnic background.

AIM

The aim of the study was to illuminate older immigrants' experiences of moving to a residential care facility.

METHOD

A qualitative method was chosen for the study and data were collected using semi-structured interviews with seven older immigrants.

Sample

Purposive method was used for sampling (17). The criterion for selection was being an older immigrant living in a residential care facility, be lucid and able to communicate. Managers of twelve residential care facilities in the county of Blekinge were asked if they had any foreign-born residents who might be interested in participating in an interview. Seven responded positively and seven older immigrants from six countries, three women and four men aged 67-87 years, were included in the study. They all lived in one-bed apartments with a shared kitchen and living room. They had lived in the facility for between one

and five years, had a background as labor migrants, family migrants or refugees. Their total number of years in Sweden was between 10 and 50 years. Three of the immigrants came from Nordic countries and four from European countries.

Data collection

The interviews were carried out using an interview guide. The interview included questions concerning their experiences of moving to a residential care facility and their current life there. The interviews were tape-recorded, lasted for about 45 minutes and took place in the informants' apartments. Four informants could speak Swedish fairly well, while three had difficulties to express themselves in Swedish. In these cases an interpreter, chosen by the informants themselves, was used as support. No one wanted to use a professional interpreter, instead family members or members of the staff was used.

Analysis

The interviews were transcribed verbatim in Swedish by the first author. The texts were analyzed using qualitative manifest content analysis. A manifest analysis deals with the manifest content of the text. This means remaining close to the informants' description, rather than interpreting the underlying meaning of the text (18). Content analysis is described as a process in which the researcher identifies prominent patterns and themes that emerge from the data (19). The interviews were read through several times by the first and last authors to achieve a deeper understanding of the text in the light of the context. Meaning units related to the aim were marked and provided with codes that briefly described their contents. Finally codes with similar content were grouped together and labeled as categories.

Pre-understanding is important for how the author interprets the material and it is necessary to be as neutral as possible (20). All the authors involved in this study are registered nurses with work experience from residential care, the second and the third authors are also researchers in the area. The first and the last authors made the preliminary analysis while the second author participated in the later steps of the analysis when the categories were developed.

Ethical considerations

The informants received written and oral information about the aim of the study. The author was not personally familiar with any of the older immigrants that participated. The voluntary nature of the participation and the possibility of withdrawing at any time without giving a specific reason were emphasized (21). The study was approved by the Ethics Committee of Kristianstad University.

RESULTS

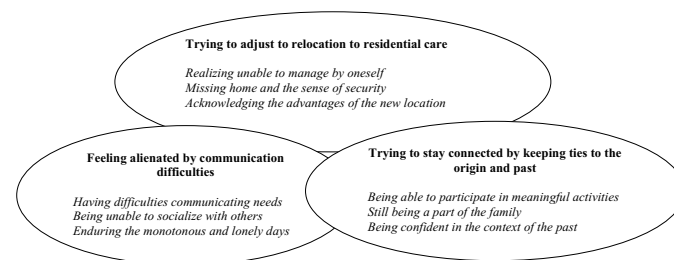
The older immigrants' experiences of moving to a residential care facility can be understood in three categories: Trying to adjust to relocation to residential care; Feeling alienated by communication difficulties; Trying to stay connected by keeping ties to the origin and past, with internal variation seen as subcategories (Figure 1). The subcategories are indicated by italics in the text and the informants are denominated Man (M) 1-4 and Woman (W) 1-3.

Trying to adjust to relocation to residential care

The informants tried to adjust to relocation to residential care. The text showed that they realized that they were unable to manage by themselves and had to move to residential care as they had experienced difficulties in their own home. They described their poor health as the main reason for their moving into residential care. It had become increasingly difficult for those who had diabetes to eat their meals at scheduled times and take their insulin properly. Having had a stroke or falls resulting in complications were other reasons.

I came here three years ago because of illness ...I could actually have lived at home ... but I needed help with... such as insulin (W2). I injured my hip. I really do not want to stay here ...I have already been here for a long time... But I have to (M1).

Figure 1. Older immigrants' experiences of moving to a residential care facility.



Even if the informants tried to adjust to their new location, *missing home and the sense of security* was a recurrent theme in the text. Most informants described how hard it had been to leave their home and not know what would happen. They missed those who were left behind, their culturally influenced food and possessions. They did not feel as if the move was their own choice, rather that they had been 'transferred'. Although it was hard to be in residential care, none of the informants expressed a strong desire to move back to their country of origin. They missed their home in Sweden.

Well, I do not know if I have moved, ha, ha ... My house is still a block away ... but no furniture. It has disappeared ... no I do not want to be here! (M1). When it suits, you are an immigrant and when it does not suite, you are Swedish ... but I could not imagine moving back to X-country (M2).

Despite the resistance to leaving their own home, the informants *acknowledged the advantages of the new location*. They expressed a great gratitude to the staff. They thought the place was clean and nice and appreciated getting help with food, laundry, washing and cleaning. They felt that the staff did not try to disadvantage them because of their background.

I lived in a house and I could not manage myself, so it is much better here...Food and drinks and washing. They come and clean. It is just fine (M2).

Feeling alienated by communication difficulties

The interviews showed that the immigrants felt alienated in their new context. One reason for this was their *difficulties in communicating needs* to the staff. The informants found it difficult to express themselves in Swedish and often wanted the staff to phone to their relatives or someone who could speak their language. Sometimes they felt the staff was stressed, especially during meal times and during help with personal hygiene, which in turn made the informants reluctant to ask for help of the staff to try to explain their needs and wishes.

Nobody understands me! I do not want to take a shower so often. Preferably, after breakfast, if so, in peace and quiet ... I get angry when nobody seems to understand this (M3).

Another aspect of alienation was the *inability to socialize with others*. The informants often met the other residents at mealtimes but language difficulties were described as an obstacle to the exchange of ideas. Some informants understood Swedish but could not speak it and tried to use body language instead. However, they felt unfamiliar with the other residents, they did not know them and they seemed to be older. Some of the informants, therefore, had some of their meals in their apartment, where they also spent most of their time. Only if they were in the right mood did they come out but then they mostly sat in silence among the others.

I talk to the others a little bit, but not very much... They are not familiar ... and they are mostly older than me (M1). I talk to the others if I feel like it ... but they do not speak my language ... [laughter] (W3).

It was also difficult to socialize with the staff. If there was a member of staff who could speak the informants' home language, it was perceived to be a huge asset. When such staff members were on duty it made a big difference and the informant felt safe, understood and could participate.

It would be nice if someone here could speak my language so I can feel secure ... There is one person on the staff who can speak my language, but when she is not here, I do not want to talk (M3).

The informants described the days as being long and hard and *tried to endure the monotonous and lonely days*. One strategy was to stay in bed as long as possible in the mornings and have their breakfast in bed. They spent most of their days watching television, usually in their rooms. The meals and the rests were the only landmarks in the day and many informants described the meals as the highlights. Going to bed early was another strategy for reducing the length of the day. Sometimes there were interruptions such as music or party, but these activities were intended for all residents. None of the informants reported having contact with their fellow citizens. Almost all said that their days were boring.

There is breakfast, then rest, then nothing (M3). Monotonous of course, I stay in bed longer, the older I get (W1). Mostly sleep ... There is food ... Yes, coffee and supper and then the bed again ... I am not doing much. The days are long (M1).

The informants never received any visits from old friends or former colleagues. Some older immigrants had contacts with relatives in the old country, while others said that those who remained there were very old and weak. Some of the informants had close relatives nearby, but not all. If their partner was no longer alive their feelings of loss were profound.

My relatives are dead and so are those I used to hang out with. There is only one left, a cousin and her husband (M2). I wish that my family was closer (W1). Not many visit ... nothing ... and they cannot as I have no one. I am all alone. I had someone... we lived together ... but she is dead. Two years ago ... [blows his nose] I have got a cold... (M1).

Trying to stay connected by keeping ties to the origin and past

The interviews communicated a wish to stay connected by keeping ties to the past. One aspect of this was the *ability to participate in meaningful activities*, something that reminded them of their previously healthy life. Some of the informants used to read but now their sight was too weak. The informants wished that the staff were able to read to them about their home country. Another wish was to have access to audio-taped books in their own language. They said that music and plays in their own language helped them to maintain the connections with their past.

I have always been interested in history ...but my eyes get so tired ... I wish they could find something they could read to me about my native country ... A little of each. Arts, it would lighten things up ... music too (W1).

Meaningful activities could also link them to old friends and mutual culture. Sometimes they met an old acquaintance casually, for example when visiting the hospital or out for a walk. To talk, joke and laugh about old memories was perceived as very positive and was said to be a happy event. A "good day" was one when they were able manage some things by themselves.

I want to help myself, to be able to go out to the dining room...I would love to go to physiotherapy (M3).

The informants also said that they did not want, or did not dare, to tell the staff their wishes. They thought that they could not ask for very much, they were old and their expectations had diminished.

There is not much that I can influence. I do not dare to... It is not easy (M1). I am so old now ... I don't miss anything. I don't want to do much (W3).

Another aspect of staying connected was the importance of *still being a part of the family*. Most of the informants said that they were pleased when relatives came and visited them, but this did not happen as frequently as they would have liked. The informants appreciated when the relatives helped them with practical things in the apartment. This could be anything from cleaning, arranging new curtains or making various purchases.

The two sons whom I have contact with live in Sweden. But they don't have the time to come very often as they work. ... Now I have grandchildren and great grandchildren. So they will come and see me ... (W1). My son comes to visit ... when he has the time ... he will arrange what I need (M4).

The text mediated the idea that the informants were *confident in the context of the past*, and aspects reminding them of their former lives and culture made them feel at home. Some informants used the phone occasionally to talk to relatives. They spent a lot of time watching TV, and expressed a wish to have access to channels from their native country, in their own language.

I watch TV ... I have access to 10-12 channels, but with a satellite I would be able to get the channels from my native country. (M2).

DISCUSSION

The findings showed that the immigrants tried to adjust to the relocation to residential care but felt alienated by their communication difficulties and tried to stay connected by keeping their ties to the origin and past. This process can be framed by the transitions theory, whereby a transition is described as the passage between two relatively stable periods of time. This passage is often marked by individual experiences of environmental changes and uncertainty related to loss (cf. 15). The results showed that the informants moved into the residential care with mixed feelings and an uncertainty. This is characteristic of transition experiences at the start of a transition process, where there is an attempt to adjust to the relocation. These efforts seem adequate as strategies in striving to cope with the situation. This coping is not, however, unique to immigrants and has been described by several researchers. Among native born Swedes, the thought of having to receive assistance from an unfamiliar person also evokes anxiety and a fear of losing self-determination and control over one's daily life (22). According to Heikkilä and Ekman (14), immigrants need an existence in which they can recognize themselves and the environment. This is important for older Swedes too, but it is even more important for older immigrants, as they have fewer contacts with neighbours, colleagues outside of work and close friends to confide in (23). The informants did not miss their home in their country of origin, which may be surprising, but this is in line with findings by Hansen (24) which suggest that after many years in Sweden so much has changed that they no longer "feel at home" in their old homeland. Despite the initial resistance, the informants acknowledged the advantages, felt content with the staff and expressed appreciation. This can be interpreted as coping adequately by modifying expectations and reconstructing life routines, which is necessary for a healthy transition process (15). Thus immigrants and native Swedes have much in common, but immigrants are more vulnerable in terms of their often lower position in Swedish society, which calls for particular attention.

One noteworthy result is that the older immigrants felt alienated in the new context. Transition in itself often brings with it a sense of loss, or of alienation from what has been familiar and appreciated (15). In addition, not knowing the language well enough can mean a lack of social contacts, which in turn can lead to deprivation. Earlier studies have shown that moving to residential care can change the self-image (25) and may mean more limited views of the future and to living only

from day to day (26). Behaviours such as flight into sleep can be passive coping strategies for escaping from boredom; such tiredness can be reduced if something has to be dealt with (10). The ability to communicate seems to influence most areas that must be mastered in the transition process for these to be minimal symptoms, optimal functional status, a sense of empowerment and integrity, and feelings of connectedness. Thus, all indicators of a healthy transition process are affected by language (15). Communication difficulties are major obstacle when assessing older immigrant's needs and home help providers often answered "don't know" when they were asked about older immigrants' need for help (5). This indicates that immigrants have difficulties making their needs understood when being assessed. The communication difficulties also influenced their ability to socialize with others, which meant that the days became long and monotonous. Many older immigrants have failed to learn Swedish well enough because their fellow-workers often were compatriots and their initial intention might not have been to remain in Sweden (24) and those who immigrate late in life will probably never learn the language well enough to communicate in Swedish (27). Residential care facilities that are adjusted to cope with different languages and cultures would therefore be desirable, but only a few exist (14).

The results show that the informants tried to stay connected by keeping the ties to the past. Evidently they tried to cope with the situation by keeping a sense of connectedness. Aspects that reminded them of their past life made them feel at home and enhanced their sense of well-being and integrity. Separation from family and friends may be even worse for older immigrants particularly when their children are not nearby (24) and highlights that when ties to cultural heritage are cut off, the risk of cultural loneliness increases (28). The need to feel and stay connected is a prominent theme in research on transition, perhaps because the relations that shape the person's feelings of security are disrupted (29). Efforts to sustain old relations and build new ones become even more important, not the least in order to retain a sense of meaningfulness in which identity and integrity are important parts. To be a person is to be a story and the story is one's identity (30). A person's narrated life story also contains the potential for finding meaning in life (31) as it offers a possibility to make sense of one's situation and life. Consequently older immigrants should be given the chance to tell their life stories which ought to be used as a basis for care provision.

Methodological considerations

A qualitative study should be evaluated in terms of trustworthiness which includes credibility, dependability, confirmability and transferability (32). One aspect of credibility that is emphasized is accuracy in the selection of informants. The number of older immigrants in residential care in Blekinge was limited, since they tend to live in their own homes for as long as possible with the help of home care. The informants originated from six countries, and had an age difference of twenty years, which is simply a representation of reality. The confirmability of the study concerns the objectivity, the material's accuracy, relevance and meaning. In this study, the authors, independently, reviewed all the categories to cover as many qualities as possible and after discussion and some revisions the category system was developed. It is, however, also important that the informants' actual experiences are adequately captured (33) and language difficulties might have restricted their narratives. In this study the informants desire for familiar interpreters was addressed, which can be considered a methodological weakness but an ethical strength. However, using healthcare staff as interpreters may restrict informants' narrations about the care provision or staff behavior. Last but not least, older immigrants may see it as a safety factor with their adult children as interpreters.

Conclusion

Older immigrants, who move into residential care are vulnerable and experience a major transition as they move from a familiar social and cultural environment into a place mainly designed for older Swedes. There is a great risk that they will become alienated and highly dependent on their relatives if not nursing care interventions with specific

focus on their needs are developed. The possibility of listening to one's native language, which confirms identity, might be achieved through an increased recruitment of nurses with immigrant background. This also increases the possibility to get access to the person's life story, with information that can be used as a base for care provision. If they are given time, based on past and current interests, the meaningfulness of activities in daily life could increase. Also quite simple arrangement can be used to increase their sense of belonging, for example an increased participation of immigrant associations to arrange culture-specific activities and the possibility to view foreign channels on TV.

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